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

AT A GLANCE

- Manage annual budgetary resources of \$877 million.
- Secure annual federal funding of \$349 million to support critical public health activities.
- Provide guidance and oversight for over \$309 million in annual outgoing grants to more than 500 unique grantees across the state.
- Maintain a highly skilled workforce of 1,789 staff that includes doctors, nurses, health educators, biologists, chemists, epidemiologists, and engineers.
- Meet rigorous standards set by the Public Health Accreditation Board.

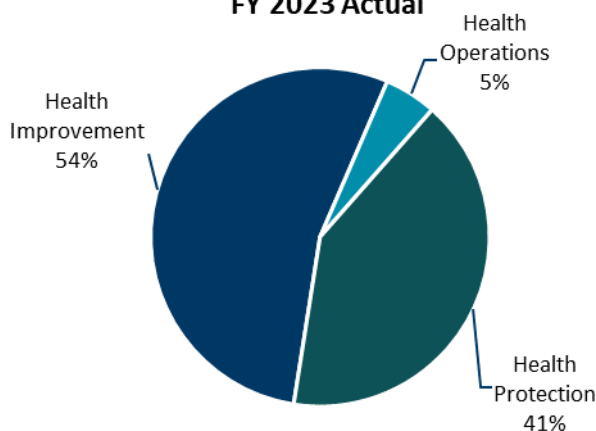
PURPOSE

The Minnesota Department of Health (MDH) mission is to protect, maintain, and improve the health of all Minnesotans. MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases while promoting and ensuring clean water and air, safe food, quality health care, and healthy living. The department works to improve the health of all communities in the state by incorporating the best evidence and health equity considerations into our decisions and activities.

MDH carries out its mission in close partnership with local public health departments, tribal governments, the federal government, health care delivery organizations in acute and long-term care, and many health-related organizations. In meeting its responsibilities, the department also recognizes the strong connection between overall population health and a wide range of government policies from economic development to education to transportation. The department uses the best scientific data and methods available to prevent illness and injury, propose strategies to improve the availability and quality of health care, and help ensure the conditions in which all people can be healthy.

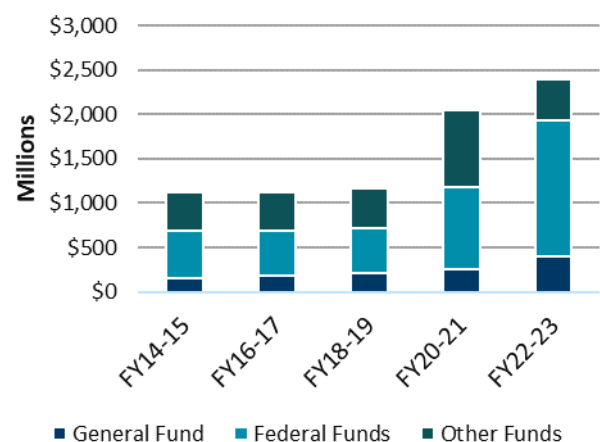
BUDGET

**Spending by Program
FY 2023 Actual**



Source: Budget Planning & Analysis System (BPAS)

Historical Spending



Source: Consolidated Fund Statement

STRATEGIES

While Minnesota ranks as one of the healthiest states in the nation, significant disparities in health outcomes persist because the opportunity to be healthy is not equally available for everyone in the state. The MDH vision is one of health equity, meaning a state in which all communities are thriving, and all people have what they need to be healthy. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

Our key strategies for protecting, maintaining, and improving Minnesotans' health include:

- Maintaining a nation-leading position in disease investigation and response, environmental health protection, and laboratory science.
- Reinforcing our partnerships with the state's tribal public health partners and local public health organizations to ensure a strong public health infrastructure in all corners of the state.
- Working with cross-sector partners in health care and beyond to change policies and practices at the community level to support greater opportunities for promoting health and reducing risks, both to improve the health of the population and to reduce future health care costs.

The Department of Health is primarily governed by the following statutes:

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

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

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

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

Each budget activity narrative lists additional relevant statutes.

Program: Health Improvement

AT A GLANCE

- Provided nutrition services for over 163,000 pregnant women, infants, and young children.
- Promotes policy, systems, and environmental changes through its State Health Improvement Partnership (SHIP) program, which operates in 87 counties and 10 Tribal Nations and involves collaboration with over 6,400 local partners such as schools and worksites.
- Increased participation in prevention services across eight priority areas by 142%, between 2019 and 2023, for people from communities most impacted by health inequities.
- Distributed over \$70M million annually in grants and loans to health care professionals and provider organizations to ensure that rural and underserved communities have access to care.
- Partnered with over 430 clinics statewide to provide direct screening services to 7,000 uninsured and underinsured individuals for breast and cervical cancer and cardiovascular health annually.

PURPOSE AND CONTEXT

The Health Improvement program is focused on an upstream approach to public health, examining and addressing the root causes of disease and inequities rather than reacting to symptoms. By working to address power imbalances, social determinants of health, health equity, health policy, and health literacy, the Health Improvement Program aims to improve the long-term health and wellbeing of all Minnesotans.

The Health Improvement program contains a cohesive set of activities designed to maintain and improve the health of all Minnesotans. Activities are built on the values of collaboration and accountability.

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

SERVICES PROVIDED

- **Child and Family Health:** Provides collaborative public health leadership that supports and strengthens systems to ensure healthy families and communities, with a focus on populations experiencing the greatest inequities in maternal and child health outcomes statewide. Administers programs focused on prenatal care; pregnancy planning; screening and services for children with special needs; nutrition for mothers, infants, and young children; and one-on-one support and education for pregnant people and families.
- **Health Promotion and Chronic Disease Prevention:** Advances health equity by collaboratively preventing and reducing the impacts of chronic disease, violence, injury, and disability. This is done through collecting, analyzing, and sharing relevant data; promoting policies and programs that help prevent chronic disease; providing cancer screenings to uninsured and under-insured residents; supporting suicide and violence prevention programs and services; and administering substance misuse prevention and recovery programs.
- **Community Health:** Provides funding, guidance, technical assistance, and training to local and Tribal health departments to build foundational public health capabilities and advance health equity. Community Health administers grants to strengthen Minnesota's public health systems; collects and reports data about the public health system; conducts a statewide health assessment; assists with accreditation for MDH and local and Tribal health departments; collects, analyzes, and shares statistics

from health surveys; and provides funding and technical assistance for local and Tribal health departments to promote health and well-being through policy, systems, and environmental change.

- **Health Policy:** Supports the health care delivery and payment systems, ensuring they are efficient, effective, equitable, and affordable for Minnesotans. Health Policy researches health care spending, insurance coverage, and other critical policy topics; supports rural and underserved urban health care systems; collects and analyzes health care workforce data; regulates health maintenance organizations; supports initiatives to create a more affordable and coordinated health care system; and administers the vital records system containing birth and death records.
- **Health Equity Performance measure and program impact evaluation** Creates ways to evaluate and measure health equity that are community-led, research-driven, and learning centered. This service is provided by mobilizing data, research, and evaluation to support MDH divisions, making data accessible to communities through improving access and data dashboards, and developing a life cycle approach to research and evaluation that addressed equity at each part of the data collection phase, and using equity-relevant metrics based on current and community-informed practice.
- **Community Engagement:** Assists with improving and sustaining community partnerships to strategically embed community-centered solutions to advance health. Support advisory bodies such as the HEAL Council and CSA Council to provide oversight and co-decision making for MDH priorities, develop and implement best practices for community engagement, and elevate community priorities through MDH channels.
- **Policy and Systems Change:** Works to advance and embed health equity and racial justice across the agency through equitable policy making and strategic systems change interventions. This work is achieved through policy review, systems change capacity building, health equity impact assessments, and other work as needed.
- **Diversity, Equity, Inclusion, and Belonging:** Advances diversity, equity, and inclusion principles and practices and improving employee engagement and belonging. Services provided include training, coaching, facilitation, and capacity building for MDH staff and leadership, and enhancing Human Resource related offerings and services.
- **American Indian Health:** Supports and promotes health in American Indian communities. This is accomplished through improving partnerships, targeting initiatives, and increasing public investments in housing, transportation, education, health care, economic opportunity, and criminal justice.
- **African American Health:** Identifying and addressing health disparities impacting African American community through policy and systems change, increased partnerships and initiatives, and increased partnerships.
- **Health Equity Strategy and Innovation:** Serves as a technical resource for the agency and its state and community partners to increase cultural understanding and deepen working relationships across program areas; identifies promising practices with communities experiencing the greatest health disadvantages; and amplifies and supports the work of communities most impacted by health inequities by leveraging data and evaluation, showcasing best practices, and administering grant programs.

RESULTS

Program Narrative results are included throughout their respective Budget Activities.

Program: Health Improvement

Activity: Child and Family Health

<https://www.health.state.mn.us/about/org/cfh/index.html>

AT A GLANCE

- Nutrition services for over 163,000 pregnant women, infants, and young children.
- Breastfeeding peer counseling services for over 8,400 women.
- Family planning counseling services for more than 20,563 individuals.
- Connected over 2800 families of infants with a newborn screening condition or birth defect to early intervention and local supports.
- Home visiting services for more than 6,500 families (>47,000 visits) in 87 counties and nine tribal nations.
- Fifty-eight percent of children served by home visiting received a developmental screen and 63% of prenatal caregivers received a depression screening.
- Bereavement support and referral services for over 524 families experiencing a fetal or infant death.
- Provides evidence-based curriculum for teen pregnancy prevention for 2050 youth and 600 parents.

PURPOSE AND CONTEXT

Health outcomes for people are greatly influenced by early-life experiences. Our activities improve long-term health outcomes by supporting Minnesota's children and families. Services focus on populations experiencing the greatest disparities in health outcomes, including families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs and disabilities.

In our work, we advance factors that predict a child's lifelong success:

- Healthy births.
- Safe, stable, and nurturing environments for families.
- Access to adequate nutrition.
- Early identification of health, developmental, or social-emotional issues and provision of appropriate interventions.
- Prevention of unintended pregnancy.
- Abstaining from substance use.

SERVICES PROVIDED

Enhance the health and wellbeing of pregnant and postpartum people, promoting optimal birth outcomes for infants and aim to reduce racial, ethnic, and socioeconomic disparities in maternal and infant health. The Maternal and Child Health (MCH) program administers grants and programs to encourage early access to prenatal care, provides support services and preventative care to high-risk pregnant people prior to and during pregnancy to reduce risk of birth defects and other adverse pregnancy outcomes. MCH addresses factors that impact birth outcomes such as substance use disorders, access and availability of midwifery and doula care, and promoting infant safe sleep activities. MCH offers comprehensive statewide surveillance to identify maternal deaths and opportunities for prevention. It also oversees the distribution of grants and programs focused on enhancing maternal and infant health outcomes through population health strategies.

The Women Infant Children (WIC) Supplemental Nutrition program serves nearly 40% of all infants born in Minnesota, improving the nutrition of pregnant and postpartum women, infants, and young children through nutrition education, breastfeeding resources, and targeted supplemental foods.

Increase the proportion of planned pregnancies so families are better prepared to raise a child. The Maternal and Child Health program provides pre-pregnancy family planning grants to reproductive health providers and local public health to ensure that family planning services are accessible to low-income and high-risk individuals.

Assure early childhood screening so that children receive services and support for school readiness and success. The Children and Youth with Special Health Needs (CYSHN) program provides trainings and grants to local public health agencies so that infants and children receive early and ongoing screening, intervention, and follow-up services. Our Maternal and Child Health program develops and trains health care providers and school nurses on screening protocols.

Help children and youth with special health care needs reach their full potential. The CYSHN program addresses inequities experienced by families in accessing and paying for quality services and supports to care for their children by improving care coordination, transition from pediatric to adult health care, and ensuring families are connected early to local public health, primary and specialty care, and community resources.

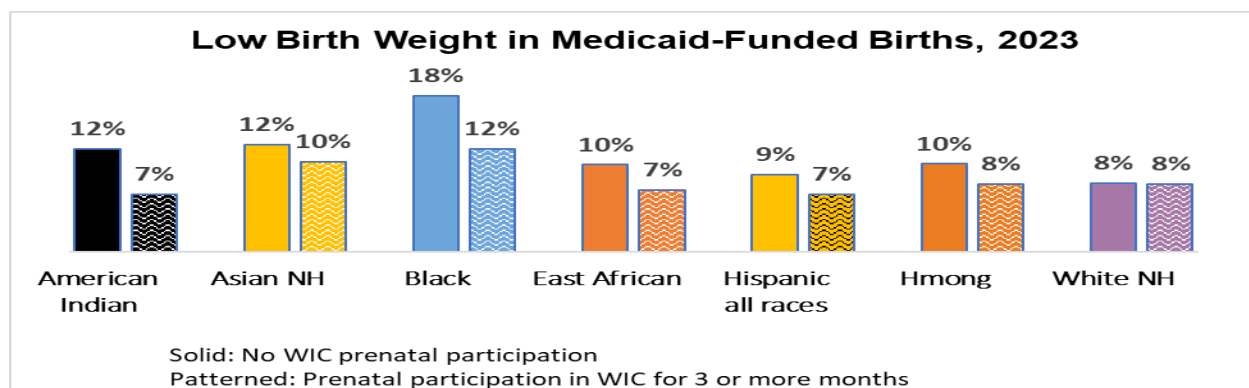
Family Home Visiting promotes health equity. By providing critical supports to families from a wide range of racial, ethnic, economic, and social backgrounds, family home visiting meets families where they are, connecting pregnant individuals with appropriate prenatal care, empowering parents to have responsive parent-child relationships, and assuring children are screened and referred to early childhood services. These are just a few key activities that address the social and economic factors that drive health disparities.

Support teens and their families so teens are successful in school, avoid unintended pregnancies, and become healthy, self-reliant adults. We provide teen pregnancy prevention and healthy youth development grants to local public health departments, schools, and non-profits. Additionally, we provide grants to school-based health centers delivering mental health support and clinical services for students and train pediatric providers, school nurses, and other youth providers in best practices in adolescent health.

RESULTS

Performance Data

Among Medicaid-funded births in Minnesota, women participating in WIC for three or more months during pregnancy were less likely to have an infant of low birth weight (less than 2500 grams), compared to those who did not participate in WIC during pregnancy.

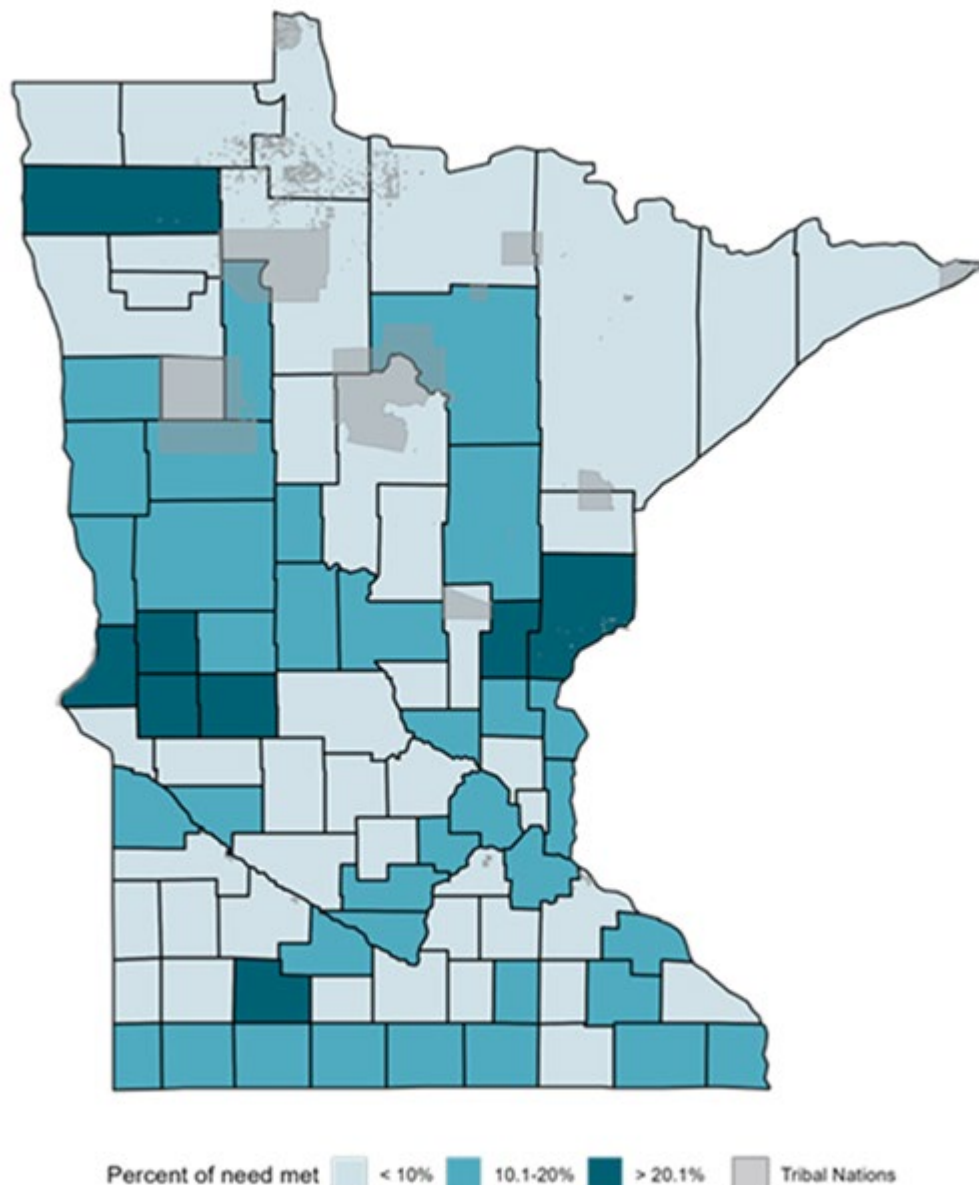


Source: Minnesota Vital Records and Minnesota WIC Information System

Families served by family home visiting in Minnesota

Using U.S. Census estimates, there are nearly 65,000 families who could benefit from family home visiting (i.e., families with young children living below 185% of the Federal Poverty Level). Figure 1 displays the percent of families who participated in family home visiting by county in 2023.

