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

AT A GLANCE

- DH uses the best scientific data and methods available to guide policies and actions to promote healthy living in Minnesota and build a strong foundation to address health needs and concerns.
- In 2014, MDH received national public health accreditation after a rigorous site review by the Public Health Accreditation Board, meeting 98% of the National Public Health Accreditation Standards.
- In FY 2015, generated over \$248 million in federal funding to support public health activities in the state
- Administers \$251 million outgoing grants from nearly 93 MDH grant programs, reaching 500 unique grantees.
- Has a workforce of approximately 1,500, including MDs, PHD's, nurses, health educators, biologists, chemist, epidemiologist and engineers.
- Direct appropriations account for 28% of the Department's budget in FY 2015.

PURPOSE

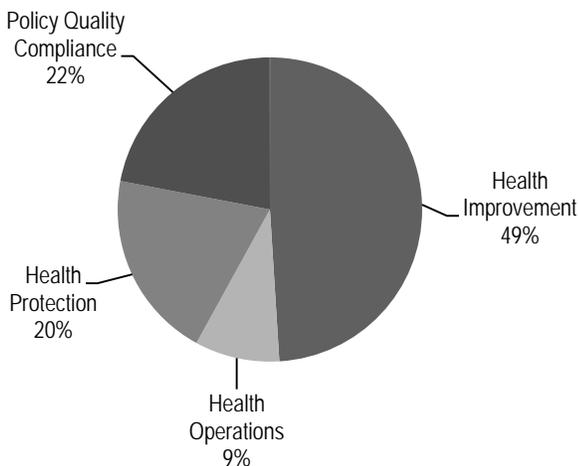
The mission of the Minnesota Department of Health (MDH) is to protect, maintain and improve the health of all Minnesotans. MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases, and promotes clean water, safe food, quality health care and healthy living. The department also 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 with 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

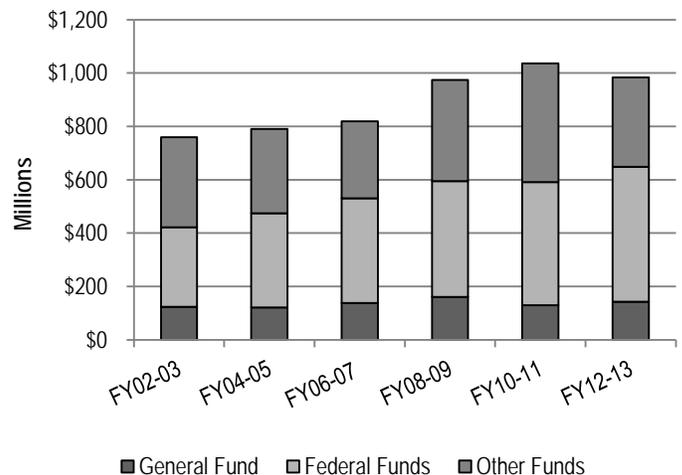
Note: The MDH budget structure for the FY 2016-17 Biennium restructures the four programs below into three: Health Improvement and Policy, Health Protection and Health Operations.

**Spending by Program
FY 13 Actual**



Source: SWIFT

Historical Spending



Source: Consolidated Fund Statement

STRATEGIES

Embedded in each strategy for improving the health of Minnesotans is the overarching goal of **advancing health equity**. A 2014 report issued by the department determined that, while Minnesota ranks as one of the healthiest states in the nation, there are significant and persistent disparities in health outcomes because the opportunity to be healthy is not equally available everywhere for everyone in the state. Eliminating inequities in health outcomes is a major priority for the department. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

MDH's Strategic Plan has six framework goals which focus on eliminating health problems before they occur.

- **Prevent the occurrence and spread of diseases:** to ensure that individuals and organizations in Minnesota understand how to prevent diseases and practice disease prevention and disease threats are swiftly detected and contained.
- **Prepare and respond to disasters and emergencies:** to ensure that emergencies are rapidly identified and evaluated, resources for emergency response are readily mobilized and Minnesota's emergency planning and response protects and restores health.
- **Make physical environments safe and healthy:** to ensure that Minnesotan's food and drinking water is safe, Minnesota's air, water and soils are safe and non-toxic, and the built environment in Minnesota supports safe and healthy living for all.
- **Help all people get quality health care services:** to ensure that health care in Minnesota is safe, family and patient-centered, effective and coordinated; that health care services are available throughout Minnesota and that all Minnesotans have affordable health coverage for the care they need.
- **Promote health throughout the lifespan:** to ensure that all Minnesotans are given a healthy start in life, Minnesotans make healthy choices and Minnesotans create social environments that support safe and healthy living at all ages.
- **Assure strong systems for health:** to ensure that Minnesota's infrastructure for health is strong, people-centered and continues to improve, that Minnesota's health systems are transparent, accountable and engage many diverse partners and that government policies and programs support health.

The Department of Health is governed by a number of Statutes. Most sections governing department activities are in Chapters 144, 145, 145A and 62J.

Program: Health Improvement & Policy
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 more than 200,000 pregnant women and young children.
- Prenatal, parenting, child safety and other support services provided to more than 11,000 pregnant and parenting women. Preconception health assessments provided to more than 6,300 women.
- Family planning counseling services provided to more than 40,000 high-risk individuals.
- Home visiting services provided to more than 9,800 at-risk families.
- More than 27,900 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 15,000 low-income seniors.

PURPOSE & CONTEXT

Evidence shows individuals' health outcomes can be greatly influenced by their early-life experiences. The Community and Family Health Division works to improve long-term health outcomes by providing early services to Minnesota children and families. The division's services focus on populations with the poorest 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

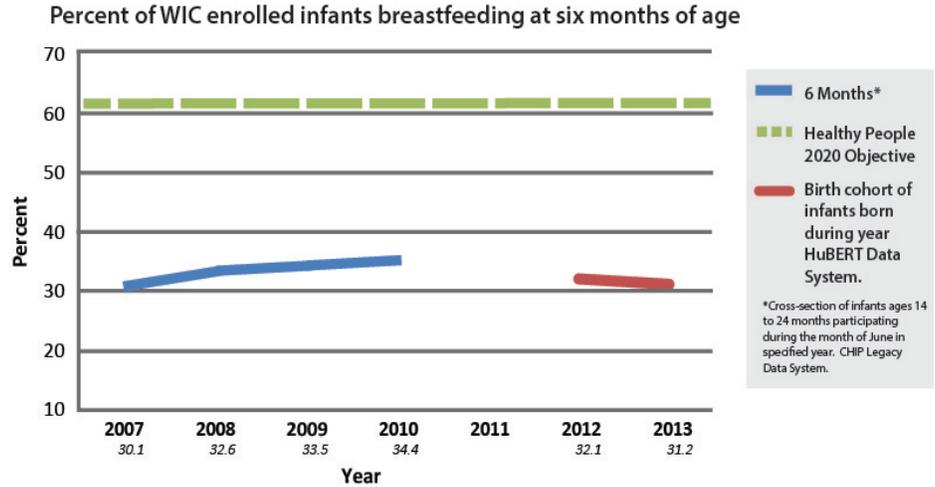
- Improve outcomes for young children by giving them the healthy food they need for a strong body and brain. The WIC program improves the health and nutritional status of pregnant and postpartum women, infants, and children, setting the stage for a healthy life. WIC provides funds, best practices, including breastfeeding support and monitoring of local WIC clinics located throughout the state. The program also authorizes, trains, and monitors Minnesota WIC food retailers.
- Increase the ratio of planned pregnancies to all pregnancies, 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 Maternal and Child Health 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, trains and shares best practices with providers, and develops standards and protocols.

RESULTS

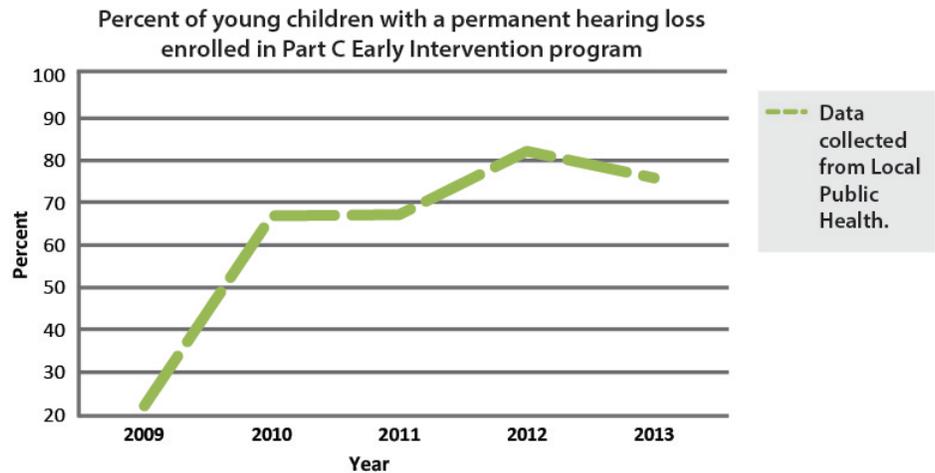
Breastfeeding:

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 40 percent of infants born in Minnesota. **The Minnesota WIC Program provides breastfeeding training and works in partnership with others to help create an environment supportive of breastfeeding.**



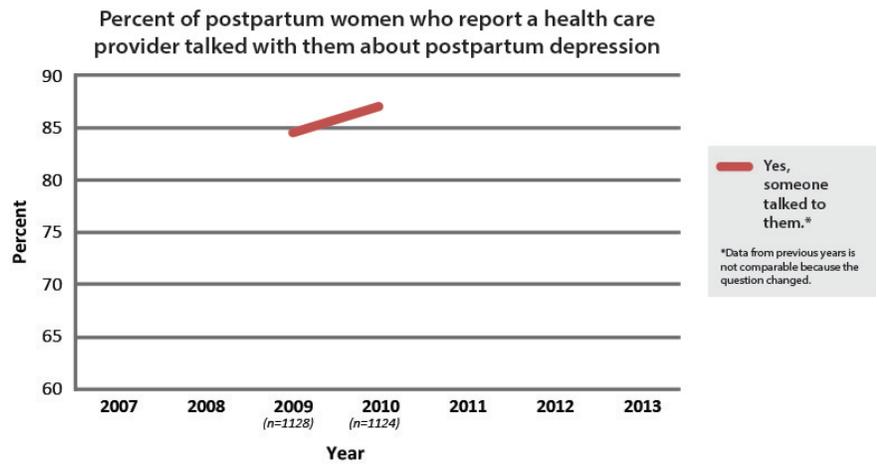
Families Connected to Family Support

Research shows that infants identified by 6 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 get optimal development. MDH works to improve the system resulting in timely connection to support services for every child born with a hearing loss.**



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.



