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Minnesota Department of Health

1998 Performance Report

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MINNESOTA MDH DEPARTMENT OF HEALTH

Pursuant to Minnesota Laws 1994, c. 559, the cost of preparing this report in staff time was approximately $6,500.

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Introduction

The MDH Vision: Planning For Success

As the state's lead public health agency, the vision of the Minnesota Department of Health is "To 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 order to achieve this vision, the Minnesota Department of Health engaged in an intensive internal and external planning process over the last two years. This process involved intensive discussion and collaboration with MDH employees and external partners. Internally, the process included a series of planning sessions, which tapped the expertise of employees throughout the agency. The sessions fostered candid discussion about programs, budget priorities and the future direction of MDH. Discussions led to a consensus on three new focus areas for the agency:

- **Increasing healthy years of life.** We must do more than merely prolong life. As our life span increases, we must make sure our quality of life does not suffer.

- **Eliminating disparities in health status.** The health status of populations of color lags behind the rest Minnesota's population. We must focus attention on reducing health disparities where they exist in our communities.

- **Assuring a strong foundation for health protection.** Minnesota addresses public health problems through a strong partnership between state and local agencies, using all available tools. This basic foundation of public health must remain strong as we move into the future.

The focus areas then were used as criteria for aligning MDH program activities to the agency budget priorities within the 1999-2001 biennial budget.

Minnesota's 18 public health goals

The external planning process involved on-going discussions with local public health agencies, community representatives and other external partners to reach consensus on a common agenda of state-wide and community health goals. Our goals, known as "Healthy Minnesotans: Public Health Improvement Goals - 2004", together with the health goals identified in the 1998 Minnesota Milestones report, serve as a vehicle for focusing resources and efforts across the state toward a common set of health goals. The 18 public health goals are:

1. Reduce the behavioral risks that are primary contributors to morbidity and mortality
2. Prove birth outcomes and early child development
3. Reduce unintended pregnancies
4. Promote health for all children, adolescents and their families
5. Promote, protect and improve mental health
6. Promote a violence-free society
7. Reduce the behavioral and environmental health risks that are primary contributors to unintentional injury
8. Improve outcomes of medical emergencies
9. Reduce infectious disease
10. Promote the well-being of the elderly and those with disability, disease or chronic illness
11. Reduce exposure to environmental health hazards
12. Promote early detection and improved management of chronic conditions
13. Promote optimal oral health
14. Reduce work-related injury and illness
15. Assure access to and improve the quality of

health services
16. Ensure an effective state and local government public health system
17. Eliminate the disparities in health status, health outcomes and health profile of populations of color
18. Foster the understanding and promotion of social conditions that support health.

For an overview of how MDH works with state and local partners to identify common public health goals, please refer to **Appendix A.**

Organization

The Minnesota Department of Health is comprised of the Commissioner's Office and seven divisions. These are:

1. Disease Prevention and Control (DP&C)
2. Environmental Health (EH)
3. Public Health Laboratory (PHL)
4. Facility and Provider Compliance (F&PC)
5. Family Health (FH)
6. Health Policy and Systems Compliance (HP&SC) and
7. Community Health Services (CHS)

Each division has a specific mission and carries out a unique set of activities. Divisions work collaboratively internally and with the community to achieve the mission and vision of the agency. For detailed information on the mission and program activities of divisions and the Commissioner's Office, please refer to **Appendix B.**

Introduction

MDH mission: To protect, maintain and improve the health of *all* Minnesotans

As the state's lead public health agency, our mission is broad and far-reaching: To protect, maintain and improve the health of all Minnesotans. We work closely with local public health agencies, community organizations, schools and other partners to achieve public health goals in the following key areas.

1. Preventing Diseases

We detect and investigate disease outbreaks, take action to control the spread of disease, and operate programs for preventing chronic and infectious diseases. We provide sophisticated laboratory services to detect diseases and potential health problems, including techniques not available in the private sector or from other government agencies.

2. Reducing Health Hazards

We identify and evaluate potential health hazards in the environment — from simple sanitation problems to the health risks associated with toxic waste sites. We protect the quality of the food we eat in restaurants and the safety of our public water supplies. We also work to safeguard the air inside our places of work.

3. Safeguarding Health Care

We are responsible for safeguarding the quality of health care in our state, and we regulate many of the people and institutions responsible for providing that care, including HMOs and nursing homes. We have also played a leading role in Minnesota's pioneering efforts to improve the health care system. We have developed strategies to monitor health care costs and ensure that Minnesotans have access to affordable, high-quality health care.

4. Promoting Good Health

We promote good health by providing information and services that help people make healthy choices. We have made a special commitment to protecting the health of mothers and children through our supplemental nutrition program (WIC) and our services for children with special health needs.

5. Assuring A Strong Public Health System

We help assure that a strong statewide system is in place to address Minnesota's public health needs. We help maintain the strong link between state and local agencies and make sure the tools and resources are in place to protect and improve the public's health, whether that means detecting and responding to a disease outbreak; helping people remain healthy after a natural disaster; ensuring quality health care; protecting the quality of our food and water; or helping people make healthy choices.

Agency Performance Measures

This report presents performance measures within each of the five key areas. The performance measures are distributed according to the degree to which each contributes to helping the agency achieve its program goals in each area. The performance measures presented are not meant to be an exhaustive list of all of the activities of the agency; but rather, a thoughtful selection of key measures that provide meaningful insight into how well the agency is doing in achieving its mission.

1. Preventing Diseases

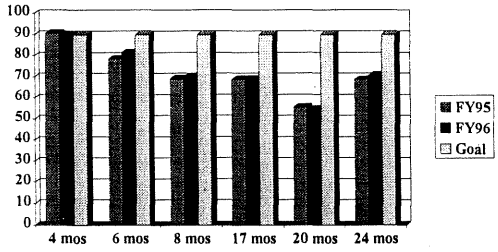
We detect and investigate disease outbreaks, take action to control the spread of disease, and operate programs for preventing chronic and infectious diseases. We provide sophisticated laboratory services to detect diseases and potential health problems, including techniques not available in the private sector or from other government agencies.

Performance Measure 1

(Disease Prevention &Control)

- **Increase to 90% the number of preschool children who are fully immunized, according to current public health recommendations.**

Percentage of Children Fully Immunized (by age group)



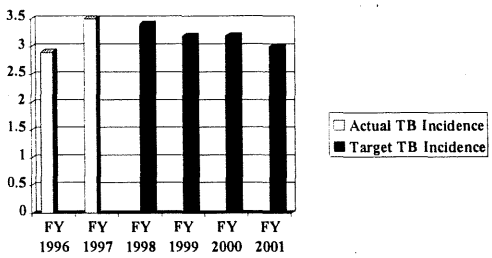
Efforts to assure adequate immunization at the preschool level need to continue. Development of registries to help us track immunizations is a key public health strategy, especially since the delivery of vaccines and movement within health care plans has become increasingly complex over the last few years.

