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⇒ Designates that this item is a change item

Agency Purpose

The statutory mission of the Minnesota Department of Health (MDH) is to protect, maintain, and improve the health of all Minnesotans. MDH approaches its work through core agency values of integrity, collaboration, respect, science-based decision making, & accountability.

MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases and promote clean water, safe food, quality health care, and healthy living. The department also plays a significant role in making sure that Minnesota is ready to effectively respond to serious emergencies, such as natural disasters, emerging disease threats, and terrorism. The department carries out its mission in close partnership with local public health departments, tribal governments, the federal government, foreign countries, and many health-related organizations.

At a Glance

Community and Family Health Promotion

- Served 226,915 Minnesotans in the in the Women, Infant and Children Program in FY 2010.
- Screened 19,728 low income women for breast and/or cervical cancer in 2009.
- Tracked outcomes to measure Minnesota's progress toward reducing health disparities.
- Awarded grants to 53 community health boards and 9 tribal governments to implement evidenced based policy, systems, and environmental change strategies to reduce obesity and tobacco use and exposure.

Policy Quality and Compliance

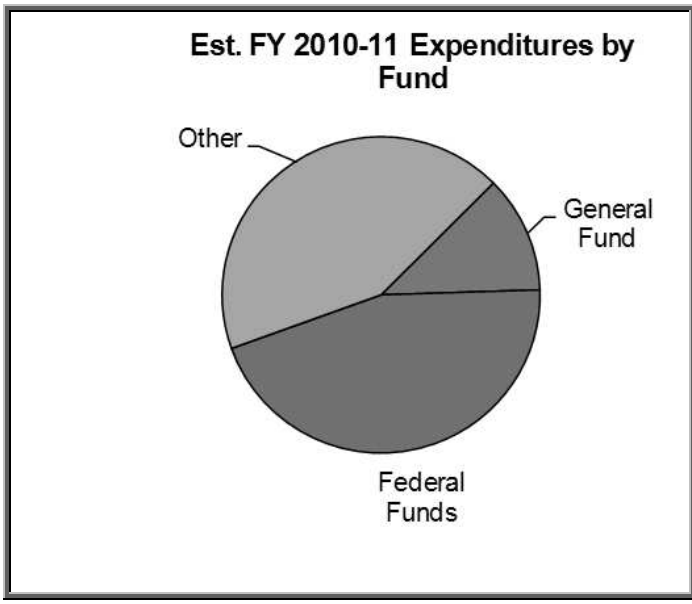
- Monitors 7,950 health care facilities and providers for safety annually.
- Supports state and federal health reforms including payment reforms, performance measurement, delivery system design, transparency, insurance coverage, and Health Insurance Exchanges.

Health Protection

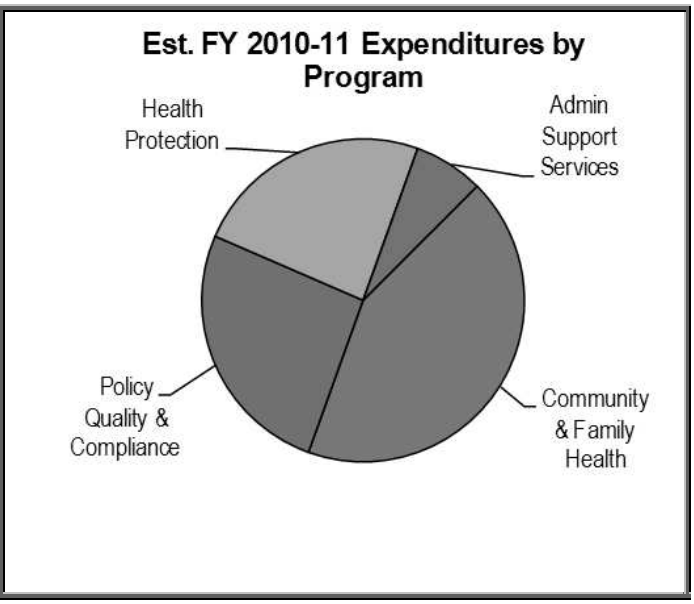
- Monitors food, drinking water, lodging and swimming pool safety at over 21,000 licensed restaurants and hotels statewide annually.
- Coordinates programs to immunize 70,000 infants annually to prevent serious disease annually.
- Processed over 70,000 tests on clinical specimens and 95,000 analytical tests on environment samples in the Public Health Lab in FY 2010.
- Prepared for and responded to events with public health impact including pandemic influenza (H1N1), floods and weather related incidents, and local and national foodborne disease outbreaks.

Administrative Services

- Provides administrative oversight to over $300 million in grants annually.
- Manages MDH central networks and infrastructure connecting all employees and 11 building locations.



Source: Consolidated Fund Statement.



Source: Minnesota Accounting and Procurement System

Strategies

In focusing on its mission, MDH's Strategic Plan has six framework goals, which are very diverse and far-reaching and focus on preventing health problems before they occur. Embedded in the work of each goal is the overarching goal of eliminating health disparities and achieving health equity.

- **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 for 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 Minnesotans' food and drinking water is safe, Minnesota's air, water and soil 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 coverage for the health 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.

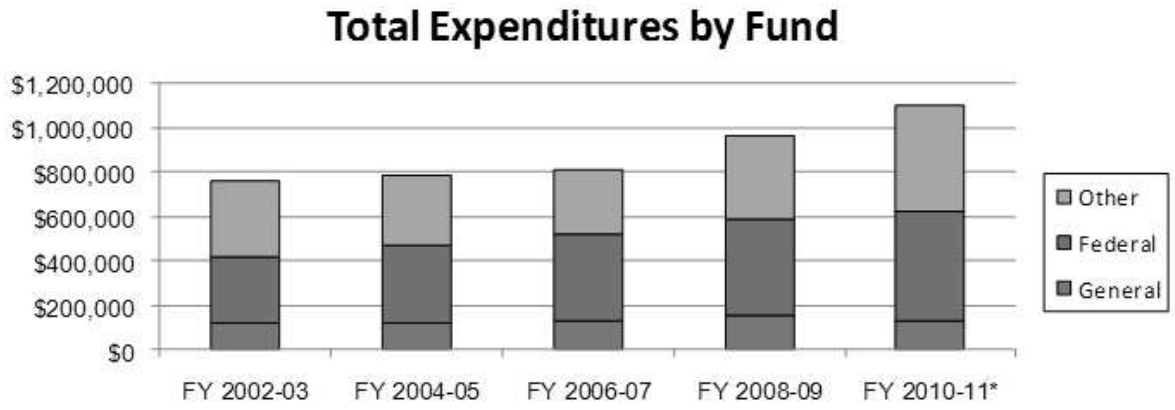
Operations

- **Prevent the Occurrence and Spread of Diseases** - MDH detects and investigates disease outbreaks, controls the spread of disease, encourages immunizations, and seeks to prevent or manage chronic and infectious diseases, including HIV/AIDS, tuberculosis, diabetes, asthma, cardiovascular disease, and cancer.
- **Prepare for and Respond to Disasters and Emergencies -** MDH works with many partners – including local public health departments, public safety officials, health care providers, and federal agencies – to prepare for significant public health emergencies. The department takes an "all-hazards" approach to planning so that Minnesota is prepared to respond quickly and effectively to any type of public health emergency, ranging from natural disasters to terrorism to an influenza pandemic.
- **Make Physical Environments Safe and Healthy** - MDH identifies and evaluates potential health hazards in the environment, from simple sanitation to risks associated with toxic waste sites and nuclear power plants. The department protects the safety of public water supplies and the safety of the food eaten in restaurants. The department's public health laboratories analyze complex and potentially dangerous biological, chemical, and radiological substances, employing techniques not available privately or from other government agencies.
- **Help All People Get Quality Health Care Services -** MDH safeguards the quality of health care in the state by regulating many people and institutions that provide care, including hospitals, health maintenance organizations, and nursing homes. Minnesota has pioneered improvements in the health care system, including the development of policies that assure access to affordable, high-quality care that offer models for the nation and assist providers to implement best practices based on national guidelines for care. Minnesota is a national leader in e-health and administrative simplification. The department monitors trends in costs, quality, and access in order to inform future policy decisions. The department also reports to consumers on health care quality through the nursing home report card, adverse health events report, and other special projects. MDH is the lead agency implementing Minnesota's health reform initiative and works with other state agencies on federal health care reform.
- **Promoting Health throughout the Lifespan -** MDH provides information and services to help people make healthy choices. Eating nutritiously, being physically active, and avoiding unhealthy substances, such as tobacco, can help prevent many serious diseases and improve the overall health of the state. MDH protects the health of mothers and children through a variety of maternal and child health programs such as family home visiting, newborn screening and follow-up, early identification and intervention for children with health and developmental issues, improved pregnancy outcomes efforts and implementation of health care homes. The department also protects the health of pregnant and nursing mothers, infants and young children through

the supplemental nutrition program Women, Infants and Children (WIC) and services for children with special health needs. Minnesota was one of the first states to regulate smoking in public places and has developed tobacco prevention strategies used nationwide. MDH programs also address the management of chronic diseases, oral health, occupational safety, injury, and violence prevention.

- **Assure Strong Systems for Health –** Minnesota has a nationally renowned public health system built on well-articulated state and local government roles. MDH provides technical and financial assistance to local public health agencies, public and private care providers, non-governmental organizations and teaching institutions. Technical assistance provides partners with access to current scientific knowledge which is commonly in the form of direct consultation, formal reports, and training. MDH monitors and reports on public health data that is used across the health system to guide programs and policies.

Budget Trends



** FY 2010-11 is estimated, not actual*

Minnesota Department of Health annual non-general fund budget is dependent on grant opportunities (federal and private) and other state funds. Increases in federal grants are related to federal Emergency Preparedness Funding, including one-time funding for H1N1 response in FY 2010, as well as other one-time granting opportunities such as grants through the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act (PPACA). Increases in other funds are related to increased one-time funding for Health Care Reform and the State Health Improvement Program (SHIP), as well as new funding through the Clean Water Legacy Fund. Although additional federal funding has become available, these funds are categorical in nature and typically do not support core public health infrastructure. In addition, this categorical funding is not sustainable, making it difficult to maintain an adequate core of highly trained personnel who can respond rapidly to future needs.

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Dollars in Thousands

	Current FY2010	Current FY2011	Governor Recomm. FY2012	Governor Recomm. FY2013	Biennium 2012-13
Direct Appropriations by Fund					
Environment & Natural Resource					
Current Appropriation	0	594	594	594	1,188
Recommended	**0**	**594**	**0**	**0**	**0**
Change		0	(594)	(594)	(1,188)
% Biennial Change from 2010-11					-100%
General					
Current Appropriation	66,446	64,673	64,673	64,673	129,346
Recommended	**66,446**	**64,673**	**77,456**	**72,807**	**150,263**
Change		0	12,783	8,134	20,917
% Biennial Change from 2010-11					14.6%
State Government Spec Revenue					
Current Appropriation	45,415	45,718	45,718	45,718	91,436
Recommended	**45,415**	**45,718**	**45,968**	**46,025**	**91,993**
Change		0	250	307	557
% Biennial Change from 2010-11					0.9%
Health Care Access					
Current Appropriation	39,203	41,046	41,046	41,046	82,092
Recommended	**39,203**	**41,046**	**31,456**	**30,822**	**62,278**
Change		0	(9,590)	(10,224)	(19,814)
% Biennial Change from 2010-11					-22.4%
Miscellaneous Special Revenue					
Current Appropriation	8,550	8,550	8,550	8,550	17,100
Recommended	**8,550**	**8,550**	**8,550**	**3,937**	**12,487**
Change		0	0	(4,613)	(4,613)
% Biennial Change from 2010-11					-27%
Federal Tanf					
Current Appropriation	10,826	12,640	11,733	11,733	23,466
Recommended	**10,826**	**12,640**	**11,713**	**11,713**	**23,426**
Change		0	(20)	(20)	(40)
% Biennial Change from 2010-11					-0.2%
Clean Water					
Current Appropriation	1,645	2,105	2,105	2,105	4,210
Recommended	**1,645**	**2,105**	**3,564**	**3,616**	**7,180**
Change		0	1,459	1,511	2,970
% Biennial Change from 2010-11					91.5%

Dollars in Thousands

	Current FY2010	Current FY2011	Governor Recomm. FY2012	Governor Recomm. FY2013	Biennium 2012-13
Expenditures by Fund					
Carry Forward					
State Government Spec Revenue	159	0	0	0	0
Health Care Access	299	0	4,089	0	4,089
Direct Appropriations					
Environment & Natural Resource	0	594	0	0	0
General	60,111	65,150	77,456	72,807	150,263
State Government Spec Revenue	37,068	49,951	45,968	46,025	91,993
Health Care Access	32,672	43,366	31,456	30,822	62,278
Miscellaneous Special Revenue	127	182	8,582	3,969	12,551
Federal Tanf	10,826	12,640	11,713	11,713	23,426
Environmental	68	122	0	0	0
Remediation Fund	198	306	0	0	0
Clean Water	362	3,388	3,564	3,616	7,180
Open Appropriations					
State Government Spec Revenue	195	301	250	250	500
Health Care Access	33	42	38	38	76
Statutory Appropriations					
Drinking Water Revolving Fund	736	520	520	520	1,040
Miscellaneous Special Revenue	61,099	66,319	56,653	53,918	110,571
Federal	213,726	255,037	245,018	242,333	487,351
Federal Stimulus	1,401	17,301	15,360	3,711	19,071
Medical Education & Research	87,554	85,798	66,491	76,282	142,773
Gift	15	314	146	146	292
Total	**506,649**	**601,331**	**567,304**	**546,150**	**1,113,454**
Expenditures by Category					
Total Compensation	108,956	130,403	127,410	124,891	252,301
Other Operating Expenses	78,572	127,363	116,056	102,844	218,900
Payments To Individuals	97,065	108,435	106,500	106,498	212,998
Local Assistance	220,243	232,992	225,668	217,860	443,528
Other Financial Transactions	1,813	2,138	2,137	2,137	4,274
Transfers	0	0	(10,467)	(8,080)	(18,547)
Total	**506,649**	**601,331**	**567,304**	**546,150**	**1,113,454**
Expenditures by Program					
Community & Family Hlth Promo	228,575	271,067	269,828	258,227	528,055
Policy Quality & Compliance	137,963	149,999	136,583	132,205	268,788
Health Protection	104,550	140,493	119,499	114,276	233,775
Administrative Support Service	35,561	39,772	41,394	41,442	82,836
Total	**506,649**	**601,331**	**567,304**	**546,150**	**1,113,454**
Full-Time Equivalents (FTE)	**1,375.8**	**1,422.2**	**1,440.9**	**1,434.7**	

Dollars in Thousands

	FY2011	Governor's Recomm. FY2012	Governor's Recomm. FY2013	Biennium 2012-13
Fund: ENVIRONMENT & NATURAL RESOURCE				
FY 2011 Appropriations	**594**	**594**	**594**	**1,188**
Technical Adjustments				
One-time Appropriations		(594)	(594)	(1,188)
Subtotal - Forecast Base	**594**	**0**	**0**	**0**
Total Governor's Recommendations	**594**	**0**	**0**	**0**
Fund: GENERAL				
FY 2011 Appropriations	**64,673**	**64,673**	**64,673**	**129,346**
Technical Adjustments				
Allotment Reduction		10,386	5,193	15,579
Approved Transfer Between Appr		0	0	0
Current Law Base Change		1,168	1,712	2,880
Fund Changes/consolidation		2,500	2,500	5,000
One-time Appropriations		(250)	(250)	(500)
Operating Budget Reduction		(58)	(58)	(116)
Subtotal - Forecast Base	**64,673**	**78,419**	**73,770**	**152,189**
Change Items				
Fetal Alcohol Spectrum Disorders	0	340	340	680
Operating Budget Reductions	0	(1,303)	(1,303)	(2,606)
Total Governor's Recommendations	**64,673**	**77,456**	**72,807**	**150,263**
Fund: STATE GOVERNMENT SPEC REVENUE				
FY 2011 Appropriations	**45,718**	**45,718**	**45,718**	**91,436**
Technical Adjustments				
Current Law Base Change		(498)	(534)	(1,032)
One-time Appropriations		48	141	189
Subtotal - Forecast Base	**45,718**	**45,268**	**45,325**	**90,593**
Change Items				
Modify Fees for State Well Program	0	300	300	600
Bored Geothermal Heat Exchangers	0	150	150	300
Enclosed Sports Arena Certification Prog	0	250	250	500
Total Governor's Recommendations	**45,718**	**45,968**	**46,025**	**91,993**
Fund: HEALTH CARE ACCESS				
FY 2011 Appropriations	**41,046**	**41,046**	**41,046**	**82,092**
Technical Adjustments				
Biennial Appropriations		600	0	600
Current Law Base Change		(27,240)	(29,774)	(57,014)
Fund Changes/consolidation		(1,500)	(2,500)	(4,000)
One-time Appropriations		(237)	(237)	(474)
Subtotal - Forecast Base	**41,046**	**12,669**	**8,535**	**21,204**
Change Items				
Statewide Health Improvement Program	0	20,000	20,000	40,000
State Health Reform Activities	0	0	2,500	2,500
Federally Qualified Health Centers	0	(1,000)	0	(1,000)
Operating Budget Reductions	0	(213)	(213)	(426)
Total Governor's Recommendations	**41,046**	**31,456**	**30,822**	**62,278**
Fund: MISCELLANEOUS SPECIAL REVENUE				
FY 2011 Appropriations	**8,550**	**8,550**	**8,550**	**17,100**
Subtotal - Forecast Base	**8,550**	**8,550**	**8,550**	**17,100**

Dollars in Thousands

	FY2011	Governor's Recomm. FY2012	Governor's Recomm. FY2013	Biennium 2012-13
Change Items				
Eliminate the Direct Grants from MERC	0	0	(4,613)	(4,613)
Total Governor's Recommendations	**8,550**	**8,550**	**3,937**	**12,487**
Fund: FEDERAL TANF				
FY 2011 Appropriations	**12,640**	**11,733**	**11,733**	**23,466**
Subtotal - Forecast Base	**12,640**	**11,733**	**11,733**	**23,466**
Change Items				
Operating Budget Reductions	0	(20)	(20)	(40)
Total Governor's Recommendations	**12,640**	**11,713**	**11,713**	**23,426**
Fund: CLEAN WATER				
FY 2011 Appropriations	**2,105**	**2,105**	**2,105**	**4,210**
Technical Adjustments				
One-time Appropriations		(2,105)	(2,105)	(4,210)
Subtotal - Forecast Base	**2,105**	**0**	**0**	**0**
Change Items				
Contaminants Emerging Pub Hlth Concern	0	1,020	1,020	2,040
Source Water Protection	0	1,415	1,415	2,830
County Well Index & Well Water Risk Eval	0	467	619	1,086
Well Sealing Cost Share	0	347	347	694
GPS Locating Wells/Arsenic Testing	0	315	215	530
Total Governor's Recommendations	**2,105**	**3,564**	**3,616**	**7,180**
Fund: STATE GOVERNMENT SPEC REVENUE				
Planned Open Spending	**301**	**250**	**250**	**500**
Total Governor's Recommendations	**301**	**250**	**250**	**500**
Fund: HEALTH CARE ACCESS				
Planned Open Spending	**42**	**38**	**38**	**76**
Total Governor's Recommendations	**42**	**38**	**38**	**76**
Fund: DRINKING WATER REVOLVING FUND				
Planned Statutory Spending	**520**	**520**	**520**	**1,040**
Total Governor's Recommendations	**520**	**520**	**520**	**1,040**
Fund: HEALTH CARE ACCESS				
Planned Statutory Spending	**0**	**4,089**	**0**	**4,089**
Total Governor's Recommendations	**0**	**4,089**	**0**	**4,089**
Fund: MISCELLANEOUS SPECIAL REVENUE				
Planned Statutory Spending	**66,319**	**56,653**	**56,718**	**113,371**
Change Items				
State Health Reform Activities	0	0	(2,800)	(2,800)
Total Governor's Recommendations	**66,319**	**56,653**	**53,918**	**110,571**
Fund: FEDERAL				
Planned Statutory Spending	**255,037**	**245,018**	**242,333**	**487,351**
Total Governor's Recommendations	**255,037**	**245,018**	**242,333**	**487,351**
Fund: FEDERAL STIMULUS				
Planned Statutory Spending	**17,301**	**15,360**	**3,711**	**19,071**
Total Governor's Recommendations	**17,301**	**15,360**	**3,711**	**19,071**

Dollars in Thousands

	FY2011	Governor's Recomm. FY2012	Governor's Recomm. FY2013	Biennium 2012-13
Fund: MEDICAL EDUCATION & RESEARCH				
Planned Statutory Spending	**85,798**	**76,291**	**76,282**	**152,573**
Change Items				
MERC Fund Balance Transfer	0	(9,800)	0	(9,800)
Total Governor's Recommendations	**85,798**	**66,491**	**76,282**	**142,773**
Fund: GIFT				
Planned Statutory Spending	**314**	**146**	**146**	**292**
Total Governor's Recommendations	**314**	**146**	**146**	**292**

Revenue Change Items

Fund: STATE GOVERNMENT SPEC REVENUE				
Change Items				
Modify Fees for State Well Program	0	300	300	600
Bored Geothermal Heat Exchangers	0	150	150	300
Enclosed Sports Arena Certification Prog	0	250	250	500

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	20,000	20,000	20,000	20,000
Revenues	0	0	0	0
Net Fiscal Impact	$20,000	$20,000	$20,000	$20,000

Recommendation

The Governor recommends continued base funding of $20 million per year from the health care access fund for the Statewide Health Improvement Program (SHIP), an initiative created as part of the 2008 state health reform law.

Rationale

In passing the 2008 bipartisan state health reform law, policy makers recognized that the spiraling costs of health care in our state cannot be addressed without investing in prevention. A significant driver in health care costs in Minnesota and the U.S. is the cost of treating chronic diseases.

Chronic diseases, such as heart disease, stroke, cancer and diabetes, are among the most prevalent, costly and preventable of all health problems in Minnesota. Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing chronic disease. The use of evidence-based health improvement strategies across Minnesota is an essential step in reducing illness, suffering and early death related to chronic diseases, and lowering the costs for medical care.

The Statewide Health Improvement Program (SHIP) was created as part of Minnesota's 2008 health reform legislation to implement a comprehensive approach to improving the rates of obesity and tobacco use and exposure. SHIP is centered on sustainable, population-focused, evidence-based changes to the policies, systems and environments that exist in schools, communities, worksites and health care systems to make it easier for people to incorporate healthy behaviors into their daily lives. Because health behaviors are affected by a wide variety of factors beyond individual motivation and knowledge, the environment in which people live, work, learn and play can either support or hinder their ability to adopt healthy behaviors. SHIP interventions are designed to be sustainable after funding has ended and affect a broad segment of the population. As such, SHIP makes a marked departure from traditional individual-based public health prevention programs, because behavior changes that result from programmatic efforts can be difficult to sustain beyond the life of the program.

SHIP grants were awarded competitively to 53 community health boards and 9 of 11 tribal governments to use evidence-based strategies in their communities to address the top three modifiable risk behaviors that are responsible for much of the illness, suffering and early death related to chronic disease: tobacco use and exposure, physical inactivity, and poor nutrition.

With sustained funding at this level, by 2015 SHIP could move as much as 10 percent of the adult population into a normal weight category and as much as 6 percent of the adult population into a non-smoking category. These reductions in risk factors could result in significant cost savings for the affected populations. Funding for the SHIP program sunsets at the end of fiscal year 2011.

