

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

**AT A GLANCE**

- Use the best scientific data and methods available to guide policies and actions that protect, maintain and improve the health of all Minnesotans and help ensure the conditions in which all people can be healthy.
- Successfully meet rigorous standards set by the Public Health Accreditation Board each year.
- Secure federal funding to support critical public health activities in the state—more than \$260 million in FY 2015.
- Provide guidance and oversight for nearly \$300 million in outgoing grants to 500 unique grantees.
- Maintain a highly skilled workforce of nearly 1,550 people that includes MDs, PHD's, nurses, health educators, biologists, chemists, epidemiologists and engineers.

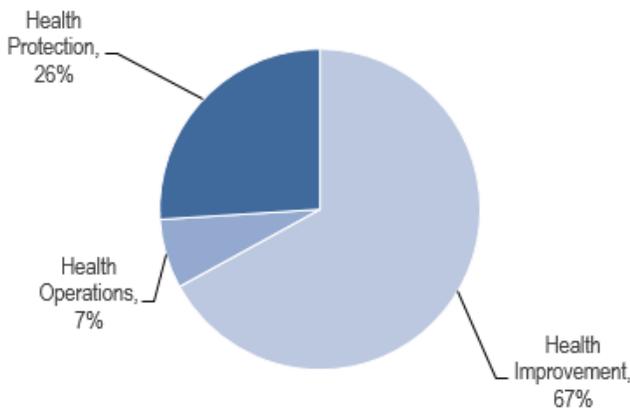
**PURPOSE**

The Minnesota Department of Health (MDH) mission 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, while promoting clean water and air, safe food, quality health care and healthy living. The department works to improve the equity of health outcomes in the state by incorporating health equity considerations into every decision or activity in which the department is engaged. MDH carries out its mission in close partnership with local public health departments, tribal governments, the federal government and many health-related organizations. In meeting its responsibilities, the department recognizes the strong relationship between population health and other government policies. As a result, MDH impacts many goals and outcomes for the state including:

- **All Minnesotans have optimal health**
- **Strong and stable families and communities**
- **People in Minnesota are safe**
- **A clean, healthy environment with sustainable uses of natural resources**
- **Minnesotans have the education and skills needed to achieve their goals**
- **Efficient and accountable government services**

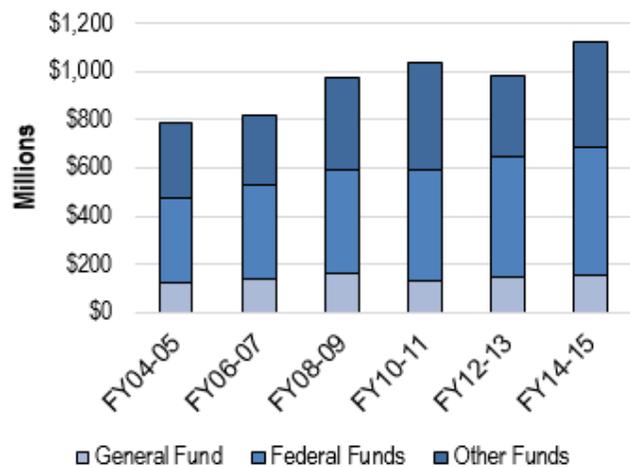
**BUDGET**

**Spending by Program  
FY 15 Actual**



Source: SWIFT

**Historical Spending**



Source: Consolidated Fund Statement

## STRATEGIES

The MDH vision is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. While Minnesota ranks as one of the healthiest states in the nation, a 2014 MDH report ([http://www.health.state.mn.us/divs/chs/healthequity/ahe\\_leg\\_report\\_020114.pdf](http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020114.pdf)) found significant and persistent disparities in health outcomes. The report found these disparate outcomes exist because the opportunity to be healthy is not equally available everywhere for everyone in the state. Furthermore, these disparities have a negative impact on the health of all Minnesotans, preventing all Minnesotans from achieving their full health potential. For these reasons, MDH has made advancing health equity a major priority. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

MDH's Strategic Plan: 2015-2019 (<http://www.health.state.mn.us/about/strategicplan.pdf>) has several strategies for intentionally changing the way we approach our work:

- Build a shared understanding and internal capacity for advancing health equity.
- Identify and creatively address barriers to working differently.
- Change systems, structures and policies that perpetuate inequities and structural racism.
- Listen authentically to and partner with communities.
- Improve the collection, analysis and use of data for advancing health equity.
- Communicate our commitment to advancing health equity.

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The Department of Health is governed by a number of statutes. Most sections governing department activities are in:

M.S. Chapters 144 (<https://www.revisor.mn.gov/statutes/?id=144>)

M.S. Chapters 145 (<https://www.revisor.mn.gov/statutes/?id=145>)

M.S. Chapter 145A (<https://www.revisor.mn.gov/statutes/?id=145A>)

M.S. Chapters 62J. (<https://www.revisor.mn.gov/statutes/?id=62j>)

Each activity narrative lists additional relevant statutes.

Program: Health Improvement

**AT A GLANCE**

**ACTIVITIES**

- Community and Family Health
- Health Promotion and Chronic Disease
- Health Equity
- Statewide Health Improvement
- Health Partnerships
- Health Policy
- Medical Cannabis

**PURPOSE & CONTEXT**

Activities in the Health Improvement budget program are responsible for maintaining and improving the health of all Minnesotans. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Improvement reflects a summation of activities under this budget program area.

**Program:** Health Improvement  
**Activity:** Community and Family Health

<http://www.health.state.mn.us/divs/cfh/program/cfh>

#### AT A GLANCE

- Healthy food and nutrition services provided to over 193,000 pregnant women and young children.
- Prenatal, parenting, child safety and other support services provided to more than 10,000 pregnant and parenting women.
- Family planning counseling services provided to more than 48,000 high-risk individuals.
- Home visiting services provided to more than 9,200 at-risk families.
- More than 31,000 children with special health needs and their families connected to supports and services.
- Teen pregnancy prevention efforts reached more than 28,000 teens.
- Commodity foods provided to over 15,000 low-income seniors.

#### PURPOSE & CONTEXT

Research shows individuals' health outcomes can be greatly influenced by their early-life experiences. The Community and Family Health Division improves long-term health outcomes by providing early services to Minnesota children and families. The division's services focus on populations experiencing disparities in health outcomes: families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs. The division seeks to improve those factors that predict a child's success: being born healthy; raised in a safe, stable and nurturing environment; early identification of problems and appropriate intervention; avoiding teen pregnancy and substance use; and graduating from high school

#### SERVICES PROVIDED

- **Improve outcomes for children by giving them the healthy food they need for a strong body and brain.** The WIC program improves the health and nutritional status of pregnant and postpartum women, infants, and young children, by providing breastfeeding resources and support, connecting families to community services, and providing personalized nutrition consultation and nutritious food. The program also authorizes, trains, and monitors Minnesota WIC food retailers.
- **Increase the proportion of pregnancies that are planned, so families are better prepared to raise a child.** The Maternal and Child Health program provides pre-pregnancy family planning funds, oversight and technical assistance to community-based grantees. The program ensures that family planning services are available to low-income and high risk individuals across the state.
- **Support adolescents and their families so adolescents are better prepared to do well in school and to graduate.** In partnership with grantees, local public health and youth-serving organizations, the Maternal and Child Health program offers teen and parent education, trains providers on supporting healthy behaviors and works with communities to support families in their development of strong, caring relationships with youth.
- **Identify children with special needs early so that they can receive services and support to help them perform better in school and in life.** The Children and Youth with Special Health Needs program develops standards, trains providers and provides funds to local public health agencies so that infants and children can access early, ongoing screening, intervention and follow-up services. Children with health, developmental, or social emotional challenges that are identified early and who receive appropriate support services are better able to catch up with their peers.
- **Support families at risk for child abuse and neglect, poor health, and poor school performance.** The Family Home Visiting program funds and provides grant oversight, training on best practices, and evaluation of public health efforts to improve the health and development of Minnesota's infants and young children. Evidenced-based home visiting programs have been shown to reduce child abuse and neglect, improve maternal and child health, improve a child's readiness for school and improve family economic stability.
- **Help children and youth with special health care needs reach their full potential.** The Children and Youth with Special Health Needs program follows infants and young children with special needs, including 46 specific birth

defects, those who are deaf or hard of hearing or have an inherited condition to ensure they are connected to public health, primary and specialty care and community resources. Children and families connected early to appropriate services do better than if they receive services later in life.

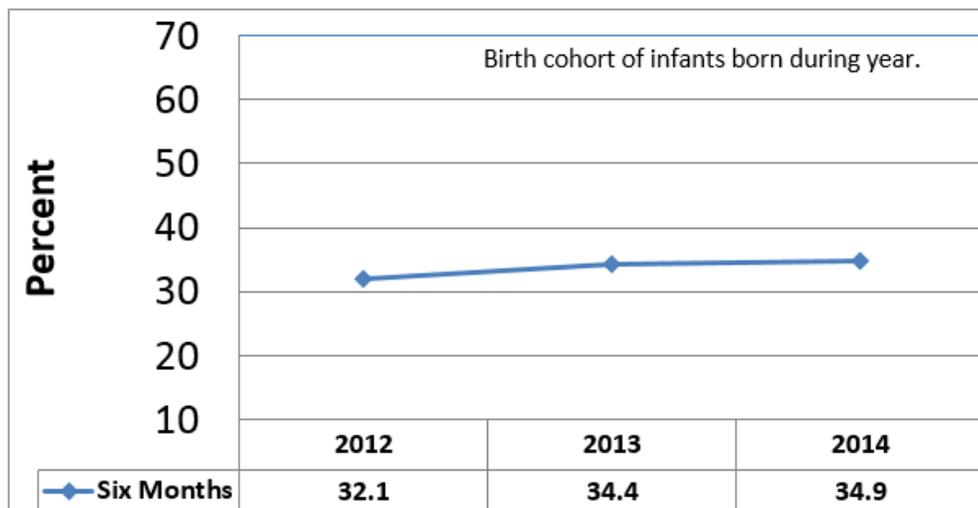
- **Help young children develop the skills they need to be ready for kindergarten.** The Children and Youth with Special Health Needs and Maternal and Child Health programs provide trainings and clinical assistance to health care providers to screen children for developmental and mental health delays, and screen their mothers for depression. The programs have established policies and clinical protocols and provide educational materials for clinics and others.
- **Improve the health of women so that babies are born healthy.** The Maternal and Child Health program encourages early access to prenatal care, provides necessary support services to high-risk pregnant women, and encourages preventive care and increased knowledge of healthy behaviors prior to and during pregnancy. The program collects, analyzes and reports data, develops standards and protocols and trains and shares best practices with providers.

## RESULTS

### Breastfeeding

Breastfed babies are less likely to suffer from serious illnesses, such as asthma and ear infections. There is a 15-30 percent reduction in adolescent and adult obesity rates if any breastfeeding occurred in infancy. The WIC program serves over 40 percent of infants born in Minnesota. The Minnesota WIC Program works in partnership with others to help create an environment supportive of breastfeeding.