Performance Measure 2

(Disease Prevention &Control)

- **Reduce the incidence of tuberculosis (TB) to 3 per 100,000 or less by the year 2001.**

Tuberculosis Cases (per 100,000 population)



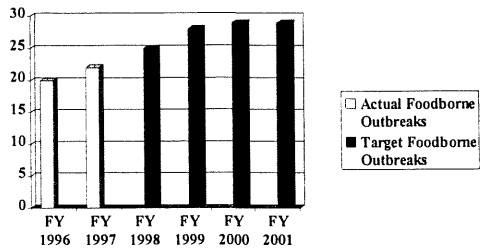
Since much of the TB currently occurring in Minnesota is related to disease among the foreign-born, it is critical to expand disease-control efforts targeted to this population, including expansion of outbreak, interpreter, and case management services. In addition, efforts are needed to improve initial medical assessment of newly arriving refugees. Finally, efforts are needed to work more closely with community-based organizations and community leaders within specific populations to screen and treat persons for TB infection, before the actual occurrence of TB disease.

1. Preventing Diseases

Performance Measure 3
(Disease Prevention &Control)

- **Detect, by 2001, 30% more foodborne disease outbreaks than the number detected in 1997.**

Number of Foodborne Disease Outbreaks



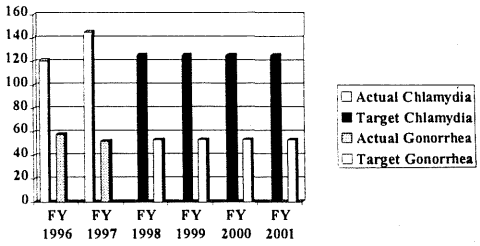
Control of foodborne disease in Minnesota is a complex issue that depends on the true occurrence of disease in the population, the practices of physicians and laboratories in detecting disease caused by specific foodborne pathogens, and the ability of the public health infrastructure to detect disease outbreaks.

Although programs to improve food safety are being implemented through the Food Safety Initiative, part of this effort is also to improve diagnosis of foodborne disease and detection of outbreaks. Therefore, the actual incidence of disease and number of outbreaks detected may gradually increase over time, as improved diagnostic efforts and outbreak detection efforts are implemented.

Performance Measure 4
(Disease Prevention &Control)

- **Reduce by 2001, the prevalence rate for chlamydia and the incidence rate for gonorrhea.**

Prevalence Rate for Chlamydia and Incidence Rate for Gonorrhea (per 100,000 population)



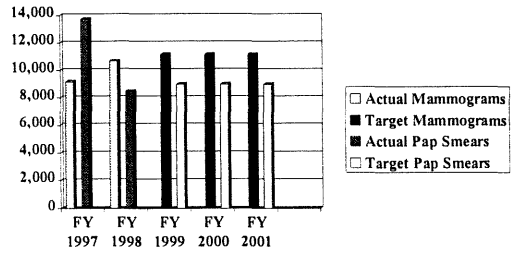
Sexually transmitted diseases (STDs) are the most commonly reported infectious diseases in Minnesota. There are a number of significant issues and problems associated with STDs that go beyond the acute phase of infection. If undetected, untreated or both, STDs can lead to long-term consequences, including pelvic inflammatory disease, infertility, and cervical cancer. Adolescents and young adults are at greatest risk of acquiring STDs. Populations of color are disproportionately affected by STDs.

1. Preventing Diseases

Performance Measure 5
(Disease Prevention &Control)

- **Increase the number of age-appropriate Minnesota women who are screened for breast and cervical cancer by the Minnesota Breast & Cervical Cancer Control Program by 2001.**

Number of Age-appropriate Minnesota Women Receiving Mammograms and Pap Smears Through the Minnesota Breast and Cervical Cancer Control Program



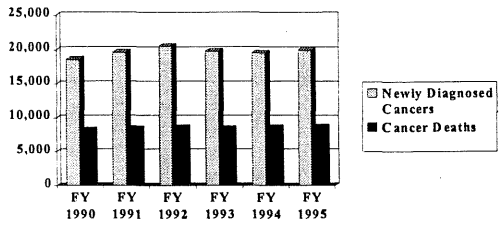
***The number of Pap tests provided decreased from 1997 to 1998 because program eligibility guidelines changed, limiting services to women age 40 and older.**

The Minnesota Breast & Cervical Cancer Control Program has been very successful in reaching women for whom health care access has been traditionally lower, most notably those from communities of color. More than 20 percent of women screened are non-white and over 10 percent are Native American. At current budget levels only 5-10 percent of women in the state eligible for the screening program are served.

Performance Measure 6
(Disease Prevention &Control)

- **Monitor patterns of cancer diagnosis and death in order to determine means for controlling these diseases in Minnesota.**

Newly Diagnosed Cancers and Cancer Deaths



Every two years the Minnesota Cancer Surveillance System publishes a report "The Occurrence of Cancer in Minnesota." The report provides information on cancer trends by county and by populations affected. Recent reports have included discussions placing the risk of environmental risk exposures into context and life-time cancer risks. Information will soon be available on cancer treatment outcomes.

Cancer levies a huge burden on Minnesotans. The Minnesota Cancer Surveillance System tracks cancer occurrence and provides careful analysis of cancer data for issues of concern to the citizens of the state. The collection and analysis of health data is the foundation of disease prevention and control program activities. It is imperative that MDH continually update and improve methods and processes for collecting data to better use resources and maintain data quality to support the health delivery system

2. Reducing Health Hazards

We identify and evaluate potential health hazards in the environment — from simple sanitation problems to the health risks associated with toxic waste sites. We protect the quality of the food we eat in restaurants and the safety of our public water supplies. We also work to safeguard the air inside our places of work.

Performance Measure 7
(Environmental Health)

- **Ensure safe food and water.**

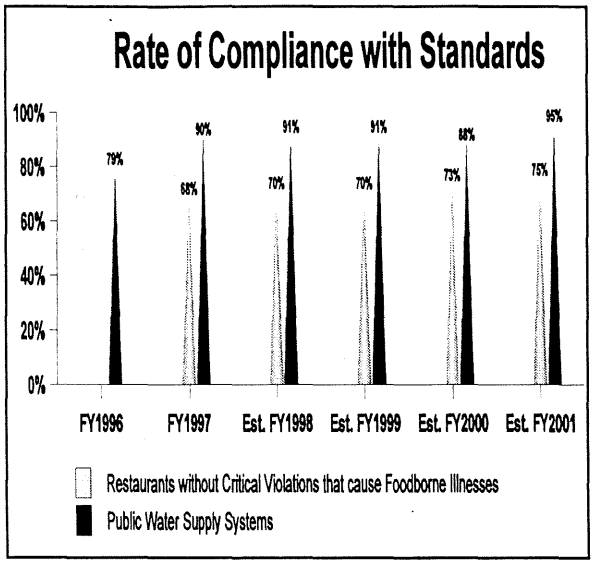


Figure 1.

A significant number of activities in Environmental Health focus on preventing food- and waterborne illnesses. Through these two program areas, we have an impact on the health of all Minnesotans.

Increased compliance with treatment, monitoring, and construction requirements of water systems ensures that fewer Minnesotans will be at risk of drinking contaminated water. Compliance has been increasing, but future public water supply system rates may be reduced by anticipated violations of allowable levels of radium. Restaurant compliance rates are also expected to increase due to our food safety efforts and greater public awareness of food safety issues.

