

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

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

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

Core Functions

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

- ⇒ Preventing Diseases: MDH detects and investigates disease outbreaks, controls the spread of disease, encourages immunizations, and seeks to prevent chronic and infectious diseases, including HIV/AIDS, tuberculosis, diabetes, asthma, cardiovascular disease, and cancer. The department's public health laboratories analyze some of the most complex and dangerous biological, chemical, and radiological substances known, employing techniques not available privately or from other government agencies.
- ⇒ Preparing for Emergencies: MDH works with many partners – including local public health departments, public safety officials, health care providers, and federal agencies – to prepare for significant public health emergencies. The department takes an "all-hazards" approach to planning so that Minnesota is prepared to respond quickly and effectively to any type of public health emergency, ranging from natural disasters to bioterrorism to an influenza pandemic.
- ⇒ Reducing Environmental Health Hazards: MDH identifies and evaluates potential health hazards in the environment, from simple sanitation to risks associated with toxic waste sites and nuclear power plants. The department protects the safety of public water supplies and the 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 hospitals, health maintenance organizations, and nursing homes. Minnesota has pioneered improvements in the health care system, including the development of policies that assure access to affordable, high-quality care which are models for the nation. The department monitors trends in costs, quality, and access in order to inform future policy decisions. The department also reports to consumers on health care quality through the nursing home report card, adverse health events report and other special projects.
- ⇒ Promoting Good Health: MDH provides information and services to help people make healthy choices. Eating nutritiously, being physically active, and avoiding unhealthy substances, such as tobacco, can help prevent many serious diseases and improve the overall health of the state. The department also protects the health of mothers and children through the supplemental nutrition program Women, Infants and Children (WIC) and services for children with special health needs. Minnesota was one of the first states to regulate smoking in public places, and has developed tobacco prevention strategies used nationwide. MDH programs also address occupational safety, injury, and violence prevention.

At A Glance

- ◆ MDH is one of the top state health departments in the country.
- ◆ MDH has earned an international reputation for being on the cutting edge of disease detection and control, and developing new public health methods.
- ◆ MDH workforce of approximately 1,300 includes many MD's, PhD's, nurses, health educators, biologists, chemists, epidemiologists, and engineers.
- ◆ MDH program resources are deployed in the Twin Cities and seven regional offices statewide, to better serve the state population.

⇒ Achieving Success Through Partnership: Minnesota has a nationally renowned public health system built on well-articulated state and local government roles. MDH provides both technical and financial assistance to local public health agencies so they can provide programs and services meeting the unique needs of their communities.

Operations

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

- ⇒ Scientists and epidemiologists who work in the laboratories and the cities and neighborhoods of the state to identify the nature, sources, and means of treatment of disease outbreaks and food borne illness.
- ⇒ Nursing home inspectors who make sure that elderly citizens are provided with safe and appropriate health care, and are treated with respect and dignity.
- ⇒ Environmental engineers who work with cities and towns to assure that municipal water systems provide water that is safe for families to drink.
- ⇒ Laboratory scientists who conduct sophisticated tests to detect treatable metabolic errors in all newborn babies.
- ⇒ Chronic disease specialists who work with health plans, nonprofit organizations and individuals across the state to develop and implement plans and strategies for preventing and reducing the burden of chronic diseases.
- ⇒ Scientists and policy experts who collect and evaluate information about environmental trends, the health status of the public, quality of health services, health disparities, and other emerging issues; and carry out public health improvement programs.

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

Budget

MDH receives approximately 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 60% of the budget is “passed through” to local governments, nonprofit organizations, community hospitals, and teaching institutions in the form of grants; 23% represents the cost of the professional and technical staff that carry out the department’s core functions; and 17% is for other operating costs, primarily for technology and space.

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Agency Overview (detailed) <http://www.health.state.mn.us/divs/opa/overview.html>

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

Dollars in Thousands

	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	64,883	74,173	74,173	74,173	148,346
Forecast Base	64,883	74,173	69,223	69,223	138,446
Change		0	(4,950)	(4,950)	(9,900)
% Biennial Change from 2006-07					-0.4%
State Government Spec Revenue					
Current Appropriation	36,320	36,846	36,846	36,846	73,692
Forecast Base	36,320	36,846	37,350	37,350	74,700
Change		0	504	504	1,008
% Biennial Change from 2006-07					2.1%
Health Care Access					
Current Appropriation	6,273	7,779	7,779	7,779	15,558
Forecast Base	6,273	7,779	6,279	6,279	12,558
Change		0	(1,500)	(1,500)	(3,000)
% Biennial Change from 2006-07					-10.6%
Misc Special Revenue					
Current Appropriation	8,553	8,553	8,553	8,553	17,106
Forecast Base	8,553	8,553	8,553	8,553	17,106
Change		0	0	0	0
% Biennial Change from 2006-07					0%
Federal Tanf					
Current Appropriation	0	0	6,000	6,000	12,000
Forecast Base	0	0	6,000	6,000	12,000
Change		0	0	0	0
% Biennial Change from 2006-07					n.m.
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	60,963	69,608	69,053	69,053	138,106
State Government Spec Revenue	30,407	36,163	37,350	37,350	74,700
Health Care Access	5,674	8,384	6,279	6,279	12,558
Federal Tanf	0	0	6,000	6,000	12,000
Open Appropriations					
State Government Spec Revenue	188	195	195	195	390
Health Care Access	29	28	28	28	56
Misc Special Revenue	149	215	8,553	8,553	17,106
Statutory Appropriations					
Drinking Water Revolving Fund	447	452	452	452	904
General	307	315	270	270	540
Misc Special Revenue	45,336	52,958	41,129	41,277	82,406
Federal	186,487	226,194	190,516	190,372	380,888
Federal Tanf	5,806	6,135	0	0	0
Remediation Fund	166	34	0	0	0
Medical Education & Research	26,313	150,323	71,967	71,967	143,934
Gift	35	1,105	250	250	500
Total	362,307	552,109	432,042	432,046	864,088

Dollars in Thousands

	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Category</u>					
Total Compensation	91,617	104,297	96,811	96,709	193,520
Other Operating Expenses	67,435	94,397	74,619	74,727	149,346
Payments To Individuals	89,154	102,798	93,017	93,017	186,034
Local Assistance	114,101	255,667	174,476	174,474	348,950
Transfers	0	(5,050)	(6,881)	(6,881)	(13,762)
Total	362,307	552,109	432,042	432,046	864,088
<u>Expenditures by Program</u>					
Community & Family Hlth Promo	203,419	243,900	211,305	211,164	422,469
Policy Quality & Compliance	56,520	186,230	113,290	113,290	226,580
Health Protection	69,127	85,118	70,664	70,652	141,316
Minority & Multicultural Hlth	7,328	7,978	7,522	7,522	15,044
Administrative Support Service	25,913	28,883	29,261	29,418	58,679
Total	362,307	552,109	432,042	432,046	864,088
Full-Time Equivalent (FTE)	1,296.4	1,277.3	1,237.9	1,237.5	