Proposal

This proposal continues the SHIP program at $20 million per year. The proposal continues funding for community health boards and tribal governments to continue evidence-based health improvement strategies addressing the identified risk behaviors. The proposal also includes funding to maintain MDH activities to assure that the SHIP framework of evidenced-based policy, system and environmental change strategies are effectively implemented and evaluated across the state. These activities include grant management, training and technical assistance, communications, and evaluation functions.

Key Goals and Measures

This activity supports the MDH goals of Promote health throughout the lifespan and Eliminating health disparities and achieve health equity in the department's strategic plan by ensuring Minnesotans make healthy choices and have social environments that support safe and healthy living.

- Increase the percent of Minnesota adults who meet national recommendations for healthy weight, physical activity, fruit and vegetable consumption, and reduce the percentage of people who use tobacco.

	History					Current	Targets	
Health Behavior or Risk Factor	**2003**	**2005**	**2006**	**2007**	**2008**	**2009**	**2013**	**2015**
Physical Activity	49%	51%		49%		53%	63%	67%
Fruits & Vegetables	24%	25%		19%		22%	34%	39%
Healthy Weight	39%	39%	37%	38%	37%	37%	40%	41%
Tobacco Use	21%	20%	18%	17%	18%	17%	14%	11%

Source: Minnesota Behavioral Risk Factor Surveillance System

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

	History			Current	Target
	2000	**2002**	**2005**	**2008**	**2013**
Youth tobacco use	39%	34%	29%	27%	22%

Source: MN Youth Tobacco Survey

- Increase the percent of Minnesota youth who meet national recommendations for healthy weight, physical activity, fruit and vegetable consumption, and who do not use tobacco (6th graders).

	History		Current	Target
Health Behavior among 6th Graders	**2001**	**2004**	**2010**	**2013**
Physical Activity	50% (boys) 39% (girls)	52% (boys) 40% (girls)	54% (boys) 42% (girls)	57% (boys) 50% (girls)
Fruits & Vegetables	22%	21%	21%	31%
Tobacco Use	3%	3%	2%	2%

Source: Minnesota Student Survey

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	0	2,500	2,500	2,500
Revenues	0	2,800	0	0
Net Fiscal Impact	$0	$(300)	$0	$0

Recommendation

The Governor recommends continuing base funding of $2.5 million from the health care access fund for initiatives created as part of the 2008 state health reform law. The Governor further recommends transferring $2.8 million in unused state match for the Electronic Health Record System Revolving Account and Loan Program into the health care access fund to offset the costs in FY 2013.

Rationale

In passing the 2008 bipartisan state health reform law, policy makers recognized the health care system has unsustainably growing rates of cost. Some of the key reasons for the unsustainability of our health care system are a health care payment system that compensates on the basis of volume of services rather than the value of services; a lack of information about quality of care; and varying approaches to assessing provider performance, which results in confusion among both providers and consumers.

Policy makers aimed to increase transparency of the health care system by providing consumers with more consistent information for health care decision-making and to lay the groundwork for more fundamental payment reforms. The law provided for $12.5 million from the health care access fund over four years (fiscal years 2009 through 2012) to provide for the collection of: 1) quality of care data from physician clinics and hospitals; and 2) cost of care data from health plans. These data are used together as part of the provider peer grouping system under M.S. § 62U.04 and quality data are also reported separately as part of MDH's quality of care data efforts under M.S. § 62U.02.

The information that the Minnesota Department of Health (MDH) collects and reports under these reforms provides consumers with critical information about the cost, quality, and overall value of health care services. Public and private payers are also required to use this information to establish incentives for consumers to use higher-quality, lower cost providers and are encouraged to use similar metrics to reward high quality performance among physician clinics and hospitals.

In the first two years of carrying out the 2008 initiatives, MDH has adopted and implemented administrative rules related to the collection of quality of care measures and cost data using de-identified encounter data. MDH has collaborated closely with stakeholders to create a methodology for comparing providers on a combined measure of risk-adjusted cost and quality and will use this methodology to produce comparative analysis for providers and subsequently for public reporting in 2011.

These are nation-leading efforts that will continue to yield valuable information for consumers and health care purchasers and payers into the future, provided the analyses are updated and reported on at least an annual basis. MDH has an ongoing obligation to conduct these activities, but does not have base funding to continue this work beginning in FY 2013 and beyond.

Please see http://www.health.state.mn.us/healthreform/payment/index.html for more information.

Proposal

This proposal continues base funding of $2.5 million to maintain five MDH staff, an analytical contractor, licenses of software products needed to produce the peer grouping analysis, and public reporting activities. Without continued funding, the Department cannot fulfill its statutory requirements under M.S. § 62U.02 - 04.

This proposal funds the fiscal year 2013 costs from a one-time transfer of $2.8 million from the Electronic Health Record Systems Revolving Account and Loan Program. These funds were part of a $4 million transfer from the health care access fund in fiscal year 2010. The 2010 transfer was to be used as match for federal funds under the Health Information Technology for Economic and Clinical Health (HITECH Act). Funds were not made available under the HITECH Act. Of the $4 million original transfer, $1.2 million was to be transferred back to the health care access fund in fiscal year 2013, leaving $2.8 million balance available but unable to be used.

Key Goals and Measures

⇒ **MDH goal statement**: Minnesota's health care systems are transparent, accountable, and engage many diverse partners**.**

⇒ **All Minnesotans will have access to affordable coverage for the health care they need:** The Division analyzes health cost trends to inform policy decisions about the design and implementation of health care market and payment reforms that address system inefficiencies and health care cost growth.

MN Health Care Spending and Growth Rate (in billions)							
2000	2002	2004	2006	2008	2010*	2012*	2014*
$19.8	23.8	27.5	31.0	35.1	41.0	47.6	53.3
	9.7%	5.0	6.5	5.7	11.4	7.7	6.4

**Projected spending and growth without 2008 MN health reforms*
Source: Health Economics Program, Minnesota Health Care Spending and Projections Report, June 2010

Statutory Change: Not applicable.

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$340	$340	$340	$340
Revenues	0	0	0	0
Other Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$340	$340	$340	$340

Recommendation

The Governor recommends a general fund appropriation of $340,000 each fiscal year to expand current efforts to prevent Fetal Alcohol Spectrum Disorders (FASD) and support individuals with FASD and their families.

Rationale

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These conditions include physical and intellectual disabilities, as well as problems with behavior and learning. FASDs also can be associated with mental health difficulties, disrupted school and job experiences, trouble with the law, difficulties with independent living, substance abuse and problems with parenting. FASD is a lifetime disability and is the leading known cause of intellectual disability and birth defects. Fetal Alcohol Syndrome (FAS) represents the severe end of the FASD spectrum. The median adjusted annual cost of FAS only has been estimated at $3.6 billion nationally.

FASDs are 100% preventable, yet FASD continues to affect 1 in 100 live births a year. The U.S. Surgeon General has stated that no amount of alcohol consumption can be considered safe for a pregnant woman and that alcohol can damage a fetus at any stage of pregnancy (Office of the Surgeon General, 2005). Approximately 57% of women of childbearing age in Minnesota are “current drinkers” with 19% of these women meeting the “at risk” criteria, meaning that in the past month they reported binge or heavy drinking. The Centers for Disease Control reports that in 2002, 12.2% of pregnant women surveyed reported using alcohol during pregnancy and almost 2% reported binge drinking during pregnancy.

There is no cure for FASDs, but research shows that early intervention and treatment can improve a child’s development and impact long term outcomes. “Protective factors” can help reduce the effects of FASDs and help individuals with these conditions reach their full potential. Protective factors include: Diagnosis before 6 years of age; loving, nurturing, and stable home environment during the school years; absence of violence; and involvement of special education and social services.

The Minnesota Department of Health has partnered with the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) since 2004 to help prevent FASD and improve the quality of life for Minnesotans impacted by the disorders. MOFAS addresses FASD through a comprehensive approach which includes diagnostic services, community grants, intervention and family support, public awareness and professional education as outlined in M.S. 145.9266. Currently $1.66 million annually in Fetal Alcohol Syndrome grants are awarded to MOFAS.

Proposal

This proposal increases funding for the current Fetal Alcohol Syndrome Grants for MOFAS from $1.66 million per year to $2 million per year to expand current efforts to prevent Fetal Alcohol Spectrum Disorders (FASD) and support individuals with FASD and their families.

Key Goals and Measures

This proposal supports Minnesota Milestones goals of 1) Families will provide a stable, supportive environment for their children and 2) All children will be healthy and start school ready to learn.

Key performance measures:

- The percent of children and youth with special health care needs age 0 to 18 years whose families' partner in decision making at all levels and are satisfied with the services they receive (CSHCN survey).
- The percent of women who report drinking alcohol in the three months prior to their pregnancy (PRAMS).

Statutory Change: Not Applicable

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	4,613	4,613	4,613
Other Fund				
Expenditures	0	(4,613)	(4,613)	(4,613)
Revenues	0	(4,613)	(4,613)	(4,613)
Net Fiscal Impact	$0	$(4,613)	$(4,613)	$(4,613)

Recommendation

The Governor recommends eliminating the direct grants from the Medical Education and Research Costs (MERC) program, for an annual state savings of $4,613,000 beginning in FY 2013. MERC funding has helped hospitals cover the costs associated with being an education and research institution. MERC dollars are distributed two different ways—through the general distribution and as direct grants. This proposal eliminating the direct grants does not affect the amount awarded through the general distribution formula. (See the Department of Human Service's Governor's Recommendations for other MERC related change items.)

Rationale

MERC direct grants of $5.350 million are distributed according to statute as follows:

- $1.475 million - University of Minnesota /Fairview
- $1.8 million - University of Minnesota / Academic Health Center
- $2.075 million - University of Minnesota / Dental School.

The grant to University of Minnesota/Fairview receives a fifty percent federal match, therefore the state total of the grants is $4.613 million and the federal share is $737,500. The state share of the grants is from dedicated cigarette tax revenue.

The direct grants were enacted as part of the 2007 legislation that changed the general distribution formula for MERC from a formula weighted 67% education/33% Medical Assistance volume to a formula based 100% on Medical Assistance volume. In addition to the creation of these three direct grants, a grant to Mayo was also implemented to transition from the old formula to the new formula. The Mayo grant was sunset during the FY 2010-11 biennium.

This proposal would eliminate the direct grants and redirect dedicated MERC resources to the general fund.

Statutory Change: 62J.692, subdivision 4, section 297F.10, subdivision 1,

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	9,800	0	0	0
Other Fund				
Expenditures	0	0	0	0
Revenues	(9,800)	0	0	0
Net Fiscal Impact	$0	$0	$0	$0

Recommendation

The Governor recommends transferring one time accumulations of $8.4 million in the Medical Education and Research Costs fund and $1.4 million in unspent dental innovations grants to the general fund in FY 2012.

Rationale

The Medical Education and Research Costs fund (MERC) includes revenues from a variety of sources including a portion of the cigarette tax. Annually, $8.55 million of the current cigarette tax is dedicated to the MERC fund to provide funding for three direct payments ($4.613 million) and the state share of the FFS MERC general distribution formula ($3.787 million) and administrative costs of the MERC program ($150 thousand). Due to a shift in the timing of the direct payments and the general distribution payments a number of years ago, the fund has an ongoing fund balance of $8.4 million.

The MERC also provides for annual dental innovation grants of $1.122 million annually. Over the last few years the department has been unable to spend the full allocation of these grants and an estimated accumulated balance of $1.4 million is projected to carry forward in FY 2012.

This proposal would transfer the one time funding available in the MERC fund to the general fund.

Statutory Change: Rider

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	(1,000)	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$(1,000)	$0	$0	$0

Recommendation

The Governor recommends maintaining fiscal year 2011 funding for Federally Qualified Health Centers (FQHC) by eliminating the $1,000,000 of one-time funding in the Health Care Access Fund in FY 2012. State funding for Federally Qualified Health Centers will remain at the fiscal year 2011 levels of $2.5 million per year from the general fund.

Rationale

FQHCs provide primary services to the underserved in urban and rural communities. These services are delivered by community health centers, public housing centers, outpatient health programs, and programs serving migrants and the homeless.

Prior to the 2008 Health Care Reform Act, grants to Federally Qualified Health Centers were funded in the general fund. The 2008 law temporarily moved these grants to the Health Care Access Fund and then required that beginning in FY 2012 $2.5 million base grants be moved back to the general fund, leaving $1 million in the Health Care Access fund for FY 2012 only.

This proposal eliminates the health care access fund grants for the FQHC, leaving the base level funding of $2.5 million of grants in the general fund.

Statutory Change: NA

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$(1,303)	$(1,303)	$(1,303)	$(1,303)
Revenues	0	0	0	0
Other Fund				
Expenditures	(233)	(233)	(233)	(233)
Revenues	0	0	0	0
Net Fiscal Impact	$(1,536)	$(1,536)	$(1,536)	$(1,536)

Recommendation

The Governor recommends a reduction of $1.303 million in FY 2012 and $1.303 million in FY 2013 to the Minnesota Department of Health's general fund operating budget. The Governor intends that the Minnesota Department of Health should focus its operating funds on maintaining its highest priority services. In addition, the Governor intends to provide as much flexibility as possible to the agency for the implementation of these reductions. The Governor further recommends operating reductions in the Minnesota Department of Health's Health Care Access Fund and TANF fund operating budgets.

This proposal represents a 5.5% reduction to Minnesota Department of Health base general fund forecast budget and a reduction of 3.25 FTEs.

Rationale

General Fund

The Minnesota Department of Health's (MDH) total base forecast general fund operating budget is $24.209 million for FY 2012 and $24.768 million for 2013 and includes amounts budgeted for Community and Family Health Promotion, Policy, Quality and Compliance, Health Protection and Administrative Services (rent). The department currently has over $31 million in obligations to annual federal match or MOE requirements. Operating funds in each program area play a significant part in meeting the match and MOE requirements. Much of the remaining operating funds are for core direct state services such as surveillance, investigation and lab testing of public health threats.

The Minnesota Department of Health is proposing to reduce operating expenditures and positions during the FY 2012-13 biennium. FTE reductions will be managed through vacancy management. Specifically, Minnesota Department of Health will reduce operating budgets by the following amounts:

- $1 million per year adjusts a base level increase that was authorized as part of Laws of 2009, which was in excess of MDH's FY 2010-11 base; and
- $303,000 per year eliminates 3.25 FTE including .5 FTE ($40,000) from the air toxins unit and shifts to a new fee-based program (see Enclosed Sports Arena budget change page).

Health Care Access Fund

This proposal reduces the Health Care Access Fund operating budget by $213,000 per year. Reductions include:

- $118,000 for elimination of three reports and 1 FTE. The reports include Provider Financial and the Prescription Drug Disclosure Report, Health Care capital Expenditure Report, and the Prescription Drug Disclosure report; and
- $95,000 for elimination of 1 FTE and other operating reductions.

Temporary Assistance to Needy Families

This proposal reduces TANF operating budgets by $20,000 per year by merging TANF evaluation and training for American Indian Tribes and local communities into one evaluation project and joint training.

Statutory Change: M.S. 144.2222, subdivision 3, 62J.04 subdivision 3, 62J.17, Rider

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	300	300	300	300
Revenues	300	300	300	300
Net Fiscal Impact	$0	$0	$0	$0

Recommendation
The Governor recommends increasing certain fees in the well program and creating a renewal fee for Certified Representatives of licensed well/boring contractors. The Governor further recommends an appropriation increase of $300,000 from the state government special revenue fund for the well programs.

Rationale
The Well Program assures that both drinking water and groundwater remain protected through rulemaking, contractor licensing, permitting, inspecting, training, technical assistance, public education, emergency response, and records maintenance.

The Well Management Program is funded entirely by fees that are established in statute, most of which are closely tied to the housing market (new wells constructed, old wells sealed, wells "disclosed" at some property transfers). The current housing crisis has already necessitated a 25 percent reduction in Well Program field staff through a hiring freeze, transfers, and layoffs. The eleven experienced field staff remaining in the Well Program continue to work on preventing the most serious risks, including those associated with drinking water wells and monitoring wells. However, if further cuts are required, our ability to continue performing this essential prevention work will be impaired for years to come.

Proposal
Fee to Renew Contractor Representative Certification.
"Certified Representatives" of licensed well/boring contractors pay a $75 fee for their initial certification, but have never been assessed a fee to renew their annual certification. To cover the costs of re-certifying, providing continuing education, tracking continuing education credits, and maintaining records, this proposal includes a $75 fee to renew the annual certification to represent a contractor.

Increases in Some Existing Fees: To maintain the Well Program through FY 2015, we are proposing to increase the following fees in FY2012:
- The one-time fee for constructing a new well, or bored geothermal heat exchanger, from $215 to $235;
- The one-time fee for sealing an unused well, from $50 to $65; and
- The one-time fee for a "Well Disclosure" at property transfer, from $45 to $50 ($7.50 of which is kept by the county recorders to cover their processing costs).

These increases are projected to generate an additional $300,000 in revenue for the Well Management Program to be deposited in the state government special revenue fund. This proposal also increases the appropriation to the Well Management Program by $300,000,

Key Goals and Measures
This activity is an element in the basic mission of the Minnesota Department of Health to protect, maintain, and improve the health of all Minnesotans. Maintaining this program will help protect the ground water resources of the state which will be a benefit to our citizens, community, economy and environment. Approximately 70% of Minnesotans rely on ground water as their drinking water. This activity also supports the work identified by the Environmental Quality Board report Minnesota Watermarks: Gauging the Flow of Progress 2000-2010, the state water plan. The Environmental Quality Board report includes the objective of "Protect and improve groundwater quality." The proposed 2010 Minnesota Water Plan recommends increasing protection and prevention efforts which include maintaining a strong water well construction program.

Change Item: Modify Fees for State Well Program

This activity is a component of Minnesota Milestones in the areas of: People: *Minnesotans will be* healthy; Economy: *Minnesota will have sustainable, strong economic* growth; and Environment: *Minnesotans will improve the quality of the air, water and earth.*

Key measures for this program include:

- Continue to improve the sanitary construction of new water wells. Greater than 90% of new wells are constructed without sanitary code issues.
- Continue to oversee the sealing of unused wells. To date more than 245,000 abandoned wells have been sealed.

Statutory Change: MS 103I [All the sections of 103I that would be affected by this change: 103I.208, 103I.235, 103I.525, 103I.531, 103I.535, 103I.541

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	150	150	150	150
Revenues	150	150	150	150
Net Fiscal Impact	$0	$0	$0	$0

Recommendation

The Governor recommends modifying Minnesota Statutes, Chapter 103I (Wells and Borings) to replace the term, "vertical heat exchanger" with "bored geothermal heat exchanger," and expand the definition to protect groundwater from potential contamination from any heat exchanger installed in a boring.

Rationale

Current Regulation: Closed-loop geothermal heating/cooling systems utilize piping systems (often called "heat loops") installed in the ground to transfer heat to or from the surrounding earth through a heat transfer fluid pumped through the piping. When properly constructed and operated, they can be a cost-effective means of heating and cooling buildings.

Many closed-loop geothermal systems in Minnesota are installed in excavated horizontal trenches, and are not regulated as to installer licensing, construction materials and methods, and the kinds of heat transfer fluids that can be safely used.

Some systems, however, use heat loops that are installed vertically in the ground, often to a depth of several hundred feet. Because these vertical heat loops can potentially contaminate deeper groundwater, which are often as deep as nearby water well intakes, they are currently required to be installed by state-licensed contractors, constructed to state standards, grouted to seal the bore hole, and carry only approved low-toxicity heat transfer fluids.

Need for Modification: In recent years, some unlicensed installers have begun using new directional boring or angle boring machines to install heat loops in the ground at a variety of angles and depths. While not truly vertical, these loops are constructed the same and can be installed as deep as vertical heat loops. Installers are motivated to place loops deep enough to contact groundwater to improve heat transfer. Because these angle or directional-drilled heat loops are currently unregulated, they may be constructed by unlicensed persons, may be constructed with inferior materials and methods, may not be grouted, and may contain toxic heat transfer fluids, such as ethylene glycol (common automobile antifreeze) or methanol ("wood alcohol"). Left unregulated, these bore holes create an easy pathway for groundwater contamination.

Because angle or directional-drilled geothermal heat exchangers can present the same threats to groundwater as currently-regulated vertical heat exchangers, this proposal seeks to change the current statutory term, "vertical heat exchanger" to "bored geothermal heat exchanger," and define "bored geothermal heat exchanger" as "an earth-coupled sealed pipe installed in a boring to transfer heat to or from the surrounding earth with no discharge."

Proposal

This proposal requires any person installing a geothermal heat exchanger in a boring to be licensed and bonded (as is currently required of vertical heat exchanger contractors), to install heat exchanger piping using approved materials and methods, to seal the borings with grout to prevent leakage, and to use only approved low-toxicity heat transfer fluids. This proposed change will not affect persons currently installing only dug or trenched horizontal heat exchanger systems. Licensing and permit fees from this change would be deposited into the state government special revenue fund.

The proposal requests an appropriation of $150,000 from the state government special revenue fund for 1.3 FTEs to license and inspect the additional contractors

Key Goals and Measures

This activity is an element in the basic mission of the Minnesota Department of Health to protect, maintain, and improve the health of all Minnesotans. Maintaining this program will help protect the ground water resources of the state which will be a benefit to our citizens, community, economy and environment. Approximately 70% of Minnesotans rely on ground water as their drinking water.

This activity is a component of Minnesota Milestones in the areas of: People: *Minnesotans will be* healthy; Economy: *Minnesota will have sustainable, strong economic* growth; and Environment: *Minnesotans will improve the quality of the air, water and earth.* This activity also supports the work identified in Minnesota Watermarks: Gauging the Flow of Progress 2000-2010, the state water plan. The EQB's report includes the objective of "Protect and improve groundwater quality." The proposed 2010 Minnesota Water Plan recommends increasing protection and prevention efforts which include regulating new threats to groundwater quality.

A key measure for this program includes:

- Directional and angle bored heat loops are constructed similar to vertical heat loops.

Statutory Change: 103I [All the sections of 103I that would be affected by this change: 103I.005, 103I.101, 103I.105, 103I.111, 103I.205, 103I.208, 103I.501, 103I.531, 103I.535, 103I.641, 103I.711, 103I.715

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	250	250	250	250
Revenues	250	250	250	250
Net Fiscal Impact	$0	$0	$0	$0

Recommendation
The Governor recommends creating an Enclosed Sports Arena Certification fee program that will help ensure that indoor arenas that use internal combustion engines for maintenance or entertainment purposes reduce the risk from combustion by-products to arena occupants.

Rationale
Current state statute (established in 1975) and rules (established in 1977) ensure that operators of enclosed sports arenas operate internal combustion engines in such a way to protect the health of facility participants and spectators. Operators are currently required to monitor the air of the arena on a regular basis and use engineering controls to reduce potential air hazards (carbon monoxide and nitrogen dioxide). The current program, based on the original statute and rules, operates a certification program for enclosed sports arenas with the main emphasis of the rules on ice arenas.

The usage of enclosed sports arenas has escalated in recent years as a result of the popularity of ice related sporting activities, indoor motor cross events and indoor go-cart tracks. It was initially anticipated that indoor ice arenas would move to electric ice maintenance equipment to avoid regulation, however this has not been the case. More effort is required to educate and promote the use of best practices in enclosed sports arenas at a time when the funding for this program through the general fund has diminished.

Rules are currently being updated to include more specifications on indoor motor sports arenas and the use of modern air monitoring technology. Creation of a new fee program will allow for the expansion and modernization of the current indoor sports arena certification program to include: assessing of current health risks, modernizing air monitoring standards, complaint follow-up, and research and education on best practices on indoor air quality issues. The department's proposed administrative reduction includes general fund savings of $40,000 (.5 FTE) linked to this proposal.