Statutes governing CFH Activities:

- 144.2215 Minnesota Birth Defects Information System
- 144.574 Dangers of Shaking Infants and Young Children
- 144.966 Early Hearing Detection and Intervention Program
- 145.4235 Positive Abortion Alternatives Program
- 145.4243 Woman's Right to Know Printed Information
- 145.88 Maternal and Child Health
- 145.891 Maternal and Child Health Nutrition Act of 1975
- 145.898 Sudden Infant Death
- 145.899 WIC Vouchers for Organics
- 145.901 Maternal Death Studies
- 145.905 Location for Breast-Feeding
- 145.906 Postpartum Depression Education and Information
- 145.925 Family Planning Grants
- 145.9255 Minnesota Education Now and Babies Later
- 145.9261 Abstinence Education Grant Program
- 145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant
- 145A.14, Subd. 2a Tribal Governments
- 145A.17 Family Home Visiting Program

Program: Health Improvement & Policy
Activity: Health Promotion & Chronic Disease

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

AT A GLANCE

- Registered 28,217 newly-diagnosed invasive cancers in 2011 in the Minnesota Cancer Surveillance System.
- Screened 16,091 low-income women for breast and/or cervical cancer in 2013, and detected 166 cancers.
- Provided grant funding to the Minnesota Brain Injury Association, which provided medical follow-up, employment, education, and family counseling services in 2013 to 16,422 Minnesotans with a traumatic brain or spinal cord injury.
- Reached 645 health professionals statewide in 2013 with educational programs about diabetes prevention and management.
- Provided grant funding to the Poison Control System, which responded to 51,000 calls in 2013 regarding patients who either were or were in danger of being poisoned.

PURPOSE & CONTEXT

In the last 50 years, chronic diseases and injury have emerged as the greatest threat to the overall health and well-being of people in Minnesota. Chronic diseases and injuries are among the leading causes of death and years of potential life lost in Minnesota, and they also contribute significantly to long-term disability and poor quality of life. Chronic diseases accounted for the seven leading causes of death in Minnesota. They also exact a substantial toll on the health of the population by shortening life.

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 (HPCD) provides leadership in the prevention and management of chronic diseases and injury, promotes health equity, and reduces health disparities in chronic disease and injury.

HPCD accomplishes its purpose by:

- Monitoring the burden of chronic diseases and injury, as well as their associated risk factors
- Using data to drive all its activities
- Improving the effective delivery and use of clinical services to prevent and manage chronic diseases and injury
- Ensuring that communities support and health systems refer patients to programs that improve management of chronic conditions

SERVICES PROVIDED

HPCD helps 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, by:

- Promoting 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.
- Developing and promoting the adoption of proven chronic disease management tools such as the interactive Asthma Action Plan in health and clinic systems.
- Supporting 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 Minnesotans.

HPCD facilitates community-clinical linkages to improve the management of chronic conditions, by:

- Disseminating self-care and management education programs statewide, such as the Diabetes Prevention, Chronic Disease Self-Management, and Matter of Balance programs.
- Developing curriculum to train Community Health Workers to work effectively with underserved and at-risk populations to prevent and manage chronic diseases.
- Supporting 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.

HPCD develops, collects, and disseminates data, including data on health disparities, to inform chronic disease and injury prevention and management initiatives, by:

- Operating a statewide registry of all newly-diagnosed cancer cases.
- Analyzing and reporting 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.
- Collecting, analyzing, and reporting on occupational health, to identify rates and trends of workplace hazards, illnesses, and injuries and establish priorities for educational and intervention programs.
- Using environmental public health tracking 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>
Results	Average number of school days missed per year by children with asthma in HPCD's RETA program ¹	7	1	Before/after intervention
Results	Percent of callers to the poison control center funded by HPCD who were treated at the site of exposure ²	92%	92%	2003/2013
Results	Percent of patients in HPCD's stroke registry hospitals receiving appropriate therapy ³	35%	87%	2008/2013
Results	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 ⁴	10%	88.7%	2006/2013
Results	Average percent bodyweight lost by people participating in MDH-sponsored lifestyle intervention programs to prevent type 2 diabetes. ⁵	5.3%	4.5%	2007-09/ 2012-13

¹Reducing Environmental Triggers of Asthma program evaluation data, average number of days of school missed by children in the program before participation in the program and at the 12-month follow-up visit

² Minnesota Poison Control System, 2003 and 2013 Annual Reports

³ Minnesota Stroke Registry, 2008 and 2013, percent of eligible patients treated at participating hospitals and receiving tPA therapy

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

⁵ Diabetes Prevention Program data, 2007-2009 and 2012-2013. In people with prediabetes, losing 5% of their body weight cuts the risk of developing type 2 diabetes in half.

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

Program: Health Improvement & Policy

Activity: Minnesota Center for Health Equity

[The Minnesota Center for Health Statistics](http://www.health.state.mn.us/divs/chs/), (<http://www.health.state.mn.us/divs/chs/>)

[Office of Minority and Multicultural Health](http://www.health.state.mn.us/ommh/), (<http://www.health.state.mn.us/ommh/>)

[Advancing Health Equity](http://www.health.state.mn.us/divs/chs/healthequity/) (<http://www.health.state.mn.us/divs/chs/healthequity/>)

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 (EHDI).
- 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 (MCHE) was created in 2014 to build the capacity of the Minnesota Department of Health (MDH) to provide statewide leadership and support with regard to achieving health equity. The purpose of MCHE is to:

- 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, and
- Use data to analyze and track the impact of state policies on health equity; and
- 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

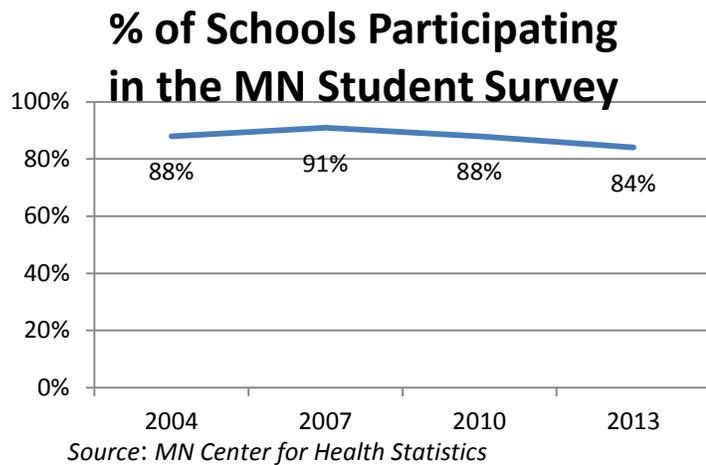
The Minnesota Center for Health Equity (MCHE) serves as a technical resource for the department and state and community partners. The Center provides services in the following areas:

- **Collaborates 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. The Center also increases understanding and awareness about health disparities and health equity in Minnesota through a variety of methods including presentations, conferences, reports, etc.
- **Collects, analyzes and communicates 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.

Key partners for MCHE include community stakeholder groups (ie. MCHE Advisory Committee, Healthy Minnesota Partnership, Tribal Health Directors, State and Community Health Services Advisory Committee, and other Department advisory stakeholder groups), community-based organizations, EHDI grantees, Minnesota tribes, local health departments, the federal Office of Minority Health, other MDH programs, and other Minnesota state agencies.

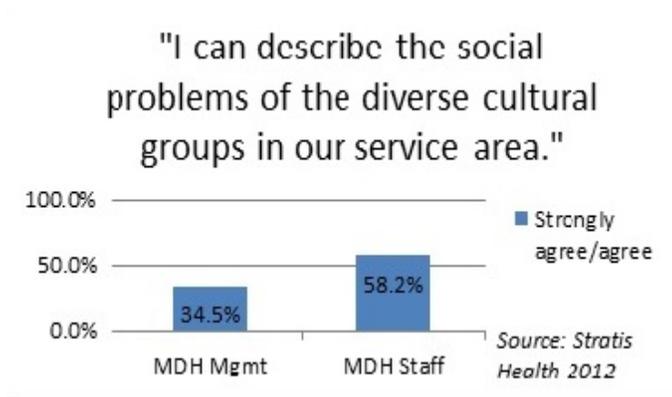
RESULTS

Measure 1



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



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. Data will continue to be collected on this measure over time to show a trend.