Figure 1: Percent of eligible families with young children served by family home visiting, by county in 2023

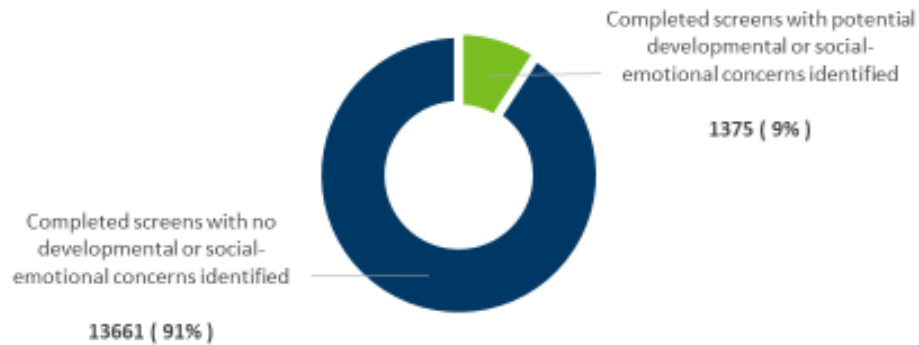


Early Identification for Developmental and Social-Emotional Concerns in Children 0-36 months identified through the Follow Along Program – 2023

Through screening and follow-up, the Follow Along Program identifies risks and provides early connections to interventions, which positively impact a child's developmental trajectory and reduces adverse outcomes. In 2023, 1375 young children were identified with potential developmental or social-emotional concerns and received follow-up/connection to services.

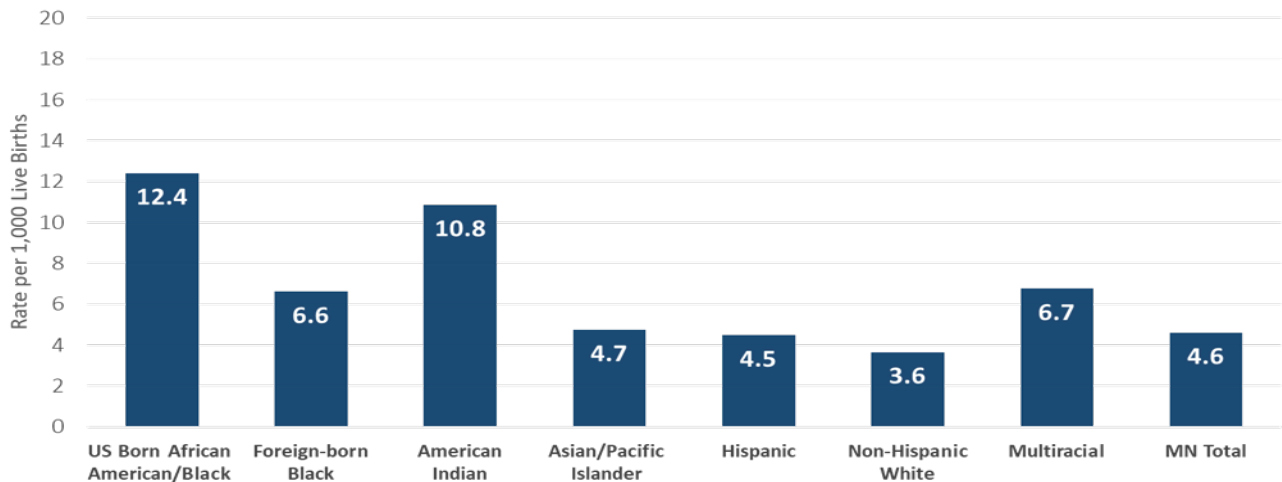
Early Identification for Developmental and Social-Emotional Concerns in Children 0-36 months

Identified through the Follow Along Program – 2023



Minnesota infant mortality rates by selected maternal race/ethnicity & nativity, 2018-2022:

Minnesota's infant mortality rate has declined by 38% since 1990, from a high of 7.3 deaths per 1,000 live births to 4.5 in 2022. Despite Minnesota's favorable infant mortality rate and ranking, substantial variation by race and ethnicity remains due to systemic racism and the impact of social determinants of health. Infants born to U.S.-born Black and American Indian women have the highest rates of mortality (12.4 and 10.8 respectively) compared to other racial and ethnic populations in the state.

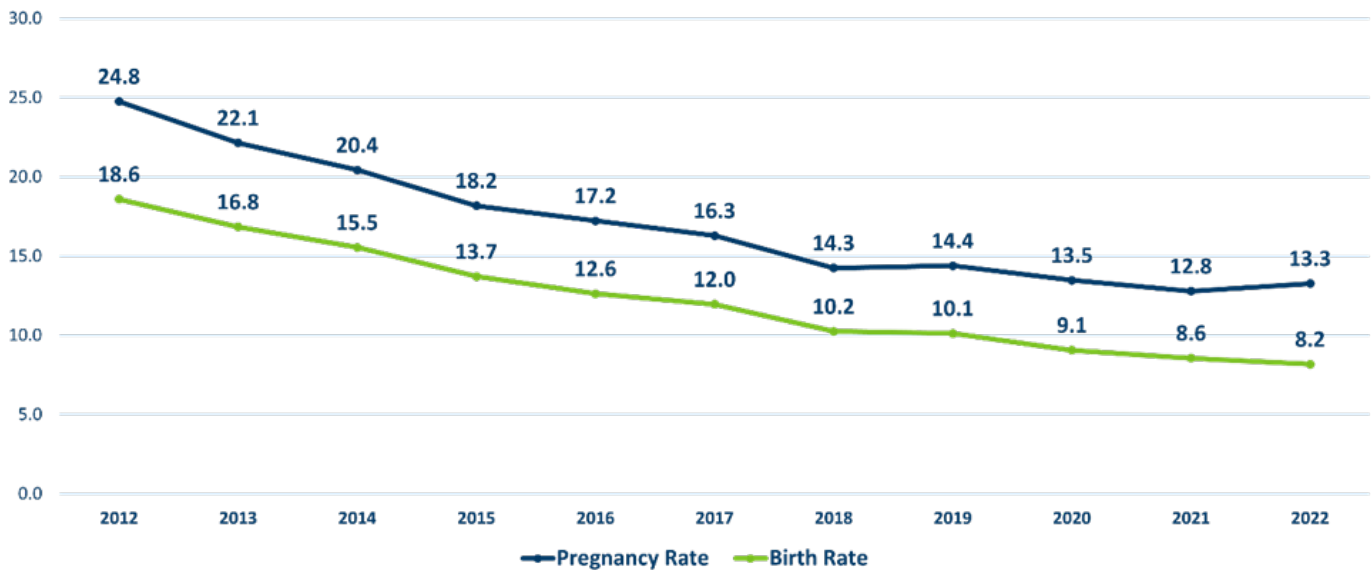


Source: Linked Birth-Infant Death Minnesota Resident Period Cohort Data File

Minnesota teen pregnancy and birth rate per 1,000 females 15-19

Teen pregnancy and birth rates have been declining in Minnesota. From 2012 to 2022, the pregnancy rate has decreased 46.4% from 24.8 to 13.3 per 1,000 females 15-19. Similarly, the teen birth rate has decreased 56.0% from 18.6 to 8.2 per 1,000 females 15-19.

Minnesota Teen Pregnancy and Birth Rates per 1,000 Females 15-19



Source: Center for Health Statistics, Minnesota Department of Health 2024

Evidence of Effectiveness

Evidence-based practice:	Source:	FY 24-25 Expenditures
Family Home Visiting Models: Family Connects, Early Head Start, Family Spirit, Healthy Families America, Maternal Early Childhood Sustained Home Visiting, Nurse Family Partnership, Parents as Teachers	Department of Health and Human Services Home Visiting Evidence of Effectiveness, https://homvee.acf.hhs.gov/	In 2023, \$35 million in state and federal home visiting funds were awarded to 79 grantees across three grants.

Financial operations related to Help Me Connect will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

STATUTES

M.S. 144.0548 Comprehensive Drug Overdose and Morbidity Prevention Act

(<https://www.revisor.mn.gov/statutes/cite/144.0528>)

M.S. 144.064 The Vivian Act, Cytomegalovirus (<https://www.revisor.mn.gov/statutes/cite/144.064>)

M.S. 144.125-144.128 Tests of Infants for Heritable and Congenital Disorders

(<https://www.revisor.mn.gov/statutes/cite/144.125>)

M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD)

(<https://www.revisor.mn.gov/statutes/cite/144.1251>)

M.S. 144.1461 Dignity in Pregnancy and Childbirth (<https://www.revisor.mn.gov/statutes/cite/144.1461>)

M.S. 144.2215 Minnesota Birth Defects Information System

(<https://www.revisor.mn.gov/statutes/?id=144.2215>)

M.S. 144.574 Dangers of Shaking Infants and Young Children

(<https://www.revisor.mn.gov/statutes/?id=144.574>)

M.S. 144.966 Early Hearing Detection and Intervention Program

(<https://www.revisor.mn.gov/statutes/?id=144.966>)

M.S. 145.88 Maternal and Child Health (<https://www.revisor.mn.gov/statutes/?id=145.88>)

M.S. 145.891 Maternal and Child Health Nutrition Act of 1975
(<https://www.revisor.mn.gov/statutes/?id=145.891>)

M.S. 145.898 Sudden Infant Death (<https://www.revisor.mn.gov/statutes/?id=145.898>)

M.S. 145.899 WIC Vouchers for Organics (<https://www.revisor.mn.gov/statutes/?id=145.899>)

M.S. 145.901 Maternal Death Studies (<https://www.revisor.mn.gov/statutes/?id=145.901>)

M.S.145.903 School-Based Health Centers(<https://www.revisor.mn.gov/statutes/cite/145.903>)

M.S. 145.905 Location for Breast-Feeding (<https://www.revisor.mn.gov/statutes/?id=145.905>)

M.S. 145.906 Postpartum Depression Education and Information
(<https://www.revisor.mn.gov/statutes/?id=145.906>)

M.S. 145.925 Family Planning Grants (<https://www.revisor.mn.gov/statutes/?id=145.925>)

M.S. 145.9255 Minnesota Education Now and Babies Later
(<https://www.revisor.mn.gov/statutes/?id=145.9255>)

M.S. 145.9261 Abstinence Education Grant Program (<https://www.revisor.mn.gov/statutes/?id=145.9261>)

M.S. 145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant
(<https://www.revisor.mn.gov/statutes/?id=145.9265>)

M.S. 145.9571 Healthy Beginnings, Healthy Families Act (<https://www.revisor.mn.gov/statutes/cite/145.9571>)

M.S. 145A.17 Family Home Visiting Program (<https://www.revisor.mn.gov/statutes/?id=145A.17>)

M.S. 145A.145 Nurse Family Partnership Programs (<https://www.revisor.mn.gov/statutes/2021/cite/145A.145>)

M.S. 145.87 Home Visiting for Pregnant Women and Families with Young Children
(<https://www.revisor.mn.gov/statutes/cite/145.87>)

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

<https://www.health.state.mn.us/about/org/hpcd/index.html>

AT A GLANCE

- In 2024, HPCD is providing \$62 million in outgoing grants to support non-profit organizations, local health departments, screening clinics, Tribal nations and communities, and community-based organizations in Minnesota. This funding is critical to build and sustain partnerships that help prevent diseases, injuries, violence, substance use, and disabilities throughout the State.
- About 49% (\$37 million) of HPCD's funding is from the State's general fund.
- About two-thirds of HPCD's funding is dedicated to injury and violence prevention activities, including: substance misuse prevention, suicide prevention, human trafficking, and violence prevention. The remaining one-third is for chronic disease prevention activities, including cancer, asthma, diabetes, cardiovascular health, oral health, arthritis, and Alzheimer's and related dementias. In 2023-24, we also worked with partners to train over 120 community health workers.
- HPCD employs approximately 190 Minnesotans with expertise in data collection, analysis, and reporting; communication; technical assistance; and program planning and implementation.

PURPOSE AND CONTEXT

The Health Promotion and Chronic Disease Division (HPCD) advances health equity by collaboratively preventing and reducing the impacts of chronic disease, violence, injury, and disability. We partner with community-based organizations, local public health, Tribal Nations and communities, health care providers, and many others.

SERVICES PROVIDED

- We work to advance health equity and reduce health disparities in Minnesota.
- We develop, implement, and support culturally respectful programs designed to reduce and prevent chronic diseases and conditions, injuries, substance misuse, and violence.
- We collect, share, and use data to inform actions at the community, state, and national levels.
- We address social determinants of health and collaborate with diverse partners to strengthen impact.

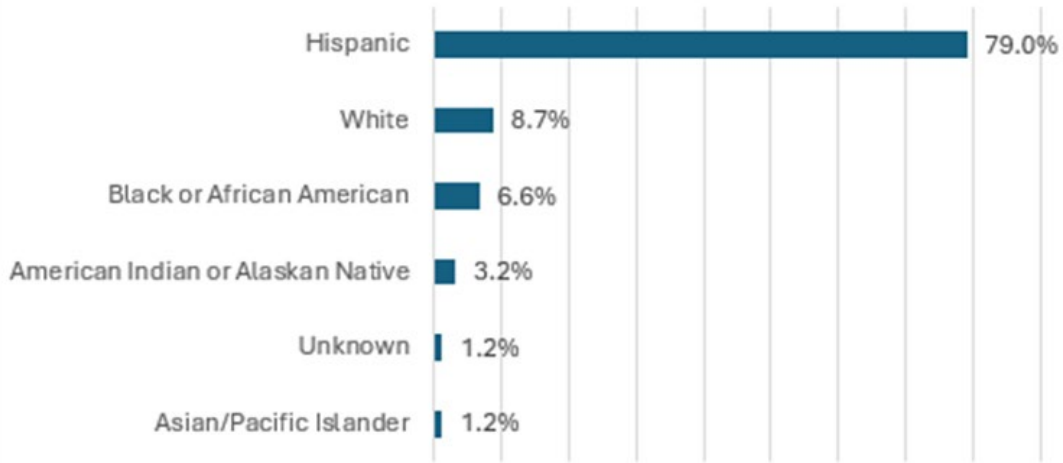
RESULTS**Serving diverse populations to reduce cancer screening disparities**

The Sage Program partners with over 430 clinics statewide to provide direct screening services to 7,000 uninsured and underinsured individuals for breast and cervical cancer and cardiovascular health annually. Sage collaborates with community organizations, Tribal Nations, health systems and providers, local universities, and other governmental agencies to continue to increase reach into diverse communities.

Sage additionally supports cancer screening by working with clinics to improve their health systems through implementation of evidence-based interventions.

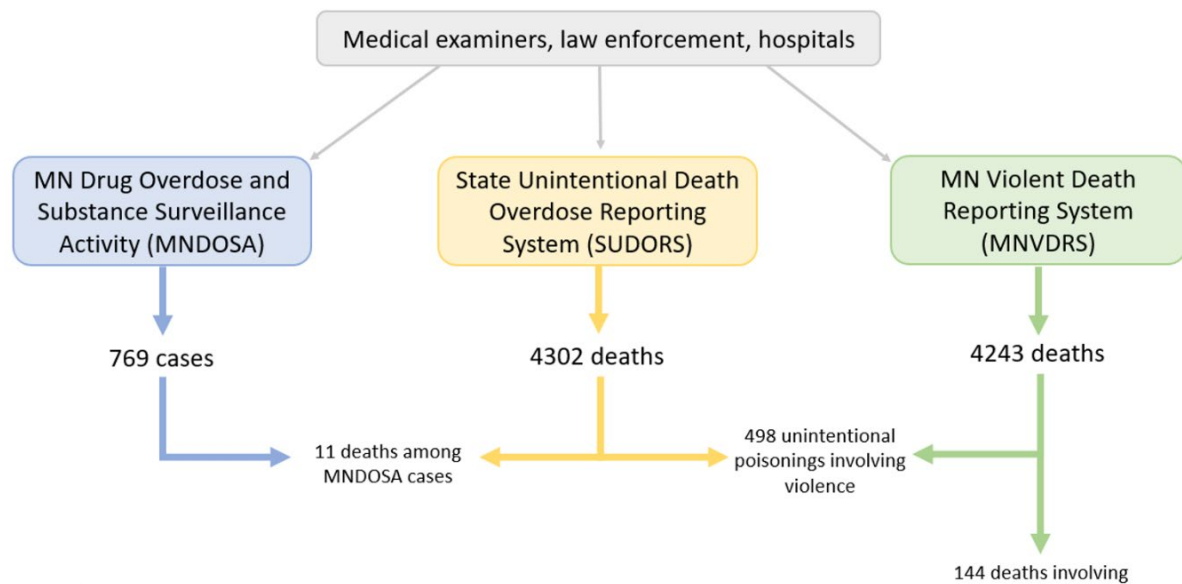
Sage maintains a call center that delivers patient navigation services in multiple languages to over 9,500 Minnesotans annually. Navigators support underserved populations by connecting them with conveniently located screening clinics, scheduling appointments, coordinating follow-up visits, arranging transportation and interpreters, and providing health coaching.

Sage Breast and Cervical Screening Program by Race and Ethnicity - 2023



In 2013, people of color and American Indians comprised 46% of Sage breast and cervical patients. By 2023, this percentage increased to 90%.

