

DEPARTMENT OF HEALTH, 1999

GUIDE TO

MINNESOTA

*Department of
Health*

1999

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November 1998

MINNESOTA DEPARTMENT OF HEALTH



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STATE OF MINNESOTA

OFFICE OF THE GOVERNOR
130 STATE CAPITOL
SAINT PAUL 55155

ARNE H. CARLSON
GOVERNOR

To the Incoming Administration:

Welcome to your new leadership position in state government. The contributions you will make toward improving the health of Minnesotans will be very rewarding. Over the past eight years, Minnesota has strengthened its reputation as a national—and international—leader in health. We are consistently ranked as one of the healthiest states in the country—and for very good reason. State government has played a key leadership role in promoting public health and ensuring access to high-quality, affordable health care. As you begin your term, please keep in mind some of the significant accomplishments that have occurred over the past eight years.

- Health care reform policies, collectively known as MinnesotaCare, have helped to stabilize insurance rates and make quality health care more available to more Minnesotans. Our health care consumer protection system is one of the strongest in the nation; and our number of uninsured residents is one of the lowest.
- We have become known as experts in detecting and preventing infectious diseases. That's why the national Centers for Disease Control and Prevention chose Minnesota as one of four states to be part of an early warning system for emerging infections disease problems. The Minnesota Department of Health is now taking a leadership role in promoting greater food safety and developing strategies to respond to potential threats of bio-terrorism.
- The Minnesota Department of Health has conducted numerous comprehensive programs and campaigns to protect Minnesotans from disease and injury. We have focused significant efforts in the areas of HIV/AIDS, fetal alcohol syndrome, teen tobacco use, air and water quality, cancer, diabetes, nutrition, sexual violence and home safety.
- Our unique state and local public health partnership is working effectively together to improve the health of all Minnesotans. Over the past two years, the Minnesota Department of Health—together with numerous partners—created an ambitious set of public health goals designed to improve the health of Minnesotans far into the next century.
- We are focusing significant efforts toward eliminating the health disparities affecting populations of color. We formed the Office of Minority Health and have completed a major study outlining the health status of populations of color and providing recommendations for reducing disparities.



Minnesota has enacted strict regulations to protect the health and well-being of Minnesotans in nursing homes and those receiving in-home care. Minnesota requires criminal background checks of nursing home workers, and requires nursing homes to immediately correct problems that may pose a threat to residents.

While we may be one of healthiest states in the nation, we still have much work ahead of us. I encourage you to use the successes of the past eight years to guide your future endeavors.

Warmest regards,

A handwritten signature in black ink that reads "Arne H. Carlson". The signature is written in a cursive, slightly slanted style.

Arne H. Carlson
Governor



Minnesota Department of Health

121 East Seventh Place
P.O. Box 64975
St. Paul, MN 55164-0975

To the Incoming Administration:

Minnesota has long been recognized as a leader in public health. That tradition dates back to the 1870's, when we became one of the first states to establish a public health department. In the 1990's, the Minnesota Department of Health continued to strengthen Minnesota's long history of leadership in public health. The department of health has accomplished significant efforts in the areas of preventing disease, reducing health hazards, promoting good health, and enhancing public health and health care delivery. Some examples of those efforts include:

Preventing Disease - MN is one of four sites chosen by the National Centers for Disease Control to be a part of a national "early warning" system for emerging infectious disease problems. MDH also conducted a significant, statewide public awareness campaign on Fetal Alcohol Syndrome with the First Lady Susan Carlson.

Reducing Health Hazards- The State Revolving Loan Fund for public water improvements was developed in 1997. Using a combination of state and federal funds, approximately \$50 million will be available to public water systems in the form of low-interest loans to make much needed infrastructure improvements to public water supplies. MDH conducted a Town Meeting on Sexual Violence in May 1998 featuring citizens from across Minnesota. The town meeting will raise awareness about a significant and growing problem.

Promoting Good Health- The department developed 18 key public health improvement goals - ranging from improving birth outcomes to reducing work-related injuries and illness- which provide direction for working together with local public health agencies and health care organizations to improve the health of Minnesotans.

Enhancing Public Health & Health Care Delivery- The department has helped recruit and retain more than 100 health care professionals in under served areas of the state, and we have helped health care clinics and hospitals remain viable in under served areas. The department also received the "Jim Parker Memorial Award," in 1995 a prestigious national award for outstanding collaboration between state and local departments. Medical Education and Research Costs (MERC) Funds awarded

over 16 grants totaling \$17.8 million to more than 2300 institutions around the state that train physicians and other health care professionals. The MERC Fund was created to supplement teaching programs whose funding is being reduced by the changing health care market.

This is only a sampling of the achievements of public health. MDH is very clear about its mission. We not only know our mission, but we care very deeply about it.

The notion of partnership--between the state's lead public health agency and local governments--was THE central motivation behind the Local Public Health Act, passed 22 years ago. Our commitment to this partnership continues to be the foundation on which all of our modern-day public health strategies are built. As a result of our strong partnership, we've successfully tackled many public health challenges, some routine, some urgent. Because of this, the public health community will reach its goals and realize the vision of healthy Minnesotans.

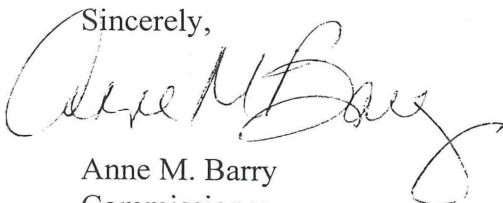
The first priority area is increasing healthy years of life. It is not enough to merely prolong life--we must make sure that as our life span increases, our quality of life is not diminished. The commitment of the department to focus on education, prevention and early detection is investing in our future.

The second priority area is eliminating disparities in health status affecting certain populations in Minnesota, especially populations of color. As we know, Minnesota consistently ranks high in many areas of health. But if we look more closely, we see that many Minnesotans are not sharing the excellent health that has been the envy of the rest of the country. In fact, Minnesota is one of the states with the greatest gaps between the health status of populations of color and the rest of the population. The office has completed a major assessment of the health status of populations of color and developed a series of recommendations for ensuring that all Minnesotans, regardless of color, share in good health.

The third priority area covered by our public health goals is assuring a strong foundation for health protection. When Minnesotans are dealing with the effects of natural or human-made disasters, that's when the need for a responsive and effective public health system is most evident. But when things are going just fine, our public health system usually doesn't get much attention or credit. We do our job so well, that our contributions are often overlooked. Yet if we took away the infrastructure that supports public health, we--and the public-- would notice in a hurry.

We must maintain our commitment to a strong foundation for public health, because without such a foundation, we cannot continue to build on our reputation as one of the healthiest states in the nation. I wish you the best as you face the opportunities and challenges of public health.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne M. Barry". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Anne M. Barry
Commissioner

Summary

Description of the Agency

The Minnesota Department of Health is the state's official health agency. It is responsible for the development and maintenance of an organized system of programs and services for the protecting, maintaining and improving the health of citizens.

MDH does not provide direct health care services to clients. The bulk of services is provided through the local public health system, a strong local and state partnership established in 1977.

The department functions as:

- convener,
- facilitator,
- provider of technical information,
- educator, and
- researcher.

An example of the department's leadership role is the convening of the Minnesota Health Improvement Partnership (MHIP), consisting of leaders from 26 statewide organizations, to develop 18 public health goals and more than 200 objectives for the state.

The work of MDH affects all people who live in Minnesota and many of the state's visitors.

Short History

In 1872 the State Board of Health was created upon a petition from the American Medical Association and the Minnesota State Medical Society. Minnesota was the fourth state in the nation to create a State Board of Health. Work immediately began on control of communicable diseases as well as preventive activities such as testing of milk, food, and drinking water. The Board also began laboratory services in 1890, starting with the manufacture of smallpox vaccine. The tradition of a laboratory that significantly contributes to public health activities continues to this day. Collection of vital statistics was another early activity that continues to this day.

Communicable disease control remained the focus of the State Board until 1921 when the federal government and the states began activities to lower

maternal and infant mortality. That furthered the developed of local public health services by cities and counties, but many parts of the state remained without active public health workers. In the late 1930s the field offices were begun to bring core public health services, such as epidemiology, closer to communities.

Following WWII attention turned towards creating a local health department in each county. This effort was not completed until the passage of the 1976 Community Health Services Act. Another consequence of this reorganization of public health in Minnesota was the abolishment of the State Board of Health. The Department presently has an appointed Commissioner.

Vision Statement

The Department will be a leader on behalf of the public's health, with the capacity to anticipate and meet the health needs of all Minnesotans in an ever-changing world. In this environment, our priorities will be developed collaboratively, will guide our program activities, and will be achieved through partnerships and shared leadership.

Mission Statement

The mission of the Department of Health is to protect, maintain, and improve the health of all Minnesotans.

Goals

The MDH as convener and participant of the MHIP process has embraced the 18 public health goals:

- Reduce the behavioral risks which are primary contributors to morbidity and mortality
- Improve birth outcomes and early child development
- Reduce unintended pregnancies
- Promote health for all children, adolescents and their families
- Promote, protect and improve mental health
- Promote a violence-free society
- Reduce the behavioral and environmental health risks that are primary contributors to unintentional injury
- Improve the outcomes of medical emergencies
- Reduce infectious disease
- Promote the well-being of the elderly and those with disability, disease and/or chronic illness
- Reduce exposure to environmental health hazards
- Promote early detection and improved management of non-infectious/chronic conditions
- Promote optimal oral health for all Minnesotans
- Reduce work-related injury and illness
- Assure access to and improve the quality of health services
- Ensure an effective state and local government public

health system

- Eliminate the disparities in health status, health outcomes and health profile of populations of color
- Foster the understanding and promotion of the social conditions that support health

This group also agreed on a list of 3 critical priority areas of opportunity for assuring the health of all Minnesotans:

- assuring a foundation of all Minnesotans
- eliminating disparities in health status; and
- increasing years of health life.