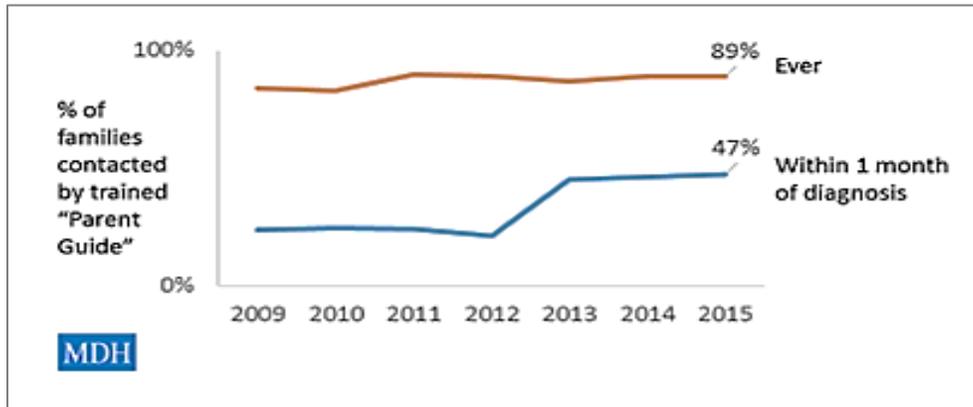
Percent of Minnesota WIC Infants Breastfeeding at Six Months of Age by Year



## Families of Children who are Deaf and Hard of Hearing Connected to Family Support

Research shows that infants identified by six months of age and who receive early intervention services have significantly larger vocabularies and have better language skills than those whose hearing loss is discovered after six months. MDH actively follows up with families to assure they understand the importance of early identification and intervention. MDH works to improve the system so that there is timely connections to support services for every child born with a hearing loss.

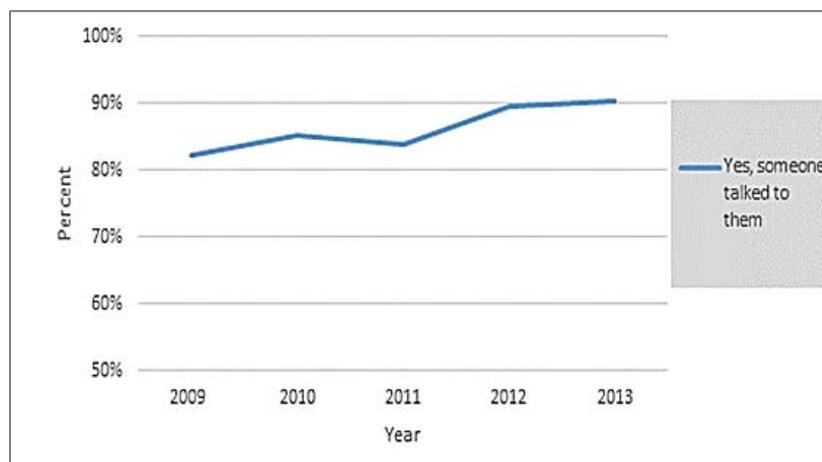
About 90% of families of children with permanent hearing loss were provided support from an experienced and trained parent guide.



## Maternal Depression

One of the most common complications of having a child is maternal depression. A mother with maternal depression has an increased risk for other health problems. Maternal Depression can reduce the mother's interaction with her child, leading to delays in expected development. MDH assists clinics in implementing maternal depression screening of mothers during well-child visits. The family home visiting program administers maternal depression screenings, connecting at-risk mothers to further assessment and treatment.

Percent of postpartum women who report a health care provider talked with them about postpartum depression.



## STATUTES

144.2215 Minnesota Birth Defects Information System (<https://www.revisor.mn.gov/statutes/?id=144.2215>)

144.574 Dangers of Shaking Infants and Young Children (<https://www.revisor.mn.gov/statutes/?id=144.574>)

144.966 Early Hearing Detection and Intervention Program (<https://www.revisor.mn.gov/statutes/?id=144.966>)

145.4235 Positive Abortion Alternatives Program (<https://www.revisor.leg.state.mn.us/statutes/?id=145.4235>)

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145.4243 Woman's Right to Know Printed Information (<https://www.revisor.mn.gov/statutes/?id=145.4243>)  
145.88 Maternal and Child Health (<https://www.revisor.mn.gov/statutes/?id=145.88>)  
145.891 Maternal and Child Health Nutrition Act of 1975 (<https://www.revisor.mn.gov/statutes/?id=145.891>)  
145.898 Sudden Infant Death (<https://www.revisor.mn.gov/statutes/?id=145.898>)  
145.899 WIC Vouchers for Organics (<https://www.revisor.mn.gov/statutes/?id=145.899>)  
145.901 Maternal Death Studies (<https://www.revisor.mn.gov/statutes/?id=145.901>)  
145.905 Location for Breast-Feeding (<https://www.revisor.mn.gov/statutes/?id=145.905>)  
145.906 Postpartum Depression Education and Information (<https://www.revisor.mn.gov/statutes/?id=145.906>)  
145.925 Family Planning Grants (<https://www.revisor.mn.gov/statutes/?id=145.925>)  
145.9255 Minnesota Education Now and Babies Later (<https://www.revisor.mn.gov/statutes/?id=145.9255>)  
145.9261 Abstinence Education Grant Program (<https://www.revisor.mn.gov/statutes/?id=145.9261>)  
145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant (<https://www.revisor.mn.gov/statutes/?id=145.9265>)  
145A.14 Subd. 2a Tribal Governments (<https://www.revisor.mn.gov/statutes/?id=145A.14>)  
145A.17 Family Home Visiting Program (<https://www.revisor.mn.gov/statutes/?id=145A.17>)

**Program: Health Improvement**  
**Activity: Health Promotion and Chronic Disease**

<http://www.health.state.mn.us/divs/hpcd/index.html>

**AT A GLANCE**

- Registered 27,210 newly-diagnosed invasive cancers in 2013 in the Minnesota Cancer Surveillance System.
- Screened 10,500 low-income women for breast and/or cervical cancer in 2015 and detected 108 cancers.
- Provided grant funding to the Minnesota Brain Injury Association, which provided medical follow-up, employment, education and family counseling services in 2015 to 24,614 Minnesotans with a traumatic brain or spinal cord injury.
- Trained 130 people statewide to be Diabetes Prevention Program lifestyle coaches and to provide classes to people at risk of developing diabetes.
- Provided grant funding to the Poison Control System, which responded to 42,583 calls in 2015 regarding patients who either were poisoned or were in danger of being poisoned.

**PURPOSE & CONTEXT**

In the last 60 years, chronic diseases and injury have emerged as a significant threat to the overall health and well-being of people in Minnesota. Chronic diseases are ongoing, generally incurable illness or conditions, such as heart disease, asthma, cancer and diabetes. These diseases are often preventable and frequently manageable through early detection, improved diet, exercise and treatment therapy. Chronic diseases and injuries exact a substantial toll on the health of the population by contributing to long-term disability and often diminishing the quality of life. Chronic diseases accounted for the seven leading causes of death in Minnesota.

The occurrence and consequences of chronic diseases and injuries are not equally distributed across the population, but vary by gender, socioeconomic status, race and ethnicity, age, insurance status, geography and sexual orientation. The annual cost to the health care system of treating chronic diseases in Minnesota is more than \$5 billion, and the cost to Minnesota employers for missed workdays and lower

employee productivity is more than \$17 billion. However, the greatest burden of chronic diseases falls on those who become ill and their families. The Health Promotion and Chronic Disease Division provides leadership in the prevention and management of chronic diseases and injury, promotes health equity and reduces health disparities in chronic disease and injury.

**Our Role**

- Monitor the burden of chronic diseases and injury, as well as their associated risk factors.
- Use data to drive all activities.
- Improve the effective delivery and use of clinical services to prevent and manage chronic diseases and injury
- Ensure that communities support and health systems refer patients to programs that improve management of chronic conditions

**SERVICES PROVIDED**

We help health systems implement changes that support the delivery of high-quality care for all patients, with targeted efforts for those most likely to be disabled or die from chronic diseases and injuries.

- Promote collaboration among public health, health systems and primary care clinics to advance systems changes that improve the delivery of cancer screening and other clinical preventive services.
- Develop and promote the adoption of victim-centered services designed to heal the trauma experienced by sexually exploited youth.
- Support guidelines and quality measures for early identification and management of risk factors for chronic diseases such as obesity, asthma, pre-diabetes, diabetes, hypertension and high cholesterol in health and clinic systems.
- Providing grants to improve health care, such as school-based dental sealant programs, clinic-based cancer screening and poison control.
- Paying health care providers to offer free breast, cervical and colorectal cancer screening, follow-up cancer diagnostic services and counseling to low-income, uninsured and underinsured Minnesotans.

We facilitate community-clinical linkages to improve the management of chronic conditions.

- Disseminate self-care and management education programs statewide, such as the Diabetes Prevention, Chronic Disease Self-Management and fall prevention programs.
- Develop curriculum to train Community Health Workers to work effectively with underserved and at-risk populations to prevent and manage chronic diseases.
- Support health care providers and systems, public health agencies and community-based organizations to implement statewide plans for heart disease, stroke, cancer, diabetes, asthma, oral health and injury and violence prevention.
- Providing a grant for medical follow-up, employment, education and family counseling sessions to Minnesotans with a traumatic brain or spinal cord injury.

We develop, collect and disseminate data—including data on health disparities—to inform chronic disease and injury prevention and management initiatives.

- Operate a statewide registry of all newly-diagnosed cancer cases.
- Analyze and report on the prevalence, disparities and trends related to deaths and disabilities related to heart disease, stroke, cancer, asthma, arthritis, diabetes, oral diseases, injuries, violence and poisoning.
- Collect, analyze and report on occupational health—to identify rates and trends of workplace hazards, illnesses and injuries—and establish priorities for educational and intervention programs.
- Use environmental public health tracking data and biomonitoring technologies to identify possible linkages between chronic diseases and environmental exposures.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of youth provided trauma – informed, culturally appropriate services, per year through MDH Safe Harbor Programs <sup>1</sup>	358	700	SFY2014 SFY2015
Quality	Percent of callers to the poison control center funded by HPCD who were treated at the site of exposure <sup>2</sup>	92%	92%	2003 2013
Quality	Percent of patients in HPCD’s stroke registry hospitals receiving appropriate therapy <sup>3</sup>	35%	87%	2008 2013
Quality	Percent of people served by the traumatic brain injury/spinal cord injury services program funded by HPCD who report being helped by the services and doing better in their life situation <sup>4</sup>	10%	89.7%	2006 2015
Result	Average percent bodyweight lost by people participating in MDH-sponsored lifestyle intervention programs to prevent type 2 diabetes. <sup>5</sup>	5.3%	4.3%	2007-09 2013-15

<sup>1</sup>Safe Harbor program evaluation data, number of youth provided trauma informed, victim centered services in the MDH Safe Harbor grantee programs

<sup>2</sup> Minnesota Poison Control System, 2003 and 2015 Annual Reports

<sup>3</sup> Minnesota Stroke Registry, 2008 and 2015, percent of eligible patients treated at participating hospitals and receiving tPA therapy

<sup>4</sup> Minnesota Brain Injury Alliance program data, 2006 and 2013. Life situations are defined as school, work, family, and community.

