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AT A GLANCE

The Minnesota Department of Health 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. Manage annual budgetary resources over $650 million.

- Secure federal funding to support critical public health activities in the state—more than $250 million annually by 2019
- Provide guidance and oversight for over nearly $350 million per year in outgoing grants to approximately 500 unique grantees across the state.
- Maintain a highly skilled workforce of 1,532 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 or activities.

MDH carries out its mission in close partnership with local public health departments, tribal governments, the federal government, and many health-related organizations. In meeting its responsibilities, the department also recognizes the strong connection between overall population health and a wide range of government policies from economic development to education to transportation.
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. 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 everywhere for everyone in the state. Furthermore, these disparities have a negative impact on the health of all Minnesotans, preventing all Minnesotans from achieving their full health potential. That is why MDH has made advancing health equity a major priority. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

In addition, 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 local public health organizations to ensure a strong public health infrastructure in all corners of the state.
- Working with cross-sector partners 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

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

**AT A GLANCE**

Budget activities:
- Child and Family Health
- Health Promotion and Chronic Disease
- Community Health
- Health Policy
- Medical Cannabis

**PURPOSE AND CONTEXT**

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

Program: Health Improvement
Activity: Child and Family Health

health.state.mn.us/about/org/cfh/index.html

AT A GLANCE

• Nutrition services for over 162,000 pregnant women, infants, and young children.
• Breastfeeding peer counseling services for over 9,000 women.
• Family planning counseling services for more than 41,000 low-income or high-risk individuals.
• Home visiting services for more than 14,000 at-risk families.
• Over 21,000 families receiving periodic screening, guidance on early childhood developmental and social emotional milestones, and referral to assessment/evaluation and community services.
• Bereavement support services for 405 families experiencing an infant death, with 165 referred for ongoing support services.
• Evidence-based curriculum for teen pregnancy prevention reaching 3,500 high-risk teens and 535 parents.

PURPOSE & CONTEXT

Health outcomes for people are greatly influenced by factors of their early-life experiences, including housing stability, food security, health care access, and family and community safety. 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.

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

• Being born healthy.
• Supporting a safe, stable, and nurturing environment for families.
• Accessing adequate nutrition.
• Identifying issues early, including health, developmental, or social-emotional problems, with appropriate intervention.
• Avoiding unintended pregnancy.
• Abstaining from substance use.
• Graduating from high school.

SERVICES PROVIDED

• Improve the health of women so that babies are born healthy and address racial/ethnic and socioeconomic disparities in maternal and infant health. Our Maternal and Child Health program encourages early access to prenatal care, provides necessary support services to high-risk pregnant women, and encourages preventive care and increased knowledge of healthy behaviors prior to and during pregnancy. Along with health care providers and systems, we address issues that negatively impact birth outcomes such as opioid use; promote infant mortality reduction through robust safe sleep activities; and coordinate the maternal mortality review committee to identify issues that underlie maternal deaths. We also manage the Women Infant Children (WIC) Supplemental Nutrition program that improves the health and nutritional status of pregnant and postpartum women, infants, and young
children through breastfeeding resources and support, connection to community services, and food supports.

- **Increase the proportion of planned pregnancies, so families are better prepared to raise a child.** We provide pre-pregnancy family planning grants to reproductive health providers to ensure that family planning services are available to low-income and high-risk individuals across the state.

- **Improve equitable access and outcomes for early identification and services, which address both developmental and behavioral health, as well as social determinants of health.** Our Help Me Connect program is a newly developed, one-stop option available in the fall of 2020 to help families and referring providers more easily find and connect to a wide range of prenatal and early childhood (birth through 8 years) services that support healthy child development and family well-being, including basic needs.

- **Support families at risk for child abuse and neglect, poor health, and poor school performance.** Our Family Home Visiting program provides consultation, training, and grants management to our grantees across the state. Evidenced-based home visiting programs reduce child abuse and neglect, improve maternal and child health, improve a child’s readiness for school, and improve family economic stability.

- **Assure early childhood screening so that children receive services and support for school readiness and success.** Our Children and Youth with Special Health Needs 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. We launched an electronic screening pilot with 10 local public health departments in 2020. Our Family Home Visiting program screens and refers children to appropriate services. Our Maternal and Child Health program develops and trains health care providers on screening protocols. Research shows that early intervention has long lasting and substantial gains in outcomes such as school performance, high school graduation rates, employment, and ultimately decreased reliance on public programs.

- **Help children and youth with special health care needs reach their full potential.** Our Children and Youth with Special Health Needs program supports infants and young children with special needs, including serious birth defects, deaf or hard of hearing, or inherited conditions to ensure they are connected early to public health, primary and specialty care, and community resources.

- **Support adolescents and their families so adolescents are successful in school, avoid unintended pregnancies and become healthy, self-reliant adults.** Our Maternal and Child Health program offers teen pregnancy prevention and parent education grants to local public health, schools, and community-based providers; trains communities to support parents and their teen children in developing healthy relationships and behaviors; facilitates the Minnesota Partnership for Adolescent Health; trains pediatric providers, school nurses, and other youth providers in best practices in adolescent health; and supports programs that focus on populations experiencing the greatest disparities in teen births, HIV/AIDS, and sexually-transmitted infections.

**RESULTS**

**Breastfeeding**

Breastfed babies are less likely to suffer from serious illnesses, such as asthma, gastrointestinal disease, and ear infections. Our Family Home Visiting program promotes and supports breastfeeding through training and referrals to WIC and peer breastfeeding support. The WIC program serves approximately 40% of infants born in Minnesota, and promotes breastfeeding, including a peer breastfeeding support program. Infants breastfed for six months or longer have significantly better health outcomes than infants breastfed for less than six months. The WIC Peer Breastfeeding Support program seeks to increase the breastfeeding rate among all ethnic groups. WIC mothers who received peer services showed increased initiation rates across all ethnicities and race.
Infant Mortality

Minnesota’s infant mortality rate has declined by 39% since 1990, from a high of 7.2 deaths per 1,000 live births to 4.4 in 2017. Despite Minnesota’s favorable infant mortality rate and ranking, there remains substantial variation by race and ethnicity due to systemic racism and the impact of social determinants of health.

Adolescent Health

Recent efforts to improve the well-being of adolescents in the state have led to reductions in the teen pregnancy rate and higher engagement with youth in programmatic decision making. Minnesota has achieved a 72% decrease in the number of teen pregnancies in the last 18 years but disparities persist in teen pregnancy rates by poverty, race and ethnicity, and geography. The birth rate for American Indian and Latinx teens is four times higher than rate of white teens. African American teens have a rate three times higher, and Asian Americans have a rate two times higher, than the rate of white teens. Rural counties experience higher birth rates than metro areas.

Source: Minnesota Center of Health Statistics
Early Identification

Our Follow-Along program is a screening program that helps parents through local public health agencies track a young child’s physical and social-emotional development through age-appropriate screenings and referrals as needed for early intervention. Since 2014, we have seen a steady drop in the number of developmental screenings reported through the Follow-Along program, as school districts and clinics increase the number of children they screen. We have been working with the Department of Education and health systems to assure that there is not duplication of early childhood screening efforts.

