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2014-15 Revised Budget - Health Dept

Health

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

Agency Profile

Mission:

To protect, maintain and improve the health of all Minnesotans..

Statewide Outcome(s):

The Minnesota Department of Health (MDH) supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

People in Minnesota are safe.

A clean, healthy environment with sustainable uses of natural resources.

Efficient and accountable government services.

Context:

MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases and promote clean water, safe food, quality health care and healthy living. The department also plays a significant role in making sure that Minnesota is ready to effectively respond to serious emergencies, such as natural disasters, emerging disease threats and terrorism. The department carries out its mission in close partnership with local public health departments, tribal governments, the federal government, foreign countries and many health-related organizations. The department's priorities are to make Minnesota a place where communities support healthy living, and the health system is prepared to prevent poor health as well as to treat illness. Advancing those priorities requires enhancing public health capacity at the state and local levels, eliminating the significant disparities in health between different racial and cultural groups, giving children a healthy start in life, and adopting health reforms that focus on prevention and primary care as well as a better integration of medical care, public health and other needed services.

Much of Minnesota's state and local public health services are funded by the federal government. More than half of MDH funding comes from federal sources. Less than one-fifth of the budget for MDH is supported by state tax dollars through the general fund, the cigarette tax, or the health care access fund. The remaining budget comes from private grants and fees for licenses and inspections.

Strategies:

MDH's Strategic Plan has six framework goals which focus on preventing health problems before they occur. Embedded in each strategy is the overarching goal of eliminating health disparities and achieving health equity.

- **Prevent the occurrence and spread of diseases:** to ensure that individuals and organizations in Minnesota understand how to prevent diseases and practice disease prevention and disease threats are swiftly detected and contained.
- **Prepare for and respond to disasters and emergencies:** to ensure that emergencies are rapidly identified and evaluated, resources for emergency response are readily mobilized and Minnesota's emergency planning and response protects and restores health.
- **Make physical environments safe and healthy:** to ensure that Minnesotans' food and drinking water is safe, Minnesota's air, water and soils are safe and non-toxic, and the built environment in Minnesota supports safe and healthy living for all.
- **Help all people get quality health care services:** to ensure that health care in Minnesota is safe, family and patient-centered, effective and coordinated; that health care services are available throughout Minnesota and that all Minnesotans have affordable coverage for the health care they need.

- **Promote health throughout the lifespan:** to ensure that all Minnesotans are given a healthy start in life, Minnesotans make healthy choices and Minnesotans create social environments that support safe and healthy living at all ages.
- **Assure strong systems for health:** to ensure that Minnesota's infrastructure for health is strong, people-centered and continues to improve, that Minnesota's health systems are transparent, accountable and engage many diverse partners and that government policies and programs support health.

More information about these framework goals can be found at: http://www.health.state.mn.us/about/goals.pdf

Measuring Success:

MDH first identifies high priority health issues by measuring health outcomes for the entire population and for targeted subgroups. Then, MDH uses scientific data and methods available to guide programs and policies that most effectively promote the health of all Minnesotans. By relying on evidence-based strategies, MDH can generate the greatest return on the state's investment in public health.

The significant return on investment for public health programs is well-documented. The average lifespan of persons in the United States has increased by more than 30 years since 1900, and 25 years of this gain is attributable to advances in public health. Further, a person's health is largely determined by healthy behaviors (50 percent), genetics (20 percent), the environment (20 percent), and access to appropriate care (ten percent). Yet, 88 percent of our national health-related expenditures are targeted at medical services and only four percent is targeted at supporting healthy behaviors. Compared to other industrialized countries, the United States spends twice the per capita average on health care yet lags behind other countries in life expectancy and productivity loss. Therefore, targeting investments more toward programs that promote healthy behaviors, reduce environmental health risks, and improve access to quality health care will yield the highest impact on Minnesotans' health.

Each program at MDH measures specific health outcomes for Minnesotans and the effectiveness of MDH's efforts to improve those outcomes. In addition, there are a few composite measures that show whether Minnesotans' overall health is improving. For example:

- Minnesota has long been considered one of the healthiest states in the nation, but the state's health ranking has been falling relative to other states in recent years. Minnesota was consistently first or second in the nation for overall health from 1999 to 2006, but the state's ranking has dropped steadily since then, landing at sixth place in 2011. Minnesota's ranking is dropping because of declines in the factors that predict future health outcomes, such as obesity, poverty, and immunization rates—which means the state's overall health ranking can be expected to decline further in the future without major interventions (America's Health Rankings, United Health Foundation, 2011).

- Between 2010 and 2012, Hennepin County's health outcomes ranking dropped from 52nd to 42nd and Dakota County's health factors ranking dropped from second to sixth relative to other Minnesota counties, demonstrating that some of our largest and most diverse counties are struggling to keep pace with demographic shifts and factors like obesity and lack of physical activity, which lead to a variety of poor health outcomes (County Health Rankings, University of Wisconsin, 2012).

Although these measures do not reflect the diversity of public health issues and programming, and many factors affecting health are outside the control of MDH and its partners, these measures are still a useful gauge of whether Minnesota is moving in the right direction. These measures reflect that while significant progress has been made, significant challenges remain in improving the health of all Minnesotans.

Health

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$144,137	$386,792	$496,299	$1,027,228
Current Law Expenditures (FY 2014-15)	$148,701	$396,692	$488,844	$1,034,237
Governor's Recommended Expenditures (FY2014-15)	$150,501	$480,452	$488,844	$1,119,797
$ Change from FY 2014-15 Current Law to Governor's Rec	$1,800	$83,760	$0	$85,560
% Change from FY 2014-15 Current Law to Governor's Rec	1%	21%	0%	8%

Health
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
BALANCE FORWARD IN		$124		$124
REVENUE	$0	$273,791	$488,842	$762,634
TRANSFERS IN		$36,662		$36,662
APPROPRIATION	$150,521	$177,794	$0	$328,315
SOURCES OF FUNDS	**$150,521**	**$488,371**	**$488,842**	**$1,127,735**
BALANCE FORWARD OUT		$124		$124
TRANSFERS OUT	$20	$7,798		$7,818
EXPENDITURES	$150,501	$480,452	$488,844	$1,119,797
PAYROLL EXPENSE	$24,095	$116,413	$70,212	$210,720
OPERATING EXPENSES	$27,742	$161,450	$77,965	$267,156
OTHER FINANCIAL TRANSACTIONS	$2,123	$74	$2,357	$4,554
GRANTS, AIDS AND SUBSIDIES	$96,541	$202,428	$338,311	$637,280
CAPITAL OUTLAY-REAL PROPERTY		$87		$87
USES OF FUNDS	**$150,521**	**$488,374**	**$488,844**	**$1,127,739**

Health

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

Increase funding for Statewide Health Improvement Program (SHIP)

The Governor recommends funding to implement strategies that support healthier choices through the Statewide Health Improvement Program (SHIP). Strategies will focus on community level practices to improve health by changing behaviors to prevent chronic diseases before they start. SHIP will focus on four everyday behaviors: lack of exercise, poor nutrition, tobacco use, and excessive alcohol consumption. In partnership with businesses, schools, and local governments, this increased funding will allow the program to have a broader statewide reach and will help the state move more rapidly towards achieving statewide health improvement goals.

Performance Measures:
This change is expected to increase healthy eating in adults and children; increase physical activity in adults and children; reduce the percentage of adults who are overweight or obese; and reduce smoking rates in young adults

Other Funds	Expenditure	20,000	20,000	40,000	20,000	20,000	40,000
	Net Change	**20,000**	**20,000**	**40,000**	**20,000**	**20,000**	**40,000**

Increase Core Public Health Activities

The Governor recommends funding for four core public health activities. This funding will (1) support a Healthy Homes initiative by increasing state support for lead surveillance; (2) increase investments in the public health lab to maintain and expand its capacity to rapidly and accurately identify public health threats in the state; (3) develop a second-generation statewide cancer data collection system that will meet changing state and federal requirements and provide more detailed cancer information at the local level; and (4) provide specialized expertise to local health departments to ensure all Minnesotans have access to world-class public health services at reasonable cost regardless of where they live. These changes will focus on the factors that are the most significant determinants of a person's health, those which occur upstream from medical interventions.

Performance Measures:
This change is expected to maintain the number of children screened for elevated blood lead levels. It will also enable the state to continue to meet national standards of performance for state cancer registries and increase the proportion of cancer reports received electronically. This change will also increase access to public health services in greater Minnesota.

General Fund	Expenditure	1,000	1,000	2,000	1,000	1,000	2,000
	Net Change	**1,000**	**1,000**	**2,000**	**1,000**	**1,000**	**2,000**

Lead Abatement Enforcement Penalty

The Governor recommends implementing a $5,000 per day penalty to be assessed against those in violation of lead paint abatement regulations. This statutorily defined penalty is a requirement of the federal Environmental Protection Agency (EPA).

Performance Measures:
This change is expected to improve compliance with lead abatement standards, which in turn will reduce lead exposure. This will be measured by the number of rule violations and enforcement actions taken related to lead abatement.

Other Funds	Expenditure	0	0	0	0	0	0
Other Funds	Revenue	0	0	0	0	0	0
	Net Change	**0**	**0**	**0**	**0**	**0**	**0**

Health

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

Health Care Facility Blueprint Review

The Governor recommends creating a new fee to recover the cost of reviewing blueprints prior to construction or renovation projects involving health care facilities. These reviews will ensure that health and Life Safety Code building standards are met. These fees will be based on the project cost, and will allow the department to better recover actual costs incurred.

Performance Measures:
As a result of this change, the actual costs of these activities will be better recovered through fees.

Other Funds	Revenue	390	390	780	390	390	780
	Net Change	**(390)**	**(390)**	**(780)**	**(390)**	**(390)**	**(780)**

Protecting Groundwater from Geothermal Heat Systems

The Governor recommends closing a loophole in the current regulation of geothermal heat systems. State law requires geothermal systems to be installed by licensed professionals who use approved materials and methods. However, changes in technology have created a legal loophole that allows contractors to avoid state standards if they install geothermal systems in angled rather than vertical holes in the ground. This is problematic because when geothermal heat systems are installed incorrectly, they can contaminate groundwater and drinking water. This proposal would clarify state law to close the loophole and extend the current fees for vertical installations to angled installations.

Performance Measures:
This change is expected to help ensure the quality of all wells and borings (including geothermal heat systems) constructed in the state by increasing the percentage that are regulated.

Other Funds	Expenditure	152	149	301	149	149	298
Other Funds	Revenue	150	150	300	150	150	300
	Net Change	**2**	**(1)**	**1**	**(1)**	**(1)**	**(2)**

Strengthen Newborn Screening Program

The Governor recommends strengthening the newborn screening program by adding new tests to the screening program for infants. This change will also require a fee increase. This increase will enable the program to test for two additional congenital conditions - Severe Combined Immunodeficiency Disease (SCID) and Critical Congenital Heart Defects (CCHD) - that affect approximately 100 infants annually in Minnesota. Educational efforts to health care providers will also be increased.

Performance Measures:
The goal of this proposal is to increase the number of children with a congenital or hereditary disorder that are identified early enough in life to improve medical outcomes. This will be measured by the number of affected children found through the Newborn Screening System.

Other Funds	Expenditure	2,148	2,154	4,302	2,160	2,166	4,326
Other Funds	Revenue	2,300	2,450	4,750	2,460	2,504	4,964
	Net Change	**(152)**	**(296)**	**(448)**	**(300)**	**(338)**	**(638)**

Health

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

Cost Recovery for Lab Testing

The Governor recommends a change to statute that will allow the agency to negotiate rates and contracts for lab testing to better recover their actual costs. This proposal impacts the public health lab's enterprise operations, which is funded by fees, and does not impact general fund lab activities. The goal of this change is to allow for better cost recovery of actual testing costs incurred by the clinical lab.

Performance Measures:
This change is expected to help ensure that testing services remain available. The number of diagnostic tests completed by the Infectious Disease Lab will be used as a measure of success.

Other Funds	Expenditure	153	153	306	153	153	306
Other Funds	Revenue	160	160	320	160	160	320
	Net Change	**(7)**	**(7)**	**(14)**	**(7)**	**(7)**	**(14)**

Environmental Lab Accreditation Program

The Governor recommends a change to statutory language regarding environmental lab accreditation. This change will establish partnerships with individuals, organizations, and other state agencies - for example, the Minnesota Pollution Control Agency - to perform more efficient assessments of environmental laboratories, thereby reducing overall costs for regulated entities.

Performance Measures:
The goal of this change is to increase efficiency while maintaining the quality of environmental labs in Minnesota at a lower cost.

Other Funds	Expenditure	(290)	(290)	(580)	(290)	(275)	(565)
Other Funds	Revenue	(290)	(290)	(580)	(290)	(290)	(580)
	Net Change	**0**	**0**	**0**	**0**	**15**	**15**

Home Health Care Licensing Reform - Revised

The Governor recommends streamlining the current licensing system for Home Health Care providers, and restructuring the fees paid by these providers. These changes will include simplifying the system by reducing the number of license types from four to two. Changes will also include requirements for on-site inspections of newly licensed providers to ensure compliance, and will also increase the frequency of inspections once a provider's license is established. These changes are the result of the department's work with the Homecare Regulatory Framework Work Group.

Performance Measures:
This change is expected to result in improved health and safety for clients of home health care services. An increased number of inspections will be used as one way to measure success.

Other Funds	Expenditure	2,589	2,508	5,097	2,508	2,508	5,016
Other Funds	Revenue	1,639	2,415	4,054	2,571	2,728	5,299
	Net Change	**950**	**93**	**1,043**	**(63)**	**(220)**	**(283)**

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

Assistance for Well Sealing Activities

The Governor recommends continued funding to support well sealing activities. Well sealing can be very expensive for a private well owner to undertake, which deters owners from sealing wells properly. Minnesota has an estimated 500,000 unused, unsealed wells. These funds will help ensure that wells are sealed properly.

Performance Measures:
This change will help maintain safe drinking water for all Minnesotans. This is expected to be accomplished by reducing the number of unused, unsealed wells in the state.

Other Funds	Expenditure	250	250	500	0	0	0
	Net Change	**250**	**250**	**500**	**0**	**0**	**0**

Water Contaminants of Emerging Concern

The Governor recommends funding to assess the potential health effects of contaminants of emergency concern (CECs). CECs can include pharmaceuticals, personal care products, and industrial chemicals. This funding will support research to determine the levels at which these chemicals pose a health risk, provide information to government agencies working to control exposure, and educate the public on how to keep CECs out of drinking water. Funding will also support laboratory capacity for analyzing new chemicals, and will provide grants to community-based organizations for outreach and education.

Performance Measures:
This change will help maintain safe drinking water for all Minnesotans. This will be accomplished by increasing the number of contaminants of emerging concern that are identified, tracked, and monitored.

Other Funds	Expenditure	1,170	1,170	2,340	0	0	0
	Net Change	**1,170**	**1,170**	**2,340**	**0**	**0**	**0**

Source Water Protection

The Governor recommends funding to assist those local communities that use groundwater for drinking to develop and implement source water protection plans. These plans reduce risks associated with land and water uses that may contaminate public drinking water. This funding will accelerate progress toward the goal of all 935 community water supply systems implementing a source water protection plan by 2020.

Performance Measures:
This change will help maintain safe drinking water for all Minnesotans. This will be accomplished by having source water protection plans in place for all 935 community water suppliers that use groundwater by the year 2020.

Other Funds	Expenditure	1,615	1,615	3,230	0	0	0
	Net Change	**1,615**	**1,615**	**3,230**	**0**	**0**	**0**

Health

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

Upgrade County Well Index

The Governor recommends funding to improve data accuracy, expand public access, and incorporate new datasets into the County Well Index. This database is the only source of water well construction records and associated geologic information that is readily available to both the public and private sectors. Activities funded by this change will build on work already completed to update the technology infrastructure, eliminate a backlog in entering well records, and develop user requirements for the system.