Analyzing and using data to prevent violence, overdoses, and substance use (2019-2022)

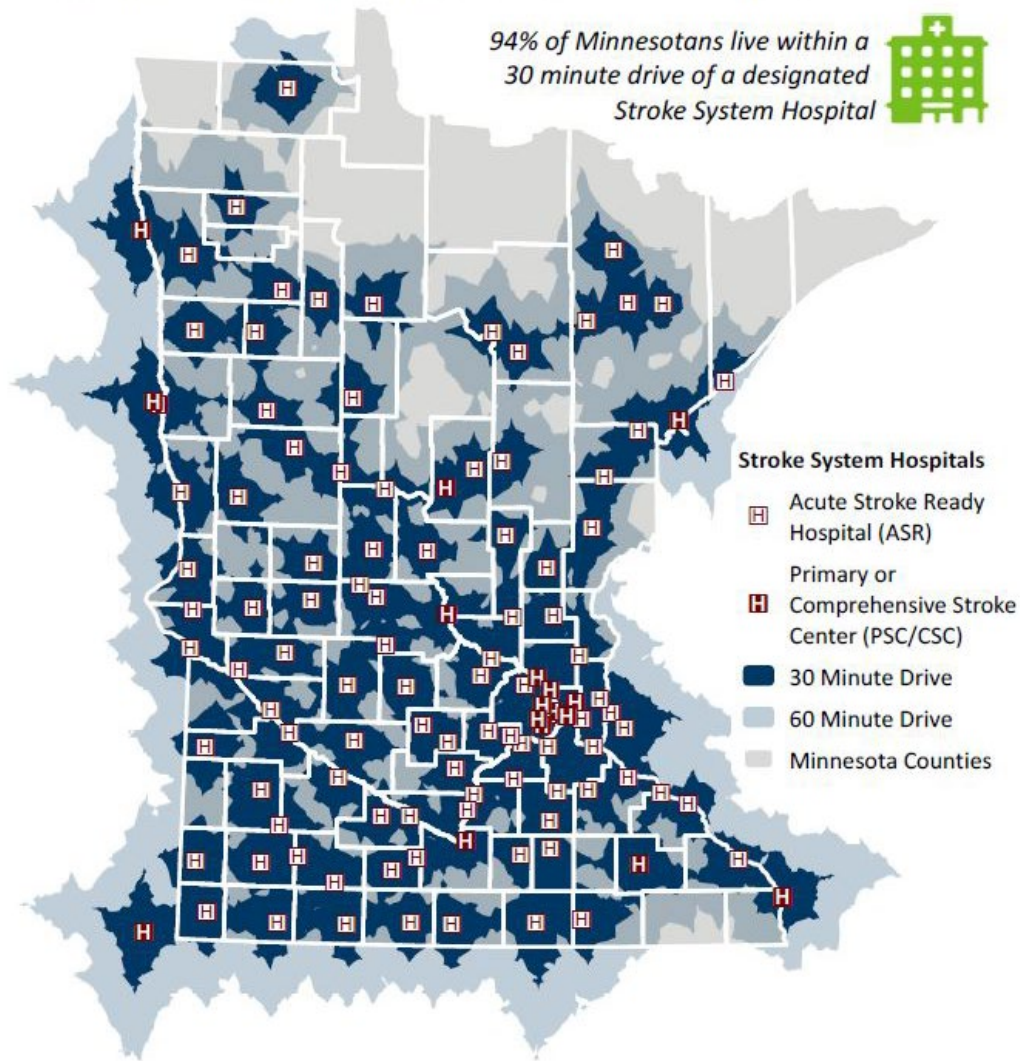


Since 2019, MDH's Injury and Violence Prevention Section has collected critical data from medical examiners, law enforcement, and hospitals to understand the circumstances of over 9,000 violent and overdose deaths and cases of acute substance use, including suicides and intimate partner violence. Data on these deaths highlight the intersections of violence, substance use, and mental health, while pointing to common factors that can reduce risk. Findings inform effective solutions such as targeted naloxone distribution, harm reduction services, culturally responsive prevention programs, housing support, and funding for organizations that address shared risk of violent and overdose deaths. Data from 2023 show a slight decline in drug overdose deaths; however, the risk of overdose death continues to be disproportionately high among American Indian and Black communities in Minnesota.

Expanding access to designated stroke centers

Minnesota Stroke System Coverage

DRIVE TIME TO DESIGNATED STROKE SYSTEM HOSPITALS, JUNE 2023



The Minnesota stroke system of care ensures all hospitals are equipped and ready to provide the best care possible for suspected stroke patients. MDH is charged with collecting, analyzing, and reporting on stroke data, as well as implementing clinical practice, policy, and systems changes that reflect best practices and national guidelines, and positively impact health outcomes for stroke patients.

From 2013-2022:

- There was a 16.1 percentage point increase in patients receiving imaging within 25 minutes, rising from 56.1% to 72.2%.
- The proportion of patients receiving medication to treat stroke within 60 minutes of arrival to a hospital has increased from 73.5% to 80.9%.
- In 2023, a decade following the enactment of Minnesota Statute 144.492, 94% of Minnesotans now live within a 30-minute drive of a stroke system hospital, and 99% have access within 60 minutes.

STATUTES

M.S. 144.05 subd. 5 Firearms Data (<https://www.revisor.mn.gov/statutes/?id=144.05>)

M.S. 144.0528 Comprehensive Drug Overdose and Morbidity Prevention Act
(<https://www.revisor.mn.gov/statutes/cite/144.0528>)

M.S. 144.059 Palliative Care Advisory Committee (<https://www.revisor.mn.gov/statutes/cite/144.059>)

M.S. 144.061 Early Dental Prevention Initiative (<https://www.revisor.mn.gov/statutes/cite/144.061>)

M.S. 144.1462 Community Health Workers (<https://www.revisor.mn.gov/statutes/cite/144.1462>)

M.S. 144.197 Cannabis Education Programs (<https://www.revisor.mn.gov/statutes/cite/144.197>)

M.S. 144.3885 Labor Trafficking Services Grant Program (<https://www.revisor.mn.gov/statutes/cite/144.3885>)

M.S. 144.492-4 Stroke Centers and Stroke Hospitals (<https://www.revisor.mn.gov/statutes/?id=144.492>)

M.S. 144.4941 STEMI Receiving Centers (<https://www.revisor.mn.gov/statutes/cite/144.4941>)

M.S. 144.6586 Notice of Rights to Sexual Assault Victim (<https://www.revisor.mn.gov/statutes/?id=144.6586>)

M.S. 144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries
(<https://www.revisor.mn.gov/statutes/?id=144.661>)

M.S. 144.671 - 144.69 Cancer Reporting System (<https://www.revisor.mn.gov/statutes/?id=144.671>)

M.S. 145.361 Long Covid and Related Conditions (<https://www.revisor.mn.gov/statutes/cite/145.361>)

M.S. 145.4711 - 145.4713 Sexual Assault Victims (<https://www.revisor.mn.gov/statutes/?id=145.4711>)

M.S. 145.4715 Reporting Prevalence of Sexual Violence (<https://www.revisor.mn.gov/statutes/?id=145.4715>)

M.S. 145.4716 - 145.4718 Safe Harbor for Sexually Exploited Youth
(<https://www.revisor.mn.gov/statutes/?id=145.4716>)

M.S. 145.56 Suicide Prevention (<https://www.revisor.mn.gov/statutes/?id=145.56>)

M.S. 145.561 988 Suicide and Crisis Lifeline (<https://www.revisor.mn.gov/statutes/cite/145.561>)

M.S. 145.867 Persons Requiring Special Diets (<https://www.revisor.mn.gov/statutes/?id=145.867>)

M.S. 145.93 Poison Control System (<https://www.revisor.mn.gov/statutes/?id=145.93>)

M.S. 145.958 Youth Violence Prevention (<https://www.revisor.mn.gov/statutes/?id=145.958>)

M.S. 157.177 Sex Trafficking Prevention Training
(<https://www.revisor.mn.gov/laws/2018/0/Session+Law/Chapter/179/>)

M.S. 256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer
(<https://www.revisor.mn.gov/statutes/?id=256B.057>)

Program: Health Improvement**Activity: Community Health**

<https://www.health.state.mn.us/about/org/ch/index.html>

AT A GLANCE

- Monitor and analyze the performance and impact of Minnesota’s governmental public health system.
- Provide support, training, and technical assistance on public health practice to Minnesota’s community health boards and Tribal nations.
- Distribute funds to 51 community health boards to support local public health practice and foundational public health work.
- Connect, strengthen, and amplify health equity efforts and community issues using a regional and relational approach, through nearly 50 regional and state gatherings and over 450 one-on-one networking meetings since August 2022.
- Implement the State Health Improvement Partnership program (SHIP) in all 87 counties and with 10 Tribal nations, including collaboration with over 6,400 partners such as schools and worksites.
- Conduct health surveys that provide crucial data on health behaviors and trends in Minnesota, including the Minnesota Student Survey (every 3 years), the Behavioral Risk Factor Surveillance System (annual), Youth Tobacco Survey (every 3 years), and School Health Profiles (every 2 years).
- Analyze and share statistics on key public health issues, including cannabis use, births and deaths, and population characteristics and demographics.
- Help Minnesotans quit using commercial tobacco products through Quitline (adults), My Life My Quit (youth), and Hey Norm! (youth vaping); by June 2023, more than 18,000 Minnesotans had enrolled in Quitline, and Hey Norm! social media ads and posts were viewed more than 27 million times in 2023.

PURPOSE AND CONTEXT

State, local, and Tribal public health departments in Minnesota have a unique responsibility to detect, prevent, and respond to public health challenges, and work in partnership to carry out these responsibilities effectively. Health departments need skills and capabilities to support community health and wellbeing programs and coordinate across sectors on all the different factors that influence communities’ health. Minnesota’s public health system is undergoing a significant transformation to address new and longstanding gaps, so that every community can expect a basic level of public health protections. Community Health is comprised of three Centers: Public Health Practice, Health Statistics and Statewide Health Improvement Initiatives. The three centers work across the Department of Health (MDH), with local and Tribal health departments, and with multiple community partners, to build foundational capabilities and advance health equity by providing funding, guidance, technical assistance, and training.

SERVICES PROVIDED**Public health practice**

- Provide training, technical assistance, and coaching to health departments on foundational public health capabilities, including health equity, communications, leadership, workforce development, organizational performance management, quality improvement, community assessment, and community partnership development.
- Bring together local elected officials and local health directors in the State Community Health Services Advisory Committee, to develop policies, practices, and guidance to ensure everyone in Minnesota has access to quality public health, regardless of where they live.

- Through Regional Health Equity Networks, work alongside community, local public health, and Tribal health to build relationships, support existing work and activities that build capacity, provide a space to share expertise and provide resources, and influence policy, structural, and system changes to provide the best health and wellness outcomes for all.
- Collect, analyze, and share data about the public health system including financing, staffing, and performance.
- Help MDH and local and Tribal health departments seek and maintain national public health accreditation.
- Conduct the statewide health assessment alongside the Healthy Minnesota Partnership, to tell the story of health in Minnesota and describe how systems and policies impact population health; use assessment findings in the statewide health improvement framework, a multi-year action plan to address priorities identified together with the Healthy Minnesota Partnership.

Health statistics

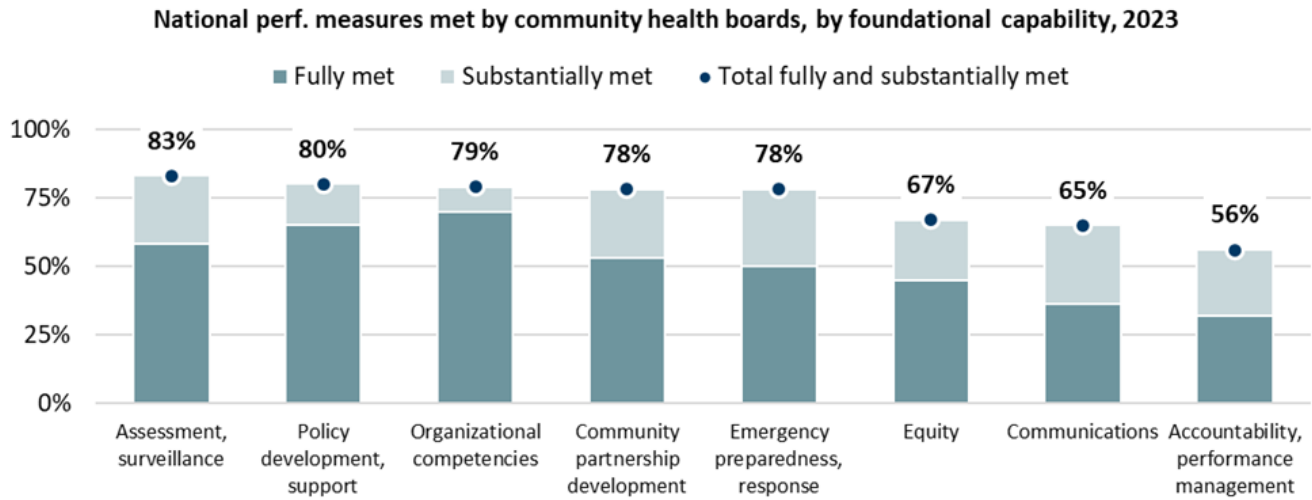
- Collect, analyze, and share data on health statistics; design and implement public health surveys, and coordinate health data collection efforts at the local level.
- Aggregate, analyze, and share data on key public health issues like cannabis use, births and deaths, population characteristics and demographics, and more
- Provide state, local, and Tribal public health staff with technical assistance and consultation on health statistics and respond to partner requests for state and county vital statistics data.
- Provide staffing and direction to the MDH Institutional Review Board.

Statewide health improvement Initiatives

- Provide funding for and technical assistance to support local and Tribal health departments to create community-level policy, systems, and environmental changes.
- Increase Minnesotans' access to programs and services that promote health and well-being in schools, workplaces, early childhood settings, health care systems, and community settings.
- Work with local public health, Tribal nations, and communities to design and implement community-led approaches and trauma-informed practices to address structural based health inequities such as lack of access to healthy food options in urban food deserts, safety issues that limit physical activity, or the intentional targeting of commercial tobacco products marketed to African American and American Indian communities.
- Provide comprehensive technical assistance through peer-to-peer and content-specific consultation calls, webinars, and communities of practice.
- Work with partners to build their capacity to collect data to assess progress and the impact of evidence-based activities.
- Assist Minnesotans who are attempting to quit using commercial tobacco products through the administration of evidence-based cessation services, including a statewide telephone-based Quitline, My Life My Quit for youth, and the online Hey Norm! campaign for youth vaping, and statewide public awareness activities that encourage using tobacco cessation services.

RESULTS

NATIONAL PUBLIC HEALTH PERFORMANCE MEASURES MET BY COMMUNITY HEALTH BOARDS

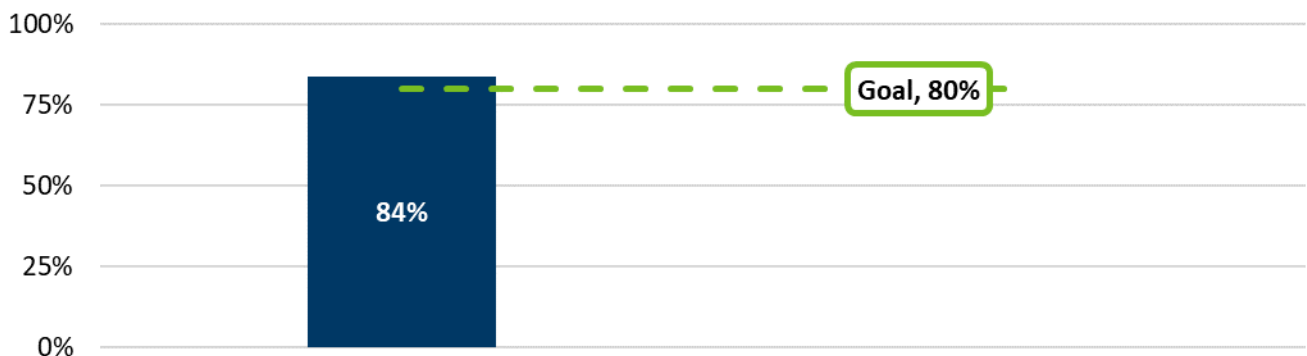


To effectively serve Minnesotans and ensure that where someone lives doesn't determine the level of public health protection they can access, the governmental public health system must fulfill an agreed-upon set of foundational public health responsibilities, including the capabilities noted above.

Minnesota's community health boards can fully or substantially meet many national public health measures within these foundational capabilities. A State Community Health Services Advisory Committee workgroup helps consider the performance measures for which the public health system should collect data, and staff from the Center for Public Health Practice coordinate coaching and technical assistance to improve performance on these key measures.

HEALTH EQUITY NETWORK PARTICIPANT SATISFACTION

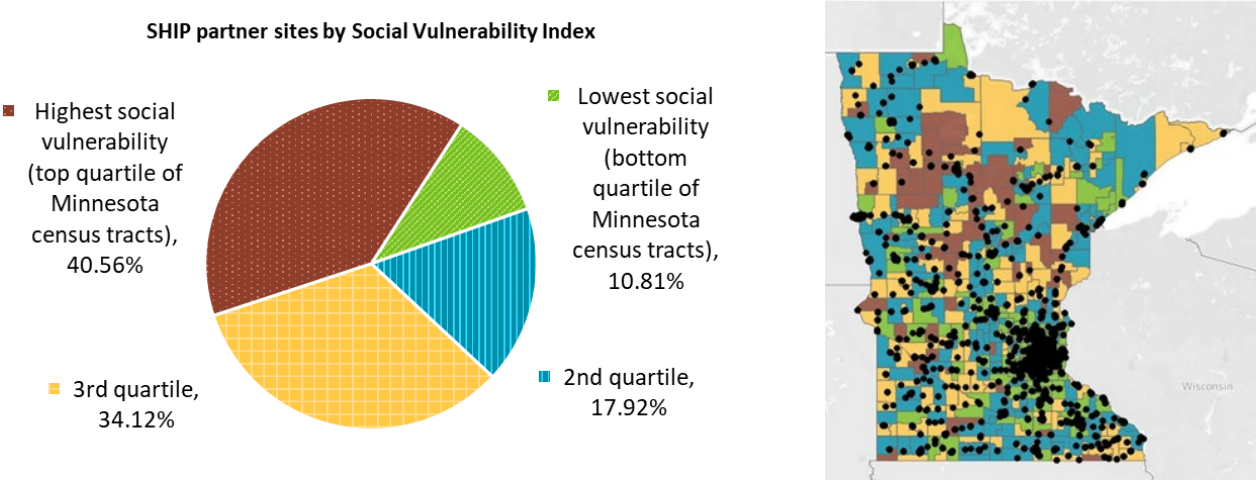
Attendee satisfaction, Health Equity Network statewide gatherings (April 2023-June 2024)



The Minnesota Health Equity Networks work to connect, strengthen, and amplify health equity efforts and community issues using a regional and relational approach, growing healthy communities from the ground up.

Since beginning in 2023, Minnesota’s Health Equity Networks have hosted 51 state and regional gatherings with over 2,000 participants from across the state. An overwhelming majority of participants are satisfied with gatherings’ relevance, organization, and opportunities for discussion.