Program Description

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

Budget Activities

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

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	40,558	42,987	42,987	42,987	85,974
Technical Adjustments					
Current Law Base Change			50	50	100
Forecast Base	40,558	42,987	43,037	43,037	86,074
State Government Spec Revenue					
Current Appropriation	141	128	128	128	256
Technical Adjustments					
Approved Transfer Between Appr			137	137	274
Current Law Base Change			600	600	1,200
Forecast Base	141	128	865	865	1,730
Health Care Access					
Current Appropriation	3,510	3,516	3,516	3,516	7,032
Forecast Base	3,510	3,516	3,516	3,516	7,032
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	39,888	43,688	43,037	43,037	86,074
State Government Spec Revenue	778	872	865	865	1,730
Health Care Access	3,343	3,757	3,516	3,516	7,032
Federal Tanf	0	0	3,579	3,579	7,158
Open Appropriations					
Health Care Access	29	28	28	28	56
Statutory Appropriations					
Misc Special Revenue	2,892	3,813	2,689	2,688	5,377
Federal	152,106	184,569	156,469	156,329	312,798
Federal Tanf	3,506	3,653	0	0	0
Medical Education & Research	871	3,463	1,122	1,122	2,244
Gift	6	57	0	0	0
Total	203,419	243,900	211,305	211,164	422,469
<u>Expenditures by Category</u>					
Total Compensation	20,182	24,089	20,917	20,821	41,738
Other Operating Expenses	12,087	21,456	13,624	13,581	27,205
Payments To Individuals	89,144	102,796	93,015	93,015	186,030
Local Assistance	82,006	95,559	83,749	83,747	167,496
Total	203,419	243,900	211,305	211,164	422,469

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Expenditures by Activity</u>					
Community & Family Health	176,951	214,323	186,445	186,390	372,835
Health Promo & Chronic Disease	26,468	29,577	24,860	24,774	49,634
Total	203,419	243,900	211,305	211,164	422,469
Full-Time Equivalents (FTE)	283.0	267.8	250.7	250.3	

Activity Description

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

Population Served

The entire population of the state is served by this activity with special emphasis on: mothers and children (especially those most at risk for or experiencing poor health outcomes), children with special health care needs and their families, the state's rural residents, and Minnesota's medically underserved urban population.

Activity at a Glance

- ◆ Administer 24 grant programs with grants to more than 611 individual organizations.
- ◆ Provide technical and financial assistance to the state's 53 local public health boards as well as targeted financial/technical aid to more than 120 rural communities.
- ◆ Provide nutrition services and supplemental food to more than 130,000 low-income pregnant women and young children.
- ◆ Provide commodity food products to over 14,000 children and seniors each month.
- ◆ Provide prenatal services to more than 11,000 women.
- ◆ Provide family planning services to more than 37,000 individuals.
- ◆ Provide services to more than 5,000 children with special health care needs.

Services Provided

- ⇒ Help local health departments fulfill a set of essential local public health activities by administering state and federal funding, providing technical assistance to local health boards and staff, and providing public health training to local public health staff.
- ⇒ Improve the health and nutritional status of pregnant and postpartum women, infants, young children, and the elderly by providing nutrition education and counseling, foods to meet key nutritional needs, and referrals for health and social services.
- ⇒ Maintain statewide access to quality health care services by directing state and federal assistance to Minnesota's smallest and most remote rural hospitals and clinics, by providing statewide grants for pre-pregnancy family planning services, and by providing specialized medical assessments to children with chronic illness and disabilities.
- ⇒ Improve the health and well being of infants and children by supporting programs that provide early and continuous screening for disease identification, intervention and followup.
- ⇒ Improve pregnancy outcomes and enhance the health of pregnant and postpartum women and their infants by supporting programs that encourage early access to prenatal care, provide necessary support services, and increase knowledge of healthy behaviors.
- ⇒ Assess and monitor maternal and child health status, including children with special health care needs.
- ⇒ Provide analysis and reports on Minnesota's rural and underserved urban health care system, local public health system and health workforce in order to focus planning for future needs, including resources and education/training.
- ⇒ Implement and maintain a statewide trauma system in Minnesota.
- ⇒ Collaborate with the public and private sectors for quality improvement and measurement of health status to ensure accountability.

Historical Perspective

The federal Women, Infant and Children (WIC) Program and Title V Maternal Child Health (MCH) Block Grant have long provided a foundation for ensuring the health of Minnesota's mothers and children, 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; improved pregnancy outcomes; early identification and

intervention services; oral health, especially for low-income children; mental health promotion; and obesity reduction. The division provides leadership, accountability, resources, and partnerships for continued work on these challenging issues.

Minnesota's rural health care system has experienced persistent financial and workforce challenges that are projected to continue as the rural population ages. The department's statewide rural health, e-health, and trauma system planning, analysis, and program efforts support quality patient care, stabilize and strengthen the rural health care system, strengthen the health care workforce, encourage regional cooperation among services, and support information technology development.

Ongoing investments in maintaining a viable local public health system that works in a coordinated way with Minnesota Department of Health (MDH) has allowed efficient and effective public health responses to issues ranging from disease outbreaks and disasters to joint efforts to prevent disease and disability. However, the public health system has experienced significant pressures over the last several years. Examples include an aging public health workforce, an aging population and expanded emergency preparedness responsibilities. Maintaining this interlocking but locally governed system requires ongoing coordination, leadership and support, which is the responsibility of Community and Family Health.

Key Measures

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

History	Current	Target
2004	2006	2008
N/A	47%	55%

Source: Minnesota Department of Health

- ⇒ Improve health outcomes by increasing the number of hospitals that participate in a statewide trauma system and registry.

History	Current	Target
2004	2006	2008
N/A	0%	60 %

Source: Minnesota Department of Health

- ⇒ Decrease the ratio of the low birth weight (under 2,500 grams) rate for American Indian women and women of color to the low birth rate for white women.

History	Current	Target
2002	2005	2008
1.6	1.4	1.2

Source: Minnesota Department of Health

- ⇒ Improve the health of infants by increasing the percent of mothers who continue to breastfeed their infants at six months of age.

History	Current	Target
2003	2005	2008
45%	46%	48%

Source: Centers for Disease Control

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: COMMUNITY & FAMILY HEALTH

Narrative

⇒ Increase the percent of children and youth with a special health care need with a “medical home” - comprehensive, recurring medical care from a regular primary health care professional that assures a patient that all of their medical and non-medical needs are met.

History	Current	Target
2002	2006	2010
48%	*	55%

Source: SLAITS-CSHCN Survey- *Data available in early 2007

⇒ 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	2008
12 th graders who are abstinent	51 %	52%	53 %
12 th graders who use condoms if sexually active	43 %	45%	47 %

Source: Minnesota Student Survey

⇒ Decrease the percentage of children, ages two to five years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

History	Current	Target
2002	2005	2008
29%	31%	29%

Source: Minnesota Department of Health

Activity Funding

This activity is funded primarily from appropriations from the General Fund, Health Care Access Fund, state government Special Revenue Fund, and from federal and Special Revenue Funds.