Performance Measure 8
(Environmental Health)

- **Reduce environmental health hazards.**

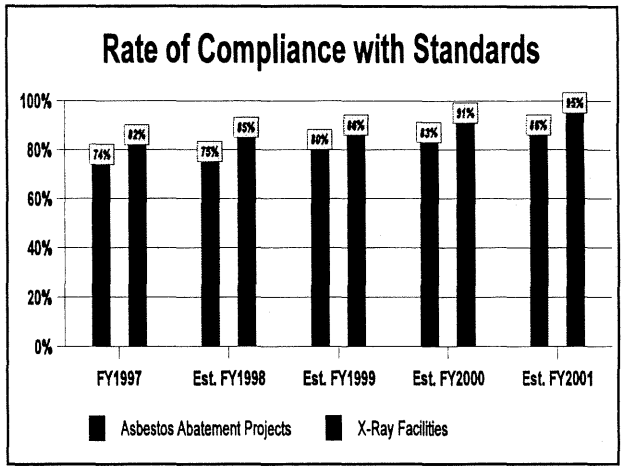


Figure 2.

Other Environmental Health programs focus on protecting the public health from environmental hazards using similar regulatory strategies. The goal of prevention drives the technical assistance and training of those working in the areas of asbestos abatement and x-ray facilities and radiation sources. These programs also measure compliance during periodic or random inspections as a measure of program success.

2. Reducing Health Hazards

Performance Measure 9
(Environmental Health)

- **Reduce number of children with elevated blood lead levels.**

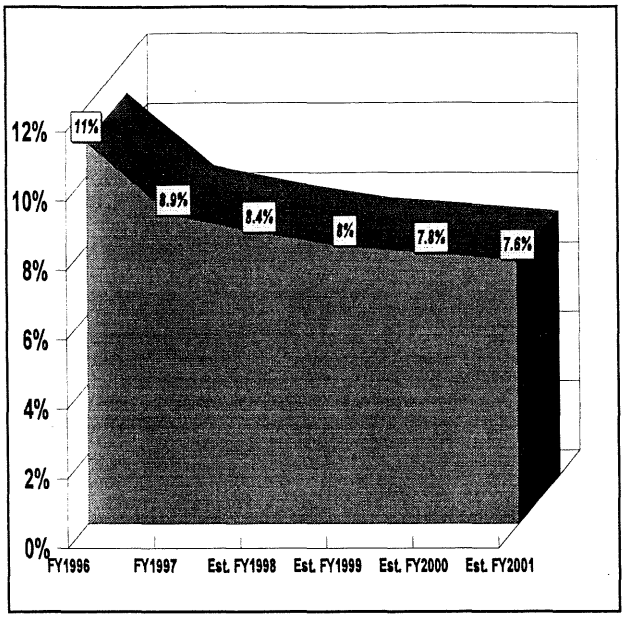


Figure 3. Percentage of tested children 0-6 years of age whose blood lead levels are at least 10 micrograms of lead per deciliter—the level considered by the Center for Disease Control to be elevated.

A human indicator of our focus on prevention is the reduction of the percentage of children with elevated blood lead levels. Our surveillance and public information activities, including work with rental property owners and neighborhood groups, contribute to a continued decline in this measure of environmental impact on public health.

Performance Measure 10
(Environmental Health)

- **Protect Minnesota's drinking water resources.**

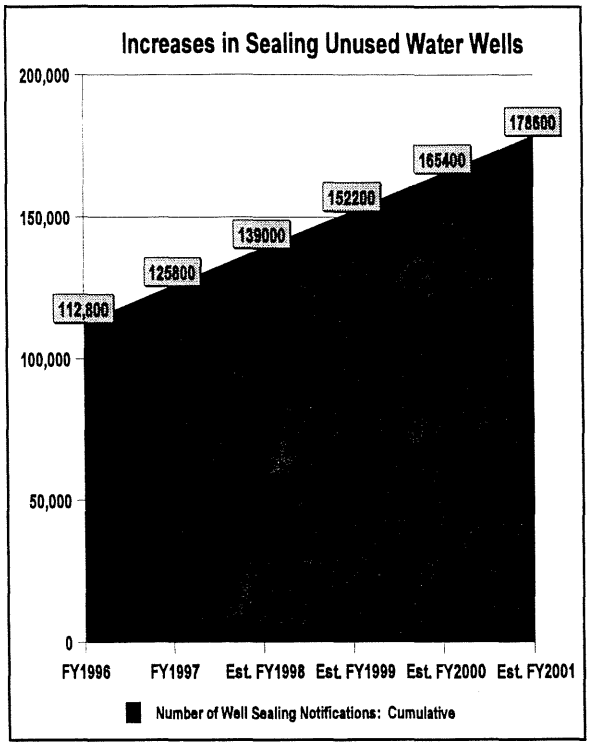


Figure 4.

We follow up on property transfers to assure that unused water wells are sealed properly. Old, unused (abandoned) wells can serve as a channel for surface contaminants to travel deep into the ground, potentially contaminating otherwise well-protected aquifers. Proper sealing of these wells by state-licensed contractors eliminates this threat. State law requires sellers of property to disclose in writing the existence and status of all known wells on the property. Wells that are not in use must be sealed. We estimate there are from 500,000 to 750,000 unused, unsealed wells statewide.

2. Reducing Health Hazards

Performance Measure 11
(Public Health Laboratory)
- **Detect contaminants in community drinking water.**

Our laboratory will test samples from approximately 1,000 communities throughout the state for unacceptable levels of coliform bacteria and certain specified organic, inorganic and radioactive chemicals regulated by the Federal Safe Drinking Water Act.

Table 1. Contaminants Detected in Community Drinking Water

CONTAMINANT	NUMBER OF DETECTIONS / NUMBER OF COMMUNITIES					
	FY 96	FY 97	FY 98	FY 99[a]	FY 00[a]	FY 01[a]
Coliform bacteria	165 / 86	147 / 87	167 / 91	160 / 88	160 / 88	160 / 88
E.coli bacteria	0 / 0	0 / 0	2 / 2	1 / 1	1 / 1	1 / 1
Cyanide	1 / 1	0 / 0	2 / 2	1 / 1	1 / 1	1 / 1
Fluoride	44 / 32	14 / 14	12 / 12	23 / 19	23 / 19	23 / 19
Nitrate/Nitrite	61 / 15	41 / 11	57 / 9	53 / 12	53 / 12	53 / 12
Nickel	4 / 2	1 / 1	0 / 0	2 / 1	2 / 1	2 / 1
Arsenic	0 / 0	7 / 3	1 / 1	3 / 2	3 / 2	3 / 2

[a] **Estimates based on previous years**

Our laboratory also monitors these samples for the presence of other currently unregulated chemical agents that may be hazardous. Early detection of significant levels of any contaminant results in rapid action to prevent further public exposure. This activity supports Healthy Minnesotans goal 11, to reduce exposure to environmental hazards. Table 1 summarizes contaminants detected at levels that exceed the federal maximum contaminant level (MCL). It also includes the number of communities in which these abnormal levels were detected.

Performance Measure 12
(Public Health Laboratory)
- **Screen for inborn errors of metabolism.**

The laboratory tests all newborn infants in the state, approximately 65,000 per year, for specific inborn errors of metabolism to assure early detection and appropriate clinical follow-up.