Performance Measures:
This change will help maintain safe drinking water for all Minnesotans. This will be achieved by eliminating the backlog of well records and updating current records to eliminate errors and better reflect subsurface conditions.

Other Funds	Expenditure	390	390	780	0	0	0
	Net Change	**390**	**390**	**780**	**0**	**0**	**0**

Private Well Protection

The Governor recommends funding for a study of private well water quality. Guidance will be developed for well contractors to ensure that new well placement and construction minimizes potential risks to well owners. Education and outreach efforts will be developed to increase the capacity of owners to identify and address potential well issues and ensure safe drinking water for their families.

Performance Measures:
This change will help maintain safe drinking water for all Minnesotans. This will be achieved by studying and identifying the magnitude of contaminants in private wells.

Other Funds	Expenditure	325	325	650	0	0	0
	Net Change	**325**	**325**	**650**	**0**	**0**	**0**

Lake Superior Beach Monitoring

The Governor recommends funding to monitor and evaluate the swimming beaches along Lake Superior. 80 beaches will be evaluated, and based on the results, 40 beaches will be selected for further monitoring. The information gathered will be used to inform the public, determine sources of bacterial contamination, and address polluted runoff from improper waste disposal.

Performance Measures:
This proposal is expected to increase awareness of health hazards at beaches. This goal will be measured by the increase of notices issued regarding the safety of beaches.

Other Funds	Expenditure	105	105	210	0	0	0
	Net Change	**105**	**105**	**210**	**0**	**0**	**0**

Health

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

Rent Savings

The Governor recommends relocating some department staff in order to reduce the rent costs of the department.

Performance Measures:
This proposal provides savings to the overall budget solution through agency efficiencies.

General Fund	Expenditure	(100)	(100)	(200)	(100)	(100)	(200)
	Net Change	**(100)**	**(100)**	**(200)**	**(100)**	**(100)**	**(200)**

Modify Mortuary Science Regulations - Revised

The Governor recommends two regulatory changes regarding the practice of mortuary science. The first change is to establish regulations for new, alkaline based cremation techniques. The second change will modify current regulations to eliminate the requirement that all funeral homes have an embalming room. Instead, funeral homes will be allowed to have branch locations that do not have an embalming room on site.

Performance Measures:
As a result of this change, it is expected that owners of multiple funeral homes may operate more efficiently through centralizing operations. Also there will be added clarity of requirements for this new alkaline option for final disposition. To measure these changes, the number of branch locations which do not maintain their embalming rooms will be tracked; in addition, feedback will be sought from alkaline hydrolysis facilities to determine if the new regulations have added clarity to the requirements.

Other Funds	Expenditure	6	4	10	4	2	6
Other Funds	Revenue	6	4	10	4	2	6
	Net Change	**0**	**0**	**0**	**0**	**0**	**0**

Environmental Health Risk - Revised

The Governor recommends a collaboration between the Minnesota Pollution Control Agency (MPCA) and the Minnesota Department of Health (MDH) to investigate asthma incidence rates in the metro area and mercury levels detected in children. This item reflects a transfer from MPCA to MDH to fund this collaborative effort.

Performance Measures:
The agencies will use investigative tools to better understand asthma incidences and their relationship to air quality, and mercury levels found in children. The ultimate goal is to reduce environmental exposure and engage in preventative steps.

Other Funds	Expenditure	499	499	998	499	499	998
Other Funds	Transfers In	499	499	998	499	499	998
	Net Change	**0**	**0**	**0**	**0**	**0**	**0**

Health

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium

PMAP MERC Investment - Corrected

The Governor continues to recommend an increase to the PMAP MERC funding. This change does not alter the original proposal, but corrects for the transfer of funds and increased federal match generated by the investment in PMAP MERC funding which was erroneously omitted in the Governor's original budget.

Performance Measures:

The Medical Education and Research Costs Fund investment offsets lost patient care revenue for teaching institutions engaged in clinical training key to the health and economic well-being of Minnesotans.

Other Funds	Expenditure	12,808	12,808	25,616	12,808	12,808	25,616
Other Funds	Revenue	12,808	12,808	25,616	12,808	12,808	25,616
	Net Change	**0**	**0**	**0**	**0**	**0**	**0**
Net All Change Items	General Fund	900	900	1,800	900	900	1,800
	Other Funds	24,258	23,254	47,512	19,239	19,059	38,298
	Net Change	**25,158**	**24,154**	**49,312**	**20,139**	**19,959**	**40,098**

Health
All Funds FTE by Program - Rev

Program	Current FY 2013	Forecast Base FY 2015	Governor's Revised FY 2015
Program: Health Improvement	268.2	261.3	280.8
Program: Policy Quality & Compliance	288.8	288.8	306.8
Program: Health Protection	564.2	548.1	573.1
Program: Administrative Support Service	150.5	150.5	150.5
Health	1,271.7	1,248.7	1,311.2

Health
Revenue Summary
(Dollars in Thousands)

		Biennium FY14-15			
		General Fund	**Other State Funds**	**Federal Funds**	**All Funds**
Non Dedicated	DEPARTMENTAL EARNINGS	1,628	90,352		91,980
	ALL OTHER	424	52		476
	Subtotal	2,052	90,404		92,456
Dedicated	FEDERAL GRANTS		1,359	488,842	490,202
	DEPARTMENTAL EARNINGS		600		600
	ALL OTHER	0	271,832	0	271,832
	Subtotal	0	273,791	488,842	762,634
	Total	**2,052**	**364,195**	**488,842**	**855,090**

Health
Community and Family Health
http://www.health.state.mn.us/divs/cfh/connect

Statewide Outcome(s):

Community and Family Health Division supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

The Community and Family Health Division works to protect and improve the health of families. It is focused on making sure that infants have a healthy start in life and that children are ready for school. It supports families in their efforts to provide stability, good food and safe homes for their children. It monitors birth defects and serves families who have children with special health needs, such as heart defects, cerebral palsy, or children with developmental delays in their ability to learn, speak, or play. It helps families access public health, primary care providers and community resources. The Community and Family Health Division helps these children grow and thrive at home, in school, and as they enter their adult lives.

In addition, the division strives to lower health care costs and improve the quality of life for children and adults with diabetes, heart disease, depression, or other chronic or disabling conditions. The division works with primary care clinics in adopting the health care home model, which is a team approach to primary care that is an effective way to improve patient experience, improve health and reduce costs.

Historically, Minnesota has scored at the top of family health measures. This success has masked the fact that families with less money, American Indian families, and those from populations of color consistently have had less opportunity for health in Minnesota and have experienced worse health outcomes. This is a pressing challenge for Minnesota, as the state becomes more diverse. This year about 30 percent of Minnesota's children under age 5 come from communities of color and, in the last five years, the number of children living in poverty in our state has increased by 25 percent.

In summary, the division works to impact those factors which best predict a child's success, such as getting a healthy start at birth, thriving in the early years, doing well in school, avoiding teen pregnancy and substance abuse, staying out of trouble, and becoming connected to their community. The division does much of its work through partnerships with local public health, tribal governments, community groups and health care providers. Its efforts are supported mostly by federal funds, with only about 16 percent of funds coming from state taxes and fees.

Strategies:

The division contributes to the statewide outcome in the following ways.

- Managing the Woman, Infants and Children (WIC) program, which is a nutrition program that helps eligible pregnant women, new mothers, infants and young children eat well, learn about nutrition, and stay healthy. Under the program, counties and tribes provide nutrition education and counseling, breastfeeding support, and health and social service referrals to low income families. The Minnesota WIC program also regulates the grocery stores and other retailers that participate in the program. Healthy eating early in life promotes brain development and healthy growth, while also helping to prevent obesity and other chronic conditions such as high blood pressure.
- Providing funds, oversight and technical assistance to community based organizations, to assure that quality pre-pregnancy family planning services are available for low-income and high risk individuals. These efforts reduce unintended pregnancies and improve pregnancy outcomes.
- Working with health care providers and local public health agencies to improve health and development screenings and follow-up services for children and infants. Children have better outcomes if their health problems or developmental delays are identified early.

- Setting standards for primary care clinics and certifying providers as Health Care Homes improves the health of individuals, their experience with their clinics and works to reduce overall health care costs.
- Supporting evidenced-based home visiting programs reduces child abuse and neglect, improves maternal and child health, helps kids be ready for school, and improves economic stability and self-sufficiency of the family.
- Collecting, analyzing and reporting data, sharing best practices with providers, local public health agencies and other stakeholders, offering training, and developing standards and protocols improves the health of women of child bearing years and their infants. These efforts encourage early access to prenatal care, provide necessary support services to high risk women and increase knowledge of healthy behaviors to reduce premature birth and infant and maternal mortality.

Results:

- Efforts related to promoting breastfeeding for the first six months of life, access to nutritious foods within the community and nutrition counseling appear to have been successful in reducing obesity in WIC enrolled young children. Breastfed babies are less likely to suffer from serious illnesses and are less likely to be obese later in life. There is a 15-30 percent reduction in adolescent and adult obesity rates if any breastfeeding occurred in infancy compared to no breastfeeding. While obesity in children receiving WIC services in Minnesota increased steadily each year from 1990 reaching a peak of 13.8 percent in 2004, the rate of obesity in 2010 was 12.7 percent indicating success in changing the trajectory of this trend.
- Home visiting is an effective method of preventing child abuse and neglect. The burden of child maltreatment is substantial to both the developing child and to society. Abusive and neglectful environments can have significant impact on brain development, with increased cost burden to the child welfare, education, mental health and juvenile justice systems. Between 2007 and 2010 child abuse has declined in Minnesota.
- Minnesota clinics have made significant progress toward becoming health care homes. The early experience in Minnesota indicates that clinics which are certified as health care homes deliver higher quality care. Since July of 2010, over 180 primary care clinics have been certified as health care homes. This means more than two million Minnesotans are now receiving care in innovative clinics that have the capacity to help their patients achieve their health goals. Evaluations are underway to see whether health care homes are improving patient satisfaction and lowering costs as anticipated.

Performance Measures	Previous	Current	Trend
Percent of infants who are breastfed exclusively through 6 months.[1]	16.1%	16.1%	Stable
Rate per thousand of children for whom a report of child abuse or neglect was substantiated.[2]	4.9/1000	3.5/1000	Improving
Percent of Minnesota clinics who are certified as a Health Care Home.[3]	18.5%	23.5%	Improving

Performance Measures Notes:

1. National Immunization Survey, Centers for Disease Prevention and Control. Compares 2004 to 2009.
2. Child Welfare Report, Minnesota Department of Human Services. Compares 2007 to 2010.
3. Health Care Homes, Minnesota Department of Health. Compares 2011 to 2012.

Budget Activity: Community & Family Health

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$68,221	$6,549	$312,801	$387,571
Current Law Expenditures (FY 2014-15)	$73,746	$7,323	$315,170	$396,240
Governor's Recommended Expenditures (FY2014-15)	$73,746	$7,323	$315,170	$396,240
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$0	$0	$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%	0%	0%

Budget Activity: Community & Family Health
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$1,820	$315,169	$316,989
APPROPRIATION	$73,747	$5,504	$0	$79,251
SOURCES OF FUNDS	**$73,747**	**$7,324**	**$315,169**	**$396,240**
EXPENDITURES	$73,746	$7,323	$315,170	$396,240
PAYROLL EXPENSE	$3,922	$3,005	$11,878	$18,805
OPERATING EXPENSES	$1,312	$4,161	$19,611	$25,083
OTHER FINANCIAL TRANSACTIONS	$2,120	$16	$1,697	$3,833
GRANTS, AIDS AND SUBSIDIES	$66,392	$142	$281,985	$348,519
USES OF FUNDS	**$73,746**	**$7,323**	**$315,170**	**$396,240**

Health
Health Promo & Chronic Disease
http://www.health.state.mn.us/divs/hpcd/index.html

Statewide Outcome(s):

The Health Promotion and Chronic Disease Division supports the following statewide outcome(s).

Minnesotans are healthy.

People in Minnesota are safe.

Strong and stable families and communities.

Context:

The purpose of the Health Promotion and Chronic Disease Division (HPCD) is to reduce the burden of suffering disability and death from injuries, such as falls, violent traumas, workplace injuries, and poisonings, and chronic diseases, such as asthma, cancer, arthritis, diabetes, diseases of the mouth, and heart disease. The division provides leadership in the prevention of diseases and injuries by tracking and addressing these health threats, which are among the most common and prevalent health problems facing Minnesotans today.

In the last 50 years, chronic diseases and injury have emerged as the greatest threat to the overall health and well-being of people in Minnesota. Chronic diseases and injuries accounted for Minnesota's seven leading causes of death and loss of potential life in 2010. Treating chronic disease costs more than $5 billion a year, and more than $17 billion a year is lost due to missed workdays and lower employee productivity.

These diseases and injuries also contribute significantly to long-term disability and poor quality of life. In 2010, they accounted for the seven leading causes of death in Minnesota. They shorten people lives, and they impact some Minnesotans more than others with effects varying by gender, socioeconomic status, race and ethnicity, age, insurance status, geography, and sexual orientation. Cancer, heart disease, and unintentional injuries accounted for more than half of the potential years of life lost up to age 75 years in Minnesota in 2010. About 15 percent of the division's funding comes from the state with the remainder coming from federal funds, grants and foundations.

Strategies:

HPCD helps hospitals, clinics, doctors, nurses, dentists and other health care providers to implement changes benefiting all patients and especially those most likely to be disabled or die from a chronic disease and injury, by:

- Facilitating collaboration among public health, health systems, and primary care clinics to improve the delivery of cancer screening and other clinical preventive services;
- Developing and promoting the adoption of proven tools for managing chronic diseases, such as the interactive asthma action plans in clinics and health systems;
- Supporting guidelines and quality measures for identifying and managing chronic disease risk factors, such as obesity, asthma, pre-diabetes, diabetes, hypertension, and high cholesterol in health and clinic systems;
- Providing grants to improve health care, such as school-based dental sealant programs, clinic-based cancer screening, and poison control; and
- Recruiting and paying health care providers to offer free breast, cervical and colorectal cancer screening, follow-up cancer diagnostic services, and cardiovascular risk factor screening, referral, and counseling to low-income, uninsured Minnesotans.

HPCD facilitates links between communities and health care providers to improve the management of chronic conditions, by:

- Disseminating statewide education programs relating to self-care and disease management, such as the diabetes prevention, chronic disease self-management, and matter of balance programs;
- Developing curriculum to train community health workers to work effectively with underserved and at-risk populations to prevent and manage chronic diseases;

- Supporting health care providers, hospitals, clinics, health systems, public health agencies, and community-based organizations to implement statewide plans for heart disease, stroke, cancer, diabetes, asthma, arthritis, oral health, and injury and violence prevention; and
- Providing a grant for medical follow-up, employment, education, and family counseling sessions to Minnesotans with a traumatic brain or spinal cord injury.

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

- Operating a statewide registry of all newly-diagnosed cancer cases in the state;
- Analyzing and reporting on the prevalence, disparities between different Minnesotans, and death, disability, and other trends related to heart disease, stroke, cancer, asthma, arthritis, diabetes, oral diseases, injuries, violence, and poisoning;
- Collecting, analyzing, and reporting on occupational health, to identify rates and trends of workplace hazards, illnesses, and injuries and establishing priorities for educational and intervention programs; and
- Using environmental public health tracking and biomonitoring technologies, such as analyzing human tissues of fluids, to identify possible links between chronic diseases and exposure to substances in the environment.

Results:

The 2003 Milken Institute State Chronic Disease Index ranked Minnesota 11th best among all 50 states on the cases of chronic disease per capita. The efforts of many partners across the state, including HPCD, contribute to relatively successful prevention, detection, treatment, and management of chronic diseases and injuries, but much work remains to be done. Since the increase in chronic conditions is an inevitable result of the aging of the population, the challenge for public health is to prevent the onset as long as possible and once it begins, to manage the condition for optimal well-being.