### Number of screenings completed in Follow-Along program per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>33,387</td>
</tr>
<tr>
<td>2015</td>
<td>32,013</td>
</tr>
<tr>
<td>2016</td>
<td>31,857</td>
</tr>
<tr>
<td>2017</td>
<td>30,778</td>
</tr>
<tr>
<td>2018</td>
<td>29,839</td>
</tr>
<tr>
<td>2019</td>
<td>27,513</td>
</tr>
</tbody>
</table>

**Source:** Minnesota Follow Along program

Family Home Visiting

Family Home Visiting is a voluntary, preventive intervention that supports pregnant women and families with young children through evidence based models. Outcomes include positive pregnancy outcomes, improvements in school readiness, child abuse prevention, and family self-sufficiency. Both family income and parental education levels are positively associated with children’s developmental outcomes. Family Home Visiting assesses readiness to go to school or get a graduate equivalency degree (GED), helps caregivers make a plan to continue their education, and refers people to programs that can provide support and work with their schedules.

### Percent of family home visiting caregivers aged 19+ who did not have a high school diploma at intake and completed high school or GED at the end of the year

- **2017:** 57%
- **2018:** 75%
- **2019:** 89%

**Source:** Minnesota Family Home Visiting program
Early Hearing Detection and Intervention

Annually approximately 250 infants and children in Minnesota are identified as deaf or hard of hearing. Our Early Hearing Detection and Intervention program serves all children who are deaf and hard of hearing and builds a system of care to ensure that they receive appropriate and timely services. Without early detection and intervention, children with hearing loss often experience delayed development in language and learning. The percent of kindergarteners with a hearing loss identified through our program is increasing over time.

Percent of kindergarteners served by special education as deaf/hard of hearing who were identified by our Early Hearing Detection and Intervention program

![Graph showing percentage of kindergarteners served by special education as deaf/hard of hearing who were identified by our Early Hearing Detection and Intervention program over time.](https://i.imgur.com/123ABC.png)

*Source: Minnesota Early Childhood Longitudinal Data System*

STATUTES

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. 145.4235 Positive Abortion Alternatives Program (https://www.revisor.leg.state.mn.us/statutes/?id=145.4235)
M.S. 145.4243 Woman’s Right to Know Printed Information (https://www.revisor.mn.gov/statutes/?id=145.4243)
M.S. 145.88 Maternal and Child Health (https://www.revisor.mn.gov/statutes/?id=145.88)
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. 145.905 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. 145A.17 Family Home Visiting Program (https://www.revisor.mn.gov/statutes/?id=145A.17)
Health Budget Activity Narrative

Program: Health Improvement
Activity: Health Promotion and Chronic Disease
https://www.health.state.mn.us/about/org/hpcd/index.html

AT A GLANCE

- Screened 10,370 low-income women for breast and/or cervical cancer and detected 115 cancers in 2019.
- Maintained the statewide cancer reporting system and registered 35,606 new cancer cases in 2017.
- Provided services for 24,953 Minnesotans with a traumatic brain or spinal cord injury in 2019 through a grant-funded program.
- 25,926 Minnesotans enrolled in a diabetes prevention program that is proven to reduce the risk of developing diabetes by 58%.
- Managed 46,283 calls through the state’s poison control system from residents who either were poisoned or were in danger of being poisoned in 2019.

PURPOSE AND CONTEXT

Health Promotion and Chronic Disease provides leadership in the prevention and management of chronic diseases and injury, including many efforts to eliminate health disparities. Chronic diseases are ongoing, generally incurable illnesses or conditions, such as heart disease, cancer, and diabetes. These diseases are often preventable and frequently manageable through early detection, improved diet, exercise, and treatment. Chronic diseases and injuries negatively impact the health of the population by contributing to long-term disability, diminished quality of life, and many deaths that may have been prevented.

Our role:
- Monitor chronic diseases and injuries to report on statewide trends, geographic patterns, and risk factors.
- Improve clinical services and address disparities to prevent and manage chronic diseases and injuries.
- Ensure that patients are referred to services that improve the management of chronic conditions.
- Provide support to local governments and organizations to sustain resilient communities, and to eliminate health disparities.

SERVICES PROVIDED

Help health systems implement changes to deliver high-quality care for all patients, especially those most likely to become disabled or die from chronic diseases and injuries.
- Promote collaboration among providers to improve the delivery of cancer screening and other preventive services.
- Develop and promote services designed to heal the trauma experienced by sexually exploited youth.
- Support guidelines and quality measures for early identification and management of chronic disease risk factors.
- Provide funding for health care improvement programs, such as dental sealants, cancer screening, and poison control.
- Pay health care providers to offer free breast, cervical, and colorectal cancer screening, along with follow-up services and counseling, to eligible low-income, uninsured, and underinsured Minnesotans.

Facilitate community-clinical relationships that improve the management of chronic conditions.
• Disseminate self-care and management education programs statewide.
• Develop curricula to train community health workers to better work with underserved and at-risk populations to prevent and manage chronic diseases.
• Support our community and medical partners in implementing statewide plans for chronic disease injury and violence prevention.
• Provide grants for Minnesotans with a traumatic brain or spinal cord injury to receive medical follow-up, employment, education, and family counseling sessions.

Develop, collect and disseminate data to inform chronic disease and injury prevention and management initiatives.

• Operate a statewide registry of all newly-diagnosed cancer cases.
• Analyze and report on the prevalence, disparities and trends in deaths and disabilities from specific chronic diseases (such as heart disease, stroke, cancer, asthma, arthritis, diabetes, oral diseases); and injury and violence (such as suicides, drug overdoses, and sexual and domestic violence).
• Collect, analyze, and report on rates and trends of workplace hazards, illnesses, and injuries.
• Use data to identify possible linkages between chronic diseases and environmental exposures.

RESULTS

Expanding access to designated stroke centers

Timely access to stroke care is a critical factor influencing health outcomes for acute stroke patients. In 2012, only 60% of Minnesota’s population lived within 30 minutes of designated stroke centers.

We work throughout the state to increase the number of hospitals designated for stroke care, ultimately providing a higher standard of care and improving outcomes. By 2020, 89% of Minnesotans lived within 30 minutes and 97% within 60 minutes of a designated stroke center.

While this increase is remarkable, persistent disparities remain for some people in Minnesota. We are working to increase access to acute stroke ready centers for American Indian communities and older populations. For 4.3% of Minnesotans, the hospital nearest to them is not yet designated as acute-stroke ready.

| % Minnesotans Living Within a 30 Minute Drive of a Stroke Center |
|--------------------------|----------------|
| 2012                     | 2020          |
| 60%                      | 89%           |
Cancer screening saves lives. Our Sage program partners with 480 clinics in the state to screen nearly 11,000 uninsured and underinsured women and men for breast, cervical, and colorectal cancer every year. Factors such as race, ethnicity, income, and access to health insurance affect screening rates and are often correlated. Lower cancer screening rates have been shown to contribute to higher rates of morbidity and mortality.

We continue to increase reach into diverse and underserved communities. In 2013, people of color and American Indians comprised 46% of Sage breast and cervical patients, by 2019 this percentage increased to 78%. Sage additionally supports cancer screening by working with clinics to improve their health systems and by providing patient navigation services to over 4,282 Minnesotans annually, regardless of their insurance or income status.