This effort has helped the department clearly focus its resources toward its unique contribution and was used during the biennial budget development process.

Additional goals also are listed under each Office and Division.

Key Legislators and Legislative Committees

In the Senate, the key committees are Health and Family Security chaired by Senator John Hottinger, Health and Family Security Budget Division chaired by Senator Don Samuelson, and Human Resource Finance chaired by Senator Linda Berglin. Along with these chairs, other key senators are Sheila Kiscaden, Pat Piper, Dallas Sams and Dan Stevens.

Key committees in the House are Health and Human Services chaired by Representative John Dorn and Health and Human Services Finance Division chaired by Representative Lee Greenfield. In addition to these two men, Representatives Fran Bradley, Kevin Goodno and Bill Haas are key. Representative Richard Mulder is a physician and is interested in health-related issues. In addition, Representative Kathy Tingelstad has authored some MDH bills.

Because many health department programs collect and analyze data from individuals, data practices and data privacy issues are critical and the committees that deal with these issues are important. In addition, some environmental health policy issues will be heard in the respective environment committees.

Key Issues and Constituencies

Key issues and constituencies are listed under each Office and Division.

Boards, commissions and task forces

Boards, commissions and task forces are listed under each Office and Division.

Activity Summary

Activity Summary is listed under each Office and Division.

Priority projects with timelines

Priority projects with timelines are listed under each Office and Division.

Upcoming events/important dates

Upcoming events/important dates are listed under each Office and Division.

Strategic plans

The MDH does not have one comprehensive strategic plan. Many divisions and sections have strategic plans. They are listed under each division later in this document. The department uses its mission, vision and guiding principles, the MHIP goals and other criteria in a process for debating alternatives and making decisions.

The five guiding principles are:

1. Setting priorities and focusing resources
2. Commitment to protecting and promoting the public's health
3. Partnerships
4. A work force that ensures success
5. Importance of stewardship of public resources

Organization

Commissioner and Executive Team

- Management and Support Services Bureau
 - Commissioner's Office
 - Finance & Administration Division
 - Fetal Alcohol Syndrome Coordinating Board
- Health Systems & Special Populations Bureau
 - Community Health Services
 - Facility & Provider Compliance
 - Family Health
 - Health Policy & Systems Compliance
- Health Protection Bureau
 - Environmental Health
 - Disease Prevention & Control
 - Public Health Laboratory

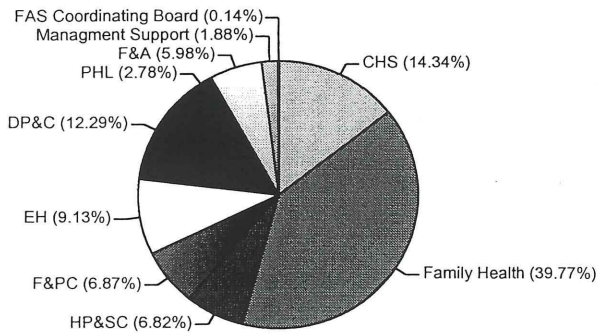
An organization chart is attached.

Budget and personnel

Budget

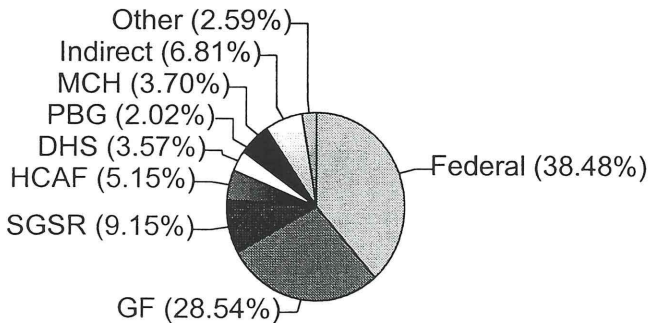
The MDH operating budget for state agency by Division pie chart FY 1999 is approximately \$242,990,958.

Agency by Division



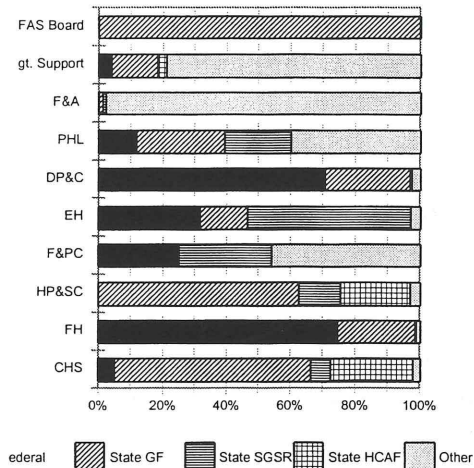
Programs are funded by a variety of sources. The sources range from the federal government and state government, to fees collected and gifts received. The following pie chart and table shows the types and percentages of revenue received by MDH.

Agency by Fund



Funding Source	Total Annual Funds	Percent of Total Budget
Federal	107,396,785	44.3%
State General	69,355,000	28.5%
State Special Revenue	22,228,000	9.1%
Health Care Access	12,507,000	5.1%
Department of Human Services	8,667,000	3.6%
Indirect	16,549,173	6.8%
Other	6,288,000	6.8%
Total Funding	242,990,958	100.0%

Divisions by Fund



Definitions:
 GF-General Fund
 PBG- Preventive Block Grant
 MCH-Maternal Child Health
 HCAF- Health Care Access Fund
 DHS- Dept. of Human Services
 SGSR- State Government Special Revenue Fund

The major funding source for the department is federal funding. The three major federal grants are Women, Infants and Children, Maternal Children Health and Preventive Block Grants. Fluctuations in federal funding have a major impact on the department. For example, The federal Preventive Block Grant had a decreased by \$556,000 for FY 1999 (federal). Cost have increased. Entering 1999 with a project deficit of \$556,000 the department needed to cut activities and shift some after activities to other funding sources.

The second largest source of funding is State General Fund. This has increased over the past four legislative sessions. The funds MDH spends on operations is small compared to the total budget. \$156,145,338 or 64.3% of the total budget is monies appropriated or awarded to MDH and distributed to entities outside MDH.

Total Annual Funds	Pass Through Funds	Operating Funds	% Source as Operating Funds
242,990,958	156,145,338	86,845,862	35.7%

Indirect costs are another important topic. Indirect funds are used to fund department-wide functions. For most divisions in the MDH this is expenditure. One division puts money into the indirect cost pool as expenditure and it is redistributed to another division to be used as expenditure. For other divisions, such as Finance and Administration this is their source of funding.

Also, some federal grants are capped as to the amount of indirect funding that can be charged against the program. For example, Ryan White funding has no administrative support. MDH's proposed indirect rate for 1999 is 20%. Federal government has required states to discontinue the practice of assessing the extra indirect costs against other federal funding. This means that the additional costs for administering the Ryan White program and other such programs will come from state sources, only.

At the beginning of Fiscal Year 1999, the Health Department faced a projected budget shortfall of approximately \$5 million. Commissioner Anne Barry has now approved a plan to balance the Department's budget for 1999. This plan is based on the recommendations of Division Directors and suggestions from many staff members.

Public agencies like MDH are susceptible to periodic budget problems because so many factors influence our budget including changes in state and federal funding and factors outside of its control such as rental rates and shifting priorities. The \$5 million shortfall was caused by a combination of 4 separate challenges:

- 1) a need for additional office space (and no new building) and associated relocation and lease costs,
- 2) a change in the federal government's procedures for allocating indirect costs,
- 3) a projected decrease in federal Preventive Block Grant funding, and
- 4) insufficient General Fund appropriations to cover all

General Fund position salaries. It was the combination of these factors all occurring at the same time that caused the problem.

Personnel

The strength of the Department lies with its employees. Approximately 1325 employees, all extremely dedicated and committed to protecting, maintaining and improving the public's health, work in a wide range of occupations covering 225 job classifications. Most common jobs are in the health science, medical and nursing, health inspection, health promotion and education, administrative, economics, engineering, and office support areas.

Employees are located throughout the state in Metro offices or one of seven district offices. A diverse workforce, with about 10% of employees being persons of color, is critical in order to understand and represent the health needs of all Minnesotans.

Approximately 90% of employees are covered by collective bargaining agreements with 5 unions in 7 exclusive bargaining units.

FTEs by Division

Division	FTEs
Community Health Services	104.1
Family Health	137.1
Health Policy & Systems Compliance	76.6
Facility & Provider Compliance	183.1
Environmental Health	187.5
Disease Prevention & Control	180.8
Labs	84.0
Finance & Administration	69.8
Management Support	47.8
Total Department	1070.80

The department is organizationally divided into three bureaus: Health Systems and Special Populations, Health Protection and Management and Support Services. Common activities are grouped together in these bureaus for ease of administration.

One critical problem in the structure of the organization is the lack of one central Health Department building. Staff is split between three buildings in two different cities. This split works against the idea of one department and feelings of cohesiveness.

Agency Offices & Divisions

Office Name: Commissioner's Office
Anne M. Barry, Commissioner
(651) 215-5800
Kelli Johnson
Deputy Commissioner
(651) 215-5807

The commissioner's office develops and implements departmental policies and provides leadership to the state in developing public health priorities. It is comprised of the:

- Commissioner,
- Deputy Commissioner,
- Assistant Commissioner of Health Systems and Special Populations,
- Assistant Commissioner of Health Protection,
- Director of Budget & Legislation,
- Director of the Office of Information System,
- Director of the Office of Minority Health,
- Director of the Office of Planning and Evaluation,
- Director of the Office of Public Affairs,
- Director of Human Resource Management,
- Director of the Office of Health Care Consumer Assistance.