Minnesota Statutes, section 145.928.

Program: Health Improvement & Policy
Activity: Office of Statewide Health Improvement Initiatives

<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 manages \$6.15 million per year in federal grants to address tobacco, obesity and alcohol.
- OSHII oversees 19 technical assistance contracts and grants to support the work of local grantees.

PURPOSE & CONTEXT

The Office of Statewide Health Improvement Initiatives 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 U.S. In our state:

- 63 percent of all Minnesota adults are overweight or obese. 23 percent of 11th graders are overweight or obese; 16 percent of third grade students are overweight and 13 percent are obese. 16 percent of all Minnesota adults smoke. More than 25 percent of Minnesota's high school students use tobacco products.
- 22 percent of Minnesota adults report binge drinking behaviors, compared to 15.5 percent nationally.
- Minnesota spends \$2.9 billion in annual medical costs (2007) as a result of tobacco
- The economic cost associated with obesity in Minnesota is \$2.8 billion (2009) and is \$5.06 billion (2007) for alcohol.

SERVICES PROVIDED

OSHII supports all Minnesotans in leading healthier lives, raising healthier families and building healthier communities by preventing chronic disease through these activities:

- Providing grants and technical assistance to support local and tribal public health agencies in implementing evidence-based strategies to increase physical activity improve nutrition and reduce tobacco use.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of technical assistance requests fulfilled by OSHII staff.	-	1,826	FY14
Quantity	Number of technical assistance trainings (webinars, in-person, conference call)	-	150	FY14
Quantity	Number of grantee monitoring calls	-	324	FY14
Results	Number of schools in Minnesota that worked on Safe Routes to School programs	117	221 (accumulative)	FY11/ FY12/ FY13
Results	Number of school sites working on Farm to School program	360	494 (accumulative)	FY11/ FY12/FY13
Results	Number of multi-unit housing units that became smoke-free	-	6,963	FY12/FY13

Results	Number of employees benefitting from worksite wellness initiatives through SHIP	-	29,886	FY12/FY13
Results	Number of students benefitting from healthy school food strategies through SHIP	-	226,886	FY12/FY13

- Contracting with regional and state-level partnerships to implement policy and systems changes in collaboration with local organizations.
- Supporting local control by helping communities advance their work 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.

RESULTS

The types of measures labeled results represent intermediate steps toward reducing chronic conditions by providing Minnesotans with greater access to healthy foods, indoor environments that are free of toxins, and opportunities and incentives to exercise.

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

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

Program: Health Improvement & Policy

Activity: Performance Improvement

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

AT A GLANCE

- Maintains the strong public health partnership between state and local governments
- Supports effective governance and administration of Minnesota's 48 community health boards (CHBs)
- Builds foundational skills and supports innovations and quality in public health practice-- for Minnesota's 2,800 member local public health workforce, and within MDH
- Administers the \$43 million Local Public Health Grant

PURPOSE & CONTEXT

The Office of Performance Improvement (OPI) exists to ensure that Minnesota has a strong and effective state and local public health system to keep people healthy. It works to build capacity, improve performance, and ensure that public health activities are closely coordinated, are non-duplicative and leverage the unique strengths of each level of government. OPI provides support to Minnesota's community health boards (CHBs) through training and consultation. Since 2011, 32 of Minnesota's 48 CHBs have had a change in leadership. This has significantly increased the need for OPI support to new public health leaders, in order to maintain strong local public health services in communities around the state.

SERVICES PROVIDED

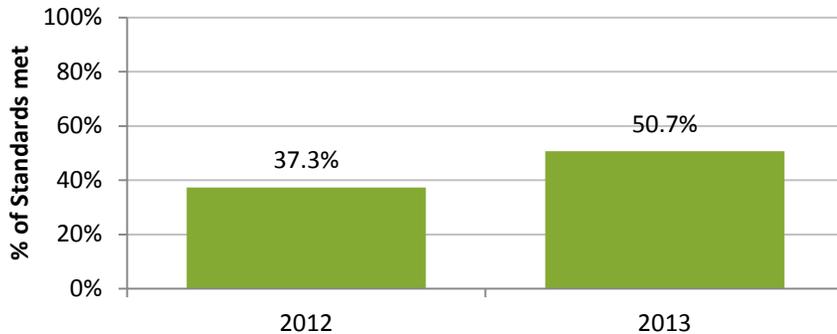
Key Services provided by the Performance Improvement activity include:

- Providing oversight and leadership for Minnesota's state and local public health system, in compliance with Minnesota Statutes, chapter 145A.
- With the State Community Health Advisory Committee, developing common approaches, policies, practices, and guidance so that public health services are delivered in the most efficient way at the appropriate level.
- Supporting consistent, strong public health leadership statewide.
- Providing agency-level performance management, quality improvement and facilitation/coaching of select quality improvement projects to embed continuous quality improvement within MDH, and supporting local health departments in doing the same.
- Providing consultation, technical assistance, tools and training on best practices so that community health boards, MDH and Tribal health departments can effectively carry out their missions.
- Collecting, analyzing and disseminating information about public health financing, staffing, organization, governance and performance to guide decision-making and practice.
- Helping MDH, local and tribal health department seek and/or maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

RESULTS

Measure 1: Quantity

Percentage of 35 national standards fully met by MN Community Health Boards, 2012 and 2013

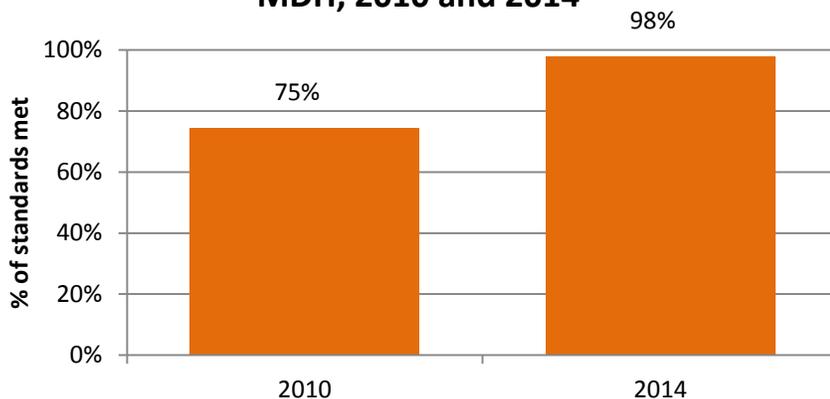


Data notes: graph is based on self-report. This measure is a combination of the total measures (35) times the total number of CHBs (50 in 2013).

This graph shows Minnesota's CHBs on average could fully meet 37.3% of the national public health standards in 2012, and almost 51% of the national public health standards in 2013. The national standards for state, local and tribal health departments are important indicators of a health department's performance set against nationally recognized, practice-focused and evidenced-based criteria with the goal of advancing quality and performance within public health departments and improving service, value and accountability to stakeholders.

Measure 2: Quality

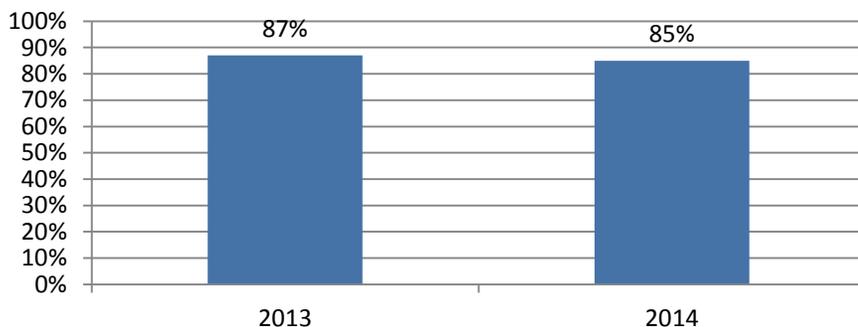
Percentage of national standards fully met by MDH, 2010 and 2014



This graph shows the improvement in MDH's ability meet the national public health standards between 2010 and 2014. Self-assessment data from 2010 indicate that the agency could meet 75% of the standards. In 2014, MDH received public health accreditation after a rigorous site review, fully meeting 98% of the national standards.

Measure 3: Result

Percent of Customers Satisfied with OPI Services 2013-2014



This graph shows customers rating OPI services as a 9 or 10 on a 10-point scale for 2013 and a portion of 2014. Respondents include local public health and MDH staff. Responders are asked to rate the quality of a number of OPI services including training, technical assistance and consultation.

[M.S. 145A](https://www.revisor.mn.gov/statutes/?id=145A) (<https://www.revisor.mn.gov/statutes/?id=145A>) provides the legal authority for Minnesota's local public health system.

Program: Health Improvement & Policy

Activity: Medical Cannabis

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

AT A GLANCE

- The Office of Medical Cannabis is a new Office at the Minnesota Department of Health tasked with creating a process that allows seriously ill Minnesotans to acquire and use medical cannabis to treat certain health conditions.
- Based on the experience of other states with similar laws, it is anticipated that as many as 5,000 Minnesotans will be served by the program once it is fully operational.
- There will be 2 manufacturers and 8 distribution sites in the state that will be overseen by the Office of Medical Cannabis.

PURPOSE & CONTEXT

The Office of Medical Cannabis provides a structure to connect Minnesota residents with qualifying medical conditions to a registered manufacturer that can provide them with medical cannabis to treat their condition. The patients will be placed on the MDH registry and will be able to obtain medical cannabis in pill or liquid form from distribution sites. Two approved medical cannabis manufacturing facilities will provide the medical cannabis to the distribution sites. Certified health care practitioners in Minnesota will certify the qualifying condition for a patient so that the patient may apply to the registry.