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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: COMMUNITY & FAMILY HEALTH

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	31,771	35,421	34,860	34,860	69,720
State Government Spec Revenue	778	872	865	865	1,730
Health Care Access	3,343	3,757	3,516	3,516	7,032
Federal Tanf	0	0	3,579	3,579	7,158
Open Appropriations					
Health Care Access	29	28	28	28	56
Statutory Appropriations					
Misc Special Revenue	465	478	344	343	687
Federal	136,185	166,628	142,131	142,077	284,208
Federal Tanf	3,506	3,653	0	0	0
Medical Education & Research	871	3,463	1,122	1,122	2,244
Gift	3	23	0	0	0
Total	176,951	214,323	186,445	186,390	372,835
<u>Expenditures by Category</u>					
Total Compensation	10,518	13,085	10,773	10,729	21,502
Other Operating Expenses	7,706	15,070	9,032	9,021	18,053
Payments To Individuals	85,715	98,456	89,414	89,414	178,828
Local Assistance	73,012	87,712	77,226	77,226	154,452
Total	176,951	214,323	186,445	186,390	372,835
Full-Time Equivalentents (FTE)	147.7	149.9	134.1	134.1	

Activity Description

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

Population Served

This activity serves the entire population of Minnesota. More than 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, arthritis, 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, stroke, cancer, 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; as well as cancer and cardiovascular risk factor screening, referral, and counseling.
- ⇒ Work with health care providers to develop, accept, implement, and evaluate best practices to prevent, detect, and control chronic diseases and injuries.
- ⇒ Provide physicians, individuals, and families with the tools to better manage asthma, diabetes, cancer, heart disease, stroke, and arthritis.
- ⇒ Translate health research and information into practice.

Activity at a Glance

- ◆ Screened 15,100 low-income women for breast and cervical cancer in FY 2005, at more than 370 clinics across the state.
- ◆ Registered 22,980 newly-diagnosed invasive cancers in the Minnesota Cancer Surveillance System in 2004.
- ◆ Provided an online "Winning with Asthma" training program to more than 400 coaches and physical education teachers during the first six months of 2006.
- ◆ Offered resource and referral information to 4,000 persons with traumatic brain and/or spinal cord injury in 2005.
- ◆ Provided 20 grants in FY 2006 to organizations serving local communities and at-risk populations to reduce tobacco use and exposure to secondhand smoke.
- ◆ Trained 240 people in FY 2005-06 to create walk able communities, 3,000 to prevent underage alcohol use, 900 to improve student and school staff wellness, and 2,000 to prevent and screen for breast and cervical cancer.

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 statewide prevention and planning efforts.
- ⇒ Support the implementation of statewide plans for heart disease, stroke, cancer, diabetes, asthma, and arthritis by multiple partners.

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, obesity, and poor nutrition. As the number of Minnesotans over the age of 60 increases in the next 20 years, 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
	2000-01	2003-04	2010
Colorectal	18.2	16.8	13.0
Cervical	1.4	1.8	1.0
Breast	25.7	22.6	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
	2001	2004	2007
6 th graders	22%	21%	30%
9 th graders	15%	15%	30%
12 th graders	13%	13%	30%

Source: Minnesota Student Survey

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

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
	2002	2005	2011
High school youth reporting tobacco use	34.8 %	29.3 %	23.4 %

Source: Minnesota Youth Tobacco Survey

Activity Funding

This 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

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	8,117	8,267	8,177	8,177	16,354
Statutory Appropriations					
Misc Special Revenue	2,427	3,335	2,345	2,345	4,690
Federal	15,921	17,941	14,338	14,252	28,590
Gift	3	34	0	0	0
Total	26,468	29,577	24,860	24,774	49,634
<u>Expenditures by Category</u>					
Total Compensation	9,664	11,004	10,144	10,092	20,236
Other Operating Expenses	4,381	6,386	4,592	4,560	9,152
Payments To Individuals	3,429	4,340	3,601	3,601	7,202
Local Assistance	8,994	7,847	6,523	6,521	13,044
Total	26,468	29,577	24,860	24,774	49,634
Full-Time Equivalents (FTE)	135.3	117.9	116.6	116.2	

Program Description

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

Budget Activities

- ⇒ Compliance Monitoring
- ⇒ Office of Health Policy, Statistics, and Informatics

HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	3,665	3,665	3,665	3,665	7,330
Forecast Base	3,665	3,665	3,665	3,665	7,330
State Government Spec Revenue					
Current Appropriation	11,528	11,568	11,568	11,568	23,136
Technical Adjustments					
Approved Transfer Between Appr			335	335	670
Current Law Base Change			800	800	1,600
Forecast Base	11,528	11,568	12,703	12,703	25,406
Health Care Access					
Current Appropriation	2,763	2,763	2,763	2,763	5,526
Technical Adjustments					
One-time Appropriations			(1,500)	(1,500)	(3,000)
Forecast Base	2,763	2,763	1,263	1,263	2,526
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	355	345	3,395	3,395	6,790
State Government Spec Revenue	8,448	10,429	12,703	12,703	25,406
Health Care Access	2,331	4,627	2,763	2,763	5,526
Open Appropriations					
Misc Special Revenue	149	215	8,553	8,553	17,106
Statutory Appropriations					
General	307	315	270	270	540
Misc Special Revenue	17,984	21,735	13,424	13,424	26,848
Federal	1,500	1,660	1,337	1,337	2,674
Medical Education & Research	25,442	146,860	70,845	70,845	141,690
Gift	4	44	0	0	0
Total	56,520	186,230	113,290	113,290	226,580
<u>Expenditures by Category</u>					
Total Compensation	20,603	23,851	21,921	21,921	43,842
Other Operating Expenses	15,300	19,069	16,971	16,971	33,942
Local Assistance	20,617	148,160	79,248	79,248	158,496
Transfers	0	(4,850)	(4,850)	(4,850)	(9,700)
Total	56,520	186,230	113,290	113,290	226,580
<u>Expenditures by Activity</u>					
Compliance Monitoring	23,779	28,605	24,901	24,901	49,802
Health Policy	32,741	157,625	88,389	88,389	176,778
Total	56,520	186,230	113,290	113,290	226,580
Full-Time Equivalents (FTE)	279.0	285.5	284.1	284.1	

Activity Description

The Compliance Monitoring Division monitors compliance with laws and rules designed to protect the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, and clients of certain allied health professional groups.

Population Served

This activity serves patients, consumers, and providers of health care services; state and local policy makers.

Services Provided

- ⇒ Monitor compliance with federal and state laws and rules, designed to protect health and safety, through unannounced inspections and surveys.
- ⇒ Investigate reports of maltreatment in accordance with the Vulnerable Adult Act and other complaints of abuse, neglect, or maltreatment.
- ⇒ Conduct reviews of requests for set asides of criminal/maltreatment cases.
- ⇒ Approve all architectural and engineering plans for all new construction or remodeling of health care facilities to assure that the facilities' physical plants meet life safety and health standards.
- ⇒ Conduct annual reviews of at least 15% of Medicaid and private pay residents in certified nursing facilities.
- ⇒ Regulate funeral service providers to ensure the proper care and disposition of the dead.
- ⇒ Regulate individuals who want to practice as audiologists, hearing instruments dispensers, speech language pathologists, and occupational therapists.
- ⇒ Regulate HMOs to ensure compliance with statutes and rules governing financial solvency, quality assurance, and consumer protection.
- ⇒ Investigate complaints against HMOs filed by enrollees and providers.
- ⇒ Respond to several thousand calls annually to the health information clearinghouse.
- ⇒ Provide professional education, including clinical and technical training on a statewide basis; personal consultation; informational bulletins; and online, web-based information.