Office of Budget and Legislation provides direction and advice to the department in the areas of budget and legislation. This position has provided the direct supervision to the Division of Finance and Administration. This position is being split into two positions: Director of Budget and Director of Legislation. The budget position is vacant and the legislation position is filled on a temporary basis.

Office Name: Office of Information Systems
Director/Telephone #: Denton Peterson
(651) 215-5811

Vision: The Minnesota Department of Health will provide leadership for the collection, analysis, dissemination and access to information in support of population-based health goals and actions.

Mission: To promote and implement the MDH Information Resource Management (IRM) Mission and Guiding Principles by the development and ongoing support of a comprehensive public health information infrastructure that supports the department's programs.

Goals: The goals of the Office of Information

Systems are:

- To advance a department-wide perspective in all facets of information resource management;
- To promote the importance of data as a vital asset requiring management of its creation, use, storage, documentation and disposition;
- To effect appropriate planning, prioritization and management of projects which involve the use or development of information resources;
- To promote the use of effective and efficient development methods using appropriate models and professional standards.

The strategy of the Office of Information Systems is summarized in the Department's IRM Plan which is updated each year.

Key Issues and Constituencies:

- Continued upgrading of the department's information infrastructure to insure that it is adequate for the department programs;
- The development of department standards addressing hardware, software and data collection;
- Promotion of methods for exchange of data between department programs;
- Development of a department focus for data administration;
- Insuring that our systems, information infrastructure and health partners are prepared for Year 2000 issues;
- Sound applications of appropriate data practices requirements to our applications.

Boards, Commissions or Task Forces:

- The Office of Technology, is the top level state government office charged with promoting appropriate IRM policies and developing information system standards for state agencies.
- The Information Policy Council is composed of management level IRM Staff from each agency, discusses and develops policy on statewide IRM issues.
- The IRM Steering Committee is the Health Department Committee made up of representatives from each Division which develops IRM policies and provides input to the Chief Information Officer on issues related to IRM.

Six Month Time line of Priority Projects and Hot Topics and Environmental Events:

- Year 2000 issues, there will continue to be significant discussion and apprehension related to Year 2000 until the date has passed;
- The Department's legislative IRM initiative;
- Evaluation of internal IRM functions and their efficiency of accomplishing health program needs;

- Agency security policy is required from each agency which meets the criteria developed by the Information Policy Council.

Division Name: Office of Minority Health
Director/Telephone#: F. Lou Fuller (651) 296-9799

Vision: The Minnesota Department of Health will be the leader in the state to ensure genuine efforts to achieve our mission of protecting, maintaining and improving the health of all citizens of Minnesota.

Mission: The mission of the Office of Minority Health is to assist in improving the quality of health and eliminating the burden of preventable disease and illness of populations of color in Minnesota

Goals: The goal of the Office of Minority Health is to develop, initiate, support, coordinate strategies which address the health issues, gaps, and disparities between populations of color and the White population. This goal is accomplished through cooperative efforts within the Department of Health, externally with the legislature, other state departments, local/county public health agencies, health plans, community-based health and nonprofit organizations and populations of color.

Does the Division have a strategic plan or similar document available?

Yes No

If yes, please list title(s): Office of Minority Health plan and annual work plan

Key Issues & Constituencies:

Key Issues:

The need to establish a comprehensive systematic statistical data collection, analysis and reporting of racial/ethnic health information within health system.

The need for a system wide approach to identifying and addressing health gaps and disparities.

The key issue of few health education, disease prevention and promotion activities which are focused on populations of color.

The general lack of awareness across the health system of the needs of people of color.

The establishment and inclusion of race/ethnicity in assessments, policy development, and assurance are also crucial issues which impact resources which would focus activities on the elimination of the health

gaps and disparities and the quality of life of people of color.

The need to building the capacity of the health and human service system to address the health/wellness and quality of life issues of populations of color.

Constituencies: Minnesota Department of Health staff and advisory committees, other state departments, local/county public health agencies and health officials, health plans and direct health providers, community-based health and nonprofit organizations, general public and populations of color.

Boards, Commissions or Task Forces: Minority Health Advisory Committee.

Division Name: Office of Planning and Evaluation
Director/Telephone#: Harvey Slaughter (651) 215-5810

Vision: The Minnesota Department of Health will be a leader in the development of planning and evaluation modalities to assess the effectiveness of the agency in achieving its mission of protecting, maintaining and improving the health of the people of Minnesota.

Mission: The mission of the Office of Planning and Evaluation is to improve the effectiveness of agency programs and activities through the implementation of systematic planning and evaluation strategies that support analytical and cost effective decision-making.

Goals: The goal of the Office of Planning and Evaluation is:

- to establish a strategic planning and evaluation function within the Minnesota Department of Health; to coordinate and lead all Department-wide planning and evaluation activities
- to serve as an internal consultant to the executive administration of the agency on management intervention strategies, organizational learning, leadership development, and planning and evaluation strategy development.

Does the Office have a strategic plan or similar document available?

Yes No

Key Issues & Constituencies:

Key Issues: The need to establish a strategic planning and evaluation function within the agency.

The need to establish Department criteria for

performance review to determine the extent to which the agency is achieving its mission, vision and guiding principles.

The need to strategize, implement and evaluate management practices and management effectiveness strategies to improve the communication and leadership skills of directors, managers and supervisors of the agency.

The need to establish the Office of Planning and Evaluation as an internal resource to managers and supervisors on best practice planning, evaluation and research methods within the Department.

The need to align the goals, objectives, budgets and programs of divisions with the cross-divisional, Department-wide focus of the strategic goals and objectives of the Executive Office.

Key Constituencies: The Commissioner, Deputy Commissioner, and Executive Administration of the Minnesota Department of Health, including division directors, managers, supervisors and staff.

Division: Office of Public Affairs
Director: Vacant
Communications Office Manager:
John Stieger, (651) 215-1301
Library Services Manager:
Diane Jordan, (612) 676-5092

Mission: To serve the information needs of the people of Minnesota, the public health community and the employees of MDH.

Goals: - The goals of the Office of Public Affairs is to provide the people of Minnesota, public health stakeholders and MDH employees with appropriate access to information and resources available from the department.

- Provide public health stakeholders and MDH employees with knowledge-based information from libraries, databases and Internet sources.
- Provide overall direction, coordination and quality assurance for MDH informational processes and products.

Activity Summary: Communications Office key activities:

- Coordinate external communications. Activities include communications planning, media relations, writing, editing, and assistance with communications project management.
- Coordinate and promote effective internal

communications across all divisions and levels of the department. Develop tools and systems for enhancing internal communication.

- Consult with staff on the creation of effective publications and other public information materials.
- Coordinate and promote community outreach and marketing so that the department can reach priority audiences with relevant health information.
- Lead in the development of policies, procedures and standards that help the department communicate effectively and efficiently.
- Provide consultation and assistance to staff to help translate informational materials to other languages.

Strategic Plan: "Office of Public Affairs Strategic Plan" (being updated)

Key Issues:- Director of Public Affairs (a position in the Executive Office) has been vacant for more than a year. - Communications Office currently coordinates-- and should continue to coordinate--all contacts with the news media, especially during a time of transition. (News media contact the department with a variety of requests for data, information and perspectives on health care issues. Centralized coordination of media contacts helps ensure accuracy and consistency). The need to continue to enhance and expand the department's internal and external Web sites. The need to prioritize communication and information activities so that we can focus our limited staff and resources in the right areas.

The Executive Office has created an expectation of open communication and participation across all levels of the department. The Communications Office can help the new Executive Office make best use of internal communication channels to meet employee expectations.

The Communications Office is assuming the responsibility for coordinating the department's main telephone reception line (previously in another division).

Constituents: MDH employees; general public; news media; national, state and local policy makers; local public health agencies; public health professionals; non-profit health-related organizations; school nurses; students; other public health stakeholders.

Library Services Activity Summary: (Library, Health Information Clearinghouse, Department Web Site):
- Provide knowledge-based information and access to information to constituents by acquiring appropriate

- material or borrowing material from other libraries.
- Create and maintain an external Web site that is current, well-organized, inclusive of the department and easy to use.
- Provide department brochures, pamphlets and posters to the public.
- Lend videos on appropriate public health subjects to organizations in the state.
- Consult on housing, storing and location information.

Library Services Key Issues:

Six Month Timeline of Priority Projects and Hot topics and Important Events:

- Provide support for effective communication and information-sharing with new administration and Legislature.
- Be prepared to address potential items of interest among news media; e.g., abortion reporting; food safety; nursing home care, managed care.
- Expand and refine the department’s internal and external web sites.
- Improve customer service offered over the department’s main telephone line.
- Complete a library inventory in preparation for inclusion in the state-wide library system called MnLink.
- Initiate a fresh method of contacting new MDH employees for orientation to library services.
- Integrate materials from Health Information Clearinghouse, Rural Health Clearinghouse, Food Safety Initiative, and Assist Program into the library.
- Complete comprehensive internal communications plan.
- Complete work with advisory group to establish training/certification process for medical interpreters.
- Complete department policy for responding to data requests from the news media.
- Explore ways to create greater public awareness of the department and public health.

Division Name: Human Resource Management

Director: Ron Olson
(651) 215-1255

Assistant Director: Jody O’Malley
(651) 215-1242

Vision: To be leaders in establishing and maintaining a work force and work environment which enables the MDH to achieve its vision and fulfill its mission of protecting, maintaining and improving the health of all Minnesotans.

Mission: To provide high quality human resource services, products, consultations and controls in support of the Department of Health’s mission vision and goals.

Goals:

- To advance the role of the Human Resource Management Division as a full and equal business partner in all phases of MDH operations.
- To make dramatic advances in building the capacity of department employees and improving the work environment and culture.
- To make dramatic improvement in the effectiveness and quality of human resources systems and processes.