<sup>5</sup> Diabetes Prevention Program data, 2007-2009 and 2013-2015. In people with prediabetes, losing 5% of their body weight cuts the risk of developing type 2 diabetes in half.

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Statutes:

- 144.05 subd. 5 Firearms Data (<https://www.revisor.mn.gov/statutes/?id=144.05>)
- 144.492 Stroke Centers and Stroke Hospitals (<https://www.revisor.mn.gov/statutes/?id=144.492>)
- 144.497 ST Elevation Myocardial Infarction (<https://www.revisor.mn.gov/statutes/?id=144.497>)
- 144.6586 Notice of Rights to Sexual Assault Victim (<https://www.revisor.mn.gov/statutes/?id=144.6586>)
- 144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries (<https://www.revisor.mn.gov/statutes/?id=144.661>)
- 144.671 - 144.69 Cancer Surveillance System (<https://www.revisor.mn.gov/statutes/?id=144.671>)
- 144.995 - 144.998 Environmental Health Tracking and Biomonitoring (<https://www.revisor.mn.gov/statutes/?id=144.995>)
- 145.4711 - 145.4713 Sexual Assault Victims (<https://www.revisor.mn.gov/statutes/?id=145.4711>)
- 145.4715 Reporting Prevalence of Sexual Violence (<https://www.revisor.mn.gov/statutes/?id=145.4715>)
- 145.4716 - 145.4718 Safe Harbor for Sexually Exploited Youth (<https://www.revisor.mn.gov/statutes/?id=145.4716>)
- 145.56 Suicide Prevention (<https://www.revisor.mn.gov/statutes/?id=145.56>)
- 145.867 Persons Requiring Special Diets (<https://www.revisor.mn.gov/statutes/?id=145.867>)
- 145.93 Poison Control System (<https://www.revisor.mn.gov/statutes/?id=145.93>)
- 145.958 Youth Violence Prevention (<https://www.revisor.mn.gov/statutes/?id=145.958>)
- 256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer (<https://www.revisor.mn.gov/statutes/?id=256B.057>)

**Program: Health Improvement**

**Activity: Health Equity**

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

**AT A GLANCE**

- Increase attention to health inequities—released a major report in 2014 that received widespread recognition in Minnesota and nationally documenting the structural inequities that result in poor health in some communities.
- Distribute \$10 million in grants biannually to community-based organizations serving populations of color and American Indians through the Eliminating Health Disparities Initiative.
- Provide technical assistance to more than 150 community-based organizations from populations of color and American Indian communities, and to Minnesota’s 48 community health boards.
- Conduct the Minnesota Student Survey and the Behavioral Risk Factor Surveillance System to interface with over 162,000 students and 15,000 adults to gauge the health status of Minnesotans and analyze health trends in Minnesota.

**PURPOSE & CONTEXT**

Minnesota’s population is increasingly diverse. Some groups face significant social, economic and environmental barriers such as structural racism and a widespread lack of economic and educational opportunities. To fulfill the MDH mission of protecting, maintaining and promoting the health of all Minnesotans, the opportunity for health for all must be created.

The Minnesota Center for Health Equity was created in 2014 to build the capacity of MDH to provide statewide leadership and support with regard to achieving health equity.

Our Role:

- Monitor and analyze health disparities and how they relate to health equity.
- Recommend changes to policies and systems, both within MDH and throughout the state, to better address health inequities.
- Use data to analyze and track the impact of state policies on health equity.

- Identify and invest in best practices for local public health, health care and community partners to provide culturally responsive services and advance health equity

**SERVICES PROVIDED**

We serve as a technical resource for MDH, the State of Minnesota and community partners.

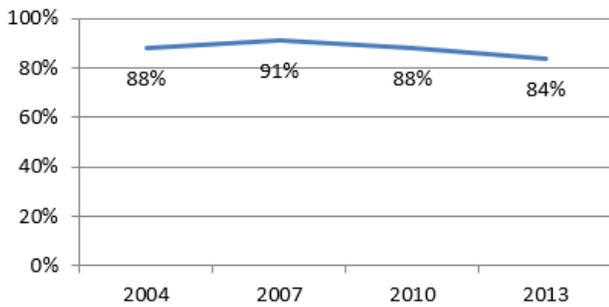
- **Collaborate with Minnesota communities experiencing health inequities to improve outcomes.** This collaboration includes strengthening the capacity of Minnesota communities to influence their opportunities for health by supporting community participation in decision-making processes at MDH and increasing the capacity of MDH and local health departments to develop relationships and work effectively with populations experiencing the greatest health inequities. We increase understanding and awareness about health disparities and health equity in Minnesota through a variety of methods including presentations, conferences and reports.
- **Collect, analyze and communicate health-related data through the Minnesota Center for Health Statistics (MCHS).** The MCHS coordinates health data collection efforts at the state and local level to make vital statistics available to the public and researchers across the state and the nation. It also builds the capacity of MDH programs and partners to collect and use health equity data, including support for the collection and analysis of specific race, ethnicity, preferred language, social and economic determinants and sexual preference data in relevant data sets.
- **Supports efforts to advance health equity through the Eliminating Health Disparities Initiative (EHDI) grants and new opportunities to improve health for all Minnesotans.** Working with EHDI grantees, MDH identifies, evaluates and shares successful evidence- and practice-based culturally relevant approaches for working with populations of color and American Indians.

Our key partners include community stakeholder groups (e.g., Health Equity Advisory Committee, Healthy Minnesota Partnership, Tribal Health Directors, State and Community Health Services Advisory Committee and other advisory stakeholder groups), community-based organizations, Eliminating Health Disparities Initiative grantees, Minnesota tribes, local health departments, the federal Office of Minority Health, other MDH programs and other Minnesota state agencies.

## RESULTS

### Measure 1

**Percent of Schools Participating in the MN Student Survey**

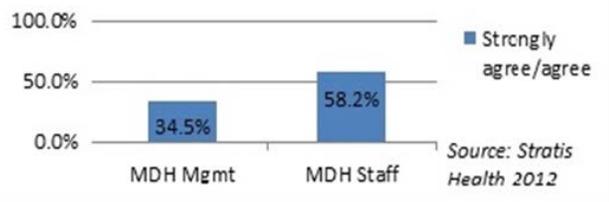


Source: MN Center for Health Statistics

**Survey participation rates:** The Minnesota Student Survey provides information about the student population to school districts, local health departments, university researchers, state agencies, non-profit community groups and others. The findings inform legislation, program design and planning and provide information for community forums on topics of interest to teachers, students and community members. The Minnesota Center for Health Statistics, in partnership with the Minnesota Department of Education, has maintained a high level of participation by Minnesota’s school districts to ensure that the data collected are as comprehensive as possible

### Measure 2

**"I can describe the social problems of the diverse cultural groups in our service area."**



Source: Stratis Health 2012

**Recognition of structural inequities and the social and economic factors that contribute to disparities in health outcomes:** A 2012 assessment found that only 35% of management and 58% of staff at MDH reported they could describe the social problems, such as poverty and unsafe housing, of the diverse cultural groups in their service area. This lack of knowledge impacts the development of health programs since social and economic factors are significant contributors to health outcomes. The Minnesota Center for Health Equity works to improve this capacity at MDH and to strengthen communities to create their own healthy futures through meaningful partnerships with diverse communities.

## STATUTES

145.928 Eliminating Health Disparities (<https://www.revisor.mn.gov/statutes/?id=145.928>)

**Program:** Health Improvement  
**Activity:** Statewide Health Improvement

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

**AT A GLANCE**

- Statewide Health Improvement Program (SHIP) provides \$17.5 million per year in funding and support to cities, counties and tribes across the state to create policy, systems, and environmental change that improves health.
- Tobacco-Free Communities provides \$3.2 million per year to counties, tribes and community organizations across the state to reduce tobacco use among youth in Minnesota and to promote statewide and local tobacco prevention activities
- OSHII oversees technical assistance contracts and grants to support the work of local grantees.

**PURPOSE & CONTEXT**

The Office of Statewide Health Improvement Initiatives (OSHII) supports all Minnesotans in leading healthier lives and building healthier communities by preventing chronic diseases well before they start. Success is achieved by leveraging local and state partnerships; strengthening communities' capacity; offering the best evidence-based strategies in policies, systems and environmental changes; and evaluating the effectiveness of these strategies.

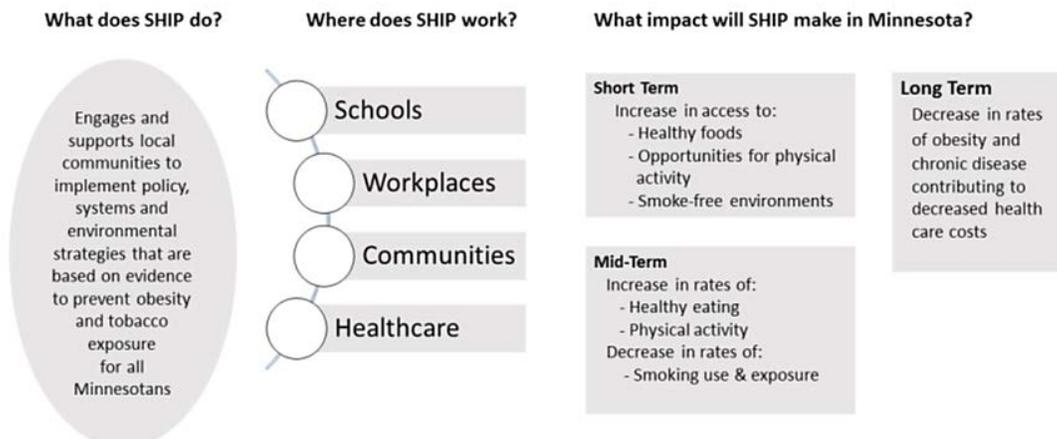
Chronic diseases such as heart disease, stroke, diabetes and cancer are among the most common, costly and preventable of all health problems in the United States. In Minnesota, 64% of all adults, 22% of 11th graders, and 30% of third grade students are overweight or obese. Furthermore, 14% of all Minnesota adults smoke and 19% of

Minnesota's high school students use tobacco products. The economic cost associated with obesity in Minnesota is \$2.8 billion and Minnesota spends \$2.9 billion in annual medical costs as a result of tobacco

**SERVICES PROVIDED**

- Provide grants and technical assistance to support local public health agencies and tribal governments in implementing evidence-based strategies to increase physical activity, improve nutrition and reduce tobacco use.
- Contract with regional and state-level partnerships to implement policy and systems changes in collaboration with local organizations.
- Support communities with grants and technical assistance to make healthy food options more available, increase physical activity and decrease tobacco use and exposure in school, community, worksite and health care settings.
- Providing technical assistance and support for statewide policy development to address healthy eating, tobacco use and alcohol misuse.