Activity at a Glance

- ◆ Monitor 6,375 health care facilities for safety and quality.
- ◆ Review qualifications and regulate more than 5,000 allied health practitioners.
- ◆ Monitor 10 health maintenance organizations (HMOs) and three county-based purchasing organizations that provide health care services to 1.2 million Minnesotans.
- ◆ Conduct hospital and nursing home construction plan reviews. In state fiscal year 2006 alone, construction plan reviews amounted to nearly \$275 million in capital investments for these facilities.
- ◆ Ensure criminal background checks are conducted on 108,000 applicants for employment in health care facilities.
- ◆ Maintain a registry of more than 53,000 nursing assistants.
- ◆ Maintain the nursing home report card web site, which has had more than 99,000 visits since it was announced in January 2006.

Historical Perspective

In January 2006, a state nursing home report card tool was launched to help Minnesotans make better choices when choosing a nursing home for themselves or other family members. This is a user-friendly way to help consumers better understand the quality and performance of nursing homes in Minnesota. Nursing homes can receive up to five stars on each of the following eight measures: state inspections, quality-of-life survey among more than one-third of residents, care quality, hours of direct service per resident, staff turnover, staff retention, use of temporary staff members, and percentage of single-bed rooms.

The top three measures selected by visitors to the web site are: quality-of-life survey (or resident satisfaction), care quality, and state inspections. As the web-based report card matures, adjustments will be made to the measures in response to consumer input.

Assisted living providers are the fastest growing industry in the long-term care arena. Over the last five years there has been a 60% increase in the number of providers. This is reflective of consumer desires for less institutional care and more demand for more community-based care options by the elderly. Compliance

monitoring is working with providers, consumer representatives, and advocates to align its regulatory activities to better serve this growing industry. The division is working to increase the number of assisted living home care providers who have an understanding of state regulations and are in compliance with them. Assisted living providers can obtain compliance information on the department's website. More information will be made available to consumers for decision making purposes as this industry matures.

Key Measures

The federal Government Performance Results Act (GPRA) for the Centers for Medicare and Medicaid Services has two indicators for assessing patient care in nursing homes. The first goal is to have no more than 6.4% of patients whose care assessments indicate use of physical restraints; Minnesota currently is at 3.5%, which satisfies the federal indicator. The second GPRA goal is for no more than 8.8% of patients whose care assessments indicate pressure ulcers. Minnesota currently satisfies this goal at 6.1% of residents with pressure ulcers. The GPRA goals will continue to be monitored even though states may meet these objectives. The primary emphasis is to meet the goals and more importantly for nursing homes to develop processes and procedures for continued care to ensure residents receive quality care.

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 percentage of practitioners in compliance with regulations. The measurement for this goal is based on the number of complaints and application investigations. Compliance is currently at 93%, with the goal to reach 95% in 2008. The second goal is to protect Minnesotans using services of alternative/complementary practitioners from unsafe practices. There are currently 33 investigations pending, with the goal to have no more than 25 cases pending by 2008.

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

Activity Funding

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

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HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: COMPLIANCE MONITORING

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	166	185	3,210	3,210	6,420
State Government Spec Revenue	5,976	7,231	8,705	8,705	17,410
Health Care Access	96	154	154	154	308
Statutory Appropriations					
Misc Special Revenue	17,212	20,412	12,311	12,311	24,622
Federal	329	623	521	521	1,042
Total	23,779	28,605	24,901	24,901	49,802
<u>Expenditures by Category</u>					
Total Compensation	15,559	17,401	16,101	16,101	32,202
Other Operating Expenses	8,220	11,204	8,800	8,800	17,600
Total	23,779	28,605	24,901	24,901	49,802
Full-Time Equivalents (FTE)	204.3	203.9	203.9	203.9	

Activity Description

The Office of Health Policy, Statistics and Informatics tracks and monitors health care access, quality, and cost in Minnesota; assesses and reports on the health of the population; monitors and reports on adverse health events; works to promote the adoption of health information technology throughout the state; supports the training of medical professionals in Minnesota; and reports on health care marketplace and infrastructure issues.

Population Served

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

Services Provided

- ⇒ Conduct surveys and other research to collect data for use by policy makers; provide analysis of health department and other data to assist in determining: health market conditions and competition, access, health care spending, market trends, capital expenditures, and risk adjustment for publicly funded, prepaid medical insurance programs.
- ⇒ Collect information on adverse health events in Minnesota hospitals and ambulatory surgical centers; and provide information to providers, health plans, patients, and other stakeholders about patient safety in Minnesota.
- ⇒ 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.
- ⇒ Promote, through the Minnesota e-Health Initiative, the adoption and use of health information technology (HIT) to improve healthcare quality, increase patient safety, and reduce healthcare 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, trends, and disparities; provide information to local health departments and health providers on the health status of the population, 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.
- ⇒ Administer the medical education and research costs fund, providing \$50-\$60 million in funds each year to clinical health professions training sites in Minnesota.

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.

Activity at a Glance

- ◆ Track and report health care cost growth and trends in the health care marketplace.
- ◆ File more than 70,000 birth records and 38,000 death records each year.
- ◆ Maintain approximately eight million birth and death records in a statewide computer system.
- ◆ Conduct periodic surveys to determine insurance coverage and access to health care.
- ◆ Monitor trends in patient safety and adverse health events, and report on the prevalence of adverse events in Minnesota hospitals.
- ◆ Provide annual grant funding of over \$50 million in support of medical education activities throughout Minnesota.
- ◆ Provide grant funding and technical support to health care providers to accelerate the adoption of health information technology.

Because knowledge and understanding of factors affecting health care cost, quality, and access are critical to helping policymakers formulate state health policy, the 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.

The office 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.

The office has also been actively involved in health care infrastructure support. Two active areas of support are the Minnesota e-Health Initiative and the medical education and research cost fund. The Minnesota e-Health Initiative vision is to accelerate the adoption and use of health information technology to improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions. The initiative provides grants to health care providers in rural and underserved areas of Minnesota to support the development of electronic health record systems. In addition, the e-Health steering committee provides broad overall policy advice to the commissioner of health and serves as a statewide coordinating body for e-Health issues.

The medical education and research cost fund has provided over \$300 million in grant funding over the past eight years to support the clinical training of medical professionals throughout Minnesota. The program supports the training of physicians, nurses, pharmacists, physician assistants, dentists, and chiropractors in Minnesota through grants that provide an incentive for clinical training sites to engage in the training of medical professionals.

Key Measures

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 with birthing facilities in the state and nearly 100% of funeral homes report births and deaths respectively through the electronic system. The major priority in the next two-three years is to increase physicians, medical examiners, and coroners using the system to report the cause-of-death information. The specific results and future targets for this priority are as follows:

⇒ Increase the percentage of deaths where the physician is reporting the cause-of-death electronically.

History	History	Current	Target
2002	2004	2006	2009
3%	18%	38%	75%

⇒ Increase the number of counties where the Medical Examiner or Coroner is reporting the cause-of-death electronically.