Activity Summary:

Personnel Management: The Personnel Management function of the Department includes providing a wide range of full service human resource management services. Utilizing the framework of the State’s civil service system, this activity includes recruitment, all staffing and job filling activities, job evaluation and classification, labor/management relations, employee relations, employee compensation and benefit program administration, workforce planning, employee performance management consulting, discipline and grievance resolution, human resource policy development and administration and employee payroll activities. Through a “Team” system, aligned with the overall department organizational structure, human resource professional and support staff work in partnership with their assigned divisions to ensure a productive and effective workforce and work environment.

Workforce Diversity/Affirmative Action: Through a variety of methods, the Office of Workforce Diversity works to increase the cultural competence of staff so that they can be more effective in serving a diverse community. It works in collaboration with all employees to bring them closer together and create a cohesive work environment for all. It ensures that our recruitment and selection strategies emphasize the importance of a diverse workforce. It also develops and administers the MDH Affirmative Action/EEOC Plan, investigates complaints of discrimination and maintains a centralized monitoring and reporting system for internal and external use of the results of our affirmative action and diversity efforts.

Training and Development: The Training and Development Office designs, arranges, conducts and administers a wide variety of training and developmental activities to build the capacity of MDH employees. It develops and administers agency training and development policies, provides

consultations to managers, supervisors and all employees in individual employee development planning, and provides technical assistance in effective training and development theory and practices. It arranges a variety of self development activities including references, self study material, and computer based training activities. It plans our department-wide training efforts and evaluates their effectiveness.

Employee Safety: The Employee Safety Office establishes and administers an on-going effort to ensure a safe work environment. It develops and administers department-wide employee safety policies and strategies and programs to ensure employee safety. It provides consultation and technical assistance to managers and supervisors and all employees regarding safety. It monitors the work environment for safety, conducts inspections, investigates complaints, administers the MDH Workers Compensation program, and provides centralized reporting of safety conditions and issues.

Key Issues & Constituencies:

The customers of the HRM Division include all employees of the Department. The Division works in partnership with all managers and supervisors to advance overall department goals and to contribute and add value to achieving the Department's mission.

The Division's key stakeholders include 5 labor organizations which represent MDH employees, the Department of Employee Relations, other state agencies, the public including applicants for MDH positions, educational institutions, and a variety of community groups and organizations.

Key issues facing the Division include streamlining personnel system procedures and policies, creating an understanding and acceptance of the value of a diverse workforce, continuing to improve our business partnerships within the MDH, maintaining a salary and compensation structure which enables us to attract and retain highly qualified employees, building the capacity of employees through employee development activities, establishing a agency-wide perspective on human-resource efforts, and maintaining a work environment and culture which is participative and productive.

Six Month Timeline of Priority Projects and Events:

Negotiations- Renegotiation of statewide union contracts for state employees will be conducted in the spring. This will result in many changes in the terms and conditions of employment for state and department employees.

Personnel Systems Changes- Major efforts are

underway on a statewide and department level to re-engineer the State's selection and job classification systems to make them more efficient, quick and user friendly through the use of new technology. This will result in many changes in the way that the department conducts its on-going personnel management activities.

Office of Health Care Consumer Assistance

provides assistance, advocacy, and information to health care consumers. Meets with consumer advisory board and makes recommendations to the legislature on health care consumer issues. The Director position is currently vacant.

Agency Management Team

The primary management decision making forum is the Agency Management Team. It consists of members of the E-Team, division directors and assistant division directors. Issues and concerns are brought to this group for discussion decisions or recommendations to the commissioner.

Management and Support Services Bureau

Division Name: Finance and Administration
Director/Telephone#: Christine Everson
651-296-9280

Vision: The Division of Finance & Administration will develop and maintain the capacity and expertise to anticipate and respond to the department's ever-changing business needs, in collaboration with partners internal and external.

Mission: The Division of Finance & Administration provides leadership to the department in the stewardship of its financial, facility, and technological resources.

Goals:

- To provide a transparent business infrastructure for department programs through responsive and cost-effective facilities management, financial services, information systems, support services, and telecommunications management.

Does the Division have a strategic plan or similar document available? X Yes ___ No
If yes, please list title(s). Analysis of the Finance and Administration Division, July 15, 1997.

Key Issues & Constituencies:

Facilities Management & Support Section:

Developing a department wide strategy to address employee transportation issues; working with divisions located at the 717 Delaware building and Metro Square to develop a long term space plan which includes collaboration and coordination with the Plant Management and Real Estate Management divisions, Department of Administration; and providing department wide facilities support services such as stockroom, mail service, and workstation re-configurations in four metro area and seven field office locations.

Financial Services Section: Prompt payment of department obligations; creating a reporting system that will allow department staff to review financial data related to their programs on a daily basis; modifying the delegation of purchasing authority to divisions for purchases of less than \$100; continuing to modify the current Federal Reporting system to include more accurate projection of salary costs; updating all policy and procedures related to financial issues; and, ensuring appropriate budget controls are established by the Minnesota Accounting and Procurement System (MAPS) so that the department budget can be monitored by the commissioner, division directors, section managers and grant managers.

Information Systems & Technology Section: Providing department-wide voice and computer network systems support; switching of various network equipment and routing of electronics; working with MDH programs, other state agencies, and local officials to establish computer network connectivity with local health agencies; enabling easy user-friendly access by MDH employees to MDH administrative data and information using new client server data base and Web Intranet technology; using distance learning strategies to reduce travel costs and improve wide-spread distribution of information and education; working with managers and staff to assure that records series have appropriate retention schedules, critical information is available, and the disposal of information is performed efficiently in accordance with applicable rules and statutes; making necessary revisions in infrastructure and data bases to assure Year 2000 compliance; and assuring security of electronic data and communications.

Constituencies (all sections): Department of Administration, Real Estate Management Division, Plant Management Division, Intertechnologies Group (US West Communications, Cellular One, Media One, AT&T Wireless,) Department of Finance, Department of Human Services, U.S. Department of Health and Human Services, U.S. Environmental Protection Agency, Department of Public Safety, Pollution Control

Agency, Department of Agriculture, and the Correctional Industries, vendors, contractors and grantees, and all other MDH divisions and programs.

Activity Summary Section Level with related staffing (Organization Charts attached):

Facilities Management and Support Section: We provide facility management services for metro area buildings and the seven district offices. These services include relocations and buildout, building security, parking management, and helping to create long-term space plans. This section also provides a central duplicating service, inventory management, warehousing, central mail and distribution system, and an offsite conference center.

Financial Services Section: We provide centralized budgeting, procurement, accounting, and reporting services. These services include preparing annual spending plans, accounts payable, accounts receivable, monitoring and reporting on Federal grants, purchasing, contract processing and assisting in the preparation of the department's biennial budget.

Information Systems & Technology Section: We provide management of information, records, distance learning, telecommunications and technology services. These services include: agency-wide telecommunications (voice and computer) network infrastructure; local-area network, user support and application development for the MDH Executive Office, Human Resource Management Office, Communications Office, and Finance and Administration Division; a department-wide records management program; and distance learning and video conferencing support service to MDH programs and to MDH public health partners.

Six Month Timeline of Priority Projects and Hot Topics and Important Events:

Division Management: Finance and Administration Advisory Group; Finance and Administration Service Guide; enhancement of internal communications and marketing for more successful development, delivery, and assessment of administrative services and evaluation of Finance and Administration division reorganization.

Facilities Management & Support: Relocation of the Family Health Division and Facility and Provider Compliance Division to downtown St. Paul; installation of new security/ID badging system; physical realignment of staff in Metro Square and 717 Delaware building; review of employee parking and transportation issues; lease negotiations.

Financial Services: Training for department staff on MAPS Reports, Federal Reporting, contracts, grant contracts, and grants; biennial budget process; improving prompt payment status; designing budget management support systems; and preparing Indirect Cost Plan for coming fiscal year.

Information Systems & Technology: Bringing all remaining telecommunications equipment and computers in Executive Office, Communications Office, Human Resource Management Office and Finance and Administration division up to Year 2000 compliance; ensuring telecommunications and network infrastructure for the divisions of Family Health and Facility Provider & Compliance; installing new Intranet/Internet Web servers; upgrade network cabling in 717 building; replacing LAN server for Admin network; supporting new networked Docutech duplicator and new security/ID badging system; install redundant T1 line from 717 Delaware building to Internet; performing department-wide audit of records retention schedules; initiating application development with ORACLE method and tools; and upgrading remote access server to support needs of remote locations and users.

Health Systems & Special Populations Bureau

Division Name: Community Health Services
Director/Telephone#: Ryan Church
(651) 296-9720
Assistant Director/Telephone#:
Wayne Carlson
(651) 296-9725

Vision: New achievements in public health and health care through a successfully integrated health system that actively involves citizens and communities in deciding priorities, allocates resources based on accurate assessments of population health, and mobilizes a full array of community resources to address health needs.

Mission: To protect and promote the health of all Minnesotans and to promote access to health care by developing and supporting cooperative partnerships among state and local governments, health related organizations, and other communities and individuals.

Goals: The Division achieves its mission by:

- ensuring that Minnesota's communities and local governments are able to meet their public health responsibilities under state law;
- collecting, analyze and disseminate vital records

- and other health related data;
- establishing public health goals and involve diverse groups in working to achieve the goals; and to
- promoting access to quality health care for rural and under served Minnesotans.

Does the Division have a strategic plan or similar document available?

Yes No

If yes, please list title(s).

