

Agency Purpose

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

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

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

Core Functions

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

- ⇒ Preventing Diseases: MDH detects and investigates disease outbreaks, controls the spread of disease, encourages immunizations, and seeks to prevent chronic and infectious diseases, including HIV/AIDS, Tuberculosis, and cancer. The department's public health laboratories analyze some of the most complex and dangerous biological, chemical, and radiological substances known, employing techniques not available privately or from other government agencies.
- ⇒ Reducing Health Hazards: MDH identifies and evaluates potential health hazards in the environment, from simple sanitation to risks associated with toxic waste sites and nuclear power plants. The department protects the safety of public water supplies and the quality of the food eaten in restaurants. It also works to safeguard the air inside public places.
- ⇒ Protecting Health Care Consumers: MDH safeguards the quality of health care in the state by regulating many people and institutions that provide care, including HMOs and nursing homes. Minnesota has pioneered improvements in the health care system, including the development of policies that assure access to affordable, high-quality care which are models for the nation. The department monitors trends in costs, quality, and access in order to inform future policy decisions.
- ⇒ Promoting Good Health: MDH provides information and services that help people make healthy choices. The department protects the health of mothers and children through the supplemental nutrition program Women, Infants and Children (WIC) and services for children with special health needs. Minnesota was one of the first states to regulate smoking in public places, and has developed tobacco prevention strategies used nationwide. MDH programs also address mental health, occupational safety, and violence.
- ⇒ Achieving Success Through Partnership: Minnesota has a nationally renowned public health system built on well-articulated state and local government roles. MDH provides both technical and financial assistance to local public health agencies so they can provide programs and services meeting the unique needs of their communities.

Operations

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

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

At A Glance

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

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

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

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

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

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

Budget

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

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

Dollars in Thousands

	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Direct Appropriations by Fund</u>					
Environment & Natural Resource					
Current Appropriation	131	132	132	132	264
Forecast Base	131	132	0	0	0
Change		0	(132)	(132)	(264)
% Biennial Change from 2004-05					-100%
General					
Current Appropriation	60,116	61,652	61,652	61,652	123,304
Forecast Base	60,116	61,652	64,688	64,688	129,376
Change		0	3,036	3,036	6,072
% Biennial Change from 2004-05					6.2%
State Government Spec Revenue					
Current Appropriation	32,880	32,617	32,617	32,617	65,234
Forecast Base	32,880	32,617	32,081	32,081	64,162
Change		0	(536)	(536)	(1,072)
% Biennial Change from 2004-05					-2%
Health Care Access					
Current Appropriation	6,273	6,273	6,273	6,273	12,546
Forecast Base	6,273	6,273	6,216	6,216	12,432
Change		0	(57)	(57)	(114)
% Biennial Change from 2004-05					-0.9%
<u>Expenditures by Fund</u>					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	59,303	63,640	64,688	64,688	129,376
State Government Spec Revenue	23,875	37,969	32,081	32,081	64,162
Health Care Access	5,594	6,842	6,216	6,216	12,432
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Health Care Access	30	33	33	33	66
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	43,799	48,602	39,739	40,154	79,893
Federal	166,868	186,788	175,255	174,427	349,682
Federal Tanf	5,686	6,289	6,000	6,000	12,000
Gift	94	255	43	43	86
Total	381,461	434,600	409,645	409,066	818,711
<u>Expenditures by Category</u>					
Total Compensation	88,523	101,758	98,004	98,404	196,408
Other Operating Expenses	61,113	84,744	68,474	67,661	136,135
Payments To Individuals	73,836	75,663	76,074	76,074	152,148
Local Assistance	157,989	172,435	167,293	167,127	334,420
Transfers	0	0	(200)	(200)	(400)
Total	381,461	434,600	409,645	409,066	818,711

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<i>Expenditures by Program</i>					
Community & Family Hlth Promo	180,111	198,786	187,078	186,546	373,624
Policy Quality & Compliance	105,405	120,350	117,124	116,673	233,797
Health Protection	66,801	82,936	74,500	74,379	148,879
Minority & Multicultural Hlth	7,082	7,991	7,238	7,238	14,476
Administrative Support Service	22,062	24,537	23,705	24,230	47,935
Total	381,461	434,600	409,645	409,066	818,711
<i>Full-Time Equivalent (FTE)</i>	1,323.9	1,351.3	1,337.7	1,334.4	

Program Description

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

Budget Activities Included:

- ⇒ Community and Family Health
- ⇒ Health Promotion and Chronic Disease

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Program Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	39,600	41,414	41,414	41,414	82,828
Technical Adjustments					
Current Law Base Change			(7)	(7)	(14)
Forecast Base	39,600	41,414	41,407	41,407	82,814
State Government Spec Revenue					
Current Appropriation	128	128	128	128	256
Forecast Base	128	128	128	128	256
Health Care Access					
Current Appropriation	3,510	3,510	3,510	3,510	7,020
Technical Adjustments					
One-time Appropriations			(57)	(57)	(114)
Forecast Base	3,510	3,510	3,453	3,453	6,906
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	38,921	41,729	41,407	41,407	82,814
State Government Spec Revenue	163	253	128	128	256
Health Care Access	3,207	3,703	3,453	3,453	6,906
Open Appropriations					
Health Care Access	30	33	33	33	66
Statutory Appropriations					
Special Revenue	3,540	5,707	2,142	2,142	4,284
Federal	130,445	143,534	135,903	135,371	271,274
Federal Tanf	3,802	3,762	4,000	4,000	8,000
Gift	3	65	12	12	24
Total	180,111	198,786	187,078	186,546	373,624
<u>Expenditures by Category</u>					
Total Compensation	19,778	22,713	20,749	20,516	41,265
Other Operating Expenses	11,521	18,747	13,666	13,367	27,033
Payments To Individuals	73,835	75,663	76,074	76,074	152,148
Local Assistance	74,977	81,663	76,589	76,589	153,178
Total	180,111	198,786	187,078	186,546	373,624
<u>Expenditures by Activity</u>					
Community & Family Health	159,347	169,624	162,578	162,578	325,156
Health Promo & Chronic Disease	20,764	29,162	24,500	23,968	48,468
Total	180,111	198,786	187,078	186,546	373,624
Full-Time Equivalent (FTE)	293.5	286.5	284.3	281.0	

Activity Description

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

Population Served

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

Services Provided

- ⇒ Help local health departments fulfill a set of essential local public health activities by administering state and federal funding, providing technical assistance to local health boards and staff, and providing public health training to local public health staff.
- ⇒ Improve the health and nutritional status of pregnant and postpartum women, infants, young children, and the elderly by providing healthy foods, nutrition assessment and education, and health care referrals.
- ⇒ Maintain statewide access to quality health care by targeting state and federal assistance to those communities whose health providers and systems are most in need by supporting quality improvement efforts in Minnesota's smallest and most remote rural hospitals and clinics, by providing statewide grants for pre-pregnancy family planning services and by providing children with chronic illness and disabilities specialty medical assessments.
- ⇒ Improve the health and well being of infants and children by supporting programs that provide ongoing screening and early identification, intervention and follow-up.
- ⇒ Assess and monitor maternal and child health status.
- ⇒ Provide analysis and reports on Minnesota's health care and public workforce and health services in order to better focus emergency response preparation and educational planning for future state health workforce needs and necessary specialized training (such as that for particular maternal and child health needs).

Historical Perspective

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

Activity at a Glance

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

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

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

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

Key Measures

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

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

Source: MDH Community Health Division, Office of Public Health Practice

*This measure is new; baseline data will be collected in 2005.

⇒ Maintain statewide access to quality health care.

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

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

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

Source: Minnesota Department of Health

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

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

Source: Ross Laboratories

HEALTH DEPT

Program: COMMUNITY & FAMILY HEALTH PROMOTION

Activity: COMMUNITY & FAMILY HEALTH

Narrative

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

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

Source: Minnesota Department of Health

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

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

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

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

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

Source: Board of Government Innovation and Cooperation – 2001 Study

Activity Funding

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

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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: COMMUNITY & FAMILY HEALTH

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	33,994	33,410	33,294	33,294	66,588
State Government Spec Revenue	163	253	128	128	256
Health Care Access	3,207	3,703	3,453	3,453	6,906
Open Appropriations					
Health Care Access	30	33	33	33	66
Statutory Appropriations					
Special Revenue	505	690	313	313	626
Federal	117,646	127,744	121,354	121,354	242,708
Federal Tanf	3,802	3,762	4,000	4,000	8,000
Gift	0	29	3	3	6
Total	159,347	169,624	162,578	162,578	325,156
<u>Expenditures by Category</u>					
Total Compensation	10,542	13,235	11,705	11,705	23,410
Other Operating Expenses	7,975	12,071	9,312	9,312	18,624
Payments To Individuals	71,467	72,714	73,503	73,503	147,006
Local Assistance	69,363	71,604	68,058	68,058	136,116
Total	159,347	169,624	162,578	162,578	325,156
Full-Time Equivalent (FTE)	158.0	156.1	155.1	155.1	

Activity Description

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

Population Served

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

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

- ⇒ Develop and disseminate innovative and effective health promotion strategies.
- ⇒ Support health care providers and systems, public health agencies, and community-based organizations in their prevention efforts.
- ⇒ Fund and support locally-driven interventions to reduce tobacco use and exposure to secondhand smoke.
- ⇒ Coordinate health care provider and public information about identifying and treating persons at risk for or affected by cancer, diabetes, heart disease, stroke, asthma, and traumatic brain and/or spinal cord injury.