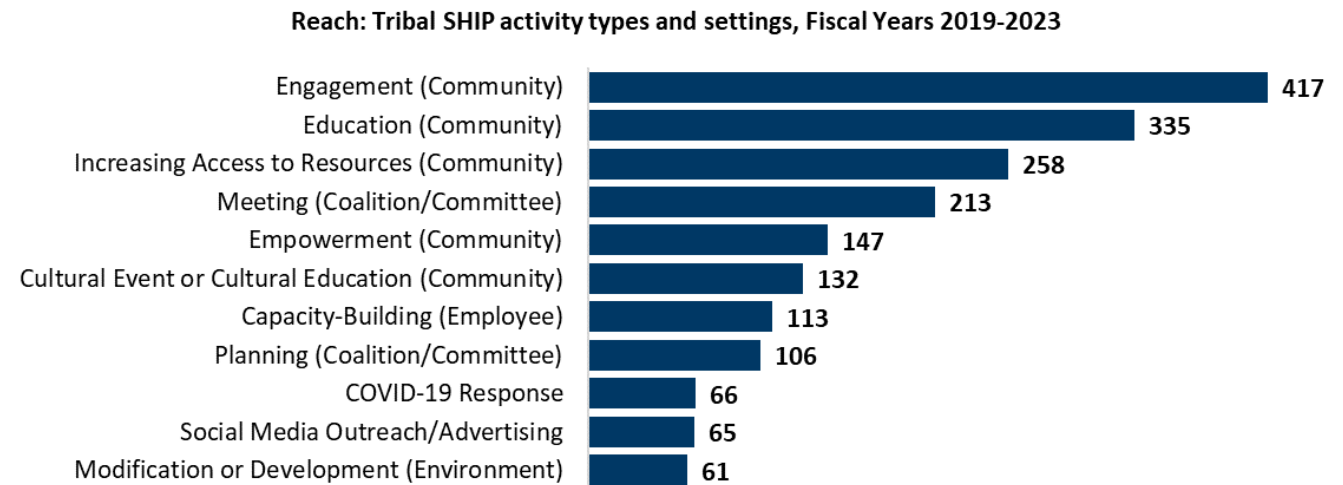
STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP) PARTNER SITES LOCATED IN AREAS WITH HIGH SOCIAL VULNERABILITY



Most Statewide Health Improvement Partnership (SHIP) partner sites can be found in counties with greater social vulnerability, as seen above.

Social vulnerability is the ability of communities to survive or thrive when confronted by external stresses on human health, including natural or human-caused disasters or disease outbreaks. Demographic and socioeconomic factors like poverty, lack of access to transportation, and crowded housing make locations more socially vulnerable. The Social Vulnerability Index (SVI) is a percentile-based index of a county-level vulnerability to disaster; Minnesota census tracts are grouped into four even quartiles of SVI.

REACH OF TRIBAL STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP) AND TRIBAL TOBACCO GRANTS PROGRAM



Minnesota’s Tribal SHIP and Tribal Tobacco Grants Program help provide opportunities for tribal communities to implement culturally-driven healthy eating, active living, and traditional and commercial tobacco efforts, and

work in collaboration with other Tribal programs with similar goals to make a larger impact within their communities.

Tribes throughout Minnesota improve the health of their communities by elevating cultural wisdom and initiating intergenerational engagement. Tribes are also actively changing the culture of health within their communities by enacting culturally appropriate and community-specific commercial tobacco cessation services and policies, planting and expanding agricultural, medicinal, and community gardens, educating members on the importance of healthy lifestyles, ensuring the built environment is conducive to healthy behaviors and establishing health policies as well as other initiatives.

Evidence-based practice:	Source:	FY 24-25 Expenditures
Statewide Health Improvement Partnership (SHIP)	SHIP local public health partners work closely with schools, worksites, health care partners, and community-based organizations to implement strategies to increase access and consumption of healthy food, access and participation in physical activity and decrease first use and promote cessation of commercial tobacco. Consistent with Minnesota’s Results First Initiative of statewide activities in 2022-2023 SHIP work plans, a full 82% are evidence-based and an additional 18% are theory-based which are projects that test and refine solid advances in programming.	SHIP (both local public health grants and Tribal health grants) and our MDH admin costs for SHIP total \$17.5M annually

STATUTES

M.S. 62Q.075 Local Public Accountability and Collaboration Plan

(<https://www.revisor.mn.gov/statutes/2023/cite/62Q.075>)

M.S. 62Q.33 Local Government Health Functions (<https://www.revisor.mn.gov/statutes/2023/cite/62Q.33>)

M.S. 144.0759 Public Health AmeriCorps (<https://www.revisor.mn.gov/statutes/2023/cite/144.0759>)

M.S. 144.196 Cannabis Data Collection and Biennial Reports (<https://www.revisor.mn.gov/statutes/cite/144.196>)

M.S. 144.197 Cannabis Education Programs (<https://www.revisor.mn.gov/statutes/2023/cite/144.197>)

M.S. 144.396 Tobacco Use Prevention (<https://www.revisor.mn.gov/statutes/2023/cite/144.396>)

M.S. 144.397 Statewide Tobacco Cessation Services (<https://www.revisor.mn.gov/statutes/cite/144.397>)

M.S. 145.4131 Recording and Reporting Abortion Data (<https://www.revisor.mn.gov/statutes/cite/145.4131>);

M.S. 145.4134 Commissioner’s Public Report (<https://www.revisor.mn.gov/statutes/cite/145.4134>)

M.S. 145.986 Minnesota Statewide Health Improvement Program

(<https://www.revisor.mn.gov/statutes/2023/cite/145.986>)

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

Program: Health Improvement**Activity: Health Policy**<https://www.health.state.mn.us/about/org/hp/index.html>**AT A GLANCE**

- The Health Economics Program conducts research and advanced economic analysis of health care market trends, policy options, and impacts to inform state policy makers.
- Managed Care Systems annually approves 46 medical and 3 dental provider networks and 96 pharmacy benefit manager networks that serve Minnesotans statewide.
- The Office of Rural Health and Primary Care conducts workforce research to inform policy makers and annually distributes over \$70M million in grants and loans to health care professionals and provider organizations to ensure that rural and underserved communities have access to care.
- Minnesota's Health Care Homes certification program includes 427 (62%) primary care clinics that coordinate care among the primary care team, specialists, and community partners to ensure patient-centered whole person care and improve health equity and well-being.
- To optimize efficiency and patient outcomes, the Center for Health Information Policy and Transformation promotes adoption and use of standardized electronic health record systems by Minnesota's hospitals and local public health systems, clinics and nursing homes, and health plans.
- The Adverse Events Reporting System reviews between 350-500 adverse health events that occur annually at Minnesota's hospitals and ambulatory surgical centers and supports facilities in learning from factors leading to the event and preventing future harm.
- The Office of Vital Records operates Minnesota's vital records system that tracks more than 120,000 annual vital events, such as birth and death certificates, and 17,000 active users of the Minnesota Registration and Certification system.

PURPOSE AND CONTEXT

We support consumers, policymakers, and the health care delivery and payment system with information, workforce funding, education, and oversight of health care delivery and access to care. We provide statewide leadership on health care policy, market trends, research, and information exchange; administer loan forgiveness programs for the health care workforce; regulate hospital trauma center designations; regulate products offered by health maintenance organizations (HMOs); and manage the statewide vital record system for birth and death records.

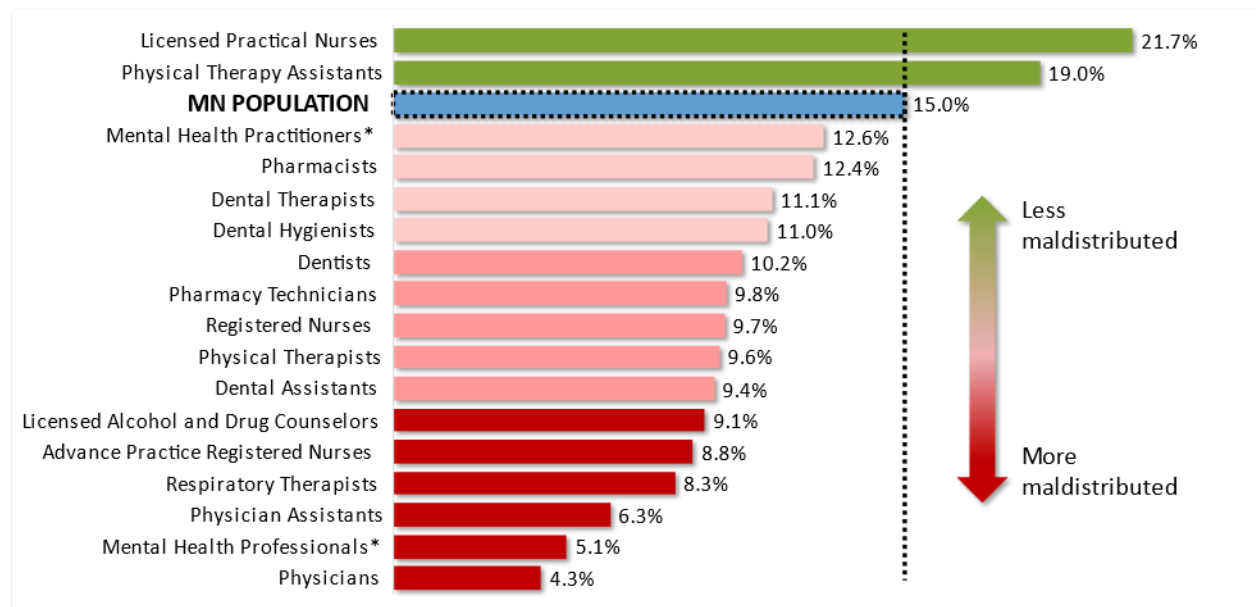
Our role is to:

- Measure and report on the health care marketplace, access and quality of care, prescription drug prices, patient safety, and health workforce capacity.
- License and regulate health maintenance organization (HMO) products to ensure that HMO and Medicaid enrollees have adequate access to health care providers and quality insurance coverage.
- Support health professional education and research and provide loan forgiveness to build a strong health workforce in rural and underserved areas.
- Promote the secure exchange of health information among health care providers.
- Train and certify primary care clinics to be Health Care Homes that provide high quality, patient-centered and coordinated, team-based care.
- Issue timely birth and death certificates and provide accurate vital records data for public health research.

SERVICES PROVIDED

- Award workforce education loan repayments and grants, to encourage a continuum of core health services throughout the state.
- Administer the statewide vital records system that provides birth and death registrations, certificates, and amendments, helping consumers obtain needed identity documents for REAL ID and other benefits and services.
- Monitor and advise on health care access and quality, market conditions and trends, health care spending, drug prices, health status and disparities, health behaviors and conditions, and the impact of state and federal reform initiatives.
- Manage the Minnesota All Payer Claims Database (MN APCD), a statewide database of de-identified health care claims data and produce public use files that offer a unique opportunity for the public and researchers to learn about the costs, impacts and health outcomes of health care services and prescription drugs.
- Measure and improve clinical quality and safety in Minnesota by implementing the Statewide Quality Reporting and Measurement system and the Adverse Health Events reporting system, conducting quality audits of managed care plans, and certifying primary care clinics as Health Care Homes.
- Administer the statewide hospital trauma system by certifying trauma center designations, analyzing trauma data, and providing technical expertise to hospitals caring for trauma patients.
- Engage health organizations across the care continuum to best use their technology and data to advance health equity and support health and wellbeing.
- Certify Health Care Homes, which have been shown to improve quality outcomes for asthma, vascular care, diabetes, depression, and colorectal measures and improving patient satisfaction.
- Increase efficiencies and reduce costs in the health care system by developing standards and best practices for the exchange of business and administrative data.
- Convene and engage stakeholders annually through the statewide rural health conference (450 attendees), Health Care Homes learning days (150 attendees), and e-health conference (300 attendees).

Share of MN providers practicing in rural areas (by profession)



Data source: MDH analysis of 2024 administrative records from MN licensing boards. The definition of "rural" areas is based on the Rural-Urban Commuting Area methodology developed by the U.S. Department of Agriculture. *Mental Health Practitioners include Licensed Professional Counselors, Licensed Independent Social Workers, Licensed Social Workers, and Licensed Graduate Social Workers. Mental Health Professionals include Licensed Independent Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselors, and Licensed Psychologists.

Public Use Files from the Minnesota All Payer Claims Database (MN APCD), 2020-2024

Type of Measure	Name of Measure	2020	2021	2022	2023	2024 (projected)
Quantity	MN APCD public use file downloads	486	348	680	719	1448
Quantity	Unique APCD public use file users	166	81	169	188	396

Certified Health Care Homes and county representations, 2019 to 2024

Type of Measure	Name of Measure	2019	2020	2021	2022	2023	2024
Quantity	Certified health care homes in MN	378	389	411	388	401	427
Quantity	Level 2 clinics					70	70
Quantity	Level 3 clinics						
Quantity	Minnesota counties with a certified health care home	64	68	69	69	70	70

The Office of Vital Records registrations and stakeholder management, 2019-2024

Type of Measure	Name of Measure	2019	2020	2021	2022	2023
Quantity	Birth registrations	65,100	62,633	63,515	62,910	62,039
Quantity	Death registrations	45,396	52,194	51,455	51,340	49,846
Quantity	Vital record amendments and/or replacements	6,157	5,064	5,195	6,956	7,171
Quantity	Data report requests fulfilled	6,574	6,730	6,507	7,057	6,877

STATUTES

M.S. 144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act (<https://www.revisor.mn.gov/statutes/cite/144.1501>)

M.S. 144.211 – 144.227 Vital Statistics Act (<https://www.revisor.mn.gov/statutes/cite/144.211> – <https://www.revisor.mn.gov/statutes/cite/144.227>)

M.S. 144.695 -144.703 Minnesota Health Care Cost Information Act

(<https://www.revisor.mn.gov/statutes/cite/144.695> – <https://www.revisor.mn.gov/statutes/cite/144.703>)

M.S. 144.706-144.7069 Adverse Health Reporting System (<https://www.revisor.mn.gov/statutes/cite/144.7067>)

M.S. 62D Health Maintenance Organizations (<https://www.revisor.mn.gov/statutes/cite/62D>)

M.S. 62J.17 Capital Expenditure Reporting (<https://www.revisor.mn.gov/statutes/cite/62J.17>)

M.S. 62J.321 Health Economics Program (<https://www.revisor.mn.gov/statutes/cite/62J.321>)

M.S. 62J.38 Cost Containment from Group Purchasers (<https://www.revisor.mn.gov/statutes/cite/62J.38>)

M.S. 62J.321 Data Collection (<https://www.revisor.mn.gov/statutes/cite/62J.321>)

M.S. 62J.495 – 62J.497 Electronic Health Record Technology (<https://www.revisor.mn.gov/statutes/cite/62J.495> – <https://www.revisor.mn.gov/statutes/cite/62J.497>)

M.S. 62J.63 Center for Health Care Purchasing Improvement (<https://www.revisor.mn.gov/statutes/cite/62J.63>)

M.S. 62U.02 Payment Restructuring; Quality Incentive Payments

(<https://www.revisor.mn.gov/statutes/cite/62U.02>)

M.S. 62U.04 Payment Reform; Health Care Costs; Quality Outcomes

(<https://www.revisor.mn.gov/statutes/cite/62U.04>)

Program: Health Improvement**Activity: Office of Medical Cannabis**

<https://www.health.state.mn.us/people/cannabis/index.html>

During the 2023 and 2024 legislative sessions, the Minnesota Legislature enacted various laws and statutory changes that moved the Office of Medical Cannabis from the Minnesota Department of Health to the newly established Office of Cannabis Management. The following fiscal pages include actual expenditures for the Medical Cannabis budget activity at the Department of Health for fiscal years 2022 to 2025. For the forecast base, consult the Office of Cannabis Management budget book.

Program: Health Improvement**Activity: Health Equity**

<https://www.health.state.mn.us/communities/equity/index.html>

AT A GLANCE

- Provide support and guidance to the Minnesota Department of Health (MDH) and local public health on equitable community engagement.
- Provide internal capacity building, coaching, technical assistance, guidance, support, and tools to embed racial and health equity lenses for program design, planning, implementation, and evaluation; procurement; and grantmaking.
- Foster accountability and performance to build health and racial equity science into state public health.
- Strengthen the work between MDH and communities most impacted by health inequities and disparities.
- Embed diversity, equity, inclusion, and belonging (DEIB) strategies throughout MDH to proactively and consistently promote a diverse, equitable, inclusive, and accessible workplace that values and uplifts employees.

PURPOSE AND CONTEXT

The Health Equity Bureau champions transformative health equity practices grounded in principles of equity, justice, and empowerment. We strive for a future where all communities are thriving, healthy, and liberated from systemic and structural oppression. We build equity foundational capabilities for Minnesota public health to transform the systems, policies, practices, and relationships that maintain unjust power imbalances, structural racism, and colonialism by centering community-driven initiatives that move away from deficit models and instead measure the impacts rooted in well-being, resiliency, and vibrancy. We provide technical assistance, leadership development, and tools and resources based in health equity science and research. We're committed to leading the state in community-designed innovative and transformative initiatives that measure impactful outcomes that address equity.

SERVICES PROVIDED**Health Equity Capacity and Systems, Policy, and Practices Transformation, and Health Equity Strategists**

- Develop continuous learning opportunities for MDH employees to better understand structural racial and health inequities, including those amongst rural communities.
- Prepare MDH supervisors with the knowledge, skills, ideologies, and lenses to dismantle structural racism in their leadership roles across the agency.
- Develop and evaluate internal policies, practices, and guidance to ensure equity.
- Embed and assess health equity outcomes in the agency-wide strategic planning process.
- Formulate a health equity funding strategy to prepare grants in collaboration with divisional and community partners to uplift communities addressing equity issues.
- Recommend community-based research and performance measures to develop and analyze outcomes to determine short and long-term impacts.

Equity Science and Research

- Measure and interpret equity science data in public health practice. Provide technical assistance in data collection, analysis, interpretation, and dissemination. Instruct how publication and data interpretation may reinforce or negatively exacerbate inequities, or conversely, close gaps and reduce disparities.