The Statewide Health Improvement Program (SHIP) Makes Minnesota Healthier



## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Cigarette smoking rate among high school students <i>Source: Minnesota Youth Tobacco Survey</i>	18.1%	10.6%	2011/2014
Result	Adult smoking rate <i>Source: Minnesota Youth Tobacco Survey</i>	16.1%	14.4%	2010/2014
Result	Adult overweight or obese rate <i>Source: Behavioral Risk Factor Surveillance System</i>	61.1%	64.1%	2013/2014
Result	9th Grade overweight or obese rate <i>Source: Minnesota Student Survey</i>	21.9%	22.2%	2010/2013

### STATUTES

145.986 Minnesota Statewide Health Improvement Initiatives (<https://www.revisor.mn.gov/statutes/?id=145.986>)

144.396 Tobacco-Free Communities in Minnesota (<https://www.revisor.mn.gov/statutes/?id=144.396>)

**Program:** Health Improvement

**Activity:** Health Partnerships

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

#### AT A GLANCE

- Maintain the strong and coordinated public health partnership between state and local governments.
- Support effective management of Minnesota's 48 community health boards.
- Coordinate emergency preparedness and response activities of MDH and support local public health and health care preparedness and response.
- Administer the \$43 million local public health grant and \$28 million per biennium in federal preparedness and response funds.

#### PURPOSE & CONTEXT

The Health Partnerships Division contributes to MDH's vision of "all communities thriving" by supporting Minnesota's local public health system and ensuring that all communities are ready to respond to public health emergencies. We also offer planning, facilitation and coaching to other programs within MDH on competencies, like quality improvement, community engagement and incident management.

Minnesota is facing many emergency preparation challenges. Whether it is the effects of climate change, the increase in flammable materials carried by rail and pipelines, shortages of health care staff, and widespread turnover of

local public health leadership, there is significant need for technical assistance and support from MDH.

#### SERVICES PROVIDED

- Provide subject-matter expertise and training to assist organizations statewide in preparing for, responding to and recovering from incidents affecting the public's health.
- Administer the Health Alert Network (HAN)—a system for rapidly notifying thousands of health care, public health and community partners about emerging disease threats, or other health hazards such as contaminated medications or food.
- Maintain surge capacity in order to receive, stage, store and rapidly distribute vaccines and medication to protect people in Minnesota and ensure communities are prepared to respond.
- Conduct risk assessments, detailed planning and testing of emergency response plans.
- Manage supplies and materials needed in a public health response, and coordinate with community partners to ensure systems essential for effective emergency response are in place and state and local health departments and in the health care system
- Develop policies, practices, and guidance with the State Community Health Services Advisory Committee to ensure public health services are optimally delivered.
- Provide facilitation and coaching of performance management, quality improvement and community engagement for MDH divisions and local health departments.
- Provide technical assistance, tools and training to assist health departments in effectively meeting their missions.
- Collect, analyze and disseminate data about public health financing, staffing and performance.
- Help MDH, local and tribal health department seek and maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

## RESULTS

Much of our work is focused on building workforce and organizational capacity within Minnesota's state-local public health system. Nearly all of this work is done in partnership with local public health, health care and other community partners.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	% of key national public health standards "fully met" by MN's Community Health Boards	54%	62%	2014 2015
Quality	% of MN's Community Health Boards demonstrating formal, organization-wide quality improvement efforts	11%	52%	2011 2015
Quality	% of Community Health Boards with Advanced Capabilities in Emergency Operations Coordination	NA	56%	2016
Quality	% of key national public health standards "fully met" by MN's Community Health Boards	54%	62%	2014 2015

### STATUTES

12A.08 Natural Disaster; State Assistance (<https://www.revisor.mn.gov/statutes/?id=12A.08>)

144.4197 Emergency Vaccine Administration; Legend Drug (<https://www.revisor.mn.gov/statutes/?id=144.4197>)

145A Community Health Boards (<https://www.revisor.mn.gov/statutes/?id=145A>)

151.37 Legend Drugs, Who May Prescribe, Possess (<https://www.revisor.mn.gov/statutes/?id=151.37>)

**Program: Health Improvement**

**Activity: Health Policy**

<http://www.health.state.mn.us/divs/hpsc/index.html>

### AT A GLANCE

- Minnesota clinics now submit data on 12 measures of quality health care to drive quality improvement.
- 98% of health care claims are now submitted electronically, improving accuracy and driving down system costs.
- Minnesota Health Access Surveys show that the number of uninsured Minnesotans declined from 8.2% in 2013 to an unprecedented 4.3% in 2015, ensuring easier access to care.
- More than 600,000 birth and death certificates are issued annually from a secure statewide electronic system that also registers and stores records.
- Serious falls and retained foreign objects reported by Minnesota hospitals continued to decline, indicating safer care for Minnesota patients.
- 374 Minnesota primary care clinics (56%) are now certified as health care homes, providing high-quality, coordinated care to 3.7 million people and saving more than \$1 billion over 5 years.
- 78% of physicians accessing loan forgiveness programs to practice in rural communities stay for at least 10 years.

### PURPOSE & CONTEXT

The Health Policy Division provides policymakers and other stakeholders with policy research, analysis, design and implementation of programs and reforms to improve health care value, quality and accessibility. We serve all Minnesota citizens, health care providers and professionals, purchasers, payers and policy makers.

Our role:

- Promote access to quality, affordable health care for vulnerable, underserved and rural populations.
- Streamline and reduce health care administrative burdens and costs.
- Promote the exchange of health information among providers.
- Certify and train clinics to be health care homes.
- Provide financial and technical assistance to community-based health systems.
- Issue timely vital records and accurate birth or death data for public health research.
- Support medical education to build a strong health workforce.
- Measure and report on the health care marketplace, access and quality of care, adverse health events and health workforce capacity to help target programs and funding to their best use.

### SERVICES PROVIDED

- **Collect data and perform research** to inform policy makers; monitor and understand health care access and quality, market conditions and trends, health care spending, capital investments, health status and disparities, health behaviors and conditions and the impact of state/federal health and payment reform initiatives.
- **Monitor clinical quality and safety** in Minnesota health care facilities, through implementing the Statewide Quality Reporting and Measurement System and the Adverse Health Events system.
- Develop and certify primary care clinics as **health care homes** to ensure patient centered, coordinated care for Minnesotans.
- Provide **leadership and technical assistance** to health care organizations and consumers on effective use of health information technology, such as electronic medical records, to improve quality of care.
- Certify Minnesota's **health information exchange** providers to ensure that health information can be exchanged by providers across the continuum of care.
- Administer the **statewide hospital trauma system**, collect and analyze trauma data for quality improvement and interagency coordination and provide technical expertise to hospitals caring for trauma patients.
- Award up to \$60 million in Medical Education Research Costs funds each year to **clinical training sites** for health care providers.

- Analyze, provide financial support to and report on Minnesota’s **rural and underserved urban health care delivery system** and health workforce in order to focus planning for future needs.
- Collaborate with providers, payers, consumers and other stakeholders to develop standards and best practices for exchange of business and administrative data to **increase efficiencies and reduce costs** in the health care system.
- Administer a secure web-based **vital records system** so health care providers can register accurate birth and death information, citizens can obtain birth and death records and health researchers have timely information that will help improve response to public health issues and emergencies.

## RESULTS

Much of our work focuses on providing high-quality, reliable research, policy and data analysis and standards development work for legislators, policymakers, providers, payers and consumers. We provide these entities the information they need to improve healthcare quality and safety, reduce costs and improve population health.

In large part as a result of work led by our programs, Minnesota has made great strides:

- Increased use of electronic health records and health information exchange, with significant potential to reduce medical errors and provide quality, coordinated patient care.
- Established a robust, statewide trauma system that helps save lives by ensuring that trauma patients get the appropriate level of care as quickly as possible.
- Increased accuracy and timeliness of birth, death and fetal death records through a secure, web-based system.
- Demonstrated improved quality care outcomes for asthma, vascular care, diabetes, depression and colorectal measures through health care homes certification.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Acute care hospitals exchanging clinical data with other health care providers	42%	84%	2010 2015
Quantity	Primary care clinics certified as health care homes	47	374	2010 2016
Quality	Hospitals participating in a statewide trauma system	0	128 or 94%	2005 2015
Quality	Medical examiners registering death electronically	47%	100%	2010 2016

**STATUTES:**

- 144.7067 Adverse Health Reporting System (MS 144.7063, 144.7065, 144.7067, 144.7069) (<https://www.revisor.mn.gov/statutes/?id=144.7067>)
- 256B.0751 Health Care Homes (MS 256B.0751 – 256B.0753) (<https://www.revisor.mn.gov/statutes/?id=256B.0751>)
- 62J.63 Center for Health Care Purchasing Improvement (<https://www.revisor.mn.gov/statutes/?id=62J.63>)
- 62J.495 Electronic Health Record Technology (MS 62J.495 -62J.497) (<https://www.revisor.mn.gov/statutes/?id=62J.495>)
- 144.211 Vital Statistics Act (MS 144.211 – 144.227) (<https://www.revisor.mn.gov/statutes/?id=144.211>)
- 144.291 Minnesota Health Records Act (<https://www.revisor.mn.gov/statutes/?id=144.291>)
- 144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act (<https://www.revisor.mn.gov/statutes/?id=144.1501>)
- 62J.321 Health Economics Program (subd. 5) (<https://www.revisor.mn.gov/statutes/?id=62J.321>)
- 62U.04 Health Care Cost, Quality Outcomes and Payment Reform (<https://www.revisor.mn.gov/statutes/?id=62U.04>)

**Program: Health Improvement**

**Activity: Medical Cannabis**

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

**AT A GLANCE**

- Began distributing medical cannabis to registered patients on July 1, 2015.
- Approved the enrollment of 1,936 patients and authorized 611 healthcare practitioners to certify patients—as of mid-2016.
- Oversee 2 manufacturers and 8 cannabis patient centers in Minnesota.
- Added Intractable Pain as a qualifying medical condition in 2016.

**PURPOSE & CONTEXT**

The Office of Medical Cannabis connects Minnesota residents with qualifying medical conditions to a registered manufacturer to obtain medical cannabis. Registered health care practitioners must first certify that a patient has a qualifying medical condition. Then patients must sign up for the MDH registry, and if approved, they may obtain medical cannabis in pill or liquid form from any of the eight distribution sites, which are supplied by two state-registered medical cannabis manufacturers.

Minnesota’s medical cannabis program began distributing medical cannabis to registered patients on July 1, 2015.

State law requires Minnesota residents with one or more of the qualifying medical conditions who would like to access medical cannabis for therapeutic or palliative purposes to join the state’s patient registry. An updated list of qualifying medical conditions is available on the Office of Medical Cannabis’ website: <http://www.health.state.mn.us/topics/cannabis/patients/conditions.html>.

As of mid-2016, the following were qualified conditions for medical cannabis:

- Cancer or its treatment, accompanied by severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting
- Glaucoma
- HIV/AIDS
- Tourette’s Syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
- Inflammatory Bowel Disease including Crohn’s Disease
- Terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or severe vomiting, cachexia or severe wasting
- Intractable Pain, as defined in Minnesota Statutes, section 152.125, subdivision 1

Current law requires patients to pay a fee of \$200 per year to enroll in the program. Patients who receive government assistance (e.g., Minnesota Care, Social Security disability, Supplemental Security Income, Medicaid, Medical Assistance and CHAMPVA<sup>1</sup>) qualify for a reduced fee of \$50 per year. Approximately 57% of registered patients to date have qualified for the reduced enrollment fee, which must be done prior to the purchase of medical cannabis. By mid-2016, there were 1,936 approved patient enrollments with 1,737 patients enrolled and in an active status, meaning they were authorized to purchase, possess and use medical cannabis. The Office of Medical Cannabis has developed and continually enhanced its online registry system to deliver the program to qualified individuals.