Table 2. Inborn Errors of Metabolism Detected in Newborn Infants

METABOLIC DISEASE	FY 96	FY 97	FY 98	FY 99*	RY 00*	FY 01*
Phenylketonurea	9	15	8	11	11	11
Galactosemia	5	5	6	6	6	6
Hypothyroidism	82	57	28	56	56	56
Adrenal Hyperplasia	76	37	24	46	46	46
Hemoglobinpathies	915	1019	1228	1074	1074	1074

***Estimates based on previous years.**

If not detected and treated soon after birth, these disorders result in mental retardation, brain damage, developmental disability, and/or early death. This activity, in partnership with the agency's Division of Family Health, supports Healthy Minnesotans goal 4, to promote health for all children, adolescents, and their families. Table 2 lists the metabolic diseases for which the laboratory currently tests and the number of children found to be presumptively positive as a result of the testing program.

Performance Measure 13
(Public Health Laboratory)

- **Analyze infectious agents by DNA-based molecular methods.**

Table 3. Analysis of Infectious Agents by Molecular Methods[a]

	NUMBER OF INFECTIOUS AGENTS ANALYZED					
DISEASE ASSOCIATION	FY96	FY97	FY98	FY99[b]	FY00[b]	FY01[b]
Bloodstream	163	204	260	300	300	300
Meningitis	15	14	23	30	60	60
Intestinal[c]	4357	5169	5472	6000	8000	8000
Respiratory	11	61	294	550	500	300
Other[d]	290	709	943	950	950	950

[a] DNA-based subtyping methods, including fingerprinting, amplification, and sequencing.
[b] Estimates based on projected activities, including special studies.
[c] Includes foodborne infections.
[d] Includes deep tissues, etc.

The laboratory, in close partnership with the agency's Division of Disease Prevention and Control, uses advanced DNA methods to analyze thousands of infectious disease agents obtained from health care facilities across the state. These analyses provide continuous molecular-based surveillance that allows early detection and rapid investigation of infectious disease outbreaks that endanger the public's health. This activity supports Healthy Minnesotans goal 9, to reduce infectious disease. Table 3 shows the number of agents analyzed in association with various kinds of infections.

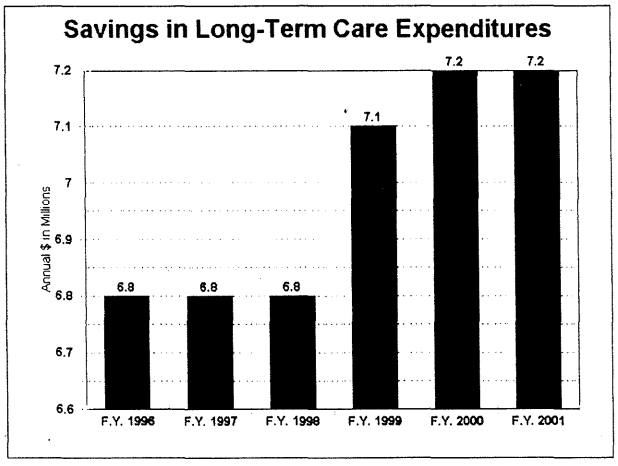
These analyses have resulted in the efficient detection and epidemiological investigation of numerous outbreaks of infectious disease, some of which have had national and international significance.

3. Safeguarding Health Care

We are responsible for safeguarding the quality of health care in our state, and we regulate many of the people and institutions responsible for providing that care, including HMOs and nursing homes. We have also played a leading role in Minnesota's pioneering efforts to improve the health care system. We have developed strategies to monitor health care costs and ensure that Minnesotans have access to affordable, high-quality health care.

Performance Measure 14
(Facility & Provider Compliance)

- **Produce savings in long-term care expenditures.**



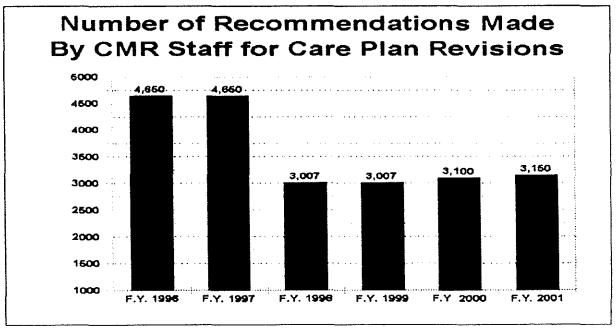
As society looks for cost-effective ways to deliver health care services, it is important that the quality of services received by patients and residents is maintained. This creates a greater demand for continued assessment of the needs of the individuals in long-term care settings to assure they are appropriately placed, receiving services to meet their needs, and their payment rate reflects the level of services needed and received.

The F&PC division conducts annual reviews of all medicaid recipients and private-pay residents in certified nursing facilities and in ICF/MR's.

Onsite audits have resulted in significant savings in dollars paid by individuals and by Medical Assistance. The savings in long-term care expenditures are the result of corrected classification rates through audits and reclassifications.

Performance Measure 15
(Facility & Provider Compliance)

- **Ensure effective recommendations regarding resident care.**



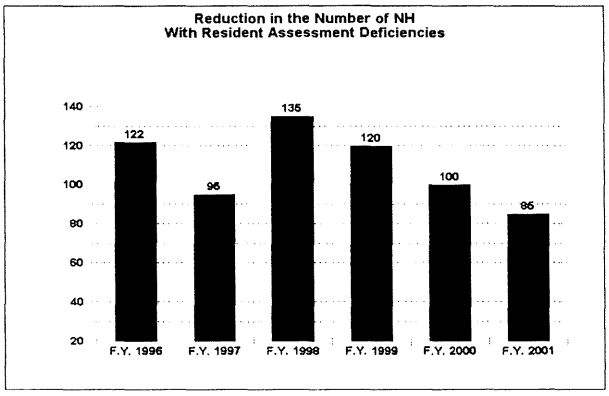
The division reviews clinical records and observes and interviews all residents in nursing homes and ICF/MR's to assess the appropriateness of the individuals' placement and plan of care. Any problems identified in those reviews and interviews is shared with the facility in the form of a "recommendation" for an alternative placement or for the need to review the resident's plan of care for possible revisions. The goal is to reduce the number of recommendations by providing technical assistance and training to providers.

3. Safeguarding Health Care

Recommendations have declined from 4,650 in 1996 to slightly over 3,000 in 1998. Implementation of recommendations can have a direct impact on the health, safety, comfort, treatment, or well-being of a resident. Providing technical assistance and training will continue to be a primary activity.