History	History	Current	Target
2002	2004	2006	2009
17	53	66	87

HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: HEALTH POLICY

Narrative

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

Activity Funding

This activity is funded from direct appropriations from state government Special Revenue Fund, the General Fund, the Health Care Access Fund; and federal funds, Medical Education and Research Costs Funds, and Special Revenue Funds.

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HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: HEALTH POLICY

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	189	160	185	185	370
State Government Spec Revenue	2,472	3,198	3,998	3,998	7,996
Health Care Access	2,235	4,473	2,609	2,609	5,218
Open Appropriations					
Misc Special Revenue	149	215	8,553	8,553	17,106
Statutory Appropriations					
General	307	315	270	270	540
Misc Special Revenue	772	1,323	1,113	1,113	2,226
Federal	1,171	1,037	816	816	1,632
Medical Education & Research	25,442	146,860	70,845	70,845	141,690
Gift	4	44	0	0	0
Total	32,741	157,625	88,389	88,389	176,778
<u>Expenditures by Category</u>					
Total Compensation	5,044	6,450	5,820	5,820	11,640
Other Operating Expenses	7,080	7,865	8,171	8,171	16,342
Local Assistance	20,617	148,160	79,248	79,248	158,496
Transfers	0	(4,850)	(4,850)	(4,850)	(9,700)
Total	32,741	157,625	88,389	88,389	176,778
Full-Time Equivalents (FTE)	74.7	81.6	80.2	80.2	

Program Description

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

Budget Activities

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

HEALTH DEPT

Program: HEALTH PROTECTION

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	9,068	14,068	14,068	14,068	28,136
Technical Adjustments					
One-time Appropriations			(5,000)	(5,000)	(10,000)
Forecast Base	9,068	14,068	9,068	9,068	18,136
State Government Spec Revenue					
Current Appropriation	24,316	24,815	24,815	24,815	49,630
Technical Adjustments					
Approved Transfer Between Appr			(137)	(137)	(274)
Current Law Base Change			935	935	1,870
Transfers Between Agencies			(1,831)	(1,831)	(3,662)
Forecast Base	24,316	24,815	23,782	23,782	47,564
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	9,187	12,018	9,168	9,168	18,336
State Government Spec Revenue	21,181	24,862	23,782	23,782	47,564
Open Appropriations					
State Government Spec Revenue	188	195	195	195	390
Statutory Appropriations					
Drinking Water Revolving Fund	447	452	452	452	904
Misc Special Revenue	5,403	7,192	4,455	4,447	8,902
Federal	32,530	39,374	32,362	32,358	64,720
Remediation Fund	166	34	0	0	0
Gift	25	991	250	250	500
Total	69,127	85,118	70,664	70,652	141,316
<u>Expenditures by Category</u>					
Total Compensation	39,953	44,013	41,635	41,629	83,264
Other Operating Expenses	24,265	36,116	26,279	26,273	52,552
Payments To Individuals	10	2	2	2	4
Local Assistance	4,899	5,187	4,779	4,779	9,558
Transfers	0	(200)	(2,031)	(2,031)	(4,062)
Total	69,127	85,118	70,664	70,652	141,316
<u>Expenditures by Activity</u>					
Environmental Health	29,393	33,520	30,498	30,500	60,998
Infect Disease Epid Prev Cntrl	20,215	24,896	22,015	22,001	44,016
Public Health Laboratory	14,899	18,232	13,999	13,999	27,998
Office Emergency Preparedness	4,620	8,470	4,152	4,152	8,304
Total	69,127	85,118	70,664	70,652	141,316
Full-Time Equivalent (FTE)	584.4	575.4	554.9	554.9	

Activity Description

The Environmental Health Division protects Minnesotans from health hazards in the environment. We assure that Minnesotans have safe drinking water and food, and are protected from hazardous materials in their homes and communities. The division also identifies emerging environmental health threats, implements prevention activities against these threats, and responds to public health emergencies.

Population Served

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

Services Provided**Protect the quality of water:**

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

Protect the safety of food:

- ⇒ Inspect restaurants to ensure safe food handling.
- ⇒ Certify professionals in food safety.
- ⇒ Monitor and assist local delegated programs.
- ⇒ Educate citizens regarding the safe handling of food.
- ⇒ Develop guidelines for the safe consumption of fish.

Protect the quality of indoor environments:

- ⇒ Develop standards for safe levels of contaminants in air and abatement methods for asbestos and lead.
- ⇒ Monitor the exposure of citizens to lead and issue guidelines on screening and treatment.
- ⇒ Issue guidelines on cleaning contaminants from clandestine methamphetamine laboratory activities.
- ⇒ Focus attention on children to ensure they are protected from harmful chemicals and other hazards.
- ⇒ Develop a birth defects information system to understand, treat, and prevent birth defects.
- ⇒ Review health impacts of sites that emit hazardous substances.
- ⇒ Inspect and monitor lodging, manufactured home parks, and recreational camping areas.
- ⇒ License and inspect use of radioactive materials.
- ⇒ Educate citizens, communities, and medical professionals.

Historical Perspective

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

Activity at a Glance

- ◆ Monitor more than 8,000 public water systems. More than 95% of people served by community water systems receive water that meets all health-based drinking water standards.
- ◆ Sample private wells and issue drinking water advisories. In 2006, 289 private wells were sampled and 461 advisories were issued.
- ◆ Assure safe food, drinking water, lodging, and swimming pools in 21,000 licensed restaurants and hotels statewide. 7,000 certified food managers are registered annually.
- ◆ Assure asbestos and well contractors comply with codes for their work, which are both currently at a 96% compliance rate.
- ◆ Promote radon awareness and mitigation in homes. Since 1-1-05, contractors have reported 1,353 successful mitigations.
- ◆ Respond to environmental health threats during natural disasters and biological, chemical and radiological emergencies.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Narrative

Key Measures

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

	History 1987	History 2000	Current 2006	Target 2009
Number of wells sealed (cumulative)	3,275	149,000	200,000	225,000

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

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

	Baseline 1995	Past 2003	Current 2005	Target 2010
Elevated blood lead reported to MDH	11.6%	2.7%	1.8%	0%

Source: MDH Environmental Health Services Section

⇒ 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.

	Requirement Start 2000	History 2001	Current 2005	Target 2007
Establishments with a CFM	0	74%	82%	85%

Source: MDH Environmental Health Services Section

⇒ Train school coordinators so all schools have an indoor air quality management plan.

	2001	2002	2003	2004	2005
Schools meeting EPA criteria for a plan	36%	68%	73%	82%	84%
Schools completing Minn. requirements for a plan	n/a	57%	64%	76%	79%

Source: MDH Indoor Air Unit *All data are cumulative (includes prior years). n/a=not applicable*

Activity Funding

The division 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, the division also receives federal funds, Special Revenue Funds, Drinking Water Revolving Funds, and resources from other miscellaneous funds.