The reach of program and scale of our work continues to grow:

We registered 210 designated caregivers and 251 parents/legal guardians by mid-2016 to assist registered access or administer medical cannabis, by mid-2016.

We registered 611 health care providers by mid-2016 to certify patients’ qualifying medical conditions for the program.

<sup>1</sup> CHAMPVA is the Civilian Health and Medical Program of the Department of Veterans Affairs.

We registered two medical cannabis manufacturers on December 1, 2014 that are responsible for the cultivation, production and distribution of medical cannabis in the state. The manufacturers operate distribution facilities, or Cannabis Patient Centers (CPCs), in Bloomington, Eagan, Hibbing, Minneapolis, Moorhead, Rochester, St. Cloud and St. Paul.

We completed three rulemakings:

- Revisor’s #04272 effective January 20, 2015
- Revisor’s #04301, effective June 29, 2015
- Revisor’s #04275, effective June 11, 2016

In 2015, the Office of Medical Cannabis established a process for considering the addition of intractable pain as a qualifying medical condition under the commissioner’s authority in Minnesota Statutes, section 152.22, subdivision 14. The process included 13 public meetings around the state as well as an online comment submission process. MDH also established an advisory panel comprised of clinicians and medical providers to look at available medical evidence. On December 1, 2015, the commissioner of health announced the decision to add Intractable Pain as a qualifying medical condition effective August 1, 2016, subject to legislative review. MDH has formalized a similar process in rule to review the proposed addition of other qualifying conditions or treatment methods?

### SERVICES PROVIDED

- Administer the statutorily required, secure patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Manage a process for health care practitioners to certify a patient that has been diagnosed with a qualifying medical condition and supervise the collection of data by participating practitioners.
- Register and oversee the two medical cannabis manufacturers that are responsible for the production and distribution of medical cannabis. The two manufacturers each operates four cannabis patient centers in the state for a total of eight.
- Inspect the cultivation, production and distribution facilities operated by the two medical cannabis manufacturers.
- Inform all participants in the system regarding the range of recommended dosages for each qualifying medical condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying conditions by reviewing and reporting existing medical and scientific literature.
- Conduct program evaluation based on patient and healthcare practitioner self-reported data submitted into the registry through surveys.
- Operate a call/support center to quickly and accurately respond to citizens needing information and assistance with the medical cannabis program and the patient registry.
- Provide technical support to and administer the Task Force on Medical Cannabis Therapeutic Research, which is responsible for evaluating the program and its impacts.
- Administer public petition process for citizens to propose additional qualifying medical conditions or delivery methods.

### RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	OMC inspections of manufacturers	N/A	28	2/1/15 – 6/30/16
Quantity	Total calls into OMC Call/Support Center	N/A	26,835	6/1/15 – 7/16/16
Results	Reported serious adverse events	N/A	0	6/1/15 – 7/16/16
Results	Reported diversion by law enforcement	N/A	0	6/1/15 – 7/16/16
Quantity	Presentations/Community outreach	N/A	152	1/1/2015 – 7/14/16

#### STATUTES

152.22 Medical Cannabis Patient Registry Program (152.22 – 152.37) (<https://www.revisor.mn.gov/statutes/?id=152.22>)

Program: Health Protection

**AT A GLANCE**

- Environmental Health
- Infectious Disease
- Public Health Laboratory
- Health Regulation

**PURPOSE & CONTEXT**

Activities in the Health Protection budget program are responsible for protecting the health of all Minnesotans. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Protection reflects a summation of activities under this budget program area.

**Program: Health Protection**  
**Activity: Environmental Health**

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

**AT A GLANCE**

- Test drinking water at more than 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 23,000 establishments statewide. Annually certify 12,000 food managers and support 35,304 active food managers.
- Test private wells and issue drinking water advisories in areas of contaminated groundwater. Test newly constructed drinking water supply wells for bacteria, nitrate, and arsenic.
- Assess multiple social, economic, exposure, and health factors that affect public health through Health Impact Assessments.
- Promote healthy indoor environments through education and assistance with: asbestos, lead, indoor arenas; Minnesota Clean Indoor Air Act; radon and indoor environmental quality in schools.

**PURPOSE & CONTEXT**

Whether it is clean air to breathe, clean water to drink, or wholesome food to eat, having a healthy environment is a key determinant for individual and community health. The Minnesota Department of Health’s Environmental Health Division strives to protect, promote and improve public health in Minnesota by monitoring and managing environmental health risks and hazards around the state.

Our role:

- Ensure that food served in Minnesota restaurants and other food establishments is safe.
- Keep drinking water safe.
- Evaluate potential health risks from exposures to toxic environmental hazards.
- Keep our indoor environments healthy

**SERVICES PROVIDED**

**Drinking Water Protection**

- Ensure compliance with federal and state Safe Drinking Water Act standards in more than 7,000 public drinking water systems through inspection, contaminant monitoring, technical assistance, education and the protection of the systems’ water resources.
- Enhance the Source Water Protection program, a prevention-based program that identifies sensitive ground water areas and promotes protective measures.
- Contribute to interagency activities to protect water resources through the Clean Water Fund, State Water Plan, the University of Minnesota’s 25-year water plan. Provide technical assistance to the Public Facilities Authority.

**Food, Pools and Lodging Services**

- Ensure compliance with state health standards to ensure sanitary conditions in the state’s approximately 23,000 hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas and children’s camps.
- Ensure compliance with state health standards to ensure thousands of public swimming pools are safely constructed and maintained.
- Work with county, city and community health board partners through delegation agreements.
- Certify 12,000 food managers annually.
- Provide public information, education and technical assistance about safe food handling and hand-washing.

## Environmental Surveillance and Assessment

- Evaluate potential health risks from exposures to toxic environmental hazards such as contaminated sport fish, waste disposal sites, operation of power plants, agricultural and industrial activities. Recommend actions to minimize exposures and manage risks.
- Contribute to growing scientific and risk assessment findings in children’s environmental health, mining operations, and contaminated Minnesota groundwater.
- Design and test public health interventions intended to reduce the level of mercury and other contaminants in women of childbearing age and newborns, especially in the Lake Superior basin.
- Coordinate MDH activities related to health impact assessments and climate change adaptation.
- Conduct surveillance and mitigation of blood lead levels in children and promote healthy home environments.
- Assess risks from Drinking Water Contaminants of Emerging Concern (CEC) as part of the MDH Clean Water Fund activities.
- Provide a technical representative to the state Environmental Quality Board: <https://www.egb.state.mn.us/>

## Indoor Environments and Radiation

- Inspect and provide compliance assistance to ensure public health protection in the areas of asbestos and lead abatement.
- Enforce the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provide public information and education about the potential health effects of asbestos, lead, radon, mold and other indoor air contaminants.
- Register, inspect and provide technical assistance to all x-ray facilities and license the use of radioactive materials in order to protect the public from unnecessary radiation exposures .
- Conduct environmental radiation monitoring and sampling around Minnesota’s two nuclear power plants.
- Participate in the State’s Radiological Emergency Preparedness program and help local and state governmental agencies prepare for and respond to radiological emergencies and incidents.
- Provide technical assistance to schools in addressing indoor air quality concerns and other environmental health hazards that cause health problems for children

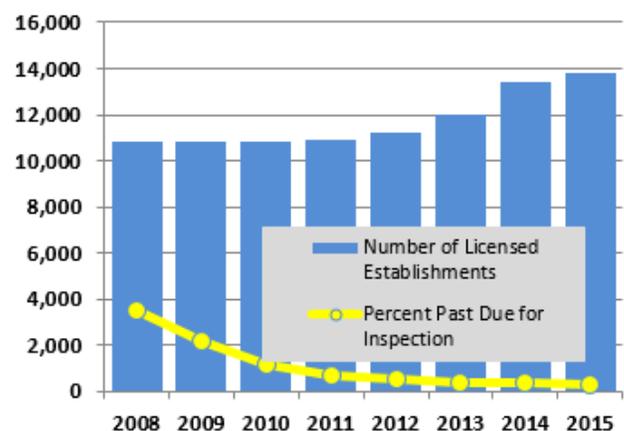
## Well Management

- Protect public health and groundwater resources by ensuring the proper construction, maintenance and sealing of wells and borings.
- Contribute to interagency activities to protect water resources and public health through the Clean Water Fund by well sealing, and improving protection of those served by private wells.

## RESULTS

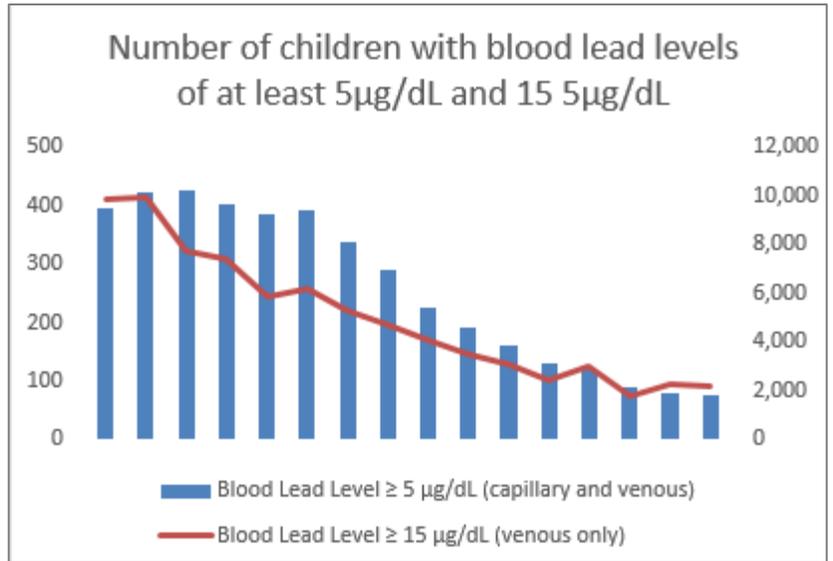
### Food, Pools and Lodging Services Inspection Frequency:

Assurance that food service, pools and lodging services are provided in a safe manner to the public is important for public health. The frequency at which inspections of these establishments are conducted helps assure the safety of those operations. This data is from our licensing and inspection system.