Performance Measure 16
(Facility & Provider Compliance)

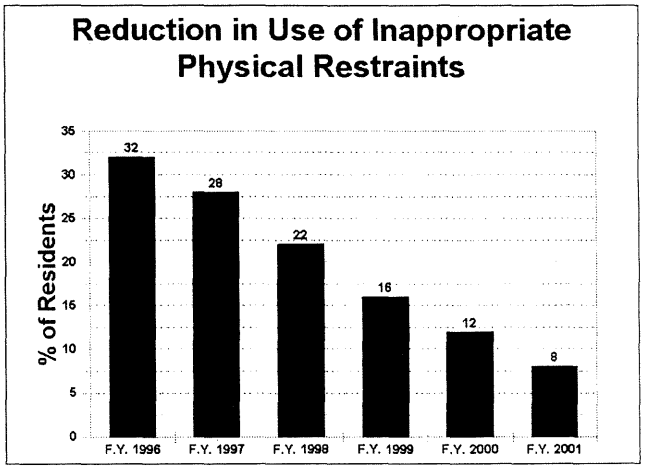
- **Ensure accurate resident assessments.**



One of the most important aspects of both federal and state regulations is the resident assessment, which provides information on the resident's condition, strengths and weaknesses, needs and preferences. An accurate and complete resident assessment is the basis for residents receiving appropriate care and services that meet that resident's needs and choices (care plan). An inaccurate or incomplete resident assessment can have a negative impact on the health and safety of residents. This activity is focusing on developing training and education materials, and is partnering with industry trade associations to provide technical assistance about the benefits and importance of conducting thorough and well-developed resident assessments, and compliance in this area is increasing.

Performance Measure 17
(Facility & Provider Compliance)

- **Promote appropriate use of physical restraints.**

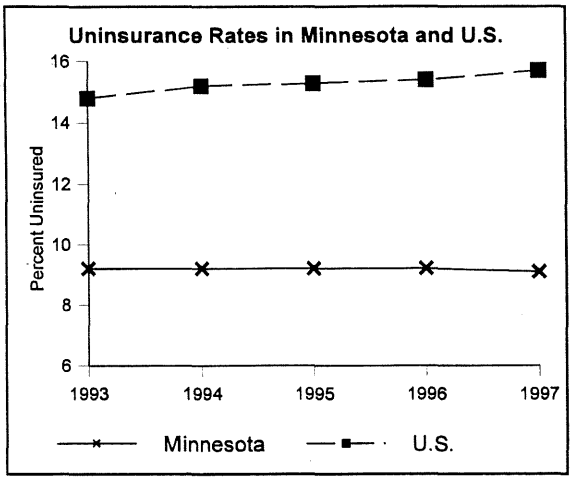


Minnesota nursing homes use physical restraints at a rate higher than the national average and well above the clinically recommended rate of 5%. The benefits of restraint reduction include less agitated residents; improved quality of life and functional status of resident; less use of antipsychotic drugs; less skin breakdown; fewer falls; and less confusion. Reduction in restraint use is an area where positive results have occurred. Future activities will be focused on continued education for providers and consumer education to ensure reductions in inappropriate use of restraints occur successfully.

3. Safeguarding Health Care

Performance Measure 18
(Health Policy & Systems Compliance)

- **Research and develop state health care policies to reduce the number of people without health care coverage.**



Minnesota-specific studies show that one of every 11 Minnesotans lacks health care coverage. Approximately one-fifth of those uninsured are children. The inability to pay for health care services is often the most substantial barrier to obtaining needed medical treatment for Minnesota's uninsured.

When uninsured individuals seek medical care, it is often for costly intensive treatment necessitated by the absence of routine and preventive services. These more intensive health care services create a greater health risk to individuals and a greater financial burden to both individuals and the health care system.

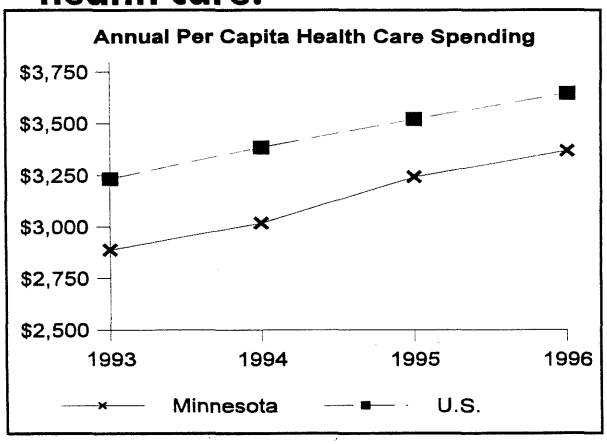
The high-cost services received by uninsured individuals often exceed their financial resources; the costs are transferred to the health care system, which does not receive compensation for them. Shifting the costs of treating the uninsured to the health care system results in increased provider charges, higher insurance premiums and higher taxes.

One of Minnesota's public health goals is to ensure that all individuals have adequate health care coverage and that the inability to pay for services is no longer a barrier to good health.

The above graph compares Minnesota's rate of uninsured with the national rate of uninsured from 1993 through 1997 (sources: Health Economics Program, MDH; U.S. Census Bureau's Current Population Survey).

Performance Measure 19
(Health Policy & Systems Compliance)

- **Monitor and report health care expenditures to develop and evaluate state policies on the financing and delivery of health care.**



The health care marketplace evolves constantly in response to new technologies, new methods of providing care, and efforts to minimize costs while maximizing quality. Health care spending represents more than 11% of Minnesota's economy, and understanding this dynamic market is integral to maintaining the health of Minnesotans and our state's economy.

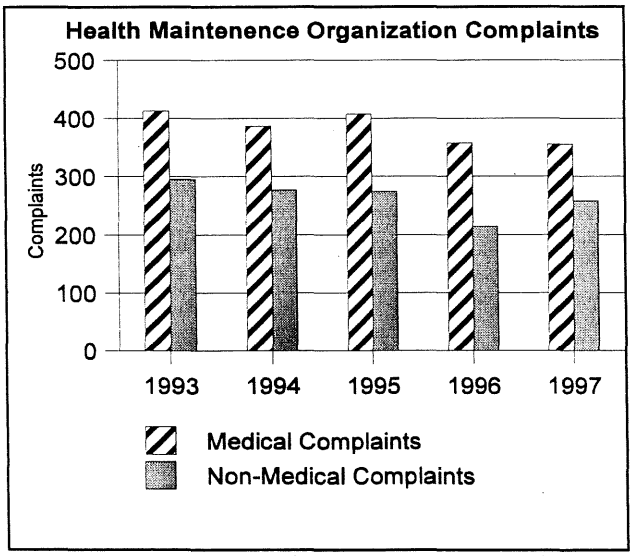
In order to aid policymakers in setting and evaluating state health policy, the Health Policy and Systems Compliance Division annually

collects and reports revenue and expenditure data on the major activities within the health care market. This information is compared with similar national data and used to evaluate the cost and quality of Minnesota's health care.

The above graph compares Minnesota's annual per capita health care spending with the national spending for 1993 through 1997 (sources: Health Economics Program, MDH; Health Care Financing Administration).

Performance Measure 20
(Health Policy & Systems Compliance)

- **Investigate and resolve health maintenance organization (HMO) enrollee complaints to ensure that consumer protections provided in Minnesota law are enforced.**



In recent years, the debate over access to health care has often focused on the availability of affordable health insurance, but many other factors can inhibit access to quality health care. To ensure that Minnesotans have access to needed and appropriate health care, Minnesota law provides HMO enrollees many protections. The visibility of these consumer protections has increased as we have engaged in a national debate over the quality of health care provided through HMOs.