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	2,512	2,642	2,580	2,580	5,160
State Government Spec Revenue	16,017	18,535	19,153	19,153	38,306
Open Appropriations					
State Government Spec Revenue	188	195	195	195	390
Statutory Appropriations					
Drinking Water Revolving Fund	447	452	452	452	904
Misc Special Revenue	1,699	1,710	405	407	812
Federal	8,349	9,952	7,713	7,713	15,426
Remediation Fund	166	34	0	0	0
Gift	15	0	0	0	0
Total	29,393	33,520	30,498	30,500	60,998
<u>Expenditures by Category</u>					
Total Compensation	18,136	19,265	19,166	19,164	38,330
Other Operating Expenses	10,124	13,734	12,884	12,888	25,772
Local Assistance	1,133	721	479	479	958
Transfers	0	(200)	(2,031)	(2,031)	(4,062)
Total	29,393	33,520	30,498	30,500	60,998
Full-Time Equivalents (FTE)	257.6	268.9	253.1	253.1	

Activity Description

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division provides statewide leadership to protect Minnesotans from infectious diseases.

Population Served

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

Services Provided**Prepare for emergencies:**

- ⇒ Develop and maintain statewide pandemic influenza, mass vaccination, and mass antibiotic distribution plans.
- ⇒ Monitor for unusual patterns of respiratory illness.
- ⇒ 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 and how to control them.
- ⇒ Help medical professionals manage persons ill with, or exposed to, infectious disease.
- ⇒ Maintain food-borne illness hotline to receive citizen complaints and detect outbreaks.

Manage disease prevention and control programs:

- ⇒ Manage treatment of and provide medications for tuberculosis (TB) cases to prevent spread of disease.
- ⇒ Distribute publicly purchased vaccines for children whose families are unable to afford them.
- ⇒ Provide leadership for development of a statewide immunization information collection system.
- ⇒ Investigate cases of Human Immunodeficiency Virus (HIV), sexually transmitted diseases (STDs), TB, and other communicable diseases.
- ⇒ Conduct follow-up activities to facilitate treatment and counseling of HIV, STDs, and TB cases to prevent disease transmission.
- ⇒ 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:

- ⇒ 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.

Activity at a Glance

- ◆ Develop systems to respond to biological terrorism and other emergencies.
- ◆ Detect state and national outbreaks such as multidrug-resistant salmonellosis associated with "pocket-pet" rodents, and *E. coli* O157:H7 associated with pre-packaged salads.
- ◆ Investigate intestinal disease outbreaks (more than 4,000 persons were affected in 2003).
- ◆ Provide funding for STD and HIV testing (In 2005, Minnesota Department of Health (MDH) funded clinics that tested more than 28,000 people for STDs, treated more than 2,000 infected persons, and tested 10,500 people for HIV).
- ◆ Coordinate programs to immunize 70,000 babies annually to prevent serious diseases.
- ◆ Manage treatment for TB cases (199 in 2005 and evaluated 967 contacts to cases).
- ◆ Investigate the spread of West Nile virus (45 cases and three deaths in 2005).
- ◆ Coordinate health screenings for newly arrived refugees-in 2005, 97% received a screening within three months of arrival.

Provide grants to local public health agencies and nonprofit organizations:

- ⇒ Administer grant contracts, including 21 agencies to deliver HIV/STD prevention programs, and 22 HIV and 37 STD testing sites.
- ⇒ Involve high-risk communities, the medical community, and concerned citizens in assessing, planning, implementing, and evaluating solutions to infectious disease problems that affect them. Task forces and advisory committees have been established to address issues such as immunizations, TB, HIV/STD, and immigrant health.

Support the 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 and pandemic flu) 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, and Minnesota reported 559 cases and three deaths. With increased focus on immunizing every baby, only 35 measles cases have occurred in the last 10 years. 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. However, preliminary analyses of 2006 HIV data indicate that there will be a substantial increase in the number of new HIV cases in 2006. Preventing HIV infection and Acquired Immune Deficiency Syndrome (AIDS) cases provides enormous cost savings. As a result of the effectiveness of HIV prevention programs in averting new infections, research suggests that Minnesotans have avoided half a billion dollars in medical costs.
- ⇒ The number of confirmed food-borne disease outbreaks has increased substantially over the past 15 years, from 12 in 1990 to 52 in 2005. 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. MDH estimates that 450,000 cases of food-borne illness occur each year in Minnesota.
- ⇒ IDEPC led Minnesota's response to emerging infectious diseases, including West Nile virus, Monkeypox, and Severe Acute Respiratory Syndrome (SARS) in the last several 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%

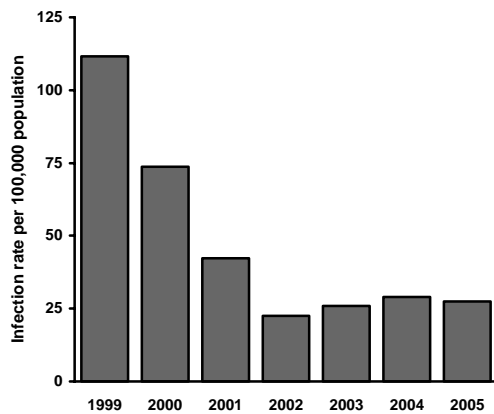
Source: MDH Retrospective Kindergarten Immunization Survey

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

History	History	History	Current	Target
1996	2000	2002	2004	2006
63%	79%	84%	91%	91 %
(n=78)	(n=136)	(n=184)	(n=171)	

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 five years old by 75%.



Source: MDH Infectious Disease Surveillance System.

Activity Funding

This activity is funded primarily (approximately 90%) 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

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	4,439	5,147	4,417	4,417	8,834
State Government Spec Revenue	100	157	157	157	314
Statutory Appropriations					
Misc Special Revenue	505	790	601	591	1,192
Federal	15,161	17,811	16,590	16,586	33,176
Gift	10	991	250	250	500
Total	20,215	24,896	22,015	22,001	44,016
<u>Expenditures by Category</u>					
Total Compensation	11,429	12,496	11,808	11,804	23,612
Other Operating Expenses	5,011	7,985	5,958	5,948	11,906
Payments To Individuals	9	2	2	2	4
Local Assistance	3,766	4,413	4,247	4,247	8,494
Total	20,215	24,896	22,015	22,001	44,016
Full-Time Equivalent (FTE)	165.1	144.2	141.5	141.5	

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

Activity at a Glance

- ◆ Analyzed 55,962 clinical specimens for infectious bacteria, viruses, fungi, and parasites in FY 2006.
- ◆ Performed 76,301 tests to detect chemical and bacterial contaminants in water, soil, and air in FY 2006.
- ◆ Screened 70,696 newborn babies for more than 50 treatable, life-threatening congenital and heritable disorders FY 2006.
- ◆ Certified 156 public and private environmental laboratories to assure quality in FY 2006.

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 over 50 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. Construction of a new laboratory building was completed in 2005, and the PHL relocated to the new building in November 2005.

Key Measures

⇒ 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 1993-2005	Estimate* (FY 2006)	Actual** (FY 2006)	Estimate* (FY 2007)
32-79 (range)	80	86	100

Source: *Minnesota Public Health Laboratory*

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

** The 2007 estimate of 100 includes Cystic Fibrosis testing as part of the panel of disorders for screening.

⇒ Improve Minnesota laboratory preparedness for pandemic influenza.