### Increasing effectiveness in handling poisoning calls

![Poison Control System Cases by County, 2019](image)

Each year Minnesota has approximately 46,000 poisoning incident calls, many involving young children. Some of these incidents require travel to a clinic or emergency room; but most can be safely managed at home. We provide funding to the Minnesota Poison Control Center to provide assistance to parents, families, and others regarding poisoning incidents. Over the last ten years, incidents where a person was exposed to a poison at their residence, called the poison center, and managed at home has been stable at over 90%. Calling the poison center
and following our recommendations prevents unnecessary health care utilization, avoiding potential medical costs and crowding in the emergency department.

M.S. 144.05 subd. 5 Firearms Data (https://www.revisor.mn.gov/statutes/?id=144.05)
M.S. 144.497 ST Elevation Myocardial Infarction (https://www.revisor.mn.gov/statutes/?id=144.497)
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. 144.995 - 144.998 Environmental Health Tracking and Biomonitoring (https://www.revisor.mn.gov/statutes/?id=144.995)
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. 145.867 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. 256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer (https://www.revisor.mn.gov/statutes/?id=256B.057)
M.S.144.492 Stroke Centers and Stroke Hospitals (https://www.revisor.mn.gov/statutes/?id=144.492)
Health Budget Activity Narrative

Program: Health Improvement
Activity: Community Health
https://www.health.state.mn.us/about/org/ch/index.html

AT A GLANCE

- Support Minnesota’s 51 community health boards.
- Coordinate the emergency preparedness and response activities between MDH, community health boards, and eight regional health care preparedness coalitions.
- Partner with community health boards, tribal governments, and community-based organizations to implement evidence-based strategies to increase Minnesotans’ access to healthy foods, expand opportunities for physical activity, reduce commercial tobacco use and exposure, and promote health and well-being in schools, workplaces, healthcare systems and community settings.
- Provide support and guidance on reducing health disparities to more than 150 community-based organizations from populations of color and American Indian communities.
- Collect, analyze, and communicate health-related data.
- Provide planning, facilitation, and coaching to other MDH programs on skills like quality improvement, community engagement, working with tribal governments, and incident management.
- Distribute grant funds to local governments, tribal nations, hospitals, and community-based organizations to support community health activities, emergency preparedness activities, and to eliminate health disparities.

PURPOSE AND CONTEXT

Our 51 community health boards rely on us for guidance, direction, and assistance in meeting the many challenges of delivering effective public health services at the local level. Some of the challenges are:

- Ensuring their capacity to respond to public health emergencies such as flooding or disease outbreaks.
- Meeting the needs of their communities despite widespread turnover of local public health leadership.
- Creating community-level policy and environmental changes that promote and support individual choices leading to increased healthy eating and active living and reduced commercial tobacco use.
- Improving their ability to use data.

We work across MDH and with community partners to face these challenges and contribute to MDH’s vision of “all communities thriving” by:

- Supporting Minnesota’s local public health system.
- Ensuring that all communities are ready to respond to public health emergencies.
- Offering the best evidence-based strategies in policies, systems, and environmental changes.
- Evaluating the effectiveness of those strategies.
- Addressing the disparities in health caused by significant social, economic, and environmental barriers.
- Serving as a source of health statistics.
- Working to advance health equity.
- Supporting community-based grantees.
SERVICES PROVIDED

Emergency Preparedness and Response
- Provide subject-matter expertise and training to assist organizations in preparing for, responding to, and recovering from incidents affecting the public’s health.
- Administer an alert network for rapidly notifying thousands of health care, public health, and community partners about emerging disease threats or other health hazards such as contaminated medications or food.
- Prepare for the need to rapidly receive, stage, store, and distribute vaccines and medication to protect people and communities during an emergency.
- Conduct risk assessments and detailed planning and testing of emergency response plans.
- Fund regional health care coalitions and local/tribal public health to enhance local public health preparedness efforts.

Health Equity
- Monitor and analyze health disparities and how they relate to health equity.
- Identify and invest in best practices for providing culturally responsive services and advancing health equity.
- Collaborate with Minnesota communities experiencing health inequities to improve outcomes.
- Provide consultation and liaison services between Minnesota’s tribal nations and MDH staff.
- Provide training on working with Minnesota’s tribal nations and coordinate efforts within MDH on issues related to American Indian health.

Health Statistics
- Conduct surveys to measure the health status of Minnesotans and analyze health trends in Minnesota, such as: the Minnesota Student Survey (every 3 years) the Behavioral Risk Factor Surveillance System (annually); Youth Tobacco Survey (every 3 years), School Health Profiles (every 2 years).
- Provide staffing and direction to MDH’s Institutional Review Board.

Public Health Practice
- Develop policies, practices, and guidance to ensure the best delivery of public health services at the local level.
- Provide facilitation and coaching of performance management, quality improvement, and community engagement for MDH divisions and local health departments.
- Provide funding, guidance, tools, and training to assist local public health departments in effectively meeting their missions.
- Collect, analyze, and disseminate data about public health financing, staffing, and performance.
- Help MDH and local and tribal health departments seek and maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

Statewide Health Improvement Initiatives
- Link community health boards, tribal health boards, and other community based grantees with nutrition, physical activity, tobacco prevention and health and well-being content experts who provide coaching on effective ways to adopt and implement policy, systems, and environmental changes.
- Work with local public health, tribal nations, and communities to design and implement asset based approaches and trauma informed practices to address structural based health inequities.
- Provide comprehensive technical assistance through peer-to-peer and content specific consultation calls, webinars, and communities of practice.
• Use state-of-the-art online technology to facilitate learning and collaboration through webinars, video calls, and forums.
• Work with partners to build their capacity to collect data to assess progress and impact.
• Assess the impact of evidence-based activities by measuring impact of environmental and policy change and support communities to evaluate local activities and identify lessons learned.

RESULTS

We provide consultation and technical assistance internally at MDH and to community health boards, local public health, and tribal nations. We measure satisfaction of our services quarterly through surveys. Since 2017, over 90% customers have reported satisfaction with the support we provide.

The Statewide Health Improvement program builds capacity and alignment between local public health and state efforts through individual technical assistance and local and regional training. We track our effectiveness at providing trainings and make continuous improvements based on feedback. Since 2016, satisfaction with training has had an annual average of 93%.

Statewide Health Improvement program has impact on policy, systems, and environmental change in Minnesota. The program is implemented in all 87 counties and with 10 tribal nations, and includes over 5,250 partners such as schools, worksites, health care organizations, early childhood education sites, and communities. All local public health agencies made policy, systems, and environmental changes in their communities between 2016 and 2018.
Partner sites are reporting greater success at making policy, systems, and environmental changes, with the longer a site is engaged with the program the more likely they are to make changes.

Emergency Preparedness and Response
When a public health emergency occurs in Minnesota, or a service interruption within the department, MDH employees may be asked to help in ways that are not ordinarily part of their job. We provide training to ensure that the MDH workforce is ready to respond to threats which harm public health or MDH operations. The goal is for 100% of staff with leadership responsibilities to complete at least 9 of the required 12 courses. As of January 2020, 61% of our 56 staff completed this goal with another 27% completing at least half of the required courses.