In addition to the existing laws regulating HMO activities, the Minnesota Legislature provided consumers additional protections in 1997 with the passage of the Patient Protection Act and again in 1998 with the establishment of the Office of Health Care Consumer Assistance, Advocacy, and Information. The Health Policy and Systems Compliance Division is charged with the responsibility of investigating complaints by HMO enrollees who feel that their rights under Minnesota law have been violated. When an enrollee's rights have been violated, the Health Policy and Systems Compliance division enforces the law to ensure that the enrollee's rights are assured.

The above graph shows the number of HMO complaints addressed by the Health Policy and Systems Compliance division since 1993 (source: Managed Care Systems Section, MDH).

Performance Measure 21
(Community Health Services)

- **Ensure that Minnesota's communities and local governments are able to meet their public health responsibilities under state law.**

3. Safeguarding Health Care

(By January 1, 1999, 80% of Community Health Boards are performing core public health functions and essential public health services.)

In recent years, changes in the health system have created new demands on the local public health system, creating three areas of particular need: 1) working collaboratively with a variety of community organizations to achieve public health goals; 2) responding to disease emergencies and other threats to health, such as violence; and 3) working with increasingly diverse populations with language and other cultural barriers. At the same time, reduced medical assistance revenues to local health departments created a resource shortage for addressing these new demands and needs. The 1997 Legislature responded by allocating an additional $10 million for the biennium for core public health functions. Information collected from local agencies indicates that the local system is effectively making the transition toward meeting these new demands: Among these indicators are:

- Reports from community health boards indicate that 80% of local agencies are using the core functions funding to work with local health care providers and managed care organizations on consumer protection and other public health goals, improve surveillance and information resource capacity, or engage communities in health promotion efforts.

- 70% of community health boards are now connected to the Internet, making possible more timely two-way communication.

- A majority of respondents to a customer satisfaction survey indicate that in order to maintain a strong public health workforce and to meet the complex needs of their communities, local public health agencies need continuing timely and contemporary technical assistance.

Performance Measure 22
(Community Health Services)
■ Provide leadership in establishing an agenda for health improvement.

Healthy Minnesotans Public Health Improvement Goals, the state's new public health goals, include 537 population indicators and data points for monitoring progress toward these goals. A summary of statistics on public health goals and objectives published in 1995 and 1998 is below:

Year	1995	1998
Number of Objectives	89	241
Number of Indicators	121	538
Indicators with Baseline Data	87 (72%)	357 (66%)

The collaboratively developed *Healthy Minnesotans* goals, objectives and strategies, as well as the technical assistance provided by staff, promotes broader ownership in population health improvement; focuses attention on results; and promotes the complementary efforts of the public, private, and non-profit sectors as they work to improve Minnesotan's health. The objectives and indicators provide a useful way to measure progress toward state health goals over time.

4. Promoting Good Health

We promote good health by providing information and services that help people make healthy choices. We have made a special commitment to protecting the health of mothers and children through our supplemental nutrition program (WIC) and our services for children with special health needs.

Performance Measure 23
(Family Health)

- **Reduce to 15% the number of adults (aged 18 and older) who smoke.**

Percentage of Adult Minnesotans Who Smoke

Yr	Actual	Target
96	20.9	15
97	21.8	15
98		15
99		15
00		15
01		15

Smoking is the single most preventable cause of death in the United States. If the smoking rate among Minnesotans is reduced, there will be a reduction in premature deaths, as well as reductions in tobacco-related illness and costs to the state associated with tobacco. In 1997, 21.8 percent of Minnesota adults smoked. While the prevalence of smoking among adults is remaining relatively stable, the prevalence of smoking among youth is increasing, and rates now exceed the national average.

Performance Measure 24
(Family Health)

- **Maintain the unintentional injuries death rate at no more than 29.3 per 100,000.**

Yr	Actual	Target
96	29.7	29.7
97	N/A	29.7
98		29.6
99		29.5
00		29.4
01		29.3

The majority of injuries to young children and older adults occur in the home. These injuries include falls, fires and burns, drowning, injuries due to sports and leisure activities, and poisonings. In Minnesota, 45 percent of unintentional injury deaths of children occur in the home. Twenty-two percent of children under the age of six suffer home injuries each year. Falls account for 23 percent of injury death among people aged 65 and over. Children and young adults (5-24) are at higher risk for sports and recreational injuries. Males are at highest risk for all injury. Alcohol use affects both the risk and severity of injuries. By preventing these injuries, we can reduce the enormous human loss and economic cost of medical care, disability, and death that results from them.

4. Promoting Good Health

Performance Measure 25
(Family Health)

- **Reduce the adolescent (aged 15-17) pregnancy rate to 27.2 per 1,000 by 2001.**

Adolescent Pregnancy Rate

Yr	Actual	Target
96	27.5	27.7
97	26.4	27.6
98		27.5
99		27.4
00		27.3
01		27.2

Children of teen mothers are at a greater risk of growing up in a single-parent family, of having less-educated and less securely employed parents, and therefore, of spending more time living in poverty. In addition, children of adolescent parents have higher risks of lower intellectual and academic achievement, lower educational expectations, and more behavioral disorders than do children born to older parents. Teen mothers are also more likely than older mothers to need the support of public assistance. In 1997, the rate of adolescent pregnancy was 26.4 per 1,000 women. Between 1980 and 1996, the pregnancy rate among 15-17 year-olds in Minnesota decreased by 25 percent.

Performance Measure 26
(Family Health)

- **Increase to 78.8% the number of women who receive adequate prenatal care during pregnancy by 2001.**

Percentage of Minnesota Women Who Receive Adequate Prenatal Care During Pregnancy

Yr	Actual	Target
96	76.6	76.8
97	77.3	77.2
98		77.6
99		78.0
00		78.4
01		78.8

Improving birth outcomes influences many areas of children's health and development, and reduces long-term medical costs to families and society. Timely and adequate prenatal care greatly enhances the chances for positive pregnancy outcomes. In 1997, 77.3 percent of Minnesota women received adequate prenatal care during pregnancy. The percentage of Minnesota women beginning prenatal care early and continuing with regular-interval visits increased 7 percent from 1987 to 1997.

Performance Measure 27
(Commissioner's Office)

- **Expand and improve health communications to diverse audiences.**

Our Public Affairs Office is developing new techniques for communicating health information to Minnesota's diverse population. These new techniques will contribute significantly to one of the department's key strategic areas of focus: eliminating disparities in health status.

4. Promoting Good Health

- Public Affairs has completed a comprehensive translation protocol designed to ensure that written health information is translated effectively into the many languages spoken by Minnesota's diverse population.

- Public Affairs is also playing a leading role in coordinating the work of a broad-based public-private group that is developing standards for effective interpretation of medical information (e.g., interpreting the spoken word between a medical professional and a patient who do not speak the same language).

- Public Affairs has developed a comprehensive, interactive web site to increase access to health information for the growing number of Minnesotans who obtain information from the Internet.

- Public Affairs has developed and distributed an information packet called, "Health Care Options," outlining all of the health care coverage options available to Minnesotans.

- Public Affairs is beginning to formalize the way in which the department reaches out to key audiences through community events and fairs. Instead of conducting community outreach on an ad-hoc, sporadic basis, Public Affairs is establishing more effective means of identifying key audiences and the health issues that affect them, and developing informational materials to address those issues.