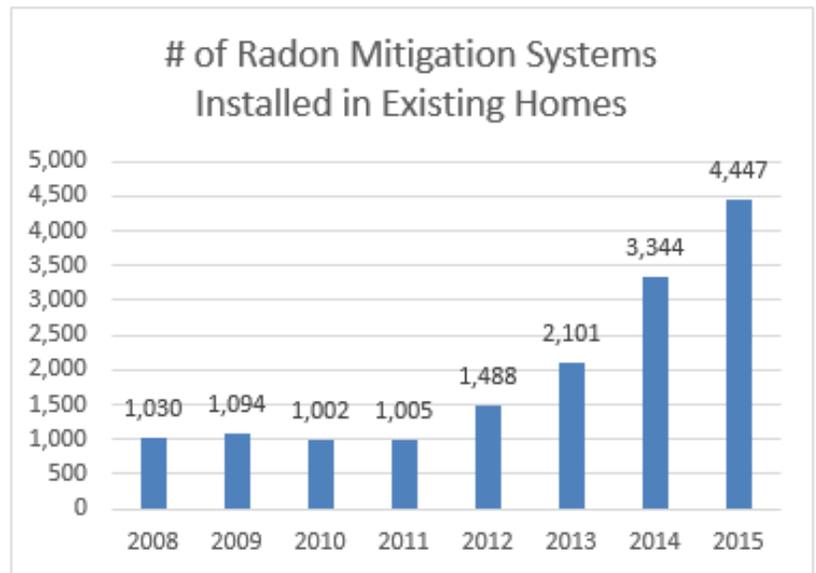
**Children with Elevated Blood Lead Levels:**

Children with elevated blood lead levels are at significant risk of health and development problems. Prevention and early intervention are critical aspects to reducing blood lead levels in children. This data is from our blood lead surveillance system.



**Homes with Reduced Radon:**

Homes with high radon present a greater risk to occupants for lung cancer. Improved construction and mitigation techniques along with testing homes at the time of sale can reduce the number of homes with high radon levels. This data is from our monitoring system.



144.12, 144.122, 144.383, 446.081 Drinking Water Protection (<https://www.revisor.mn.gov/statutes/?id=144>)  
 157, M.S. 327, 144.1222 Food, Pools & Lodging Services (<https://www.revisor.mn.gov/statutes/?id=157>)  
 144.9502, M.R. 4717.8000 Environmental Surveillance and Assessment (<https://www.revisor.mn.gov/statutes/?id=144.9502>)  
 326.70, M.R. 4620, M.S. 144.9512, 144.1202, 144.412 Environmental Surveillance and Assessment (<https://www.revisor.mn.gov/statutes/?id=326.70>)  
 1031.005 Well Management. (<https://www.revisor.mn.gov/statutes/?id=1031.005>)

**Program: Health Protection**  
**Activity: Infectious Disease**

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

**AT A GLANCE**

- Played a key role in solving numerous multistate foodborne outbreaks such as Salmonella associated with tomatoes, cucumbers, frozen tuna and a protein meal replacement, and E. coli 0157:H7 associated with flour. Investigated 203 intestinal disease outbreaks in 2015.
- Responded to 1,200 calls from healthcare providers and the public regarding Zika, resulting in nearly 900 specimens received and 26 travel or sexual activity related cases to date.
- Investigated nearly 5,500 tickborne disease reports in 2015, resulting in 1,176 confirmed cases of Lyme disease, 613 cases of anaplasmosis and 45 cases of babesiosis.
- Coordinate programs to immunize 70,000 babies each year to prevent serious diseases.
- Provided vaccine to 1 in every 3 children in Minnesota through the Minnesota Vaccines for Children Program (MnVFC). MnVFC provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. In 2015, MDH ordered over \$45 million worth of vaccine for the MnVFC Program.
- Managed treatment for 151 new tuberculosis cases and evaluated 685 new case contacts in 2013.
- Coordinated health screenings for 2,165 newly arrived refugees in 2015.
- Maintain a viral hepatitis tracking system to monitor trends in incidence of acute and chronic hepatitis B and C, including the increase in hepatitis C infections in adolescents and young adults that may be associated with injection opioid use.

**PURPOSE & CONTEXT**

The Infectious Disease Epidemiology, Prevention and Control Division provides statewide leadership to ensure Minnesotans are safe from infectious diseases.

Our role:

- Maintain systems to detect, investigate and mitigate infectious disease outbreaks and threats.
- Recommend policy for detecting, preventing or controlling infectious diseases.
- Coordinate with the health care and public health system to implement effective measures to prevent further transmission of diseases.
- Provide access to vaccines to prevent infectious diseases.
- Provide advice on diagnosis and treatment of rare infectious diseases (e.g., Ebola and Zika).
- Identify and prevent future outbreaks.
- Collaborate with community organizations, public and private providers, hospitals, laboratories and government officials at all levels.
- Evaluate the effectiveness of our infectious disease activities.

All Minnesota residents are served by IDEPC's work. Specific populations served include infants and children, adolescents, high-risk adults, older adults, those with chronic diseases, refugees, immigrants and other foreign-born individuals, patients in hospitals and long-term care facilities and health care workers.

**SERVICES PROVIDED**

**Identify, investigate and mitigate infectious disease threats.**

- Maintain a 24/7 system to detect and investigate cases of infectious disease.
- Lead efforts to detect and control emerging infectious diseases (e.g. Pandemic influenza, Ebola, Zika).
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause and implement control measures.
- Alert health professionals and the public about outbreaks and how to control them, including treatment consultation.
- Maintain foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks.

- Manage treatment of and provide medications for tuberculosis patients to prevent spread of disease.
- Provide perinatal hepatitis B case management for both mother and child.
- Investigate reported health care associated infections or infection prevention breaches and work collaboratively with health care facilities to prevent the spread of infection and conduct follow-up on those who may have been exposed.
- Coordinate refugee screenings to identify and treat health problems;
- Provide vaccines and other medicine to prevent and control outbreaks of vaccine-preventable disease.
- Conduct interventions to facilitate testing, treatment and counseling of HIV, STD and tuberculosis patients and their contacts to prevent disease transmission.
- Provide technical support to local public health through eight regional epidemiologists located across the state.
- Notify federal officials, hospitals and clinics and the general public of the need to remove a product from the market or to not use or consume a specific product that is a public health threat.

### Prevent infectious disease.

- Distribute publicly purchased vaccines for children whose families cannot afford them.
- Coordinate medical screening programs for newly arrived refugees.
- Provide leadership for ongoing development of a statewide immunization information system.
- Conduct studies on diseases of high concern to the public and the medical community.
- Provide education to health care practitioners on management of infectious diseases (telephone consultation, 24/7 on-call system, publications and MDH's website).
- Educate the public, including high-risk populations, on disease testing, treatment and prevention methods.
- Provide grants to local public health agencies and nonprofit organizations for infectious disease prevention activities.
- Provide assessment and technical assistance to health care facilities across the spectrum of care (e.g. hospitals, long term care) to enhance infection prevention and antibiotic stewardship.
- Fund STD and HIV testing and prevention activities.
- Involve high-risk communities, health care providers and concerned citizens in responding to infectious disease challenges.
- Promote Minnesota Syringe Access Initiative to provide clean syringes through pharmacies without a prescription for those who inject drugs to prevent the spread of infectious disease, such as hepatitis C and HIV.
- Alert the public where and when the risk of infectious disease is the greatest (e.g. Lyme disease, West Nile).
- Communicate current infectious disease information through the MDH website, the publication of Got Your Shots? and the Disease Control Newsletter.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.

## RESULTS

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>Previous</b>	<b>Current</b>	<b>Dates</b>
Result	Percentage of tuberculosis patients who complete therapy in 12 months. <i>Source: MDH TB Program Data</i>	96% N=133	93% N=122	2012 2014
Quality	Percentage of foodborne disease outbreak in which the source of the outbreak was identified. <i>Source: MDH Foodborne Outbreak Data</i>	63% N=41	55% N=61	2013 2015
Quality	Percentage of newly arriving refugees in Minnesota who have a health screening within three months of arrival. <i>Source: MDH Refugee Health Program Data</i>	96.5% N=2,109	96.0% N=2078	2013 2015

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>Previous</b>	<b>Current</b>	<b>Dates</b>
Quality	Percentage of Adolescents Receiving >1 Tetanus, diphtheria and acellular pertussis [Tdap] vaccination <i>Source: National Immunization Survey-Teen, 2010, 2012, 2014</i>	85.6% N=322	87.2% N=286	2012 2014

STATUTES:

M.S. 13.3805 (<https://www.revisor.mn.gov/statutes/?id=13.3805>)

M.S. 121A.15 (<https://www.revisor.mn.gov/statutes/?id=121A.15>)

M.S. 144.05 (<https://www.revisor.mn.gov/statutes/?id=144.05>)

M.S. 144.12 (<https://www.revisor.mn.gov/statutes/?id=144.12>)

M.S. 144.3351 (<https://www.revisor.mn.gov/statutes/?id=144.3351>)

Minnesota Rules, Chapter 4604 and 4605. (<https://www.revisor.mn.gov/rules/?id=4604>)

**Program:** Health Protection  
**Activity:** Public Health Laboratory

<http://www.health.state.mn.us/divs/phl/index.html>

#### AT A GLANCE

- Test for contaminants in the environment and for exposures to contaminants in people. In FY 2016, the lab received 41,458 samples and performed 139,529 analyses.
- Test for viruses and other germs that make people sick, as well as look for outbreaks related to food and water. In FY 2016, the lab performed 128,750 tests on 43,950 samples.
- Screen more than 68,000 newborn babies per year for more than 50 rare disorders including hearing loss and critical congenital heart disease.

#### PURPOSE & CONTEXT

The Public Health Laboratory detects infectious disease outbreaks and other public health threats; identifies rare chemical, radiological and biological hazards; prepares and responds to emergencies; and produces high-quality laboratory data used to inform public health decisions. We collaborate with local, state and federal officials; public and private hospitals; laboratories; and other entities throughout the state to test environmental and human samples for chemical contaminants, screen newborns for treatable conditions and test specimens for rare (e.g., rabies, polio, Ebola virus) and common (e.g. flu, norovirus) infectious diseases. These activities benefit all Minnesotans.

#### SERVICES PROVIDED

##### Environmental

- Test environmental samples including air, drinking and non-potable water, biological materials and solid materials for chemical, bacterial and radiological contaminants. For example, we test drinking and non-potable water for various nutrients that can, at high concentrations, be hazardous to human health and our environment.
- Develop methods and perform testing of potentially harmful chemicals in human samples (i.e., biomonitoring) collected from Minnesotan volunteers to help identify and address health equity concerns.
- Develop or adapt new methods for analyzing environmental samples for contaminants of emerging concern, which are chemicals or materials with a perceived, potential, or real threat to human health or that lack published health standards.
- Analyze an average of about 4,200 drinking water samples for Coliform/E. Coli bacteria per year with several hundred positive results.
- Provide rapid reports for positive results so that immediate steps are taken to make water safe for consumption.

##### Infectious Disease

- Test to find and describe germs including flu, parasites and other things that make people sick. Our testing also finds rare germs such as rabies, Ebola virus and Zika.
- Identify outbreaks related to food and water. We determine if a germ is resistant to antibiotics and figure out how it has become resistant.
- Report results to public health and health care professionals, who then offer treatment and stop the spread of germs.
- Ensure quick discovery and control of outbreaks to minimize the spread of illness.
- Coordinate with statewide labs who provide samples to the state and generate critical results in a timely fashion.

##### Newborn Screening

- Screen all Minnesota newborns for more than 50 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure that babies with treatable disorders are detected and receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for these babies and their parents.
- Educate Minnesota's new and expectant parents and medical providers about newborn screening to ensure the best possible outcomes for babies and families.