The population indicators below were taken from the draft "Healthy Minnesota 2020: Chronic Disease and Injury Framework." The performance measures represent the broad range of programs in HPCD.

Performance Measures	Previous	Current	Trend
Years of potential life lost from chronic disease and injuries[1]	171,213	169,870	Improving
Cancer mortality disparity ratio[2]	1.27	1.34	Worsening
Number of poison exposure calls funded by HPCD[3]	49,632	45,756	Improving
Patients in HPCD's stroke registry hospitals receiving appropriate therapy[4]	35%	77%	Improving
Days of school missed per year by children with asthma in HPCD's RETA program[5]	7	1	Improving

Performance Measures Notes:

[1] Minnesota Center for Health Statistics, 2005 and 2010, combined YPLL to age 75 for cancer, heart disease, unintentional injury, suicide, stroke, diabetes, chronic lower respiratory disease, and Alzheimer's

[2] Minnesota Cancer Surveillance System, 2000-2004 and 2004-2008, mortality rate for all cancers combined for African Americans divided by the mortality rate for all cancers combined for non-Hispanic whites

[3] Hennepin Regional Poison Center (MDH grantee), 2002 and 2010, number of calls involving an exposure to a potentially harmful substance

[4] Minnesota Stroke Registry, 2008 and 2011, percent of eligible patients treated at participating hospitals and receiving tPA therapy

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

Budget Activity: Health Promo & Chronic Disease
Current, Base and Governor's Recommended Expenditures - Rev
(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$9,094	$2,442	$35,568	$47,104
Current Law Expenditures (FY 2014-15)	$8,659	$2,677	$35,680	$47,016
Governor's Recommended Expenditures (FY2014-15)	$9,359	$2,677	$35,680	$47,716
$ Change from FY 2014-15 Current Law to Governor's Rec	$700	$0	$0	$700
% Change from FY 2014-15 Current Law to Governor's Rec	8%	0%	0%	1%

Budget Activity: Health Promo & Chronic Disease

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE	$0	$2,677	$35,679	$38,356
APPROPRIATION	$9,358	$0	$0	$9,358
SOURCES OF FUNDS	**$9,358**	**$2,677**	**$35,679**	**$47,714**
EXPENDITURES	$9,359	$2,677	$35,680	$47,716
PAYROLL EXPENSE	$4,942	$484	$11,068	$16,494
OPERATING EXPENSES	$1,114	$2,181	$8,741	$12,036
GRANTS, AIDS AND SUBSIDIES	$3,303	$12	$15,871	$19,186
USES OF FUNDS	**$9,359**	**$2,677**	**$35,680**	**$47,716**

Health
Minority and Multicultural Health
http://www.health.state.mn.us/ommh

Statewide Outcome(s):

The Office of Minority and Multicultural Health supports the following statewide outcome(s).

Minnesotans are healthy

Strong and stable families and communities

Context:

The Office of Minority and Multicultural Health (OMMH) provides leadership within MDH to strengthen the health and wellness of Minnesota's communities by engaging populations of color and American Indians in actions essential to eliminating health disparities.

While Minnesota continues to be among the healthiest states in the nation, it also continues to have some of the greatest disparities or differences in health outcomes between whites and populations of color and American Indians for a host of conditions, such as breast and cervical cancer, diabetes, heart disease, and infant mortality. These differences are having an increasingly significant impact on Minnesota as the state becomes more diverse. In 2010, nearly 15 percent of Minnesotans were populations of color and American Indians compared to less than 5 percent in 1990. The majority of this population growth has been from immigrant and refugee populations with limited English or literacy skills.

Minnesota has also seen an increase in the number of families lacking the economic resources that a family needs to stay healthy. The number of Minnesota children living in poverty increased by 53 percent between 2000 and 2009. The state's children of color and American Indian children are more likely to live in poverty than whites, and they are much more likely to be uninsured. In 2011, Hispanic/Latino Minnesotans having the highest uninsured rate at 26 percent compared to blacks (17.9 percent), American Indian (14.3 percent), Asians (11.8 percent), compared to whites at (7.6 percent).

These trends indicate an increasing need for Minnesota to focus on creating opportunities for all Minnesotans to be healthy. The office strives to do this by working with its key partners, such as other divisions and bureaus within the department of health, other state agencies, including the Minnesota Department of Human Services, local public health agencies, community organizations, policy makers and researchers. Approximately two-thirds of the OMMH budget comes from the state general fund with the remainder coming from the federal Temporary Assistance for Needy Families (TANF) fund.

Strategies:

In its work toward eliminating health disparities, the Office of Minority and Multicultural Health focuses on the following activities:

- Works to collect racial, ethnic, and language data necessary to inform state, local public health, policy makers, and communities about the health of populations of color and American Indians. It also develops appropriate indicators to measure progress;
- Connects populations of color and American Indian community experts with MDH and local public health experts to identify and address actions essential to eliminating heath disparities;
- Administers the Eliminating Health Disparities Initiative (EHDI) grant program, which was created by the 2001 Minnesota Legislature (MS 145.928) to close the gap in the health status of African-Americans/Africans, American Indians, Asian Americans, and Latinos in Minnesota compared with whites in the following priority health areas: breast and cervical cancer screening, diabetes, heart disease and stroke, HIV/AIDS and sexually transmitted infections, immunizations for children and adults, infant mortality, teen pregnancy, and unintentional injury and violence; and
- Holds biennial community meetings to disseminate data, obtain community recommendations on how to use data in future planning, and identify gaps in data and community input and outreach (particularly concerning limited English-proficiency populations).

Results:

There has been more attention to race, ethnicity, and language data collection within MDH and in the broader community. Reports from the MDH Center for Health Statistics on the health status of populations of color and American Indians support the ongoing need to continue to focus efforts in eliminating disparities in the eight priority health areas identified in the Eliminating Health Disparities Initiative. These include breast and cervical cancer screening, diabetes, heart disease and stroke, HIV/AIDS and sexually transmitted infections, immunizations for children and adults, infant mortality, teen pregnancy, and unintentional injury and violence. Because of the work of OMMH and its partners, there is a more widespread interest and understanding of the need to focus on health disparities in vulnerable populations, especially in populations of color and with American Indians, in order to achieve health equity.

MDH has defined and standardized the race, ethnicity, and language data to be collected agency-wide and in partnering with our community partners statewide to adopt definitions, collection standards, and to improve sharing and disseminating of data. OMMH has identified EHDI priority health areas with ongoing or growing disparities in specific populations of color and American Indians in order to focus efforts on building capacity in communities to address these disparities in a culturally competent manner through EHDI grants.

OMMH has issued three requests for proposals since 2010 to increase the number of community minority-led, minority-focused nonprofits able to address our health disparities with support from EHDI funds. It has resulted in more than 40 new grantees during 2010-2012 with some ongoing support and partnerships with the original 52 grantees form the first EHDI grants in 2001.

Performance Measures	Previous	Current	Trend
Infant mortality disparity difference between African Americans/Africans and population with the lowest rate	7.7	6.4	Improving
Infant mortality disparity difference between American Indians and population with the lowest rate	8.0	5.9	Improving
Percent of Eliminating Health Disparities Initiative grantees receiving evaluation, technical assistance and support. Goal=100%	90% of 29 grantees received technical assistance	100% of 24 grantees received technical assistance	Improving
Percent of grants given to minority-led, minority-focused organizations during each grant cycle. Goal=50%	54%	55%	Improving

Performance Measures Notes:

Infant mortality disparity difference above is the arithmetic difference between two infant mortality rates. For Measure 1 for 1995-1999, it is the African Americans/Africans infant mortality rate (13.2) - Whites rate (5.5). For 2004-2008, it is African Americans/Africans rate (10.8) – Latinos rate (4.4). For Measure 2, the disparity difference for 1995-1999 is the American Indians rate (13.5) – Latinos rate (5.5). For 2004-2008, it is the Americans Indians rate (10.3) – Latinos rate (4.4).

Data on infant mortality is for the periods 1995-1999 and 2004-2008.
Data on grantees receiving technical assistance is for FY 2011 and FY 2012
Data on grants awarded to minority organizations is for 2009 and 2011.

Budget Activity: Minority Multicultural Health

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$7,548	$130	$4,042	$11,720
Current Law Expenditures (FY 2014-15)	$7,496	$27	$5,612	$13,135
Governor's Recommended Expenditures (FY2014-15)	$7,496	$27	$5,612	$13,135
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$0	$0	$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%	0%	0%

Budget Activity: Minority Multicultural Health

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$27	$5,612	$5,639
APPROPRIATION	$7,496	$0	$0	$7,496
SOURCES OF FUNDS	**$7,496**	**$27**	**$5,612**	**$13,135**
EXPENDITURES	$7,496	$27	$5,612	$13,135
PAYROLL EXPENSE	$1,140	$18	$100	$1,258
OPERATING EXPENSES	$72	$9	$34	$115
GRANTS, AIDS AND SUBSIDIES	$6,284		$5,478	$11,762
USES OF FUNDS	**$7,496**	**$27**	**$5,612**	**$13,135**

Health
Statewide Health Improvement Initiatives
http://www.health.state.mn.us/divs/oshii/about.html

Statewide Outcome(s):

The Office of Statewide Health Improvement Initiatives supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities

Context:

The Office of Statewide Health Improvement Initiatives (OSHII) supports all Minnesotans in leading healthier lives, raising healthier families and building healthier communities by preventing chronic disease before it starts. Chronic diseases such as diabetes, stroke, heart disease, and cancer are among the most common, costly and preventable of all health problems in the U.S. The effects of these diseases are staggering:

- Nearly two-thirds of Minnesota adults are overweight or obese, and childhood obesity has tripled in just 30 years;
- Chronic diseases like diabetes, cancer, and heart disease are estimated to cause 35 percent of all deaths and 75 percent of all health care spending in the U.S each year; and
- Minnesota spends $2.9 billion in annual medical costs as a result of tobacco (2007). The economic cost associated with obesity in Minnesota is $2.8 billion (2006) and $5.06 billion for alcohol (2007).

Research shows that four everyday behaviors – lack of exercise, poor nutrition, tobacco use, and excessive alcohol consumption – are responsible for much of the suffering and early death related to chronic diseases. But changing these behaviors can be difficult without changing everyday places – such as worksites, schools, and communities – to better support healthier choices.

To reduce the harmful effects of chronic disease, OSHII works in partnership with communities, including local and tribal public health agencies, child care sites, health systems, schools, and worksites, to:

- Increase the percentage of Minnesotans who eat more healthy foods and are more physically active;
- Reduce the percentage of Minnesotans who misuse or are harmed by alcohol and other drugs; and
- Reduce the percentage of Minnesotans who use commercial tobacco products or are exposed to second-hand smoke.

Approximately ten percent of this work is funded by the state general fund, with the remaining funding split about equally between the health care access fund and federal grants.

Strategies:

In partnership with the U.S. Centers for Disease Control and Prevention (CDC) and other leaders in public health, MDH has developed a nation-leading set of strategies for supporting healthier living. Instead of focusing on individual behavior change that may be hard to maintain over time, OSHII helps communities make sustainable, systemic changes that create widespread and lasting results. OSHII operates a number of programs including the State Health Improvement Program (SHIP).

For example, instead of trying to convince people to walk more, OSHII-funded communities may design safer, more accessible routes so people can walk more. Instead of encouraging people to eat healthier, a school or worksite may decide to work with local farmers to incorporate fresh produce into the meal plans. Instead of asking people to quit smoking, communities may ask owners of multi-unit housing to make their buildings smoke-free or work with health care providers to refer more people to tobacco quitlines.

OSHII accomplishes this by:

- Supporting change: providing grants and technical assistance for communities to create policy, system, and environmental changes that support healthier living;

- Effectively meeting local needs: helping local public health professionals and their community partners chose what will work best for them from a menu of evidence-based, proven strategies;
- Sustaining success: building public-private partnerships to create more lasting change than government can accomplish alone; and
- Measuring progress: monitoring health trends and conducting rigorous evaluation of improvement efforts.

Results:

OSHII funded programs:

- Increase the percentages of Minnesotans who are practicing healthier behaviors, leading to prevention and better control of chronic diseases;
- Contribute to the containment of health care costs through prevention and/or delay of onset of chronic diseases;
- Contribute to stronger and more stable families and communities because of the impact of healthier behaviors on improved academic achievement, worker performance, social connectedness in communities, community empowerment, and economic vitality of communities; and
- Demonstrate the value of investing in the health of the community and how this leverages the assets of individuals, families, and organizations to become more thriving communities.

During its first two years, as examples, the Statewide Health Improvement Program (SHIP):

- Supported 870 employers in implementing worksite wellness initiatives serving over 138,000 employees across the state;
- Provided healthier food options for 26 percent of all Minnesota K-12 students through Farm to School nutrition initiatives; and
- Created safe walking and/or biking routes to schools for 14 percent of all K–8 schools in the state.

Research shows that over time and with sustained statewide resources and coverage, these efforts will increase the behaviors that prevent chronic disease. For example, a recent article in the journal *Pediatrics* found that adolescents gained less weight in states that have enacted strong laws regulating the nutrition content of foods and beverages sold in schools outside of meal programs

Population Indicators and Performance Measures	Previous	Current	Trend
Healthy eating: Youth who eat the recommended number of fruits and vegetables daily – 9th grade students[1]	18.4%	18.1%	Stable
Physical Activity: Youth who meet physical activity guidelines – 9th grade students[2]	47.6%	47.5%	Stable
Tobacco Use: Young adults who smoke – ages 18 to 24[2]	28.4%	27.8%	Stable
Alcohol Abuse: Adult binge drinking – age 18 and older[3]	20.2%	17.2%	Improving
Farm to School initiatives in K-12 schools: Percent of students enrolled that were served by the initiative[4]	N/A	26%	N/A
Safe Routes to School initiatives in K-8 schools: Percent of students enrolled that were served by the initiative[5]	N/A	14%	N/A

[1] Minnesota Student Survey 1992-2010 Trends, page 38. Data is for 2007 and 200

[2] Minnesota Adult Tobacco Survey Tobacco Use in Minnesota: 2010 Update, page 2-18. Data is for 2007 and 2010

[3] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. Data is for 2007 and 2010

[4] Grantee reports, K-12 enrollment data. Current data is for 2009-11

[5] Grantee reports, K-8 enrollment data. Current data is for 2009-11

Budget Activity: Statewide Health Improvement
Current, Base and Governor's Recommended Expenditures - Rev
(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$6,696	$15,458	$16,695	$38,849
Current Law Expenditures (FY 2014-15)	$6,696	$26	$13,292	$20,013
Governor's Recommended Expenditures (FY2014-15)	$6,696	$40,026	$13,292	$60,013
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$40,000	$0	$40,000
% Change from FY 2014-15 Current Law to Governor's Rec	0%	156,017%	0%	200%

Budget Activity: Statewide Health Improvement
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$26	$13,292	$13,318
APPROPRIATION	$6,696	$40,000	$0	$46,696
SOURCES OF FUNDS	**$6,696**	**$40,026**	**$13,292**	**$60,014**
EXPENDITURES	$6,696	$40,026	$13,292	$60,013
PAYROLL EXPENSE	$234	$1,790	$4,976	$7,000
OPERATING EXPENSES	$20	$4,876	$4,244	$9,139
GRANTS, AIDS AND SUBSIDIES	$6,442	$33,360	$4,072	$43,874
USES OF FUNDS	**$6,696**	**$40,026**	**$13,292**	**$60,013**

Health
Compliance Monitoring
http://www.health.state.mn.us/cm

Statewide Outcome(s):

The Compliance Monitoring Division supports the following statewide outcome(s).

Minnesotans are healthy

People in Minnesota are safe

Context:

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

This activity serves patients, consumers, and providers of health care services, as well as state and local policy makers. The work involves protecting the health and safety of consumers of all ages. However, a great deal of the division's work is especially important for older Minnesotans. The need for services to support Minnesota's vulnerable adult population will increase as Minnesota's population ages. Baby boomers started turning age 65 years old in 2011, and Minnesota ranks second nationally with a life expectancy of about 79 years. The number of Minnesotans older than 65 years will increase 40 percent faster than the under-65-year-old population between 2010 and 2030, and the number of Minnesotans 85 years or older is expected to double to 250,000. Compliance monitoring is funding almost entirely by cost sharing with Medicare and Medicaid (63 percent) and fees (37 percent).