- Public Affairs helps public health professionals throughout the department and state better address Minnesotan's health needs by providing library and research assistance and access to a wide range of health-related, knowledge-based information.

5. Assuring a Strong Public Health System

We help assure that a strong statewide system is in place to address Minnesota's public health needs. We help maintain the strong link between state and local agencies and make sure the tools and resources are in place to protect and improve the public's health, whether that means detecting and responding to a disease outbreak; helping people remain healthy after a natural disaster; ensuring quality health care; protecting the quality of our food and water; or helping people make healthy choices.

Performance Measure 28
(Commissioner's Office)

- **Ensure a diverse workforce that reflects Minnesota's population.**

Percent of MDH workforce

Yrs	Minorities actual/goal*	Disabled actual/goal
96	8%	6.0% 8.2%
97	10.5%	6.3% 8.2%
98	11%	6.3% 12.8%
99	-	- 12.8%
00	-	- 12.8%
01	-	- 12.8%

*Goal varies by bargaining unit

To be most effective in achieving the department's mission to protect, maintain and improve the health of all Minnesotans, it is critical that the MDH workforce reflect all aspects of society. This is especially true in our ability to identify and correct gaps in health status among various populations in Minnesota. It is also critical that all employees understand and recognize the importance of diverse perspectives and individual differences in order to be able to work together in accomplishing MDH goals and objectives.

Performance Measure 29
(Commissioner's Office)

- **Build the capacity of MDH employees to meet the health needs of Minnesotans.**

Percent of employees with Current Position Descriptions, Performance Reviews and Individual Development Plans

year	act pds	act prs	act idps	goal*
97	47	33	6	100
98	65	53	31	100
99	-	-	-	100
00	-	-	-	100
01	-	-	-	100

* Goal for pds, prs, and idps is 100% each year

In 1997, the Department began an employee "Performance Management Initiative" in order to ensure that employees receive the feedback and development they need. Although much work needs to be accomplished to meet these goals, dramatic progress has been made.

Performance Measure 30
(Commissioner's Office)

- **Improve the department's methods and processes for collecting and disseminating data.**

Information Resources Management Office will:

- Develop and implement a department-wide data security policy consistent with state guidelines by June, 1999.
- Develop a comprehensive internal data dictionary by December 1999.
- Establish network and internet connections with local health agencies by June 2000.

5. Assuring a Strong Public Health System

The Minnesota Department of Health is an information agency. It relies on information and the supporting data to assess the health of the state's population, evaluate the effectiveness of programs and track its resources. The effective management of this data— making sure what is needed is collected and accessible, while protecting privacy—is one of the fundamental tasks of the department.

The collection and analysis of health data is the foundation for much of the program activities in the department as well as for external public health partners. The department must continually improve the methods and processes for collecting and disseminating data to extend information services to public health partners. Effective management of, and access to, data is integral to accomplishing the department's public health improvement goals and moving toward its strategic themes of increasing healthy years of life, eliminating disparities, and enhancing the public health infrastructure.

Performance Measure 31
(Commissioner's Office)

- **Evaluate barriers to collecting and sharing data by race/ethnicity, and develop an executive branch agency action plan to remove barriers.**

- The Office of Minority Health, together with designated executive agency staff, will develop an evaluation process and implementation plan to identify barriers to collecting and sharing information relevant to minority health issues and concerns by December 1999.
- An executive agency action plan will be developed and implemented to address/remove barriers by December, 1999.

The burden of preventable disease and illness reported in the *Populations of Color Health Status Report,* reflects the immediate need for comprehensive policy development and action to eliminate the health disparities affecting populations of color.

The expansion of collecting, analyzing and dissemination of minority health information from existing databases, and the development and implementation of an action plan from executive branch agencies to remove barriers to information-sharing will assist in eliminating current health disparities, identify unknown disparities, and focus resources toward improving the health status of populations of color.

Performance Measure 32
(Community Health Services)

- **Collect, analyze and disseminate vital records and other health- related data.**

Fiscal Year	1998	2000	2002
Death Certificates Filed by Mortuaries	0%	50%	50%
Birth/Death Certificates Issued by State & Counties from Statewide System	0%	25%	100%
Statistical Summary Requests *	30%	70%	90%

* Percent of Statistical Summary Data requests which can be handled by referral to our website.

5. Assuring a Strong Public Health System

A comprehensive re-engineering of the state's paper-based birth and death record system was funded by the 1997 Legislature in order to develop a statewide electronic system. It will be fully implemented over the next four years. The benefits of such a system will be significant in terms of customer service, fraud protection and efficiency.

The computer systems for birth certificate data filed by hospitals was funded in the 1995 legislative session and has been fully implemented. The process for filing death certificates and the issuing of birth & death certificates from a statewide system will be implemented over the next four years.

The availability of statistical summary data has already been enhanced by placing the County Health Profiles data on a website, and there are plans to place additional summary health statistics data on a website in the future.

Performance Measure 33

(Community Health Services)

- **Promote access to quality health care for rural and under-served Minnesotans.**

The Office of Rural Health and Primary Care supports at least 100rural Minnesota communities (and health care organizations in those communities) in their efforts to maintain a stable rural health care system and ensure access to quality health care for approximately450,000 rural Minnesotans. Assistance programs include hospital transition grants, state community health center grants, hospital capital improvement loans, and student loan repayment programs for physicians and other providers.

- The number of health professional shortage areas has decreased from 42 at the beginning of FY 95 to 33 at the end of FY 98, indicating gradually improving geographic access to primary care physicians in Minnesota.

- The number of primary care physicians and other practitioners practicing in under served areas through the office's loan repayment programs has risen from 130 in FY 96 to 173 in FY99. Without this workforce, health professional vacancies in under served communities would approximately double.

- The Health Professions database of over 105,000 health care providers in 11 professions has proven a useful tool for: trend analysis useful in identifying workforce geographic and specialty distribution, assisting with health care policy analysis, identifying health professional shortage areas, and supporting recruitment and retention efforts. Yearly increase ins complex requests for data from a variety of sources, grew to more than 80 in the last fiscal year.

Appendix A

Public health: a state and local partnership

The Minnesota Department of Health works closely with 49 Community Health Boards (acting through their local public health agencies) across the state to protect, maintain and improve the health of all Minnesotans. This state-local partnership was formalized by the Community Health Services Act of 1976. MDH provides expertise, support and technical assistance to local agencies; those agencies then implement specific programs and services that meet the unique needs of their communities.

What local public health agencies do

The Minnesota Department of Health, together with local public health agencies, form the backbone of Minnesota's public health infrastructure. They are the first line of defense against disease, injury and other threats to the well-being of Minnesotans.

In cooperation with other public and private agencies, local public health agency staff carry out their duties in homes, schools, community clinics, workplaces, laboratories, correctional facilities, child care programs, and community centers.

The services provided by the public health system reduce the need for more costly medical care by preventing health problems before they occur. Public health programs are built upon the premise that *"an ounce of prevention is worth a pound of cure."*

No other sector of the health system has been assigned the role of looking after the health of the entire population.