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

- ⇒ Operate a statewide system of surveillance for all newly-diagnosed cancer cases in the state.
- ⇒ Examine and report on the disparities in and the prevalence and trends of heart disease, asthma, diabetes, obesity, tobacco use, and injuries.
- ⇒ Identify workplace hazards, illnesses, and injuries and investigate work-related deaths.

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

- ⇒ Provide free breast and cervical cancer screening and follow-up diagnostic services to women who are uninsured or underinsured.
- ⇒ Work with health care providers to develop, accept, implement, and evaluate best practices to prevent, detect, and control chronic diseases and injuries.
- ⇒ Provide physicians, individuals, and families with the tools to better manage asthma, diabetes, cancer, heart disease, and arthritis.
- ⇒ Translate health research and information into practice.

Activity at a Glance

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

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

- ⇒ Facilitate effective collaborations and partnerships.
- ⇒ Convene forums to identify common interests and foster action.
- ⇒ Work with and support health care providers and systems, public health agencies, and other community-based organizations in state-wide prevention and planning efforts.

Historical Perspective

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

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

Key Measures

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

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

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

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

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

Source: *Minnesota Student Survey*

HEALTH DEPT

Program: COMMUNITY & FAMILY HEALTH PROMOTION

Activity: HEALTH PROMOTION & CHRONIC DISEASE

Narrative

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

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

Source: *Minnesota Youth Tobacco Survey*

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

Activity Funding

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

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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: HEALTH PROMO & CHRONIC DISEASE

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	4,927	8,319	8,113	8,113	16,226
Statutory Appropriations					
Special Revenue	3,035	5,017	1,829	1,829	3,658
Federal	12,799	15,790	14,549	14,017	28,566
Gift	3	36	9	9	18
Total	20,764	29,162	24,500	23,968	48,468
<u>Expenditures by Category</u>					
Total Compensation	9,236	9,478	9,044	8,811	17,855
Other Operating Expenses	3,546	6,676	4,354	4,055	8,409
Payments To Individuals	2,368	2,949	2,571	2,571	5,142
Local Assistance	5,614	10,059	8,531	8,531	17,062
Total	20,764	29,162	24,500	23,968	48,468
Full-Time Equivalents (FTE)	135.5	130.4	129.2	125.9	

Program Description

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

Budget Activities Included:

⇒ Health Policy, Information, and Compliance Monitoring

HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Program Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	1,028	762	762	762	1,524
Technical Adjustments					
Transfers Between Agencies			3,043	3,043	6,086
Forecast Base	1,028	762	3,805	3,805	7,610
State Government Spec Revenue					
Current Appropriation	10,747	10,747	10,747	10,747	21,494
Technical Adjustments					
Transfers Between Agencies			(323)	(323)	(646)
Forecast Base	10,747	10,747	10,424	10,424	20,848
Health Care Access					
Current Appropriation	2,763	2,763	2,763	2,763	5,526
Forecast Base	2,763	2,763	2,763	2,763	5,526
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	963	895	3,805	3,805	7,610
State Government Spec Revenue	6,965	12,022	10,424	10,424	20,848
Health Care Access	2,387	3,139	2,763	2,763	5,526
Open Appropriations					
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Special Revenue	18,221	18,749	13,272	13,272	26,544
Federal	1,525	2,403	2,092	1,807	3,899
Gift	0	12	0	0	0
Total	105,405	120,350	117,124	116,673	233,797
<u>Expenditures by Category</u>					
Total Compensation	20,292	22,128	21,047	21,047	42,094
Other Operating Expenses	14,355	19,913	16,197	15,912	32,109
Local Assistance	70,758	78,309	79,880	79,714	159,594
Total	105,405	120,350	117,124	116,673	233,797
<u>Expenditures by Activity</u>					
Hlth Policy Info & Compl Monit	105,405	120,350	117,124	116,673	233,797
Total	105,405	120,350	117,124	116,673	233,797
Full-Time Equivalentents (FTE)	285.0	287.9	282.7	282.7	