Community Health Services: Vision, Mission and Emerging Issues

Key Issues & Constituencies:

Maintaining a Strong State and Local Public Health

System: The state relies heavily on the local public health system to plan and deliver public health services in communities. The capacity of this system is threatened due to changing financing in health care and its impact on medical assistance funds for basic public health services. Other changes are also affecting the capacity of the local public health workforce. Because the local public health system is governed by local government, coordination and communication among state and local efforts are critical. This state and local communication has also been threatened due to the loss of district office staff, necessitated by a budget shortfall for FY99.

Constituencies include: counties and cities, health plans and health care providers, public health advocacy groups and consumers, Department of Human Services, and Legislators.

Population Health Assessment: Information about the health status of the population and what actions might be taken to protect and improve health is growing demand. Collecting and analyzing public health information and evaluating interventions can be controversial because these interests often compete with legitimate interests to protect individual privacy or may raise concerns about emerging societal standards for personal health and quality of life. A strategic review of the Department's population health assessment activities is being conducted.

Constituencies include state and local government public health agencies, local registrars, health plans, health care providers, academic and health care researchers, genealogists, health care consumers, and individuals needing copies of vital records, the State Departments of Labor and Industry; Children, Families and Learning; Human Services; and Public Safety; as well as Minnesota Planning, professional health

associations, private foundations, health care facilities and public libraries. At the federal level, the clients include the National Center for Health Statistics, the Centers for Disease Control, Public Health Services agencies and the US Census Bureau.

Establishing Public Health Goals and Leading Efforts to Address Them:

In an effort to create a clear and compelling agenda for future health improvement efforts and to promote greater coordination of the public and private sectors the Department is leading the “Healthy Minnesotans” initiative. This involves a wide variety of interested groups including business communities, health care, consumers, academia, public health agencies, community-based organizations and others. The initiative also suggests strategies and roles for each sector in addressing major health problems and provides a benchmark for monitoring progress.

Improving Access to Health Care for Rural and Under Served Minnesotans:

Wide disparities in access to health care exist in rural communities and public concern regarding access to health care, particularly with the growth of managed care, remains high. A variety of issues relating to access to health care in rural and under served areas are being addressed by the Department and are always part of the state’s Legislative discussions. Constituencies include health plans, providers, researchers, public health agencies, rural cooperatives and community development interests, consumers and Legislators.

Activity Summary Section Level with related staffing

Community Development Section: administers the CHS subsidy program (M.S. 145A) and coordinates efforts of the Minnesota Department of Health and local government public health agencies through staffing the State CHS Advisory Committee and its many work groups; develops voluntary guidelines for program activities; and assures regular and coordinated communications from MDH to local agencies (regular consolidated mailings, newsletter, etc.).

Health System Development Section: supports the Department’s efforts to stimulate, guide, and support collaborative efforts among public health agencies and private sector health care entities to improve population health, including the *Healthy Minnesotans* initiative -- specific public health goals developed by a

partnership of diverse groups (see “Establishing Public Health Goals...”, above). The initiative also identifies effective strategies to address those goals, clarifying the complementary roles that each entity can play, and mobilizing communities to work collectively to improve health. The Health System Development activity also provides technical support to managed care organizations required to submit collaboration plans pursuant to M.S. 62Q.075; leads communication efforts between the public and private sectors; and coordinates Department planning efforts related to capacity building and public health system development.

Minnesota Center for Health Statistics: maintains a statewide permanent file of birth and death certificates and indices of marriages and divorces needed by individuals for legal purposes; processes demographic and medical information on birth, death, marriage, divorce and abortion records; and distributes information both in electronic media and special tabulations; and assisting department staff in the use of statistical techniques; designing statistical projects and performing surveillance functions with the Centers for Disease Control.

Office of Rural Health and Primary Care:

administers grant programs to establish rural health centers; support the continued operation and capital improvements for hospitals in isolated areas of the state; and support the development of strategic plans to implement rural hospital transition projects. The office is also responsible or developing and maintaining database on health care personnel; conducting special studies on rural health care access issues; providing technical assistance regarding federal and state health care programs to rural communities and providers; providing technical assistance in the development of health care networks; administering an interdisciplinary practitioner team program; and coordinating provider recruitment and retention activities, including provider loan repayment programs.

Public Health Nursing Section: provides technical assistance and guidance to local public health staff primarily in the areas of community assessment, public health program development and evaluation, and local health system planning, development and coordination. It provides the necessary link between MDH specialized program staff, other state agencies, and local community health boards so that local staff can access relevant and useful technical resources of the

Department.

Six Month Timeline of Priority Projects and Hot topics and Important Events:

Healthy Minnesotans Initiative: The Department will have released its new “public health goals” and completed a major public information campaign to increase public understanding of the underlying causes of health problems and what can be done to improve health. In putting the goals together, the Department engaged a variety of stakeholders in the goal development process and created an expectation for future statewide discussions of health priorities. A decision will soon be needed as to what approach will be taken to continue this public discussion.

Strategic of Population Health Assessment Activities:

The Department has engaged leaders in public health, health care, and research, as well as community leaders in a discussion of how health status should be measured in the future. This group will complete its work during the next year and may make recommendations to extensively revise existing surveillance systems or to create new ones. Some of the recommendations may be somewhat controversial, dealing with issues of data privacy and involving new standards for quantifying health and defining quality of life. These recommendations are to the Commissioner of Health and will require a formal response.

- Coordinate and promote community outreach and marketing so that the department can reach priority audiences with relevant health information.
- Lead in the development of policies, procedures and standards that help the department communicate effectively and efficiently.
- Provide consultation and assistance to staff to help translate informational materials to other languages.: Modifications to the current abortion reporting system were required as part of the 1998 Legislative Session. These revisions, of course, are controversial and will likely be discussed during the 1999 Legislative Session.

Vital Records Redesign: Rule revisions will be required as part of the redesign and computerization of our vital records systems. Some determinations may be required of the Commissioner and some may be debated at the Legislature.

Rural Health Conference: The first annual Rural

Health Conference will be held in June 98, in St. Cloud. This will draw a large attendance and will include state and national experts on rural health topics as well as Legislators and others. This will be an important opportunity for gaining visibility and establishing a strong position on rural health care issues.

State Community Health Advisory Committee (and Annual Conference):

The State Community Health Advisory Committee is a statutory advisory committee to the Commissioner of Health. It provides an excellent opportunity for understanding local government’s interests in public health and establishing a leadership relationship with this group. An annual conference is held in the Fall of each year and routinely includes a formal address from the Commissioner and occasionally includes a visit from the Governor.

Division Name: Facility and Provider Compliance

**Director/Telephone#: Linda Sutherland
(651) 215-8715**

Assistant Director/Telephone#:

**Mike Tripple
(651) 215-8714
Cecelia Jackson
(651) 215-8720**

Mission: The mission of the Facility and Provider Compliance Division is to assure and promote basic and essential standards of quality of care and quality of life for vulnerable individuals receiving services from licensed and certified health care providers.

Goals: Continued improvement in our capacity to monitor the quality of health care facilities and providers we regulate through staff training, up-to-date rules and communication with all stakeholders.

Activity Summary Section Level with related staffing (Organization Charts attached):

Office of Health Facility Complaints -- responds to complaints from citizens about health care facilities and providers and responds to reports from facilities of possible abuse, neglect or misappropriation of property of residents/patients of health care facilities

Licensing and Certification Section -- performs regular inspections of health care facilities and providers to assure quality care is being provided and that requirements of state licensure and to determine if federal Medicare and Medicaid regulations are met.

Case Mix Review Section -- determines the care required by residents of nursing homes and intermediate care facilities for the mentally retarded (ICFs-MR) and audits that needed care has been received. The review determines the amount the facility can charge for an individual's care in nursing homes, based on specific needs of that individual. Individuals with greater needs are charged more than residents with lesser needs.

Engineering Services Section -- works with architects and engineers that design health care facilities to insure that the construction/remodeling meets state regulations, especially for fire safety.

Management Section and Information and Analysis Section -- provide services to the division in the area of rule writing, technical assistance, data management and over all division coordination. These sections also provide information and data to members of the public.

The Division does not have an up-to-date strategic plan.

Key Issues & Constituencies: (by section)

Office of Health Facilities Complaints - works with consumers and regulated parties including nursing assistants who are investigated for possible abuse, neglect or theft involving a vulnerable person.

Licensing and Certification - works with consumers and regulated parties (hospitals, nursing homes, home care agencies, ICFs-MR, kidney dialysis centers, ambulatory surgery centers, etc.). Inspections of these providers occurs on a regular basis financed with Medicare, Medicaid and fee revenue. General Funds are not used for these purposes.

Information and Analysis -- currently working with nursing homes and home health agencies on implementation of new federal computer generated assessment reports on individuals who receive services. Many technical issues to be solved.

Six Month Time line of Priority Projects and Hot topics and Important Events:

Restraint Reduction-- is a hot topic currently due many nursing homes abruptly removing restraints. There is a misunderstanding of this issues and much education is necessary to assure nursing homes reduce restraint use responsibly. Legislative hearings on the issue are anticipated during fall, 1998.

High Nursing Home Fines -- during the spring and summer of 1998 the division found 15 nursing homes had endangered the health and safety of its residents and issued federal fines for these *Immediate Jeopardy* situations. Fines are imposed immediately and usually are about \$3,000 per day until the Immediate Jeopardy is abated. The industry is up in arms about the fines, which are most often related to unsafe restraints.

Timeliness of Reports -- the Office of Health Facility Complaints lacks the resources to respond to complaints and reports in a timely fashion. The general public and the regulated parties are very concerned about the time delays.

New/Revised Rules -- the division is currently revising the home care rules to be more up to date and to add a category designed especially for assisted living providers. Under legislative direction we are also creating a discrete category in the home care rules to regulate Personal Care Attendants (PCA) for the first time. The legislature has also directed that the division study building code and fire safety codes for residential hospice providers. Both the PCA and Residential Hospice activity will require reports to the legislature during 1999.