Proposal
This proposal creates a $900 annual certification fee for 275 arenas and a $250 special event fee for an estimated 10 events per year. Revenue from the fees would be deposited into the state government special revenue fund. This proposal appropriates $250 thousand from the state government special revenue fund for the Enclosed Sports Arena Certification fee program to replace the general fund 0.5 position with a 1.75 FTE for certification and complaint follow-up activities plus allow for increased research on indoor air quality issues in enclosed sports arenas.

Key Goals and Measures
This Environmental Health activity is encompassed in the basic mission of the Minnesota Department of Health to protect, maintain, and improve the health of all Minnesotans. Providing a stronger regulatory framework will enable the Department to provide a more consistent and robust approach to ensuring air quality in enclosed sports arenas.

This activity is also tied to Minnesota Milestones in the areas of People: *Minnesotans will be healthy*; and Environment: *Minnesotans will improve the quality of the air.*

Key measures for this activity include:

- All enclosed sports arena managers are educated on the hazards of operating internal combustion engines indoors; and
- Reduction in instances of the public being exposed to elevated combustion emissions in enclosed sports arenas.

Statutory Change: M.S. 144.2222, subdivision 3

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	1,020	1,020	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$1,020	$1,020	$0	$0

Recommendation

The Governor recommends that base funding of $1.02 million from the Clean Water Land and Legacy Amendment funds be appropriated to the Minnesota Department of Health to continue to assess and address public health concerns related to contaminants found in Minnesota drinking water for which no health-based drinking water standard is available.

Rationale

Contaminants of Emerging Concern (CEC) are substances for which drinking water standards are unavailable or inadequate. CECs may be substances that the Minnesota Department of Health (MDH) has not yet studied or detected in Minnesota drinking water, but have the potential to contaminate water supplies.

Funds from the Clean Water Land and Legacy Amendment were appropriated to MDH for fiscal years 2010 and 2011 to develop public health guidance for CECs that may be found in drinking water. The funding was one-time and will sunset at the end of fiscal year 2011.

In the first biennium of funding, MDH defined contaminants of emerging concern, began researching specific CECs, developed advisory panels, and awarded contracts for CEC-related research. MDH screened 14 chemicals for toxicity and exposure and anticipates an additional set of nominated chemicals will be screened by June 2011. For each contaminant screened, MDH describes exposure and toxicity potential and the narrative is made public on the MDH website. Of the fourteen chemicals screened, three chemicals were fully researched in 2010 and MDH is on track to complete work on a total of ten chemicals during the biennium.

For each contaminant that is fully researched, MDH develops numeric or qualitative health-based guidance suitable for evaluating whether chemicals found in drinking water pose a health threat. MDH initiated research contracts on methods for risk evaluation that can be applied to novel problems (such as assessing risks from exposure to pharmaceuticals in drinking water, and understanding multiple pathways of exposure as occurs for consumer products). MDH created a website, hosted a public forum on CECs, and convened two advisory groups (one on ranking chemicals according to toxicity and exposure and a second group on communications). All of the activities undertaken in the first biennium of funding were new or supplement drinking water protection efforts.

Continuing this work will protect and plan for use of drinking water resources; and support and complement drinking water protection and public health efforts by local government and state agencies. In addition to continuing the work completed in the 2010-2011 biennium, MDH will conduct specialized outreach and education around chemicals that are consumer products, personal care products, endocrine disruptors, and pharmaceuticals. MDH will initiate health education activities that include identifying and interacting with audiences that need the results of this work, assessing audience information needs, developing information tailored for different audiences, and evaluating the outreach and education efforts of the agency.

Continued funding will be used to coordinate and communicate with stakeholders (including other state agencies, academic and industry researchers, nonprofit environmental groups and organizations, and federal programs) in order to ensure that 1) sound scientific data and principles are applied to evaluating the potential impact that contaminants of emerging concern may have on human health; 2) priorities for investigating emerging contaminants reflect public concern and scientific knowledge; and 3) research to fill data gaps will be planned and conducted with the participation of the community of scientific experts, other agencies receiving Clean Water Funds, and the concerned public that have a stake in understanding and mitigating exposures to contaminants.

Continued funding will expand toxicity and exposure research and continue to produce health-based guidance for additional contaminants. MDH will continue to communicate the results of research on emerging contaminants with well owners, the general public, policy makers, and peer scientists.

Additional information about current MDH activities on the CEC may be found at: http://www.health.state.mn.us/divs/eh/risk/guidance/dwec/index.html.

Proposal

This proposal establishes annual base funding of $1.02 million from the Clean Water Fund of the Clean Water, Land, and Legacy Amendment funding. Funds will be used for 5.55 FTEs and contracted research. Funding in fiscal year 2011 ($890,000) was used to fund 4.5 FTEs and two research contracts. The continued funding is intended to further expand MDH's capacity for identifying and researching emerging contaminants, developing and implementing water analysis for emerging contaminants, analyzing risks from exposures to contaminants of concern, and communicating results of these activities to the public and other public health and environmental protection programs. The increase in funding will pay for new outreach and education work and will fund a health educator and education grants and contracts.

Key Goals and Measures

Key Goals

These Environmental Health activities respond to Minnesota Milestones: Minnesotans will be healthy, Minnesotans will conserve natural resources to give future generations a healthy environment and a strong economy; and Minnesotans will improve the quality of the air, water and earth. In addition, MDH's Environmental Health activities respond to two MDH goals: 1) all children get a healthy start in life; and 2) prepare for emergencies.

Key Activity Measures

Characterize health risks from drinking water exposures to contaminants of potential concern. Based on public input, stakeholder involvement, thorough research, and scientific review, CEC contaminants to investigate in Minnesota drinking water will be identified and screened for exposure and toxicity potential, and the results shared with the public. Priority chemicals will be further researched and assessed for potential risk (including developing health-based guidance). As funding permits, chemicals may be investigated through further research. MDH will notify regulators, stakeholders, and the public about the results of the screening, the health-based guidance that is developed, and results of any additional research that is undertaken.

Measure	Current/ Projected	2012	2013	2014	2015
Number of emerging drinking water contaminants screened and ranked for priority research (cumulative numbers)	18	30	42	54	66
Number of emerging drinking water contaminants assessed (health based guidance developed) (cumulative numbers)	10	16	22	28	34

Statutory Change: Not Applicable.

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	1,415	1,415	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$1,415	$1,415	$0	$0

Recommendation

The Governor recommends base funding of $1.415 million from the Clean Water Land and Legacy Amendment funding be appropriated the Minnesota Department of Health to continue the protection of drinking water by 1) enhancing source water characterization and 2) accelerating the development and implementation of source water protection plans.

Rationale

This proposal is intended to strengthen drinking water source water protection by continuing the work that was begun during the previous biennium to 1) accelerate the development and implementation of wellhead or surface water intake protection plans for public water suppliers, and 2) continue the source water protection grant program to public water suppliers that was established using Legacy funding.

The Minnesota Department of Health would continue these enhanced source water protection activities that were begun during the previous biennium using Clean Water Land and Legacy Amendment funding. All of the activities result in protecting and effectively managing surface and groundwater resources that are used for drinking water and complement the drinking water protection efforts of local governments, the Minnesota Departments of Agriculture and Natural Resources, the Minnesota Pollution Control Agency, the Board of Water and Soil Resources, and the Public Finance Authority.

Drinking water source water protection is authorized under M.S. 103I.101 and related Minnesota Rules, parts 4720.5100 – 4720.5590. Plans provide a local blueprint to help protection groundwater that is used for drinking water supply from contamination and are required to be updated every 10 years. Additional information about MDH Source Water Protection Efforts can be found at http://www.health.state.mn.us/divs/eh/water/swp/index.htm and the use of Legacy funds at http://www.health.state.mn.us/divs/eh/water/dwp_cwl/index.html

Proposal

This proposal provides $1.415 million per year for grants to local governments and 10 FTEs (up from the current level of 6) to continue to 1) enhance source water protection; 2) accelerate the development and implementation of well head or surface water intake protection plans; 3) improve data sharing with external partners; and 4) expand the level of technical assistance provided to public water suppliers relating to source water protection.

Key Goals and Measures

Minnesota Milestones: *Minnesotans will be healthy.* Minnesotans will conserve natural resources to give future generations a healthy environment and a strong economy: and Minnesotans will improve the quality of the air, water, and earth.

2010 State Water Plan, Strategy #1: Increase Protection Efforts: Groundwater and surface water supplies are protected from depletion and degradation, recognizing that protection is often more feasible and cost effective than restoration. (p. 33)

Key Activity Measures

Accelerate the development and implementation of community-based wellhead protection plans.

	In Progress	Current	Target 2012	Target 2020
Number of wellhead protection plans completed (cumulative).	122	281	400	953

Statutory Change:

Not Applicable.

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	467	619	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$467	$619	$0	$0

Recommendation

The Governor recommends that Clean Water Land and Legacy Amendment funding be appropriated to expand the capabilities of the County Well Index database and develop and implement a methodology for designating public health risk relating to human and natural impacts on groundwater used for drinking water.

Rationale

County Well Index Enhancement

The County Well Index (CWI) database is the principal source of well construction and subsurface geologic information for state and local agencies and the general public. It is jointly managed by the Minnesota Department of Health (MDH) and the Minnesota Geological Survey (MGS) and contains approximately 443,000 well records as of January 2011. As new wells are constructed, the new well data is incorporated into the CWI. There is no direct funding source to enhance use of the CWI which hinders its long-term capabilities to support groundwater protection and prevention efforts.

The CWI current provides basic information that is needed by all state groundwater protection and prevention programs. Expanding its capability will improve the quality and quantity of the information that is needed to understand and effectively manage Minnesota's groundwater resources.

Expanding the capabilities of the CWI includes: 1) editing CWI data to add other datasets such as water quality data, borehole geophysical records, test pumping data, and historical water well and monitoring records; 2) improving data quality and fill data gaps; and 3) providing web site access for the public for use in geographic information systems (GIS) mapping and analysis.

By expanding the capacity of the CWI database, county scale maps will be able to indicate 1) locations of wells that use specific aquifers and 2) the potential contamination risk to groundwater pumped from public and private water supply wells.

Well Water Health Risk Evaluation

There is currently no effective process in place for the Minnesota Department of Health to notify the general public about the potential risk to human health that may be caused by contamination of drinking water either from human activities or from naturally occurring geochemical conditions. At best, this has been done for small geographic areas on a case-by-case basis and usually only after contamination is detected in a drinking water supply.

This activity will develop a methodology for designating public health risk relating to human and natural impacts on drinking water allowing the department and drinking water suppliers to: 1) evaluate and address the impacts that land and water use or nature may have on the quality of public and private sources of drinking water and 2) prioritize public resources for protecting or improving drinking water quality by focusing on geographic areas where the greatest health risk to drinking water is likely to occur either from human activities or from naturally occurring contaminants.

Proposal

This proposal would provide funding for 3.3 FTEs to carry out a multi-year project to expand the capabilities of the County Well Index database and develop and implement a methodology for evaluating drinking water risk relating to human and natural impacts on groundwater that is used for drinking water. Activities include:

County Well Index Enhancement

1. Bring the CWI records up to date by 2013.
2. Expand CWI data entry opportunity to Minnesota Pollution Control Agency and the Minnesota Department of Natural Resources by 2013.
3. Allow public agency and external partners direct viewing access to public well information and groundwater quality data by 2014.
4. Complete optical scanning of pre-1992 records and make scanned images of all well records accessible to governmental agencies and MDH-approved external partners by 2016.
5. Link CWI to other data bases by 2016 so that the public can have better access to state agency data for non-public water supply wells.
6. Allow drilling contractors to enter well records and well locations via website by 2017.
7. Complete the entry of historical well, monitoring well, and other subsurface borehole records by 2018.

Water Well Health Risk Evaluation

1. Preparing guidance for conducting type of risk assessment at a regional to community mapping scale by fiscal year 2013.
2. County-wide mapping of potential risks to drinking water related to land uses or to naturally occurring drinking water contaminants by fiscal year 2015.

This project will reduce the costs that are associated with documenting well construction and location that are an integral part of most groundwater protection and remediation programs. It will increase the efficiency of public and private efforts to document water supply wells that may be impacted by contaminant sources and improve the quality of subsurface data needed to map and to evaluate the sustainability of Minnesota's groundwater resources.

Key Goals

This project supports MDH's goal of making physical environments safe and healthy by assisting in protecting drinking water and providing an evaluation tool for determining drinking water supply risks. This project directly supports the data management and data sharing themes the Environmental Health Knowledge Management Project and the activities that are proposed are referenced in this document.

Key Activity Measures

County Well Index

The projected times of completing the activities described in the Background section will be used to document that the key activities of this project are being achieved. . These are new activities that do not have baseline measures.

Measure	Target Date
Complete data entry for backlog of post-2007 well records	2013
MPCA and DNR direct data entry access to CWI database	2013
External partner access to public well and water quality data	2014
Complete optical scanning of pre-1992 well records	2016
Link to DNR, MDA, and MPCA groundwater databases	2016
Web entry for well contractors	2017
Complete entry of historical subsurface drill hole records	2018

Well Water Risk Evaluation

Designate geographical areas where there may be a public health risk related to the potential impacts of current/historical land uses or geochemical conditions on groundwater that is used for drinking. The methodology for conducting this risk assessment will be made publically available and county-scale reference maps indicating drinking water risk will be prepared and distributed by the Minnesota Department of Health. These are new activities that do not have baseline measures.

Measure	Current	2012-13	2014-15	2016-17
Deliverables	None	Guidance for designation of areas	Mapping	NA

Statutory Change: Not Applicable.

Technology Funding Detail

Note: There are likely to be consulting or MDH Information Services &Technology Management (ISTM) service charges for County Well Index work for the 2013-2014 fiscal years, but the extent of these costs will not be known until the scope of web development needs is worked out in fiscal year 2012. Some of this may be developed within the Environmental Health Division with little involvement by IS&TM other than project review. Estimates for this work are not included in the table below.

Funding Distribution	FY 2012-13 Biennium		FY 2014-15 Biennium		FY 2016-17 Biennium	
	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Personnel	$	$	$	$	$	$
Hardware	$6,000	0	0	0		
Software (Maintenance)	$1,800	$1,800	$1,800	$1,800		
Facilities						
Services		$50,000	$100,000			
Training						
Grants						
TOTAL	**$7,800**	**$51,800**	**$101,800**	**$1,800**	**$**	**$**

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	347	347	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$347	$347	$0	$0

Recommendation
The Governor recommends that $347,000 from Clean Water Land and Legacy Amendment funding be appropriated annually to assist public and private persons with the costs of properly sealing unused (abandoned) wells and borings.

Rationale
Unused wells, sometimes called "abandoned" wells, can pose a serious threat to groundwater quality by allowing contaminants to travel deep into the ground, bypassing the natural protection usually provided by layers of clay, silt, and other geologic materials. Although Minnesota leads the nation in sealing unused wells, and has sealed more than 250,000 wells in the past 25 years, an estimated 500,000 unused wells remain unsealed.

Minnesota law requires that an unused well or boring be properly sealed by a state-licensed well contractor. There is presently no state fund dedicated to systematically assist persons with sealing unused wells and borings. Sealing costs begin at $500 to seal a small simple well, and increase with the size and depth of the well, as well as the complexity of work required to clean out, remove pumping equipment, and possibly perforate well casings to assure a thorough sealing. Sealing large municipal wells can cost tens of thousands of dollars.

Proposal
This proposal provides $347,000 of cost-share money annually help Minnesotans seal unused wells and borings. Cost-sharing will be limited to 50% of total sealing costs. Of the $347,000 being requested, half would be available for grants for sealing public wells and borings and would be administered directly by MDH, and half would be available for grants for sealing private wells and borings and would be administered by local governments.

A set of formal criteria will be established to rank candidate wells and borings according to the degree of public health and environmental risk that they pose. Criteria will include such factors as whether the well/boring: is in a Wellhead Protection Area; interconnects aquifers; is in an area of known groundwater contamination; and is also a public safety hazard.

Key Goals and Measures
This proposal fulfills the mission of the Minnesota Department of Health to protect, maintain, and improve the health of all Minnesotans, by facilitating the sealing of unused (abandoned) wells and borings. This will protect Minnesota's groundwater resources not only for the present, but also for future generations.

Key Activity Measures
Four Key Activity Measures will be tracked annually:

* Number of Municipal Public Wells sealed
* Number of Non-municipal Public Wells sealed
* Number of Private Wells Sealed
* Number of Borings Sealed

Statutory Change: Not Applicable.

Fiscal Impact ($000s)	FY 2012	FY 2013	FY 2014	FY 2015
General Fund				
Expenditures	$0	$0	$0	$0
Revenues	0	0	0	0
Other Fund				
Expenditures	315	215	0	0
Revenues	0	0	0	0
Net Fiscal Impact	$315	$215	$0	$0

Recommendation

The Governor recommends that Clean Water Land and Legacy Amendment funding be appropriated to establish a formal process and standard for licensed well/boring contractors to use the Global Positioning System (GPS) to locate all wells constructed and sealed in Minnesota, and to test new private water wells for arsenic occurrence.

Rationale

Well and Boring Locating

Minnesota-licensed well/boring contractors are required by law and rule to submit the locations of wells and borings they construct and seal to the Minnesota Department of Health (MDH) on standard reporting forms. Since the State Well Code was created in 1974, contractors have been required to provide well locations using the U.S. Land Office Grid System Coordinates (Township, Range, Section, and quartiles of sections).

The accurate location of wells and borings is essential to many functions of both the private and public sectors. Many Minnesotans own or rent property without knowing the location of the well. When a well or pump fails, time is wasted searching for the well. Accurate well locations also allow the ability to distinguish closely-positioned wells from each other, many of which may be constructed differently. Accurate locations are also essential in finding lost wells that have been covered or buried, so that they can be properly sealed, to prevent the possibility of their spreading surface contamination into deeper water-bearing aquifers. The satellite-based "Global Positioning System (GPS)" now provides the most accurate locations. Many state agencies already use GPS technology to locate the wells with which they work, but all new wells need to be GPS-located when they are constructed and sealed.

Considering the dozens of different makes and models of GPS units, the different mode settings possible (e.g., reporting locations in degrees, minutes, seconds vs. decimal fractions of latitude/longitude), and even the different global positioning technologies that might be attempted (e.g., land-based towers vs. satellite signals), the department has concluded that providing a standardized, basic GPS unit would save at least one additional FTE per year in resolving all the likely problems associated with the use of non-standardized GPS equipment..

Arsenic Testing

Arsenic occurs widely in Minnesota groundwater. Approximately half of all wells contain detectable arsenic, and about 10% of wells exceed the drinking water standard ("Maximum Contaminant Level") of 10 micrograms per liter (ug/L). Since August, 2008, Minnesota Rules, Chapter 4725, has required persons constructing new potable water supply wells, usually licensed well contractors, to have a water sample tested for arsenic by a state-certified laboratory. Sampling of private wells, thereafter, is the responsibility of the well owner, and many wells may never be tested again. Long-term exposure to arsenic at levels exceeding 10 ug/L is not recommended.

Because the very act of drilling a new well can alter the geochemistry around a well intake, it is possible that arsenic levels from some newly-constructed wells may not always be representative of the long-term arsenic levels that those wells will produce. A pilot study is needed to determine if it is necessary to change the rule that requires all new wells contractors to be tested for arsenic or to modify recommendations to well owners. Considering the importance of this research, and the comparatively small size of the project, sampling by state professional staff is essential.

Proposal

This proposal provides funding for two FTEs, as well as funding to purchase standardized GPS equipment for Minnesota-licensed well boring contractors. Funds will be used to create a process for Minnesota-licensed well/boring contractors to efficiently report GPS locations of wells they construct and seal, training of contractors and staff, and maintenance and updating of equipment. Once the process is running smoothly in a few years, a rule change will be initiated to make GPS reporting mandatory.

The Minnesota Department of Health will also sample 120 private water-supply wells constructed since August, 2008, but older than six months, and compare arsenic results with samples collected by well contractors when the wells were drilled. Four specific regions of the state have been identified for study, and 30 wells from each region will be evaluated. Analyses will be performed by the MDH Public Health Laboratory. MDH staff will also have an opportunity to discuss the arsenic testing program with individual well owners, to get some direct feedback on how well the program is working, and whether any adjustments are needed.

If significant disagreement between the initial and longer-term test results is found in a significant number of cases, or if an adverse trend is observed, supplemental testing will be performed to help characterize the extent, scope, and possible cause(s) of the findings. If warranted, modifications to the current testing or well construction requirements may eventually be proposed.

Key Goals and Measures

This proposal fulfills the mission of the Minnesota Department of Health to protect, maintain, and improve the health of all Minnesotans, by assuring accurate information about their water supplies, and by facilitating efforts to seal unused (abandoned) wells and borings to protect Minnesota's groundwater resources, not only for the present, but also for future generations. Reducing the arsenic exposures of a sizeable segment of Minnesota's population will likely have a significant long-term public health impact.

Key Activity Measures

By June 30, 2012:

- Approximately 1,000 standard calibrated GPS units will be distributed to well and boring licensees.
- The data system software to receive GPS coordinates over the internet will be created.
- Contractor training will have been initiated, and some contractors will be providing GPS coordinates.
- 120 new water wells will be re-tested for arsenic, and the results (with interpretations) will be provided to the well owners.

By December 31, 2015:

- Rulemaking will be initiated to require GPS locating of all new wells and borings, and all sealed wells and borings.
- Follow-up sampling will be completed as needed to supplement information from the initial sampling and provide a clearer picture of arsenic occurrence, an analysis of the data will be performed, a report summarizing the findings will be finalized, and decisions will be made as to the need for any further action, possibly to include well contractor training and technical assistance and/or modifications to the current testing requirements.

Statutory Change: Not Applicable.

Program Description

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

Budget Activities

This program includes the following budget activities:

- Community and Family Health
- Health Promotion and Chronic Disease
- Office of Minority and Multicultural Health
- Office of Statewide Health Improvement Initiatives

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Direct Appropriations by Fund					
General					
Current Appropriation	44,539	39,269	39,269	39,269	78,538
Technical Adjustments					
Allotment Reduction			10,386	5,193	15,579
Approved Transfer Between Appr			348	348	696
Current Law Base Change			345	841	1,186
Subtotal - Forecast Base	44,539	39,269	50,348	45,651	95,999
Governor's Recommendations					
Fetal Alcohol Spectrum Disorders		0	340	340	680
Operating Budget Reductions		0	(30)	(30)	(60)
Total	**44,539**	**39,269**	**50,658**	**45,961**	**96,619**
State Government Spec Revenue					
Current Appropriation	1,033	1,033	1,033	1,033	2,066
Subtotal - Forecast Base	1,033	1,033	1,033	1,033	2,066
Total	**1,033**	**1,033**	**1,033**	**1,033**	**2,066**
Health Care Access					
Current Appropriation	21,642	28,719	28,719	28,719	57,438
Technical Adjustments					
Current Law Base Change			(27,000)	(27,000)	(54,000)
Subtotal - Forecast Base	21,642	28,719	1,719	1,719	3,438
Governor's Recommendations					
Statewide Health Improvement Program		0	20,000	20,000	40,000
Total	**21,642**	**28,719**	**21,719**	**21,719**	**43,438**
Federal Tanf					
Current Appropriation	10,826	12,640	11,733	11,733	23,466
Subtotal - Forecast Base	10,826	12,640	11,733	11,733	23,466
Governor's Recommendations					
Operating Budget Reductions		0	(20)	(20)	(40)
Total	**10,826**	**12,640**	**11,713**	**11,713**	**23,426**

Expenditures by Fund					
Direct Appropriations					
General	43,274	40,614	50,658	45,961	96,619
State Government Spec Revenue	991	1,075	1,033	1,033	2,066
Health Care Access	20,634	29,727	21,719	21,719	43,438
Federal Tanf	10,826	12,640	11,713	11,713	23,426
Statutory Appropriations					
Miscellaneous Special Revenue	2,739	3,571	2,599	2,576	5,175
Federal	149,532	173,483	172,833	173,179	346,012
Federal Stimulus	577	9,906	9,227	2,000	11,227
Gift	2	51	46	46	92
Total	**228,575**	**271,067**	**269,828**	**258,227**	**528,055**

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Category					
Total Compensation	20,552	25,738	25,926	25,485	51,411
Other Operating Expenses	12,758	27,854	27,518	23,955	51,473
Payments To Individuals	95,374	106,132	105,378	105,376	210,754
Local Assistance	99,891	111,343	111,296	103,701	214,997
Transfers	0	0	(290)	(290)	(580)
Total	**228,575**	**271,067**	**269,828**	**258,227**	**528,055**
Expenditures by Activity					
Community & Family Health	178,124	198,578	208,408	201,365	409,773
Health Promo & Chronic Disease	20,315	26,158	23,025	23,116	46,141
Minority Multicultural Health	4,130	6,203	6,002	6,002	12,004
Statewide Health Improvement	26,006	40,128	32,393	27,744	60,137
Total	**228,575**	**271,067**	**269,828**	**258,227**	**528,055**
Full-Time Equivalents (FTE)	**262.2**	**285.5**	**292.1**	**293.8**	

Activity at a Glance

- Provide administrative oversight of approximately $174 million in grant funds.
- Provide technical and financial assistance to the state's 53 local public health boards.
- Provide nutrition services and supplemental food to almost 140,000 low-income pregnant women and young children each month.
- Provide USDA commodity food products to over 14,000 seniors and 1,000 children each month.
- Provide prenatal services to over 8,000 low-income women.
- Provide family planning services to almost 29,000 at-risk individuals.
- Provide services to more than 7,000 children with special health care needs.