Public health agencies improve the lives of Minnesotans by

- Preventing epidemics and the spread of communicable diseases
- Protecting us against environmental hazards in our water and soil
- Preventing injury and violence
- Encouraging healthful behaviors that reduce health costs
- Responding to disasters
- Providing essential services to at-risk populations who are not served by the medical care system
- Preventing injury and violence

Public health agencies improve health by carrying out three main functions:

1. **Assessment.** Looking scientifically at the health of entire communities to determine what activities may be needed to ensure good health.

2. **Policy development and planning.** Working with communities to develop public health goals, policies, programs and regulations that respond to specific needs identified through assessment.

3. **Assurance.** Implementing–and ensuring compliance with–the goals, policies, programs and rules established to improve the health of a community.

Commissioner's Office (CO)

Mission

The purpose of the Commissioner's Office is to provide executive leadership, management oversight and direction to the Department of Health through the administration and coordination of all agency activities and statutorily mandated public health functions and responsibilities. The Commissioner's Office achieves these ends through the implementation of sound management practices which emphasize communication, strategic planning, coordination and accountability for effective program outcomes.

Organization

The Commissioner's Office is comprised of the following areas:

- Finance and Administration
- Budget and Legislation
- Planning and Evaluation
- Public Affairs
- Information Resources Management
- Minority Health
- Human Resources Management

The Executive Team of the Commissioner's Office is comprised of the Commissioner and Deputy Commissioner; Assistant Commissioners; and directors of the above function areas. Members of the Executive Team work collaboratively to implement agency-wide strategic goals and objectives.

Measures of Success

The Executive Team, through a process of critical analysis and dialogue, established five key focus areas for measuring the success of its activities. These areas were seen as critically important to providing policy direction to the department; and maintaining the capacity of the agency to meet its statutory responsibilities. Achieving effective outcomes in these areas would strengthen the ability of the department to respond to changing demands and meet emerging public health threats to the people of Minnesota. The Measures of Success were:

- Establish an internal strategic planning process
- Identify MDH's unique contribution and set priorities
- Work Environment Issues
- Information Resources Management Plan Development
- Preparedness to achieve Mission for all Minnesotans

The Performance Measures which follow address the programs and activities that the Commissioner's Office initiated to achieve key agency goals.

Disease Prevention and Control (DP&C)

Mission

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

Activities

Our activities focus on continually improving our ability to monitor and respond to chronic and communicable diseases. This enables the health system to target its resources and prevention strategies effectively. Our activities include:

- Monitoring the changing patterns of tuberculosis in Minnesota to control transmission of tuberculosis and improve the health of those living with tuberculosis.
- Addressing previously unrecognized or re-emerging infectious diseases and the problem of foodborne illnesses. In both arenas, we are nationally recognized leaders.
- Improving screening rates for breast and cervical cancer among under-insured or medically under-served women.
- Improving immunization rates for both children and adults—an ongoing challenge that grows more difficult as more vaccines are developed and re-engineered.
- Facilitating community planning to ensure resources are used for the prevention and control of HIV/AIDS and sexually transmitted diseases, according to community needs and values.

Environmental Health (EH)

Mission

The mission of the Environmental Health Division, as well as Goal 11 of *Healthy Minnesotans, Public Health Improvement Goals*, is to reduce and prevent the occurrence of environmentally-induced disease and injury. We assure that Minnesotans have safe drinking water, safe food, sanitary lodgings, and protections from hazardous materials in the home and in the environment. We also identify emerging environmental health issues and propose methods for minimizing exposure.

Activities

The range of division activities include:

- Surveillance and assessment of health risks posed by chemical and physical agents in the environment.
- Technical assistance, training and regulatory oversight of persons working in the following areas: asbestos and lead abatement, radiation (with the exception of nuclear power plants), public drinking water supplies, plumbing, installation of wells, the food, beverage and lodging industry, and mobile home parks.
- Public information and outreach to educate the public about food safety, sanitary conditions, safe water and how to minimize other hazards.
- Development of local partnerships to improve opportunities for greater participation in public health protection.

Public Health Laboratory (PHL)

Mission

The mission of the Public Health Laboratory 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.

Activities

The Public Health Laboratory uses state-of-the-art methods and technology to generate assessment data needed by programs within the department's Divisions of Environmental Health, Disease Prevention and Control, and Family Health. Upon request, it also provides such data for other state agencies, including Agriculture, Labor and Industry, Natural Resources, Transportation, and Pollution Control.

Within the Laboratory, the Chemical Section conducts environmental tests on air, water, soil, and wildlife tissues to detect and identify hazardous organic, radioactive and inorganic chemicals. It also tests for harmful microparticulates and waterborne infectious agents. The Clinical Section tests various kinds of specimens: 1) to detect specific, genetically determined inborn errors of metabolism: and 2) to detect, identify and characterize bacterial, viral, fungal, and parasitic infectious agents. The Laboratory Support Services Section provides an assurance program to certify all public and private laboratories conducting certain regulated environmental tests.

Facility and Provider Compliance (F&PC)

Mission

The mission of the Facility and Provider Compliance Division is to safeguard and promote the health and safety of the individuals receiving services from health care providers in regulated settings such as home health agencies, nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICF/MR), and Regional Treatment Centers; and to assure health care expenditures reflect the services needed and provided.

Activities

Division activities include:

- Protecting the health and safety of patients and residents receiving services in licensed and certified health care providers, by ensuring they conduct their activities in compliance with state and federal regulations.

- Ensuring the health and safety of consumers in health care settings, investigating complaints, performing criminal background study checks and taking necessary actions to assure that those responsible for instances of abuse and neglect are no longer eligible to work in a health care facility.

- Assuring that the quality and quantity of care provided for nursing home residents and persons living in ICF/MR's is based on care needed and received.

Family Health (FH)

Mission

The mission of the Division of Family Health is 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.

Activities

The Division of Family Health includes the following sections:

- Maternal and Child Health Section, which works to improve the health status of children and youth, women, and their families.
- Minnesota Children with Special Health Needs Section, which works to improve the quality of life for Minnesota's children and adolescents with special health needs and their families.
- Supplemental Nutrition Programs (WIC/ CSFP) Section, which works to promote the health and nutritional status of women, children and elderly persons.
- Center for Health Promotion, which works to promote, encourage and support healthy and safe communities.
- Tobacco Prevention and Control Section, which works to reduce the health and economic burden of tobacco use in Minnesota.

Healthy Policy and Systems Compliance (HP&SC)

Mission

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

Activities

The division conducts research and policy analysis to monitor changes in Minnesota's health care marketplace and to identify factors influencing health care cost, quality and access. These analyses are used to provide technical assistance in developing state health care policy.

The division also protects Minnesotan's health through its regulation of certain allied health care practitioners and managed care organizations.

Community Health Services (CHS)

Mission

The mission of the Community Health Services Division is 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.

Activities

The Community Health Services Division activities include:

- Coordinating public health support to local governments, including: technical support, monetary assistance, communications coordination, and joint program and policy development.
- Providing statewide health data, including birth and death records and an ongoing survey of health behaviors and status.

- Leading the public and private health sectors in efforts to set statewide public health goals and develop specific strategies to achieve those goals.

- Providing technical, financial, and other assistance in order to increase access to health care for rural and other under served communities.

Acknowledgments

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