Division Name: Family Health
Director/Telephone#: Jan Jernell (612) 676-5776
Assistant Director/Telephone#:
Pati Maier (612) 676-5379
Janet Olstad (612) 676-5439

Vision: Healthier people, healthier families, healthier communities

Mission: To use science-based approaches to promote the health of all Minnesotans throughout the life cycle by providing leadership in systems development and performance of the core functions of public health: assessment, policy development and program planning, and assurance. Issues are addressed through collaborative partnership with community health boards and other local, regional, state, and national entities.

Goals:

- To improve the health status of children and youth, women, and their families.
- To improve the quality of life for Minnesota's children and adolescents with special health needs and their families.
- To promote the health and nutrition status of

women, children, and elderly persons.

- To reduce physiological and behavioral risk factors for cancer, heart disease, diabetes, and other chronic diseases that result in premature morbidity and mortality, and to prevent substance abuse and intentional and unintentional injuries.
- To reduce the health and economic burden of tobacco use in Minnesota.

Does the Division have a strategic plan or similar document available?

Yes No

If yes, please list title(s). DRAFT - Division biennial strategic work plan - 1999/2000

Key Issues & Constituencies:

Key Issues: - Barriers and gaps in the state's system of primary and preventive health care services for children and adolescents. - Need for quality preconception, family planning, prenatal, and perinatal services, particularly for hard-to-reach and high-risk populations. - Changing delivery systems for providing medical care and other services needed by children with special health needs and their families. - Changing service delivery needs of former welfare families returning to the workplace. - Need for adequate assessment of and capacity building response to state and local needs to address chronic disease and unintentional injury, which are the leading causes of death in Minnesota. -Increasing smoking initiation rates among Minnesota's youth. - Increasing numbers of elderly in Minnesota. - Disparity in health status for populations of color and those in poverty. - Increasing emphasis on program integrity in WIC.

Key Constituencies: citizens of Minnesota, especially vulnerable and high risk populations; local public health agencies and staff; local government entities; federal government; other state agencies - particularly DHS and DCFL; Minnesota legislature and staff; health care providers and plans; advocacy organizations; higher education.

Boards, Commissions or Task Forces: Maternal and Child Health Advisory Task Force, Diabetes Steering Committee, Minnesota Healthy Beginnings Steering Committee

Activity Summary Section Level with related staffing:

Directors Office: data management and research support; Coordinated School Health Program; Healthy Beginnings (universal home visiting); dental health.

Maternal and Child Health Section: *Reproductive Health Unit* - Family Planning Special Projects grants, MN ENABL (Education Now and Babies Later), Abstinence Education grants, genetics, perinatal health and improved pregnancy outcome, women's health; **Child & Adolescent Health Systems Unit** - child care, school health, adolescent health, childrens mental health, GLBT youth, health policy and systems development; **Child Health Screening/Health Promotion Unit** - hearing & vision, universal newborn hearing screening, scoliosis, Child & Teen Check-up, training of providers.

Minnesota Children with Special Health Needs Section: **Research and Policy Unit** - data collection, research, policy analysis and development, training and education; **Community Systems Development Unit** - speciality diagnostic clinics, outreach and child find, health care reimbursement, training and education, information and referral.

Supplemental Nutrition Programs (WIC/CSFP) Section: *Vendor Unit* - contracts, compliance and consultation to WIC vendors; *Operations Unit* - information systems management; *Program Unit* - consultants to local WIC agencies and staff; *Nutrition Unit* - nutrition and breast-feeding education and evaluation.

Center for Health Promotion Section: *Injury and violence prevention Unit* - TBI registry, sexual assault prevention, violence prevention, home visiting, injury prevention; *Diabetes Unit* - diabetes prevention, quality improvement, targeted project with Native American youth population; *Health Education Unit* - chemical health, bone marrow education, *FAS Unit* (fetal alcohol syndrome) - public awareness, professional education, research, community grants; **Nutrition and Physical Activity Unit** - cardiovascular disease prevention, school nutrition education, Fitness Fever (physical fitness).

Tobacco Prevention and Control: ASSIST, Tobacco Free Communities for Children, FDA and Synar compliance checks - comprehensive tobacco control activities, including grants to CHS agencies and community coalitions, education, counter advertising, assessment, compliance with youth access laws, policy analysis and development.

Six Month Timeline of Priority Projects and Hot topics and Important Events:

- MCH funding formula revisions
- FPSP statewide evaluation due in December
- development of a comprehensive statewide tobacco control program
- WIC roll out and implementation of new automation

system

- ongoing program integrity investigations of WIC vendors and follow-up court appeals
- multiple grants going to local community -Community Health Services agencies and others
- interagency activities: legislative initiative on adolescent and on substance abuse, CTC contract with DHS, implications of welfare reform, Demonstration Projects for Persons with Disabilities
- WIC enrollment and participation
- women's health data book (coming out soon)
- GLBT community tool kit (coming out soon)

Division Name: Health Policy & Systems Compliance
Director/Telephone#: David Giese (651) 282-5611
Assistant Director/Telephone#: Jim Golden (651) 282-5640

Vision: Assuring high quality, affordable health care for all Minnesotans.

Mission: The mission of the Health Policy & Systems Compliance Division is to promote health, health care access, and quality health care at reasonable cost for Minnesotans through data collection and analysis, policy development, education and regulation.

Goals: The goals of the Health Policy & Systems Compliance Division are to:

- Provide consumer protection for all Minnesotans through effective regulation and oversight of managed care organizations and allied health occupations
- Monitor the health care market and conduct applied policy analyses for development of health care policy in the areas of cost, quality and access.

Does the Division have a strategic plan or similar document available? Yes No
If yes, please list title(s).

Key Issues & Constituencies:
Key issues (by section):

Data Analysis Program This program is responsible for the Division's overall data collection and handling policies in order to create and maintain secure and reliable data systems, which support health programs, products, decisions and policy development.

Health Economics Program This program conducts research and applied analysis of the health care

market in Minnesota, with a particular focus on issues of cost, quality, and access. The program also oversees the \$32 million Medical Education and Research Trust Fund.

Health Occupations Program This program provides consumer protection by assuring the quality of allied health care practitioners and their services. The consumer protection is achieved by setting training and practice standards, investigating consumer complaints, and ensuring compliance with applicable statutes and rules.

Managed Care Systems This program provides consumer protection to the enrollees of managed care plans through regulation and the enforcement Minnesota's laws on the cost and quality of health care services provided through managed care organizations.

Mortuary Science This program is responsible for the protection of the health, safety and welfare of the public and those involved in the care and disposition of the dead.

Constituencies (all sections):

Consumers of health care services, managed care enrollees, health care providers, health care payers, hospitals, regulated entities, health care trade associations, Minnesota Legislature, Department of Human Services, Department of Employee Relations, and other government units.

Activity Summary Section Level with related staffing (Org. Charts attached):

Data Analysis Program working on: 1) health care administrative simplification as required under the Health Insurance Portability and Accountability Act; 2) the collection of financial, utilization, and services data from Minnesota hospitals; 3) a voluntary partnership with Minnesota payers for the collection, maintenance and analysis of encounter-level health care data; and 4) coordinating the Division's data handling, organization, and security activities.

Health Economics Program working on:
- the collection of health care revenue and expenditure data from health care providers and payers in Minnesota to develop independent estimates of health care spending; - the production of annual estimates of Minnesota's uninsured rate; - the effects of health policy reform on small group insurance enrollment, uncompensated care, self funding of health care coverage and uninsured rates; - the oversight of a \$32 million trust fund for medical education and

research in Minnesota; and - the development of a system for risk-adjusted per capita payments in public programs

Health Occupations Program working on: 1) the regulation of speech-language pathologists, audiologists, hearing instrument dispensers, occupational therapists, alcohol and drug counselors, and unlicensed mental health practitioners; 2) consumer protection and information programs for purchasers of hearing aids and clients of unlicensed mental health practitioners; and 3) the investigation of complaints against regulated practitioners and enforcement actions as required.

Managed Care Systems working on: 1) quality assurance issues for the 1.2 million enrollees of health maintenance organizations (HMOs) and community integrated service networks (CISNs); 2) compliant review and enforcement, which allows enrollees to file written grievances, receive an analysis of the situation and resolution to the complaint; 3) contract and certificate of coverage review to ensure that all contracts comply with all of Minnesota's consumer protection laws; 4) routine auditing and monitoring of evidence of managed care organizations continued solvency; and 5) premium rate reviews to ensure actuarially justified premiums.

Mortuary Science Program working on: - the regulation of individuals and facilities in the field of mortuary science; - licensure of morticians; - certification of funeral facilities; - licensure of crematories; - educational sessions on the disposition of the dead in a sanitary manner; and - complaint review and enforcement of regulated entities.

Six Month Timeline of Priority Projects and Hot topics and Important Events:

Distribution of \$32 million Medical Education and Research Trust fund. The Health Economics Program will be distributing the MERC trust fund to medical education institutions and associated training sites.

Health Plan Company Complaint Resolution

Process. The Departments of Health and Commerce need to develop a new complaint resolution process for health plan companies to make available to enrollees. Final recommendations are due November 15, 1998.

Uncompensated Care Study. The Division is required to complete a report and recommendations on the provision and financing of uncompensated care in Minnesota. The report is due January 15, 1998.

Reduction in the Health Care Access Fund

Funding. The division needs to reduce its Health

Care Access Fund base funding by \$383,000 in each year of the next biennium. This reduction matches a \$383,000 annual reduction in the previous biennium. These cuts will require the Division to reduce staff and activities.

Unfunded MERC Administrative Costs. The legislature has not provided MDH any funding to administer the MERC Trust fund. Therefore, the division will need to reduce or eliminate \$150,000 of other on-going activity to ensure that the trust fund is distributed.