STATUTES
M.S. 12A.08 Natural Disaster; State Assistance (https://www.revisor.mn.gov/statutes/?id=12A.08)
M.S. 144.396 Tobacco-Free Communities in Minnesota (https://www.revisor.mn.gov/statutes/?id=144.396)
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. 145.928 Eliminating Health Disparities (https://www.revisor.mn.gov/statutes/?id=145.928)
M.S. 145.986 Minnesota Statewide Health Improvement Initiatives (https://www.revisor.mn.gov/statutes/?id=145.986)
M.S. 151.37 Legend Drugs, Who May Prescribe, Possess (https://www.revisor.mn.gov/statutes/?id=151.37)
### AT A GLANCE

- Administer about 1,000 COVID-19 Emergency and Response grants to health care providers across the state.
- Monitor, measure, and improve health care quality and safety through the Statewide Quality Reporting and Measurement System data collection, adverse health events system, and health plan quality exams to ensure compliance and drive improvement.
- Measure change in rate of uninsured Minnesotans annually through Minnesota Health Access Surveys, identifying the impact of health care policies and market changes on health insurance coverage.
- Inform health policy with evidence-based research from the Minnesota All Payer Claims Database.
- Issue more than 750,000 birth and death certificates annually and facilitates certification of all death records online, making them available to families more quickly.
- Certify and train about 400 Health Care Homes statewide, supporting high quality, coordinated care to 3.5 million people, saving more than $1 billion in health care costs in the initial five years, according to an independent evaluation by the University of Minnesota.
- Support a strong rural health care system and robust health care workforce through nearly $20 million dollars in grants and loan forgiveness awards statewide to rural and underserved areas.
- Regulate and certify all Health Maintenance Organizations (HMO) offering products in Minnesota, including financial, quality and other compliance monitoring activities.
- Lead initiatives to help Minnesota payers and providers develop efficient, coordinated implementation of electronic health records, interoperability, and other health information exchange standards.

### PURPOSE & CONTEXT

We provide policymakers and other stakeholders with policy, data, analysis, research, design, and implementation of programs and reforms to monitor and improve health care market trends, value, quality and accessibility. We also manage the statewide vital records system for birth and death records, provides leadership for electronic health exchange standards, and regulates health maintenance organization (HMO) products offered in Minnesota.

Our role:

- Promote access to high quality, affordable health care across Minnesota, including for vulnerable, underserved and rural populations.
- Streamline and reduce health care administrative burden and costs.
- Analyze health care market trends and policy options and impacts to inform state policy making.
- Promote the secure exchange of health information among health care providers.
- Train and certify clinics to be health care homes that provide high quality, patient-centered coordinated, team-based care to complex patients and all Minnesotans.
- Issue timely birth and death certificates and provide accurate vital records data for public health research.
- Support health professional education to build a strong health workforce in rural and underserved areas.
• Measure and report on the health care marketplace, access and quality of care, patient safety and health workforce capacity to help target state resources and funding to their best use.
• License and regulate HMO products serving Minnesota enrollees.

SERVICES PROVIDED

• Collect data and perform research to inform policymakers. Monitor and understand health care access and quality, market conditions and trends, health care spending, health status and disparities, health behaviors and conditions, and the impact of state/federal reform initiatives.
• Monitor and improve clinical quality and safety in Minnesota through implementing the Statewide Quality Reporting and Measurement system, the Adverse Health Events system, quality audits of managed care plans and certification of primary care clinics as Health Care Homes.
• Administer the statewide hospital trauma system by collecting and analyzing trauma data, promoting interagency coordination and providing technical expertise to hospitals caring for trauma patients.
• Award up to $60 million in Medical Education and Research Costs grants each year to support clinical training placements for health care providers.
• Convene an annual statewide rural health conference (600 attendees), health care homes learning days (300 attendees), and e-health summit (200 attendees).
• Increase efficiencies and reduce costs in the health care system by collaborating with providers, payers, consumers and other stakeholders to develop standards and best practices for the exchange of business and administrative data.
• Administer a secure, real-time, web-based vital records system that helps individuals get the identity documents they need for REAL ID and other benefits and services.

RESULTS

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

The increased use of electronic health records and health information exchange has helped to reduce medical errors and duplication of services, provide coordinated patient care, and improve health outcomes of individuals and communities.
Clinics, hospitals, and other health care providers in rural and underserved urban areas across Minnesota received more than $19M in grants and loan forgiveness.

Health care home certification has been shown to improve quality outcomes for asthma, vascular care, diabetes, depression and colorectal measures, while saving money and improving patient satisfaction. More than half of all Minnesota primary care clinics have now been certified by MDH.
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.38 Cost Containment from Group Purchasers (https://www.revisor.mn.gov/statutes/cite/62J.38)
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)
Health Budget Activity Narrative

Program: Health Improvement
Activity: Medical Cannabis

https://www.health.state.mn.us/people/cannabis/

AT A GLANCE

- Began distributing medical cannabis to registered patients on July 1, 2015.
- Approved the enrollment of 23,938 patients and authorized 1,775 healthcare practitioners to certify patients as of August 2020.
- Oversee compliance and enforcement of two vertically integrated manufacturers, which includes cultivation, extraction, and retail dispensing at up to 16 cannabis patient centers across Minnesota.
- Added chronic pain as a qualifying medical condition in August 2020.

PURPOSE AND CONTEXT

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

State law requires Minnesota residents with one or more of the qualifying medical conditions who would like to access medical cannabis for therapeutic or palliative purposes to join the state’s patient registry. As of August 1, 2020, the following were eligible conditions:

- Cancer or its treatment, accompanied by severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting
- Glaucoma
- HIV/AIDS
- Tourette’s syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
- Inflammatory bowel disease including Crohn’s disease
- Terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or severe vomiting, cachexia or severe wasting
- Intractable pain, as defined in Minnesota Statutes, section 152.125, subdivision 1
- Post-traumatic stress disorder
- Obstructive sleep apnea
- Autism spectrum disorder
- Alzheimer’s disease
- Chronic pain

An updated list of qualifying medical conditions is available on our website at:
https://www.health.state.mn.us/people/cannabis/patients/conditions.html
SERVICES PROVIDED

- Administer the statutorily required, online, secure patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Register and oversee the two medical cannabis manufacturers that are responsible for the production and distribution of medical cannabis. The two manufacturers each operates four cannabis patient centers in the state for a total of eight patient centers.
- Inspect the cultivation, production, and distribution facilities operated by the two medical cannabis manufacturers.
- Conduct program evaluation based on patient and healthcare practitioner self-reported data submitted into the registry through surveys.
- Operate a call/support center to quickly and accurately respond to citizens needing information and assistance with the medical cannabis program and the patient registry.
- Administer public petition process for citizens to propose additional qualifying medical conditions or delivery methods.

RESULTS

Increase in patient clients served
The number of patients we have enrolled in the patient registry has grown more than tenfold since fiscal year 2016, from 1,613 to 18,727 in fiscal year 2020.