## Emergency Preparedness and Response

- Detect and respond to many kinds of hazards, including harmful chemicals, radioactive materials and biological organisms that can make people sick.
- Serve as a member of Minnesota’s Radiological Emergency Preparedness program, which responds in the event of a release of radioactive chemicals at Minnesota’s nuclear power plants.
- Host the federal BioWatch air-monitoring program, which detects harmful germs in air samples.
- Operate the Minnesota Laboratory System, a communication and training system that trains public and private laboratories to be able to recognize and report possible agents of chemical, disease and other public health threats.
- Serve as a Laboratory Response Network Level 1 Chemical Threat preparedness laboratory to offer services in response to a mass casualty event involving harmful chemicals anywhere in the country.
- Ensure receipt of samples from hospitals, law enforcement, and other partners to aid rapid testing on clinical or environmental samples of concern (e.g., unknown white powders).
- Develop and maintain new testing methods to identify potentially harmful agents.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Newborns identified with treatable conditions.	477	555	FY13-FY14 / FY15-FY16
Quantity	Environmental Unknown sample cases (samples tested) from law enforcement and other partners for analysis of chemical or biological agents of concern.	36 (34)	26 (23)	FY15/FY16
Quantity	Human clinical specimens received from MN laboratories (number of positive tests) for confirmation detection of an infectious disease agent of concern.	56 (14)	109 (36)	FY15/FY16
Quality	Percent of Drinking Water samples positive for coliform or E. coli reported the same day as the results were read in the lab.	100%	100%	FY15/FY16

## STATUTES

- M.S. 144.05 General Duties of the Commissioner (<https://www.revisor.mn.gov/statutes/?id=144.05>)
- M.S. 144.123 Fees for diagnostic laboratory services (<https://www.revisor.mn.gov/statutes/?id=144.123>)
- M.S. 144.125 Tests of Infants for Heritable & Congenital Disorders (<https://www.revisor.mn.gov/statutes/?id=144.125>)
- M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD) (<https://www.revisor.mn.gov/statutes/?id=144.1251>)
- M.S. 144.128 Commissioner’s Duties (Newborn Screening) (<https://www.revisor.mn.gov/statutes/?id=144.128>)
- M.S. 144.192 Treatment of Biological Specimens and Health Data (<https://www.revisor.mn.gov/statutes/?id=144.192>)
- M.S. 144.193 Inventory of Biological and Health Data (<https://www.revisor.mn.gov/statutes/?id=144.193>)
- M.S. 144.966 Early Hearing Detection (<https://www.revisor.mn.gov/statutes/?id=144.966>)
- M.S. 144.97 Definitions (<https://www.revisor.mn.gov/statutes/?id=144.97>)
- M.S. 144.98 Accreditation of Environmental Laboratories (<https://www.revisor.mn.gov/statutes/?id=144.98>)
- M.S. 144.99 Enforcement (<https://www.revisor.mn.gov/statutes/?id=144.99>)
- M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons (<https://www.revisor.mn.gov/statutes/?id=13.386>)
- 13.3805 Public Health Data (<https://www.revisor.mn.gov/statutes/?id=13.3805>)
- Minnesota Rules Chapter 4605 Communicable Diseases (<https://www.revisor.mn.gov/rules/?id=4605>)
- Minnesota Rules Chapter 4740 Laboratories; Accreditation Requirements (<https://www.revisor.mn.gov/rules/?id=4740>)
- Minnesota Rules 4615.0400 Definitions (<https://www.revisor.mn.gov/rules/?id=4615.0400>)

**Program: Health Protection**

**Activity: Health Regulation**

<http://www.health.state.mn.us/divs/fpc/index.html>

**AT A GLANCE**

- Monitor 4,200 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 6,700 allied health practitioners.
- Monitor 9 health maintenance organizations and 3 county-based purchasing organizations providing health care to 1.1 million Minnesotans.
- Ensure criminal background checks are conducted on 136,000 applicants for employment in health facilities.
- Maintain a registry of more than 60,000 nursing assistants.
- Inspect 560 funeral establishments and license 1,300 morticians.
- Review more than 200,000 federal nursing home resident assessments to ensure accurate billing for services.
- Register more than 3,400 spoken language health interpreters.

**PURPOSE & CONTEXT**

The Health Regulation Division protects the health and safety of Minnesota’s nursing home residents, home care clients, hospital patients, developmentally disabled clients, enrollees of health maintenance organizations (HMOs) and county-based purchasing plans, families obtaining services at funeral establishments, birth center clients, clients of body art establishments and other clients of allied health professional groups such as occupational interpreters, therapists and audiologists.

This work protects the health and safety of consumers of all ages. A great deal of the division’s work focuses on protecting older Minnesotans and vulnerable adults. As baby boomers age over the next 20 years, this population will require more and more health services and the need for health protection will become even more important.

**SERVICES PROVIDED**

- Evaluate licensing or registration applications to ensure that minimum qualifications are met.
- Ensure that fire and safety inspections are conducted and that health facilities meet the physical plant requirements.
- Handle thousands of citizen calls each year, investigate complaints and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws.
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and Maltreatment of Minors Acts.
- Conduct audits of federally certified nursing homes to ensure they are billing appropriately for services provided
- Regulate funeral service providers to ensure proper care and disposition of the dead and ensure that pre-need funds paid by families are protected and available to pay for services when needed.
- Regulate body art establishments and technicians to ensure health and safety standards are followed.
- Regulate HMOs and County Based Purchasing entities to ensure compliance with statutes and rules governing financial solvency, quality assurance, network adequacy and consumer protection.
- Respond to emergencies in health facilities such as fire, tornadoes, floods and health provider strikes.

**RESULTS**

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Federal standard: inspect each nursing home at least every 15.9 months	100%	100%	FFY14 FFY15
Quality	Total onsite Vulnerable Adults Act investigations completed within 60 days	40%	31%	SFY13 SFY14

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## STATUTES

148.511 Speech language pathologists and audiologists licensing (148.511 – 148.5198)

(<https://www.revisor.mn.gov/statutes/?id=144.511>)

146B Body Art (<https://www.revisor.mn.gov/statutes/?id=146B>)

148.995 Doula registry (<https://www.revisor.mn.gov/statutes/?id=148.995>)

153A Hearing instrument dispensing (<https://www.revisor.mn.gov/statutes/?id=153A>)

148.6401 Occupational therapists and assistants (<https://www.revisor.mn.gov/statutes/?id=148.6401>)

144A.46 Office health facility complaints (<https://www.revisor.mn.gov/statutes/?id=144A.46>)

149A Mortuary science; disposition of dead bodies (Chapter 306, 307) (<https://www.revisor.mn.gov/statutes/?id=149A>)

146A Complementary and alternative health care practices (<https://www.revisor.mn.gov/statutes/?id=146A>)

144.058 Spoken language health care interpreters (<https://www.revisor.mn.gov/statutes/?id=144.058>)

144A.43 Home care (144A.43-144A.44; 144A.471-144A.4798; 144A.481; 626.556-626.5572)

(<https://www.revisor.mn.gov/statutes/?id=144A.43>)

62D Health maintenance organizations (<https://www.revisor.mn.gov/statutes/?id=62D>)

144.0724 Case mix (256B.438) (<https://www.revisor.mn.gov/statutes/?id=144.0724>)

Program: Health Operations

**AT A GLANCE**

- Health Operations
- Executive Office

**PURPOSE & CONTEXT**

Health Operations provides leadership and support to all program and activity areas at MDH. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Operations reflects a summation of activities under this budget program area.

**Program:** Health Operations

**Activity:** Health Operations

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

### AT A GLANCE

- Provide human resource services to nearly 1,550 MDH employees across the state, including filling 476 positions in FY 2016 and delivering 162 development courses to 3,767 learners in FY 2016.
- Provide information technology services and support in 11 locations to MDH employees and 180 software applications, 256 servers and 2,150 personal computers.
- Oversee and guide nearly \$300 million in outgoing grants to 500 unique grantees.
- Maintain 500,000 square feet of space at four metro area and eight Greater Minnesota locations.
- Create and monitor nearly 750 budgets, process over 20,500 payment transactions and execute 1,700 contracts and grant agreements for MDH programs each year.

### PURPOSE & CONTEXT

Office and divisions under Health Operations provide stewardship of human, capital and technology resources at MDH. We promote efficient and accountable government services by using business systems optimally and by listening to and working with management and staff to ensure that MDH's program needs are fully understood and properly addressed.

**Financial Management** ensures resources are properly tracked, budgets are well-planned and communicated and financial activities meet standards set by federal, state and private funders.

**Human Resource Management** attracts, develops and serves the department's highly qualified, diverse workforce while fostering a respectful, safe and inclusive work environment.

**Facilities Management** provides the facilities and support services needed for MDH programs to operate in a safe, secure, efficient and comfortable manner.

**Agency Project Planning** facilitates agency-wide, priority projects focused on innovative service delivery and provides guidance and standards on grants management.

**MN.IT @ MDH** provides and supports agency-wide and specialized technology systems and services through leadership, strategic planning, management, administration and technical support.

### SERVICES PROVIDED

**Financial Management** provides stewardship of MDH financial resources.

- Centralize accounting, cash management and procurement of goods and contract/grant services.
- Monitor, financial reporting and technical assistance required for federal grants.
- Coordinate budget planning and reporting for all department resources.
- Guide to MDH employees on financial best practices and how to comply with financial laws, policies and procedures.

**Human Resource Management** provides strategic personnel management and development.

- Manage staffing, labor relations, health and safety activities
- Ensure accurate administration of compensation, benefits and payroll services.
- Offer training programs to strengthen employee capacity and develop future leaders.
- Promote an inclusive workplace with equal opportunity and affirmative action programs.
- Address complex employment issues by consulting with employees, supervisors and managers.

**Facilities Management** supports efficient operations.

- Provide space planning, physical security, lease management and operations support at all MDH locations.
- Centralize delivery, shipping/receiving, warehousing, fleet and duplicating services in metro locations as well as shared administrative support in district offices.

**Agency Project Planning** supports strong systems for health.

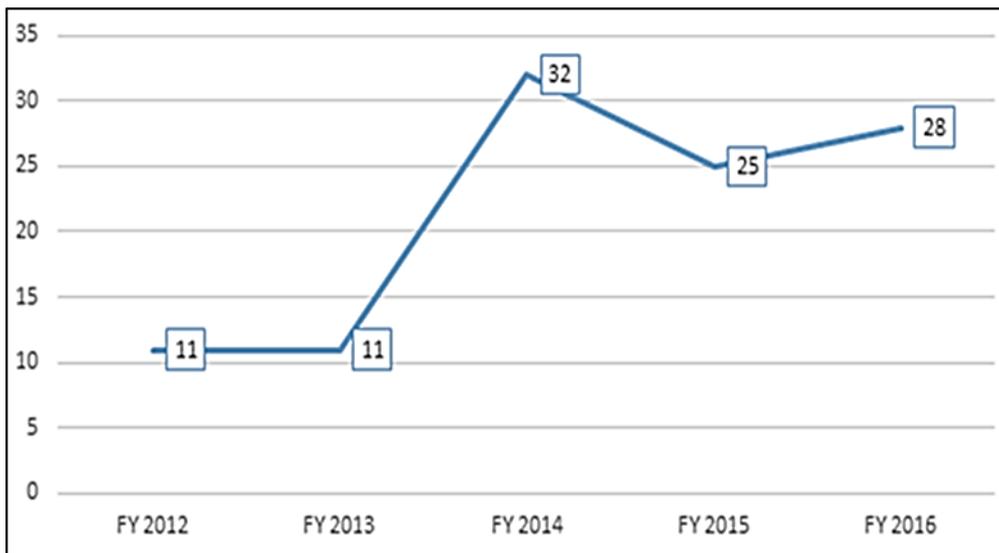
- Coordinate agency-wide priority projects focused on innovative service delivery, quality improvement and user adoption of new technologies.
- Coordinate governance and business ownership for central applications including SharePoint and the agency Grants Management System.
- Facilitate bimonthly grant manager workgroup meetings among nearly 250 MDH grant managers to share resources and improve consistency and effectiveness of outgoing grants.
- Develop and implement agency-wide grant management procedures and policies in compliance with federal and Office of Grants Management guidelines.
- Provide grant management training opportunities to increase proficiency and compliance.