Activity Description

Through partnerships with local and tribal governments, health care providers, and community organizations, this activity ensures a coordinated state and local pubic health infrastructure; works to improve the health of mothers, children, and families; promotes access to quality health care for vulnerable and underserved populations; and provides financial support, technical assistance, and accurate information to strengthen community-based health systems.

Population Served

The entire population of the state is served by this activity with special emphasis on mothers and children (especially those experiencing the greatest disparities in health outcomes and children with special health care needs and their families).

Services Provided

- Improve the health and nutritional status of pregnant and postpartum women, infants, young children, and the elderly by providing nutrition education and counseling, foods that meet key nutritional needs, and referrals for health and social services. These programs help prevent the future occurrence of nutrition related chronic disease. For example WIC vendors help improve local food environments by carrying fresh fruits and vegetables, and whole grains.
- Maintain access to quality health care services by providing statewide grants for pre-pregnancy family planning services.
- Improve the health and development of infants and children by supporting programs that provide early, comprehensive and ongoing screening, intervention, and follow-up.
- Improve pregnancy outcomes and enhance the health of pregnant and postpartum women and their infants by supporting programs that encourage early access to prenatal care, provide necessary support services, and increase knowledge of healthy behaviors.
- Assess and monitor maternal and child health status, including children with special health care needs.
- Help local health departments fulfill a set of essential local public health activities by administering state and federal funding, providing technical assistance to local health boards and staff, and providing public health training to local public health staff.
- Build statewide capacity and certify primary care providers as health care homes.

Historical Perspective

The federal Women, Infant and Children (WIC) Program and Title V Maternal Child Health (MCH) Block Grant have long provided a foundation for ensuring the health of Minnesota's mothers and children. Minnesota enjoys some of the best health status and health system measures for mothers, infants, and children in the nation. However, many of these measures mask significant issues related to disparities in health status based on race, ethnicity, and poverty. The Community and Family Health Division provides leadership, statewide policies and best practices, accountability, resources, and partnership in assuring that all children have comprehensive and coordinated early identification and intervention services, increasing emphasis on oral health and mental health promotion, and addressing childhood obesity.

The Office of Public Health Practice (within MDH) provides coordination and support to the local public health system which works in tandem with MDH to fulfill public health responsibilities. This interlocking system of state and local effort is critical to mounting an effective response to public health threats. The Office of Public Health Practice also supports MDH and local health departments in working to meet new national public health accreditation standards. One of the key components of Minnesota's 2008 health reform legislation is a focus on creating health care homes, which support the overarching goals of health reform: improving the individual

experience of care; improving the health of the population; and improving affordability by containing the per capita cost of providing care. Health care homes are an innovation in primary care in which primary care providers, families and patients work in partnership to improve the health and quality of life for individuals, especially those with chronic and complex conditions. Health care homes put the patient and family at the center of their care, develop proactive approaches through care plans and offer more continuity of care through increased care coordination.

Key Activity Goals & Measures

This activity supports the MDH goals of Promoting health throughout the lifespan, and Help all people get quality health care services in the departments strategic plan.

Measures

- Decrease the disparity in percent of births for which adequate prenatal care* was achieved for populations of color and American Indians when compared with the white population.

Ethnicity	History 2003-2005	Current 2006-2008	Target 2015
African American	64.1%	64.9%	71%
American Indian	51.3%	46.7%	51%
Asian/Pacific	69.0%	74.7%	82%
Hispanic/Latino	61.4%	64.4%	71%
White	82.6%	84.2%	88%

Source: Minnesota Department of Health
**Adequacy of care is determined by combining the measures of the month or trimester prenatal care began, the number of prenatal care visits, and the gestational age at the time of birth.*

- Decrease the disparity in the percentage of children, ages two to five years, receiving WIC services that are at risk for being overweight or who are overweight for American Indians and populations of color when compared to the white population. (Body Mass Index [BMI] at or above the 85th percentile).

Ethnicity	History 2005	Current 2009	Target 2015
African American	27.2%	26.7%	24%
American Indian	49.9%	50.9%	46%
Asian/Pacific	31.9%	32.8%	30%
Hispanic/Latino	36.0%	35.9%	32%
White	26.3%	26.0%	25%

Source: Pediatric Nutrition Surveillance System – Centers for Disease Control

- Decrease the disparity in teen birth rates* *(15-19 years of age) for American Indians and populations of color when compared with teen birth rates for the white population.

Ethnicity	History 2003-2005	Current 2006-2008	Target 2015
African American	69.97	73.31	66
American Indian	96.13	102.52	92
Asian/Pacific	46.82	48.64	44
Hispanic/Latino	108.05	106.71	96
White	18.43	17.70	17

Source: Minnesota Department of Health
**Rate per 1,000 female teens 15 through 19 years old.

- Increase the percentage of infants who are diagnosed with a hearing loss that are enrolled in early intervention services by 6 months of age.

History 2007	Current 2008	Target 2015
24%	32%	70%

Source: Centers for Disease Control

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

History	Current	Target
2006	2009	2011
47%	67%	75%

Source: Minnesota Department of Health

Activity Funding

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

Contact

Community and Family Health
Phone: (651) 201-3587
Web site: http://www.health.state.mn.us/divs/cfh/connect

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	32,458	28,290	39,078	34,381	73,459
State Government Spec Revenue	991	1,075	1,033	1,033	2,066
Health Care Access	687	2,674	1,719	1,719	3,438
Federal Tanf	8,941	10,525	9,713	9,713	19,426
Statutory Appropriations					
Miscellaneous Special Revenue	486	367	297	297	594
Federal	134,097	152,696	154,081	154,206	308,287
Federal Stimulus	464	2,935	2,471	0	2,471
Gift	0	16	16	16	32
Total	**178,124**	**198,578**	**208,408**	**201,365**	**409,773**
Expenditures by Category					
Total Compensation	8,935	10,800	10,977	11,402	22,379
Other Operating Expenses	8,446	18,208	17,665	15,390	33,055
Payments To Individuals	91,689	102,206	102,206	102,206	204,412
Local Assistance	69,054	67,364	77,560	72,367	149,927
Total	**178,124**	**198,578**	**208,408**	**201,365**	**409,773**
Full-Time Equivalents (FTE)	**109.6**	**122.0**	**124.3**	**124.3**	

Activity at a Glance

- Registered 25,814 newly-diagnosed invasive cancers cases in 2007 in the Minnesota Cancer Surveillance System.
- Screened 19,728 low-income women for breast and/or cervical cancer in 2009 and detected 163 cancers.
- Provided grant funding to the Minnesota Brain Injury Association, which provided medical follow-up, employment, education, and family counseling services in 2009 to more than 15,000 Minnesotans with a traumatic brain or spinal cord injury.
- Trained more than 400 people across the state in 2009 to implement community evidence-based chronic disease self-management programs.

Activity Description

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

Population Served

While this activity serves the entire population of Minnesota, efforts are targeted to those who are more likely to be disabled or die from chronic diseases and injuries, including women, American Indians and populations of color, and low-income and uninsured people.

Services Provided

Help Minnesotans adopt healthy behaviors to prevent and manage chronic diseases and injuries.

- Develop and disseminate innovative and effective policy, systems, and environmental health improvement strategies, consistent with best practices and statewide chronic disease prevention and management plans.
- Support health care providers and systems, public health agencies, community-based organizations, and employers in their prevention, screening, and disease management efforts.
- Provide information to health care providers and the public about identifying, treating, and supporting persons at risk for or affected by cancer, diabetes, heart disease, stroke, asthma, arthritis, oral diseases, traumatic brain and spinal cord injury, and poisoning.
- Provide information to health care providers, the public, organizations, employers, and labor organizations about the occurrence and prevention of work-related illnesses, injuries, and exposures.

Monitor the occurrence of cancer, stroke, injuries, and other chronic diseases.

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

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

- Provide free breast, cervical, and colorectal cancer screening and follow-up cancer diagnostic services.
- Provide cardiovascular risk factor screening, referral, and counseling to medically underserved women.
- Work with health care providers, health plans, and health systems to develop, accept, implement, and evaluate best practices to prevent, detect, and manage chronic diseases and injuries.
- Provide medical professionals, individuals, and families with the tools to better manage asthma, diabetes, cancer, heart disease, stroke, oral diseases, arthritis, traumatic brain and spinal cord injury, and poisoning.
- Translate health research and information into practice.
- Develop and implement evidence-based interventions to decrease the burden of chronic disease.
- Address barriers to accessibility of medical care.

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

- Facilitate effective collaborations and partnerships.
- Convene forums to identify common interests and foster action related to preventing and managing chronic disease and injury across the lifespan.
- Work with and support health care providers and systems, public health agencies, and other community-based organizations involved in statewide screening, management, and planning efforts.
- Support the implementation of statewide plans for heart disease, stroke, cancer, diabetes, asthma, arthritis, oral health, and injury and violence prevention with multiple partners.

Historical Perspective

Chronic diseases, such as cancer, heart disease, stroke, diabetes, and arthritis, are the leading causes of death and disability in Minnesota. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors can manage and delay disability and death from these diseases. Injuries are also a serious public health problem because of their health impact, including premature death, disability, and the burden on our health care system. Like many chronic diseases, many injuries are preventable.

Key Activity Goals & Measures

This activity supports the MDH goals of Promoting health through the lifespan, Prevent the occurrence and spread of disease, Help all people get quality health care services, Assure strong systems for health, and Eliminate health disparities and achieve health equity in the department's strategic plan.

Measures

- Reduce deaths from colorectal, cervical, female breast, and lung cancer through improvements in healthy behaviors, screening and treatment.

Cancer Mortality Rate*	History		Current	Target
	2003-04	2005-06	2007-08	2015
Colorectal	16.8	15.1	15.3	11.8
Cervical	1.8	1.6	1.4	1.2
Female breast	22.6	21.4	21.2	16.6
Lung	46.5	45.0	45.5	46.0

Source: Minnesota Cancer Surveillance System based on deaths reported to the Center for Health Statistics.
*Mortality rate is number of deaths per 100,000 population, adjusted for year of diagnosis and age.

- Reduce deaths from other chronic diseases and unintentional injury.

Chronic Disease and Injury Mortality Rate*	History		Current
	1994-1998	1999-2003	2004-2008
Heart disease	212.8	171.1	135.6
Stroke	63.0	52.9	39.8
Diabetes	21.7	25.1	20.9
Unintentional Injury	34.7	35.7	35.7

Source: Deaths reported to the Minnesota Center for Health Statistics
*Mortality rate is number of deaths per 100,000 populations, age-adjusted

- Reduce the burden of chronic disease and injury related to race/ethnicity, income, education, health insurance coverage, and age.

1. Race/ Ethnicity	Female Breast Cancer	Heart Disease	Diabetes	Unintentional Injury
African American	28.3	137.4	49.0	36.3
American Indian	~	196.0	72.4	84.5
Asian	12.5	64.5	20.4	20.5
Latino *any race*	14.8	56.3	29.1	25.1
White	21.5	134.8	20.0	34.6

Source: 2004-2008 deaths reported to the Minnesota Center for Health Statistics
Female Breast Cancer Source: Minnesota Cancer Surveillance System
Mortality rate is number of deaths per 100,000 population, age-adjusted
~ fewer than 16 cases

2. Income	Heart Attack	Diabetes	Arthritis	Asthma	No Dental Visit *in last year*
< $25,000	5.9%	8.6%	21.8%	17.2%	41.6%
$25,000-$49,999	1.9%	4.4%	20.3%	13.9%	34.8%
$50,000 +	1.6%	3.3%	13.9%	11.8%	16.8%

Adults aged 18 -64
Source: 2008 & 2009 Behavioral Risk Factor Surveillance System
Percentages are weighted to population characteristics

3. Education	Heart Attack	Diabetes	Arthritis	Asthma	No Dental Visit *in last year*
H.S. or less	3.3%	6.0%	17.6%	12.8%	34.6%
Some post-H.S.	2.2%	4.1%	18.6%	16.5%	26.9%
College Graduate	1.8%	2.8%	13.7%	11.5%	18.3%

Adults aged 18 -64
Source: 2008 & 2009 Behavioral Risk Factor Surveillance System
Percentages are weighted to population characteristics

4. Health Care Coverage	Heart Attack	Diabetes	Arthritis	Asthma	No Dental Visit *in last year*
Did not have health care coverage	3.0%	4.3%	10.9%	15.2%	54.8%
Had health care coverage	2.2%	4.1%	16.8%	13.2%	22.2%

Adults aged 18 -64
Source: 2008 & 2009 Behavioral Risk Factor Surveillance System
Percentages are weighted to population characteristics

5. Age	Heart Attack	Diabetes	Arthritis	Asthma	No Dental Visit *in last year*
18 – 64	2.3%	4.1%	16.2%	13.4%	25.4%
65 +	14.3%	15.3%	44.7%	6.9%	25.9%

Source: 2008 & 2009 Behavioral Risk Factor Surveillance System
Percentages are weighted to population characteristics

Activity Funding

This activity is funded primarily with federal funds as well as state general fund appropriations and miscellaneous special revenue funds.

Contact

Health Promotion and Chronic Disease Division
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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: HEALTH PROMO & CHRONIC DISEASE

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	5,289	5,005	4,348	4,348	8,696
Statutory Appropriations					
Miscellaneous Special Revenue	2,134	2,630	2,136	2,113	4,249
Federal	12,830	18,371	16,411	16,632	33,043
Federal Stimulus	60	124	107	0	107
Gift	2	28	23	23	46
Total	**20,315**	**26,158**	**23,025**	**23,116**	**46,141**
Expenditures by Category					
Total Compensation	9,097	10,301	9,932	10,034	19,966
Other Operating Expenses	3,443	6,241	5,304	5,255	10,559
Payments To Individuals	3,685	3,926	3,172	3,170	6,342
Local Assistance	4,090	5,690	4,907	4,947	9,854
Transfers	0	0	(290)	(290)	(580)
Total	**20,315**	**26,158**	**23,025**	**23,116**	**46,141**
Full-Time Equivalents (FTE)	**120.0**	**121.1**	**113.4**	**115.1**	

Activity at a Glance

- Coordinate efforts to survey race- and ethnic-specific data being collected within MDH and statewide.
- Track outcomes to measure Minnesota's progress toward reducing health disparities in Populations of Color and American Indians (POC/AI).
- Awarded 42 Ending Health Disparities Initiative (EHDI) community grants and 10 tribal grants between 2001 and 2009 to address health disparities between POC/AIs and White populations in eight priority health areas (PHAs): immunizations for adults and children; infant mortality; breast and cervical cancer; HIV/AIDS and sexually transmitted infections; cardiovascular disease; diabetes; teen pregnancy rates; and unintentional injuries and violence. Outcomes from these investments are detailed below.
- Awarded 29 EHDI community grants and 9 tribal grants in 2010. The use of culturally competent promising approaches or best practices models in programs addressing the eight PHAs was stressed as were strategies addressing Social Determinants of Health (SDOH). Five of the 29 grants awarded in 2010 addressed SDOH.

Activity Description

The Office of Minority and Multicultural Health (OMMH) exists to close the gap in health disparities affecting Populations of Color and American Indians (POC/AIs) in Minnesota and to improve the overall health of the state's racially and ethnically diverse communities.

Population Served

The OMMH provides leadership within MDH and within our community-based, tribal, governmental, and local public health partners to identify, develop, and support strategies that reduce health disparities in populations of color and American Indians in Minnesota. These disparities are a result of a complex interplay of many factors, including institutional racism, cultural and linguistic barriers, access to health care, genetics, social determinants of health, and individual health behavior.

Services Provided

Provide leadership to improve the health status of POC/AIs in Minnesota:

- Develop and implement a comprehensive and coordinated plan to reduce health disparities.
- Build capacity to meet the needs of POC/AIs in the areas of health promotion, disease prevention, and the health care delivery system.
- Promote workforce diversity and cultural proficiency in workplaces and health care settings.

Support local efforts to improve the health status of POC/AIs in Minnesota:

- Award/manage grants and provide technical assistance to community organizations and tribal governments to address racial and ethnic health disparities.
- Assist communities to assess the public health needs of POC/AIs and to close the Minnesota health disparity gap through solutions grounded in community asset strategies and interventions.
- Partner with existing MDH grant programs to increase their impact on closing health disparities gaps.

Ensure valid, available, and reliable data about the health status of POC/AIs in Minnesota:

- Assess risk behaviors associated with health disparities.
- Establish measurable outcomes to track Minnesota's progress in reducing health disparities.
- Support ongoing research and studies regarding health status and concerns of POC/AIs in Minnesota.
- Raise awareness of the recording and reporting of race/ethnicity health-related data.

Historical Perspective

MDH established the Office of Minority Health in 1993 to assist in improving the quality of health and eliminating the burden of preventable disease and illness in populations of color. In 2001, it became Office of Minority and Multicultural Health to reflect the ethnic specific focus on health with a multicultural approach to eliminating health disparities in populations of color and American Indians. The office works collaboratively with other divisions in MDH, other state departments, community-based agencies, health plans, and others to address the needs of populations of color and American Indians. In 2002, the Eliminating Health Disparities Initiative (EHDI) was launched.

Minnesota's population is becoming increasingly diverse. In the 1980 census, 3.4% of Minnesotans identified themselves as non-white or Hispanic/Latino. This increased to 15.2% in the 2009 census estimate update.

Minnesota Population Change: 1980-2009

Racial/Ethnic Group	1980 Census	1990 Census	2000 Census[1]	2007 Census[1]	2009 Census
African/African American	53,344	94,944	171,731	232,909	249,909
American Indian	35,016	49,909	54,967	60,928	66,640
Asian/Pacific Islander	32,226	77,886	143,947	182,473	202,143
Latino	32,123	53,884	143,382	205,896	226,384
White	3,935,770	4,130,395	4,400,282	4,640,074	4,464,703
Total Population[2]	**4,075,970**	**4,375,099**	**4,919,479**	**5,197,621**	**5,266,214**

Source: U.S. Bureau of Census

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

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

Key Activity Goals & Measures

This activity supports the MDH goal of *Eliminating health disparities and achieve health equity* in the department's strategic plan.

Measures

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

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

	History		Current	Objective	
Racial/Ethnic Group	**1989-1993**	**1995-1999**	**2003-2007**	**50% Disparity Reduction with Whites**	**Objective Met ?**
American Indian	16.2	13.5	10.2	36%	No
Asian/Pacific Islander	6.2	7.1	4.3	No Disparity	Yes
African/African American	16.5	13.2	8.9	67%	Yes
Latino	7.3	7.0	4.1	No Disparity	Yes
White Population	6.4	5.5	4.3		

Source: MDH Center for Health Statistics

- Improve health disparity status.

Disparity Reduction/Increase by Health Area and Population, 1995 – 1999 to 2002 – 2006, Minnesota

Priority Health Area	Disparity Status by Race/Ethnicity			
	African American	American Indian	Asian	Latino
Breast Cancer Mortality	55.5%	No disparity	No disparity	#
Cervical Cancer incidence	54.2%	15.3%	32.9%	#
Heart Disease Mortality	94.3%	(37.5%)	No disparity	No disparity
Diabetes Mortality	17.1%	18.7%	No disparity	25.3%
Teen Pregnancy	39.1%	4.2%	36.6%	15.8%
New HIV Infection	(7.4%)	51.8%	0.0%	(30.3%)
Immunizations	#	#	#	#
Unintentional Injury Mortality	No disparity	(29.7%)	No disparity	No disparity

 # - Lack of comparative baseline data available, cannot measure disparity
Source: 2009 EHDI Legislative Report

Activity Funding

The office is funded by appropriations from the General Fund and also receives federal funding.

Contact

Director
Office of Minority & Multicultural Health
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E-mail: ommh@state.mn.us
Web site: http://www.health.state.mn.us/ommh

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	2,187	3,964	3,879	3,879	7,758
Federal Tanf	1,885	2,115	2,000	2,000	4,000
Statutory Appropriations					
Miscellaneous Special Revenue	0	122	121	121	242
Federal	58	0	0	0	0
Gift	0	2	2	2	4
Total	**4,130**	**6,203**	**6,002**	**6,002**	**12,004**
Expenditures by Category					
Total Compensation	534	666	633	633	1,266
Other Operating Expenses	50	280	227	227	454
Local Assistance	3,546	5,257	5,142	5,142	10,284
Total	**4,130**	**6,203**	**6,002**	**6,002**	**12,004**
Full-Time Equivalents (FTE)	**6.7**	**7.5**	**7.5**	**7.5**	

Activity at a Glance

- Awarded 41 grants to all 53 community health boards and 9 of 11 tribal governments to implement evidence-based policy, systems, and environmental change strategies to reduce obesity and tobacco use and exposure.
- Provided technical assistance to SHIP grantees through regional trainings, webinars, one-on-one support, site visits, and an in-person conference.
- Implementing statewide initiatives around Farm-to-School, healthy school meals Great Trays Partnership, Safe Routes to School, tobacco cessation services, and many others.

Activity Description

The Office of Statewide Health Improvement Initiatives (OSHII) improves the health of all Minnesotans through the implementation of public health interventions to prevent or delay the onset of chronic disease by targeting obesity, tobacco use and exposure, and alcohol and other drug use. OSHII provides leadership in the development of statewide programs and policies to improve health and reduce health care costs associated with chronic disease.

Population Served

This activity serves the entire population of Minnesota. Efforts are both population-based and focused on residents of the state who are at a high risk for obesity and tobacco use and exposure such as youth, the aging population, the disabled, American Indians, and populations of color. Different initiatives within OSHII fund different entities including local public health, tribal governments, and community-based organizations. OSHII budget includes the Statewide Health Improvement Program (SHIP), several funding streams for the federally funded Communities Putting Prevention to Work (CPPW), and other Centers for Disease Control and Prevention and state funded tobacco, obesity, and alcohol and other drug use programs.

Services Provided

Monitor the occurrence of obesity, tobacco use and exposure, and related health behaviors.