As Minnesota adds more qualifying conditions for medical cannabis, we have experienced an increase in the volume of calls our call center handles. Since fiscal year 2016, we experienced peaks in call volume in the months of July, October, and March. Call volume overall in fiscal year 2020 is more than three times greater than it was in 2016.
Adding qualifying medical conditions and delivery methods

Minnesota Statutes authorize the commissioner of health to add approved delivery methods or forms and qualifying medical conditions. Nine qualifying medical conditions were authorized in the original legislation in 2014 creating the medical cannabis program. In 2016, we established a process in Minnesota Rules through which members of the public may petition the commissioner to consider approving a new medical condition or delivery method. A seven-member volunteer review panel assists the commissioner’s review of the medical conditions, though the panel does not weigh in on delivery methods. MDH staff prepare research briefs for each of the petitioned medical conditions describing current scientific studies of cannabis products as therapy. Medical conditions being petitioned in 2020 are anxiety, sickle cell disease, and tic disorder. No delivery methods or forms are under consideration in 2020.

| Qualifying Medical Conditions and Delivery Methods Added by the Commissioner of Health |
|-----------------------------------------------|-----------------|-----------------|
| Qualifying Medical Conditions:                | date approved   | effective date  |
| Intractable Pain*                             | December 1, 2015| August 1, 2016  |
| Post-Traumatic Stress Disorder (PTSD)         | December 1, 2016| August 1, 2017  |
| Autism Spectrum Disorder                      | December 1, 2017| August 1, 2018  |
| Obstructive Sleep Apnea                       | December 1, 2017| August 1, 2018  |
| Alzheimer’s Disease                           | December 1, 2018| August 1, 2019  |
| Chronic Pain                                  | December 1, 2019| August 1, 2020  |

*Added under the authority of Laws 2014, chapter 311, section 20.

<table>
<thead>
<tr>
<th>Delivery Methods:</th>
<th>date approved</th>
<th>effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical Applications</td>
<td>December 1, 2016</td>
<td>August 1, 2017</td>
</tr>
<tr>
<td>Dissolvable oral update</td>
<td>December 1, 2019</td>
<td>August 1, 2020</td>
</tr>
<tr>
<td>Water-soluble cannabinoid multiparticulate</td>
<td>December 1, 2019</td>
<td>August 1, 2020</td>
</tr>
</tbody>
</table>

STATUTES

M.S. 152.22-152.37 Medical Cannabis Patient Registry Program
(https://www.revisor.mn.gov/statutes/?id=152.22)
Program: Health Protection

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

AT A GLANCE

Budget activities:
- Environmental Health
- Infectious Disease
- Public Health Laboratory
- Health Regulation

PURPOSE AND CONTEXT

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

Program: Health Protection
Activity: Environmental Health
https://www.health.state.mn.us/about/org/eh/index.html

AT A GLANCE

- Test drinking water at more than 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 24,000 establishments statewide.
- Certify 12,000 food managers and support 36,000 active food managers annually.
- Regulate the installation of 6,000 new wells and the sealing of 7,000 wells no longer in use annually.
- Promote healthy indoor environments and the reduction of unnecessary radiation exposure for over 11,000 facilities and individual contractors.

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, promote, and improve public health in Minnesota by monitoring and managing environmental health risks and hazards around the state 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

The Drinking Water Protection Program
- Ensures compliance with safe drinking water standards in more than 7,000 public drinking water systems through inspection, contaminant monitoring, technical assistance, and education.
- Promotes prevention-based protective measures of Minnesota’s ground and surface waters.
- Works collaboratively with other state agencies to protect water resources.

Food, Pools, and Lodging Services
- Ensures compliance with state health standards to ensure sanitary conditions in the state’s approximately 24,000 public swimming pools, hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas, and children’s camps.
- Provides public information, education, training, and assistance about safe food handling and hand-washing to the general public, business owners, and local government partners to reduce the risk of foodborne illness.

Environmental Surveillance and Assessment
- Evaluates potential health risks to the general public from exposures to toxic environmental hazards such as contaminated sport fish, waste disposal sites, operation of power plants, and agricultural and industrial activities. Recommends actions to minimize exposures and manage risks.
- Develops risk analysis data that is used by government agencies and others to protect the general public, ground water and source water from environmental risks.
• Designs and tests public health interventions intended to reduce the level of mercury and other contaminants in women of childbearing age and newborns, especially in the Lake Superior basin.
• Tests and reduces lead levels in children’s blood and promote healthy home environments.

**Indoor Environments and Radiation Programs**
• Inspect and provide compliance assistance in the areas of asbestos and lead abatement.
• Enforce the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
• Provide public information about the potential health effects of asbestos, lead, radon, mold, and other indoor air contaminants.
• Register, inspect, and provide technical assistance to all x-ray facilities and license the use of radioactive materials.
• Monitor radiation near Minnesota’s two nuclear power plants.
• Help local and state governmental agencies prepare for and respond to radiological emergencies and incidents.
• Help schools address indoor air quality concerns and other environmental health hazards.

**Well Management Program**
• Protects public health and groundwater resources by ensuring the proper construction, maintenance, and sealing of wells and borings.
• Contributes to interagency activities to protect water resources and public health through the Clean Water Fund by well sealing, and improving protection of those served by private wells.

**RESULTS**

Our Food, Pools and Lodging Services (FPLS) staff ensure compliance with state health standards in most places where the public eats, sleeps, or swims. We accomplish this in partnership with locally delegated inspection agencies. MDH licenses and regulates about half of the hospitality businesses across the state and provides training, guidance, and technical assistance to the 30 delegated partners that license and regulate the remaining businesses. The table below presents the quantity of licensing and regulatory activities conducted by FPLS. The data does not include activities conducted by delegated partners.

**Licensing and regulatory activities conducted by FPLS**

<table>
<thead>
<tr>
<th>Item</th>
<th>FY12</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td># of establishment licenses issued</td>
<td>11,222</td>
<td>15,147</td>
<td>15,175</td>
<td>15,639</td>
</tr>
<tr>
<td># of inspections conducted</td>
<td>14,074</td>
<td>16,469</td>
<td>16,386</td>
<td>17,460</td>
</tr>
<tr>
<td># of complaints investigated</td>
<td>Data not available</td>
<td>Data not available</td>
<td>1,036</td>
<td></td>
</tr>
<tr>
<td># of plans reviewed</td>
<td>516</td>
<td>513</td>
<td>601</td>
<td>736</td>
</tr>
<tr>
<td># of documents created/revise (fact sheets, forms and logs, guidance documents, construction guides)</td>
<td>Data not available</td>
<td>Data not available</td>
<td>Data not available</td>
<td>67</td>
</tr>
<tr>
<td># of people standardized</td>
<td>Data not available</td>
<td>15</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td># of certified food protection manager credentials issued</td>
<td>11,540</td>
<td>11,339</td>
<td>12,044</td>
<td>13,054</td>
</tr>
<tr>
<td># of registered sanitarian/registered environmental health specialist credentials issued</td>
<td>154</td>
<td>160</td>
<td>186</td>
<td>180</td>
</tr>
<tr>
<td># of statewide hospitality fee invoices issued</td>
<td>10,678</td>
<td>10,112</td>
<td>9,419</td>
<td>8,962</td>
</tr>
</tbody>
</table>
FPLS is required to inspect regulated businesses at a frequency established in statute. The frequency ranges from 12 to 24 months depending on a number of factors including size of an establishment, the presence of a swimming pool on the property, how the facility obtains its drinking water and the complexity of the establishments’ food preparation. One of the early metrics used by FPLS displayed the total number of establishments’ license with an overlay of the percentage of facilities that were overdue for their mandatory inspection on December 1 of each year. FPLS transitioned away from compiling this metric as the percent overdue approached zero but continue to monitor that data point in a new way. For calendar year 2019, 2.6% of facilities were overdue for inspection on December 1.