**MN.IT @ MDH** ensures that technology meets business needs.

- Administer the Information Technology Service Level Agreement for the divisions and offices that defines partnerships, roles and responsibilities, service metrics and budgets.
- Provide expertise, planning and development of technology systems and data architectures.
- Supply high-level security for all departmental data, systems and communications.
- Manage communications networks and telecommunications systems.
- Administer networks and infrastructure connecting all employees and 11 building connections.
- Provide user support, training and problem resolution.

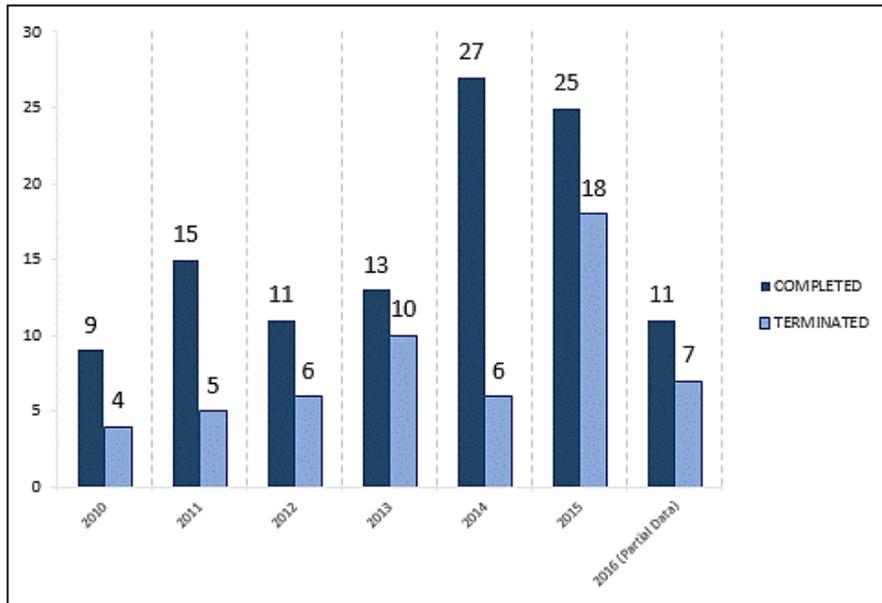
**RESULTS**

Percent of People Converted from AFSCME to MAPE Positions in the Same Fiscal Year



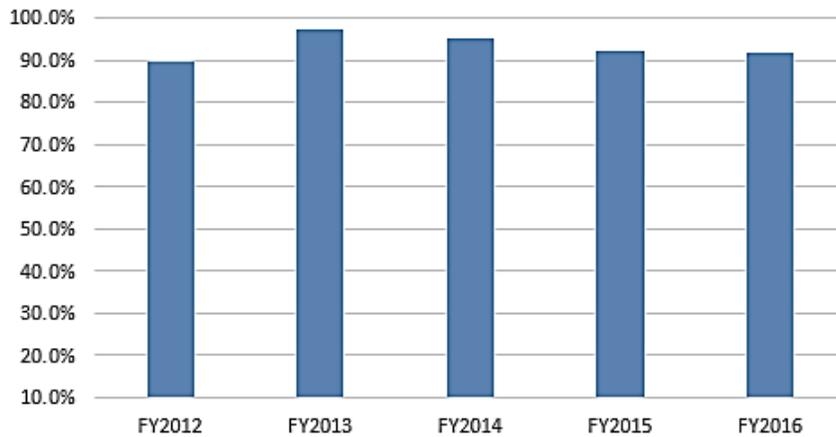
The value of a top performer is two to three times that of an average employee so the ability to retain stellar employees profoundly affects productivity and the department's bottom line. Our succession planning strategy is to develop identified employees' leadership skills in order to build an engaged workforce with longer term opportunities and abilities to advance. One example is the expansion of eligibility for AFSCME staff to complete for certain MAPE positions. In the past 3 years of implementation, promotions for AFSCME staff have doubled and tripled in this area. This has resulted in a defined career path, as well as significant savings in retention and retraining.

### IT Projects Completed and Terminated



The chart above shows the IT project completion rates for the last 5.5 years and the attention that is being given to information technology Governance, which resulted in terminating projects that are not meeting the goals and objectives of the agency. The chart shows that the department is completing more projects per biennium than ever before. Also, the chart reflects the effort that MN.IT and MDH have put into ensuring that projects are well-planned and will meet objectives before moving forward in the project lifecycle.

### Expense Reports Processed Within 60 days



Business expenses are taxable under IRS rules if not paid to employees within 60 days. The taxes are paid by both the employee and the employer. Reducing the percent of expense reports processed beyond 60 days saves the state and employees money.

### STATUTES

Health Operations supports the work of all areas of MDH. Statutes governing MDH's work can be found primarily in Chapters M.S. 144, (<https://www.revisor.leg.state.mn.us/statutes/?id=144>) M.S. 145, (<https://www.revisor.leg.state.mn.us/statutes/?id=145>) M.S. 145A (<https://www.revisor.leg.state.mn.us/statutes/?id=145A>) M.S. 62J (<https://www.revisor.leg.state.mn.us/statutes/?id=62J>)

**Program: Health Operations**

**Activity: Executive Office**

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

**AT A GLANCE**

- Convene and participate in forums with the public, legislators, Tribes and health organizations.
- Implement health equity strategies, which is the result of an awarding-winning [Advancing Health Equity](#) report that the department produced.
- Partner with tribes in Minnesota to address public health issues. Held the first Minnesota Indian Health Symposiums in July 2013 and November 2015, and convened related workgroups 2016.
- Hear from community members throughout Minnesota about their public health priorities. Held more than 25 “Pitch the Commissioner” events in 2012 through 2015.
- Host more than 100 members of the state’s public health community each year at State of Public Health Forum. Public health professionals have gathered annually since 2013 to discuss emerging public health issues affecting the state.

**PURPOSE & CONTEXT**

The Executive Office provides vision and strategic leadership for creating effective public health policy in Minnesota. It also oversees the management of the department, including program and administrative functions. We carry out our mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans. Our functions include planning, policy development, legislative relations, internal and external communications and legal services.

**SERVICES PROVIDED**

**Commissioner’s Office**

- Develop and implement department policies and provide leadership to the state in developing public health priorities.
- Direct the annual development of public health strategies that guide agency activities and more effectively engage the department’s public health partners.
- Direct strategic planning and implementation of department-wide initiatives.

**Legislative Relations**

- Lead and coordinate state legislative activities and monitor federal legislative activities to advance the departments’ priorities and mission. Work closely with the governor’s office, department divisions, legislators, legislative staff and other state agencies on the department’s strategies and priorities.
- Serve as a contact for the public, other departments, legislators and legislative staff throughout the legislative session and during the interim.

**Communications**

- Lead and coordinate department communications on statewide public health issues and programs, with a special focus on coordinating public awareness and outreach related to emerging public health concerns.
- Work closely with news media—issuing nearly 100 news releases and advisories per year, responding to media inquiries and working with divisions to ensure that accurate, timely and clear information on a wide range of public health topics is shared with the public.

- Leads content development for and manage the use of the department's growing list of digital communications platforms, including social media and the nearly 30,000 pages of information on the department's website.
- Organize department-wide outreach events, including the department's state fair booth each August and the annual State of Public Health Forum held each April.
- Coordinate with MDH staff to maintain internal communications channels, sharing news of training opportunities, policy updates and other key information on the department's internal website.

### **Legal Services**

- Serves the commissioner in a general counsel capacity, while providing overall direction to and oversight of legal services provided to MDH by in-house counsel and the Minnesota Office of the Attorney General.
- Responds to any legal need of the department, but have a primary focus in the areas of emergency preparedness, rulemaking, data practices and privacy, contracts, records management, delegations of authority and Health Insurance Portability and Accountability Act compliance. Act as a liaison with the Office of the Attorney General for MDH litigation and other legal services requested by MDH.

### **Internal Audit**

- Provide independent, objective assurance to MDH management over a variety of financial and compliance matters and provides investigative and consulting services as needed.
- Improve agency policies and procedures to strengthen internal control structures. As a result, MDH received four "clean" single audit opinions from the Office of the Legislative Auditor in the last five years.

### **American Indian Health Director**

- Provide consultation and liaison services between Minnesota Tribes and MDH staff.
- Advise the commissioner on current MDH efforts with Tribes and Urban American Indian group and organizations.
- Provides training on working with American Indians and coordination efforts within MDH divisions on issues related to American Indian health.

### **Workforce Diversity and Inclusion**

- Guide MDH leaders on diversity and inclusion, affirmative action and equal opportunity approach to the agency's recruiting, hiring and retention processes.
- Lead the development of strategic training offered to MDH leaders and staff on topics related to diversity.
- Serve as a liaison to MDH staff offering investigative services to address issues related to discrimination and inequity.

### **State Epidemiologist and Medical Director**

- Advise the commissioner on emergence, occurrence, prevalence and preventability of infectious and non-infectious diseases and conditions of public health importance.
- Provide medical and epidemiologic expertise for the development of strategic initiatives and policies to improve health.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	% of MDH employees who indicate they are satisfied or very satisfied with MDH as a place to work. (source: MDH all-employee survey)	74%	82%	2014- 2016
Quantity	Total subscribers to MDH email bulletins through GovDelivery	85,820	103,412	2015-2016
Quantity	Number of media inquiries handled by communications office	848	877	2015-2016
Quantity	Number of followers on social media channels on Facebook, Twitter, LinkedIn and Instagram. Launched LinkedIn and Instagram accounts in 2016.	11,367	16,509	2015-2016
Quality	Percent of legislative inquiries completed in 7 days or less	77%	88%	2014- 2015
Quantity	Percent of high-level agency internal controls rated "adequate" or "excellent" by agency management. Internal controls are methods used to control financial and other operational risks.	72%	87%	2012- 2016

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### STATUTES

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M.S. 144, (<https://www.revisor.leg.state.mn.us/statutes/?id=144>)

M.S. 145, (<https://www.revisor.leg.state.mn.us/statutes/?id=145>)

M.S. 145A (<https://www.revisor.leg.state.mn.us/statutes/?id=145A>)

M.S. 62J (<https://www.revisor.leg.state.mn.us/statutes/?id=62J>)