Strategies:

Compliance monitoring uses the following strategies to achieve desired outcomes.

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

Results:

The three performance measures listed below contribute to the goal that all vulnerable adults in Minnesota are safe.

Performance Measures	Previous	Current	Trend
Compliance Monitoring staff will visit each Skilled Nursing Facility and each Intermediate Care Facility for the Intellectually Disabled at least once per year. See Note 1.	Not achieved	On track to achieve	Improving
Compliance Monitoring staff handle complaints concerning vulnerable adults on a timely and accurate basis. See Note 2.	Not achieved	On track to achieve	Improving
Compliance Monitoring staff will increase the number of visits to currently licensed home care providers and visit every newly licensed home care provider within the first year of licensure. See Note 3.	Not achieved	On track to achieve	Improving

Performance Measures Notes:

Note 1: The division is on track to complete all required visits in federal fiscal year 2012. There are 384 federally certified nursing homes, and 100 percent of them were surveyed in federal fiscal year 2011; there are 212 intermediate care facilities for the intellectually disabled in Minnesota, and the division surveyed 211 of them, or 99.5 percent, in fiscal year 2011.

Source: Centers for Medicare and Medicaid Services Federal Fiscal Year 2012 mid-year performance measures and Final Fiscal Year 2011 State Performance Measures Review.

Note 2: Due to a change in federal triage interpretations, the number of investigations requiring a two-day turnaround time have increased, resulting in decreased resources available to conduct lower priority investigations within the required timeframes. However, in FY 2012, the division is on track to meet this performance measure due to a reallocation of resources.

Source: Centers for Medicare and Medicaid Services Federal Fiscal Year 2012 mid-year performance measures.

Note 3: The division had previously not been able to achieve these measures due to resource limitations. However, the department is working with stakeholders to develop a new licensure and fee structure that would enable the division to devote more resources to conducting site visits of home care providers.

Source: Compliance Monitoring Division inspection and investigation data.

Budget Activity: Compliance Monitoring
Current, Base and Governor's Recommended Expenditures - Rev
(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$5,601	$48,667	$8,722	$62,990
Current Law Expenditures (FY 2014-15)	$5,806	$65,974	$534	$72,315
Governor's Recommended Expenditures (FY2014-15)	$5,806	$71,081	$534	$77,422
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$5,107	$0	$5,107
% Change from FY 2014-15 Current Law to Governor's Rec	0%	8%	0%	7%

Budget Activity: Compliance Monitoring
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$46,830	$534	$47,364
APPROPRIATION	$5,806	$24,405	$0	$30,211
SOURCES OF FUNDS	**$5,806**	**$71,235**	**$534**	**$77,575**
TRANSFERS OUT		$154		$154
EXPENDITURES	$5,806	$71,081	$534	$77,422
PAYROLL EXPENSE	$122	$37,333	$320	$37,775
OPERATING EXPENSES	$5,684	$33,719	$214	$39,618
CAPITAL OUTLAY-REAL PROPERTY		$29		$29
USES OF FUNDS	**$5,806**	**$71,235**	**$534**	**$77,576**

Health
Health Policy
http://www.health.state.mn.us/divs/hpsc/

Statewide Outcome(s):

The Health Policy Division supports the following statewide outcome(s).

Minnesotans are healthy

Context:

Keeping Minnesotans healthy is a team effort, involving public health, the health care system, and the public. When the health care system is not performing as effectively as possible, it diminishes the health of Minnesotans in two ways: the cascading, adverse impacts of illness and injury are more pronounced; and it consumes scarce resources that are needed for wages, jobs, education, the environment and other determinants of overall health.

Like the nation overall, Minnesota has unsustainable rates of health care spending growth. In the past ten years, health care spending more than doubled, reaching $37.7 billion in 2010. Without any changes to the underlying trends, spending is projected to double again in ten years, consuming about $1 out of every $5 of the state's economy. At the same time, the quality and safety of health care in Minnesota markedly varies between different clinics, hospitals, and health care providers. Many providers are still working towards adoption and effective use of health information technology. Minnesota faces potential workforce shortages that may worsen due to population trends and new demands associated with health reform initiatives. These challenges present unique opportunities to implement thoughtful, data-driven policy solutions to meet the state's current and future health and health care needs.

The Division of Health Policy (DHP) is an important part of the team that helps keep Minnesotans healthy. The health policy division provides credible, objective policy research, analysis, design, and implementation of programs and reforms to improve population health and health care value, quality, efficiency and accessibility. Its products – data, analysis, recommendations, alternatives, standards, and reports – are used by policy makers, consumers, health professionals, payers, and purchasers. The division's work focuses on the following policy areas:

- Healthcare cost/spending and utilization, access to healthcare, insurance coverage, and cost drivers;
- Healthcare workforce supply/demand, workforce projections, and support for workforce development;
- Measurement of provider quality, cost and safety;
- Administrative simplification;
- Adoption/use of health information technology;
- Maintenance of the state's vital records system;
- Trends in health behaviors, health status, and health disparities; and
- Federal/state health reform issues, including payment reform and care delivery innovation.

The health policy division's work helps slow the growth of health spending while increasing affordable access to quality health care for all Minnesotans. Its work to support local public health helps to ensure that local agencies are able to appropriately plan for and implement interventions to improve population health and to reduce health disparities between different groups of Minnesotans. Approximately 60 percent of the division's budget comes from a fund that supports medical education (which includes both state and federal dollars), 15 percent comes from federal grants and the remaining amount comes from a mix of state funding and fees.

Strategies:

- Collect data and perform research to inform policy makers; analyze data to monitor and understand health care access and quality, market conditions and trends, health care spending, capital investments, health status and disparities, health behaviors and conditions, impact of state/federal health and payment reform initiatives, and prevalence of disease and risk behaviors.
- Collaborate with providers, payers, consumers and other stakeholders to develop standards and best practices for exchange of business and clinical data.

- Provide leadership and technical assistance to health care organizations and consumers on statutory mandates for use of health information technology, such as electronic medical records, and simplifying administrative processes, such as billing.
- Provide technical assistance to local public health, consumers, and other stakeholders about using data effectively for planning and taking steps and actions to improve local health.
- Administer the statewide hospital trauma system, collect and analyze trauma data for system improvement and interagency coordination, and provide technical expertise to hospitals caring for trauma patients.
- Award $30-$40 million in MERC funds each year to clinical training sites for doctors and other clinicians.
- Strengthen Minnesotans' access to quality health care services by directing state and federal assistance to safety net health care providers, including community clinics and rural providers.
- Analyze and report on Minnesota's rural and underserved urban health care delivery system and health workforce in order to focus planning for future needs.
- Collect information on adverse health events in Minnesota hospitals and ambulatory surgical centers, and provide information about patient safety in Minnesota to providers, health plans, patients, and others.
- Administer a secure, integrated web-based vital records system so that health care providers can enter accurate birth and death information, citizens can obtain birth and death records and health researchers have timely information that will help improve response to public health issues and emergencies.

Our key partners in performing this work include other state agencies (particularly the Departments of Human Services and Commerce), providers, payers, consumers, non-profit organizations such as Minnesota Community Measurement and Stratis Health, academic organizations, and numerous state/national organizations.

Results:

In large part as a result of work led by DHP, Minnesota has made great strides in achieving adoption and meaningful use of electronic health records and expanding use of e-prescribing, with significant potential to reduce medical errors and improve patient care; in establishing a robust, statewide trauma system that helps to ensure that trauma patients get to the appropriate level of care as quickly as possible in order to save lives; in processing birth and death records efficiently using a secure, web-based system, and in reducing health care administrative costs an estimated $40- $60 million, among other goals. The indicators below were chosen to illustrate a cross-section of the work that DHP performs, though they do not cover all areas of DHP's work.

Much of DHP's work focuses on providing high-quality, reliable research, policy and data analysis, and standards development work for legislators, policymakers, providers, payers, and consumers. DHP's work creates an environment in which these entities have the information they need to improve healthcare quality/safety, reduce costs and improve population health. Seeing changes in statewide indicators related to these efforts will be difficult in the short term, given that many factors outside of MDH's control may influence the outcomes, but they are critical in order to achieve MDH's – and the state's – long term goals.

Performance Measures	Previous	Current	Trend
Percent of prescriptions routed electronically	3.6%	61%	Improving
Statewide uninsured rate	6.1%	9.1%	Worsening*
Number of designated trauma centers in MN	0	124	Improving
Percent of MN death registrations collected entirely electronically	47%	61%	Improving

Performance Measures Notes:

* DHP staff provides advice to the Governor's health reform task force on coverage options that will link more Minnesotans with affordable health care coverage options. HP staff also closely monitor progress to ensure that policies have the intended outcomes or can be appropriately revised.

Sources: Minnesota Department of Health
Data for percentage of prescriptions routed electronically is for 2008 and 2011
Data for state wide uninsured rate is for 2001 and 2011
Data on trauma centers is for 2006 and 2011
Data for death registrations is for 2010 and 2012

Budget Activity: Health Policy Quality & Comp

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$13,124	$149,427	$10,547	$173,098
Current Law Expenditures (FY 2014-15)	$12,956	$167,025	$10,900	$190,882
Governor's Recommended Expenditures (FY2014-15)	$12,956	$192,641	$10,900	$216,498
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$25,616	$0	$25,616
% Change from FY 2014-15 Current Law to Governor's Rec	0%	15%	0%	13%

Budget Activity: Health Policy Quality & Comp

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
BALANCE FORWARD IN		$124		$124
REVENUE		$132,118	$10,900	$143,018
TRANSFERS IN		$33,190		$33,190
APPROPRIATION	$12,976	$34,906	$0	$47,882
SOURCES OF FUNDS	**$12,976**	**$200,338**	**$10,900**	**$224,214**
BALANCE FORWARD OUT		$124		$124
TRANSFERS OUT	$20	$7,574		$7,594
EXPENDITURES	$12,956	$192,641	$10,900	$216,498
PAYROLL EXPENSE	$1,688	$12,546	$2,162	$16,396
OPERATING EXPENSES	$1,472	$15,415	$4,984	$21,872
GRANTS, AIDS AND SUBSIDIES	$9,796	$164,680	$3,754	$178,230
USES OF FUNDS	**$12,976**	**$200,339**	**$10,900**	**$224,216**

Health
Environmental Health Division
http://www.health.state.mn.us/divs/eh/index.html

Statewide Outcome(s):

Environmental Health Division supports the following statewide outcome(s).

Minnesotans are healthy.

People in Minnesota are safe.

Context:

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

This activity serves the entire population of Minnesota by ensuring that all Minnesotans have clean drinking water, safe food, sanitary lodging, and are protected from hazardous materials in their homes and the environment. In the event of natural disasters, such as floods, drinking water contamination, chemical spills and nuclear power plant emergencies, the affected area is directly served. Water systems, the hospitality industry, water well contractors, the health care industry, construction firms, public and private building owners, homeowners and associated customers as well as disaster victims are the primary customers of our programs.

Factors that affect the work of this division include the housing market, natural disasters, chemicals in the environment and in consumer products, and changes in related federal program regulations where we have parallel authority.

This activity is funded from a variety of sources: state government special revenue fund; general fund; clean water legacy funding. In addition, the division also receives federal funds, special revenue funds, drinking water revolving funds and resources from other miscellaneous funds. Funding sources are divided into the following categories: fees and contracts – 66 percent; federal grants – 26 percent and state general fund – eight percent.

Strategies:

Prevent health risks by protecting the quality of water.

- Monitor public drinking water systems.
- Inspect water well construction and sealing.
- License professions impacting drinking water.
- Educate citizens about safe drinking water.

Prevent health risks by protecting the safety of food.

- Inspect food establishments to ensure safe food handling and certify professionals in food safety.
- Monitor and assist community-based delegated programs for food, beverage and lodging establishments.
- Educate citizens and professionals regarding the safe handling of food.
- Develop guidelines for the safe consumption of fish.

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

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

- Educate citizens, communities, and medical professionals.
- Collaborate with partners to promote healthy homes and healthy schools.

Respond to emerging health risks.
- Focus attention on children to ensure they are protected from harmful chemicals and other hazards.
- Evaluate human health risks from chemical and physical agents in the environment.
- License and inspect the use of radioactive materials and x-ray equipment.
- Assess and prevent possible human health risks from accidental spills, waste disposal, and agricultural and industrial activities.
- Integrate health impacts into the assessment of policies and projects.
- Evaluate and strategize responses to the potential impact of climate change on public health.
- Develop health education programs and information materials for communities.

See http://www.health.state.mn.us/divs/eh/topics.html for more specific information about these topics.

Results:

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

Prevent ground water contamination sealing unused, abandoned wells. Unused, unsealed wells, can pose a threat to groundwater quality and public health by providing a direct conduit from the surface to groundwater allowing contaminants to travel deep into the ground, bypassing the natural protection usually provided by layers of clay, silt, and other geologic materials. Although Minnesota leads the nation in sealing unused wells (MDH was awarded the Groundwater Protection Award in 2006 by the National Ground Water Association), and has sealed 250,000 wells in the past 25 years, an estimated 500,000 unused wells remain unsealed.

Assure safe food. Safe food handling is critical to ensure the public is safe from food related diseases. Through education and compliance activities prevention is emphasized in order to reduce the risk to the population and the burden on the health care system. In our global economy, the potential sources of food poisoning are increasing. At the same time, our knowledge and educational approaches to safe food handling are improving. Training programs for certified food managers are continually updated to incorporate the latest knowledge. When food poisoning occurs it can be devastating to an individual, families and a community. In one example it is estimated that 3,468 healthy hours were lost to a community when 51 people became ill with vomiting and diarrhea after attending a community meal. Seven people were taken to the hospital, four were taken by ambulance and five of the ill were hospitalized with an average of a three night stay. The length of illness averaged 68 hours.

Reduce health disparities by decreasing the percent of children with elevated blood lead levels. Since 1994, the CDC has funded the Childhood Lead Poisoning Prevention Program to test for elevated blood leads in children. In 2012, the federal funding has been eliminated but the need has not gone away. In fact, the CDC has recently determined that there is no safe level of blood lead for children. At the same time, the CDC, HUD, and EPA have moved to a Healthy Homes approach, rather than the focus on just lead paint. This evolution makes sense because approximately 90 percent of time is spent indoors, with the largest amount spent in homes.

Health-based guidance values. In Minnesota, health-based guidance for drinking water is developed for chemicals found in groundwater in the state, typically in response to identified contamination. There is health-based guidance available for only a few hundred chemicals. There are over 84,000 chemicals in use, with 700 new chemicals being introduced every year. Studies are finding unexpected chemicals in lakes, rivers, and drinking water. These are often chemicals that we know little about. They may or may not be "new" contaminants, but their presence in our water may be new or unexpected. The Contaminants of Emerging Concern program (http://www.health.state.mn.us/cec) allows for proactive assessment of the potential health effects (screening and guidance development) of these chemicals, including pharmaceuticals and personal care products in both groundwater and surface water.

Communities in the wellhead protection program. The Drinking Water Protection Section has accelerated the rate at which the 935 community public water supply systems that use groundwater are being brought into the source water protection program. Approximately 2.5 million Minnesotans obtain their drinking water from 3,000 community water supply wells. MDH has set a goal to have all of community water supply systems implementing wellhead protection plans by the year 2020.