The law requires Minnesota residents with one or more of the qualifying conditions who would like to access medical cannabis to join a patient registry that will be established by the state. The qualifying conditions include:

- Cancer associated with 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;
- Crohn's Disease; and
- 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.

SERVICES PROVIDED

The Office of Medical Cannabis will:

- Develop a secure patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Create a supply of medical cannabis for registry participants by registering and overseeing two manufacturers each with four distribution facilities in the state.
- Promote use of medical cannabis by reviewing and reporting the existing medical and scientific literature regarding the range of recommended dosages for each qualifying 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.
- Create a process for health care practitioners to certify a patient has been diagnosed with a qualifying condition and supervise the collection of registry data by participating practitioners.
- Conduct research and studies based on data submitted in the registry.

RESULTS

Because the Office of Medical Cannabis is new and the program has not been implemented, there are currently no performance measures. There are a number of potential measures that can be tracked in the future related to consumer protection, consideration and potential additions of new conditions to the program, regulation of manufacturers, and assistance to providers.

Program: Health Improvement & Policy

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.
- According to data collected through the 2011 and 2013 Minnesota Health Access Surveys, the number of uninsured Minnesotans declined from 9% in 2011 to 8.2% in 2013, ensuring easier access to care.
- More than 600,000 certified birth and death records are issued annually.
- Adverse events reported by Minnesota hospitals declined 18% between 2012 and 2013, indicating safer care for Minnesota patients.
- 334 clinics (45% of all primary care clinics) certified as health care homes since 2009, to provide patient-centered care.
- 99% of MN hospitals use electronic health records systems to improve quality, coordinated care.
- 78% of physicians accessing loan forgiveness programs to practice in rural communities stay for at least 10 years.

PURPOSE & CONTEXT

The Health Policy Division (HP) provides policymakers and other stakeholders with policy research, analysis, design, and implementation of programs and reforms to improve health care value, quality, and accessibility. HP promotes access to quality, affordable health care for vulnerable, underserved, and rural populations. HP works to 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; and support medical education to build a strong health workforce. HP measures and reports 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. HP serves all Minnesota citizens, health care providers and professionals, purchasers, payers, and policy makers.

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 clinics as health care homes to ensure coordinated care for patients with chronic health conditions.
- 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 enter 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 the Health Policy Division work focuses on providing high-quality, reliable research, policy and data analysis, and standards development work for legislators, policymakers, providers, payers, and consumers. HP's work provides these entities the information they need to improve healthcare quality/safety, reduce costs and improve population health.

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

- use of electronic health records and health information exchange, with significant potential to reduce medical errors and provide quality, coordinated patient care
- establishing a robust, statewide trauma system that helps save lives by ensuring that trauma patients get the appropriate level of care as quickly as possible.
- increasing accuracy of birth and death records through a secure, web-based system, and
- reducing health care administrative costs by an estimated \$40 million to \$60 million..

The indicators below were chosen to illustrate a cross-section of the work that Health Policy Division performs, though they do not cover all program areas.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Results	Acute care hospitals exchanging clinical data with other health care providers	42%	79%	2010-2013
Quantity	Primary care clinics certified as health care homes	47	334	2010-2014
Results	Hospitals participating in a statewide trauma system	0/0%	131/96%	2005-2014
Results	Medical examiners registering deaths electronically	47%	77%	2010-2014

MS 144.7067 <https://www.revisor.mn.gov/statutes/?id=144.7067> Adverse Health Reporting System (MS 144.7063, 144.7065, 144.7067, 144.7069)

MS 256B.0751 <https://www.revisor.mn.gov/statutes/?id=256B.0751> Health Care Homes (MS 256B.0751 – 256B.0753)

MS 62J.63 <https://www.revisor.mn.gov/statutes/?id=62J.63> Center For Health Care Purchasing Improvement

MS 62J.495 <https://www.revisor.mn.gov/statutes/?id=62J.495> Electronic Health Record Technology (MS 62J.495 -62J.497)

MS 144.211 <https://www.revisor.mn.gov/statutes/?id=144.211> Vital Statistics Act (MS 144.211 – 144.227)

MN 144.291 <https://www.revisor.mn.gov/statutes/?id=144.291> Minnesota Health Records Act

MN 144.1501 <https://www.revisor.mn.gov/statutes/?id=144.1501> Office of Rural Health and Primary Care - Health Professional Education Loan Forgiveness Act

Program: Health Protection

Activity: Health Regulation

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

AT A GLANCE

- Monitor 4,760 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 (HMOs) 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 Compliance Monitoring 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, spoken language health interpreters, 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 therapists and audiologists.

This work protects the health and safety of consumers of all ages; however, 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

The Compliance Monitoring Division conducts the following activities in its health and safety protection:

REGULATORY OVERSIGHT

- 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 services 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 to ensure that consumers' health is protected.

POLICY DEVELOPMENT AND COMMUNICATIONS

- Collaborate with intra and inter agency partners to coordinate common regulatory responsibilities to avoid duplication, increase efficiency and develop proposals to increase provider compliance and protect consumers. Partners include MDH-Environmental Health Division, Departments of Commerce and Human Services, MNSure, State Fire Marshal's Office, Ombudsman's Offices for Mental Health and Developmental Disabilities and for Long Term Care, and the federal Centers for Medicare and Medicaid Services (CMS);

- Work with provider member organizations and consumer advocacy groups to define areas for improved consumer protection;
- Provide help and assistance to providers and consumers about legal requirements and rights and identify emerging trends;
- Advocate for changes needed to strengthen consumer protection, including developing legislative proposals.

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%	FFY12, FFY13
Quality	Total onsite Vulnerable Adults Act investigations completed within 60 days	30%	40%	SFY12, SFY13

MS 148.511 (<https://www.revisor.mn.gov/statutes/?id=148.511>) Speech language pathologists and audiologists licensing (MS 148.511 – 148.5198)

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

MS 148.995 (<https://www.revisor.mn.gov/statutes/?id=146B>) Doula registry

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

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

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

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

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

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

MS 144A.43 (<https://www.revisor.mn.gov/statutes/?id=144A.43>) Home care (MS 144A.43-144A.44; 144A.471-144A.4798; 144A.481; 626.556-626.5572)

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

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

Program: Health Protection

Activity: Environmental Health

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

AT A GLANCE

The EH division contains 294 staff and revenues of \$42 Million from fee programs

- Test drinking water at more than 8000 public water systems. 99% of Minnesotans served by community water systems receive water that meets all health-based drinking water standards.
- Ensure safe food, drinking water, lodging, and swimming pools in 23,000 establishments statewide. Annually certify 12,000 food managers (CFM); there are currently 35,304 CFM's active in the state.
- 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. Key functions include:

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

SERVICES PROVIDED

Drinking Water Protection (DWP) Section

- Ensure compliance with federal and state Safe Drinking Water Act standards in more than 8,000 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 on the Clean Water Fund (CWF), State Water Plan, the University of MN's 25 year water plan. Provide technical assistance to the Public Facilities Authority.

Food Pools Lodging Services (FPLS) Section

- Ensure compliance with state health standards to ensure sanitary conditions in the state's approximately 23,000 hotels/motels, 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 and education about safe food handling and hand-washing.

Environmental Surveillance and Assessment (ESA) Section

- 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 on children's environmental health, mining operations, and contaminated Minnesota groundwater.
- Conduct biomonitoring studies of mercury in infants and Great Lakes regional pollutants in tribal members.
- Coordinate MDH activities related to health impact assessments (HIAs) 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.eqb.state.mn.us/>

Indoor Environments and Radiation (IER) Section

- 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.
- Inspect 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.
- Assist schools in addressing indoor air quality concerns and other environmental health hazards that cause health problems for children.

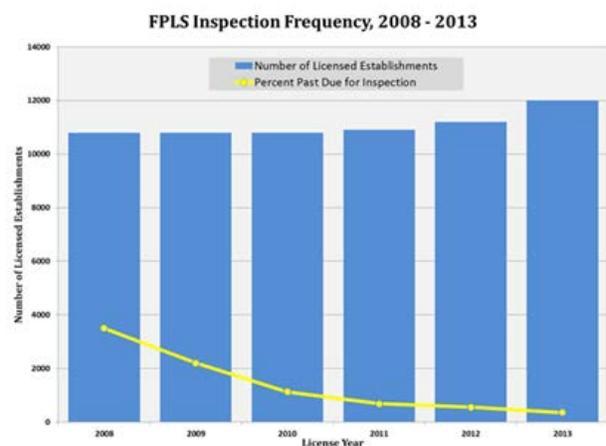
Well Management (WM) Section Operations-Metro/North/South, Central Office Operations, Records and Information

- Protect public health and groundwater resources by ensuring the proper location and construction of new wells and borings and the timely and proper sealing of unused wells and borings.
- Contribute to interagency activities on the Clean Water Fund through well sealing, county well indexing and evaluation strategies of private wells.