- ◆ Develop PHL testing capability to detect and characterize influenza-like illnesses, including avian influenza or other potentially pandemic influenza strains.
- ◆ Provide laboratory preparedness training to members of the laboratory response network (LRN) at locations throughout the state. Training will include tabletop exercises designed to improve laboratory preparedness for pandemic influenza.

Number of laboratory preparedness training conferences for laboratory professionals.

Historical FY 2006	Estimate* (FY 2007)
10	10

Source: *Minnesota Public Health Laboratory*

Activity Funding

The laboratory is funded by appropriations from the General Fund and state government Special Revenue Fund. It also receives federal and Special Revenue Funds.

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: PUBLIC HEALTH LABORATORY

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	2,236	2,718	2,171	2,171	4,342
State Government Spec Revenue	5,064	6,170	4,472	4,472	8,944
Statutory Appropriations					
Misc Special Revenue	3,117	4,682	3,449	3,449	6,898
Federal	4,482	4,662	3,907	3,907	7,814
Total	14,899	18,232	13,999	13,999	27,998
<u>Expenditures by Category</u>					
Total Compensation	7,976	9,108	8,022	8,022	16,044
Other Operating Expenses	6,922	9,101	5,954	5,954	11,908
Payments To Individuals	1	0	0	0	0
Local Assistance	0	23	23	23	46
Total	14,899	18,232	13,999	13,999	27,998
Full-Time Equivalent (FTE)	129.5	131.7	131.5	131.5	

Activity Description

The Office of Emergency Preparedness (OEP) provides strategic leadership and coordination to ensure statewide readiness to rapidly identify and effectively respond to threats or actual events of bioterrorism, pandemic influenza, outbreaks of infectious disease, and other public health emergencies. The program has a focus on training, exercises, and steady improvement in response capability.

Population Served

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

Services Provided

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

- ⇒ Leads planning, development, and implementation of Minnesota Department of Health's (MDH) 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).
- ⇒ 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. Maintains pre-deployed federal and state assets that are distributed regionally.
- ⇒ Conducts a variety of needs assessments of the public health and healthcare system capacities related to bioterrorism and other infectious disease outbreaks and emergencies.
- ⇒ Assesses statutes and regulations, and proposes changes within the state and local public health jurisdictions regarding authority for implementing emergency health measures.
- ⇒ Operates the health alert network, the department's tool for timely threat communications to local public health, hospitals, and other health care providers.
- ⇒ Coordinates the development of education and training materials for building the capacity of local public health and the health care system to respond to threats of terrorism and other infectious disease.
- ⇒ Administers (in conjunction with the department's Community and Family Health Division) almost \$8 million in grants to community health boards and tribes, and over \$5 million in grants to hospitals to build public health and health care preparedness.
- ⇒ Coordinates the activities of staff located throughout MDH in implementing grant objectives, and works with local public health partners and other 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. This grant has expanded to include the cities readiness initiative to distribute medications in the metropolitan area and the pandemic influenza grant. A grant from HRSA supports preparedness efforts involving the department, hospitals, and other healthcare system partners.

Activity at a Glance

- ◆ Conduct comprehensive planning with partners to protect the health of Minnesotans in emergencies.
- ◆ Set baseline response expectations and manage reporting mechanisms to assure response readiness.
- ◆ Measure response and recovery effectiveness, identifying program gaps and implementing improvement actions.
- ◆ Assure capacity to manage communication before, during, and after a health emergency
- ◆ Provide training and exercises to enhance the efforts of health responders.
- ◆ Develop and manage systems to support the effective use of health volunteers.

Key Measures**Assessment and Training:**

Assess state and local capacity to respond to a health threat. Implement training and technical assistance to address performance standards set by the CDC and HRSA grant while also addressing Minnesota-specific needs. Build capacity of local public health and the health care system for just-in-time training by the installation, testing, and use of distance learning technology.

Planning and Coordination:

Develop and test plans for all aspects of local, regional, and statewide incident response in consultation with partners, who may be involved in response to a health threat. Develop emergency preparedness and response systems to support response efforts. Exercise and fully test the public health and health care system's ability to rapidly detect, respond to, and recover from a public health emergency.

Communication:

Operate the health alert network and enhance the electronic systems that support it. Plan, implement, and test communication systems to assure MDH staff 24/7 alert; 24/7 alert of local public health, tribes, and hospital emergency departments; inter-agency communication about emergency events; and maintain a web-based secure site for vital information transactions during a health threat event.

⇒ Percent of MDH staff called to set up the department operations center who responded within 60 minutes.

	2002	2004	Current	Target
Percent of staff responding in 60 minutes	N/A	N/A	78%	100%

⇒ The number of emergency preparedness trainings held by city and county public health agencies (N = 91), Tribes (N = 11) and hospitals (N = 140).

Partners	2002	2004	Current	Target
City and County Public Health	N/A	N/A	1,162	1,200
Hospitals	N/A	N/A	405	500
Pandemic Influenza	N/A	N/A	695	1000

⇒ Percentage of public health agencies, tribes and hospitals that respond to health alerts within two hours.

Partners	2000	2004	Current	Target
City and County Public Health	50%	100%	86%	100%
Tribes	N/A	64%	N/A	100%
Hospitals	N/A	48%	N/A	100%

Activity Funding

The OEP is funded with federal funds and with appropriations from the General Fund.

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: OFFICE EMERGENCY PREPAREDNESS

Budget Activity Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	0	1,511	0	0	0
Statutory Appropriations					
Misc Special Revenue	82	10	0	0	0
Federal	4,538	6,949	4,152	4,152	8,304
Total	4,620	8,470	4,152	4,152	8,304
<u>Expenditures by Category</u>					
Total Compensation	2,412	3,144	2,639	2,639	5,278
Other Operating Expenses	2,208	5,296	1,483	1,483	2,966
Local Assistance	0	30	30	30	60
Total	4,620	8,470	4,152	4,152	8,304
Full-Time Equivalents (FTE)	32.2	30.6	28.8	28.8	

Program Description

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

Population Served

This activity serves Minnesota's tribal communities and populations of color, who are American Indian (59,987), African/African American (218,455), Asian American (179,344), and Hispanic/Latino American (186,912).

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 organizations; 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 the health care delivery system.
- ⇒ Coordinate Minnesota Department of Health (MDH) health disparity 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/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 within each community of color and local community meetings regarding minority health issues.
- ⇒ Partner with existing MDH grant programs to increase their impact on closing health disparities gaps.

Ensure valid, available, and reliable data about the health status of 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 toward reducing health disparities.
- ◆ Award grants (16 in 2006) to address immunizations for adults and children and infant mortality in American Indians and populations of color.
- ◆ Award grants (57 in 2006) 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 (20 in 2006) to promote healthy youth development by promoting healthy nutrition, and reduce infant mortality by addressing high teen pregnancies rates in American Indians and populations of color.
- ◆ Mobilize and work with populations of color and American Indians to take responsibility for their own health.