Activity Description

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

Population Served

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

Services Provided

- ⇒ Monitor compliance with federal and state laws and rules, designed to protect health and safety, through unannounced inspections and surveys.
- ⇒ Investigate reports of maltreatment in accordance with the Vulnerable Adult Act, and other complaints of abuse, neglect or maltreatment.
- ⇒ Approve all architectural and engineering plans for all new construction or remodeling of health care facilities to assure that the facilities' physical plants meet basic safety and health standards.
- ⇒ Regulate funeral service providers to ensure the proper care and disposition of the dead.
- ⇒ Regulate individuals who want to practice as audiologists, hearing instruments dispensers, speech language pathologists, alcohol and drug counselors and occupational therapists.
- ⇒ Regulate HMO's to ensure compliance with statutes and rules governing financial solvency, quality assurance and consumer protection.
- ⇒ Conduct surveys and other research to collect data for use by policy makers; provide analysis of our own and other data to assist in determining: health market conditions and competition, access, health care spending, market trends, capital expenditures, risk adjustment for publicly funded prepaid medical insurance programs.
- ⇒ Securely administer health data resources used throughout the department to build knowledge about health care that will empower consumers, educate purchasers, inform providers, and guide policy makers.
- ⇒ Assist health care payers and providers to standardize administrative processes, resulting in reduced health care costs.
- ⇒ Maintain a permanent file of birth and death records, useful both to public health researchers, and also to citizens who need records for legal purposes.
- ⇒ Conduct surveys, analyze data and report on health status and trends, providing information to local health departments and health providers on the health status of the population, disparities, and health behaviors, conditions, and disease.
- ⇒ Respond to an estimated 200 to 300 requests per year to our Health Economics Program from legislative staff, staff of state and local agencies, researchers, and the general public.

Activity at a Glance

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

Historical Perspective

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

HEALTH DEPT

Program: POLICY, QUALITY, AND COMPLIANCE

Activity: HLTH POLICY, INFO. & COMPLIANCE MONITORING

Narrative

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

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

Key Measures

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

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

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

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

Activity Funding

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

Contact

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HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: HLTH POLICY INFO & COMPL MONIT

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	963	895	3,805	3,805	7,610
State Government Spec Revenue	6,965	12,022	10,424	10,424	20,848
Health Care Access	2,387	3,139	2,763	2,763	5,526
Open Appropriations					
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Special Revenue	18,221	18,749	13,272	13,272	26,544
Federal	1,525	2,403	2,092	1,807	3,899
Gift	0	12	0	0	0
Total	105,405	120,350	117,124	116,673	233,797
<u>Expenditures by Category</u>					
Total Compensation	20,292	22,128	21,047	21,047	42,094
Other Operating Expenses	14,355	19,913	16,197	15,912	32,109
Local Assistance	70,758	78,309	79,880	79,714	159,594
Total	105,405	120,350	117,124	116,673	233,797
Full-Time Equivalents (FTE)	285.0	287.9	282.7	282.7	

Program Description

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

Budget Activities Included:

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

HEALTH DEPT

Program: HEALTH PROTECTION

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Direct Appropriations by Fund</u>					
Environment & Natural Resource					
Current Appropriation	131	132	132	132	264
Technical Adjustments					
One-time Appropriations			(132)	(132)	(264)
Forecast Base	131	132	0	0	0
General					
Current Appropriation	9,092	9,092	9,092	9,092	18,184
Forecast Base	9,092	9,092	9,092	9,092	18,184
State Government Spec Revenue					
Current Appropriation	22,005	21,742	21,742	21,742	43,484
Technical Adjustments					
One-time Appropriations			(213)	(213)	(426)
Forecast Base	22,005	21,742	21,529	21,529	43,058
<u>Expenditures by Fund</u>					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	9,211	9,578	9,092	9,092	18,184
State Government Spec Revenue	16,747	25,694	21,529	21,529	43,058
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	5,562	6,396	6,367	6,257	12,624
Federal	34,368	40,117	36,659	36,648	73,307
Gift	45	99	31	31	62
Total	66,801	82,936	74,500	74,379	148,879
<u>Expenditures by Category</u>					
Total Compensation	38,468	45,555	44,491	44,553	89,044
Other Operating Expenses	22,240	31,724	25,664	25,481	51,145
Payments To Individuals	1	0	0	0	0
Local Assistance	6,092	5,657	4,545	4,545	9,090
Transfers	0	0	-200	-200	-400
Total	66,801	82,936	74,500	74,379	148,879
<u>Expenditures by Activity</u>					
Environmental Health	28,569	38,613	32,619	32,609	65,228
Infect Disease Epid Prev Cntrl	22,870	24,841	23,222	23,122	46,344
Public Health Laboratory	11,975	15,711	14,888	14,877	29,765
Office Emergency Preparedness	3,387	3,771	3,771	3,771	7,542
Total	66,801	82,936	74,500	74,379	148,879
Full-Time Equivalents (FTE)	592.3	621.2	615.0	615.0	

Activity Description

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

Population Served

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

Services Provided**Protect the quality of drinking water.**

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

Protect the safety of food.