RESULTS

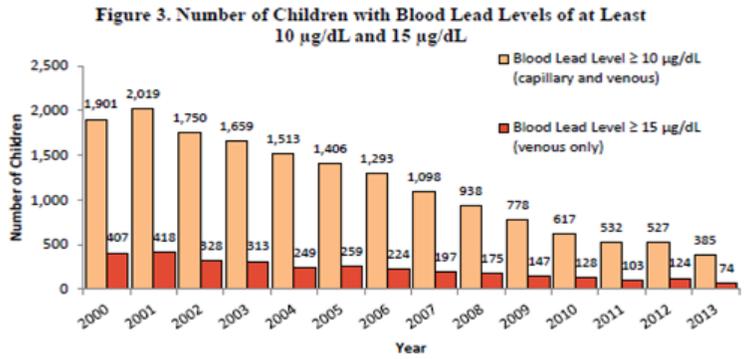
Food Pools and Lodging Services Inspection Frequency:

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.



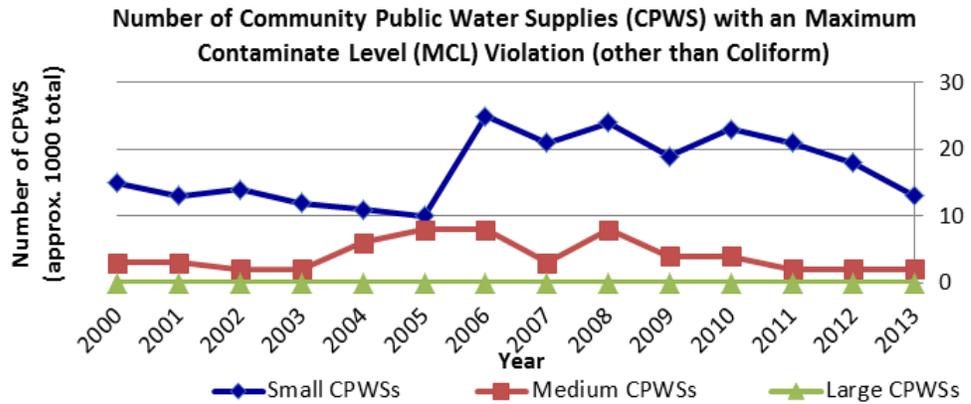
Children with Elevated Blood Lead Levels:

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.



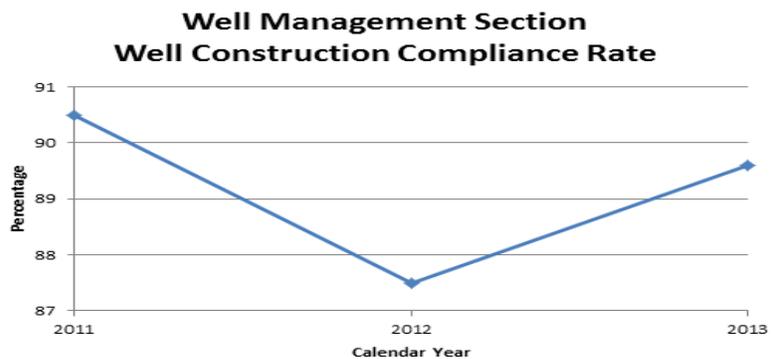
Community Public Water Supplies:

The number of Community Public Water Supply systems that are unable to meet Maximum Contaminant Level (MCL) standards for drinking water indicates the quality of the natural water supply in the state. Treatment of water for drinking water purposes is often a factor dependent on the size of the community. Small water systems have more difficulty meeting MCL standards than large systems. This data is from our data monitoring system.



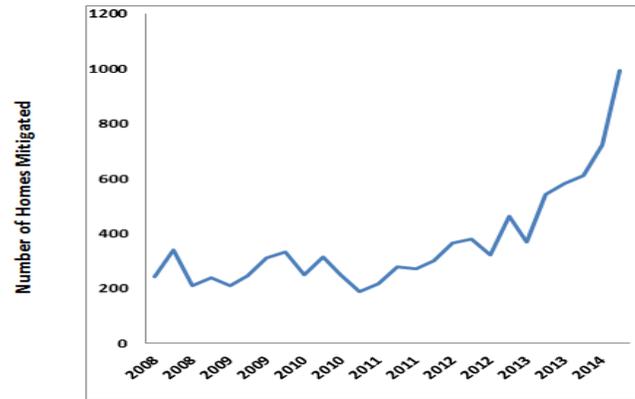
Well Construction Compliance Rate:

Construction of wells according to the established code ensures that the water supplied from the wells is safe for its intended purpose and that construction of the well will limit unintended contamination of the ground water. The compliance rate is an indicator of proper well construction and provides data on areas requiring additional education or technical assistance for well contractors. This data is from our licensing and inspection database.



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.



DWP: M.S. 144.12, 144.122, 144.383, 446.081 (<https://www.revisor.mn.gov/statutes/?id=144>),
(<https://www.revisor.mn.gov/statutes/?id=446A>)

FPLS: M.S. 157, M.S. 327, 144.1222, (<https://www.revisor.mn.gov/statutes/?id=157>, <https://www.revisor.mn.gov/statutes/?id=327>,
<https://www.revisor.mn.gov/statutes/?id=144.1222>)

ESA: M.S. 144.9502, M.R. 4717.8000 (<https://www.revisor.mn.gov/statutes/?id=144.9502>,
https://www.revisor.mn.gov/rules/?id=4717.8000&keyword_type=exact&keyword=Health+Risk+Values)

IER: M.S. 326.70, M.R. 4620, M.S. 144.9512, 144.1202, 144.412 (<https://www.revisor.mn.gov/statutes/?id=326.70>,
<https://www.revisor.mn.gov/rules/?id=4620>, <https://www.revisor.mn.gov/statutes/?id=144.9512>,
<https://www.revisor.mn.gov/statutes/?id=144.1202>, <https://www.revisor.mn.gov/statutes/?id=144.412>)

Wells: M.S. 103I.005, (<https://www.revisor.mn.gov/statutes/?id=103I.005>)

Program: Health Protection

Activity: Infectious Disease Epidemiology, Prevention, and Control Division

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

AT A GLANCE

- Detected state and national outbreaks such as Salmonella associated with a festival, *Listeria monocytogenes* associated with cheese, *Salmonella* associated with cucumbers, and E. coli O157:H7 associated with petting zoos.
- Investigated 130 intestinal disease outbreaks in 2013.
- Investigated a record 1,431 confirmed Lyme disease cases reported to MDH in 2013.
- Funded clinics through the Minnesota Infertility Prevention Project to provide more than 56,000 tests for chlamydia and/or gonorrhea in 2013.
- There were nearly 19,000 cases of chlamydia and 4,000 cases of gonorrhea reported to MDH in 2013.
- Coordinated programs to immunize 70,000 babies annually to prevent serious diseases.
- Provided vaccine to one in every three 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 2013, MDH ordered over \$41 million dollars' worth of vaccine for the MnVFC Program.
- Managed treatment for 137 new tuberculosis cases and evaluated 571 new case contacts in 2011.
- Investigated the spread of West Nile virus (80 cases and three deaths in 2013).
- Coordinated health screenings for 2,073 newly arrived refugees in 2013.

PURPOSE & CONTEXT

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division provides statewide leadership to ensure Minnesotans are safe from infectious diseases. We do this by:

- Maintaining systems to detect, investigate, and mitigate infectious disease outbreaks and threats;
- Recommending policy for detecting, preventing or controlling infectious diseases;
- Coordinating 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
- Providing advice on diagnosis and treatment of rare infectious diseases (e.g., Lassa Fever); and
- Identifying activities to prevent future outbreaks. Collaborating with local, state, and federal public health officials; community organizations, public and private providers, hospitals, and laboratories.

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 disease, refugees, immigrants and other foreign-born individuals, patients in hospitals and long-term care facilities, and health care workers.

IDEPC is 92 percent federally funded (grants and vaccine), 7 percent state general fund, and less than 1 percent state government special revenue.

SERVICES PROVIDED

Identifying, investigating, and mitigating 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, Chikungunya).
- 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 consultation on treatment options.
- Fund STD and HIV testing and prevention activities;
- Maintain foodborne illness hotline to receive illness complaints from the public and identify possible outbreaks.
- Manage treatment of and provide medications for tuberculosis (TB) patients to prevent spread of disease.
- Coordinate refugee screenings to identify and treat health problems;
- Provide vaccines and other medicine to prevent and control outbreaks of vaccine-preventable disease.

- Conduct follow-up activities to facilitate testing, treatment, and counseling of HIV, STD, and TB 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 providers on management of infectious diseases (telephone consultation, 24/7 on-call system, publications, and the MDH 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 prevention activities.
- Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges. Advisory committees have been established to address vaccines, TB, and HIV/STDs.
- 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 website and publication of Got Your Shots? and the Disease Control Newsletter.

RESULTS

Completing TB therapy prevents the spread of TB and reduces the development of resistant strains of the disease. State funding provides access to medication and reduces barriers to completing therapy.

Identifying and tracking the source of foodborne disease outbreaks helps to identify steps needed to prevent the spread of disease, including food recalls, or changes to food handling practices.

Screening of newly arrived refugees is an effective public health tool used to identify and treat health problems and prevent the spread of infectious disease.

Increasing vaccination rates helps to reduce disease occurrence.