Historical Perspective

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

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: 1980-2000

Racial/Ethnic Group	1980 Census	1990 Census	2000 Census ¹	2005 Census ¹	Average Annual Percent Change	1980–2005 Percent Change
African American	53,344	94,944	171,731	218,455	12.9	309.5
American Indian	35,016	49,909	54,967	59,987	3.0	71.3
Asian	32,226	77,886	143,947	179,344	19.0	456.5
Hispanic	32,123	53,884	143,382	186,912	20.1	481.8
White	3,935,770	4,130,395	4,400,282	4,600,774	0.7	16.8
Total Population²	4,075,970	4,375,099	4,919,479	5,132,799	1.1	25.9

Source: U.S. Bureau of Census

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

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

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 one, per 1,000 births

<i>Racial/Ethnic Group</i>	History		Current	Target
	1989-1993	1995-1999	1999-2003	2010
American Indian	16.2	13.5	9.9	9.5
Asian/Pacific Islander	6.2	7.1	5.9	6.3
Black/African American	16.5	13.2	10.2	6.4
Hispanic or Latino	7.3	7.0	6.1	6.3
White Population	6.4	5.5	4.8	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 two

<i>Racial/Ethnic Group</i>	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 is funded by appropriations from the General Fund and also receives federal funding.

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HEALTH DEPT

Program: MINORITY & MULTICULTURAL HLTH

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	6,190	8,051	8,051	8,051	16,102
Technical Adjustments					
Approved Transfer Between Appr			(3,069)	(3,069)	(6,138)
Forecast Base	6,190	8,051	4,982	4,982	9,964
State Government Spec Revenue					
Current Appropriation	335	335	335	335	670
Technical Adjustments					
Approved Transfer Between Appr			(335)	(335)	(670)
Forecast Base	335	335	0	0	0
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	4,891	5,024	4,982	4,982	9,964
Federal Tanf	0	0	2,421	2,421	4,842
Statutory Appropriations					
Misc Special Revenue	37	128	27	27	54
Federal	100	344	92	92	184
Federal Tanf	2,300	2,482	0	0	0
Total	7,328	7,978	7,522	7,522	15,044
<u>Expenditures by Category</u>					
Total Compensation	491	650	566	566	1,132
Other Operating Expenses	258	567	256	256	512
Local Assistance	6,579	6,761	6,700	6,700	13,400
Total	7,328	7,978	7,522	7,522	15,044
<u>Expenditures by Activity</u>					
Minority & Multicultural Hlth	7,328	7,978	7,522	7,522	15,044
Total	7,328	7,978	7,522	7,522	15,044
Full-Time Equivalent (FTE)	6.4	7.0	7.0	7.0	

Program Description

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

Budget Activities

- ⇒ Administrative Services
- ⇒ Executive Office

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	5,402	5,402	5,402	5,402	10,804
Technical Adjustments					
Approved Transfer Between Appr			3,069	3,069	6,138
Forecast Base	5,402	5,402	8,471	8,471	16,942
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	6,642	8,533	8,471	8,471	16,942
Statutory Appropriations					
Misc Special Revenue	19,020	20,090	20,534	20,691	41,225
Federal	251	247	256	256	512
Gift	0	13	0	0	0
Total	25,913	28,883	29,261	29,418	58,679
<u>Expenditures by Category</u>					
Total Compensation	10,388	11,694	11,772	11,772	23,544
Other Operating Expenses	15,525	17,189	17,489	17,646	35,135
Total	25,913	28,883	29,261	29,418	58,679
<u>Expenditures by Activity</u>					
Administrative Support Service	23,290	25,940	26,233	26,390	52,623
Executive Office	2,623	2,943	3,028	3,028	6,056
Total	25,913	28,883	29,261	29,418	58,679
Full-Time Equivalent (FTE)	143.6	141.6	141.2	141.2	

Activity Description

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

Population Served

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

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

Activity at a Glance

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

Services Provided**Facilities Management:**

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

Financial Management:

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

Human Resources:

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

Information Systems and Technology Management:

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

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
2004	2006	2008
99.6%	98.9%	99.6%

Source: Department of Finance Prompt Payment Report

⇒ The department will increase the percentage of people of color in the MDH workforce.

History	Current	Target
2004	2006	2008
10.7%	10.1%	12%

⇒ The Office of Enterprise Technology is advancing project management as a tool to reach information technology (IT) goals and objectives. MDH has set a goal of 100% for IT projects to be implemented using project management methodologies.

History	Current	Target
2004	2006	2008
60% (est.)	100%	100%

⇒ The Department of Health will increase the number of workstations using a consistent, secure configuration.

History	Current	Target
2004	2006	2008
NA	< 10%	50%

Activity Funding

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

Contact

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HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: ADMINISTRATIVE SUPPORT SERVICE

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2006	FY2007	FY2008	FY2009	2008-09
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	5,787	7,653	7,608	7,608	15,216
Statutory Appropriations					
Misc Special Revenue	17,503	18,285	18,625	18,782	37,407
Gift	0	2	0	0	0
Total	23,290	25,940	26,233	26,390	52,623
<u>Expenditures by Category</u>					
Total Compensation	8,286	9,315	9,300	9,300	18,600
Other Operating Expenses	15,004	16,625	16,933	17,090	34,023
Total	23,290	25,940	26,233	26,390	52,623
Full-Time Equivalents (FTE)	119.0	115.3	115.3	115.3	

Activity Description

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

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

Activity at a Glance

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

Population Served

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

Services Provided**Commissioner's Office:**

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

Government Relations:

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

Communications:

- ⇒ The communications office is responsible for leading and coordinating communications on statewide public health issues and programs.
- ⇒ 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 web site and helps to coordinate community outreach.

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 department 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 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

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2008-09
	FY2006	FY2007	FY2008	FY2009	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	855	880	863	863	1,726
Statutory Appropriations					
Misc Special Revenue	1,517	1,805	1,909	1,909	3,818
Federal	251	247	256	256	512
Gift	0	11	0	0	0
Total	2,623	2,943	3,028	3,028	6,056
<u>Expenditures by Category</u>					
Total Compensation	2,102	2,379	2,472	2,472	4,944
Other Operating Expenses	521	564	556	556	1,112
Total	2,623	2,943	3,028	3,028	6,056
Full-Time Equivalents (FTE)	24.6	26.3	25.9	25.9	

HEALTH DEPT

Agency Revenue Summary

Dollars in Thousands

	Actual FY2006	Budgeted FY2007	Current Law		Biennium 2008-09
			FY2008	FY2009	
<u>Non Dedicated Revenue:</u>					
Departmental Earnings:					
State Government Spec Revenue	32,062	33,283	33,901	33,923	67,824
Other Revenues:					
General	9	0	0	0	0
State Government Spec Revenue	29	0	0	0	0
Total Non-Dedicated Receipts	32,100	33,283	33,901	33,923	67,824
<u>Dedicated Receipts:</u>					
Grants:					
Drinking Water Revolving Fund	447	452	452	452	904
Misc Special Revenue	698	517	467	457	924
Federal	187,359	231,473	195,933	195,789	391,722
Federal Tanf	5,806	6,135	0	0	0
Other Revenues:					
Misc Special Revenue	31,400	32,107	33,191	33,385	66,576
Federal	625	683	583	583	1,166
Medical Education & Research	59,458	88,865	71,967	71,967	143,934
Miscellaneous Agency	94	0	0	0	0
Gift	437	512	250	250	500
Total Dedicated Receipts	286,324	360,744	302,843	302,883	605,726
Agency Total Revenue	318,424	394,027	336,744	336,806	673,550