Performance Measures	Previous	Current	Trend
70% of the state population receives their drinking water from ground water. Prevent ground water contamination by sealing unused, abandoned wells – number of wells sealed (cumulative).	149,000	250,000	Improving
Assure safe food through registration and training of certified food managers (11,000 renewed each year)	0	55,000	Improving
Reduce health disparities by decreasing the percent of children with elevated blood lead levels	2.7%	0.6%	Improving
Expand Drinking Water protection activities. -Health-based guidance values (# of values established): *Characterize health risks from drinking water exposures to contaminants of emerging health concern.*	3	17	Improving
-Communities in the wellhead protection program (# of communities): *Accelerate the development and implementation of community-based wellhead protection plans, with all communities in the process of implementing plans by 2020*	357	579	Improving

Performance Measures Notes:

- First PM-Housing sales and floods influence the first performance measure. Source: MDH Well Program. See: http://www.health.state.mn.us/divs/eh/wells/sealing/abandwel.html#Law Data is for 2000 and 2012
- Second PM-Prior to 2000 there was not a requirement for certification of food managers. Source: MDH Food, Pools, Lodging Services Program. See: http://www.health.state.mn.us/divs/eh/food/fmc/index.html Data is for 1998 and 2011
- Third PM-Includes influence from renovation of old homes and rental properties, plus child and teen check-ups. Source: MDH Lead Surveillance Program. See: http://www.health.state.mn.us/divs/eh/lead/reports/index.html#surv Data is for 2003 and 2010

- Fourth and Fifth PM-Source water protection planning activities are influenced by local zoning activities. Source: MDH Clean Water Fund Activities. See: http://www.health.state.mn.us/divs/eh/cwl/index.html Data is for 2010 and 2012

Budget Activity: Environmental Health

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$5,885	$52,915	$21,675	$80,476
Current Law Expenditures (FY 2014-15)	$5,584	$49,470	$23,646	$78,700
Governor's Recommended Expenditures (FY2014-15)	$5,784	$58,479	$23,646	$87,909
$ Change from FY 2014-15 Current Law to Governor's Rec	$200	$9,009	$0	$9,209
% Change from FY 2014-15 Current Law to Governor's Rec	4%	18%	0%	12%

Budget Activity: Environmental Health
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$1,567	$23,646	$25,213
TRANSFERS IN		$3,472		$3,472
APPROPRIATION	$5,784	$53,439	$0	$59,223
SOURCES OF FUNDS	**$5,784**	**$58,478**	**$23,646**	**$87,908**
EXPENDITURES	$5,784	$58,479	$23,646	$87,909
PAYROLL EXPENSE	$3,883	$30,273	$10,048	$44,205
OPERATING EXPENSES	$942	$23,883	$9,944	$34,769
OTHER FINANCIAL TRANSACTIONS	$1	$31	$300	$332
GRANTS, AIDS AND SUBSIDIES	$958	$4,234	$3,354	$8,546
CAPITAL OUTLAY-REAL PROPERTY		$58		$58
USES OF FUNDS	**$5,784**	**$58,479**	**$23,646**	**$87,909**

Health
Infectious Disease Epidemiology, Prevention and Control
http://www.health.state.mn.us/divs/idepc/index.html

Statewide Outcome(s):

The Infectious Disease Epidemiology, Prevention and Control Division supports the following statewide outcome(s).

Minnesotans are healthy.

People in Minnesota are safe.

Context:

The Infectious Disease Epidemiology, Prevention and Control Division (IDEPC) assures the health and safety of Minnesotans by maintaining strong public health systems and capabilities to protect the public from infectious diseases and to save lives during infectious disease outbreaks and other unusual public health events.

Today's infectious disease challenges are broader and more complex than ever. The diversity of organisms and their ability to evolve and adapt to changing populations, environments, practices, and technologies creates ongoing threats to health as well as challenges to disease prevention and control activities.

- Food safety, respiratory infections, vaccine-preventable diseases, zoonotic and vector borne diseases, HIV/AIDS, sexually transmitted disease, chronic viral hepatitis, healthcare associated infections and antimicrobial resistance continue to be infectious disease issues of special concern.
- Infectious diseases such as SARS and H1N1 underscore the importance of developing a "One Health" approach which advocates for a better understanding of the linkages between human, animal, and environmental factors on infectious disease.
- Changes in the way we live, eat, travel, etc. all contribute to infectious disease illness and death.
    - The aging population is more susceptible to infectious disease, and youth, females, African-Americans and Hispanics are disproportionately impacted by Chlamydia, which is reaching epidemic levels in Minnesota.
    - International travel has created the potential for rapid transmission of infectious diseases like pandemic influenza;
    - Immigration of world populations increases the potential for introduction of diseases such as measles or tuberculosis;
    - Changes in climate can cause infectious diseases to emerge in new areas; and human encroachment on wilderness areas increases the contact with zoonotic and vectorborne diseases such as Lyme disease and West Nile virus.
    - Also, international political and social unrest has created the urgent need to be prepared to detect and respond to potentially devastating biological terrorism.

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

Minnesota's infectious disease control system is funded almost entirely by federal grants, with only 15 percent of funding coming from state taxes and fees.

Strategies:

IDEPC protects the health and safety of Minnesotans and addresses the many challenges of disease control and prevention through a broad array of strategies:

- Assures early and rapid detection, investigation, and mitigation of infectious disease health threats by maintaining a 24/7 response capability to identify and respond to infectious disease threats;
- Conducts real-time statewide monitoring for infectious disease health threats;
- Detects and investigates infectious disease outbreaks, identifies newly emerging health threats, such as Powassan virus, as well as rare and highly dangerous health threats, such as *Naegleria fowleri,* the organism that causes primary amebic meningocencephalitis (PAM);

- Continuously looks for emerging infectious disease trends and recommends evidence-based policy for infectious disease prevention measures;
- Recommends evidence-based and cost-effective policies to reduce infectious diseases, and collaborates with public and private partners to improve prevention, detection, and control of infectious diseases;
- Promotes vaccine to prevent disease, and provides vaccines for children whose families can't afford them; and

Collaborates with a variety of federal, state, and local partners to prevent and control infectious disease.

Significant IDEPC activities that serve to carry out these strategies include:

- Maintain the 24/7 Epidemiology On-call Disease Reporting Line to assure early detection and response to disease outbreaks and public health threats;
- Maintain the Foodborne Illness Hotline (1-877-FOOD-ILL) to receive reports of foodborne illness;
- Analyze disease reports to detect outbreaks, identify the source, and implement control measures;
- Alert health care providers, local public health, and the public about outbreaks and preventive measures;
- Continuously monitor for unusual patterns of infectious disease;
- Prevent the spread of infectious disease by providing HIV prevention grants to community groups for screening and testing, by promoting and distributing vaccines for children and adults, by providing medications for tuberculosis (TB) patients, and by coordinating refugee health screenings to identify and treat health problems;
- Notify federal and state officials, hospitals and clinics, and the general public about products that present a public health threat and should be removed from the market;
- Help medical professionals managing persons ill with, or exposed to, infectious disease; and
- Locate epidemiologists in eight regions in outstate Minnesota to provide technical assistance to local public health and health care providers on infectious disease issues.

Key Partners

IDEPC collaborates with a variety of partners including: local, state, and federal public health officials including local public health agencies and the Centers for Disease Prevention & Control; local, state public safety officials including emergency preparedness personnel, Homeland Security Emergency Management, and the Federal Bureau of Investigation; local veterinarians and the Board of Animal Health; and other state agencies including Agriculture, Human Services, and the Minnesota Pollution Control Agency; community organizations; and infection control specialists, public and private health care facilities, and laboratories.

Results:

Although tuberculosis (TB) cases reported in Minnesota declined from 238 in 2007 to 137 in 2011, TB remains a significant health problem in MN. The total number of cases can fluctuate from year to year, depending on a number of factors outside the control of MDH. Making sure patients complete their therapy prevents the spread of TB and reduces the development of resistant strains of the disease. State funding provides access to medication and reduces barriers to the completion of therapy.

Minnesota is well-known nationally for its ability to identify and trace the source of foodborne disease outbreaks. In 2008 it correctly identified jalapeno peppers as the source for an outbreak that sickened more than a thousand people in 43 states. In 2009, it identified a certain brand of peanut butter as the source for a major national outbreak of salmonella. Identifying and tracking the source of foodborne disease outbreaks helps to identify steps needed to prevent the spread of disease, including food recalls, or changes to food handling practices.

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

The Minnesota Immunization Practices Advisory Committee has identified adolescent vaccination as a priority. Rates of vaccination are impacted by a variety of partners and factors.

Performance Measures	Previous	Current	Trend
Percent of tuberculosis (TB) patients who complete therapy in 12 months. (1)	89%	88%	Stable
Percent of foodborne disease outbreaks in which the source of the outbreak was identified. (2)	68%	54%	Worsening
Percent of newly arriving refugees in MN who initiate a health screening within three months of arrival. (3)	96.8%	98.3%	Stable
Percent of Adolescents Receiving >1 Tdap vaccination. (4)	40.7%	70.3%	Improving

Performance Measures Notes:

1. MDH TB Program Data. Data is from 2008 and 2010
2. MDH Foodborne Outbreak Data. Data is from 2005 and 2011
3. MDH Refugee Health Program Data. Data is from 2010 and 2011
4. National Immunization Survey-Teen, 2010. Data is from 2008 and 2010

Budget Activity: Infect Disease Epid Prev Cntrl

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$8,281	$10,417	$40,973	$59,671
Current Law Expenditures (FY 2014-15)	$8,280	$7,519	$40,714	$56,513
Governor's Recommended Expenditures (FY2014-15)	$8,680	$7,519	$40,714	$56,913
$ Change from FY 2014-15 Current Law to Governor's Rec	$400	$0	$0	$400
% Change from FY 2014-15 Current Law to Governor's Rec	5%	0%	0%	1%

Budget Activity: Infect Disease Epid Prev Cntrl
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$7,091	$40,714	$47,805
APPROPRIATION	$8,680	$428	$0	$9,108
SOURCES OF FUNDS	**$8,680**	**$7,519**	**$40,714**	**$56,913**
EXPENDITURES	$8,680	$7,519	$40,714	$56,913
PAYROLL EXPENSE	$4,106	$872	$16,692	$21,670
OPERATING EXPENSES	$1,208	$6,647	$17,694	$25,549
GRANTS, AIDS AND SUBSIDIES	$3,366		$6,328	$9,694
USES OF FUNDS	**$8,680**	**$7,519**	**$40,714**	**$56,913**

Health
Public Health Laboratory

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

Statewide Outcome(s):

The Public Health Laboratory supports the following statewide outcome(s).

Minnesotans are healthy.

Context:

The Minnesota Public Health Laboratory (PHL) focuses on surveillance for early detection of disease outbreaks and other public health threats, identification of rare chemical, radiological and biological hazards, emergency preparedness and response, and assurance of quality laboratory data through collaborative partnerships with clinical and environmental laboratories throughout the state. The PHL relocated to a new laboratory building in 2005.

The PHL conducts analyses on clinical and environmental samples to provide chemical, bacterial (infectious disease), and radiological data of known and documented quality to partner state and federal programs. The data provided by the PHL is used for the purposes of assessment, intervention, and making science-based policy decisions. In addition, the PHL screens babies born in the state for rare, life-threatening congenital and hereditary disorders that are treatable if detected soon after birth. The PHL also accredits laboratories that conduct regulated environmental testing in Minnesota.

The PHL collaborates with local, state, and, federal officials; public and private hospitals; laboratories; and other entities throughout the state to analyze environmental samples, screen newborns, provide reference testing for infectious disease agents, and analyze specimens for diagnosing rare infectious diseases (e.g., rabies, polio, anthrax). These activities ultimately benefit all Minnesotans.

New technologies, maintaining existing technologies, and staff expertise, along with variable funding sources are important factors that impact the laboratory. The impact of national and state health reform on the laboratory is uncertain.

The laboratory is funded by a combination of federal grants, fees and reimbursements for its services, and general fund appropriations.

Strategies:

Environmental Health

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

Infectious Disease

- Perform surveillance, reference and confirmatory testing of clinical specimens for infectious bacteria, parasites, fungi, and viruses, including rare, emerging, and re-emerging diseases.
- Provide for early detection of infectious disease outbreaks, and identification of infectious agents through the use of classical techniques and sophisticated molecular methods such as DNA fingerprinting, amplification, and sequencing.
- Characterize pathogens to describe trends in type, virulence, and resistance to treatment.
- Communicate of laboratory data to epidemiologists and healthcare providers to inform treatment, prevention and control of infectious disease pathogens.

Newborn Screening

- Screen all Minnesota newborns for over 50 treatable congenital and hereditary disorders, including hearing loss.

Emergency Preparedness and Response

- Emergency readiness activities to assure early detection and rapid response to all hazards, including agents of chemical, radiological, and biological terrorism.
- Participation on Minnesota's radiochemical emergency response team, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Operate the "Minnesota Laboratory System" to assure that public and private laboratories are trained for early recognition and referral of possible agents of chemical and biological terrorism, as well as other public health threats.
- Help ensure the safety of the public by hosting the federal BioWatch air-monitoring program.
- CDC Designated PHL as a LRN Level 1 Chemical Terrorism preparedness laboratory to serve to provide surge capacity in response to a mass casualty event involving chemical agents.

Results:

Timely identification and DNA fingerprinting of pathogens ensures rapid recognition, investigation and control of outbreaks thereby preventing additional cases of illness. The ability to generate the data quickly is dependent on resource allocation, which has been relatively stable, but is being impacted by changes in testing performed by the clinical labs that provide the PHL with the bacterial isolates. These labs are increasingly using non-culture based methods that necessitate that PHL do an additional step to obtain the isolate necessary for fingerprinting.

Novel test methods are developed to assess new threats to public health as these threats are identified. These new tests require advanced instrumentation and workforce expertise. PHL demonstrates readiness to respond to public health threats by successfully completing proficiency testing and maintaining quality in the analysis of chemical and biological terrorism agents. Corrective actions are written and implemented based on the results of these proficiency tests. This measure will assess the effectiveness of those actions.

Screening all babies shortly after birth for treatable congenital and hereditary disorders including hearing loss ensures that these babies receive follow up assessment, resulting in improved clinical outcomes and quality of life for these babies and their parents.

Accreditation of environmental laboratories by the Minnesota Environmental Laboratory Accreditation Program (ELAP) helps ensure that data provided for purposes of assessing the quality of Minnesota's water is of known and documented quality. New quality standards were implemented in late 2010 requiring that ELAP conduct an on-site laboratory assessment every 24 months instead of the previous requirement of every 36 months. The trend in the performance measures reflects the transition from a 36 month to 24 month assessment interval.

Performance Measures	Previous	Current	Trend
Percent of *E. coli* O157 and *Listeria monocytogenes* fingerprint results reported within four days of arrival at the PHL.[1]	95%	97%	Improving
Percent of proficiency tests successfully completed for chemical (CT) and biological (BT) terrorism agents of public health concern.[2]	CT: 100% BT: 100%	CT: 94.3% BT: 100%	CT: Worsening BT: Stable
Percent of newborns screened that are identified with hereditary disorders (including hearing loss) that have the opportunity to benefit from treatment.[3]	0.57% or 400 of 69,636	0.57% or 385 of 67,872	Stable
Percent of environmental laboratory assessments completed within 24 months of previous assessment.[4]	22%	88%	Improving

Performance Measures Notes:

1. Data is from the PHL for fiscal year 2011 (Previous) and 2012 (Current).
2. Data is from the PHL for fiscal year 2011 (Previous) and fiscal year 2012 (Current). This data is a measure of readiness to perform sample analysis for the 11 validated CT methods for 36 compounds, and 14 validated BT methods.
3. Data is from the PHL for fiscal years 2010 (Previous) and 2011 (current).
4. Data are from fiscal year 2011 (previous) and 2012 (current).