<i>Type of Measure</i>	<i>Performance Measures</i>	<i>Previous</i>	<i>Previous</i>	<i>Current</i>
Result	Percentage of tuberculosis (TB) patients who complete therapy in 12 months. <i>Source: MDH TB Program Data</i>	2008 93% N=192	2010 91% N=116	2012 96% N=133
Quality	Percentage of foodborne disease outbreak in which the source of the outbreak was identified. <i>Source: MDH Foodborne Outbreak Data</i>	2005 68% N=41	2011 54% N=57	2013 63% N=41
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>	2010 96.8% N=2169	2011 98.3% N=1808	2013 96.5% N=2,109
Result	Percentage of Adolescents Receiving >1 Tetanus, diphtheria and acellular pertussis [Tdap] vaccination <i>Source: National Immunization Survey-Teen, 2008, 2010, 2012</i>	2008 40.7% N= 310	2010 70.3% N=310	2012 85.6% N=322

The following statutes apply to this program:

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

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

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

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

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

Minn. Rules, Ch. 4604 (<https://www.revisor.leg.state.mn.us/rules/?id=4604>)

Minn. Rules, Ch. 4605 (<https://www.revisor.leg.state.mn.us/rules/?id=4605>)

Program: Health Protection
Activity: Public Health Laboratory

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

AT A GLANCE

- The Environmental Laboratory received 41,483 samples and performed 144,943 analyses in FY13. In FY14 the lab received 46,219 samples and performed 164,369 analyses.
- The Infectious Disease Laboratory performed 86,110 tests on 62,667 samples in FY13 and performed 126,871 tests on 44,332 samples in FY14. These tests find viruses and other germs that make the public sick. These tests also find outbreaks related to food and water.
- The Newborn Screening Program screened more than 69,000 newborn babies for more than 50 treatable, life-threatening congenital and heritable conditions each year in FY13 and FY14.
- The Environmental Laboratory Accreditation Program (MNELAP) accredited 96 environmental laboratories during FY13 and 83 laboratories in FY14.

PURPOSE & CONTEXT

The Minnesota Public Health Laboratory (PHL) ensures early detection of 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.

The PHL collaborates with local, state, and federal officials; public and private hospitals; laboratories; and other entities throughout the state to analyze environmental and clinical samples for chemical contaminants, screen newborns, provide testing for viruses and other germs, and analyze specimens for diagnosing rare infectious diseases (e.g., rabies, polio, anthrax). These activities ultimately benefit all Minnesotans. New technologies, maintaining existing technologies, and staff expertise, along with variable funding sources are important factors that impact the laboratory. The laboratory is funded by a combination of federal grants, fees and reimbursements for its services, and general fund appropriations.

SERVICES PROVIDED

Environmental Health:

- Analysis of environmental samples including air, drinking and non-potable water, biological materials, and solid materials for chemical, bacterial, and radiological contaminants.
- Develop scientific methods and perform measurements of potentially harmful chemicals in human samples collected from Minnesotans to help identify and address health equity concerns.
- Accreditation public and private environmental laboratories that conduct testing for the federal safe drinking water, clean water, resource conservation and recovery, and underground storage tank programs in Minnesota.

Infectious Disease:

- Testing to find and describe germs including flu, parasites and other things that make people sick. Testing is also done to find rare germs such as rabies.
- Discover outbreaks related to food and water. Determine if a germ is resistant to antibiotics
- Tell results to epidemiologists and healthcare professionals, so that they can provide timely treatment and stop the spread of germs.

Newborn Screening:

- Screens all Minnesota newborns for more than 50 treatable congenital and hereditary conditions, including hearing loss and critical congenital heart disease.
- Educates Minnesota expectant parents, new parents, and medical care providers about newborn screening to ensure the best possible outcomes for babies and their families.

Emergency Preparedness And Response:

- Conducts activities to ensure early detection and rapid response to all hazards, including potentially harmful chemicals, radioactive materials, and biological organisms that can make people very sick.
- Participates in Minnesota's Radiological Emergency Preparedness (REP) program, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Hosts the federal BioWatch air-monitoring program.
- Operates the "Minnesota Laboratory System", a communication and training system that ensures public and private laboratories are trained for early recognition and referral of possible agents of chemical and disease threats, as well as other public health threats.
- Designated as an LRN Level 1 Chemical Threat preparedness laboratory to provide surge capacity in response to a mass casualty event involving harmful chemicals anywhere in the country.

RESULTS

Newborn Screening: Ensures that babies with treatable disorders are detected and receive follow-up assessment, resulting in improved clinical outcomes and quality of life for these babies and their parents. The table below illustrates the number of children positively impacted by this program.

Infectious Disease: Ensures quick discovery and control of outbreaks to stop the spread of illness. The timeliness of test results depends on resource allocation of the labs providing the testing, which is being impacted by changes in testing performed by the clinical labs that provide the PHL with the bacterial samples. These labs are increasingly using non-culture based methods that necessitate that PHL perform an additional step to obtain material necessary for fingerprinting. However, the lab is generating critical typing results within the desired timeframe as shown below.

Emergency Preparedness: Ensures that PHL receives samples from hospitals, law enforcement, and other partners to ensure rapid testing on clinical or environmental samples of concern. Identification of these agents requires that novel test methods be developed and maintained by the PHL.

Accreditation Program: Ensures quality of testing by Environmental Laboratories. On-site assessments are performed by approved contract assessors, assessment organizations, and MNELAP assessors. The transition to a selection committee for establishing criteria and qualifying assessors and assessment organizations impacted the timely performance of assessments.

<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.	472	477	FY13/FY14
Quality	Percent of E. coli O157 and Listeria 54(14 ¹) fingerprint results reported within four days of arrival at the lab.	98%	99%	FY13/FY14
Quantity	Environmental Unknown samples received (tested) from law enforcement and other partners for analysis of chemical or biological agents of concern.	13 (7)	21 (15)	FY13FY14
Quantity	Human clinical specimens received by MN laboratories (number of positive tests) for detection an infectious disease agent of concern.	77 (27) ¹	54 (14) ¹	FY13/FY14
Quality	Percent of scheduled environmental lab assessments completed on-time.	93%	80%	FY13/FY14

1. MDH determined that all infections were naturally acquired.

MS 144.05 <https://www.revisor.mn.gov/statutes/?id=144.05> General Duties of the Commissioner

MS 144.123 <https://www.revisor.mn.gov/statutes/?id=144.123> Fees for diagnostic laboratory services

MS 144.125 <https://www.revisor.mn.gov/statutes/?id=144.125> Tests of Infants for Heritable & Congenital Disorders

MS 144.1251 <https://www.revisor.mn.gov/statutes/?id=144.1251> Newborn Screening for Critical Congenital Heart Disease (CCHD)

MS 144.128 <https://www.revisor.mn.gov/statutes/?id=144.128> Commissioner's Duties (Newborn Screening)

MA 144.192 <https://www.revisor.mn.gov/statutes/?id=144.192> Treatment of Biological Specimens and Health Data

MS 144.193 <https://www.revisor.mn.gov/statutes/?id=144.193> Inventory of Biological and Health Data
MS 144.966 <https://www.revisor.leg.state.mn.us/statutes/?id=144.966> Early Hearing Detection
MS 144.97 <https://www.revisor.mn.gov/statutes/?id=144.97> Definitions
MS 144.98 <https://www.revisor.mn.gov/statutes/?id=144.98> Accreditation of Environmental Laboratories
MS 144.99 <https://www.revisor.mn.gov/statutes/?id=144.99> Enforcement
MS 13.386 <https://www.revisor.mn.gov/statutes/?id=13.386> Treatment of Genetic Information Held by Government Entities & Other Persons
MS 13.3805 <https://www.revisor.mn.gov/statutes/?id=13.3805> Public Health Data
MN Rules Chapter 4605 <https://www.revisor.mn.gov/rules/?id=4605> Communicable Diseases
MN Rules Chapter 4740 <https://www.revisor.mn.gov/rules/?id=4740> Laboratories; Accreditation Requirements
MN Rules 4615.0400 <https://www.revisor.mn.gov/rules/?id=4615.0400> Definitions

Program: Health Protection
Activity: Office of Emergency Preparedness

<http://www.health.state.mn.us/macros/topics/emergency.html>

AT A GLANCE

- Following recent public health emergencies, the Office of Emergency Preparedness (OEP) has:
 - coordinated state/local/ tribal health operations centers and healthcare providers to ensure there is sufficient capacity to respond to health needs,
 - activated behavioral health volunteers to assess needs and provide counseling,
 - shared critical status information with other state agencies, and
 - coordinated health support at Disaster Recovery Centers
 - coordinated with local public health and with health care facilities to track impacts and assess risks.
- The Office maintains a 24/7 on-call system to take calls from federal agencies, local government, other state agencies and the public about emergency events.

PURPOSE & CONTEXT

In recent years, Minnesota has experienced a variety of public health emergencies related to natural occurrences, including floods and tornadoes. Other potential threats include:

The Office of Emergency Preparedness (OEP) coordinates emergency preparedness and response activities of the Minnesota Department of Health. It provides guidance to local public health agencies, tribal governments and healthcare organizations as they develop plans and protocols for responding to public health threats. In addition, the Office works with other responder agencies to ensure that Minnesota is prepared to respond swiftly and effectively to significant public health threats. The Office was established in 2002 and currently consists of five units with 45 staff.

Emerging factors affecting the work of OEP:

- Climate change: increasing extreme weather events have a variety of health components that require ongoing revision of plans—flash flooding, extreme heat/cold, changes in the range and prevalence of disease-carrying insects;
- Commerce trends: the significant increase in flammable materials being carried by rail or pipelines (some very near health care facilities) means communities must prepare for fires, explosions, evacuations, and other contingencies;
- Just-in-time inventory practices in health care systems - facilities are keeping fewer supplies on hand, which makes it more challenging to quickly care for a quick increase in sick or injured patients.