- Use the Behavioral Risk Factor Surveillance System, Minnesota Student Survey, and other data sources to analyze and report on the prevalence and trends in obesity, tobacco use and exposure, and related health behaviors such as physical activity and nutrition.
- Implement a system for local public health agencies to report annually on the systems changes they are making to reduce obesity and tobacco use and exposure.

Increase capacity for local public health agencies and tribal governments and their partners to address obesity and tobacco use and exposure in their communities.

- Fund community health boards, tribal governments, and community-based organizations to implement evidence-based interventions that address tobacco use and exposure and obesity.
- Partner with external organizations with expertise in health improvement and capacity building to ensure grantees are successful.
- Provide community engagement and intervention-specific training and technical assistance for SHIP and CPPW grantees.

Provide leadership in the development and maintenance of effective public/private partnerships to prevent obesity, tobacco use and exposure, and alcohol and other drug use.

- Facilitate effective collaborations and partnerships.
- Convene forums to identify common interests and foster action.
- Work with and support health care providers and systems, public health agencies, schools, and other community-based organizations involved in statewide prevention and planning efforts.
- Along with the Health Promotion and Chronic Disease Division, support the implementation of statewide plans for heart disease, stroke, cancer, diabetes, asthma, arthritis, oral health, and obesity prevention with multiple partners.

Historical Perspective

Chronic diseases, such as cancer, heart disease, stroke, diabetes, and arthritis, are the leading causes of death and disability in Minnesota. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable; adopting healthy behaviors can prevent or control these diseases. Most chronic diseases have common risk factors. Tobacco use and exposure, physical inactivity, poor nutrition and alcohol abuse are the leading actual causes of death.

The Minnesota Tobacco Prevention and Control Program created a strategic plan to reduce tobacco use and exposure in the state. The five-year Minnesota Obesity Plan, completed in July 2008, represents a comprehensive collection of objectives and strategies to be implemented by a wide variety of stakeholders all across the state to promote healthy eating, physical activity, and healthy weight. SHIP was created from Minnesota's 2008 health reform legislation to fund community health boards and tribal governments to work in schools, worksites, health care, and their communities to address these actual causes of death. The strategic plan of the Minnesota Tobacco Prevention and Control Program and the Minnesota Obesity Plan served as the background documents used to identify the interventions to be implemented and evaluated by SHIP grantees.

Key Activity Goals & Measures

This activity supports the MDH goals of *Promote health throughout the lifespan* and *Eliminating health disparities and achieve health equity* in the department's strategic plan by ensuring Minnesotans make healthy choices and have social environments that support safe and healthy living.

Measures

- Increase the percent of Minnesota adults who meet national recommendations for healthy weight, physical activity, fruit and vegetable consumption, and who do not use tobacco.

	History					Current	Target
Health Behavior or Risk Factor	**2003**	**2005**	**2006**	**2007**	**2008**	**2009**	**2013**
Physical Activity	49%	51%		49%		53%	63%
Fruits & Vegetables	24%	25%		19%		22%	34%
Healthy Weight	39%	39%	37%	38%	37%	37%	42%
Tobacco Use	21%	20%	18%	17%	18%	17%	

Source: Minnesota Behavioral Risk Factor Surveillance System

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

	History			Current	Target
	2000	**2002**	**2005**	**2008**	**2011**
Youth tobacco use	39%	34%	29%	27%	23%

Source: Minnesota Youth Tobacco Survey

- Increase the percent of Minnesota youth who meet national recommendations for healthy weight, physical activity, fruit and vegetable consumption, and who do not use tobacco (6th graders).

	History		Current	Target
Health Behavior among 6th Graders	**2001**	**2004**	**2007**	**2013**
Physical Activity	44%	46%	48%	57% (boys), 50% (girls)
Fruits & Vegetables	22%	21%	20%	31%
Tobacco Use	3%	3%	2%	

Source: Minnesota Student Survey

- Eliminate racial and ethnic disparities in the burden of obesity and tobacco use and exposure.
  Data are not currently available.

Activity Funding

This activity is funded primarily from appropriations from the health care access fund, general fund, and from various federal grants.

Contact

Office of Statewide Health Improvement Initiatives (OSHII)
Phone: (651) 201-5443
Websites:
SHIP: http://www.health.state.mn.us/healthreform/ship/index.html
Tobacco: http://www.health.state.mn.us/divs/hpcd/tpc/
MNPAN: http://www.health.state.mn.us/divs/hpcd/chp/cdrr/obesity/index.html

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	3,340	3,355	3,353	3,353	6,706
Health Care Access	19,947	27,053	20,000	20,000	40,000
Statutory Appropriations					
Miscellaneous Special Revenue	119	452	45	45	90
Federal	2,547	2,416	2,341	2,341	4,682
Federal Stimulus	53	6,847	6,649	2,000	8,649
Gift	0	5	5	5	10
Total	**26,006**	**40,128**	**32,393**	**27,744**	**60,137**
Expenditures by Category					
Total Compensation	1,986	3,971	4,384	3,416	7,800
Other Operating Expenses	819	3,125	4,322	3,083	7,405
Local Assistance	23,201	33,032	23,687	21,245	44,932
Total	**26,006**	**40,128**	**32,393**	**27,744**	**60,137**
Full-Time Equivalents (FTE)	**25.9**	**34.9**	**46.9**	**46.9**	

Program Description

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

Budget Activities

This program includes the following budget activities:

- Compliance Monitoring
- Health Policy

Dollars in Thousands

	Current FY2010	Current FY2011	Governor Recomm. FY2012	Governor Recomm. FY2013	Biennium 2012-13
Direct Appropriations by Fund					
General					
Current Appropriation	5,576	7,666	7,666	7,666	15,332
Technical Adjustments					
Approved Transfer Between Appr			11	11	22
Current Law Base Change			821	821	1,642
Fund Changes/consolidation			2,500	2,500	5,000
Subtotal - Forecast Base	5,576	7,666	10,998	10,998	21,996
Governor's Recommendations					
Operating Budget Reductions		0	(1,163)	(1,163)	(2,326)
Total	**5,576**	**7,666**	**9,835**	**9,835**	**19,670**
State Government Spec Revenue					
Current Appropriation	14,173	14,476	14,476	14,476	28,952
Technical Adjustments					
Current Law Base Change			(498)	(534)	(1,032)
One-time Appropriations			48	141	189
Subtotal - Forecast Base	14,173	14,476	14,026	14,083	28,109
Total	**14,173**	**14,476**	**14,026**	**14,083**	**28,109**
Health Care Access					
Current Appropriation	17,561	12,327	12,327	12,327	24,654
Technical Adjustments					
Biennial Appropriations			600	0	600
Current Law Base Change			(240)	(2,774)	(3,014)
Fund Changes/consolidation			(1,500)	(2,500)	(4,000)
One-time Appropriations			(237)	(237)	(474)
Subtotal - Forecast Base	17,561	12,327	10,950	6,816	17,766
Governor's Recommendations					
State Health Reform Activities		0	0	2,500	2,500
Federally Qualified Health Centers		0	(1,000)	0	(1,000)
Operating Budget Reductions		0	(213)	(213)	(426)
Total	**17,561**	**12,327**	**9,737**	**9,103**	**18,840**
Miscellaneous Special Revenue					
Current Appropriation	8,550	8,550	8,550	8,550	17,100
Subtotal - Forecast Base	8,550	8,550	8,550	8,550	17,100
Governor's Recommendations					
Eliminate the Direct Grants from MERC		0	0	(4,613)	(4,613)
Total	**8,550**	**8,550**	**8,550**	**3,937**	**12,487**

Dollars in Thousands

	Current FY2010	Current FY2011	Governor Recomm. FY2012	Governor Recomm. FY2013	Biennium 2012-13
Expenditures by Fund					
Carry Forward					
State Government Spec Revenue	159	0	0	0	0
Health Care Access	299	0	4,089	0	4,089
Direct Appropriations					
General	2,338	5,205	9,835	9,835	19,670
State Government Spec Revenue	9,498	15,037	14,026	14,083	28,109
Health Care Access	12,038	13,639	9,737	9,103	18,840
Miscellaneous Special Revenue	127	182	8,582	3,969	12,551
Open Appropriations					
Health Care Access	33	42	38	38	76
Statutory Appropriations					
Miscellaneous Special Revenue	22,843	23,364	16,940	14,240	31,180
Federal	2,812	3,225	3,260	3,086	6,346
Federal Stimulus	253	3,476	3,554	1,538	5,092
Medical Education & Research	87,554	85,798	66,491	76,282	142,773
Gift	9	31	31	31	62
Total	**137,963**	**149,999**	**136,583**	**132,205**	**268,788**
Expenditures by Category					
Total Compensation	25,343	26,369	25,352	25,156	50,508
Other Operating Expenses	16,063	25,855	26,459	19,947	46,406
Payments To Individuals	1,688	2,303	1,122	1,122	2,244
Local Assistance	93,056	93,334	91,236	91,179	182,415
Other Financial Transactions	1,813	2,138	2,137	2,137	4,274
Transfers	0	0	(9,723)	(7,336)	(17,059)
Total	**137,963**	**149,999**	**136,583**	**132,205**	**268,788**
Expenditures by Activity					
Compliance Monitoring	25,940	29,953	26,946	27,010	53,956
Health Policy	112,023	120,046	109,637	105,195	214,832
Total	**137,963**	**149,999**	**136,583**	**132,205**	**268,788**
Full-Time Equivalents (FTE)	**303.9**	**297.9**	**296.2**	**295.2**	

Activity at a Glance

- Monitor 7,950 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 5,000 allied health practitioners.
- Monitor 8 health maintenance organizations (HMOs) and 3 county based purchasing organizations that provide health care services to 1.1 million Minnesotans.
- Conduct hospital and nursing home construction plan reviews.
- Ensure criminal background checks are conducted on 136,000 applicants for employment in health care facilities.
- Maintain a registry of more than 60,000 nursing assistants.
- Maintain the nursing home report card web site, which from 2007-2009 had more than 390,000 visits.
- Inspect 350 funeral establishments and license 1,300 morticians and funeral directors each year.

Activity Description

The Compliance Monitoring Division monitors compliance with laws and rules designed to protect the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, developmentally disabled clients, enrollees of health maintenance organizations and county based purchasing plans, and clients of certain allied health professional groups.

Population Served

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

Services Provided

- Monitor compliance with federal and state laws and rules designed to protect health and safety, through unannounced inspections and surveys.
- Investigate reports of maltreatment in accordance with the Vulnerable Adult Act and other complaints of abuse, neglect, or maltreatment; investigate complaints against HMOs filed by enrollees and providers.
- Conduct reviews of requests for set-asides of criminal /maltreatment cases.
- Approve architectural and engineering plans for all new construction or remodeling of health care facilities to assure that the facilities' physical plants meet life safety and health standards.
- Conduct annual reviews of at least 15% of Medicaid and private pay residents in certified nursing facilities to verify that payment classification matches acuity needs.
- Regulate funeral service providers to ensure the proper care and disposition of the dead.
- Regulate individuals who want to practice as audiologists, hearing instruments dispensers, speech language pathologists, and occupational therapists.
- Regulate HMOs and County Based Purchasing entities to ensure compliance with statutes and rules governing financial solvency, quality assurance, and consumer protection.
- Respond to several thousand calls annually seeking information and assistance from the health information clearinghouse.
- Provide information to regulated entities regarding current standards.

Historical Perspective

Housing with services providers are the fastest growing industry in the long-term care arena. This is reflective of consumer desires for less institutional care and more demand for community-based options by the elderly and persons with disabilities. Compliance Monitoring is working with providers, consumer representatives, and advocates to determine the proper alignment of regulatory activities to assure consumers safety while maintaining affordable fees to support the regulation. In addition, division staff members have been involved with numerous projects to develop additional options along a "care continuum," including the "Care Center of the Future" project, the Culture Change Coalition, Transform 2010, and the Community Consortium project. As a result of legislation enacted by the 2010 Legislature, Compliance Monitoring will license body art establishments and body art technicians effective January 1, 2011. The division will also license birth centers beginning January 1, 2011.

Key Activity Goals & Measures

This activity supports the MDH goals of *Help all people get quality health care services* and *Assure strong systems for health* in the department's strategic plan.

Measures

- Continue to meet the two indicators under the federal Government Performance Results Act (GPRA) for nursing facilities collectively in the state.
  - Have no more than 5.9% of patients whose care assessments indicate the use of physical restraints. Minnesota currently satisfies this overall goal at 1.5%.
  - No more than 8.0% of patients whose care assessments indicate pressure ulcers. Minnesota currently satisfies this goal at 5.1%.
- The additional goal (listed under the corresponding measure) is to increase compliance, so that each nursing home meets these goals.

	2006	2007	2008	2009	GPRA
Patients whose care assessment indicates use of physical restraints (statewide)	3.1%	2.4%	1.9%	1.5%	5.9
% nursing facilities meeting 5.9% rate	92%	89%	data not available*	96%	NA
Patients whose care assessment indicates pressure ulcers	5.6%	5.4%	5.3%	5.1%	8.0%
% nursing facilities meeting 8% rate	83%	86%	data not available*	90%	NA

*Data is from federal data base at CMS; web link is unavailable for 2008.

Activity Funding

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

Contact

Compliance Monitoring Division
Phone: (651) 201-3700
Web-site: http://www.health.state.mn.us/cm/index.html

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	68	172	2,917	2,917	5,834
State Government Spec Revenue	6,111	9,128	9,685	9,649	19,334
Health Care Access	0	39	0	0	0
Statutory Appropriations					
Miscellaneous Special Revenue	19,271	19,999	13,729	13,829	27,558
Federal	490	497	497	497	994
Federal Stimulus	0	118	118	118	236
Total	**25,940**	**29,953**	**26,946**	**27,010**	**53,956**
Expenditures by Category					
Total Compensation	16,842	16,760	15,946	15,995	31,941
Other Operating Expenses	9,098	13,193	10,923	10,938	21,861
Transfers	0	0	77	77	154
Total	**25,940**	**29,953**	**26,946**	**27,010**	**53,956**
Full-Time Equivalents (FTE)	**194.3**	**192.3**	**191.4**	**191.4**	

Activity at a Glance

- Support state and federal health reforms, including the areas of payment reform, performance measurement, delivery system design, transparency of health care quality and cost, insurance coverage, and Health Insurance Exchanges.
- Assist the health care delivery system to achieve effective electronic health record use to improve care, reduce costs and maximize federal incentive payments.
- Track and report on health care cost growth and trends in the health care marketplace.
- Issue more than 600,000 certified birth and death records each year.
- Advance the use of standard health care electronic transactions by more than 60,000 Minnesota providers and over 2,000 payers nationwide, to reduce health care administrative costs.
- Conduct surveys to determine insurance coverage and access to health care.
- Monitor and report on the prevalence of adverse events in Minnesota hospitals.
- Provide grants and loan forgiveness to support medical education activities and the health care safety net.

Activity Description

The Health Policy Division provides policy research, analysis, design, and implementation of programs and reforms to improve health care value, quality, and accessibility. The division plays a key role in assessing requirements and options associated with federal health reform laws and serves as the lead on Health Insurance Exchanges. It promotes access to quality, affordable health care for vulnerable, underserved, and rural populations. It streamlines and reduces health care administrative burdens and costs; accelerate effective electronic health records and e-prescribing use; provide financial and technical assistance to community-based health systems; improve vital records data collection and issuance; and support medical professionals' training. It assesses and report on population health, adverse health events, the health care marketplace, and workforce issues to help target programs and funding to their best use.

Population Served

The division serves all Minnesota citizens, health care professionals, purchasers, payers, and policy makers.

Services Provided

- Support state and federal health reforms, including the areas of payment reform, performance measurement, delivery system design, transparency of health care quality and cost, insurance coverage, and Health Insurance Exchanges.
- Collect data and perform research to inform policy makers; analyze data to monitor and understand health care access, market conditions and trends, health care spending, capital investments, health status and disparities, health behaviors and conditions, and prevalence of disease.
- Assist health care payers and providers to standardize administrative processes to reduce health care costs.
- Provide leadership and technical assistance to health care organizations and consumers on statutory mandates for use of health information technology and administrative simplification.
- Administer the statewide hospital trauma system, collect and analyze trauma data for system improvement and interagency coordination, and provide technical expertise to hospitals caring for trauma patients.
- Award $50-$60 million in funds each year to clinical health professional training sites in Minnesota.
- Strengthen Minnesotans' access to quality health care services by directing state and federal assistance to safety net health care providers, including community clinics and rural providers.
- Analyze and report on Minnesota's rural and underserved urban health care delivery system and health workforce in order to focus planning for future needs.
- Collect information on adverse health events in Minnesota hospitals and ambulatory surgical centers; and provide information about patient safety in Minnesota to providers, health plans, patients, and others.
- Administer a secure vital records system so that citizens can obtain birth and death records and health researchers have timely information that will help improve response to public health issues and emergencies.

Historical Perspective

Like the nation overall, Minnesota has unsustainable rates of health care spending growth. In the past ten years, health care spending more than doubled, reaching $35.1 billion in 2008. Without any changes to the underlying trends, spending is projected to double in ten years, consuming about $1 out of every $5 of the state's economy.

The Health Policy Division's work on health care market analysis, payment reform, quality measurement and reporting, administrative simplification, and e-health mandates will help slow the growth of health spending while increasing affordable access to quality health care for all Minnesotans. The Health Policy Division delivers objective and thorough research, policy analysis, and other vital information and support to consumers, policy makers, health professionals, payers, and purchasers.

Through this work, we help drive the transformation of the health care system to address system inefficiencies and health care cost growth. The division also stabilizes and strengthens the health care system by supporting the trauma system and health care safety net providers.

Key Activity Goals & Measures

This activity supports the MDH goals of *Help all people get quality health care services* and *Assure strong systems for health* in the department's strategic plan.

Measures

- **All Minnesotans will have access to affordable coverage for the health care they need.** The Division analyzes health coverage trends to inform policy decisions about the design and implementation of health care market and payment reforms that address system inefficiencies and health care cost growth.

2007 Uninsurance Rate	2009 Uninsurance Rate	Target 2011 Uninsurance Rate
7.2%	9.1%	7.5%

Source: MN Health Access Survey 2009 and 2007

- **Health care related to prescription drug use in Minnesota is safe, effective and coordinated.** The Division develops policy and identifies practical guidance to assist providers, group purchasers, prescribers, and dispensers to implement and effectively use electronic prescription programs, as required by Minnesota Statutes, section 62J.497.

2008 Rx Routed Electronically	2009 Rx Routed Electronically	Target 2011 Rx Routed Electronically
3.6%	21%	80%

Source: SureScripts.

- **Trauma health care services are available throughout Minnesota.** Nearly all MN hospitals will be part of the trauma system in 2011, allowing the division to collect and analyze more comprehensive data. Better information will help increase coordination between trauma centers, promote overall system improvement, and ensure seriously injured patients are cared for competently and expeditiously.

2006 Trauma Centers	2010 Trauma Centers	Target 2011 Trauma Centers
0 Hospitals	107 Hospitals (83%)	124 Hospitals (96%)

Source: Office of Rural Health and Primary Care

Activity Funding

This activity is funded from direct appropriations from the state government special revenue fund, the general fund, the health care access fund; medical education and research costs funds, special revenue funds, federal and miscellaneous special revenue funds.

Contact

Division of Health Policy
Phone: (651) 201-4819

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Carry Forward					
State Government Spec Revenue	159	0	0	0	0
Health Care Access	299	0	4,089	0	4,089
Direct Appropriations					
General	2,270	5,033	6,918	6,918	13,836
State Government Spec Revenue	3,387	5,909	4,341	4,434	8,775
Health Care Access	12,038	13,600	9,737	9,103	18,840
Miscellaneous Special Revenue	127	182	8,582	3,969	12,551
Open Appropriations					
Health Care Access	33	42	38	38	76
Statutory Appropriations					
Miscellaneous Special Revenue	3,572	3,365	3,211	411	3,622
Federal	2,322	2,728	2,763	2,589	5,352
Federal Stimulus	253	3,358	3,436	1,420	4,856
Medical Education & Research	87,554	85,798	66,491	76,282	142,773
Gift	9	31	31	31	62
Total	**112,023**	**120,046**	**109,637**	**105,195**	**214,832**
Expenditures by Category					
Total Compensation	8,501	9,609	9,406	9,161	18,567
Other Operating Expenses	6,965	12,662	15,536	9,009	24,545
Payments To Individuals	1,688	2,303	1,122	1,122	2,244
Local Assistance	93,056	93,334	91,236	91,179	182,415
Other Financial Transactions	1,813	2,138	2,137	2,137	4,274
Transfers	0	0	(9,800)	(7,413)	(17,213)
Total	**112,023**	**120,046**	**109,637**	**105,195**	**214,832**
Full-Time Equivalents (FTE)	**109.6**	**105.6**	**104.8**	**103.8**	

Program Description

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

Budget Activities

This program includes the following budget activities:

- Environmental Health
- Infectious Disease Epidemiology, Prevention & Control
- Public Health Laboratory
- Office of Emergency Preparedness

Dollars in Thousands

	Current FY2010	Current FY2011	Governor Recomm. FY2012	Governor Recomm. FY2013	Biennium 2012-13
Direct Appropriations by Fund					
Environment & Natural Resource					
Current Appropriation	0	594	594	594	1,188
Technical Adjustments					
One-time Appropriations			(594)	(594)	(1,188)
Subtotal - Forecast Base	0	594	0	0	0
Total	**0**	**594**	**0**	**0**	**0**
General					
Current Appropriation	9,272	10,670	10,670	10,670	21,340
Technical Adjustments					
Approved Transfer Between Appr			(900)	(900)	(1,800)
Current Law Base Change			(150)	(150)	(300)
One-time Appropriations			(250)	(250)	(500)
Subtotal - Forecast Base	9,272	10,670	9,370	9,370	18,740
Governor's Recommendations					
Operating Budget Reductions		0	(85)	(85)	(170)
Total	**9,272**	**10,670**	**9,285**	**9,285**	**18,570**
State Government Spec Revenue					
Current Appropriation	30,209	30,209	30,209	30,209	60,418
Subtotal - Forecast Base	30,209	30,209	30,209	30,209	60,418
Governor's Recommendations					
Modify Fees for State Well Program		0	300	300	600
Bored Geothermal Heat Exchangers		0	150	150	300
Enclosed Sports Arena Certification Prog		0	250	250	500
Total	**30,209**	**30,209**	**30,909**	**30,909**	**61,818**
Clean Water					
Current Appropriation	1,645	2,105	2,105	2,105	4,210
Technical Adjustments					
One-time Appropriations			(2,105)	(2,105)	(4,210)
Subtotal - Forecast Base	1,645	2,105	0	0	0
Governor's Recommendations					
Contaminants Emerging Pub Hlth Concern		0	1,020	1,020	2,040
Source Water Protection		0	1,415	1,415	2,830
County Well Index & Well Water Risk Eval		0	467	619	1,086
Well Sealing Cost Share		0	347	347	694
GPS Locating Wells/Arsenic Testing		0	315	215	530
Total	**1,645**	**2,105**	**3,564**	**3,616**	**7,180**

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
Environment & Natural Resource	0	594	0	0	0
General	8,824	13,194	9,285	9,285	18,570
State Government Spec Revenue	26,579	33,839	30,909	30,909	61,818
Environmental	68	122	0	0	0
Remediation Fund	198	306	0	0	0
Clean Water	362	3,388	3,564	3,616	7,180
Open Appropriations					
State Government Spec Revenue	195	301	250	250	500
Statutory Appropriations					
Drinking Water Revolving Fund	736	520	520	520	1,040
Miscellaneous Special Revenue	8,626	11,978	9,268	9,256	18,524
Federal	58,387	72,117	63,066	60,209	123,275
Federal Stimulus	571	3,919	2,579	173	2,752
Gift	4	215	58	58	116
Total	**104,550**	**140,493**	**119,499**	**114,276**	**233,775**
Expenditures by Category					
Total Compensation	47,047	58,681	56,634	54,752	111,386
Other Operating Expenses	30,234	53,701	40,349	37,164	77,513
Payments To Individuals	3	0	0	0	0
Local Assistance	27,266	28,111	22,932	22,776	45,708
Transfers	0	0	(416)	(416)	(832)
Total	**104,550**	**140,493**	**119,499**	**114,276**	**233,775**
Expenditures by Activity					
Environmental Health	32,331	42,051	39,069	38,345	77,414
Infect Disease Epid Prev Cntrl	22,578	33,925	30,396	27,179	57,575
Public Health Laboratory	18,772	30,510	23,403	23,321	46,724
Office Emergency Preparedness	30,869	34,007	26,631	25,431	52,062
Total	**104,550**	**140,493**	**119,499**	**114,276**	**233,775**
Full-Time Equivalents (FTE)	**616.1**	**617.7**	**632.2**	**625.3**	

Activity at a Glance

- Test drinking water at more than 8,000 public water systems. 95% of Minnesotans served by community water systems receive water that meets all health-based drinking water standards.
- Assure safe food, drinking water, lodging, and swimming pools in 21,000 licensed restaurants and hotels statewide. Annually 11,296 certified food managers (CFM) are registered. There are currently 54,797 CFM's 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 about and assistance with asbestos, lead, indoor arenas, Minnesota Clean Indoor Air Act, and Radon and Tools for Schools.
- Respond to environmental health threats during natural disasters and biological, chemical and radiological emergencies.