Budget Activity: Public Health Laboratory

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$4,299	$25,194	$7,755	$37,248
Current Law Expenditures (FY 2014-15)	$4,241	$24,014	$6,934	$35,190
Governor's Recommended Expenditures (FY2014-15)	$4,241	$28,042	$6,934	$39,218
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$4,028	$0	$4,028
% Change from FY 2014-15 Current Law to Governor's Rec	0%	17%	0%	11%

Budget Activity: Public Health Laboratory

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$8,931	$6,934	$15,865
APPROPRIATION	$4,242	$19,112	$0	$23,354
SOURCES OF FUNDS	**$4,242**	**$28,043**	**$6,934**	**$39,219**
EXPENDITURES	$4,241	$28,042	$6,934	$39,218
PAYROLL EXPENSE	$3,084	$8,964	$5,300	$17,348
OPERATING EXPENSES	$1,156	$19,078	$1,634	$21,868
OTHER FINANCIAL TRANSACTIONS	$2			$2
USES OF FUNDS	**$4,241**	**$28,042**	**$6,934**	**$39,218**

Health
Emergency Preparedness

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

Statewide Outcome(s):

The Office of Emergency Preparedness supports the following statewide outcome(s).

Minnesotans are healthy

People in Minnesota are safe.

Context:

The Office of Emergency Preparedness (OEP) ensures local, tribal, and state public health and healthcare partners have the personnel, plans, training, communication tools and expertise to prevent or respond to public health emergencies, pandemic influenza, infectious disease outbreaks, bioterrorism, chemical exposures, natural disasters, and other incidents. This activity serves all residents of the State of Minnesota.

Emergencies are happening with increasing frequency, and the role of public health officials in response and recovery activities has expanded as emergency managers and other partners have observed the breadth of health issues and the capabilities of public health and healthcare partners.

The Office is responsible for continuity of operations planning, training and exercising to determine how to maintain facilities and reassign resources to support priority services identified by individual programs in the event of a business continuity interruption.

The Office of Emergency Preparedness is funded approximately 97 percent by federal grants and three percent from the general fund.

Strategies:

Examples of program efforts have included preparation for, response to, and recovery from the H1N1 pandemic influenza outbreak, seasonal flooding along the Red River, recent flash floods in Northeastern and Southeastern Minnesota, power interruptions, the Minneapolis tornado and other weather-related emergencies. OEP provides the infrastructure to support all other parts of the agency in protecting Minnesotans during emergencies, and in ensuring the ability of the department to continue operations should there be a loss of facilities, technology, or staff.

Effective and timely response and recovery requires coordination between public safety officials, healthcare providers, voluntary and non-profit organizations, public health officials at the federal, state, local and tribal level, multiple state agencies, elected officials, media organizations, and many others. This involves extensive planning, training, exercising, communication systems development, acquisition and replenishment of supplies, and administrative preparedness for legal and procurement issues.

The Office is responsible for development and maintenance of the Minnesota Department of Health's All-Hazard Response and Recovery Plan and the MDH portion of the Minnesota Emergency Operations Plan so roles and responsibilities are clear to all responders.

Specific activities include development of and practicing plans for managing federal pharmaceutical and other supplies, updating statutes and regulations to assure needed authority for implementing emergency health measures, supporting a web-based system to monitor healthcare system capacity and support the rapid expansion of healthcare services in an emergency, and assuring compliance with requirements of grants from the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services.

In addition to the extensive coordinating role, the Office administers about $6 million in grants to community health boards and tribes, and about $5 million in grants to regional healthcare coalitions to build public health and health care preparedness statewide.

Results:

It is difficult to measure emergencies that don't happen because people or systems were prepared, or disasters that weren't as bad as they could have been because response was swift and effective, or people whose suffering from an emergency was lessened by work to build resilience. Efforts in preparedness, response, and recovery do, however, have some measureable indicators.

The number of times partners work together to develop, test, and improve their plans indicates coordination and improved capacity and capability. The Office conducts exercises with staff department-wide, and assists local, tribal, and healthcare partners with their exercise programs. Exercises follow a progression to build capability to respond to emergencies—moving from seminars, tabletop discussions, drills, and functional exercises to full-scale exercises. An important component is the after-action report and improvement plan, where the lessons learned are examined, modifications to plans or procedures are made, and components are re-tested in subsequent exercises. Local and Tribal Health Departments and Healthcare Coalitions submit exercise plans and After Action Reports to the Office to meet the federal grant requirements and allow MDH to learn and share best practices.

Minnesota's Health Alert Network (HAN) connects the Centers for Disease Control and Prevention, MDH, state agency partners, local health departments, and tribal governments by disseminating time sensitive health threat information when needed. Every local health department has developed a local HAN that they may use independently for local issues or to cascade on federal or state alerts to clinics, hospitals, long term care, specific medical providers, veterinarians, emergency managers and others within their jurisdictions. In addition to its use during major emergencies, HAN is used frequently to quickly distribute information throughout the state regarding food-borne and infectious disease outbreaks, and environmental health threats.

The Office coordinates recruitment and registration of Medical Reserve Corps volunteers through local chapters. The chapters conduct training and exercises to ensure the Medical Reserve Corps will be ready and able to respond to disasters by providing needed care and intervention services. Medical Reserve Corps volunteers include a wide variety of clinicians and support personnel—physicians, nurses, dentists, veterinarians, morticians, pharmacists, counselors, logistics experts, supply chain staff, etc. A critical feature of this program is to continually confirm that volunteers remain interested and eligible, and to increase their number. MDH also focuses on broadening the number of disciplines represented—for example, the recent collaboration with Environmental Health staff to add a Radiation Emergency Volunteers group to provide the specialty expertise of health physicists and others in the event of a large-scale radiological incident.

Performance Measures	Previous	Current	Trend
Number of exercises conducted by state, tribal, and local health departments	261	387	Improving
Percent of local and tribal health departments completing the two required Health Alert Network notifications annually	78.4%	89.8%	Improving
Number of currently active, credentialed volunteers registered in the Minnesota Responds Medical Reserve Corps to assist state and local officials in caring for Minnesotans	9200	9831	Improving

Performance Measures Notes:

Exercise data from Office tracking of state, local, and tribal

Health Alert Network data from MDH performance tracking database.

Medical Reserve Corps data from the Minnesota Responds Medical Reserve Corps database.

(All performance measures compare data from FY 2012 to FY 2013

Budget Activity: Office Emergency Preparedness
Current, Base and Governor's Recommended Expenditures - Rev
(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$431	$504	$29,134	$30,068
Current Law Expenditures (FY 2014-15)	$192	$93	$29,408	$29,693
Governor's Recommended Expenditures (FY2014-15)	$192	$93	$29,408	$29,693
$ Change from FY 2014-15 Current Law to Governor's Rec	$0	$0	$0	$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%	0%	0%

Budget Activity: Office Emergency Preparedness
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$94	$29,408	$29,502
APPROPRIATION	$192	$0	$0	$192
SOURCES OF FUNDS	**$192**	**$94**	**$29,408**	**$29,694**
EXPENDITURES	$192	$93	$29,408	$29,693
PAYROLL EXPENSE	$182	$72	$5,422	$5,676
OPERATING EXPENSES	$10	$21	$6,157	$6,188
OTHER FINANCIAL TRANSACTIONS			$360	$360
GRANTS, AIDS AND SUBSIDIES			$17,469	$17,469
USES OF FUNDS	**$192**	**$93**	**$29,408**	**$29,693**

Health
Administrative Services
http://www.health.state.mn.us/

Statewide Outcomes:

Administrative Services supports the following statewide outcome(s).

Minnesotans are healthy.
Efficient and accountable government services.

Context:

The Administrative Services divisions provide stewardship of MDH human, capital, and technology resources through the following services:

- **Financial Management** ensures resources are properly tracked, budgets are well-planned and communicated, and financial activities meet standards set by federal, state, and private funders.
- **Human Resource Management** attracts, develops, and serves the department's highly-qualified, diverse workforce while fostering a respectful, safe, and inclusive work environment.
- **Facilities Management** provides the facilities and support services needed for MDH programs to operate efficiently.
- **MN.IT @ MDH** provides and supports agency-wide and specialized technology systems and services through leadership, strategic planning, management, administration, and technical support.

The Administrative Services division is funded through special revenue funds financed by other divisions' budgets, because they support all MDH programs and 1,500 MDH employees in successfully fulfilling the agency mission. Important factors that continue to impact the divisions' work are:

- The evolving deployment of the Statewide Integrated Financial Tools (SWIFT) system; including the need to redesign related business processes and technology systems.
- Our aging workforce (one-third of staff are 55+) signaling a large number of coming retirements and resulting loss of substantial subject matter expertise and leadership.
- Significant challenges in recruiting and hiring in an increasingly competitive labor market, particularly for high-level jobs requiring specialized degrees or leadership experience, due in part to the inability to offer compensation levels that applicants expect and the statewide compression of salaries.
- The recent consolidation of IT services, which will result in new processes, standards and policies.

Strategies:

The Administrative Services divisions promote efficient and accountable government services by using business systems optimally and by listening to and working with management and staff to ensure that MDH's program needs are fully understood and properly addressed.

Financial Management provides stewardship of MDH financial resources through:

- Centralized accounting, cash management, and procurement of goods and contract services;
- Monitoring, financial reporting, and technical assistance required for federal grants;
- Coordinated budget planning and reporting for all department resources; and
- Guidance to MDH employees on financial best practices and how to comply with financial laws, policies, and procedures.

Human Resource Management facilitates strategic personnel management and development by:

- Managing staffing, labor relations, health and safety activities;
- Ensuring accurate administration of compensation, benefits, and payroll services;
- Offering training programs to strengthen current leadership capacity and to develop future leaders;

- Promoting an inclusive workplace with equal opportunity and affirmative action programs; and
- Addressing complex employment issues by consulting with employees, supervisors, and managers.

Facilities Management supports efficient operations through:

- Space planning, physical security, lease management, and operations support for nearly 490,000 square feet of space at five metro and eight greater Minnesota locations; and
- Centralized delivery, shipping/receiving, warehousing, fleet, and duplicating services in metro locations as well as shared administrative support in district offices.

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

- Administering memoranda of understanding with 11 MDH divisions and offices that define partnerships and clarify budgets, roles and responsibilities;
- Providing expertise, planning and development of technology systems and data architectures;
- Supplying high-level security for all departmental data, systems, and communications;
- Managing communications networks and telecommunications systems;
- Administering networks and infrastructure connecting all employees and 11 building connections; and
- Providing user support, training, and problem resolution.

Results:

The value of a top performer is two to three times that of an average employee so the ability to retain stellar employees profoundly impacts productivity and the department's salary budget. HRM's succession planning strategy is to develop identified employees' leadership skills in order to build an engaged workforce with opportunities and abilities to advance.

Minnesota is still in the early stages of consolidating all agencies' IT staff into a single agency. Timely resolution of help desk requests and client satisfaction are key indicators that show how consolidation is affecting customer service.

Efficient finance and facilities services allow MDH programs to focus energy and resources on fulfilling the department's mission. Cost effective space and quick purchasing are essential to MDH programs.

Performance Measures	Previous	Current	Trend
Successfully identified and trained potential/future leaders in Everyday Leaders Program, measured as percent of participants at six months and two years after graduation who were: retained as an employee at MDH and promoted to a leadership position.	2010-2011 class: 75% retained as employees; 22% promoted	2011-2012 class: 96% retained as employees, 4%	Stable
Successfully met information technology service expectations as measured by the percent of request tickets resolved on time and the percent of staff satisfied with the resolution.	87% tickets closed on time; 96% satisfaction	88% tickets closed on time; 95% satisfaction	Stable
Provided a safe, efficient amount of facilities space to support health programs, measured as number of accidents in the workplace and square footage per person.[1]	FY 2010: 32 workers comp claims; 314 sq ft per person	FY 2012: 17 workers comp claims; 293 sq ft per person	Improving
Provided quick, efficient purchasing services to support health programs, measured as the average time from request to purchase order and average number of requisitions per purchasing staff person.	FY 2010: 4.29 days; 45,263 requisitions/ person	FY 2011: 4.86 days; 60,008 requisitions/ person	Stable/ Improving

Notes

[1] Excludes warehouse space for materials storage/transfer and hangar space for mobile medical/morgue units

Budget Activity: Administrative Services-Health
Current, Base and Governor's Recommended Expenditures - Rev
(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$14,449	$67,091	$4,470	$86,010
Current Law Expenditures (FY 2014-15)	$14,428	$64,707	$4,594	$83,729
Governor's Recommended Expenditures (FY2014-15)	$14,228	$64,707	$4,594	$83,529
$ Change from FY 2014-15 Current Law to Governor's Rec	(200)	$0	$0	(200)
% Change from FY 2014-15 Current Law to Governor's Rec	(1%)	0%	0%	0%

Budget Activity: Administrative Services-Health

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$64,706	$4,594	$69,300
APPROPRIATION	$14,228	$0	$0	$14,228
SOURCES OF FUNDS	**$14,228**	**$64,706**	**$4,594**	**$83,528**
EXPENDITURES	$14,228	$64,707	$4,594	$83,529
PAYROLL EXPENSE		$14,947		$14,947
OPERATING EXPENSES	$14,228	$49,748	$4,594	$68,570
OTHER FINANCIAL TRANSACTIONS		$12		$12
USES OF FUNDS	**$14,228**	**$64,707**	**$4,594**	**$83,529**

Health
Executive Office
www.health.state.mn.us/

Statewide Outcome(s):

The Executive Office supports the following statewide outcome(s).

Minnesotans are healthy

Efficient and accountable government services

Context:

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

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

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

The office is funded from special revenue funds.

Strategies:

Commissioner's Office

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

Legislative Relations

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

Communications

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

Legal Services

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

Results:

Since the Executive Office's primary function is to provide leadership and support for the work of all program areas, the effectiveness of the Executive Office can be measured in large part by the results and performance measures of the divisions and offices of MDH. However, a number of distinct measures (below) can serve to help gauge the performance of the EO.

Performance Measures	Previous	Current	Trend
Total subscribers to MDH website bulletins through GovDelivery	42,692	54,659	Improving
Total messages sent from MDH website through GovDelivery	2,747,064	3,068,848	Improving
Number of news releases completed and issued per year*	72	81 (projected)	Stable
Number of fiscal notes completed	95	72	Stable
Average days to complete fiscal notes	10.4	4.2	Improving
Percent of fiscal notes completed on time	47%	78%	Improving

Performance Measures Notes:

*The number of news releases issued can depend on factors such as the number of foodborne or other illness outbreaks that need to be reported, so a decline in needed news releases could be a sign of fewer outbreaks, better prevention or improved h2food safety systems, etc. Also, some instances in which news releases previously were issued are now handled through more routine GovDelivery subscriber notices.