- Propose data disaggregation by race, ethnicity, gender and sexual orientation, data sharing, and respond to public requests for health equity data and resources.
- Organize MDH programs and community stakeholders to measure the impact of health inequities on the populations they serve. Coordinate with community partners that serve on councils in association with grants in the Health Equity Bureau.
- Analyze patterns and factors that contribute to health inequities that come from historical and contemporary injustices that create barriers to health and well-being.
- Build evidence to guide programs, policy, communications, and future scientific studies focused on eliminating inequities in relation to the social determinants of health.

Equity in Public Health Grantmaking

- Establish a framework and provide technical assistance throughout the department to ensure grantmaking policies and practices across all divisions prioritize equity, transparency, and accessibility.
- Amplify the work of communities most impacted by health inequities by leveraging data and evaluation and showcasing best practices.
- Administer the following grant programs:
 - Eliminating Health Disparities Initiative: Provides grants to 32 grantees to close the gap in the health status of populations of color and American Indians compared to whites in eight specific priority areas.
 - Capacity Strengthening Grants: Supports and strengthens CBOs that serve BIPOC, LGBTQIA+, and people living with disabilities, to be better equipped to apply for and receive grants and contracts from MDH and other state agencies.
 - Community Solutions: Provides grants for the improvement of child development outcomes to reduce racial disparities in children's health and development from prenatal to grade three, while also promoting racial and geographic equity.

Community Engagement

- Engage with diverse communities to address the multifaceted and cultural needs of the community to drive systemic change that achieves long-term and sustainable health outcomes.
- Advocate and collaborate with the community for empowerment and capacity building.
- Provide vaccination, testing, and health recovery services to underserved communities most impacted by the Covid-19 pandemic.
- Provide consultation and liaison services to MDH staff that work with Minnesota's diverse cultural communities.

Office of American Indian Health (OAIH)

- Engage with communities on the underlying structural and systemic issues that contribute to poor health outcomes in Tribal Nations.
- Provide technical assistance to tribal and American Indian urban community leaders to develop the infrastructure to address public health emergencies.
- Work across the MDH to improve the health and well-being of Minnesota American Indian communities and ensure Tribal/urban Indian communities and their perspectives are represented in all public health initiatives.

Office of African American Health (OAAH)

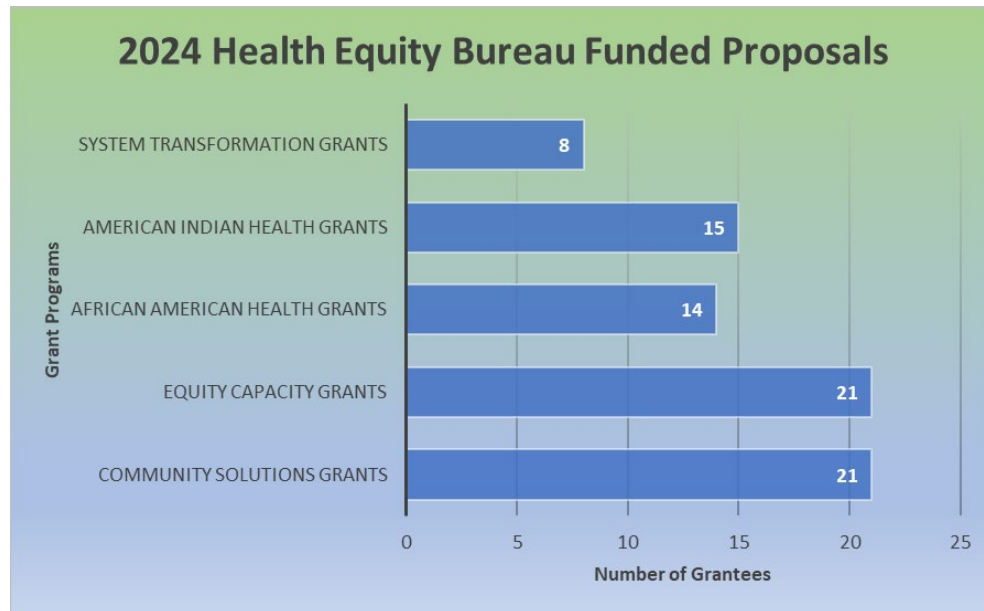
- Identify disparities impacting African American health arising from cumulative and historical discrimination and disadvantages in multiple systems.
- Develop community-driven solutions incorporating a multisector approach to addressing identified disparities impacting African American health.

- Administer the “Paths to Black Health” grant program which invests in community solutions to enhance the health of the African American community in Minnesota.

Office of Diversity, Equity, Inclusion, and Belonging

- Provide policy development, review, and reporting centered on diversity, equity, inclusion, and belonging at MDH.
- Aid in the recruitment, retention, and promotion of a diverse workforce, and facilitate capacity building for equitable connections and improved employee engagement.
- Embed MDH policies and procedures with Diversity, Equity, Inclusion, and Belonging principles.

RESULTS



Eliminating Health Disparities Initiative Grant Program

- Between 2019 - 2023, we increased participation of individuals in prevention services across eight priority areas by 142% who lived marginalized communities most impacted by inequities through our Eliminating Health Disparities Initiative (EHDI) grant program.

Community Solutions Fund

- Children’s Dental Services serves 2,600 American Indian, Latinx, Somali, Hmong, and Karen children from prenatal to grade 3, and 400 pregnant women. They are provided culturally tailored oral health care and education by the end of this project. This takes place across Minnesota, but specifically in the Twin Cities 7-County Metro Area and in the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, Aitkin, Becker, Clearwater, Hubbard, Koochiching, Mahnommen, Mille Lacs, and Red Lake Counties.
- Wicoie Nandagikendan, located in Minneapolis, MN, is a national leader in language immersion at the early childhood level with a pre-K program. Out of the 115 Indigenous languages spoken in the U.S. today, 34 are in danger of becoming extinct, and 79 will go extinct within a generation without serious intervention. Eighty seven percent of students in the program receive free or reduced lunch. Funds support indigenous food as a vehicle to shift food choices at the early childhood level to impact healthier lifestyle outcomes. They are working with Gatherings Café and Dream of Wild Health to create indigenous preschool and elementary school breakfast, lunch, and snack menus that meet school lunch requirements of the U.S. Department of Agriculture (USDA) and Minnesota Department of Education (MDE).

People reached through the Eliminating Health Disparities Initiative by priority populations.

Target Population	2020	2021	2022	2023	Grand Total
African/ African American	113,415	151,664	241,605	217,125	723,809
American Indian	57,759	111,274	116,957	29,702	315,692
Asian American/ Asian-PI	19,765	26,025	146,192	169,518	361,500
Hispanic/ Latinx	28,555	29,850	37,927	28,343	124,675
Others/Multiracial	17,262	108,394	49,807	129,430	304,893
Total	236,756	427,207	592,488	574,118	1,830,569

- Since 2019, we increased our efforts to serve more communities most impacted by inequities through our Eliminating Health Disparities Initiative (EHDI) grant program.

Number of People Reached by Priority Health Areas

Priority Health Areas	2020	2021	2022	2023	Grand Total
Breast & Cervical Cancer	5,373	12,628	50,501	75,783	144,285
Diabetes	13,923	59,758	32,788	77,009	183,478
Heart Disease & Stroke	5,222	27,226	20,564	40,097	93,109
HIV/AIDS and STIs	108,637	122,837	240,725	262,556	734,755
Immunizations	20,724	41,122	27,311	21,854	111,011
Infant Mortality	51,812	99,435	113,431	1,340	266,018
Teen Pregnancy	17,152	40,531	38,013	65,999	161,695
Unintentional Injury & Violence	13,913	23,670	69,455	29,480	136,518
Total	236,756	427,207	592,788	574,118	1,830,869

- The EHDI program provides prevention services in multiple priority health areas, having served over 1,000,000 community members since program inception since 2001, many of which deal with one or more health inequities.

STATUTES

Minn. Stat. §144.0754 Office of African American Health; Duties.

(<https://www.revisor.mn.gov/statutes/cite/144.0754>)

Minn. Stat. §144.0755 African American Health State Advisory Council

(<https://www.revisor.mn.gov/statutes/cite/144.0755>)

Minn. Stat. §144.0756 African American Special Emphasis Grant Program

(<https://www.revisor.mn.gov/statutes/cite/144.0756>)

Minn. Stat. §144.0757 Office of American Indian Health

(<https://www.revisor.mn.gov/statutes/cite/144.0757>)

Minn. Stat. §144.0758 American Indian Health Special Emphasis Grant

(<https://www.revisor.mn.gov/statutes/cite/144.0758>)

Minn. Stat. §144.9821 Advancing Health Equity Through Capacity Building and Resource Allocation

(<https://www.revisor.mn.gov/statutes/cite/144.9821>)

Minn. Stat. §145.928 Eliminating Health Disparities

(<https://www.revisor.mn.gov/statutes/cite/145.928>)

Minn. Stat. §145.9285 Community Solutions for Healthy Child Development Grant Program

(<https://www.revisor.mn.gov/statutes/cite/145.9285>)

Program: Health Improvement**Activity: Emergency Preparedness and Response**

<https://www.health.state.mn.us/about/org/cfh/index.html>

AT A GLANCE

- Coordinate the emergency response activities for MDH, in partnership with community health boards, tribal governments, eight regional health care preparedness coalitions, other state agencies, and community-based partners during a public health emergency.
- Maintain a strategic stockpile of critical medical supplies for response to infectious disease and other public health emergencies.
- Distribute funds to 51 community health boards, 10 tribal nations, and eight regional health care coalitions, to support local community health and emergency preparedness activities.

PURPOSE AND CONTEXT

The purpose of Emergency Preparedness and Response (EPR) is to protect and maintain the health of all Minnesotans through our response to a wide range of emergencies, incidents, and large-scale events (e.g., pandemics, floods, Super Bowl) which may affect the public's health. We provide public health and health care partners with funding, tools, and resources for emergency preparedness, response, and recovery. We work in partnership with Homeland Security Emergency Management and other state partners to plan for, respond to, and recover from incidents that impact the public's health.

SERVICES PROVIDED

State, local, and tribal public health departments in Minnesota have a unique responsibility to prevent and respond to emergencies impacting the public's health. Health departments need staff who have specific skills and capabilities to respond and coordinate across community sectors when emergencies occur. EPR supports response readiness by:

- Leading the department's response to, and recovery from, disasters, public health emergencies, and large-scale events in coordination with federal, state, and local partners.
- Ensuring a cohort of trained staff (strike team members) who can quickly and effectively stand up and maintain an MDH response structure in the event of a public health emergencies.
- Providing training and exercises to build response capacity within MDH and support our local public health and tribal health partners in becoming response ready.
- Maintaining the MDH Business Continuity Plan to ensure the agency can deliver priority services when directly impacted by a disaster or emergency.
- Enhancing preparedness for public health emergencies by providing funding and guidance to local public health, tribal nations, and health care coalitions for planning, training, and exercising response activities.
- Supporting, with guidance and resources, local public health, tribal health, health care systems, health care coalitions, and response partners during an emergency.
- Maintaining a 24/7 on-call system for notifications from federal agencies, local governments, and other state agencies regarding emergency incidents.
- Administering an alert network to rapidly notify health care, public health, and community partners about emerging disease threats or other health hazards such as contaminated medications or food.
- Preparing to rapidly receive, stage, store, and distribute vaccines, medication, and other critical supplies to protect people and communities when needed during an emergency.

RESULTS

Performance Data

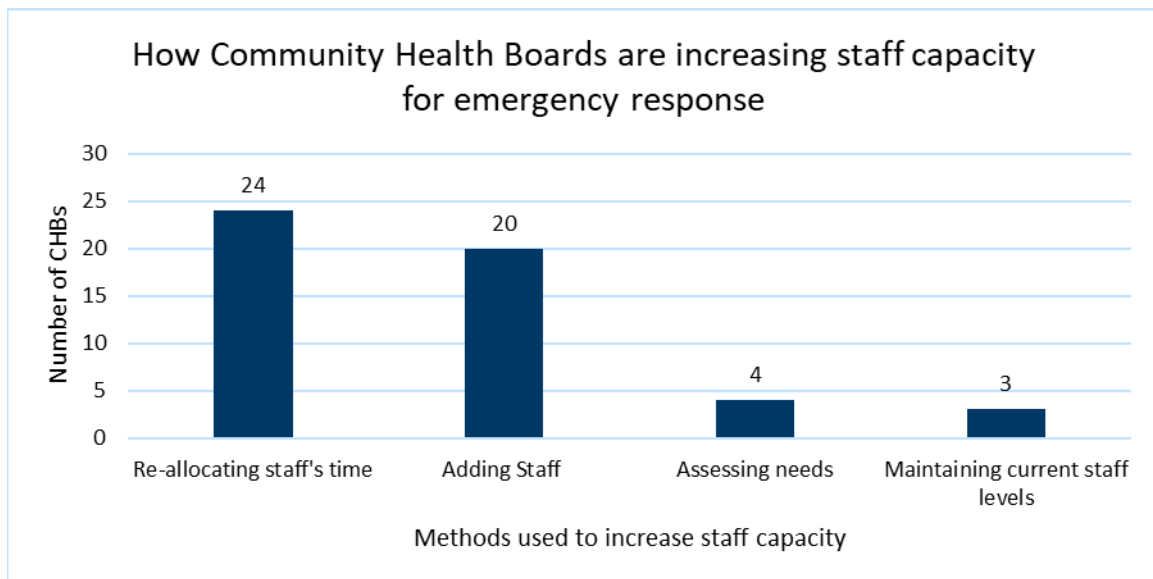
In 2024, Response Sustainability Grant Funding supported MDH and Community Health Board agencies in improving and maintaining their response readiness. To achieve a public health response ready system, emphasis has been placed on staff capacity and capability for state and local public health and plan readiness for MDH.

MDH response tools created in 2024 include:

- Updated 23 emergency response plans
- Developed a new Incident Command System (ICS) Playbook to identify appropriate response teams based on type of emergencies (e.g., infectious diseases, floods), and activate emergency response teams using standard procedures.
- Revised Readiness Training Plan of requirements for MDH responders

In 2020, at the start of COVID-19, MDH had 54 trained staff who could quickly and effectively stand up and maintain a response structure in the event of a public health emergency. By the end of 2025, MDH's goal is to have 175 trained members.

In 2024, MDH provided funding to Community Health Board service agencies (CHBs) to increase their staff capacity to respond to emergencies. CHBs determine the best and most useful methods for doing this, including increasing the number of FTEs dedicated to emergency preparedness and response or increasing training and education for current staff. Forty-four of 51 CHBs increased staffing through reallocation of existing staff time (24) and through new hires (20). Four CHBs are conducting assessments to determine their emergency preparedness staffing needs, and three CHBs are using the funds to maintain their current staffing levels.

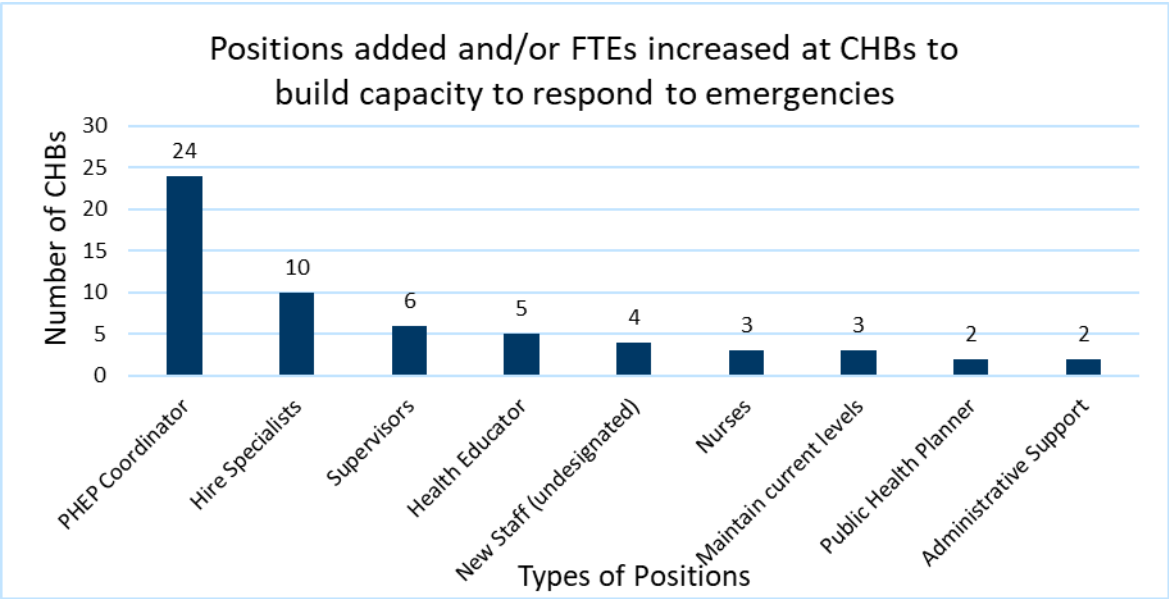


Source: CHB Response Sustainability Work Plans, April 2024

CHBs are using several strategies to increase their capacity to prepare for, respond to, and recover from disasters and large-scale events effectively and efficiently. The next two graphs provide an overview of how they are addressing issues.