Bureau of Health Protection

Division Name: Disease Prevention and Control

Director/Telephone#: Aggie Leitheiser
(612) 676-5709

Assistant Director/Telephone#:
Mary Manning
(612) 676-5201

Vision: The Disease Prevention and Control Division will work with public and private health care providers and the public to reduce the burden of disease in Minnesota.

Mission: The mission of the Disease Prevention and Control Division is to provide leadership in the prevention and control of acute and chronic disease in Minnesota; conduct surveillance to detect the occurrence of such diseases; recommend prevention and control measures; and implement disease prevention and control programs.

Does the Division have a strategic plan or similar document available? Yes No
If yes, please list title(s). Disease Prevention and Control Work Plan

Key Issues:

Emerging infections
Food safety
Immunization registries
TB prevention in foreign born
Hepatitis C education
Antibiotic resistance
New vaccines
Immunization education for providers
Bioterrorism preparedness
Refugee/immigrant health
Screening people at-risk for breast and other cancers

Setting AIDS/STD priorities
Monitoring public health issues while protecting privacy
Worker health
Maintaining technically sound disease surveillance systems

Key Constituencies:

Health care providers: Hospitals, Citizens of Minnesota, Child care facilities, Food establishments
CHS agencies, Schools, Work sites, Employers,
Other state agencies, Community-based organizations, Workers, Long-term care facilities, Blood collection facilities, Federal agencies (CDC, FDA, USDA), Health plans, Cancer advocacy/survivor organizations.

Activity Summary Section Level with related staffing (Org. Charts attached):

Acute Disease Epidemiology Section: We rapidly respond to outbreaks of communicable disease throughout the state so that health threats can be minimized. We systematically collect and analyze information on communicable diseases to develop disease prevention programs. We serve as statewide leaders on the prevention of communicable diseases by providing information and education on disease prevention to health-care providers, local CHS agencies, the general public and others.

Acute Disease Prevention Services Section: We seek to prevent the occurrence of and complications from vaccine-preventable and other disease. We develop statewide immunization policies, provide ongoing professional and consumer education, and provide technical consultation to local public health agencies and others as they improve age-appropriate immunization levels in their communities.

Cancer Control Section: We provide free mammograms and Pap tests to low-income women who are uninsured and under-insured through a network of 270 clinics. We engage in outreach activities to encourage program-eligible women to avail themselves of screening tests for breast and cervical cancer, and scientifically design and test interventions to increase the use of cancer screening tests.

AIDS/STD Prevention Services Section: We facilitate large scale community planning activities for HIV/STD prevention and HIV services; provide funding and technical assistance to community-based and governmental organizations for (1) targeted HIV/STD

prevention activities; (2) health and support services for persons living with HIV and (3) HIV testing; conduct large and small scale media campaigns, conduct STD surveillance activities and prevalence studies, conduct partner notification activities for HIV and STDs, and investigate and take appropriate legal actions under the Health Treat Procedures Act.

Chronic Disease and Environmental Epidemiology Section: We monitor and analyze the occurrence of all newly diagnosed cancers in Minnesota (approximately 20,000 per year) for prevention and public policy purposes. We study issues of injuries and disease associated with the workplace, and evaluate emerging chronic diseases and conditions (such as asthma) to determine public health information and program needs.

Epidemiology Field Services Section: We are generalist epidemiologists located in 5 district offices—Mankato, Rochester, Bemidji, Fergus Falls, and St. Cloud who provide training and support to local public health staff in implementing their disease prevention and control responsibilities. We promote and provide consultation about division issues and priorities and provide information to other Division and Department staff about greater Minnesota disease prevention and control issues. (6 positions)

Director's Office/Food Safety Center: We provide general policy direction, oversight, evaluation and support for Division programs and staff. The new Food Safety Center and Division information resource management support are housed in the Director's office.

Six Month Timeline of Priority Projects and Hot topics and Important Events:

Infection Control Consultation Program: Implement training, technical assistance, and distribution of guideline materials for hospitals, long-term care facilities and other health care institutions to prevent communicable disease transmission.

Food Safety: Increase activity in rapid recognition and control of outbreaks and studies to prevent food borne illness. Inaugurate Food Safety Center to increase coordination and communication about food safety activities and promote public and industry support for food irradiation.

Bioterrorism: Coordination with MDH and external agencies to improve systems for rapid identification and response to infectious biologic agents used by terrorists.

Early Cancer Detection: Multiple public outreach

activities for breast and cervical cancer screening; including media campaigns and appearances, training sessions for grantees, and expansion of screening activities to new clinics. Beginning discussion of methods to address colorectal and prostate cancer.

HIV/STD: Redesign the HIV testing program, implement the Perinatal Prevention Project, evaluate the Syringe Access Initiative, conduct a statewide needs assessment to study STD prevention, treatment, and prevalence, and educate about changes to the EMS personnel law. Hot topics include the minor consent law, sodomy statute repeal, the Minnesota AIDS Project upcoming Sexual Health Legislative Initiative.

Information Resource Technology: Upgrading the Cancer Surveillance System and designing a new information system for acute diseases are needed to maintain data quality and support external partners.

Occupational Respiratory Disease: Develop consensus of labor, industry, government, and the general community about how to implement newly developed methodology for identifying work-related respiratory diseases.

Immunization: Resolve conflicting concerns about protecting data privacy and issues of consent for immunization registry information, adjust to reduced federal support for immunization activities while the number of vaccines continues to expand, provide education about immunization recommendations.

Refugee/immigrant health: Advisory group developing recommendations to improve health assessments and identify and treat communicable disease issues early.

Division Name: Environmental Health
Director/Telephone#: Patricia Bloomgren
(651) 215-0731

Assistant Director/Telephone#:
Pauline Bouchard
(651) 215-0710
Kathy Svanda
(651) 215-0878

Vision: The Environmental Health Division (EHD) will be the leader of the state's efforts to protect all Minnesotans from exposures to environmental hazards.

Mission: The mission of the EHD is to reduce and prevent the occurrence of environmentally-induced disease and injury.

Goals: Vigorously protect public health and minimize

exposure to environmental hazards through regulation, public health education and other outreach efforts and identify emerging environmental health issues and initiate actions to protect the public health.

Activity Summary Section Level with related staffing (Org. Charts attached):

Asbestos, Indoor Air, Lead and Radiation Section

We inspect x-ray machines, enclosed sports arenas, and asbestos and lead work sites across the state to ensure compliance with health standards; investigate elevated blood lead levels in children; enforce the Minnesota Clean Indoor Air Act, which restricts smoking in public areas and work places; provide people with information about the potential health effects of radon, mold, and other indoor air contaminants; and conduct environmental monitoring around the state's two nuclear power plants.

Division Services Section We provide coordination, technical assistance and/or training to division staff for information resource management, administrative rulemaking, enforcement, environmental review, and policy and planning activities.

Drinking Water Protection Section We enforce federal safe drinking water standards in public drinking water systems and inspect and monitor public drinking water systems and protect the water resources supplying these systems.

Environmental Health Services Section We establish and enforce standards to assure sanitary conditions in over 20,000 hotels, motels, resorts, restaurants, manufactured home parks, recreational camping areas and children's camps and also inspect and monitor swimming pool construction and plumbing installations.

Environmental Surveillance and Assessment Section We evaluate human potential health risks from chemical and physical agents in the environment and work with other state agencies to understand and prevent possible human exposure to environmental health hazards from sport fish, waste disposal, operation of power plants, and agricultural and industrial activities.

Well Management Section We protect the health of people drinking private well water and also protect the groundwater resources of Minnesota through the assurance of proper construction of new wells and

borings and through timely and proper sealing of old wells and borings.

Does the Division have a strategic plan or similar document available? Yes No

If yes, please list title(s). Division Fiscal Year Report and Work Plan

Key Issues & Constituencies: Key issues (by section):

Asbestos, Indoor Air, Lead and Radiation Section

U.S. Nuclear Regulatory Commission (NRC) agreement; Minnesota Clean Indoor Air Act and Tobacco smoke; lasers and laser operators; food irradiation.

Drinking Water Protection Section Wellhead protection plans; nitrate levels in drinking water; radium in drinking water; feedlots.

Environmental Health Services Section New food code and new food manager certification program; reorganization of plumbing program; revision of rules for manufactured home parks and camps; establishment of core services fee; food irradiation.

Environmental Surveillance and Assessment Section Arsenic in drinking water; frog deformities; fish consumption advisory; pesticides; brownfields; feedlots.

Well Management Section Sealing unused, unsealed wells and borings; revision of rules for exploratory borings; nitrates in private well water.

Constituencies (all sections):

Regulated parties, industries and associations, other government units, nonprofit organizations, labor unions, drinking water suppliers, people eating at restaurants, special interest groups, people living or working near sources of environmental hazards.

Boards, Commissions or Task Forces:

Environmental Quality Board, Board of Soil and Water Resources, Emergency Response Commission, Governor's Food Safety Council, Governor's Geographic Information System Council, Governor's Construction Code Advisory Council

Six Month Timeline of Priority Projects and Hot topics and Important Events:

Feedlot Generic Environmental Impact Statement.

The Minnesota Department of Health (MDH) is providing information on human health issues related to animal agriculture to EQB and other stakeholders.

Food Manager Certification and Minnesota Uniform Food Code Implementation. MDH and the

Minnesota Department of Agriculture together are implementing these new food safety regulations.

Health Risk Values and Limits Administrative Rulemaking.

MDH expects administrative rules for health risk values (HRVs) for pollutants emitted to air to be adopted in March 1999. We will also begin a revision of the health risk limits (HRLs) for water in the spring of 1999.