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

Protect the quality of indoor environments.

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

Activity at a Glance

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

Historical Perspective

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

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

Key Measures

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

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

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

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

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

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

Source: MDH Environmental Surveillance and Assessment Program

*55 more counties have methamphetamine ordinances in development

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

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

Source: MDH Environmental Impact Analysis Unit Data

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Narrative

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

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

Source: MDH Environmental Health Services Program

Activity Funding

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

Contact

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Expenditures by Fund</u>					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	2,361	2,617	2,454	2,454	4,908
State Government Spec Revenue	13,391	20,209	16,949	16,949	33,898
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	1,887	1,993	1,900	1,901	3,801
Federal	10,059	12,729	10,493	10,482	20,975
Gift	3	13	1	1	2
Total	28,569	38,613	32,619	32,609	65,228
<u>Expenditures by Category</u>					
Total Compensation	18,141	22,420	21,192	21,192	42,384
Other Operating Expenses	9,556	15,676	11,148	11,138	22,286
Local Assistance	872	517	479	479	958
Transfers	0	0	(200)	(200)	(400)
Total	28,569	38,613	32,619	32,609	65,228
Full-Time Equivalents (FTE)	278.9	304.1	297.9	297.9	

Activity Description

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

Population Served

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

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

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

Monitor disease trends.

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

Identify and control disease outbreaks.

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

Manage disease prevention and control programs.

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

Activity at a Glance

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

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

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

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

Provide grants to local public health agencies and nonprofit organizations.

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

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

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

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

- ⇒ Provide technical support to localities for dealing with local outbreaks or disease control issues.
 - ⇒ Provide guidelines and technical assistance in developing local programs.
- Provide guidelines and standards to develop preparedness and emergency response plans (including biological terrorism) for local health departments, hospitals, and other agencies.

Historical Perspective

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

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

Key Measures

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

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

Source: MDH Retrospective Kindergarten Immunization Survey

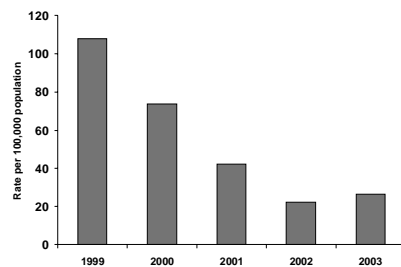
⇒ Increase the percent of new tuberculosis patients that complete therapy within 12 months. Completion of tuberculosis therapy prevents spread and reduces the development of resistant strains of TB.

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

Source: MDH Tuberculosis Annual Progress Report

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

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



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

Activity Funding

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

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: INFECT DISEASE EPID PREV CNTRL

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	4,707	4,726	4,544	4,544	9,088
State Government Spec Revenue	124	167	157	157	314
Statutory Appropriations					
Special Revenue	722	961	801	701	1,502
Federal	17,275	18,901	17,690	17,690	35,380
Gift	42	86	30	30	60
Total	22,870	24,841	23,222	23,122	46,344
<u>Expenditures by Category</u>					
Total Compensation	11,590	12,820	12,996	12,996	25,992
Other Operating Expenses	6,461	6,881	6,160	6,060	12,220
Payments To Individuals	1	0	0	0	0
Local Assistance	4,818	5,140	4,066	4,066	8,132
Total	22,870	24,841	23,222	23,122	46,344
Full-Time Equivalent (FTE)	172.8	175.3	175.3	175.3	

Activity Description

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

Population Served

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

Activity at a Glance

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

Services Provided

- ⇒ Analysis of air, water, wastewater, sludge, sediment, soil, wildlife, vegetation, and hazardous waste for chemical and bacterial contaminants in partnership with local and state government agencies.
- ⇒ Reference and confirmatory testing of clinical specimens for infectious bacteria, parasites, fungi, and viruses.
- ⇒ Application of high-tech molecular methods such as DNA fingerprinting, amplification, and sequencing for rapid, early detection of infectious disease outbreaks, and identification of infectious agents.
- ⇒ Testing of each Minnesota newborn for a variety of treatable congenital and heritable disorders.
- ⇒ Reference and confirmatory testing of environmental samples using scientific expertise and state-of-the-art methods not available in other laboratories.
- ⇒ Certification of public and private environmental laboratories that conduct testing for the federal Safe Drinking Water, Clean Water, Resource Conservation and Recovery, and Underground Storage Tank Programs in Minnesota.
- ⇒ Emergency preparedness and response in collaboration with public health and public safety officials at the local, state, and federal levels to assure early detection and rapid response to all hazards, including agents of chemical, radiological, and biological terrorism.
- ⇒ Participation on Minnesota's Radiochemical Emergency Response Team, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- ⇒ Collaboration with the "Minnesota Laboratory System" to assure that public and private laboratories are trained for the early detection of possible agents of chemical and biological terrorism.