Activity Description

Environmental health programs are an integral part of Minnesota's public health system, working to educate, prevent, control, mitigate and respond to health hazards in the environment. The division assures that Minnesotans have safe drinking water and food, and are protected from hazardous materials in their homes, workplace, and communities. It identifies and responds to emerging environmental health threats and public health emergencies. As a result of research on environmental hazards and greater awareness of the environment's impact on overall health, the public increasingly looks toward the environmental health community for its expertise and leadership.

Population Served

This activity serves the entire population of Minnesota by ensuring that all Minnesotans have clean drinking water, safe food, sanitary lodging, and are protected from hazardous materials in their homes and the environment. In the event of natural disasters, such as floods, drinking water contamination or nuclear power plant emergencies, the affected area is directly served.

Services Provided

Prevent health risks by protecting the quality of water.

- Monitor public drinking water quality and provide technical assistance to public water system operators.
- Assist public water suppliers to protect sources of drinking water.
- Inspect water well construction and sealing.
- License professions impacting drinking water.

Prevent health risks by protecting the safety of food.

- Inspect food establishments to ensure safe food handling and certify professionals in food safety.
- Monitor and assist community-based delegated programs for food, beverage and lodging establishments.
- Develop guidelines for the safe consumption of fish and outreach to susceptible populations, e.g., Hmong.

Prevent health risks by protecting the quality of indoor environments and public swimming pool safety.

- License and inspect public swimming pools and spas. Educate owners and operators in safe pool operations.
- Develop standards for safe levels of contaminants in air and abatement methods for asbestos and lead.
- Monitor the exposure of citizens to lead and issue guidelines on screening and treatment.
- Ensure that the provisions of the Minnesota Clean Indoor Air Act are equitably enforced
- Inspect and monitor lodging, manufactured home parks, and recreational camping areas.

Respond to emerging health risks.

- Focus attention on children to ensure they are protected from harmful chemicals and other hazards, e.g., implementation of the Toxics Free Kids (products) program.
- Evaluate human health risks from emerging chemical and physical agents in the environment such as endocrine disruptors in water and large wind turbine projects.
- License and inspect the use of radioactive materials and x-ray equipment.
- Assess and prevent possible human health risks from accidental spills, waste disposal, and agricultural and industrial activities.

Historical Perspective

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

Key Activity Goals & Measures

This activity supports the MDH goals of Promote health throughout the lifespan; Make physical environments safe and healthy; Prevent the occurrence and spread of disease; and Prepare for and respond to disasters and emergencies in the department's strategic plan.

Measures

- Prevent ground water contamination sealing unused, abandoned wells.

	History	Past	Current	Target	Target
Number of wells sealed (cumulative)	**1987**	**2000**	**2008**	**2011**	**2050**
	3,275	149,000	200,000	240,000	750,000 (est.)

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

- Reduce health disparities by decreasing the % of children with elevated blood lead levels (above 10µg/dl).

	Baseline	Past	Current	Target
Elevated blood lead reported	**1995**	**2003**	**2009**	**2010**
	11.6%	2.7%	0.8%	0%

Source: MDH Environmental Surveillance and Assessment Section

- Expanded drinking water protection activities made possible by the Clean Water Fund

	Baseline	Target	Target	Target
(cumulative)	**2010**	**2011**	**2012**	**2020**
Health based guidance values – *Characterize health risks from drinking water exposures to contaminants of emerging health concern.*	**3**	**10**	**17**	**73**
Communities in the wellhead protection program – *Accelerate the development and implementation of community-based wellhead protection plans, with all communities in the process of implementing plans by 2020.*	**357**	**408**	**579**	**932**

Source: MDH Drinking Water Protection and Environmental Surveillance and Assessment Sections.

Activity Funding

The division is funded from a variety of sources including the state government special revenue fund, the general fund, and the clean water legacy funding. In addition, the division also receives federal funds, special revenue funds, drinking water revolving funds, and resources from other miscellaneous funds.

Contact

Environmental Health Division Director office
Phone: (651) 201-4571
The division website is http://www.health.state.mn.us/divs/eh/index.html.

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	2,802	3,122	2,825	2,825	5,650
State Government Spec Revenue	18,991	25,258	22,904	22,904	45,808
Environmental	68	122	0	0	0
Remediation Fund	198	306	0	0	0
Clean Water	362	3,388	3,564	3,616	7,180
Open Appropriations					
State Government Spec Revenue	195	301	250	250	500
Statutory Appropriations					
Drinking Water Revolving Fund	736	520	520	520	1,040
Miscellaneous Special Revenue	570	728	412	412	824
Federal	8,409	8,303	8,591	7,815	16,406
Gift	0	3	3	3	6
Total	**32,331**	**42,051**	**39,069**	**38,345**	**77,414**
Expenditures by Category					
Total Compensation	21,082	22,258	22,911	22,782	45,693
Other Operating Expenses	9,866	17,297	14,859	14,050	28,909
Local Assistance	1,383	2,496	1,676	1,890	3,566
Transfers	0	0	(377)	(377)	(754)
Total	**32,331**	**42,051**	**39,069**	**38,345**	**77,414**
Full-Time Equivalents (FTE)	**267.1**	**269.7**	**291.2**	**292.5**	

Activity at a Glance

- Tracked 2009-2010 H1N1 influenza activity, including hospitalizations, doctor's office visits, school outbreak reporting, laboratory testing, and deaths to guide public health interventions.
- Ordered 2.5 million doses of H1N1 vaccine.
- Responded to over 5400 calls to the MDH H1N1Public Hotline.
- Detected state and national outbreaks such as *E. coli* O157:H7 associated with steaks and ground beef, *Salmonella* Typhimurium associated with peanut butter, and *Salmonella enteritis* associated with shell eggs.
- Investigated 63 intestinal disease outbreaks in 2009.
- Funded clinics to provide STD and HIV testing, 30,000 people were tested for STDs and 12,100 people for HIV, and more than 2,300 infected persons were treated in 2009.
- Coordinated programs to immunize 70,000 babies annually to prevent serious diseases.
- Managed treatment for 161 TB cases and evaluated 893 case contacts in 2009.
- Investigated the spread of West Nile virus (101 cases and two deaths in 2007).

Coordinated health screenings for newly arrived refugees. In 2009, 97 percent received a health assessment and 94 percent of these were screened within three months of arrival.

Activity Description

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division provides statewide leadership to protect Minnesotans from infectious diseases. The division recommends policy for detecting, preventing or controlling infectious diseases; coordinate with the health care system to implement effective measures to prevent further transmission of diseases; and monitor state, national and international disease awareness and control activities in order to identify emerging infectious disease threats.

The division assures Minnesotans are safe from infectious diseases by maintaining systems to detect, investigate, and mitigate infectious disease outbreaks as well as to respond to biological terrorism and other emergencies. We prevent infectious diseases by providing tuberculosis (TB) medications, providing funding for STD and HIV testing, promoting and distributing vaccines, and coordinating refugee screenings to identify and treat health problems. It controls the spread of disease through early detection and investigation of infectious disease outbreaks as well as identifying activities to prevent future outbreaks.

Population Served

All residents of Minnesota are served by this activity. Specific target populations include infants and children, adolescents, high-risk adults, refugees, immigrants and other foreign-born individuals, restaurant workers, and patients in hospitals and long-term care facilities. IDEPC collaborates with local, state, and, federal public health officials; community organizations, and public and private hospitals and laboratories to detect, investigate and mitigate outbreaks, prevent disease, and provide advice on diagnosis and treatment of rare infectious diseases.

Services Provided

Respond to Public Health Threats.

- Monitor for unusual patterns of infectious disease.
- Lead efforts to detect and control pandemic influenza.
- Notify federal officials, hospitals, clinics, and the 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.

Detect, investigate, and mitigate infectious disease outbreaks.

- Maintain a 24/7 system to detect and investigate cases of infectious disease.
- Analyze disease reports to detect outbreaks, identify the cause, and implement control measures.
- Alert health professionals and the public about outbreaks and how to control them.
- Help medical professionals manage persons ill with, or exposed to, infectious disease.
- Maintain food-borne illness hotline to receive citizen illness complaints and detect outbreaks.
- Manage treatment of and provide medications for TB patients to prevent spread of disease.
- Provide vaccines and other biologics 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 on infectious disease issues; MDH field epidemiologists serve in eight regions across the state.

Prevent infectious disease:
- Distribute publicly-purchased vaccines for children whose families are unable to afford them.
- Coordinate medical screening programs for newly arrived refugees.
- Provide leadership for development of a statewide immunization information system.
- Conduct specialized studies on diseases of high concern to the public and the medical community.
- Educate health care providers on management of infectious diseases via the web, through publications, and by direct telephone consultation (24/7 on-call system).
- 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/STD.
- Alert the public where and when the risk of vectorborne disease (Lyme disease from ticks, West Nile virus from mosquitoes) is the greatest.
- Communicate current infectious disease information through the publication of BugBytes and the Disease Control Newsletter.

Key Activity Goals & Measures

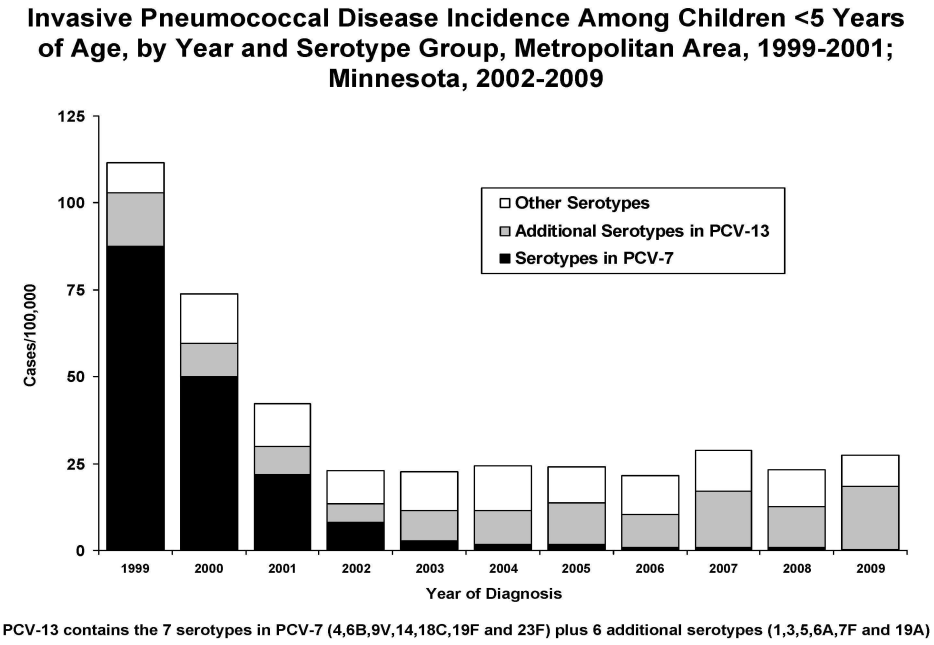
This activity supports the MDH goals of *Prevent the occurrence and spread of diseases* in the department's strategic plan.

Measures
- Increase the percent of new TB patients who complete therapy in 12 months. Completion of TB therapy prevents spread and reduces the development of resistant strains of TB. State funding for TB medication allows MDH to distribute medications without cost to the patient to reduce barriers to completion of therapy.

History	History	History	History	History	Current	Target
2000	2002	2004	2006	2007	2008	2011
79% (n=136)	84% (n=184)	93% (n=188)	91 % (n=199)	89% (n=212)	89 % (n=178)	99%

Source: MDH Tuberculosis Annual Progress Report

- Increase the availability and use of pneumococcal vaccine to prevent serious infections in children, such as pneumonia, blood infections, and meningitis, sinusitis, and ear infections. MDH makes the vaccine available without cost barriers through the federal Vaccines for Children Program. MDH distributed $39 million of vaccine in 2009 through this program. Since the pre-vaccine era, serious pneumococcal infections in children less than five years old have been reduced by 75 percent.



Source: MDH Infectious Disease Surveillance System.

- Since 1999, the year before the pediatric pneumococcal conjugate vaccine (PCV-7) was licensed, the rate of invasive pneumococcal disease among children has generally declined with increases in disease caused by nonvaccine serotypes. In March 2010, a new 13-valent vaccine became available with 6 additional serotypes than those in PCV-7. Since 2007, the majority of invasive pneumococcal disease cases among children under the age of five years have been caused by these 6 new serotypes.

Activity Funding

The division is funded primarily from federal funds and appropriations from the General Fund.

Contact

Infectious Disease Epidemiology, Prevention, and Control Division
Phone: (651) 201-5414
The division website is http://www.health.state.mn.us/divs/idepc

HEALTH DEPT
Program: HEALTH PROTECTION
Activity: INFECT DISEASE EPID PREV CNTRL

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	3,822	4,463	4,172	4,172	8,344
State Government Spec Revenue	206	222	214	214	428
Statutory Appropriations					
Miscellaneous Special Revenue	2,274	3,082	2,828	2,816	5,644
Federal	15,730	22,140	20,632	19,751	40,383
Federal Stimulus	542	3,808	2,497	173	2,670
Gift	4	210	53	53	106
Total	**22,578**	**33,925**	**30,396**	**27,179**	**57,575**
Expenditures by Category					
Total Compensation	11,697	17,323	16,245	14,585	30,830
Other Operating Expenses	6,983	11,331	9,542	8,355	17,897
Payments To Individuals	3	0	0	0	0
Local Assistance	3,895	5,271	4,609	4,239	8,848
Total	**22,578**	**33,925**	**30,396**	**27,179**	**57,575**
Full-Time Equivalents (FTE)	**154.0**	**163.1**	**155.6**	**147.9**	

Activity at a Glance

- Performed 70,020 tests on clinical specimens for infectious bacteria, viruses, fungi, and parasites in FY 2010 for assessment of infectious disease trends and investigation of food and water borne disease outbreaks.
- Analyzed 43,595 samples to detect chemical and bacterial contaminants in water, soil, and air in FY 2010 to assess potential threats to human health.
- Screened 69,636 newborn babies for more than 50 treatable, life-threatening congenital and heritable disorders in FY 2010.
- Accredit 145 public and private environmental laboratories to assure quality in FY 2010.

Activity Description

The Minnesota Public Health Laboratory (PHL) provides testing and data used by public health partners for detection, assessment, and control of biological, chemical, and radiological threats. In addition, the PHL screens babies born in the state for rare, life-threatening congenital and heritable disorders that are treatable if detected soon after birth. The PHL also accredits laboratories that conduct regulated environmental testing in Minnesota.

Population Served

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

Services Provided

Environmental Health

- Analysis of air, water, wastewater, sludge, sediment, soil, wildlife, vegetation, and hazardous waste for chemical and bacterial contaminants in partnership with local and state government agencies.
- Accreditation of public and private environmental laboratories that conduct testing for the federal safe drinking water, clean water, resource conservation and recovery, and underground storage tank programs in Minnesota.
- Reference and confirmatory testing of environmental samples using scientific expertise and state-of-the-art methods not available in other laboratories.
- Development of analytical methods for emerging environmental health threats (e.g. perfluorochemicals, pharmaceuticals) and the human body burden of environmental chemical contamination (biomonitoring).

Infectious Disease

- Surveillance, reference and confirmatory testing of clinical specimens for infectious bacteria, parasites, fungi, and viruses, including potential pandemic influenza.
- Early detection of infectious disease outbreaks, and identification of infectious agents through the use of high-tech molecular methods such as DNA fingerprinting, amplification, and sequencing.
- Communication of laboratory data to epidemiologists and providers to inform treatment, prevention and control of infectious disease pathogens.

Newborn Screening

- Screening of all Minnesota newborns for over 50 treatable congenital and heritable disorders, including hearing loss.

Emergency Preparedness and Response

- Emergency preparedness and response in collaboration with public health and public safety officials at the local, state, and federal levels to assure early detection and rapid response to all hazards, including agents of chemical, radiological, and biological terrorism.
- Participation on Minnesota's radiochemical emergency response team, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Development and maintenance of the "Minnesota Laboratory System" to assure that public and private laboratories are trained for early recognition and referral of possible agents of chemical and biological terrorism, as well as other public health threats.
- Help ensure the safety of the public by hosting the federal BioWatch air-monitoring program.

- Designated by CDC as one of ten Level 1 Chemical Terrorism preparedness laboratories.
- Working with six other states to create capacity to exchange pandemic flu testing data electronically.

Historical Perspective

The Minnesota PHL was first established more than 100 years ago. This was during a time when the germ theory of infectious disease was first established and little was known about the impact of environmental contamination on the public's health. In the early 1900s, with development of more sophisticated testing methods and instruments, the PHL became the premier laboratory in Minnesota with the ability to identify environmental hazards and diagnose epidemic infectious diseases. Today, the PHL focuses on surveillance for early detection of public health threats, identification of rare chemical, radiological and biological hazards, emergency preparedness and response, and assurance of quality laboratory data through collaborative partnerships with clinical and environmental laboratories throughout the state. Construction of a new laboratory building was completed in 2005, and the PHL relocated to the new building in November 2005.

Key Activity Goals & Measures

This activity supports the MDH goals of Promote health throughout the lifespan and Prepare and respond to disasters and emergencies in the department's strategic plan.

Measures

- Improve health outcomes for Minnesota newborn babies by ensuring that all babies are screened for treatable congenital and heritable disorders and hearing loss.

  Number of newborns identified with treatable heritable disorders (including hearing loss).

Historical 1993-2008	Actual (FY 2009)	Actual (FY 2010)	Estimate (FY 2011)
32-303 (range)	389	400	400

  Note – 69,636 reported births in FY2010, hearing screening funded in FY2008.
  Source: Minnesota Public Health Laboratory

  Percent of newborns presumptively identified with hearing loss lost to follow-up.

Historical (Estimated) 1997-2009	Actual (FY 2010)	Estimate (FY 2011)
>50%	19.1%	10%

  Source: Minnesota Public Health Laboratory

- Improve Minnesota laboratory preparedness for pandemic influenza by increasing the number of Minnesota laboratories providing influenza surveillance data to MDH.

  Number of laboratories reporting results to MDH

Pilot Program 2006-2007	Actual (FY 2008)	Actual (FY 2009)	Actual (FY 2010)
45	90	104	116

  Source: Minnesota Public Health Laboratory

- Improve Minnesota laboratory preparedness for public health threats by gaining proficiency in the analysis of chemical and biological terrorism agents.

  Number of agents fully validated.

FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
32	46	47	48	51

  Source: Minnesota Public Health Laboratory

- Ensure timely identification of and response to food borne disease outbreaks by rapid DNA-fingerprinting of bacterial pathogens.
  Percent of *E. coli O157* and *Listeria monocytogenes* fingerprint results reported within 4 days of arrival at the PHL.

FY 2008	FY 2009	FY 2010
97%	*87%	Not yet available

*Electronic national database malfunction.
Source: Minnesota Public Health Laboratory

Activity Funding

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

Contact

Public Health Laboratory Division
Phone: (651) 201-5200
E-mail: health.mdhlab@state.mn.us

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
Environment & Natural Resource	0	594	0	0	0
General	2,174	5,249	2,188	2,188	4,376
State Government Spec Revenue	7,382	8,359	7,791	7,791	15,582
Statutory Appropriations					
Miscellaneous Special Revenue	5,179	7,617	5,480	5,480	10,960
Federal	4,008	8,580	7,862	7,862	15,724
Federal Stimulus	29	111	82	0	82
Total	**18,772**	**30,510**	**23,403**	**23,321**	**46,724**
Expenditures by Category					
Total Compensation	9,736	12,530	12,137	12,080	24,217
Other Operating Expenses	9,036	17,980	11,305	11,280	22,585
Transfers	0	0	(39)	(39)	(78)
Total	**18,772**	**30,510**	**23,403**	**23,321**	**46,724**
Full-Time Equivalents (FTE)	**141.2**	**131.3**	**131.3**	**131.3**	

Activity at a Glance

- Recruited and established contracts with over 650 retail pharmacies to manage and dispense antivirals for persons with H1N1 symptoms.
- Shipped and tracked over 54,000 courses of antivirals and 3.2 million N-95 and surgical masks for use by healthcare providers.
- Deployed the Mobile Medical Unit (MMU) for its first disaster response to the Red River Valley floods in response to concerns about loss of access to the Fargo hospital.
- Reviewed and provided feedback for improvement for every local and tribal health department mass dispensing plan in preparation for H1N1 vaccination.
- Coordinated relocation of 350 residents evacuated from long-term care facilities in Moorhead to other facilities.
- Managed grants to all 53 local departments of health, 10 of 11 tribes and 8 regional hospital collaboratives that cover all MN hospitals.
- Registered nearly 8,000 volunteers in Minnesota Responds Medical Reserve Corps
- In FY10, sent 59 health alert messages to partners about time-sensitive health related information, particularly for H1N1 issues.
- Engaged local health departments, tribal governments, healthcare and other response partners in a series of 8 regional meetings to ascertain the lessons learned in H1N1 response to improve response capacity and capability for other public health emergencies.

Activity Description

The Office of Emergency Preparedness (OEP) ensures local, tribal and state public health and healthcare partners have the personnel, plans, training, communication tools, and expertise to prevent or respond to public health emergencies, pandemic influenza, infectious disease outbreaks, bioterrorism, chemical exposures, natural disasters, and other incidents. Preparation for and response to the H1N1 pandemic influenza outbreak, the 2009 Red River spring floods, and other weather-related emergencies are examples of program efforts.

Population Served

All residents of the state of Minnesota are served by this activity. Primary partners are local health departments, American Indian Tribes, the hospital and healthcare provider community, emergency management agencies, public safety, volunteer organizations, the University of Minnesota, and other response organizations.