Data on bulletin subscribers and message delivery through the MDH Web site is from 2010 and 2012 (as of 6/30)

Data new releases is from 2005 and (projected) 2012 (as of 6/30)

Data on fiscal notes is 2007 and 2010

Budget Activity: Executive Office

Current, Base and Governor's Recommended Expenditures - Rev

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	$508	$7,999	$3,917	$12,423
Current Law Expenditures (FY 2014-15)	$616	$7,836	$2,360	$10,812
Governor's Recommended Expenditures (FY2014-15)	$1,316	$7,836	$2,360	$11,512
$ Change from FY 2014-15 Current Law to Governor's Rec	$700	$0	$0	$700
% Change from FY 2014-15 Current Law to Governor's Rec	114%	0%	0%	6%

Budget Activity: Executive Office
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	**Other State Funds**	**Federal Funds**	**Total Funds**
REVENUE		$7,905	$2,360	$10,265
APPROPRIATION	$1,316	$0	$0	$1,316
SOURCES OF FUNDS	**$1,316**	**$7,905**	**$2,360**	**$11,581**
TRANSFERS OUT		$70		$70
EXPENDITURES	$1,316	$7,836	$2,360	$11,512
PAYROLL EXPENSE	$792	$6,109	$2,246	$9,147
OPERATING EXPENSES	$524	$1,710	$114	$2,349
OTHER FINANCIAL TRANSACTIONS		$16		$16
USES OF FUNDS	**$1,316**	**$7,906**	**$2,360**	**$11,582**

Federal Funds Summary

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Federal Fund - Agency Total			**276,517**	**270,829**	**265,405**	**261,930**			
Health Improvement Bureau									
Community and Family Health									
Women, Infants and Children (WIC)		Provides nutrition education and healthy foods to low-income pregnant women and young children. (CFH)	134,237	112,274	114,000	114,000	N	N	Health
Temporary Assistance for Needy Families (TANF): Promotes family health and self-sufficiency through family home visiting programs. (CFH)		Promote family health and self-sufficiency.	8,557	8,557	8,557	8,557	N	N	Health
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)		Supports efforts to improve the health and developmental outcomes for at-risk children through voluntary evidenced-based home visiting programs.	10,000	10,000	8,000	6,000	N	N	Health
Maternal and Child Health Block Grant		Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	8,939	8,939	8,939	8,939	N	N	Health
Early Childhood Home Visiting		Evidence-based home visiting program targeting high-risk communities.	150	8,000	8,000	8,000	N	N	Health
Young Student Parents		Supports pregnant and parenting women and men (under age 26) to accomplish their higher education/post-secondary education goals.	2,000	2,000	2,000	2,000	N	N	Health
Universal Newborn Screening and Hearing Program		Supports efforts to detect hearing impairments in infants and reduce or eliminate negative impacts through early intervention.	270	270	300	300	N	N	Health
American Recovery Reinvestment Act Women Infants and Children (SAM) Transfer Project		Supports WIC data system development.	2,471	1,270	1,270	1,270	N	N	Health
Commodity Supplemental Food Program (CSFP)		Provides nutrition information and supplemental foods to elderly and age 5 children.	1,115	1,115	1,115	1,115	N	N	Health
WIC Breastfeeding Peer Counsel		Promotes and supports breastfeeding among WIC recipients.	1,022	1,022	1,022	1,022	N	N	Health
Abstinence Education		Reduce the teen pregnancy and sexually transmitted infections rates among 15-17 year olds.	262	262	328	262	N	N	Health
Minnesota Birth Defects Information System		Supports surveillance of birth defects in Minnesota.	190	190	190	190	N	N	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Pregnancy Risk Assessment Monitoring System (PRAMS)		Monitors maternal experiences and behaviors just before, during and after pregnancy.	145	145	145	145	N	N	Health
Preventive Block Grant		Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		37	37	37	N	N	Health
Community Integrated Services System		Supports efforts to integrate community services to effectively respond public health needs.	-	300	-	-	N	N	Health
Minnesota State System Development Initiative		Supports efforts to align early childhood service system priorities and integrate their funding streams in order to maximize health, mental health, early care and education, parenting education and family support benefits to the children, families, and communities served.		65	100	100	N	N	Health
Personal Responsibility Education Program		Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.		875	875	875	N	N	Health
Health Promotion and Chronic Disease									
Cancer Prevention & Control Programs		Supports 1) comprehensive cancer planning & implementation, 2) breast and cervical cancer screening, and 3) a statewide population-based cancer registry.	6,906	7,469	7,250	7,073	Y	Y	Health
Environmental Public Health Tracking		Supports a tracking system to integrate data about environmental hazards with data about diseases that are possibly linked to the environment, and provide public access via a data portal.	875	875	875	875	N	N	Health
Minnesota Arthritis Program		Supports statewide activities to promote self-management, education and physical activity to improve the quality of life for those affected by arthritis		118	-	-	N	N	Health
WISEWOMAN		Supports services to low-income women to prevent cardiovascular disease.	888	888	888	888	N	N	Health
Oral Health Workforce		Supports statewide oral health workforce activities and expands community-based prevention programs.	500	500	500	500	N	N	Health
Diabetes		Supports statewide activities to prevent diabetes and reduce the complications, disabilities, and burden associated with diabetes.	1,452	1,452	1,452	1,452	N	N	Health
Colorectal Cancer		Supports promotion and provision of colorectal cancer screening.	908	908	908	908	N	N	Health
Heart Disease and Stroke Prevention		Supports statewide activities to address heart disease, stroke, and related risk factors.	350	350	350	350	N	N	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Sexual Violence Prevention		Supports statewide prevention and education programs that address sexual violence.	591	591	566	57	N	N	Health
Addressing Asthma		Supports statewide activities to train health professionals, educate individuals with asthma and their families, and explain asthma to the public.	528	528	600	528	N	N	Health
Stroke Registry		Supports a hospital-based stroke registry that is used to improve care for stroke patients.	381	381	381	381	N	N	Health
Injury Prevention and Control Program		Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.	246	246	246	246	N	N	Health
Oral Health Program		Supports the development of state-level infrastructure to improve oral health in the state.	300	330	330	330	N	N	Health
Comprehensive Cancer Control Policy		Supports policy, systems, and environmental changes for cancer control.	175	175	175	175	Y	N	Health
Asthma Environmental Triggers		Supports activities to reduce or eliminate environmental triggers of asthma for children who reside in public and assisted multi-family housing.	380	409	0	0	N	N	Health
Occupational Health and Safety Surveillance		Determines rates, trends, and causes of work-related injury and illness.	120	120	120	120	N	N	Health
Coordinated Chronic Disease and Health Promotion		Strengthen chronic disease prevention and management programs by providing leadership and coordination.	651	1	651	0	N	N	Health
MCSS Early Case Capture		Supports enhancements to the cancer surveillance system to increase the rapidity of reporting for pediatric cancer cases.	200	267	267	267	N	N	Health
Sudden Unexplained Infant Deaths		Identify and analyze all cases of SUID in Minnesota to prevent further deaths.	107	107	65	65	Y	N	Health
Minnesota SAGE Screening Program		Breast and cervical cancer screening		231	231	231	N	N	Health
Healthcare System Preparedness		Supports healthcare systems and providers for readiness to respond to emergencies that require health care, including rapidly treating large numbers of patients.		41	41	41	Y	Y	Health
Cancer Demonstration Project		Creates a demonstration project to increase breast, cervical and colorectal cancer screening rates in Minnesota's Medicaid and Medicare populations.	0	1,800	1,800	1,800	N	N	Health
Supplemental breast and cervical cancer screening		Provides one year of funding to pay for tests for additional women	0	308	0	0	N	N	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Suicide Prevention Demonstration Projects.	X	Demonstrate innovate, community-based models to prevent suicides	300	300	300	300	N	N	Health
Preventive Block Grant		Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		373	373	373	N	N	Health
National Violent Death Reporting System (NVDRS).	X	Identify, report and study violent deaths (in MN, this is predominantly suicide) in a nearly real-time manner. HPCD	175	175	175	175	N	N	Health
Office of Minority and Multi-Cultural Health									
Temporary Assistance for Needy Families (TANF) Eliminating Health Disparities		Provides statewide grants to community organizations to promote the reduction disparities in health outcomes for populations of color.	2,000	2,000	2,000	2,000	N	N	Health
Preventive Block Grant		Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		67	67	67	N	N	Health
Office of State Health Improvement Initiatives									
American Recovery Reinvestment Act Communities Putting Prevention to Work - Category A		Plan and implement evidence-based policy, systems, and environmental changes that support reducing obesity	541	541	541	541	N	N	Health
CDC - Tobacco Control Program		Funding continues programmatic Efforts to reduce morbidity and its related risk factors and to reduce premature death associated with tobacco use. It also continues surveillance efforts to measure the public health impact of these programs.	1,242	1,242	1,242	1,242	N	N	Health
Preventive Block Grant		Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		317	317	317	N	N	Health
Minnesota Nutrition, Physical Activity and Obesity Program		Promote healthy eating, active living and prevent obesity and chronic disease.	646	646	646	646	N	N	Health
Community Transformation Grant (CTG):		Supports tobacco-free communities, active living, healthy eating, and quality clinical and other preventive services, by providing grants to local public health agencies and Indian tribes in rural northern Minnesota, and funding the development of regional systems and state-level coordination efforts. The grant builds off of the community health improvements of SHIP, promoting health equity, controlling health care spending, and improving quality of life in Minnesota.	3,604	3,604	3,604	3,604	N	N	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Cessation Grant		- This grant is enhances stop smoking opportunities for Minnesotans through health systems change. MDH will work with health plans, health systems and other state agencies to better integrate tobacco cessation delivery and referrals into routine health care visits. Work in this area will include increasing provider referrals to existing cessation programs, incorporating referral cues into electronic medical records, and developing quality measures related to tobacco dependence treatment into private and publicly funded health care systems.		296	296	296	N	N	Health
Policy Quality and Compliance Bureau									
Compliance Monitoring									
Medicare Survey and Certification		Certify health care facilities and perform surveys and investigations of those facilities	20,552	20,552	20,529	20,529	N	N	Health
Case mix review		Review level of care determinations	2,244	2,244	2,244	2,244	N	N	Health
Coordinated School Health Program (CSHP)		Builds the capacity of the Minnesota Department of Education and the Minnesota Department of Health CSHP staff to provide leadership to schools, communities and governmental/non-governmental agencies on policies, practices and programs to ensure that Minnesota youth are safe, healthy and engaged in learning.	0	250	250	250	N	N	Health
Health Policy									
American Recovery Reinvestment Act Health Information Technology, E-health Connect Project (HITECH)		Develop and implement strategic and operational plans for health information exchange, including the development of technical infrastructure to enable secure, electronic movement of health information among Minnesota health care stakeholders.	2,405	2,405	2,405	2,405	Y	N	Health
Primary Care Cooperative Agreement		The grant funds will target site development for clinics interested in participating in National Health Service Corps programs.	535	535	535	535	N	N	Health
Small Rural Hospital Improvement Program		-- Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs. (HP)	816	816	816	816	N	N	Health
Rural Hospital Flexibility Program		Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	730	730	730	730	N	N	Health
Eliminating Health Disparities		To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities	139	140	140	140	N	N	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Grants to states for loan repayment		To encourage more medical professionals to practice in underserved areas	100	100	100	100	N	N	Health
Clinical Lab Improvement Act Program (CLIA)		Continuous improvement in laboratory testing quality and service delivery.	267	267	267	267	N	N	Health
Behavioral Risk Factor Surveillance		Enhancement of the quality of data collected through the BRFSS survey.	1,014	1,015	1,015	1,015	N	N	Health
Office of Rural Health		This grant provides information and assistance to rural health care provider so that health services are available where needed, and to recruit and retain health professionals.	180	180	180	180	N	N	Health
e-Vital Records Initiative		Project under existing contract with NCHS to connect hospital electronic health records to state vital records system	0	346	346	346	N	N	Health
Health Protection Bureau									
Environmental Health									
Safe Drinking Water Program		This program supports protecting public health by ensuring a safe drinking water supply	2,694	2,694	2,694	2,694	N	N	Health
Drinking Water Revolving Fund		This program supports protecting public health by providing low interest loans for public water system improvements.	4,191	4,191	4,191	4,191	N	N	Health
Biomonitoring of Great Lakes		Work with the Fond du Lac tribe to determine the potential for tribal members in the Lake Superior Basin to be exposed to various contaminants.	2,084	2,084	436	436	N	N	Health
Childhood Lead Poisoning		Statewide data collection and analysis, education and technical assistance on lead exposure.	590	590	590	590	N	N	Health
Agency for Toxic Substance and Disease Registry (ATSDR)		To prevent or reduce exposures to hazardous sites and toxic substances through assessment, investigation and education.	437	437	437	437	N	N	Health
EPA Indoor Radon Grant		Provides education and technical assistance on reducing radon exposure primarily in residences.	775	775	933	933	N	Y	Health
Drinking Water Quality in Supply Wells		Funding to support efforts to maintain drinking water quality in supply wells	67	67	67	67	N	Y	Health
State Fish Advisory Consortium		Work with eight states on evaluating fish consumption advisories and improve the deliver of information to the public.	1,207	1,207	1,207	1,207	N	Y	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Small Cities Lead Hazard Reduction		Grants to small cities to support lead hazard reduction efforts	581	581	581	581	N	N	Health
Public Health Emergency Preparedness		Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	163	163	163	163	Y	Y	Health
EPA Lead Cooperative Agreement		Provides education and compliance assistance to the public and businesses that impact lead in residences.	240	240	286	286	N	Y	Health
Climate Change		To protect, maintain and improve public health through preparation and adaptation to climate change.	290	290	238	238	N	N	Health
Infectious Disease Epidemiology Prevention and Control									
Emerging Infections Program (ACA, PPHF, Base)		Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	2,990	2,991	2,991	2,991	No	No	Health
Preventive Block Grant		Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		307	307	307	N	N	Health
Immunization		Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).	5,408	5,408	5,408	5,408	N	N	Health
AIDS/HIV Prevention		Supports AIDS/HIV prevention activities including state operations and grants to community-based organizations (CBOs). This grant also supports linking individuals living with HIV into care to reduce risk of transmission and susceptibility to other infections.	5,178	5,178	5,178	5,178	N	N	Health
Epidemiology &Laboratory Capacity		Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity. Categorical funds for West Nile, Lyme, influenza, hepatitis, measles, and electronic disease reporting.	2,606	2,606	2,606	2,606	N	N	Health
Prevention of Sexually Transmitted Diseases		Supports prevention and control of STDs including state operations for partner services and Chlamydia and gonorrhea testing and treatment.	1,077	1,077	1,077	1,077	N	N	Health
Tuberculosis Cooperative Agreement		Supports TB prevention and control activities including state operations and grants to CHBs.	1,029	1,029	1,029	1,029	N	N	Health
American Recovery Reinvestment Act Interoperability of Electronic Health Records (EHR) and Immunization Information Systems (IIS)		Supports state operations to enhance and standardize the exchange of immunization data from EHR systems to the state IIS.	115	115	115	115	N	N	Health

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
New Refugee Disease Surveillance		Supports activities to reduce infectious diseases among newly arrived refugees, including education, disease tracking and state operations. Supplemental funding for hepatitis B received Sept 30, 2012.	174	174	174	174	N	N	Health
HIV/AIDS Surveillance		Supports state operations for disease surveillance and outbreak control activities.	510	510	510	510	N	N	Health
Refugee Health Services		Supports state operations and grants to CHBs to ensure refugees receive a medical screening and healthy start as they resettle.	599	599	599	599	N	N	Health
Public Health Emergency Preparedness		Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	1,144	1,144	1,144	1,144	Y	Y	Health
Viral Hepatitis, Early Indentification, Linkage to Care for Persons.		Supports early identification and linkage to treatment for persons with viral hepatitis	0	125	0	0	N	N	Health
Immunization IDEPC		Strengthens the immunization infrastructure forlocal public health agencies: Strengthens billing practices; supports improved storgage and handling of vaccines; increases vaccine rates for youth; and improves the use of secure data transmission.	0	2,500	0	0	N	N	Health
Food Safety Modernization Act		Intergrated Food safety Centers of Excellence. Develop best practices for investigation of foodborne dieases, and serve as training/resource center for state Health departments.	0	200	0	0	N	N	Health
BEACH grant		Supports water testing for e. coli at beaches along the Lake Superior Coast.	202	209	209	209	N	N	Health
Adult Viral Hepatitis Prevention and Control		Provides viral hepatitis prevention and education to the health care providers in the state and its high risk communities.	99	99	109	109	N	N	Health
Viral Hepatitis Surveillance		Supports enhanced surveillance to monitor the disease burden of acute and chronic viral hepatitis. Funding awarded to bridge the 10-month gap between EIP funding for hepatitis surveillance and new Hepatitis Surveillance.	0	248	0	0	N	N	Health
Public Health Lab									
Public Health Emergency Preparedness		Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	1,725	1,725	1,725	1,725	Y	Y	Health
Minnesota Integrated Newborn Screening		Eliminating Health Disparities Initiative, Tracking and Surveillance System	528	528	528	528	N	N	Health
Office of Emergency Preparedness									

Federal Award Name	New Grant	Purpose / People Served	2012 Actual	2013 Budget	2014 Base	2015 Base	Required State Match Yes / No	Required State MOE Yes /No	State-wide Outcome
Public Health Emergency Preparedness		Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	7,967	7,967	7,967	7,967	Y	Y	Health
Preventive Block Grant		Flexible funds that can be targeted to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of foodborne infections and water borne diseases.		775	775	775	N	N	Health
Healthcare System Preparedness		Supports healthcare systems and providers for readiness to respond to emergencies that require health care, including rapidly treating large numbers of patients.	5,963	5,962	5,962	5,962	Y	Y	Health
Administrative Support Services									
Public Health Emergency Preparedness		Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	187	186	186	186	N	N	Health
Public Health Emergency Preparedness		Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health	2,297	2,297	2,297	2,297	Y	Y	Health
Performance Improvement		Strengthening Public Health Infrastructure for improved health outcomes	994	994	994	994	N	N	Health

Narrative:

The Department of Health receives over $270 million per year in federal funding, which represents roughly half of the agency's operating budget. Federal funders include the U.S. Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services, the Department of Homeland Security and the Environmental Protection Agency. Federal funding is critical to helping the department achieve its mission. It enables the department to provide nutrition services and products to an average of 131,000 women and young children each month through the Women, Infants and Children program. Federal funding from the Safe Drinking Water Program helped to fund over 22,000 tests on community water system to ensure that Minnesotans have safe drinking water. Funding through the Cancer Prevention and Control program helps support cancer screening services for low-income, at-risk populations.