Historical Perspective

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

Key Measures

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

HEALTH DEPT**Program: HEALTH PROTECTION****Activity: PUBLIC HEALTH LABORATORY**

Narrative

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

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

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

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

Source: Minnesota Department of Health

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

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

Number of newborns identified with treatable disorders

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

Source: Minnesota Public Health Laboratory

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

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

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

Activity Funding

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

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: PUBLIC HEALTH LABORATORY

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	2,143	2,235	2,094	2,094	4,188
State Government Spec Revenue	3,232	5,318	4,423	4,423	8,846
Statutory Appropriations					
Special Revenue	2,953	3,442	3,666	3,655	7,321
Federal	3,647	4,716	4,705	4,705	9,410
Total	11,975	15,711	14,888	14,877	29,765
<u>Expenditures by Category</u>					
Total Compensation	6,937	7,986	7,974	8,036	16,010
Other Operating Expenses	5,038	7,725	6,914	6,841	13,755
Total	11,975	15,711	14,888	14,877	29,765
Full-Time Equivalents (FTE)	119.6	120.0	120.0	120.0	

Activity Description

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

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

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

Population Served

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

Services Provided

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

- ⇒ Coordinates the strategic direction of health preparedness activities in Minnesota.
- ⇒ Facilitates cross-discipline planning, development and implementation of the Minnesota Department of Health's (MDH's) All-Hazard Response Plan and the MDH portion of the Minnesota Emergency Operations Plan.
- ⇒ Assures compliance with requirements of grants from the Centers for Disease Control (CDC) and Health Resources Services Administration (HRSA).
- ⇒ Leads the planning for the health response to significant health threats.
- ⇒ Coordinates the planning for the receipt and distribution of Strategic National Stockpile (SNS) assets (pharmaceutical and other medical supplies) in the event of a public health emergency. A key component of the SNS planning is integrating the state plan with regional plans throughout the state.
- ⇒ Conducts a variety of needs assessments of the public health system capacities related to bioterrorism and other infectious disease outbreaks and emergencies.
- ⇒ Assesses statutes and regulations within the state and local public health jurisdictions regarding authority for implementing emergency public health measures.
- ⇒ Operates the Health Alert Network, the MDH tool for timely threat communications to local public health and hospitals.
- ⇒ Coordinates the development of education and training materials for building the capacity of local public health to respond to threats of terrorism and other infectious disease.
- ⇒ Administers (in conjunction with the MDH Community Health Division) over \$6 million in grants to Community Health Boards and Tribes, and over \$6 million in grants to hospitals to build public health and health care preparedness.

Activity at a Glance

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

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

- ⇒ Coordinates the development, planning and implementation of bioterrorism preparedness plans and protocols for hospitals and other health care facilities.
- ⇒ Coordinates the activities of staff located throughout MDH in implementing grant objectives, and works with local public health partners and others leaders in a variety of related fields to better prepare Minnesota for public health emergencies and response to acts of bioterrorism.

Historical Perspective

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

Key Measures

Assessment and Training

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

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

Planning and Coordination

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

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

Communication

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

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: OFFICE EMERGENCY PREPAREDNESS

Narrative

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

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

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

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

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

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

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

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

Activity Funding

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

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: OFFICE EMERGENCY PREPAREDNESS

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Statutory Appropriations					
Federal	3,387	3,771	3,771	3,771	7,542
Total	3,387	3,771	3,771	3,771	7,542
<u>Expenditures by Category</u>					
Total Compensation	1,800	2,329	2,329	2,329	4,658
Other Operating Expenses	1,185	1,442	1,442	1,442	2,884
Local Assistance	402	0	0	0	0
Total	3,387	3,771	3,771	3,771	7,542
Full-Time Equivalent (FTE)	21.0	21.8	21.8	21.8	

Program Description

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

Budget Activities Included:

⇒ Minority and Multicultural Health

HEALTH DEPT

Program: MINORITY & MULTICULTURAL HLTH

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	4,982	4,982	4,982	4,982	9,964
Forecast Base	4,982	4,982	4,982	4,982	9,964
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	5,012	5,051	4,982	4,982	9,964
Statutory Appropriations					
Special Revenue	2	23	0	0	0
Federal	184	389	256	256	512
Federal Tanf	1,884	2,527	2,000	2,000	4,000
Gift	0	1	0	0	0
Total	7,082	7,991	7,238	7,238	14,476
<u>Expenditures by Category</u>					
Total Compensation	608	679	640	640	1,280
Other Operating Expenses	312	506	319	319	638
Local Assistance	6,162	6,806	6,279	6,279	12,558
Total	7,082	7,991	7,238	7,238	14,476
<u>Expenditures by Activity</u>					
Minority & Multicultural Hlth	7,082	7,991	7,238	7,238	14,476
Total	7,082	7,991	7,238	7,238	14,476
Full-Time Equivalents (FTE)	8.2	9.1	9.1	9.1	

Activity Description

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

Population Served

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

Services Provided

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

- ⇒ Develop and implement a comprehensive and coordinated plan to reduce health disparities.
- ⇒ Promote collaboration and increase communication between state, local, and tribal governments, non-governmental organization and communities of color.
- ⇒ Develop strategies, programs, and policies to improve health status of people of color.
- ⇒ Build capacity to meet the needs of people of color in the areas of health promotion, disease prevention, and health care system.
- ⇒ Coordinate Minnesota Department of Health (MDH) related to minority health issues.
- ⇒ Promote workforce diversity and cultural competency in workplaces and health care settings.

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

- ⇒ Award and manage grants and provide technical assistance to community organizations and tribal governments to address health disparities.
- ⇒ Assist communities to assess the public health needs of American Indians and populations of color.
- ⇒ Convene health committees with each community of color and local community meetings regarding minority health issues.
- ⇒ Work with existing MDH grant programs to increase their impact on closing health disparities gaps.

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

- ⇒ Assess risk behaviors associated with health disparities.
- ⇒ Establish measurable outcomes to track Minnesota's progress in reducing health disparities.
- ⇒ Support ongoing research and studies regarding health status and concerns of American Indians and populations of color.
- ⇒ Provide information on the health status of American Indians and population of color to interested parties.
- ⇒ Improve the recording and reporting of race/ethnicity health-related data.
- ⇒ Evaluate the efforts of MDH, community organizations and tribal governments to improve the health of American Indians and population of color.

Activity at a Glance

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

Historical Perspective

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

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

Minnesota Population Change: 1990-2000

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

Source: U.S. Bureau of Census

¹The population base for 2000 Census data is from Census 2000 Summary File 1 (SF 1) 100 percent Data using the "race alone."

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

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

- ⇒ African Americans: individuals are less likely to have health insurance; infants are much more likely to be born early or too small or to die during infancy; children are less likely to be immunized; girls are much more likely to become pregnant; youths are more likely to die as a result of firearms; individuals are more likely to develop AIDS/HIV; and individuals are more likely to die from diabetes and cardiovascular disease.
- ⇒ American Indians: individuals are less likely to have health insurance; infants are much more likely to die during infancy; children are less likely to be immunized; youth are much more likely to commit suicide; girls are more likely to become pregnant; individuals are more likely to develop AIDS/HIV; and individuals are more likely to die from diabetes and cardiovascular disease.
- ⇒ Asian Americans: individuals are more likely to have health insurance, but less likely to use it; children are less likely to be immunized; and individuals are more likely to suffer from stroke.
- ⇒ Hispanic/Latinos: individuals are less likely to have health insurance; children are less likely to be immunized; youth are more likely to be victims of violence; girls are more likely to become pregnant; are more likely to develop AIDS/HIV; and individuals are more likely to die from diabetes and cardiovascular disease.

Key Measures

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

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

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

Source: MDH Center for Health Statistics

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

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

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

Source: MDH Retrospective Kindergarten Immunization Survey

Activity Funding

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

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HEALTH DEPT

Program: MINORITY & MULTICULTURAL HLTH

Activity: MINORITY & MULTICULTURAL HLTH

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	5,012	5,051	4,982	4,982	9,964
Statutory Appropriations					
Special Revenue	2	23	0	0	0
Federal	184	389	256	256	512
Federal Tanf	1,884	2,527	2,000	2,000	4,000
Gift	0	1	0	0	0
Total	7,082	7,991	7,238	7,238	14,476
<u>Expenditures by Category</u>					
Total Compensation	608	679	640	640	1,280
Other Operating Expenses	312	506	319	319	638
Local Assistance	6,162	6,806	6,279	6,279	12,558
Total	7,082	7,991	7,238	7,238	14,476
Full-Time Equivalents (FTE)	8.2	9.1	9.1	9.1	