One important component of ensuring a safe and consistent food safety system is to ensure that staff are properly trained regardless of whether they work for MDH, a city, county, or multi-county community health board health department. FPLS devotes significant resources each year towards training state and delegated staff and the culmination of this training is known as standardization. This labor and time-intensive evaluation process ensures that inspection staff identify, document, and resolve risks during food safety inspections in a consistent manner. In 2017, FPLS p standardization as a priority across the state, with the goal of 50% staff – MDH and local – to be standardized by July 2020. Below is a chart that highlights FPLS’s efforts to standardize staff statewide. Internally, 77% of MDH staff were standardized as of June 30, 2019.
The percentage of MDH and delegated agency staff who are standardized almost doubled from July 2017 to April 2019. Only 5 delegated agencies do not have at least 1 standardized employee.

Our Drinking Water Protection staff track the current and projected number of public drinking water systems with health-based violations. The United States Environmental Protection Agency has identified this as an important measure and highlights work done by MDH, our partner community, and non-community water supplies to ensure safe drinking water. In addition to these high-level indicators, we also track frequency of specific health-based violations to monitor for trends in specific violations in community and non-community public water systems. For community systems, the number of facilities with a health-based violations represents about 1% of the total regulated community systems. For non-community systems, the number of facilities with a health-based violation represents about 0.2% of the total regulated community systems. Minnesota is among the national leaders when it comes to this measure, reporting over 99% of our community and non-community systems having zero health-based violations.
STATUTES:
M.R. 4620 Clean Indoor Air (https://www.revisor.mn.gov/rules/4620/)
M.S. 103I.005 Well Management (https://www.revisor.mn.gov/statutes/?id=103I.005)
M.S. 144.12, 144.122, 144.383, 446.081 Drinking Water Protection (https://www.revisor.mn.gov/statutes/?id=144)
M.S. 144.1222 Public Pools; Enclosed Sports Arenas (https://www.revisor.mn.gov/statutes/cite/144.1222)
M.S. 144.9502, M.R, 4717.8000 Environmental Surveillance and Assessment (https://www.revisor.mn.gov/statutes/?id=144.9502)
M.S. 144.9512, 144.1202, 144.412 Environmental Surveillance and Assessment (https://www.revisor.mn.gov/statutes/cite/144)
M.S. 157Food, 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)
AT A GLANCE

- Managed treatment for 172 new tuberculosis cases and evaluated 1,759 individuals exposed to tuberculosis in 2019.
- Conducted 207 Infection Control Assessment and Resource (ICAR) visits (172 virtual and 35 onsite visits).
- Tested 7,813 individuals for HIV and 99% received their test results and know their status in 2019.
- Investigated 950 cases of Lyme disease, 496 cases of anaplasmosis, and 49 cases of babesiosis in 2018.
- Investigated 1,107 cases of syphilis in 2019 and ensured treatment for 915.
- Coordinated programs to immunize the 70,000 infants born in Minnesota each year.
- Coordinated a program that provides free vaccines to one in every three children in Minnesota.
- Continued to work on a response to increases in hepatitis A and C, syphilis, and HIV that primarily impact persons experiencing homelessness and persons who use injection drugs.

PURPOSE AND CONTEXT

Infectious Disease, Epidemiology, Prevention, and Control 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.
- Recommend policy for detecting, preventing, or controlling infectious diseases.
- Coordinate with the health care and public health systems to prevent further transmission of diseases.
- Partner with other state agencies and local public health to prevent and control infectious disease.
- Provide access to vaccines and medications to prevent and treat infectious diseases.
- Provide advice to health care providers on diagnosis and management of emerging infectious diseases (e.g., Coronavirus, Ebola, and Zika).
- Evaluate the effectiveness of our infectious disease activities.

SERVICES PROVIDED

Prevention of infectious disease
- Alert health care providers and the public about outbreaks and how to prevent them from spreading.
- Manage tuberculosis treatment and provide medications for patients to prevent disease spread.
- Investigate health care 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.
- Distribute publicly purchased vaccines for children whose families cannot afford them.
- Provide leadership for the statewide immunization information system, which is used for coordinating mass vaccination for an emergency response (e.g., H1N1 and COVID-19).
- Conduct studies on infectious diseases of concern to the public and the medical community.
- Educate the public, especially high-risk populations, on disease testing, treatment, and prevention.
• Provide funding to local public health agencies and nonprofit organizations for infectious disease prevention activities.
• Prevent the spread of infectious disease, such as hepatitis C and HIV, by encouraging pharmacies to provide clean syringes without a prescription to injection drug users.
• Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.

Identify and investigate infectious disease threats
• Collect, analyze, and post daily COVID-19 data on testing, number of positive cases, hospitalizations, deaths.
• Maintain a 24/7 system to detect, investigate and control cases of infectious disease including emerging diseases, such as COVID-19, pandemic influenza, 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.

Mitigation of disease threats
• Enhance infection prevention and antibiotic stewardship by providing assessment and technical assistance to health care facilities.
• Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges.
• Alert the public where and when the risk of infectious disease is the greatest.

RESULTS

<table>
<thead>
<tr>
<th>Type of Measure</th>
<th>Name of Measure</th>
<th>Previous</th>
<th>Current</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results</td>
<td>Percent of foodborne disease outbreaks where the source was identified</td>
<td>60% or 24/40</td>
<td>63%* or 43/68</td>
<td>2017 2018</td>
</tr>
<tr>
<td>Results</td>
<td>Percent of people who received positive test results through MDH-funded HIV testing programs who were referred to care</td>
<td>87.87% or 29/33</td>
<td>53.33% or 24/45</td>
<td>2018 2019</td>
</tr>
<tr>
<td>Quality</td>
<td>Percent of early syphilis cases investigated for whom treatment was confirmed</td>
<td>96% or 560/581</td>
<td>95% or 720/755</td>
<td>2018 2019</td>
</tr>
<tr>
<td>Quality</td>
<td>Percent of eligible tuberculosis patients who complete therapy in 12 months</td>
<td>95.7% or 132/138</td>
<td>92.1% or 129/139</td>
<td>2017 2018</td>
</tr>
</tbody>
</table>

* This exceeds the national level of 43% in the same year as reported by CDC’s National Outbreak Reporting System.
STATUTES

M.S. 121A.15 (https://www.revisor.mn.gov/statutes/?id=121A.15)
M.S. 144.05 (https://www.revisor.mn.gov/statutes/?id=144.05)
M.S. 144.12 (https://www.revisor.mn.gov/statutes/?id=144.12)
M.S. 144.3351 (https://www.revisor.mn.gov/statutes/?id=144.3351)
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)
Program: Health Protection
Activity: Public Health Laboratory

health.state.mn.us/divs/phl/index.html

**AT A GLANCE**

- Provide testing for contaminants in the environment and to evaluate exposures to contaminants in people. In FY 2020, the lab received 41,563 samples and performed 111,313 analyses.
- Provide testing for viruses and other microbes that make people sick, as well as look for outbreaks related to food and water. In FY 2019, the lab performed 56,688 tests on 39,920 samples. In FY 2020, the lab performed 113,322 tests on 81,302 samples which include 40,187 COVID tests.
- Screen for rare disorders in newborn babies, including hearing loss and critical congenital heart disease. In FY2020 the lab screened 64,203 newborns for 61 rare treatable disorders.