Services Provided

- Plan, practice and implement components of the Minnesota Department of Health's (MDH) All-Hazard Response and Recovery Plan and the MDH portion of the Minnesota Emergency Operations Plan so roles and responsibilities are clear to all responders.
- Develop and practice plans for managing federal pharmaceutical and other medical supplies in the strategic national stockpile (SNS) for a public health emergency. Maintain stockpiles of state and regional medications and medical supplies.
- Identify needs and develop programs for the public health and healthcare system about preparing for and responding to emergencies.
- Manage a state/local partnership of registration and support of volunteers to be called on in an emergency to increase public health and healthcare capacity. Examples of the widespread use of this program are the dozens of Minnesota Responds healthcare volunteers who assisted in caring for evacuated nursing home residents from the Red River Valley floods and over 13,800 hours of volunteer time in H1N1 vaccination clinics.
- Update statutes and regulations to assure needed authority for implementing emergency health measures.
- Operate the health alert network, the department's tool for timely threat communications to local public health, tribes, hospitals, and other health care providers.
- Manage and support MN*Trac*, a web based system to monitor health care system capacity, notify healthcare responders of emergencies, track patient transport during emergencies, and support the rapid expansion of healthcare services for emergencies.
- Coordinate the development of education and training materials and oversee a comprehensive exercise plan for building the capacity of state, local and tribal public health agencies and the healthcare system.
- Administer about $6 million in grants to community health boards and tribes, and about $5 million in grants to hospitals to build public health and health care preparedness.
- Administer about $15 million in grants for H1N1 preparation and response.

- Assure compliance with requirements of grants from the Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services.

Historical Perspective

The OEP was established in 2002, as required by the first public health preparedness and response for bioterrorism grant from the CDC. This grant is now known as the Public Health Emergency Preparedness grant and includes the Cities Readiness Initiative to distribute medications to everyone in the Twin Cities metropolitan area and Clay county as part of the Fargo-Moorhead metro area within 48 hours of a biologic agent threat. The healthcare system grant started in 2003 to expand preparedness efforts involving the department, hospitals, and other healthcare system partners such as emergency medical services and the Poison Control Center.

Key Activity Goals & Measures

This activity is directly related to the Department's Strategic goal to *Prepare for and Respond to Disasters and Emergencies*. This goal is met by efforts to ensure emergencies are rapidly identified and evaluated, resources for emergency response are readily mobilized and Minnesota's emergency planning and response protects and restores health.

Measures

- Improve the ability of state and local public health agencies and healthcare providers to readily mobilize emergency response resources by exercising health response plans at the local, regional, and statewide level.

Type of exercise	FY08	FY09	FY10
Seminar	7	16	11
Tabletop	14	22	80
Drill	11	181	99
Functional	3	66	36
Full-scale exercises	3	16	35
TOTAL	38	301	261

Definitions:
Seminar: training on the response plan (overview of pandemic influenza roles and responsibilities)
Tabletop: a discussion of planned responses to emergency scenario (pandemic influenza plans)
Drill: practice one part of a response (set up a hotline)
Functional: simulate a response activity (distribute vaccine from the state to healthcare providers)
Full Scale: demonstrate response to a situation (set up clinics and provide "services" to volunteers)

- Use the health alert network (HAN) system to deliver rapid, accurate information to public health and health care partners and track delivery and speed of response to the messages.

	FY08	FY09	FY10
Number of Health Alert Network messages	29	35	59

Activity Funding

The OEP is primarily funded by federal funds with one position on General Funds.

Contact

Office of Emergency Preparedness
Phone: (651) 201-5700
Email: OEP@state.mn.us
Web site: www.health.state.mn.us/oep

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	26	360	100	100	200
Statutory Appropriations					
Miscellaneous Special Revenue	603	551	548	548	1,096
Federal	30,240	33,094	25,981	24,781	50,762
Gift	0	2	2	2	4
Total	**30,869**	**34,007**	**26,631**	**25,431**	**52,062**
Expenditures by Category					
Total Compensation	4,532	6,570	5,341	5,305	10,646
Other Operating Expenses	4,349	7,093	4,643	3,479	8,122
Local Assistance	21,988	20,344	16,647	16,647	33,294
Total	**30,869**	**34,007**	**26,631**	**25,431**	**52,062**
Full-Time Equivalents (FTE)	**53.8**	**53.6**	**54.1**	**53.6**	

Program Description

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

Budget Activities

This program includes the following budget activities:

- Administrative Services
- Executive Office

Dollars in Thousands

	Current FY2010	Current FY2011	Governor Recomm. FY2012	Governor Recomm. FY2013	Biennium 2012-13
Direct Appropriations by Fund					
General					
Current Appropriation	7,059	7,068	7,068	7,068	14,136
Technical Adjustments					
Approved Transfer Between Appr			541	541	1,082
Current Law Base Change			152	200	352
Operating Budget Reduction			(58)	(58)	(116)
Subtotal - Forecast Base	7,059	7,068	7,703	7,751	15,454
Governor's Recommendations					
Operating Budget Reductions		0	(25)	(25)	(50)
Total	**7,059**	**7,068**	**7,678**	**7,726**	**15,404**
Expenditures by Fund					
Direct Appropriations					
General	5,675	6,137	7,678	7,726	15,404
Statutory Appropriations					
Miscellaneous Special Revenue	26,891	27,406	27,846	27,846	55,692
Federal	2,995	6,212	5,859	5,859	11,718
Gift	0	17	11	11	22
Total	**35,561**	**39,772**	**41,394**	**41,442**	**82,836**
Expenditures by Category					
Total Compensation	16,014	19,615	19,498	19,498	38,996
Other Operating Expenses	19,517	19,953	21,730	21,778	43,508
Local Assistance	30	204	204	204	408
Transfers	0	0	(38)	(38)	(76)
Total	**35,561**	**39,772**	**41,394**	**41,442**	**82,836**
Expenditures by Activity					
Administrative Services	30,545	31,455	33,443	33,491	66,934
Executive Office	5,016	8,317	7,951	7,951	15,902
Total	**35,561**	**39,772**	**41,394**	**41,442**	**82,836**
Full-Time Equivalents (FTE)	**193.6**	**221.1**	**220.4**	**220.4**	

Activity at a Glance

- Maintain 99.9% availability and functionality of core network infrastructure.
- Manage over $300 million in annual outgoing grants.
- Pay 99% of all vendor invoices in 30 days or less.
- Manage building operations for 11 building locations.

Activity Description

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

Population Served

This activity serves all 1,500 employees of the department by:

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

Services Provided

Facilities Management

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

Financial Management

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

Human Resources

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

Information Systems and Technology Management

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

Key Activity Goals & Measures

This activity supports to MDH goal of *Assure strong systems for health* in the department's strategic plan. This includes strong financial, human resources, information systems and technology infrastructure in order for the department's programs to be successful.

- Prompt Payment measure for last three to five years (Target 99%)

State Fiscal Year	2006	2007	2008	2009	2010
Total Paid	13,008	11,710	11,662	11,690	11,720
Paid on Time	12,868	11,581	11,642	11,650	11,598
% paid on time	98%	99%	99%	99%	99%

- User Support Help Desk Tickets resolved remotely. Remote resolution of tickets is a measure of effectiveness as they are generally less expensive and more quickly resolved.

State Fiscal Year	2009	2010	Target (2011)
% help desk tickets resolved remotely	30%	42%	50%

- IS&TM Measure: Percentage of all ISTM Help Desk Tickets resolved on time.

State Fiscal Year	2009	2010	Target (2011)
% help desk tickets resolved on time	87%	90%	91%

Activity Funding

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

Contact

Deputy Commissioner
Phone: (651) 201-4872
http://www.health.state.mn.us/

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	5,648	6,137	7,678	7,726	15,404
Statutory Appropriations					
Miscellaneous Special Revenue	23,905	23,930	24,448	24,448	48,896
Federal	992	1,387	1,316	1,316	2,632
Gift	0	1	1	1	2
Total	**30,545**	**31,455**	**33,443**	**33,491**	**66,934**
Expenditures by Category					
Total Compensation	12,447	14,075	14,005	14,005	28,010
Other Operating Expenses	18,098	17,380	19,476	19,524	39,000
Transfers	0	0	(38)	(38)	(76)
Total	**30,545**	**31,455**	**33,443**	**33,491**	**66,934**
Full-Time Equivalents (FTE)	**153.6**	**164.1**	**164.6**	**164.6**	

Activity at a Glance

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

Activity Description

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

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

Population Served

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, and local levels.

Services Provided

Commissioner's Office

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

Government Relations

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

Communications

- The communications office is responsible for leading and coordinating communications on statewide public health issues and programs. This includes coordinating public awareness activities and community outreach and managing more than 30,000 pages of information on the department's website. The MDH website is visited more than three million times per year.
- The office works closely with the news media, ensuring that accurate and timely information on a wide range of public health topics is shared with the general public.

Legal Services

- The MDH Legal Unit 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 attorney general's office.
- While the Legal Unit will respond to any legal need, its primary focus is in the areas of emergency preparedness, rulemaking, data practices and privacy, contracts, delegations of authority, and HIPAA.
- The Legal Unit also acts as a liaison with the AG's Office for MDH litigation and other legal services requested by MDH.

Key Activity Goals & Measures

This activity supports MDH's goal of *Assure strong systems for health* in the department's strategic plan. This includes strong leadership and strategic planning, communications, legal services and government relations infrastructure in order for the department's programs to be successful.

- Number of news releases

Calendar Year	2005	2006	2007	2008	2009
Number completed	72	86	85	78	95

- Fiscal notes completed

State Fiscal Year	2006	2007	2008	2009	2010
Number completed	44	95	75	113	72
Average days to complete	5.9	10.4	4.2	7.9	4.2
% completed on time	67%	47%	77%	90%	78%

Activity Funding

The office is funded from special revenue funds.

Contact

Deputy Commissioner
Phone: (651) 201-4872
http://www.health.state.mn.us/

Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2010	FY2011	FY2012	FY2013	2012-13
Expenditures by Fund					
Direct Appropriations					
General	27	0	0	0	0
Statutory Appropriations					
Miscellaneous Special Revenue	2,986	3,476	3,398	3,398	6,796
Federal	2,003	4,825	4,543	4,543	9,086
Gift	0	16	10	10	20
Total	**5,016**	**8,317**	**7,951**	**7,951**	**15,902**
Expenditures by Category					
Total Compensation	3,567	5,540	5,493	5,493	10,986
Other Operating Expenses	1,419	2,573	2,254	2,254	4,508
Local Assistance	30	204	204	204	408
Total	**5,016**	**8,317**	**7,951**	**7,951**	**15,902**
Full-Time Equivalents (FTE)	**40.0**	**57.0**	**55.8**	**55.8**	

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Program: Community and Family Health Promotion							
Women, Infants and Children (WIC): Provides nutrition education and healthy foods to low-income pregnant women and young children.		No	No	122,798	134,237	134,237	134,237
Temporary Assistance for Needy Families (TANF): Promotes family health and self-sufficiency through family home visiting programs.		No	No	10,826	12,640	11,733	11,733
Maternal and Child Health Block Grant: Supports public health services to low-income, high-risk mothers and children, including children with special health needs.		Yes	Yes	8,786	9,073	9,073	9,073
Cancer Prevention & Control Programs: Supports 1) comprehensive cancer planning & implementation, 2) breast and cervical cancer screening, and 3) a statewide population-based cancer registry.		Yes	Yes	5,918	7,119	6,201	6,551
American Recovery Reinvestment Act Community Mentoring: Provide technical assistance to other CPPW/ARRA funded communities interested in expanding the breadth and depth of their local or state level efforts to reduce obesity and improve nutrition.		No	No	0	1,608	2,314	2,000
Preventive Health and Health Services Block Grant: Federal funding used to reduce preventable disease; address emerging public health issues; and augment core activities for which other resources are unavailable or inadequate.		No	Yes	2,655	2,793	2,793	2,793
Early Childhood Home Visiting: (Evidenced Based Home Visiting II) -An evidence-based home visiting program targeting high-risk communities.		No	Yes	0	1,701	2,268	2,268
Young Student Parents: Supports pregnant and parenting women and men (under age 26) to accomplish their higher education/post secondary education goals.		No	No	0	2,000	2,000	2,000

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Planning for Personal Responsibility and Education: Supports the replication of evidence-based program models that have been proven through rigorous evaluation to be effective in preventing teenage pregnancy. Minnesota will target funding to populations experiencing the greatest disparities in teen births and sexually transmitted infections.	X	No	No	0	0	868	868
Infrastructure - Primary Care Transformation: Supports statewide implementation of the Health Care Home model focusing on building capacity in clinics, especially federally qualified health centers or rural critical access hospital clinics and independent clinics.	X	No	No	0	0	375	500
Universal Newborn Screening and Hearing Program: Supports efforts to detect hearing impairments in infants and reduce or eliminate negative impacts through early intervention.		No	No	222	411	411	411
American Recovery Reinvestment Act Communities Putting Prevention to Work - Category A: Plan and implement evidence-based policy, systems, and environmental changes that support healthy behaviors.		No	No	34	3,365	2,523	0
American Recovery Reinvestment Act Women Infants and Children (SAM) Transfer Project: Supports WIC data system development.		No	No	464	2,935	2,471	0
CDC - Tobacco Control Program: Funding continues programmatic efforts to reduce morbidity and its related risk factors and to reduce premature death associated with tobacco use. It also continues surveillance efforts to measure the public health impact of these programs.		Yes	Yes	982	1,200	1,200	1,200
Environmental Public Health Tracking: Supports a tracking system to integrate data about environmental hazards with data about diseases that are possibly linked to the environment.		No	No	548	875	1,034	1,034
Commodity Supplemental Food Program (CSFP): Provides nutrition information and supplemental foods to elderly and age 5 children.		No	No	978	1,006	1,006	1,006
WISEWOMAN: Supports services to low-income women to prevent cardiovascular disease.		Yes	Yes	750	977	977	977

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Oral Health Workforce: Supports statewide activities to train and recruit oral health workforce and expand community-based prevention programs.		Yes	Yes	60	971	971	971
Comprehensive Diabetes: Supports statewide activities to prevent diabetes and reduce the complications, disabilities, and burden associated with diabetes.		Yes	Yes	934	913	913	913
Colorectal Cancer: Supports promotion and provision of colorectal cancer screening.		No	No	256	1,412	900	900
Heart Disease and Stroke Prevention: Supports statewide activities to address heart disease, stroke, and related risk factors.		No	No	529	720	720	720
Minnesota Nutrition, Physical Activity and Obesity Program: promote healthy eating, active living and prevent obesity and chronic disease.		Yes	Yes	625	646	646	646
Sexual Violence Prevention: Supports statewide prevention and education programs that address sexual violence.		No	No	713	600	620	620
WIC Breastfeeding Peer Counsel: Promotes and supports breastfeeding among WIC recipients.		No	No	264	603	603	603
Addressing Asthma: Supports statewide activities to train health professionals, educate individuals with asthma and their families, and explain asthma to the public.		No	No	629	780	600	600
American Recovery Reinvestment Act Communities Putting Prevention to Work – Component 2, Great Trays. Increase schools' access to more nutritious foods through a buying group and provide hands-on learning opportunities for school nutrition staff to plan, purchase, and promote healthy school meals.		No	No	20	1,196	1,176	0
Stroke Registry: Supports a hospital-based stroke registry that is used to improve care for stroke patients.		No	No	558	564	564	564
Mammography Behavior Change: Will support research to determine the efficacy of using social networks to increase mammography in hard-to-reach populations.		No	No	0	434	507	537

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Minnesota Arthritis Program: Supports statewide activities to promote self-management education and physical activity to improve the quality of life for those affected by arthritis.		No	No	398	508	508	508
Teen Dating Violence Prevention: Supports statewide activities to prevent violence within a dating relationship.		No	No	81	389	389	389
Injury Prevention and Control Program: Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.		No	No	403	300	300	300
Abstinence Education: Reduce the teen pregnancy and sexually transmitted infections rates among 15-17 year olds.		Yes	No	0	291	291	291
Community Based Systems for Children with Special Health Care Needs: Needs (Part B and Part C): Supports early identification and intervention services for young children.		No	Yes	290	280	280	280
Oral Health Program: Supports the development of state-level infrastructure to improve oral health in the state.		No	No	312	440	270	270
American Recovery Reinvestment Act Communities Putting Prevention to Work - Component 1: Promote safe routes to walk to school, farm to school food systems and parity in tobacco pricing.		No	Yes	23	411	388	0
Minnesota Birth Defects Information System: Supports surveillance of birth defects in Minnesota.		No	No	53	190	190	190
American Recovery Reinvestment Act Communities Putting Prevention to Work - Component 3, Cessation & Quitline.		No	No	36	391	355	0
Comprehensive Cancer Control Policy: Will support policy, systems, and environmental changes for cancer control.		No	No	0	175	175	175
Pregnancy Risk Assessment Monitoring System (PRAMS): monitors maternal experiences and behaviors just before, during and after pregnancy.		No	No	155	150	150	150
Child Maltreatment Prevention: (Evidenced-Based Home Visiting I): Evidence-based home visiting program to prevent child maltreatment.		Yes	No	184	520	150	150

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Asthma Environmental Triggers: Will support activities to reduce or eliminate environmental triggers of asthma for children who reside in public and assisted multi-family housing.		No	No	0	353	226	21
Program: Policy Quality and Compliance							
Medicare: Survey and Certification. This activity certifies health care facilities and performs surveys and investigations of those facilities.		Yes	No	6,827	6,900	6,800	6,900
American Recovery Reinvestment Act Health Information Technology, E-health Connect Project (HITECH): Develop and implement strategic and operational plans for health information exchange, including the development of technical infrastructure to enable secure, electronic movement of health information among Minnesota health care stakeholders.		Yes	Yes	78	3,322	3,400	1,411
OMH-Eliminating Health Disparities: To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.		No	No	0	174	210	36
Small Rural Hospital Improvement Program: Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.		No	No	756	764	764	764
Rural Hospital Flexibility Program: Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.		No	No	653	730	730	730
Behavioral Risk Factor Surveillance: Enhancement of the quality of data collected through the BRFSS survey.		Yes	Yes	252	313	313	313
Medical Assistance Health Plan: This activity examines MN-licensed HMOs to ensure compliance with MN and applicable federal law and gathers information on performance of DHS-contracted managed care plans.		No	No	191	217	217	217
Primary Care Cooperative Agreement: The grant funds will target site development for clinics interested in participating in National Health Service Corps programs.		No	No	185	190	190	190

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Office of Rural Health: This grant provides information and assistance to rural health care provider so that health services are available where needed, and to recruit and retain health professionals.		Yes	Yes	167	180	180	180
OMH Partnership Grant: To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.		No	No	193	162	162	162
American Recovery Reinvestment Act Ambulatory Surgical Centers (ASC-HAI): To implement a new survey process and increase the frequency of inspections of Ambulatory Surgical Centers.		No	No	0	118	118	118
Program: Health Protection							
Public Health Emergency Preparedness: Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.		Yes	Yes	11,025	12,452	11,388	11,388
Emerging Infections Program: Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.		No	No	3,187	7,561	7,615	7,015
Healthcare System Preparedness: Supports healthcare systems' and providers' readiness to respond to emergencies that require health care, including rapidly treating large numbers of patients.		Yes	Yes	6,278	6,702	6,702	6,702
Immunization: Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).		No	No	4,731	5,492	5,492	5,492
AIDS/HIV Prevention: Supports AIDS/HIV prevention activities including state operations and grants to community-based organizations (CBOs).		No	No	3,329	3,374	3,216	3,216
Safe Drinking Water Program: This program supports protecting public health by ensuring a safe drinking water supply.		Yes	Yes	2,328	2,328	2,328	2,328

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
Expanding Laboratory & Epidemiology Capacity (ELC): Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity. Categorical funds for West Nile, Lyme, influenza and electronic disease reporting.		No	No	1,498	2,352	2,445	2,164
Pandemic Influenza: Support for healthcare preparedness and response for H1N1 outbreak in 2009-2010.		No	No	525	1,527	1,527	1,527
Prevention of Sexually Transmitted Diseases: Supports prevention and control of STDs including state operations for partner services and Chlamydia and gonorrhea testing and treatment.		No	No	1,022	1,175	1,175	1,175
Tuberculosis Cooperative Agreement: Supports TB prevention and control activities including state operations and grants to CHBs.		No	No	994	1,115	1,115	1,115
Drinking Water Revolving Fund: This program supports protecting public health by providing low interest loans for public water system improvements.		Yes	Yes	3,236	1,100	1,100	1,100
Biomonitoring of Great Lakes: Work with the Fond du Lac tribe to determine the potential for tribal members in the Lake Superior Basin to be exposed to various contaminants.		No	No	0	547	1,440	436
Childhood Lead Poisoning: Statewide data collection and analysis, education and technical assistance on lead exposure.		Yes	Yes	552	528	528	528
H1N1 Public Health Emergency Response (PHER): One-time award of funds to support H1N1 preparedness and response to the pandemic for state, local, tribal and healthcare systems.		No	No	17,185	9,306	1,000	0
American Recovery Reinvestment Act Interoperability of Electronic Health Records (EHR) and Immunization Information Systems (IIS): Supports state operations to enhance and standardize the exchange of immunization data from EHR systems to the state IIS.		No	No	0	518	690	173

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
New Refugee Disease Surveillance: Supports activities to reduce infectious diseases among newly arrived refugees, including education, disease tracking and state operations.		No	No	277	420	420	420
HIV/AIDS Surveillance: Supports state operations for disease surveillance and outbreak control activities.		No	No	351	505	387	387
Cooperative State Assessment: Supports efforts to monitor progress toward achieving measurable national, state, and community health objectives through the formation of working partnerships between the state health department and other public and private partner organizations and groups.		No	No	0	350	350	350
American Recovery Reinvestment Act Reaching More Children and Adults: Supports state operations to enhance immunization levels among adolescents and adults, includes grants to CHBs.		No	No	312	1,602	700	0
Agency for Toxic Substance and Disease Registry (ATSDR): To prevent or reduce exposures to hazardous sites and toxic substances through assessment, investigation and education.		No	No	406	345	345	345
Healthy Homes Production Program: Aims to reduce environmental/physical hazards in the home and data collection.	X	No	No	0	220	325	325
EPA Indoor Radon Grant: Provides education and technical assistance on reducing radon exposure primarily in residences.		Yes	Yes	310	850	320	320
State Fish Advisory Consortium: Work with eight states on evaluating fish consumption advisories and improve the deliver of information to the public.		No	No	0	569	569	0
Clinical Lab Improvement Act Program (CLIA): Continuous improvement in laboratory testing quality and service delivery.		No	No	277	280	280	280
Climate Change: To protect, maintain and improve public health through preparation and adaptation to climate change.		No	No	0	238	250	250

Federal Award Name + Brief Purpose	New grant	Required state match/MOE? Yes/No		SFY 2010 Revenues	SFY 2011 Revenues	Estimated SFY 2012 Revenues	Estimated SFY 2013 Revenues
		Match	MOE				
American Recovery Reinvestment Act Emerging Infections Program Vaccines PCV-13: Supports a special study to evaluate the effectiveness of the new 13-valent pneumococcal vaccine.		No	No	74	560	486	0
EPA Lead Cooperative Agreement: Provides education and compliance assistance to the public and businesses that impact lead in residences.		No	No	317	240	240	240
Refugee Health Services: Supports state operations and grants to CHBs to ensure refugees receive a medical screening and healthy start as they resettle.		No	No	190	191	191	191
American Recovery Reinvestment Act Emerging Infections Program, Healthcare Associated Infections (HAI): Supports state operations for activities designed to monitor and reduce hospitals associated infections.		No	No	72	405	333	0
Minnesota Integrated Newborn Screening, Eliminating Health Disparities Initiative, Tracking and Surveillance System.		No	No	152	152	152	152
American Recovery Reinvestment Act Emerging Infections Program: Supports state operations related surveillance and laboratory activities related to infectious disease.		No	No	47	606	255	0
Postal Plan Exercise: Helps metropolitan areas augment their capabilities to respond to large-scale bioterrorism attack. Develop and test collaborative arrangements whereby the United States Postal Service and local law enforcement agencies deliver antibiotic drugs to residences in the at-risk area.	X	No	No	0	0	200	0
Program: Administrative Support Services							
Public Health Infrastructure Initiative: Builds/implements performance management capacity and systems; reengineers systems to use resources more efficiently; improves networking, coordination, standardization, and cross-jurisdictional cooperation in the delivery of public health services.		No	No	0	3,000	3,000	3,000