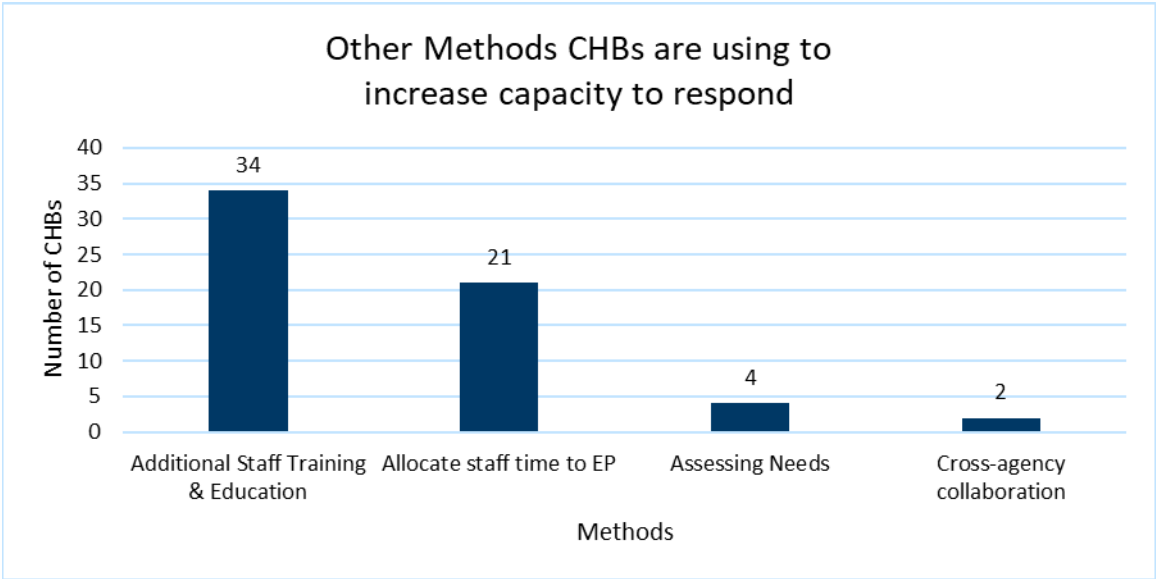
The first graph features types of positions. Twenty-four CHBs are increasing the FTEs of their public health emergency preparedness (PHEP) coordinator or adding additional PHEP coordinator FTEs. Ten CHBs are hiring staff with specialized skills such as communications, environmental health specialists, community engagement

specialists, community resiliency specialists, and community health workers. Six CHBs are increasing supervisor time or adding supervisors who will be specifically engaged in emergency preparedness, while five are adding or increasing health educator time. CHBs are also hiring staff to work in multiple areas (4), adding emergency preparedness-focused nurses (3), public health planner (2), or expanding administrative support (2). Three CHBs are focused on maintaining current staffing levels, which would have decreased without this funding.



Source: CHB Response Sustainability Work Plans, April 2024

The second graph illustrates multiple methods CHBs are using to increase their agencies’ capacities to quickly respond to emergencies. Thirty-four CHBs will train additional staff in their agency to increase their ability to rapidly surge staffing during a response. Twenty-one CHBs are allocating additional staff time to work on emergency preparedness. Two CHBs are specifically focusing on strengthening cross-agency work efforts within their agency. Four are assessing their agency responses, staff, and the gaps they need to address to decide the best methods for improving their readiness to respond.



Source: CHB Response Sustainability Work Plans, April 2024

STATUTES

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

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

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

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

Program: Health Protection

<https://www.health.state.mn.us/about/org/index.html>

AT A GLANCE

- Responsible for overseeing and regulating public water systems, restaurants, lodging, swimming pools, drinking water wells, and radiation equipment, plus provide guidance around what concentration of a chemical will make you sick.
- Track, manage and control disease spread in all communities through a multipronged approach with many partners and utilizing vaccines when available for a disease.
- Provide laboratory testing for chemical, biological, infectious diseases, and rare but treatable conditions, all of which is used to make informed decisions that help keep people from getting sick.
- Monitor 5,080 health care facilities and providers for safety and quality, and review qualifications and regulate more than 9,500 health professionals.

PURPOSE AND CONTEXT

Health – as an individual, a family, and a community – is a cornerstone of well-being and a necessary foundation for fulfilling one’s potential. Protecting the health of Minnesotans from hidden harms, such as infectious diseases, health care-related injuries or maltreatment, rare conditions, or environmental risks, is critical for ensuring all Minnesotans and all Minnesota communities can thrive. The Health Protection budget program is built on a foundation of peer-reviewed science, trust, and integrity to achieve the best public health outcomes. This budget program leverages state funds to reduce the community impacts of infectious diseases and protects individuals receiving health care in hospitals, nursing homes, assisted living facilities and other establishments licensed by Minnesota Department of Health (MDH), while also helping to ensure that Minnesotans can expect safe food and drinking water and up to standard regulations in specific establishments.

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

SERVICES PROVIDED

- **Environmental Health:** Ensures that food served in Minnesota restaurants and other food establishments are safe, while also keeping drinking water safe. Additionally, evaluates the potential health risks from exposures to toxic environmental hazards, while also keeping our indoor environments safe and healthy.
- **Infectious Disease:** Maintains systems to detect, investigate and mitigate infectious disease outbreaks and threats, while recommending policy for the prevention of controlling of infectious diseases. Provides access to testing, vaccines, and medications to diagnose, prevent, and treat infectious diseases. Additionally, creates and maintains relationships to support infectious disease prevention and response for groups impacted by increased disparities, including people experiencing homelessness, tribes and indigenous populations, immigrants, the LGBTQ community, people in correctional settings, and seasonal agricultural and food processing workers.
- **Public Health Laboratory:** Provides testing for rare and common infectious diseases, while also screening newborns for rare, serious, and treatable conditions. Additionally, tests environmental and biological samples for chemical, bacterial and radiological contaminants.
- **Health Regulation:** Responsible for issuing state licenses and certifications, while also administering registries. Takes enforcement action where licenses are out of compliance, while providing information to consumers and provides. Additionally, completes inspections, investigations, reviews, and audits.

RESULTS

Program Narrative results are included throughout their respective Budget Activities.

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

<https://www.health.state.mn.us/about/org/eh/index.html>

AT A GLANCE

- Inspect, test, and provide technical assistance to nearly 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 26,000 establishments statewide.
- Certify 12,000 food managers and support 36,000 active food managers annually.
- Regulate the installation of 6,500 new wells and the sealing of 7,000 unused wells annually.
- Provide educational support that empowers 470,000 private well owners to keep their drinking water safe.
- Promote healthy indoor environments and the reduction of unnecessary radiation exposure for over 11,000 facilities and individual contractors.
- Evaluates potential health risks to the public from existing and emerging exposures to toxic environmental hazards.
- Tracks exposure to lead statewide and implements programs to reduce exposure from housing, drinking water, and other sources.

PURPOSE AND CONTEXT

Whether it is clean air to breathe, clean water to drink, or wholesome food to eat- having a healthy environment is a key determinant for individual and community health. Environmental Health strives to protect, maintain, and improve public health in Minnesota by monitoring and managing environmental health risks and hazards. We do this by:

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

SERVICES PROVIDED**Drinking Water Protection Program**

- Ensures compliance with safe drinking water standards at nearly 7,000 public drinking water systems through inspection, contaminant monitoring, plan review, technical assistance, and operator education.
- Promotes prevention-based protective measures for Minnesota's ground and surface waters.
- Works with partners to maintain and upgrade drinking water infrastructure in the state.

Food, Pools, and Lodging Services

- Ensures sanitary conditions in the state's approximately 26,000 public swimming pools, hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas, and children's camps.
- Directly licenses and regulates about half of the hospitality businesses across the state and provides training, guidance, and technical assistance to the 28 delegated partners that license and regulate the remaining half of hospitality businesses.
- Provides public information, education, training, and assistance about safe food handling and handwashing to reduce the risk of foodborne illness.

Environmental Surveillance and Assessment

- Evaluates potential health risks to the public from exposures to toxic environmental hazards and recommends actions to minimize exposures and manage risks.
- Develops risk assessment data used by government agencies and others to protect the public from environmental risks, such as those that threaten drinking water sources.
- Monitors and characterizes lead testing of Minnesota children and performs in-home lead risk assessment activities to reduce lead levels in children's blood.
- Informs the public regarding trends in environmental hazards, including potential health impacts of climate change.

Indoor Environments and Radiation Programs

- Protects the public from environmental exposure to asbestos, lead hazards, and radiation by licensing, permitting, compliance assistance, and conducting inspections of industry and workers.
- Enforces the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provides public and schools with information about the potential health effects of asbestos, lead, radon, mold, and other indoor air contaminants.
- Protects the public from unnecessary radiation through licensing.

Well Management Program

- Protects public health and groundwater by establishing construction and sealing standards for wells and borings used for drinking water and other purposes.
- Licenses and educates contractors who construct, repair, and seal wells and borings.

Water Policy Center

- Collaborates with other water resource management activities across the Executive Branch and local government partners to protect drinking water, recreational waters, and public health.
- Expands private well protection actions through educational strategies and grants that increase voluntary efforts to test and mitigate geologic and human-caused contamination.

RESULTS

Food, Pools, and Lodging Services

The table below presents the quantity of licensing and regulatory activities conducted by Food, Pools, and Lodging Services Section (FPLS). The data does not include activities conducted by delegated partners.

Licensing and regulatory activities conducted by FPLS

Item	FY20*	FY21*	FY22**	FY23	FY24
# of establishment licenses issued	14,306	14,179	15,418	15,725	16,443
# of complaints investigated	918	2,934	988	816	809
# of construction plans received	706	777	999	1,096	1,162

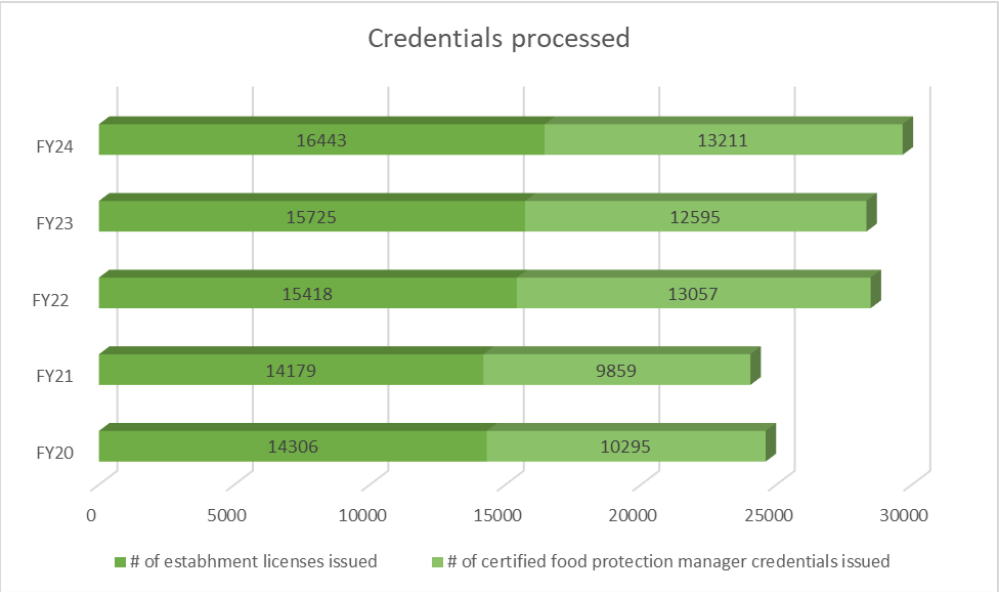
*COVID-19 pandemic related Executive Orders, licensed establishment closures/restrictions, regulatory staff reassignment to COVID-19 response and Executive Order enforcement activities may have impacted the numbers for fiscal years 2020 and 2021.

**In fiscal year 2022, FPLS became responsible for licensing and inspection in two counties that were previously delegated to local agencies. This added to the license and inspection numbers. Also in fiscal year 2022, FPLS discontinued licensing the food service in Assisted Living Facilities as this responsibility was transferred to the Health Regulation Division (HRD). FPLS will continue to conduct food safety inspections at all Assisted Living Licensed facilities in coordination with HRD survey activities.

In fiscal year 2025, FPLS will become responsible for the licensing and inspection in two counties that were previously delegated to local agencies. Due to the responsibilities for the additional counties in fiscal years 2022 and 2025, as well as the large workload for inspections at Assisted Living Licensed facilities, FPLS has had to prioritize the work of the section.

The graphs below show the number of food establishment licenses and credentials that were processed over the past five years and the number of inspections done over the same period.

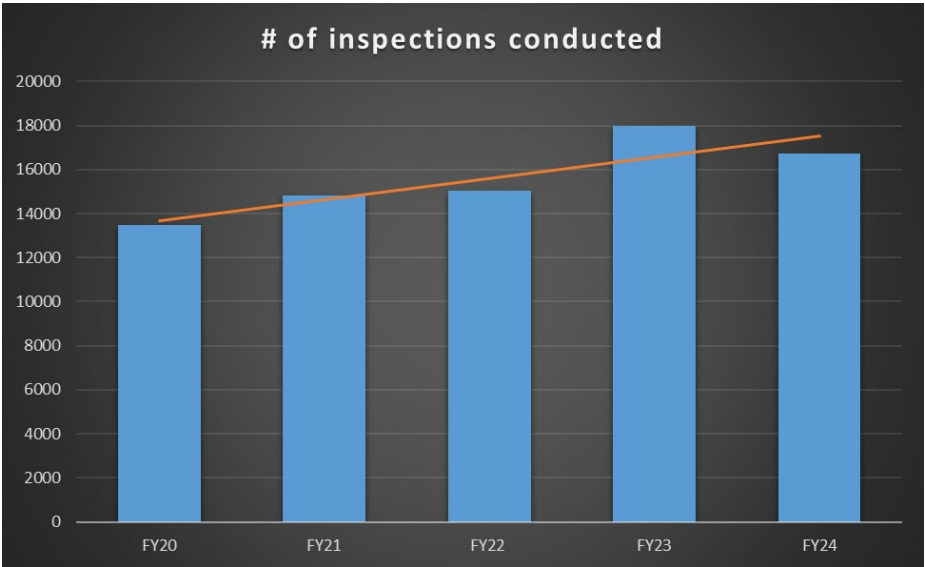
Credentials Processed:



The number of licenses and credentials continues to increase over time. The lower values for fiscal year 2020 and fiscal year 2021 may reflect the negative impacts of the COVID pandemic on the hospitality industry. The Environmental Health Division is currently implementing a system to issue and manage credentials electronically.

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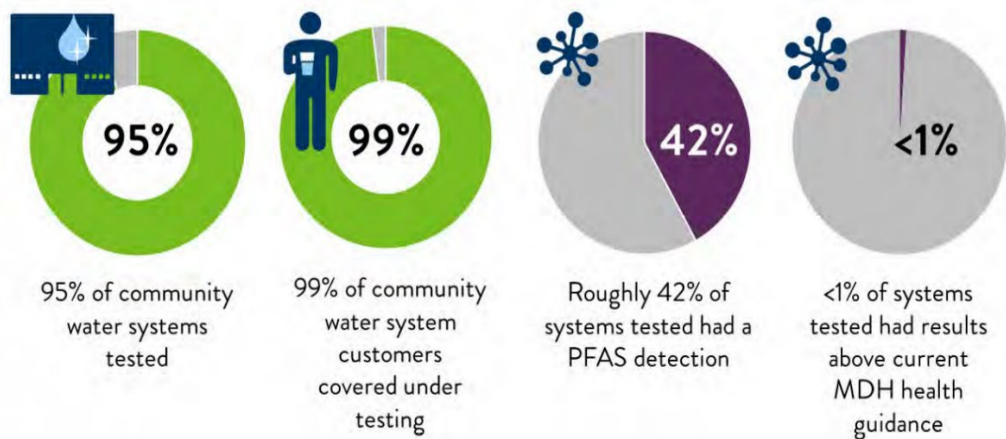
Number of Inspections Conducted:



The number of inspections continues to increase along with the number of licenses and credentials. The Environmental Health Division carefully tracks and adjusts inspector territories to ensure that facilities are addressed within appropriate timeframes.

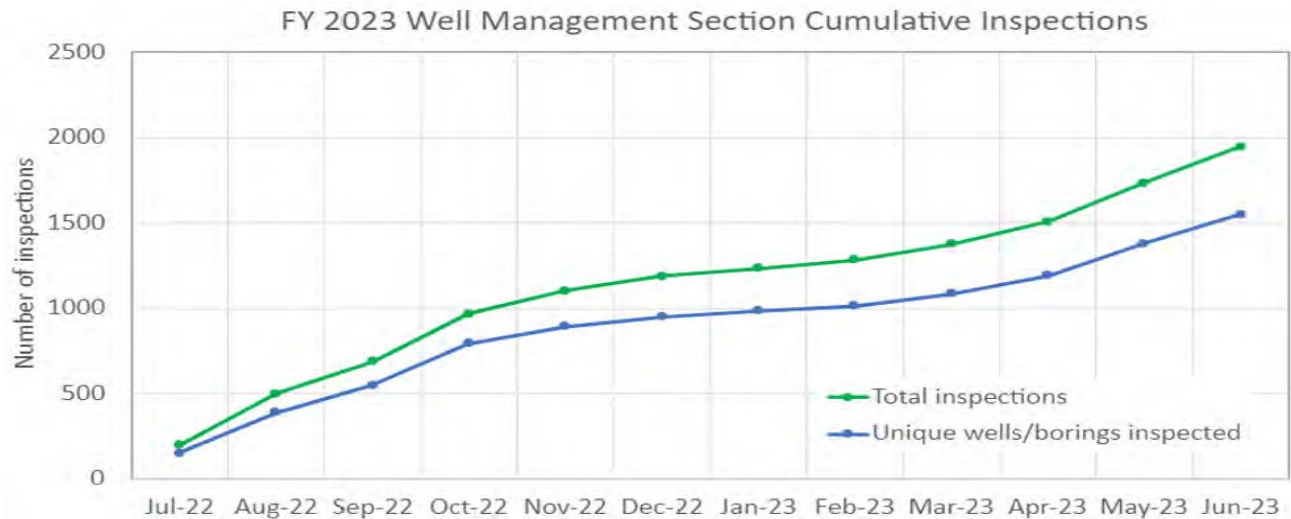
Statewide PFAS Testing for Community Water Systems Wraps Up

The Drinking Water Protection Section is wrapping up an initiative to test drinking water for per- and polyfluoroalkyl substances (PFAS) across all community water systems in the state. This project aimed to evaluate whether Minnesotans are exposed to PFAS at levels above health-based guidance values in drinking water. The approximately 4.4 million Minnesota residents who get their drinking water from a community public water system can access their system’s results through an interactive dashboard developed by MDH. Of the 970 community water systems in the state, 921 participated in the voluntary testing, which together serve over 99% of community water system customers statewide. PFAS is a topic of increasing national interest, and the U.S. Environmental Protection Agency has proposed enforceable limits for six PFAS. Minnesota has taken a proactive approach to addressing PFAS in our communities and our environment, which makes the state and its public water systems well-positioned for these national developments.