Program Description

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

Budget Activities Included:

- ⇒ Administrative Services
- ⇒ Executive Office

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Program Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	5,414	5,402	5,402	5,402	10,804
Forecast Base	5,414	5,402	5,402	5,402	10,804
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	5,196	6,387	5,402	5,402	10,804
Statutory Appropriations					
Special Revenue	16,474	17,727	17,958	18,483	36,441
Federal	346	345	345	345	690
Gift	46	78	0	0	0
Total	22,062	24,537	23,705	24,230	47,935
<u>Expenditures by Category</u>					
Total Compensation	9,377	10,683	11,077	11,648	22,725
Other Operating Expenses	12,685	13,854	12,628	12,582	25,210
Total	22,062	24,537	23,705	24,230	47,935
<u>Expenditures by Activity</u>					
Administrative Services	19,779	21,556	20,928	21,394	42,322
Executive Office	2,283	2,981	2,777	2,836	5,613
Total	22,062	24,537	23,705	24,230	47,935
Full-Time Equivalents (FTE)	144.9	146.6	146.6	146.6	

Activity Description

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

Activity at a Glance

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

Population Served

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

Services Provided

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

Facilities Management

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

Financial Management

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

Human Resources

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

Information Systems and Technology Management

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

Key Measures

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

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

Source: Department of Finance Prompt Payment Report

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: ADMINISTRATIVE SERVICES

Narrative

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

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

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

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

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

Activity Funding

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

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HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: ADMINISTRATIVE SERVICES

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	4,663	5,456	4,622	4,622	9,244
Statutory Appropriations					
Special Revenue	15,116	16,098	16,306	16,772	33,078
Gift	0	2	0	0	0
Total	19,779	21,556	20,928	21,394	42,322
<u>Expenditures by Category</u>					
Total Compensation	7,691	8,499	8,962	9,476	18,438
Other Operating Expenses	12,088	13,057	11,966	11,918	23,884
Total	19,779	21,556	20,928	21,394	42,322
Full-Time Equivalents (FTE)	121.6	121.9	121.9	121.9	

Activity Description

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

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

Activity at a Glance

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

Population Served

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

Services Provided**Executive Leadership and Strategic Planning**

- ⇒ The Commissioner's Office develops and implements department policies and provides leadership to the state in developing public health priorities.
- ⇒ The Commissioner's Office directs the annual development of a set of public health strategies to provide guidance for agency activities and to more effectively engage the department's public health partners.
- ⇒ The Commissioner's Office also directs the strategic planning and implementation of department-wide initiatives.

Government Relations

- ⇒ Government Relations is responsible for leading and coordinating state legislative activities and monitoring federal legislative activities to advance the departments' priorities and mission.
- ⇒ Throughout the legislative session and during the interim, Government Relations is a contact for the public, other departments, legislators, and legislative staff.
- ⇒ This activity works closely with the governor's office, department divisions, legislators, legislative staff, and other state agencies to communicate the department's strategies and priorities.

Communications

- ⇒ The Communications Office is responsible for leading and coordinating communications on statewide public health issues and programs.
- ⇒ The office works closely with the news media, including issuing an average of 75 news releases and responding to thousands of media inquiries each year.
- ⇒ The office also manages the department's website and helps to coordinate community out-reach.

Library Services

- ⇒ Library Services is responsible for locating, organizing, sharing and distributing information; coordinating the purchase of books and journals; and assisting clients' research in library materials, databases and the Internet.
- ⇒ The R.N. Barr Library provides access to information for Minnesota Department of Health (MDH) staff, local public health agencies, and school nurses. The public is welcome to use materials onsite. This library also distributes posters, pamphlets, brochures, and other department publications.

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: EXECUTIVE OFFICE

Narrative

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

Activity Funding

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

Contact

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HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: EXECUTIVE OFFICE

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium 2006-07
	FY2004	FY2005	FY2006	FY2007	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	533	931	780	780	1,560
Statutory Appropriations					
Special Revenue	1,358	1,629	1,652	1,711	3,363
Federal	346	345	345	345	690
Gift	46	76	0	0	0
Total	2,283	2,981	2,777	2,836	5,613
<u>Expenditures by Category</u>					
Total Compensation	1,686	2,184	2,115	2,172	4,287
Other Operating Expenses	597	797	662	664	1,326
Total	2,283	2,981	2,777	2,836	5,613
Full-Time Equivalents (FTE)	23.3	24.7	24.7	24.7	