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Program: Community and Family Health Promotion **Budget Activity: Community and Family Health**				
Fetal Alcohol Spectrum Disorders Grant (State) M.S. 145.9265	Provide prevention and intervention services related to fetal alcohol spectrum disorder.	Statewide non-profit organization (1 grantee)	$1,660	$1,660
Local Public Health Grants (State) M.S. 145A.131	Develops and maintains an integrated system of community health services under local administration and within a system of state guidelines and standards.	Community Health Boards (54 grantees)	$20,771	$15,578
Local Public Health Grants for Tribal Governments (State)	Develops and maintains an integrated system of American Indian tribal health services under tribal administration and within a system of state guidelines and standards.	American Indian Tribal Governments	$1,060	$1,060
Maternal and Child Health Block Grant (Federal) Title V, SSA and M.S. 145.88 – 145.883	Supports public health services to low-income, high-risk mothers and children.	Community Health Boards (53 grantees); Children's Hospital and Clinic (1 grantee SIDS)	$5,551	$5,975
Family Home Visiting Program (Federal) M.S. 145A.17	Promote family health and self sufficiency.	Community Health Boards (54 grantees)	$7,372	$8,319
Family Planning Special Projects (Both) M.S. 145.925	Provide pre-pregnancy family planning services to high risk low income individuals.	Government and non-profit organizations (33 grantees)	$4,862	$4,862
Family Planning Grants Greater Minnesota (State) M.S. 145.925	Support family planning clinics serving out state Minnesota that are experiencing financial need.	Government and non-profit organizations serving out state Minnesota (15 grantees)	$491	$491
Positive Alternative Grants (State) M.S. 145.4235	Provide support encouragement, and assistance to pregnant women and caring for their babies after birth.	Non-profit organizations that have had a program in existence for at least one year as of 7/1/2005 (30 grantees)	$2,357	$2,357
Early Childhood Home Visiting (Evidence-based Home Visiting II) (Federal) Public Law 111-148 ACA 2951	Implement an evidence-based home visiting program targeting high-risk communities.	Community Health Boards and Tribal Governments	$0	$200
Child Maltreatment Prevention (Evidence-based Home Visiting I) (Federal)	Implement an evidence-based home visiting program to prevent child maltreatment.	Community Health Boards and Tribal Governments	$16	$155

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Young Student Parents (Federal) Public Law 111-148	Support pregnant and parenting young women and men (under age 26) to accomplish their higher education/post secondary education goals.	Minnesota Institutions of Higher Education/Post Secondary Education	$0	$1,605
MN Children with Special Health Needs Clinics (State)	Provide specialty diagnostic services in underserved regions of the state.	Government and non-profit organizations (1 grantees)	$234	$160
Suicide Prevention (State) M.S. 145.56	Grants for Suicide prevention activities.	Government and non-profit organizations (3 grantees)	$98	$98
Hearing Aid Loan Bank (State)	Support statewide hearing aid and instrument loan bank to families with children newly diagnosed with hearing loss from birth to the age of ten.	Government and non-profit organizations (1 grantee)	$69	$69
Families with Deaf Children (State)	Parent to parent support for families with young children who are deaf or have a hearing loss.	Non-profit organizations (1 grantee)	$0	$223
Universal Newborn Hearing/Screening (Federal) Title III, Sec. 399M of Public Health Services Act	Support for local public health agencies to reduce the number of infants lost to follow-up after a failed newborn hearing screening.	Community Health Boards and Tribal Governments	$36	$60
Commodity Supplemental Food Program (CSFP) Agriculture Appropriation Act	Provide nutrition information and supplemental foods to elderly and age 5 children.	Government and non-profit organizations (4 grantees)	$891	$909
WIC (Federal)	Provides nutrition education and healthy foods to low-income pregnant women and young children.	Community Health Boards, non-profit organizations and tribal governments (57 grantees)	$114,903	$125,206
WIC Breastfeeding Peer Counsel (Federal)	Promote and support breastfeeding among WIC recipients.	Community Health Boards, non-profit organizations and tribal governments who provide WIC services (4 grantees)	$208	$572
Program: Community and Family Health Promotion **Budget Activity: Health Promotion and Chronic Disease**				
Minnesota Poison Control System (Both) M.S. 145.93	Identify appropriate home management or referral of cases of human poisoning; provide statewide information and education services.	Government, non-profit and for-profit organizations; competitive (1 grantee)	$1,279	$1,129
Arthritis Program (Federal) M.S. 144.05	Promote self-management education and physical activities to improve the quality of life for those affected by arthritis.	Non-government organizations and health care providers; noncompetitive	$52	$0

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Comprehensive Cancer (Federal) M.S. 144.05	Support development and implementation of the comprehensive cancer plan.	Cancer centers; non-profit organizations; noncompetitive	$70	$106
Prostate Cancer (Federal) M.S. 144.05	Support prostate cancer screening education among high risk populations.	Non-profit cancer organization; noncompetitive	$128	$180
Colorectal Cancer (Federal) M.S. 144.05	Promote and provide colorectal cancer screening.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$15	$703
Sage Screening Program (Both) M.S. 144.671 and M.S. 145.928	Provide breast and cervical cancer screening, diagnostic and follow-up services. Recruitment/outreach activities to increase and provide breast and cervical cancer screening.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$3,406	$3,657
Comprehensive Cancer Control Policy (Federal) M.S. 144.05	Support policy, systems, and environmental changes for cancer control.	Cancer centers; non-profit organizations; noncompetitive	$0	$35
Mammography Behavior Change (Federal) M.S. 144.05	Support the use of social networks to increase mammography in hard-to-reach populations.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$0	$264
WISEWOMAN Screening (Federal) M.S. 144.05	Heart disease risk factor screening and lifestyle counseling for age-eligible Sage Screening Program clients.	Private and community clinics, other health care providers and Community Health Board; noncompetitive	$280	$439
Rape Prevention and Education (Federal) M.S. 144.05	Build primary prevention capacity of Minnesota's sexual assault coalition.	Non-profit, statewide sexual assault coalition; noncompetitive (1 grantee)	$320	$180
Heart Disease and Stroke Prevention (Federal) M.S. 144.05	Support activities that reduce the risk and burden of heart disease and stroke.	Local public health, non-profit organizations, health care providers; noncompetitive	$105	$203
Sexual Assault Prevention (Federal)	Prevent sexual assault, provide services to victims of sexual assault, and provide public education regarding sexual assault.	Interagency agreement; 1 noncompetitive grantee with competitive sub-grants to government organizations, schools, non-profit organizations	$23	$108
Teen Dating Violence Prevention (Federal) M.S. 144.05	Identify and share successful teen dating violence prevention programs, build statewide capacity.	Non-profit organizations; noncompetitive	$18	$194
Stroke Registry (Federal) M.S. 144.05	Support Minnesota hospitals to improve the quality of care to stroke patients by developing and using the stroke registry.	Minnesota hospitals; noncompetitive	$52	$68

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Addressing Asthma (Federal) *M.S. 144.05*	Implement strategies that support the "Strategic Plan for Addressing Asthma in Minnesota."	Local public health and non-profit and for-profit organizations; noncompetitive	$57	$34
Hennepin County Cancer Registry (State) Laws of Minnesota 2009, Chapter 79, Art. 10, Sec. 46	Collect occupational, residential, and military service history data from newly diagnosed cancer patients.	Hennepin County Medical Center's Cancer Center; specified in session law	$100	$0
Particulate Matter Reductions (Federal) M.S. 144.05	Provide data and consultation regarding clinical visits for asthma.	Health care provider; noncompetitive (1 grantee)	$7	$0
Asthma Environmental Triggers (Federal) M.S. 144.05	Reduce or eliminate environmental triggers of asthma for children who reside in public and assisted multi-family housing.	Local public health, tribal governments; noncompetitive	$0	$205
Program: Community Family Health Promotion **Budget Activity: Office of Statewide Health Improvement Initiatives**				
Statewide Health Improvement Program (State)	Increase healthy behaviors and prevent the leading causes of illness and death. Tobacco & obesity. Improve the health of Minnesotans by reducing the burden of chronic disease through evidence based policy, systems, and environmental change strategies.	Community Health Boards. Tribes	$19,587	$26,280
MN Nutrition Physical Activity & Obesity (Federal)	Promoting obesity prevention efforts outlined in the state Obesity Plan.	Local public health and non-profit organizations	$76	$76
Steps to a Healthier US	To reduce the burden of diabetes, obesity and asthma by addressing the risk factors of tobacco use and exposure, poor nutrition and physical activity.	State coordinated with large cities, urban areas, small cities, and rural communities.	$288	$0
American Recovery Reinvestment Act Communities Putting Prevention to Work (Federal)	Plan and implement evidence-based policy, systems, and environmental changes that support healthy behaviors related to obesity, physical activity, and nutrition.	Community Health Boards	$0	$2,754
Tobacco Use Prevention (State) M.S. 144.395-396	Grant program to reduce youth tobacco use and secondhand smoke exposure by creating tobacco-free environments.	Government, non-profit, and for-profit entities; competitive	$3,221	$3,221

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
American Recovery Reinvestment Act Reduce Tobacco Consumption (Federal)	Research the current revenue status from other tobacco products, as well as the impact of achieving price parity for other tobacco products. - Draft a white paper on what is learned. - Draft legislation. - Draft talking points and supporting materials. -Conduct statewide meetings/training to educate policy and decision-makers.	The Grantee has specialized knowledge of Minnesota Law related to all aspects of tobacco control in the State. They are the only organization in the state that is positioned to effectively research this issue and draft the white paper.	$0	$150
American Recovery Reinvestment Act of 2009 Cessation & Quitlines (Federal)	- Expand and enhance proactive counseling. - Collect and report all quitline data required by CDC. -Expand media campaign to motivate smokers to quit and access quitline.	The Grantee manages the Minnesota Quitline. They are the only organization in the state that is positioned to collect and report all quitline data required by CDC.	$10	$237
Program: Community Family Health Promotion **Budget Activity: Office of Minority & Multicultural Health**				
Eliminating Health Disparities Initiative Grants (Both)	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, Latinos/Hispanics). Grants focus on 7 health priorities.	Eligible applicants are local/county public health agencies, community based organizations, faith-based, and tribal governments.	$3,526	$5,257
Program: Policy Quality and Compliance **Budget Activity: Health Policy**				
Medical Education and Research Cost Trust Fund (Both) *M.S. 256B.69; M.S. 297F.10; M.S. 62J.692*	The MERC trust fund was established to address the increasing financial difficulties of Minnesota's medical education organizations.	Eligible applicants are accredited medical education teaching institutions, consortia, and programs operating in Minnesota (22 sponsoring institutions pass through grants to several hundred training sites).	$85,571	$83,141
OMH Partnership Grant	To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	Nonprofit working with youth at community organizations (1 Grant)	$38	$20

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
OMH-Eliminating Health Disparities (Federal)	To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	Nonprofit working with youth at community organizations (1 Grant)	$0	$48
Dental Innovations Grants (Both) M.S. 62J.692	To promote innovative clinical training for dental professionals and programs that increase access to dental care for underserved populations.	Eligible applicants are sponsoring institutions, training sites, or consortia that provide clinical education to dental professionals	$1,983	$2,657
Indian Health Grants (State) M.S. 145A.14, Subd. 2	Provides health service assistance to Native Americans who reside off reservations.	Community Health Boards (5 grantees)	$164	$174
Migrant Grants (State) M.S. 145A.14, Subd. 1	Subsidizes health services, including mobile, to migrant workers and their families.	Cities, counties, groups of cities or counties, or non-profit corporations (1 grantee)	$102	$102
Rural Hospital Capital Improvement Grant Program (State) *M.S. 256B.195*	Update, remodel, or replace aging hospital facilities and equipment necessary to maintain the operations of small rural hospitals.	Rural hospitals with 50 or fewer beds (21 grantees)	$0	$1,755
Small Hospital Improvement Program (Federal)	Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.	Rural hospitals of 50 or fewer beds (82 grantees)	$749	$757
Community Clinic Grant Program (State) M.S. 145.9268	Assist clinics to serve low-income populations, reduce uncompensated care burdens or improve care delivery infrastructure.	Nonprofit community clinics (14 grantees)	$561	$561
Donated Dental Services (State) *M.S. 150A.22*	To provide dental care to low-income or uninsured recipients.	Non-profit organization (1 grantee)	$63	$63
Rural Hospital Planning & Transition Grant (State) M.S. 144.147	Assist with strategic planning; transition projects.	Rural hospitals with 50 or fewer beds (15 grantees)	$300	$300
Summer Health Care Internships (State) M.S. 144.1464	Summer internship program for high school and college students.	Statewide non-profit organization representing health facilities (1 grantee/multiple sub-grantees)	$300	$300
Health and Long Term Care Career Promotion Grant Program (State) M.S. 144.1499	Develop or implement health and long term care career curriculum for K-12.	Consortia of K-12 districts, post-secondary schools and health/long term care employers	$142	$147

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Loan Forgiveness Program (State) M.S. 144.1501	Health education loan forgiveness for physicians, nurses, nurse practitioners, and physician assistants, in rural and urban underserved areas.	Average number of grantees—Faculty (22), Dentist (9), Pharmacist (13) Nurses practicing in nursing homes (7) Midlevel (4); (38 new and 13 continuing participants)	$741	$1,031
National Health Service Corp (Both) M.S. 144.1487	Health education loan forgiveness for physicians in rural and urban underserved areas.	Physicians (4 grantees per year)	$328	$200
Nurses Loan Forgiveness (State)*M.S. 144.1501*	Health education loan forgiveness for nurses, allied health faculty, nurse faculty.	Nurses (17 new and 1 continuing)	$167	$382
Physicians Loan Forgiveness (State) M.S. 144.1501	Health education loan forgiveness for physicians in rural and urban underserved areas.	Physicians (7 new and 1 continuing)	$163	$247
Rural Hospital Flexibility (Federal)	Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	Critical Access Hospitals, ambulance services, other rural providers (20 Grantees)	$403	$432
Federally Qualified Health Center (State) M.S. 145.9269	Support Minnesota FQHCs to continue, expand and improve services to populations with low incomes.	HRSA designated FQHCs and FQHC Look Alikes operating in Minnesota	$2,500	$2,500
Health Care Demonstration Project (State)	Community-based health care coverage program demonstration.	Health Share, Inc., Duluth	$200	$0
Advanced Life Support System (State) M.S. 144.6062	Training rural medical personnel, including physicians, physician assistants, nurses and allied health care providers, to anticipate, recognize and treat life threatening emergencies before serious injury or cardiac arrest occurs.	Nonprofit Organization	$0	$377
American Recovery Reinvestment Act State Loan Repayment Program (Federal)	Increase access to primary care by providing educational loan repayment for health care providers willing to practice in rural and underserved communities.	Nurse Practitioner (4), Physician Assistant (2), Dentist (1), LICSW (1), and Family Practice Physician (1)	$148	$0

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Program: Health Protection **Budget Activity: Environmental Health**				
Drinking Water Technical Assistance (Federal) *M.S. 144.383*	Provides technical assistance to owners and operators of public water systems.	Minnesota Rural Water Association	$390	$10
Drinking Water (State)	Bridges federal funding for the Drinking Water Technical Assistance funds.	Minnesota Rural Water Association	$10	$476
Constitutional Amendment (State) *Minnesota Constitution, Artile XI, section 15*	Strengthens drinking water source water protection by 1) determine physical and chemical characteristics of the untreated water that is used by public water suppliers; 2) accelerate development and implementation of wellhead or surface water protection plans for public water suppliers; 3) provide technical assistance to the public and local governments to protect their drinking water; and 4) improve access to drinking water data.	Local units of government	$4	$890
Counter Terrorism Coordination (Federal)	Provides support for implementation of security measures for public water systems	Providers of technical assistance to public water systems such as universities and non-profit organizations	$5	$0
Wellhead Protection (Federal)	Provide technical assistance to small public water systems to initiate their wellhead protection plan.	Minnesota Rural Water Association	$132	$0
Lead Base Program Grants (State) *M.S. 119A.46*	For lead training to workers and property owners, and to provide lead cleaning services in housing for residential properties.	Eligible applicants include: qualified lead professionals; cities; local public health agencies; community action groups	$479	$479
Federal Environmental Protection Agency States Indoor Radon Grant (SIRG) (Federal)	For public education and targeted outreach on radon testing, mitigation, and radon resistant new construction.	Competitive grant process available to local public health agencies and non-profit organizations	$29	$386
Small Cities Lead Hazard Reduction (Federal)	For lead hazard reduction in child-occupied residential units.	Eligible applicants including: local housing agencies and small city development organizations	$303	$0

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Childhood Lead Poison Prevention (Federal) *M.S. 144.9507*	For targeted lead education, screening or research activities aimed at reducing childhood lead exposure.	Eligible applicants include local public health agencies and non-profit organizations	$31	$0
Healthy Homes Production (Federal)	For reducing physical/environmental hazards in residential settings and data collection.	Eligible applicants include local housing agencies, small cities development organizations and non-profit organizations.	$0	$81
Program: Health Protection **Budget Activity: Infectious Disease Epidemiology, Prevention, and Control**				
Tuberculosis Program (Both)	Outreach Grants for TB case management services and medication purchase.	Hennepin, Olmstead, and Ramsey counties; others as TB caseload need & funding allow	$251	$209
Eliminating Health Disparities—Refugee Health (State)	Health screening and follow-up services for foreign-born persons with TB proportionally based on legislative formula.	All Community Health Boards (CHBs) are eligible	$245	$245
Refugee Health (Federal)	Coordination of Refugee Health Assessments.	Counties resettling the largest number of refugees (5 grantees)	$88	$45
Perinatal Hepatitis B (Federal)	Case management for perinatal hepatitis B.	Community Health Boards	$61	$105
Immunization Practices Improvement (Federal)	Clinic site visits by local public health staff to check vaccine storage and handling, review immunization practices, and audit pediatric immunization records.	Community Health Boards	$52	$160
Immunizations (Federal)	Support for Regional Immunization Information Services for the continued statewide deployment of our registry system. Case management for perinatal hepatitis B in Hennepin and Ramsey Counties.	Community Health Boards to support regional immunization information service providers. Saint Paul/Ramsey, Hennepin counties receive perinatal hepatitis B case management awards from this source	$497	$703
American Recovery Reinvestment Act Immunizations (Federal)	Improve Adult and Adolescent immunization levels.	Community Health Boards	$21	$785
American Recovery Reinvestment Act IIS Sentinel Sites (Federal)	Recruit additional providers to participate in the immunization information system.	St. Paul/Ramsey County CHB	$11	$140
H1N1 ITIH Focus 1 & 3 (Federal)	For preparation of regional IISs to receive H1N1 vaccine data and ongoing tracking of H1N1 data.	Community Health Boards	$127	$107

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
New Refugee Disease Surveillance (Federal)	Establish tracking systems for refugees referred for acute care follow-up by Hennepin County Public Health Clinic (HCPHC) and St Paul Ramsey County Department of Public Health (SPRCDPH).	Hennepin County Public Health Clinic and St Paul Ramsey County Department of Public Health	$47	$112
Pandemic Influenza Competitive (Federal)	Promoting use of IISs for pandemic influenza response.	Community Health Boards to support regional immunization information service providers. Olmsted County Public Health	$20	$0
Emerging Infections (Federal)	Supports the work of Infection Preventionists with a grant to their professional organization	APIC Minnesota (Minnesota chapter of the Association of Professionals in Infection Control)	$10	$10
AIDS Prevention Grants (Both) M.S. 145.924	Health education/risk reduction and AIDS/HIV testing for high-risk individuals.	Community-based organizations, clinics (16 grantees)	$1,882	$1,724
Prevention and Treatment of Sexually Transmitted Infections (Federal) M.S. 144.065	Test high risk individuals for STDs.	Community-based organizations and clinics	$212	$349
HIV Counseling and Testing (Federal)	Testing high-risk individuals for HIV.	Clinical facilities (7)	$364	$490
Program: Health Protection **Budget Activity: Office of Emergency Preparedness**				
Local Public Health Preparedness Grants (Federal) (PAHPA, Public.Laws,109-417)	Plan, exercise and prepare local health departments and communities to respond to and recover from events that affect the public's health. Includes one time funds for H1N1 preparedness and response.	Community health boards (53 grantees)	$4,882	$10,814
OEP Hospital Preparedness (Federal) (PAHPA, Public.Laws.109-417)	Plan, exercise, and prepare individual hospitals and hospital regions to provide health care during emergencies and events that affect the public's health.	Regional Hospital Resource Centers designated in each of the 8 regions	$4,136	$4,719
Flood Disaster Relief (Fall 2010) (State) 2010 Special Session 2 Chapter 1	Funds for individual and community recovery from fall 2010 flood damage in southern MN. Includes water and food safety, behavioral health, and technical assistance to regulated industries.	Individuals and communities	$0	$200

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2010	Budgeted FY 2011
Tribal Preparedness Grants (Federal) (PAHPA, Public.Laws.109-417)	Plan, exercise and prepare tribal governments and tribal communities to respond to and recover from events that affect the public's health. Includes one time funds for H1N1 preparedness and response.	Tribal governments (11 grantees)	$156	$360
H1N1 Local Public Health (Federal) Public.Laws.111-8	One time funds for H1N1 preparedness and response.	Community health boards (53 grantees)	$12,233	$2,560
H1N1 Tribal (Federal) Public.Laws, 111-8	One time funds for H1N1 preparedness and response.	Tribal governments (11 grantees)	$58	$212
Pandemic Influenza Healthcare Preparedness (Federal) Public.Laws. 111-8	One time funds for H1N1 preparedness and response.	Regional Hospital Resource Centers designated in each of the 8 regions	$523	$1,479
Program: Administrative Support Services **Budget Activity: Executive Office**				
Public Health Infrastructure (Federal)	Integrate performance management into local health department operations	Community Health Boards	$0	$180

Dollars in Thousands

	Actual FY2010	Budgeted FY2011	Governor's Recomm. FY2012	Governor's Recomm. FY2013	Biennium 2012-13
Non Dedicated Revenue:					
Departmental Earnings:					
State Government Spec Revenue	40,958	41,056	41,588	41,757	83,345
Other Revenues:					
General	22	0	0	0	0
State Government Spec Revenue	19	24	25	26	51
Total Non-Dedicated Receipts	**40,999**	**41,080**	**41,613**	**41,783**	**83,396**
Dedicated Receipts:					
Departmental Earnings:					
Miscellaneous Special Revenue	11	13	13	13	26
Grants:					
Drinking Water Revolving Fund	736	520	520	520	1,040
Miscellaneous Special Revenue	742	738	636	636	1,272
Federal	220,050	261,386	251,321	248,736	500,057
Federal Stimulus	1,401	17,301	15,360	3,711	19,071
Other Revenues:					
Miscellaneous Special Revenue	39,751	43,531	43,827	43,815	87,642
Federal	481	497	497	497	994
Medical Education & Research	27,598	76,840	75,791	75,791	151,582
Miscellaneous Agency	83	85	85	85	170
Gift	11	157	146	146	292
Other Sources:					
Miscellaneous Special Revenue	0	434	1,046	1,525	2,571
Total Dedicated Receipts	**290,864**	**401,502**	**389,242**	**375,475**	**764,717**
Agency Total Revenue	**331,863**	**442,582**	**430,855**	**417,258**	**848,113**