SERVICES PROVIDED

The Office of Emergency Preparedness serves a variety of partners, including:

- People affected by emergencies;
- Local and tribal health departments, ensuring they can work together efficiently in a crisis;
- Regional health coalitions made up of hospitals, clinics, residential healthcare facilities, emergency managers, voluntary agencies, emergency medical services providers, and others; and
- Other state agencies, federal partners, the business community, homeland security, and law enforcement.

OEP supports the mission of MDH:

- Leads preparedness planning, which increases readiness in local and tribal health departments and throughout the health care systems by establishing priorities, providing guidance, sharing best practices, and distributing federal grant awards for implementation;
- Develops, conducts, and monitors public health and health care response exercises along with partners across the state;
- Maintains an emergency operations center to quickly coordinate response with local, state, tribal, and federal partners;
- Coordinates Continuity of Operations planning to ensure MDH can continue to serve Minnesotans if there were a loss of facilities, technology, or staff; and

- Creates a foundation of preparedness at the local level, which decreases the impact of health disparities during a disaster.
- OEP strives to promote health equity by developing and managing statewide standards, programs, and projects to reduce gaps in the ability of Minnesota’s public health and healthcare systems to respond to disasters.
- The Office of Emergency Preparedness (OEP) helps communities and partner agencies to protect, maintain, and improve health by guiding statewide emergency preparedness plans, response efforts and long-term recovery to improve health outcomes following emergencies.

Specific services provided by OEP:

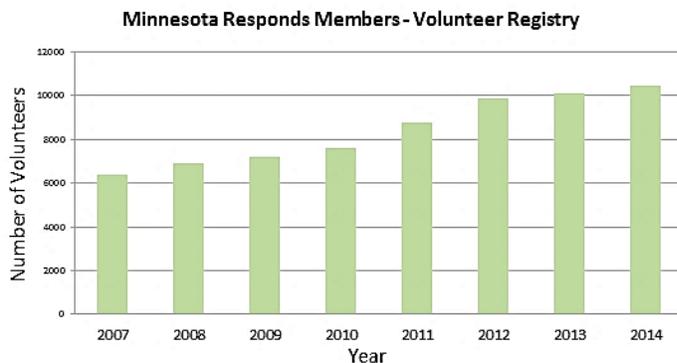
- Subject-matter expertise and training to support, guide, and assist organizations statewide in preparing for, responding to, and recovering from incidents affecting the public’s health, and then evaluating and improving response for future events;
- Technology to rapidly notify thousands of health care providers about emerging disease threats or contaminated drugs, or to quickly let restaurants know about contaminated food items; and
- Technical assistance to state and local partners in the development, coordination, execution, and tracking of exercises to test and improve plans and partner collaboration that must be immediately in place when an emergency occurs.
- Risk assessments, detailed planning, testing of emergency response plans, management of response assets, and coordination with community partners to ensure systems essential for effective emergency response are in place at public health agencies and in the healthcare system.
- Maintains the capacity to receive, stage, store, and rapidly distribute medications or vaccines statewide to protect Minnesotans and ensure that the state and communities are prepared to deal with pandemic diseases or bioterrorism incidents.
- Development of flexible and adaptable plans and resources using an “All-Hazards” approach — focusing on the core activities needed no matter the type of health emergency—to ensure that the state and communities are prepared to respond to a range of public health emergencies.

OEP’s key partners in accomplishing the mission include:

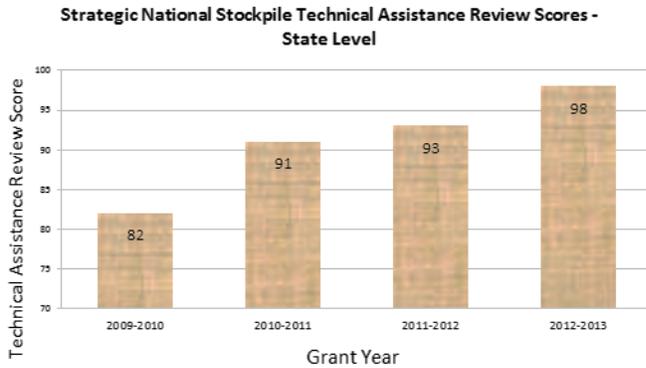
- I.U.S. Centers for Disease Control and Prevention (CDC); Health and Human Services Assistant Secretary for Preparedness and Response (ASPR);
- Regional Health Coalitions, including local and tribal health departments, hospitals, clinics, long term care providers, professional organizations, and volunteer agencies; and
- Minnesota Division of Homeland Security and Emergency Management, Emergency Medical Services Regulatory Board, Minnesota Hospital Association, University of Minnesota, Poison Control Center, Military Affairs, and other state agencies.

RESULTS

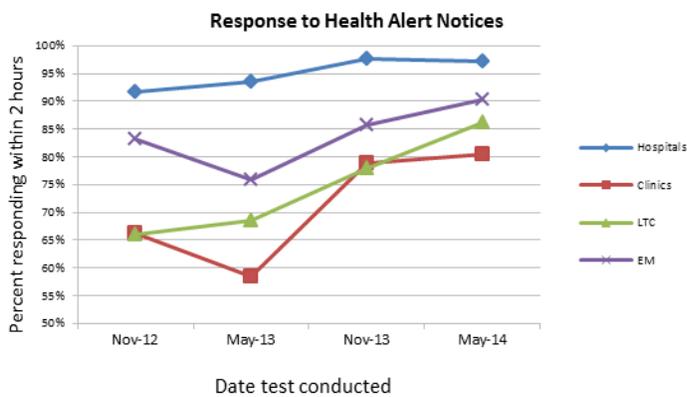
1. Number of volunteers who have registered to help with health emergencies at the local or state level



- Programs, products, and systems necessary to protect against Chemical, Biological, Radiological, and Nuclear agents and emerging infectious disease threats



- Data testing the effectiveness of the Health Alert Network (HAN) to quickly distribute epidemiological or clinical information from public health to healthcare partners



Statutes that apply to this program:

- M.S. 12A.08 (<https://www.revisor.mn.gov/statutes/?id=12A.08>)
- M.S. 144.4197 (<https://www.revisor.mn.gov/statutes/?id=144.4197>)
- M.S. 145A.04 (<https://www.revisor.mn.gov/statutes/?id=145A.04>)
- M.S. 151.37 (<https://www.revisor.mn.gov/statutes/?id=151.37>)

Program: Health Operations

Activity: Health Operations

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

AT A GLANCE

- Provides HR services to nearly 1,500 MDH employees across the state, including filling 452 positions and delivering MDH development courses to 1,921 learners in 2013.
- Provides IT services and support to MDH employees and 170 software applications.
- Provides guidance and oversight to \$251 million in outgoing grants from nearly 93 MDH grant programs, reaching 500 unique grantees.
- Maintains 500,000 square feet of space at four metro area and eight Greater Minnesota locations.
- Creates and monitors nearly 800 budgets, process over 100,000 payment transactions, and execute 2,500 contracts and grant agreements for MDH programs each year.

- **Grants and Special Projects** provides agency-wide guidance on grants management and facilitates projects focused on innovative service delivery.
- **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

The Health Operations divisions 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 provides stewardship of MDH financial resources through:

- Centralized accounting, cash management, and procurement of goods and contract/grant services;
- Monitoring, financial reporting, and technical assistance required for federal grants;
- Coordinated budget planning and reporting for all department resources; and
- Guidance 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 by:

- Managing staffing, labor relations, health and safety activities;
- Ensuring accurate administration of compensation, benefits, and payroll services;
- Offering training programs to strengthen current leadership competencies and to develop future leaders;
- Promoting an inclusive workplace with equal opportunity and affirmative action programs; and
- Addressing complex employment issues by consulting with employees, supervisors, and managers.

Facilities Management supports efficient operations through:

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

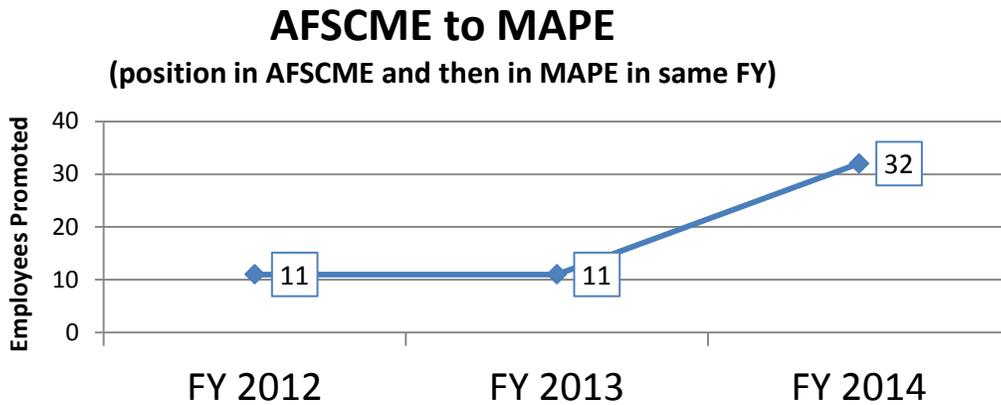
Grants and Special Projects supports strong systems for health by:

- Facilitating bimonthly grant manager workgroup meetings among nearly 250 MDH grant managers to share resources and improve consistency and effectiveness of outgoing grants;
- Providing grant management training opportunities to increase proficiency in grants management and improve compliance with federal and Office of Grants Management guidance, policies and procedures; and
- Coordinating agency-wide priority projects focused on innovative service delivery, quality improvement and user adoption of new technologies.