Inspection and Compliance of Minnesota’s Private Wells and Borings

Approximately 70 percent of all Minnesotans rely on groundwater as their primary source of drinking water, and one million Minnesotans rely on private wells. Well Management Section field staff performed more than 1,500 inspections on wells and borings used for drinking water, irrigation, industry, groundwater monitoring, heat pumps, and/or hydraulic elevators to help ensure they were safe during fiscal year 2023.



STATUTES

M.S. 144.411 Clean Indoor Air Act (<https://www.revisor.mn.gov/statutes/cite/144.411>)
M.S. 144.4961 Radon Licensing Act (<https://www.revisor.mn.gov/statutes/cite/144.4961>)
M.S. 103I.005 Minnesota Well Code (<https://www.revisor.mn.gov/statutes/?id=103I.005>)
M.S. 144.381 Safe Drinking Water Act (<https://www.revisor.mn.gov/statutes/cite/144.381>)
M.S. 144.1222 Public Pools; Enclosed Sports Arenas (<https://www.revisor.mn.gov/statutes/cite/144.1222>)
M.S. 144.9501 Lead Poisoning Prevention Act (<https://www.revisor.mn.gov/statutes/cite/144.9501>)
M.S. 144.1201 Radiation Hazards (<https://www.revisor.mn.gov/statutes/cite/144.1201>)
M.S. 157 Food, Pools & Lodging Services (<https://www.revisor.mn.gov/statutes/?id=157>)
M.S. 326.70 Asbestos Abatement Act (<https://www.revisor.mn.gov/statutes/?id=326.70>)
M.S. 327 Hotels, Motels, Resorts, and Manufactured Homes (<https://www.revisor.mn.gov/statutes/cite/327>)

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

<https://www.health.state.mn.us/about/org/idepc/index.html>

AT A GLANCE

- Interviewed 587 farm workers potentially exposed to Avian Influenza (H5N1) on poultry and dairy farms; 510 identified as at risk.
- Responded to 275 foodborne, waterborne, person-to-person, zoonotic outbreaks.
- Distributed over \$52 million in no cost vaccines to nearly half of Minnesota's children and over 50,000 uninsured adults.
- Sent immunization reminder texts to over 353,000 Minnesotans using the Minnesota Immunization Information Connection (MIIC) data and technology.
- Investigated 1,671 cases of syphilis and ensured treatment for 1,516.
- Implemented new programs and initiatives to address increases in syphilis and HIV that primarily impact persons experiencing homelessness and persons who use injection drugs.
- Managed care and diagnostics for 277 presumed and confirmed Tuberculosis cases, provided treatment for 173 cases, and evaluated 512 exposed contacts.
- Conducted 110 infection prevention assessments at healthcare and long-term care facilities.
- Funded the testing of 4,731 individuals for HIV through community-based partners.
- Coordinated over 2,900 newcomers, including refugees and Ukrainian Humanitarian Parolees, with their domestic medical exams upon arrival to Minnesota in 2023.

PURPOSE AND CONTEXT

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

Our role:

- Maintain systems to detect, investigate, and mitigate infectious disease outbreaks and threats.
- Collect, analyze, and publish data on infectious diseases that informs prevention and control actions.
- Recommend policy for detecting, preventing, or controlling infectious diseases.
- Coordinate with the health care and public health systems to prevent spread of diseases.
- Partner with state agencies, local public health, and tribal nations to prevent and control infectious diseases.
- Create and maintain relationships to support infectious disease prevention and response for groups impacted by increased disparities, including people experiencing homelessness, tribes and indigenous, immigrants, LGBTQ, correctional settings, and seasonal agricultural and food processing workers.
- Provide access to testing, vaccines, and medications to diagnose, prevent, and treat infectious diseases.
- Provide advice to health care providers on diagnosis and management of emerging infectious diseases (e.g., highly pathogenic avian influenza, mpox, COVID-19, Ebola, and Zika).
- Evaluate the effectiveness of our infectious disease activities.
- Coordinate with Centers for Disease Control and other states on national prevention and disease efforts.

SERVICES PROVIDED

Prevention of infectious disease

- Alert health care providers, local public health, tribes, and the public about outbreaks and how to prevent disease spread.
- Manage tuberculosis treatment and provide medications for patients to prevent disease spread.
- Investigate healthcare-associated infections or infection prevention breaches, work collaboratively with health care facilities to prevent the spread of infection, and conduct follow-up on those who were exposed to infectious disease.
- Collaborate with health care providers, local public health, tribal health, and community-based organizations to educate the public, especially high-risk populations, on disease testing, treatment, and prevention.
- Provide funding and technical assistance to local public health agencies, tribal health, and nonprofit organizations for infectious disease prevention activities.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.
- Provide multilingual travelers' health messaging and resources to travelers and communities with high rates of travel to protect their health and reduce the importation of travel related illness.
- Distribute publicly purchased vaccine for adults and children whose families cannot afford them.
- Maintain and modernize the Minnesota Immunization Information Connection (MIIC) which provides immunization data to providers, health plans, tribal health, local public health, and the public to ensure Minnesotans get the right vaccines at the right time.

Identify and investigate infectious disease threats

- Collect, analyze, and routinely post respiratory disease (flu, RSV, COVID-19) data on, number of hospitalizations, and deaths.
- Maintain a 24/7 system to detect, investigate, and control cases of infectious disease, including routine and emerging diseases such as measles, meningitis, rabies exposure, COVID-19, mpox, Ebola, and Zika.
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause, and implement control measures.
- Maintain a foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks quickly.
- Coordinate refugee medical screenings to identify and treat health problems.
- Use MIIC data to identify populations with low immunization rates and inform programming.

Mitigation of disease threats

- Alert the public where and when the risk of infectious disease is the greatest.
- Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges.
- Enhance infection prevention and antibiotic stewardship by providing assessment and technical assistance to health care facilities.
- Provide evidence-based guidance to high priority settings including jails and prisons, long-term care facilities, K-12 schools, childcare, institutions of higher education, and shelters.
- Facilitate and develop resources on the responsible use and protection of all antimicrobials for human, animal, and environmental health.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Minnesota Vaccine for Children Program doses* distributed <i>*Doses means all ACIP recommended vaccines</i>	Quantity	Vaccine ordering and distribution data is collected in CDC's Vaccine Tracking system.	In 2022, distributed 742,995 doses to providers across the state who serve eligible children. With more pediatric vaccines coming to market each year, we expect this number to continue to increase.	804,975 doses distributed (1/1/2023-12/31/2023)
Percent of eligible tuberculosis patients who complete therapy in 12 months*	Quality	Data is from the National Tuberculosis Indicators Project	Since the national decrease during the COVID-19 pandemic, TB incidence in MN has quickly risen to pre-pandemic numbers. Minnesota consistently meets or exceeds national averages (86.8%) for treatment completion in 12 months	2021: MN: 89.2%
Percent of infants born to hepatitis B positive pregnant persons who received appropriate and timely follow up at birth	Quality	Data are reported to MDH Perinatal Hepatitis B Prevention Program by all birthing hospitals in the state.	The percentage of infants born to hepatitis B positive persons that receive appropriate and timely follow up is high and this trend has remained stable over the last 10 years." (national average 98%)	2022-2023: 99.4% (648/652)
Percent of people who received positive test results through MDH-funded HIV testing programs who were referred to care	Quality	Data are reported to MDH from MDH-funded HIV testing programs	In 2022, (75%) people who received positive HIV test results were referred to care. In 2023, the number of people who received positive HIV test results and were referred to care more than doubled to people but the percentage referred to care has remained similar over the years even with increasing numbers.	2023: 76%

*2021 data is the most recent year with finalized TB treatment completion data.

Evidence-based practice:	Source:	FY 24-25 Expenditures
A small portion of vaccine purchased through the Uninsured and Undervaccinated Adult Vaccine (UUAV) program was directly funded through state funds in FY 24.	Reducing out-of-pocket costs as an intervention to improve coverage of vaccines recommended for routine use among children, adolescents, and adults. https://www.thecommunityguide.org/media/pdf/Vaccination-Provider-Assessment-and-Feedback.pdf	\$1.470 million in FY24 and FY25 to supplement federal funds

STATUTES AND RULES

Minnesota Rules, Chapter 4604 and 4605.

(<https://www.revisor.mn.gov/rules/?id=4604>)(<https://www.revisor.mn.gov/rules/4605/>)

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

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

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

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

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

M.S. 144.3441 (<https://www.revisor.mn.gov/statutes/cite/144.3441>)

M.S. 144.4171 – 144.4185 (<https://www.revisor.mn.gov/statutes/cite/144.4171>)

M.S. 144.4801 – 144.491 (<https://www.revisor.mn.gov/statutes/cite/144.4801>)

M.S. 214.17 – 214.25 (<https://www.revisor.mn.gov/statutes/cite/214.17>)

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

<https://www.health.state.mn.us/about/org/phl/index.html>

AT A GLANCE

- Provide testing for viruses and other microbes that make people sick, as well as look for outbreaks related to food and water. In fiscal year 2023, the lab performed 74,153 tests on 49,048 samples. In fiscal year 2024, the lab performed 93,172 tests on 53,061 samples.
- Screen for rare, serious conditions in newborn babies, allowing for early identification and medical intervention. The lab screened 61,754 newborns and 60,059 newborns in fiscal years 2022 and 2023, respectively. PHL now screens for 63 conditions after adding two conditions in FY23-24. Approximately 485 babies were found to have a condition on the newborn screening panel and were provided with care.
- Provide testing for contaminants in the environment and evaluate exposures to contaminants in people. In fiscal year 2023, the lab received 49,068 samples and performed 132,692 analyses. In fiscal year 2024, the lab received 48,372 samples and performed 138,694 analyses.

PURPOSE AND CONTEXT

The Public Health Laboratory collaborates with local, state, and federal officials, public and private hospitals, laboratories, and other entities throughout the state to keep Minnesotans safe. Services include:

- Detecting infectious disease outbreaks and public health threats.
- Screening newborns for rare conditions to improve their health outcomes.
- Identifying chemical, radiological, and biological hazards.
- Preparing for and responding to emergencies.
- Producing high-quality laboratory data to inform public health decisions.

SERVICES PROVIDED**Testing samples for rare and common infectious diseases.**

- Test to identify disease-causing microbes including influenza, measles, Salmonella, Legionella, and other things that make people sick.
- Test for rare and/or emerging threats such as mpox, COVID-19, rabies, and antibiotic-resistant organisms in congregate living settings, such as Candida auris.
- Test to determine if a microbe is resistant to antibiotics and determine how it has become resistant, estimate vaccine efficacy, and determine why some germs cause more severe disease.
- Perform DNA sequencing to identify outbreaks caused by exposure to contaminated food and water.
- Ensure quick discovery and control of outbreaks to minimize the spread of illness.
- Report results to public health and health care professionals who offer treatment and stop the spread of disease-causing microbes.

Screening newborns for rare, serious, and treatable conditions.

- Screen all Minnesota newborns for 63 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure detection of treatable disorders and that babies receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for babies and their parents.
- Educate Minnesota's new and expectant parents and medical providers about newborn screening.

- Began congenital cytomegalovirus (cCMV) screening in February 2023 and Krabbe disease screening in February 2024. Begin screening for Guadinomethyltransferase (GAMT) deficiency and Duchenne Muscular Dystrophy (DMD) in early 2025. Begin screening for Muccopolysacharidosis (MPS) Type II by the end of 2025.

Testing Environmental and Biological Samples for Chemical, Bacterial, and Radiological Contaminants

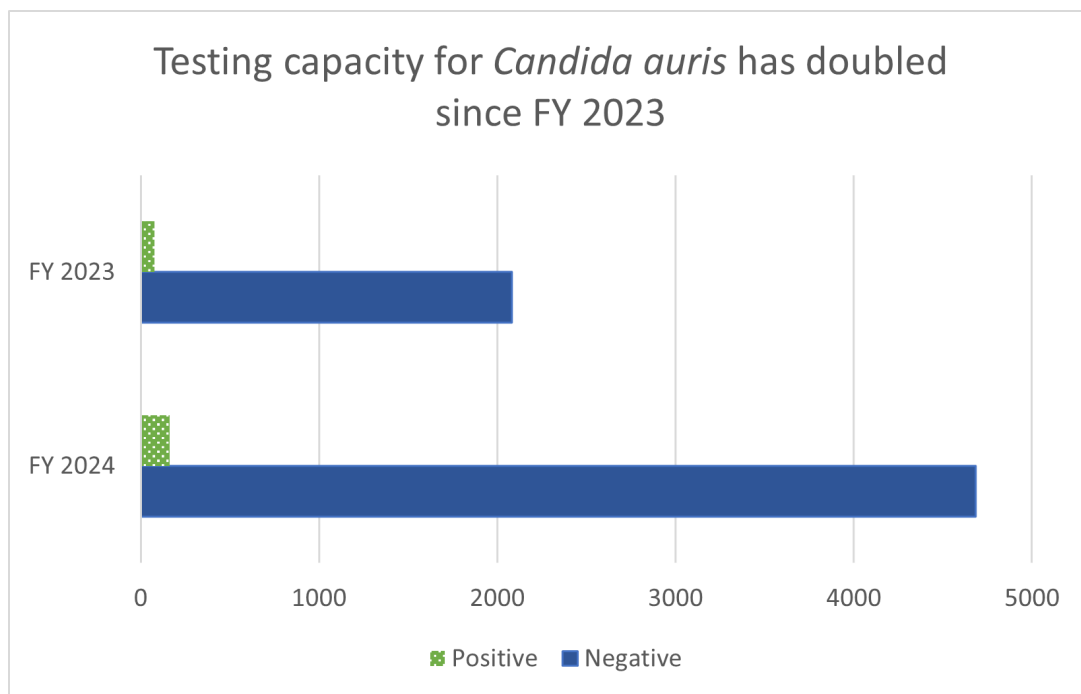
- Test drinking and non-drinking water for various compounds hazardous to human health and the environment.
- Develop methods to test potentially harmful chemicals in human samples, including drugs of abuse and other emerging public health threats, to help identify the source and reduce or eliminate exposures.
- Develop new methods for analyzing environmental samples for chemicals or materials with a perceived, potential, or real threat to human health or those that lack published health standards (e.g., expanded PFAS testing and monitoring).

Emergency Preparedness and Response

- Detect and respond to many kinds of hazards, including harmful chemicals, radioactive materials, and biological organisms that can make people sick.
- Serve as a member of Minnesota’s Radiological Emergency Preparedness program, which would respond in the event of a release of radioactive chemicals at Minnesota’s nuclear power plants.
- Detect harmful germs in air samples through an air-monitoring program.
- Train public and private laboratories to recognize and report possible chemical agents, contagious disease, and other public health threats.
- Respond quickly to a mass casualty event involving harmful chemicals anywhere in the country.
- Conduct rapid testing on clinical or environmental samples of concern (e.g., unknown white powders) and develop and maintain new testing methods of identifying potentially harmful agents.

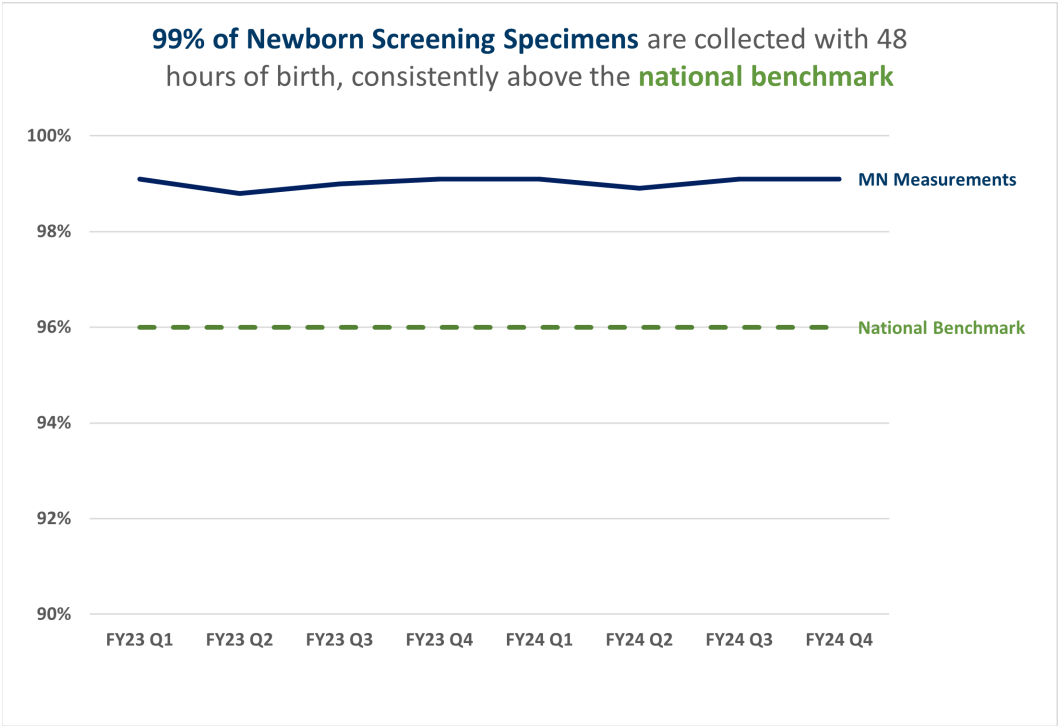
RESULTS

Number of specimens tested for *Candida auris* in fiscal year 2023 and 2024



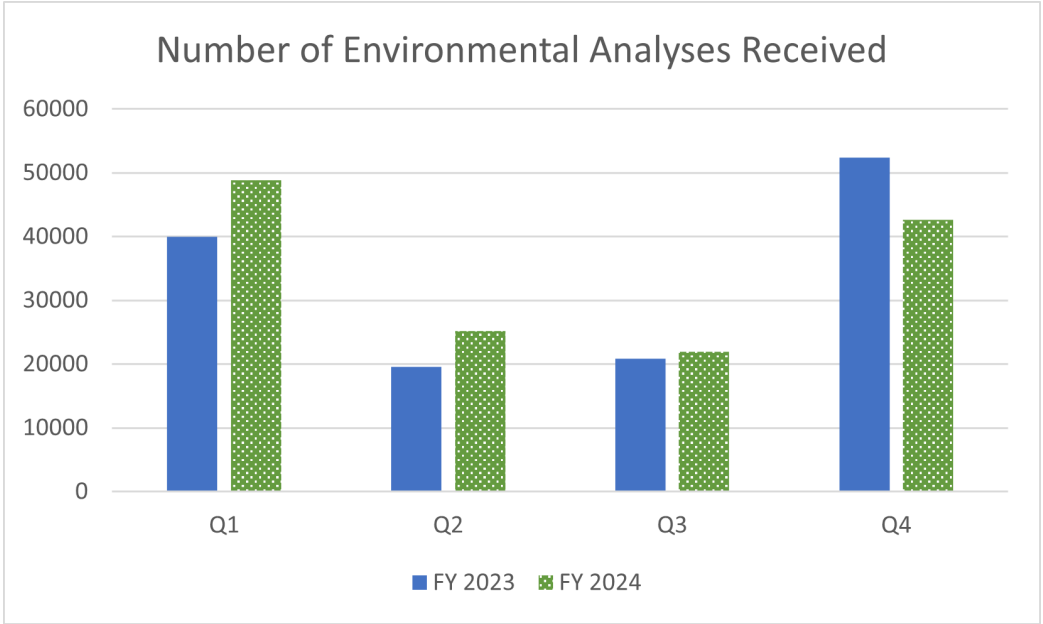
MDH has been working to increase capacity to detect *Candida auris*, a globally emerging fungus that causes severe illness and death. Hospitals and clinics use this information for patient treatment and to help stop the spread of these germs to other patients and the community.