Minnesota Arsenic Study. The Minnesota Arsenic Study (MARS), a study of arsenic exposure in western Minnesota drinking water, will be continuing in 1999.

Savage Public Water Supply and the Minnesota Drinking Water Revolving Fund.

MDH is working with the city of Savage, members of the legislature, the Governor's Office, other executive branch agencies, and the U.S. EPA to resolve a 1998 Omnibus Bonding Bill mandate that may expose the state to litigation or to sanction by the EPA.

Radium in Drinking Water. MDH is currently sampling water from public water supplies, as mandated by the EPA to determine radium levels in drinking water. A number of public water systems may be found to be in violation of the standard for radium as a result of this sampling.

Frog deformities. A technical conference on frog deformity findings may be held in early 1999.

We continue to work with our state agency partners, the University of Minnesota and others to determine if frog deformities are a sentinel species warning of future public health threats.

Bioterrorism. MDH is leading an effort to assemble representatives of the medical, emergency response, enforcement, military and mental health communities, to improve the state's bioterrorism response planning.

Division Name: Public Health Laboratories
Director/Telephone#: Norman Crouch (612) 676-5331
Assistant Director/Telephone#: To be named

Vision: The Public Health Laboratory Division will be the leader of laboratory testing to assess and protect the public's health in the State of Minnesota.

Mission: The mission of the Public Health Laboratory Division is to provide testing and related laboratory services of the highest quality to the State of Minnesota and its citizens in support of clinical and environmental public health goals.

Goals: The goals of the Public Health Laboratory include the following:

- Implement state-of-the-art methods and technology to detect recognized and unrecognized problems of public health significance related to hazardous environmental chemicals and agents of infectious disease.
- Maintain the capability to rapidly respond to emergency public health situations and provide the critical data needed to assess the potential threat of a wide range of infectious and chemical agents.
- Advocate for the public by providing stable, high quality, and reliable laboratory data, whenever and whatever is needed, that focuses on the public's health, rather than only on the individual's health.

Does the Division have a strategic plan or similar document available? ___ Yes X No
 A document to be developed will be entitled:
 Laboratory Annual Report and Work Plan.

Key Issues & Constituencies:

Issues:

Chemistry Laboratory Section. Development and implementation of new methods to comply with client needs and regulatory requirements. Detection and identification of hazardous substances not specified by regulations.

Clinical Laboratory Section. Measurement of trends in the development of drug-resistant infectious agents. Detection and identification of emerging infectious pathogens. Detection of chlamydia infections without symptoms in adolescents. Implementation of additional tests for inborn errors of metabolism in infants using new technology.

Laboratory Services Section. Implementation of the federal National Environmental Laboratory Accreditation Conference (NELAC) program.

Constituencies:

All Sections. Intra-agency partners, other state agencies, federal agencies, local agencies, private and public clinical and environmental laboratories, the public, legislators, health care organizations, physicians, health care personnel, and veterinarians.

Activity Summary Section Level with related staffing (Org. Charts attached):

Chemistry Section. Using state-of-the-art instrumentation and methodology, the chemistry

section tests many different kinds of samples to detect and identify a wide variety of hazardous environmental substances in air, soil, water, and wildlife. These substances pose a threat to the public's health. Testing includes the monitoring of public water supplies, as well as emergency responses to accidental or intentional release of chemical and biological agents into the public environment.

Clinical Section. The clinical section conducts a wide range of high complexity assays, both molecular and traditional, to detect, identify, and characterize bacterial, viral, fungal, and parasitic agents that cause infectious diseases of significance to the public's health. The section is also responsible for carrying out the state's mandated program to test all Minnesota infants for various inborn errors of metabolism that, if detected early, can be successfully treated.

Laboratory Services Section. This section provides state-wide environmental laboratory assurance through its program of certification for private and public laboratories that conduct assays for hazardous environmental chemicals. The section is also responsible for providing technical services, including specimen/sample handling and preparation of reagents and supplies, as well as clerical services, including data entry, in support of all of the chemistry and clinical laboratory activities.

Division Name: Fetal Alcohol Coordinating Board

**Director/Telephone#: Cindy Turnure, Ph.D.
 (651) 215-5808**

Assistant Director/Telephone#: Vacant

Vision: A state where children are not exposed to alcohol before birth.

Mission: To provide an integrated, comprehensive approach to FAS prevention and intervention.

Goals: Reduce the impact of prenatal alcohol exposure on Minnesotans.

Does the Division have a strategic plan or similar document available?

 X Yes No

If yes, please list title(s).

Suffer the Children: The Preventable Tragedy of Fetal

Key Issues & Constituencies:

- Coordination of state and local programs and agencies;
- Coordinating efforts of the health care, social services, educational, criminal justice, and corrections systems;
- Ensuring that services are available for affected children and adults;
- Raising public awareness of the dangers of drinking during pregnancy;
- Ensuring that all pregnant women are screened for alcohol use and have access to treatment if needed.

Activity Summary Section Level with related staffing (Organization Charts on separate page to be attached):

- Coordinating the FAS programs of all state agencies;
- Coordinating state agency efforts to prevent FAS with federal, local and private sector efforts;
- Approving an annual FAS public awareness campaign;
- Providing grants to local community groups for FAS prevention and intervention services; and
- Submitting a biennial report to the Governor summarizing Board activities, findings, and recommendations.

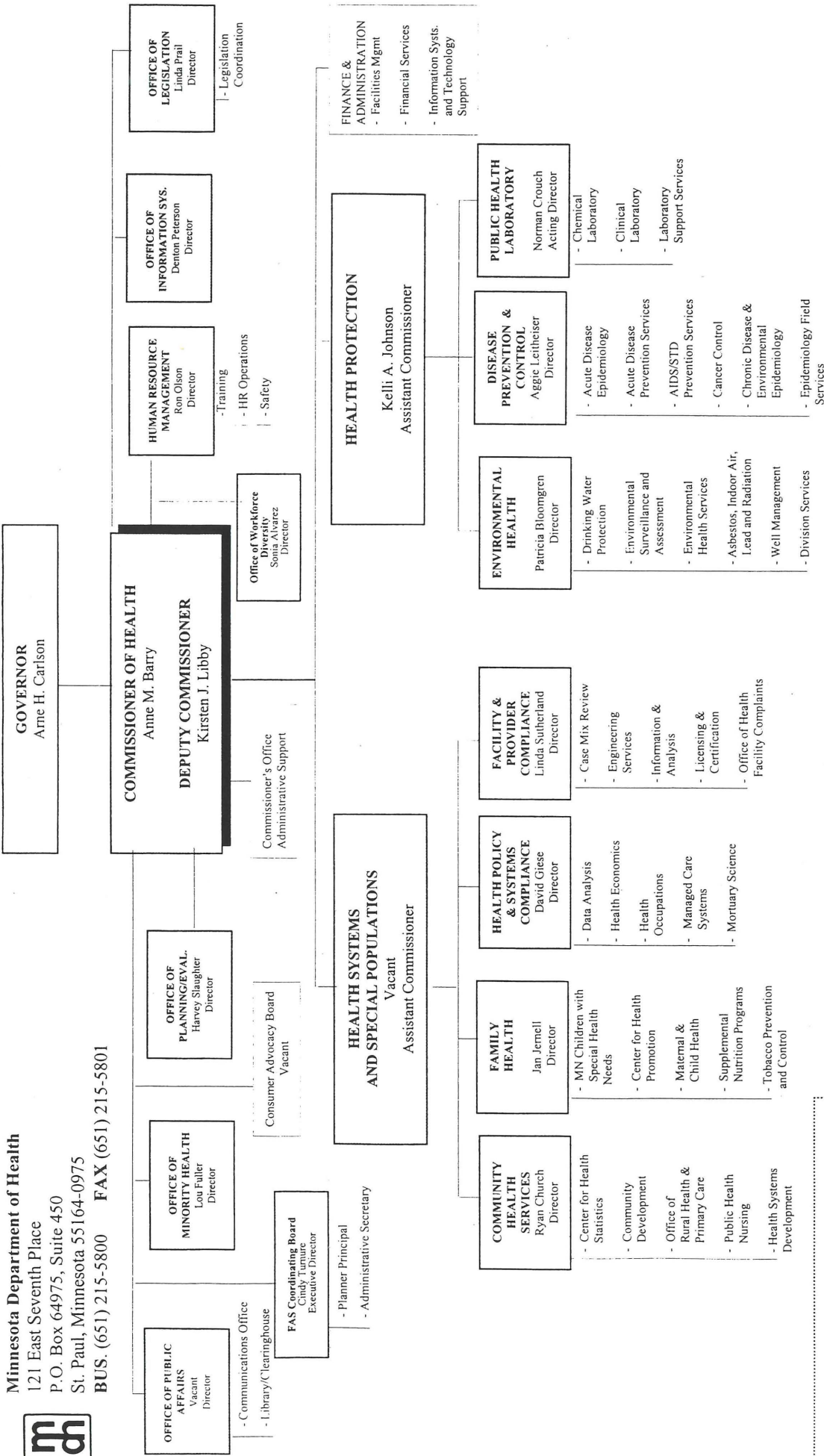
Six Month Timeline of Priority Projects and Hot topics and Important Events:

January 15, 1999:	Fetal Alcohol Coordinating Board report to the Governor;
January 1999:	Community grant programs funded;
Mother's Day, 1999:	Kick-off of new FAS public awareness campaign
August 1, 1999:	Changes in reporting law go into effect (voluntary reporting of alcohol abuse during pregnancy)

Hot Topics: If the Board recommends further changes in the reporting law or commitment act, or in the criteria for access to chemical dependency treatment for pregnant women, and/or in the eligibility criteria for developmental disability or special education services, these may be controversial.



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The Mission of MDH is to protect, maintain and improve the health of the citizens of Minnesota

July 15, 1998