**PURPOSE & CONTEXT**

The Public Health Laboratory provides many services that help keep Minnesotans safe, including:

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

We do this by collaborating with local, state and federal officials, public and private hospitals, laboratories, and other entities throughout the state.

**SERVICES PROVIDED**

**We test environmental samples for chemical, bacterial and radiological contaminants.**

- Test drinking and non-drinking water for various compounds that can be hazardous to human health and our environment. We analyze an average of about 4,300 drinking water samples for Coliform/E. coli bacteria per year with several hundred positive results.
- Develop methods to test potentially harmful chemicals in human samples to help make the connection between an environmental hazard and human exposure including drugs of abuse and other emerging public health threats (e.g., lung injuries associated with vaping).
- 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.

**We test samples for rare and common infectious diseases.**

- Test to identify disease-causing microbes including flu, parasites and other things that make people sick. We also test for rare and/or emerging threats such as COVID, rabies, Ebola, and Zika virus.
- Perform DNA fingerprinting to identify outbreaks caused by exposure to contaminated food and water.
- Conduct specialized tests to determine if a microbe is resistant to antibiotics and figure out how it has become resistant, to estimate how well vaccines work, or to determine why some germs cause more severe disease.
• Report results to public health and health care professionals, who then offer treatment and stop the spread of disease-causing microbes.
• Ensure quick discovery and control of outbreaks to minimize the spread of illness.

We screen newborns for treatable conditions.
• Screen all Minnesota newborns for 61 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
• Ensure that treatable disorders are detected and babies receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for these babies and their parents.
• Educate Minnesota’s new and expectant parents and medical providers about newborn screening.

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 be able to recognize and report possible agents of chemical, disease and other public health threats.
• Prepare to offer services in response 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).
• Develop and maintain new testing methods to identify potentially harmful agents.

RESULTS

Percent of environmental samples tested and reported to partners within specified timeframe

Turnaround times, i.e. the time it takes to test a sample and report the results, ensures that our program partners receive timely information to make decisions about what actions they need to take to protect public health. This graph shows the percent of time the laboratory is able to meet the expected turnaround time. Reliable and timely reporting of testing helps state programs assure the quality and safety of water that Minnesotans use for drinking, swimming, and fishing.
MDH uses whole genome sequencing to identify cases of *Salmonella* that are genetically closely related (also known as clusters. MDH epidemiologists interview the cases to determine if they have a common exposure to identify the source of the illness. Identifying the source of illness and establishing preventive measure is critical to preventing additional cases of illness. MDH continues to enhance test methods to find more clusters and prevent illness.

Collecting newborn screening samples within 48 hours of birth helps reduce the time needed to identify infants at risk for newborn screening disorders. The sooner identification occurs, the sooner medical actions can happen for infants identified with disorders on the screening panel. Early actions result in better health outcomes. Minnesota has exceeded the national benchmark for all quarters reported.
M.S. 144.05 General Duties of the Commissioner (https://www.revisor.mn.gov/statutes/?id=144.05)
M.S. 144.123 Fees for diagnostic laboratory services (https://www.revisor.mn.gov/statutes/?id=144.123)
M.S. 144.125 Tests of Infants for Heritable & Congenital Disorders (https://www.revisor.mn.gov/statutes/?id=144.125)
M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD) (https://www.revisor.mn.gov/statutes/?id=144.1251)
M.S. 144.1255 Newborn Screening Advisor Committee (https://www.revisor.mn.gov/statutes/cite/144.1255)
M.S. 144.128 Commissioner’s Duties (Newborn Screening) (https://www.revisor.mn.gov/statutes/?id=144.128)
M.S. 144.192 Treatment of Biological Specimens and Health Data (https://www.revisor.mn.gov/statutes/?id=144.192)
M.S. 144.193 Inventory of Biological and Health Data (https://www.revisor.mn.gov/statutes/?id=144.193)
M.S. 144.966 Early Hearing Detection (https://www.revisor.mn.gov/statutes/?id=144.966)
M.S. 144.99 Enforcement (https://www.revisor.mn.gov/statutes/?id=144.99)
Minnesota Rules Chapter 4605 Communicable Diseases (https://www.revisor.mn.gov/rules/?id=4605)
Minnesota Rules 4615.0400 Definitions (https://www.revisor.mn.gov/rules/?id=4615.0400)
Health  Budget Activity Narrative

Program:  Health Protection  
Activity: Health Regulation

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

**AT A GLANCE**

- Monitor 4,200 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 6,700 health professionals.
- Enforce interagency agreement with the Department of Human Services who conducts 130,000 criminal background checks for healthcare workers at facilities that MDH regulates.
- Maintain a registry of more than 60,000 nursing assistants.
- Inspect 560 funeral establishments and license 1,150 morticians.
- Process more than 1 million, and audit more than 8,000, federal nursing home resident health assessments to ensure accurate submission, completion, and billing for services.
- Review plans and inspect approximately 240 healthcare construction projects per year with total construction costs over $500 million.
- Register more than 3,400 spoken language health interpreters.

**PURPOSE & CONTEXT**

Health Regulation staff at MDH perform various regulatory activities, 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.

We regulate 40 different types of providers and organizations including healthcare facilities, health professions, and body artists and piercers. Our regulatory activities protect Minnesotans from before birth, such as our doula registry program, to after death, such as our oversight of morticians and funeral establishments. We have 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 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. We are working towards implementation of an integrated Assisted Living license that will provide regulatory oversight of the housing and services under a single license. The new license will provide more comprehensive oversight of both and offer greater protections to the residents living in these facilities.
SERVICES PROVIDED

Licensing and Certification
- Evaluate license, registration or federal certification submissions from applicants contain the minimum requirements so that all providers meet the same minimum qualifications and are qualified to practice.
- Ensure that fire and safety inspections are conducted and that health facilities meet the physical plant requirements that protect the health and safety of patients and residents.
- Review funeral service providers to ensure that pre-need funds paid by families are protected and available to pay for services when needed.
- Regulate body art establishments and technicians to prevent blood borne infections.
- Conduct audits of federally certified nursing homes to ensure they are accurately completing the resident health assessment and billing Medicaid appropriately for services provided.

<table>
<thead>
<tr>
<th>Full Home Care Surveys Completed within 3-years of Licensing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers Eligible for Survey</td>
</tr>
<tr>
<td>2015</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>36</td>
</tr>
<tr>
<td>% Providers with full Survey completed within 3 years</td>
</tr>
<tr>
<td>8%</td>
</tr>
</tbody>
</table>

Complaints, Investigations, and Enforcement
- Respond to thousands of citizen calls each year, investigate complaints and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws.
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and Maltreatment of Minors Acts.
- Verify that health facilities have properly taken steps to protect residents in the event of emergencies, such as fire, tornadoes, floods and health provider strikes.