Percent of newborn screening samples collected within 48 hours of birth in fiscal years 2023 and 2024



Collecting newborn screening samples within 48 hours of birth helps to quickly identify infants at risk for newborn screening disorders and allows medical actions to occur swiftly with conditions listed on the screening panel. Early actions result in better health outcomes. Minnesota has exceeded the national benchmark for all quarters reported.

Number of environmental samples received per quarter



STATUTES

M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons
(<https://www.revisor.mn.gov/statutes/?id=13.386>)

M.S. 13.3805 Public Health Data (<https://www.revisor.mn.gov/statutes/?id=13.3805>) M.S. 144.05 General Duties
of the Commissioner (<https://www.revisor.mn.gov/statutes/?id=144.05>)

Program: Health Protection**Activity: Health Regulation**<https://www.health.state.mn.us/about/org/hrd/index.html>**AT A GLANCE**

- Monitor 4,699 health care facilities and providers for safety and quality.
- Review qualifications and regulate approximately 3,300 health professionals.
- Maintain a registry of more than 46,524 active nursing assistants.
- Inspect 523 funeral establishments, 92 crematoriums, and license 1,122 morticians.
- Audit approximately 6,000 federal nursing home resident health assessments to ensure accurate submission, completion, and billing for services.
- License and inspect 283 body art establishments and 2,438 body art technicians.
- Review plans and inspect approximately 489 healthcare construction projects per year with total construction costs over \$1.5 billion.
- Register more than 2,950 spoken language health interpreters.
- Facilitate public hearings to inform the public about hospitals closing, reducing services, or moving services.
- Enhance a culture of safety by providing collaborative spaces for providers to express barriers to compliance and from that, working together on solutions that improve compliance and maintain consumer protections.

PURPOSE AND CONTEXT

Health Regulation Division (HRD) staff at the Minnesota Department of Health perform a variety of important regulatory functions to protect Minnesotans, such as:

- Issuing state licenses and federal certifications.
- Completing inspections, investigations, reviews, or audits.
- Administering registries.
- Taking compliance or enforcement actions when necessary.
- Providing information to consumers and providers.

HRD works with many different types of providers and organizations including, but not limited to, healthcare facilities, health professions, body artists and piercers, and mortuary science. Our regulatory activities protect Minnesotans from before birth with our doula registry program, to after death with our oversight of morticians and funeral establishments. We maintain a strong relationship with the Centers for Medicare and Medicaid Services (CMS) for the many health facilities that are federally certified. We protect the health and safety of Minnesota's nursing home and assisted living residents, home care clients, hospital patients, people with intellectual disabilities, families obtaining services at funeral establishments, birth center clients, body art establishment clients, and other clients of health care.

Much of our work focuses on protecting older Minnesotans and vulnerable adults. As Minnesota's population ages over the next 20 years, older residents will require an increasing amount of health services and the need for health protection will become even more important.

SERVICES PROVIDED

Licensing and Surveys

- Evaluate license, registration, or federal certification submissions from applicants against minimum standards to ensure all providers meet minimum qualifications and are qualified to practice.
- Conduct surveys of facilities and providers to verify compliance with state and/or federal laws, regulations and rules as appropriate to their license, registration, or certification and protect the health, safety, and welfare of residents.
- Ensure that life safety code inspections are conducted and that health facilities meet physical plant requirements that protect the health and safety of patients and residents.
- Review funeral service providers to ensure pre-need funds paid by families are protected and available to pay for services when needed.
- Regulate body art establishments and technicians to prevent blood borne infections.
- Conduct audits of federally certified nursing homes resident assessments to ensure facilities are accurately completing the health assessment and billing Medicaid appropriately for services provided.

Number of Incident Reports Received by State Fiscal Year and Facility				
	FY 2021	FY 2022	FY 2023	FY 2024
State Licensed Facilities or Providers	7,381	10,861	12,659	13,113
Federally Certified Facilities or Providers	10,907	9,868	9,802	8,972
Total Incident Reports Received	18,288	20,729	22,461	22,085

Number of Licensed Nursing Homes, Assisted Living Facilities, and Home Care Provider Agencies				
	FY 2021	FY 2022	FY 2023	FY 2024
Nursing Homes	367	362	357	353
Assisted Living Facilities	0	2,130	2,250	2,345
Home Care Providers	1,624	1,574	776*	690
Total	1,991	4,066	3,383	3,388

* The new assisted living license replaced the home care license in many situations.

Complaints, Investigations, and Enforcement

- Respond to thousands of citizens' calls each year, investigate complaints, and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws.
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and the Maltreatment of Minors Act.
- Verify health facilities have properly taken steps to protect residents in the event of any type of emergency not limited to fires, tornadoes, floods, public health emergencies/pandemic and health provider strikes, based on facility assessment of risk.

RESULTS

The table below displays the number of nursing home facilities, assisted living facilities and home care providers inspected. This data was provided through the department's Health Regulation systems database.

Type of Measure	Name of Measure	FY2022*	FY2023*	FY2024*
Quantity	Number of nursing home facilities inspected	216	309	283 and ongoing
Quantity	Number of assisted living facilities inspected	334**	654	651
Quantity	Number of home care providers inspected	113	52	238

* The federal fiscal year is defined as October 1 to September 30 of the following year. The state fiscal year is defined as July 1 to June 30 of the following year.

** Assisted living licensure was implemented on August 1, 2021 (fiscal year 2022).

STATUTES

M.S. 144.0572 Criminal history background checks on applicants, licensees, and other occupations regulated by commissioner of health (<https://www.revisor.mn.gov/statutes/cite/144.0572>)

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

M.S. 144.0724 Case mix (<https://www.revisor.mn.gov/statutes/cite/144.0724>)

M.S. 144.50 - .60 Hospital licensure (<https://www.revisor.mn.gov/statutes/cite/144.50>)

M.S. 144.50 - .56 Boarding care licensure (<https://www.revisor.mn.gov/statutes/cite/144.50>)

M.S. 144.50 - .56 Supervised living facility licensure (<https://www.revisor.mn.gov/statutes/cite/144.50>)

M.S. 144A.001 - .1888 Nursing home licensure (<https://www.revisor.mn.gov/statutes/cite/144A.001>)

M.S. 144A.43 - .483 Home care licensure (<https://www.revisor.mn.gov/statutes/cite/144A.43>)

M.S. 144A.46 Office health facility complaints (<https://www.revisor.mn.gov/statutes/cite/144A.46>)

M.S. 144A.61 - .62 Nursing assistant registration (<https://www.revisor.mn.gov/statutes/cite/144A.61>)

M.S. 144A.70 - .74 Supplemental nursing services agencies (<https://www.revisor.mn.gov/statutes/cite/144A.70>)

M.S. 144A.75 - .756 Hospice licensure (<https://www.revisor.mn.gov/statutes/cite/144A.75>)

M.S. 144G Assisted living licensure (<https://www.revisor.mn.gov/statutes/cite/144G>)

M.S. 146A Complementary and alternative health care practices (<https://www.revisor.mn.gov/statutes/cite/146A>)

M.S. 146B Body art licensure (<https://www.revisor.mn.gov/statutes/cite/146B>)

M.S. 148.511 - .5198 Speech language pathologists, speech language pathology assistants and audiologists licensing (<https://www.revisor.mn.gov/statutes/cite/148.511>)

M.S. 148.995 - .997 Doula registration (<https://www.revisor.mn.gov/statutes/cite/148.995>)

M.S. 149A Mortuary science licensure (<https://www.revisor.mn.gov/statutes/cite/149A>)

M.S. 153A Hearing instrument dispensing (<https://www.revisor.mn.gov/statutes/cite/153A>)

Program: Health Operations

AT A GLANCE

- Provide human resource services to over 2000 staff advancing the health of Minnesotans.
- Manage nine facilities, including the headquarters and Public Health Laboratory in St. Paul and seven regional district offices throughout Greater Minnesota.
- From July 2023-June 2024, processed and ensured compliance with state and federal regulations 2,612 grants, 1,245 professional/technical contracts, 6,652 commodity/service purchases, 33,275 invoices, and 2,525 receipts.
- From May 2023-June 2024, completed 19 risk assessments to aid in ensuring agency operations and functions are properly managed and have the greatest chance of success.
- From July 2023-June 2024, led 24 projects with local public health partners and 64 internally to support data interoperability, collection, assessment, dissemination, and visualization to assist in data-driven decision making.
- From October 2023-June 2024, the Cultural Communications team conducted 479 consultations, translations, and reviews of materials, along with trainings, to provide culturally and linguistically appropriate public health information.

PURPOSE AND CONTEXT

Health Operations provides organizational leadership and operational support for employees and programs within the agency to ensure strong stewardship of human, financial, and technical resources. We strive to achieve efficient and accountable government services by promoting strong internal controls, evaluating process improvement opportunities, and using project management and continuous improvement tools. We assist the agency in navigating complex and sensitive legal and compliance issues. We partner closely with a wide range of external organizations to extend the reach and excellence of our work, and with MNIT staff at MDH to manage our information technology resources and ensure that technology meets our business needs. In addition, we endeavor to maximize the potential of employees and the department by designing and executing a strategy that provides new tools and ongoing resources to employees, including education on addressing workplace burnout; building social cohesion across the agency, developing a trauma-responsive workforce; and cultivating a happier and healthier workplace.

The work of Health Operations assists the Department of Health in its mission to protect, maintain, and improve the health of all Minnesotans, and supports One Minnesota goals, especially those related to providing high-quality customer experience, ensuring government systems support Minnesotans, creating an inclusive environment and retaining workforce, while advancing equitable procurement.

SERVICES PROVIDED

- **Agency Projects and Planning:** Provides a standardized framework for project management and drives project delivery and continuous improvement services to advance the department's strategic priorities and initiatives. Provides technology consulting, governance, and support to grow user adoption of agencywide shared applications that builds and enhances the efficiency and effectiveness and digital maturity of the department.
- **Communications:** Ensures that accurate, timely, clear, and culturally relevant information on a wide range of public health topics and emerging disease issues is shared with the key audiences through the appropriate modes of communication (e.g., digital, print, verbal, etc.).

- **Data Strategy and Interoperability:** Promotes, in close partnership with MNIT, centralized decision-making in technology adoption and business management, leading to increased efficiencies, resource consolidation, and improved transparency in governance processes. It enables the Minnesota Department of Health (MDH) to strategically invest in technology, enhancing data utilization and decision-making to improve accessibility, transparency, and accountability in collaboration with local public health authorities for the benefit of Minnesotans' health.
- **Executive Office:** Provides department-wide leadership for all public health issues and operations.
- **Facility Management:** Provides space planning, physical security, lease management, fleet services, and building operations support at MDH district offices, with a focus on sustainability and reducing the impact of our operations on the environment.
- **Financial Management:** Provides stewardship of risk management controls over MDH financial resources. This is accomplished by ensuring alignment of agency financial activities with state statutes, policies, and procedures through centralized accounting and procurement services, oversight of cash management and financial reporting for federal grants, agency budget planning and fiscal analysis for the Governor and the Legislature, budget analysis, monitoring and trend planning for agency receipts and operations, and guidance in grant and contract standards for the agency.
- **General Counsel's Office:** Provides a variety of legal services including advising agency and program leaders about often novel, complex, and sensitive legal and compliance issues to help decision making and mitigate risk.
- **Human Resource Management:** Provides strategic personnel management and workforce development, promotes equity, diversity, and inclusion, manages employee and labor relations, administers benefits and payroll, ensures a safe work environment and coordinates training programs.
- **Internal Audit:** Provides independent, objective assurance, and consulting activities to MDH management over a variety of financial, programmatic and compliance matters. Staff evaluate and improve the effectiveness of risk management, internal controls, and various governance processes.
- **Legislative Relations:** Coordinates state legislative activities and monitors federal legislative actions to advance the department's priorities and mission and serve as a point of contact for the public, other departments, legislators, and legislative staff.

RESULTS

Program Narrative results are included throughout their respective Budget Activities.

Program: Health Operations

Activity: Health Operations

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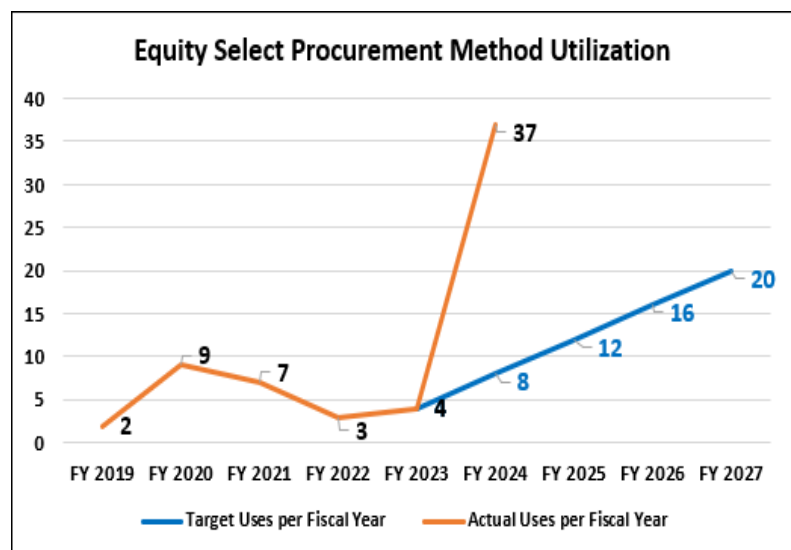
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RESULTS

Equity Select Procurement Above Targets

In the 2023 legislative session, the legislature expanded procurement authority to allow direct-select contracting with a state certified vendor up to \$100,000. Vendors eligible to participate in this procurement method are certified by the Department of Administration's Office of State Procurement as a Targeted Group, Economically Disadvantaged and/or Veteran-Owned small business. Increasing use of the Equity Select procurement method, which was previously limited to \$25,000, is a key focus area of the One Minnesota Results Framework for the Equitable Procurement goal area, and education on the availability and

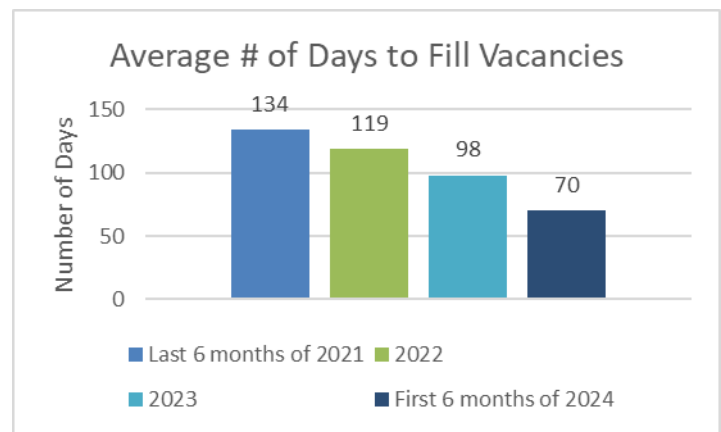
implementation of this option has been a focus of MDH Financial Management and Health Operations. In the graph above, Actual Uses per Fiscal Year is the number of times the Equity Select purchasing option was used to secure a vendor. The Target Uses per Fiscal Year is the Governor's target for numbers of Equity Select uses.



Significant Reduction in Time to Fill Vacancies

This chart reflects the average number of days to fill a vacancy, starting with the day a request to fill a vacancy was submitted to Human Resources Management and ending with the acceptance of an offer. From the last six months of 2021 to the first six months of 2024, the average number of days to fill a vacancy was cut nearly in half. Health Operations, in particular Human Resources Management, led the effort to reduce the amount of time to fill vacancies, and partnered closely with programs across the Health Department. Significant improvement in the time to fill vacancies aids programs across the department in their ability to

carry out their public health work, helps promote MDH as a desirable place to work, and supports retention of current staff. It also directly aligns with One Minnesota goals, in particular the goal to provide high-quality customer experience, ensuring government systems support Minnesotans, and creating an inclusive environment and retaining workforce.



Information Communicated Via Multiple Channels

Effective communication is essential to achieving the mission of the Minnesota Department of Health, and to advancing the One Minnesota goal of providing high-quality customer experience. The Department of Health uses social media channels—Facebook, Instagram, Threads, X, and LinkedIn—to share information with various audiences around the state. A graphic showing the number followers on these platforms is included. Messages shared include educational messages about health issues, news releases, information about how to protect your health, resources for the public or partners, stories of public health work happening at MDH and around the state, job postings, and more. In

addition, we share similar information on our website, and the number of visitors to the website have averaged over 36.2 million per year from July 2018 – June 2023. We also leverage news releases to share important public health information, averaging 66 per year from July 2018 – June 2023.

Social media followers as of July 10, 2024