MN.IT @ MDH ensures that technology meets business needs by:

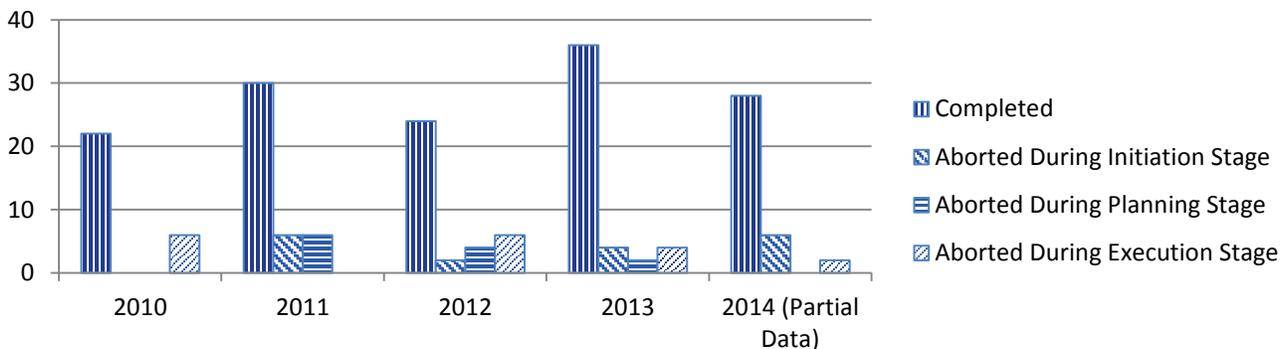
- Administering the Information Technology Service Level Agreement for the divisions and offices that defines partnerships, roles and responsibilities, service metrics, and budgets;
- Providing expertise, planning and development of technology systems and data architectures;
- Supplying high-level security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

RESULTS



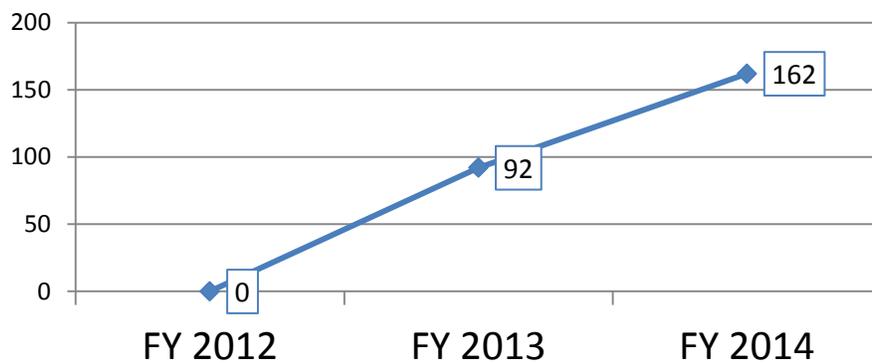
The value of a top performer is two to three times that of an average employee so the ability to retain stellar employees profoundly affects productivity and the department's salary budget. HRM's succession planning strategy is to develop identified employees' leadership skills in order to build an engaged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

IT Projects By End Type



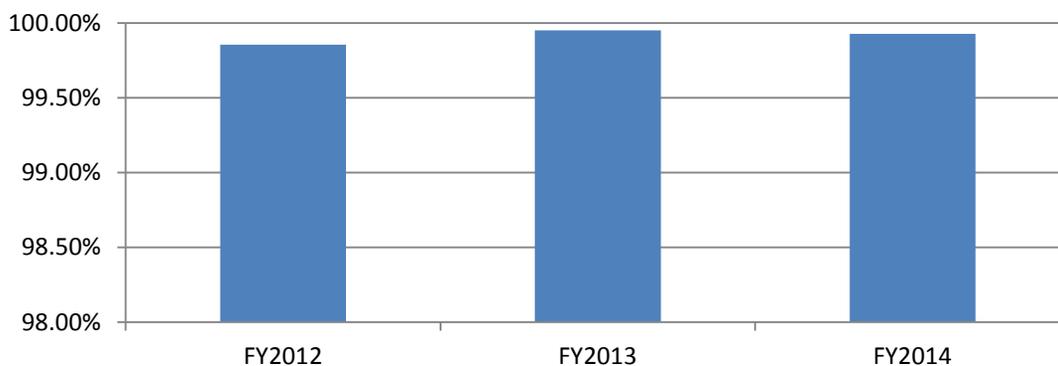
The chart above shows the IT project completion rates for the last 4 years and the attention that is being given to IT Governance which resulted in aborting projects that are not meeting the goals and objectives of the agency. The chart shows that the department is completing more projects (comparing even years to even years and odd to odd, given the biennial funding cycle). 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 toward execution. It shows that we are aborting more projects in the initiation stage (before significant resources have been committed) and aborting fewer projects in the execution stage (after significant time and money has been spent). MN.IT @ MDH in partnership with the MDH divisions completed 67 percent of the 45 IT projects initiated in 2013-2014. The completed projects included: adding vaccine management functionality to the Minnesota Immunization Information Connection system; implementation of the new SAGE Screening Program system for breast and cervical cancer; Meaningful Use Registration and Tracking System to assist hospitals and health care professionals in meeting objectives for electronic exchange of health information; County Well Index enhancements that are first in a series of projects to modernize well management assets; and wireless access expansion for all MDH facilities to allow staff to take their work with them when they are away from their desktops.

Grant Management Training Participants



Knowledge sharing and training are essential components to maintaining a robust grants management workforce. Since FY 2012, Grants & Special Projects has convened bimonthly meetings of agency grant managers and created training opportunities for grant managers to acquire new skills. Attendance has steadily grown over the last year as these opportunities have expanded. In addition to increasing workforce competency at MDH, Grants & Special Projects also partnered with the state Office of Grants Management in the Department of Administration to create and deploy a webinar in FY 2014 that is available to all grant managers statewide.

Expense Reports Processed After 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.

Health Operations supports the work of all areas of MDH. Statutes governing MDH's work can be found primarily in Chapters 144, 145, 145A and 62J.

Program: Health Operations

Activity: Executive Office

www.health.state.mn.us

AT A GLANCE

- Over the past year the Executive Office convened and participated in many different events to consider health policy issues with the public, legislators, tribes and health organizations. Through those interactions and evidence-based research, MDH produced the award-winning Advancing Health Equity report.
- MDH is partnering with Tribes in Minnesota to address public health issues and held the first Minnesota Indian Health Symposium in July 2013.
- The Executive Office conducted more than 20 "Pitch the Commissioner" events in communities around greater Minnesota from 2012-2014, with the goal of hearing from community members about their public health priorities.
- The Executive Office hosted more than 100 members of the state's public health community at State of Public Health Forums in 2013 and 2014, for the purpose of discussing 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 department, including program and administrative functions.

It carries out its mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans.

Several key functions take place through the Executive Office, including planning, policy development, legislative relations, internal and external communications and legal services.

The department's 1,500 employees work to protect and promote the health of all Minnesotans. The department carries out its mission in close partnership with local public health departments, other state agencies, elected officials, health care and community organizations, and public health officials at the federal, state, local and tribal levels.

SERVICES PROVIDED

Commissioner's Office

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

Legislative Relations

- The legislative relations office leads and coordinates state legislative activities and monitors federal legislative activities to advance the departments' priorities and mission. It works closely with the Governor's Office, department divisions, legislators, legislative staff, and other state agencies on the department's strategies and priorities.
- Throughout the legislative session and during the interim, legislative relations is a contact for the public, other departments, legislators, and legislative staff.

Communications

- The communications office is responsible for leading and coordinating 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.
- The communications office works closely with news media, issuing news releases and advisories, 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 general public.
- The communications office leads content development for and manages 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.
- The communications office organizes department-wide outreach events, including the department's state fair booth and the annual State of Public Health Forum held each April.

- The communications office works with the Executive Office and division 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

- The MDH Legal Director 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.
- Legal Services responds to any legal need of the department, but its primary focus is 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. The Legal Unit also acts as a liaison with the Office of the Attorney General for MDH litigation and other legal services requested by MDH.

Internal Audit

- Internal Audit provides independent, objective assurance to MDH management over a variety of financial and compliance matters, and provides investigative and consulting services as needed.
- Working with Internal Audit, department management has received three consecutive "clean" single audit opinions from the Office of the Legislative Auditor. The department has worked to implement policies and procedures to strengthen its internal control structure.

American Indian Health Director

- The American Indian Health Director provides consultation and liaison services between Minnesota Tribes and MDH staff.
- The Director advises the Commissioner on current MDH efforts with Tribes and Urban American Indian group/organizations. The Director also provides training on working with American Indians and coordination efforts within the MDH divisions on issues related to American Indian health.

State Epidemiologist and Medical Director

- The State Epidemiologist and Medical Director advises the Commissioner of Health regarding the emergence, occurrence, prevalence and preventability of infectious and non-infectious diseases and conditions of public health importance.
- The Director provides 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)	59%	74%	2012-2014
Quantity	Total subscribers to MDH website bulletins through Gov Delivery	60,000	68,546	2013-2014
Quantity	Number of media inquiries handled by communications office during fiscal year	622	727	2013-2014
Quantity	Number of public health-related bills tracked	1,295	1,256	2011-12 – 2013-14
Quality	Percent of fiscal notes completed on time	78%	71%	Jan. 2013 – May 2014
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%	86%	2012-2014

Statutes governing MDH's work can be found primarily in Chapters 144, 145, 145A and 62J.