<table>
<thead>
<tr>
<th>MDH maltreatment investigation timeliness, FY 2017-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation Timeliness</td>
</tr>
<tr>
<td>FY 2017</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Investigations</td>
</tr>
<tr>
<td>Total Completed Within 60 Days</td>
</tr>
<tr>
<td>Average Days to Complete</td>
</tr>
<tr>
<td>Percent On Time</td>
</tr>
</tbody>
</table>

RESULTS

<table>
<thead>
<tr>
<th>Type of Measure</th>
<th>Name of Measure</th>
<th>Previous</th>
<th>Current</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>Federal standard: inspect each nursing home at least every 15.9 months</td>
<td>100%</td>
<td>100%</td>
<td>FY 2018* FY 2019*</td>
</tr>
<tr>
<td>Quantity</td>
<td>Inspect each temporary home care license within the first twelve months</td>
<td>100%</td>
<td>100%</td>
<td>FY 2017 FY 2018</td>
</tr>
<tr>
<td>Quantity</td>
<td>Inspect each licensed home care provider at least once every three years</td>
<td>29%</td>
<td>30%</td>
<td>FY 2017 FY 2018</td>
</tr>
<tr>
<td>Quality</td>
<td>Enforcement Actions (licenses denied or issued with conditions)</td>
<td>3</td>
<td>26</td>
<td>FY 2017 FY 2018</td>
</tr>
</tbody>
</table>

* is measured for the federal fiscal year period from October 1 to September 30 of the following year.
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/?id=144.058)
M.S. 144.0724 (and 256B.438) Case mix (https://www.revisor.mn.gov/statutes/?id=144.0724)
M.S. 144A.43 Home care (144A.43-144A.44; 144A.471-144A.4798; 144A.481; 626.556-626.5572) (https://www.revisor.mn.gov/statutes/?id=144A.43)
M.S. 144A.46 Office health facility complaints (https://www.revisor.mn.gov/statutes/?id=144A.46)
M.S. 144D Housing with services establishment (https://www.revisor.mn.gov/statutes/cite/144D)
M.S. 144G.01-144G.07 Assisted living (https://www.revisor.mn.gov/statutes/cite/144G)
M.S. 146A Complementary and alternative health care practices (https://www.revisor.mn.gov/statutes/?id=146A)
M.S. 146B Body Art (https://www.revisor.mn.gov/statutes/?id=146B)
M.S. 148.6401 Occupational therapists and assistants (https://www.revisor.mn.gov/statutes/?id=148.6401)
M.S. 148.995 Doula registry (https://www.revisor.mn.gov/statutes/?id=148.995)
M.S. 149A Mortuary science; disposition of dead bodies (https://www.revisor.mn.gov/statutes/?id=149A)
M.S. 153A Hearing instrument dispensing (https://www.revisor.mn.gov/statutes/?id=153A)
AT A GLANCE

Budget activity:
- Health Operations

PURPOSE AND CONTEXT

Minnesota’s public health system is known as one of the best in the nation. It is built upon a strong partnership between the Minnesota Department of Health, local public health agencies, tribal governments, and a range of other organizations. Health Operations provides overall vision and strategic leadership to achieve our mission and create effective public health policy and practice in Minnesota.
AT A GLANCE

- Manage 10 facilities including two St. Paul office locations, seven regional district offices, and one public health laboratory.
- Provide human resource services to over 1,532 full-time equivalent staff.
- Provide information technology services support for 250 software applications, 256 servers, and 2,070 users.
- Process 25,800 payment transactions, 2,481 grant agreements, and 575 contracts for MDH programs.
- Prepare 45 separate legislatively mandated reports.
- Receive 2,175 media inquiries and millions of website visitors.

PURPOSE AND CONTEXT

We provide 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 tools. We carry out our mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans.

SERVICES PROVIDED

**Business Innovation and Support** staff provide management of physical property, a framework for results-based accountability, project management services for process improvement, and strategic direction for data systems interoperability. Facility management includes 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.

**Communications** staff ensure that accurate, timely, and clear information on a wide range of public health topics is shared with the public, with a special focus on coordinating public awareness and outreach related to emerging public health concerns.

**Financial Management** staff provide stewardship of MDH financial resources through budget planning, centralized accounting and procurement services, oversight of cash management, and fiscal reporting for federal grants.

**Human Resource Management** staff provide strategic personnel management and workforce development, manage employee and labor relations, administer benefits and payroll, and coordinate training programs.

**Diversity and Inclusion** staff promote an inclusive workplace with equal opportunity and affirmative action programs.

**Internal Audit** staff provide independent, objective assurance to MDH management over a variety of financial and compliance matters.
Legal Services staff provide in-house counsel capacity and overall direction for rulemaking and regulatory compliance at the department.

Legislative Relations staff coordinate state legislative activities and monitor 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.

MDH works in partnership with MN.IT to manage our information technology resources and ensure that technology meets our business needs. MN.IT staff at MDH provide technical expertise for systems planning and development, ensure data system security, and manage our communication and technology infrastructure.

RESULTS

Improving department performance on the sustainability of operations
MDH is working to achieve shared sustainability goals established by governor’s office. Since 2017, the department is closer to achieving the 2030 goal of a 75% combined composting and recycling rate of solid waste in all of its buildings. In 2019, the department’s solid waste diversion rate was 71%, just short of the long-term goal level. The department is also making progress to reduce its fuel consumption use by 2027 by 30% compared to 2017 baseline levels. By replacing existing vehicles more fuel-efficient options, the department lowered its use of fossil fuels from 66,513 gallons in 2017 to 60,348 in 2019, for a 9% reduction.

Increase in the number of grantee organizations
MDH offers a wide variety of grant opportunities to counties, non-profits, schools, community organizations, and others. The number of organizations receiving an MDH grant each year averaged 527 between fiscal year 2016 and 2019. In fiscal year 2020, 1,186 organizations received an MDH grant, which is 2.4 times greater than the previous year. The recent increase is largely attributable to new legislative appropriations and additional grant opportunities for pandemic preparedness and response.
Providing information for partners, providers, and the public

The MDH website ([www.health.state.mn.us](http://www.health.state.mn.us)) includes specific content for the public, health providers, partners, and community organizations. People who visit the website obtain information about public health topics and learn about how they are served by MDH programs. From fiscal year 2016 to 2019, the MDH website has had an average of 14.3 million visits per year. In fiscal year 2020, the number of visits increased 4.5 times from the prior fiscal year, to 60 million visits.

STATUTES:
M.S. 144 ([https://www.revisor.leg.state.mn.us/statutes/?id=144](https://www.revisor.leg.state.mn.us/statutes/?id=144))
M.S. 145 ([https://www.revisor.leg.state.mn.us/statutes/?id=145](https://www.revisor.leg.state.mn.us/statutes/?id=145))
M.S. 145A ([https://www.revisor.leg.state.mn.us/statutes/?id=145A](https://www.revisor.leg.state.mn.us/statutes/?id=145A))
M.S. 62J ([https://www.revisor.leg.state.mn.us/statutes/?id=62J](https://www.revisor.leg.state.mn.us/statutes/?id=62J))