Federal funding to MDH has declined in recent years and Congress is considering further cuts that would greatly impact MDH. Examples of MDH programs impacted or potentially impacted by federal funding cuts include:

• $1.7 million to ensure that the health care system has the capacity to respond to emergencies that protect the public's health

• $1.875 million for the Preventive Block Grant that is used to address public health needs throughout the state. Activities that have been funded through the PBG include services for victims of sexual assault, suicide prevention and minority and multi-cultural health.

• $600,000 for addressing lead exposure for young children.

The impact of sequestration required under the Budget Control Act of 2011, could have significant consequences for public health programs in the state. A report from the Association of State and Territorial Health Officials (ASTHO) estimates that in federal Fiscal Year 2013, sequestration would result in a loss of $16.7 million in federal public health funding to the state. Sequestration would impact MDHl programs that support WIC, vaccinations for low-income children, HIV testing and investigations into public health threats.

Federal funding is critical to MDH's work, and actual and proposed budget cuts present a significant challenge to MDH as it works to protect, maintain and improve the health of all Minnesotans. MDH continues to develop strategies to make limited resources go further and better prioritize its efforts to maintain key services that have the greatest impact on the health of Minnesotans. The FY 2014-15 biennial budget embodies those efforts.

Grant Funding Detail

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Program: Health Improvement **Budget Activity: Community and Family Health**				
Fetal Alcohol Spectrum Disorders Grant (State) *M.S. 145.9265*	Provide prevention and intervention services related to fetal alcohol spectrum disorder.	Statewide non-profit organization (1 grantee)	$2,000	$2,000
Local Public Health Grants to CHBs (State) *M.S. 145A.131*	Develops and maintains an integrated system of community health services under local administration and within a system of state guidelines and standards.	Community Health Boards (53 grantees)	$20,771	$20,771
Local Public Health Grants to Tribal Governments (State) M.S. 145A.14, subd. 2a	Develops and maintains an integrated system of American Indian tribal health services under tribal administration and within a system of state guidelines and standards.	Tribal Governments (9 grantees)	$1,060	$1,060
Maternal and Child Health Block Grant (Federal) *Title V, SSA and* *M.S. 145.88 – 145.883*	Supports public health services to low-income, high-risk mothers and children.	Community Health Boards (53 grantees); Statewide SIDS program (1 grantee)	$5,551	$5,975
Family Home Visiting Program (Federal TANF funds) *M.S. 145A.17*	Promote family health and self-sufficiency.	Community Health Boards (53 grantees) and Tribal Governements (9 grantees)	$7,827	$7,827
Family Planning Special Projects (State and Federal TANF funds) M.S. 145.925	Provide pre-pregnancy family planning services to high risk low income individuals.	Government and non-profit organizations (26 grantees)	$4,862	$4,862
Family Planning Grants Greater Minnesota (State) M.S. 145.925	Support family planning clinics serving out state Minnesota that are experiencing financial need.	Government and non-profit organizations serving out state Minnesota (14 grantees)	$491	$491
Positive Alternative Grants (State) M.S. 145.4235	Provide support encouragement, and assistance to pregnant women and caring for their babies after birth.	Non-profit organizations (3 3grantees)	$2,357	$2,357
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) I (Federal)	Promotes evidence-based home visiting in high risk communities	Community Health Boards and Tribal Governements (18 grantees)	$1,200	$1,200
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) II Expansion Grant	Expands evidence-based home visiting to additional communities	Community Health Boards	0	$6,100

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Young Student Parents (Federal) Public Law 111-148	Support pregnant and parenting young women and men (under age 26) to accomplish their higher education/post secondary education goals.	Minnesota Institutions of Higher Education/Post Secondary Education (16 grantees)	$1,329	$1,321
Children with Youth with Special Health Needs Clinics (State)	Provide specialty diagnostic services in underserved regions of the state.	Government and non-profit organizations (1 grantees)	$160	$160
Hearing Aid Loan Bank (State)	Support statewide hearing aid and instrument loan bank to families with children newly diagnosed with hearing loss from birth to the age of ten.	Government and non-profit organizations (1 grantee)	$69	$69
Families with Deaf Children (State)	Parent to parent support for families with young children who are deaf or have a hearing loss.	Non-profit organizations (1 grantee)	$241	$241
Universal Newborn Hearing/Screening (Federal) Title III, Sec. 399M of Public Health Services Act	Support for local public health agencies to reduce the number of infants lost to follow-up after a failed newborn hearing screening.	Community Health Boards and Tribal Governments	$36	$60
Commodity Supplemental Food Program (CSFP) *Agriculture Appropriation Act*	Provide nutrition information and supplemental foods to elderly and age 5 children.	Government and non-profit organizations (5 grantees)	$ 839	$ 825
WIC (Federal)	Provides nutrition education and healthy foods to low-income pregnant women and young children.	Community Health Boards, non-profit organizations and tribal governments (57 grantees)	$112,274	$114,000
WIC Breastfeeding Peer Counsel (Federal)	Promote and support breastfeeding among WIC recipients.	Community Health Boards, non-profit organizations and tribal governments who provide WIC services (13 grantees)	$ 693	$650
Personal Responsibility Education Program (PREP) (Federal) Section 513 of the Social Security Act	Promote personal responsibility and educate high risk adolescents regarding prevention of pregnancy and STIs utilizing evidence based curricula.	Non-profit organizations, community health boards and tribal governments	0	$521
Abstinence Education (Federal) Section 510 of the Social Security Act	Promote healthy youth development through education, community activities and parent support.	Community Health Boards (1 grantee)	$173	$173
Abstinence Education (State) M.S. 145.9255	Promote healthy youth development through education, community activities and parent support	Community Health Boards (1 grantee)	$71	$71
Birth Defects Information System (State) M.S. 144.2215	Prevention of birth defects through preconception educational efforts	Community Health Boards, Tribal Governments and non-profit organizations (6 grantees)	0	$290

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Birth Defects Information System (State) M.S. 144.2215	Support and linkage to community resources for infants born with a birth defect and their families	Community Health Boards (48 grantees)	$150	$150
Program: Health Improvement **Budget Activity: Health Promotion and Chronic Disease**				
Minnesota Poison Control System (Both) *M.S. 145.93*	Identify appropriate home management or referral of cases of human poisoning; provide statewide information and education services.	Government, non-profit and for-profit organizations; competitive (1 grantee)	$1,229	$1,210
Arthritis Program (Federal) M.S. 144.05	Promote self-management education and physical activities to improve the quality of life for those affected by arthritis.	Non-government organizations and health care providers; noncompetitive	$71	$0
Comprehensive Cancer (Federal) M.S. 144.05	Support development and implementation of the comprehensive cancer plan.	Cancer centers; non-profit organizations; noncompetitive	$87	$65
Colorectal Cancer (Federal) M.S. 144.05	Promote and provide colorectal cancer screening.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$420	$327
Sage Screening Program (Both) *M.S. 144.671 and M.S. 145.928*	Provide breast and cervical cancer screening, diagnostic and follow-up services. Recruitment/outreach activities to increase and provide breast and cervical cancer screening.	Private and community clinics, other health care providers and Community Health Boards; noncompetitive	$3,094	$3,099
Comprehensive Cancer Control Policy (Federal) *M.S. 144.05*	Support policy, systems, and environmental changes for cancer control.	Cancer centers; non-profit organizations; noncompetitive	$40	$18
WISEWOMAN Screening (Federal) *M.S. 144.05*	Heart disease risk factor screening and lifestyle counseling for age-eligible Sage Screening Program clients.	Private and community clinics, other health care providers and Community Health Board; noncompetitive	$481	$209
Rape Prevention and Education (Federal) M.S. 144.05	Build primary prevention capacity of Minnesota's sexual assault coalition.	Non-profit, statewide sexual assault coalition; noncompetitive (1 grantee)	$275	$220

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Heart Disease and Stroke Prevention (Federal) *M.S. 144.05*	Support activities that reduce the risk and burden of heart disease and stroke.	Local public health, non-profit organizations, health care providers; noncompetitive	$15	$25
Sexual Assault Prevention (Federal)	Prevent sexual assault, provide services to victims of sexual assault, and provide public education regarding sexual assault.	1 noncompetitive grantee with competitive sub-grants to government organizations, schools, non-profit organizations	$23	$108
Stroke Registry (Federal) *M.S. 144.05*	Support Minnesota hospitals to improve the quality of care to stroke patients by developing and using the stroke registry.	Minnesota hospitals; noncompetitive	$58	$0
Addressing Asthma (Federal) *M.S. 144.05*	Implement strategies that support the "Strategic Plan for Addressing Asthma in Minnesota."	Tribal organizations and Indian Health Service noncompetitive	$57	$71
Asthma Environmental Triggers (Federal) *M.S. 144.05*	Reduce or eliminate environmental triggers of asthma for children who reside in public and assisted multi-family housing.	Local public health, tribal governments; noncompetitive	$316	$0
Traumatic Brain Injury Support & Information Services (State Special Revenue) *(M.S. 144.661-665)*	Provide information and support for injured persons and their family members in order to improve life quality and outcomes.	One grant contract; non-competitive.	$997	$1,000
Oral Health Workforce (Federal) *M.S. 144.05*	Evidence based prevention: School Based Sealant Programs, community water fluoridation and Workforce support	Dental service providers and public schools, municipalities, dental students	$522	$103
Oral Disease Prevention (Federal) *M.S. 144.05*	Oral health infrastructure	Providers, dental students, improved communications	$30	$6
Program: Health Improvement **Budget Activity: Office of Statewide Health Improvement Initiatives**				
Statewide Health Improvement Program (State) 145.986	Increase healthy behaviors and prevent the leading causes of illness and death. Tobacco & obesity. Improve the health of Minnesotans by reducing the burden of chronic disease through evidence based policy, systems, and environmental change strategies.	Community Health Boards and Tribes. Competitive.	$12,500	$192
MN Nutrition Physical Activity & Obesity (Federal)	Minnesota Nutrition, Physical Activity and Obesity Program: promote healthy eating, active living and prevent obesity and chronic disease.	Local public health and non-profit organizations	$0	$0

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
American Recovery Reinvestment Act Communities Putting Prevention to Work (Federal)	Plan and implement evidence-based policy, systems, and environmental changes that support healthy behaviors related to obesity, physical activity, and nutrition.	Community Health Boards	$1,665	$0
Tobacco Use Prevention (State) 144.395-396	Grant program to reduce youth tobacco use and secondhand smoke exposure by creating tobacco-free environments.	Tribes, Community Health Boards (CHB), Nonprofit Organizations, health care organizations and local units of government. Competitive	$3,221	$3,221
Community Transformation Grant (Federal)	Supports tobacco-free communities, active living, healthy eating, and quality clinical and other preventive services, by providing grants to local public health agencies and Indian tribes in rural northern Minnesota, and funding the development of regional systems and state-level coordination efforts. The grant builds off of the community health improvements of SHIP, promoting health equity, controlling health care spending, and improving quality of life in Minnesota.	Community Health Boards (CHB), Tribes, RDC's, Higher Education, and non-profit organizations.	$2,208	$1,872
American Recovery Reinvestment Act Community Mentoring (Federal)	Provide technical assistance to other CPPW/ARRA funded communities interested in expanding the breadth and depth of their local level efforts to reduce obesity.	Counties, Non-Governmental.	$177	$13
Program: Health Improvement **Budget Activity: Office of Minority & Multicultural Health**				
Eliminating Health Disparities Initiative Grants (Both)	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, Latinos/Hispanics). Grants focus on 7 health priorities.	Eligible applicants are local/county public health agencies, community based organizations, faith-based, and tribal governments.	$5,142	$5142
Program: Policy Quality and Compliance **Budget Activity: Health Policy**				
Patient Safety Mini-Grants (State – 144.7063-144.7069)	Support facilities in developing system/process improvements to prevent reportable adverse health events	Hospitals and ambulatory surgical centers licensed in MN and subject to MN adverse health events reporting requirements	$26	$25

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
e-Health Connectivity Grants (Federal – ARRA)	Expand community-based collaborative HIE efforts	Community health information exchange collaboratives or pharmacies not able to accept electronic prescriptions.	$452	$3,500
Medical Education and Research Cost Trust Fund (Both) *M.S. 256B.69; M.S. 297F.10; M.S. 62J.692*	The MERC trust fund was established to address the increasing financial difficulties of Minnesota's medical education organizations.	Eligible applicants are accredited medical education teaching institutions, consortia, and programs operating in Minnesota (22 sponsoring institutions pass through grants to several hundred training sites)	$52,109,614	$52,103,360
OMH Partnership Grant	To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	Nonprofit working with youth at community organizations (1 Grant)	$38	$20
OMH-Eliminating Health Disparities (Federal)	To improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	Nonprofit working with youth at community organizations (1 Grant)	$0	$48
Dental Innovations Grants (Both) *M.S. 62J.692*	To promote innovative clinical training for dental professionals and programs that increase access to dental care for underserved populations.	Eligible applicants are sponsoring institutions, training sites, or consortia that provide clinical education to dental professionals	$1,122	$1,122
Indian Health Grants (State) *M.S. 145A.14, Subd. 2*	Provides health service assistance to Native Americans who reside off reservations.	Community Health Boards (5 grantees)	$164	$174
Rural Hospital Capital Improvement Grant Program (State) *M.S. 256B.195*	Update, remodel, or replace aging hospital facilities and equipment necessary to maintain the operations of small rural hospitals.	Rural hospitals with 50 or fewer beds (21 grantees)	$1,755	$1,755
Small Hospital Improvement Program (Federal)	Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.	Rural hospitals of 50 or fewer beds (89 grantees)	$723	$774

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Community Clinic Grant Program (State) *M.S. 145.9268*	Assist clinics to serve low-income populations, reduce uncompensated care burdens or improve care delivery infrastructure.	Nonprofit community clinics (14 grantees)	$561	$561
Rural Hospital Planning & Transition Grant (State) *M.S. 144.147*	Assist with strategic planning; transition projects.	Rural hospitals with 50 or fewer beds (15 grantees)	$300	$300
National Health Service Corp (Both) *M.S. 144.1487*	Health education loan forgiveness for physicians in rural and urban underserved areas.	Physicians (4 grantees per year)	$100	$100
Rural Hospital Flexibility (Federal)	Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	Critical Access Hospitals, ambulance services, other rural providers (20 Grantees)	$492	$487
Federally Qualified Health Center (State) M.S. 145.9269	Support Minnesota FQHCs to continue, expand and improve services to populations with low incomes.	HRSA designated FQHCs and FQHC Look Alikes operating in Minnesota	$2,250	$2,250
Comprehensive Advanced Life Support System (State) M.S. 144.6062	Training rural medical personnel, including physicians, physician assistants, nurses and allied health care providers, to anticipate, recognize and treat life threatening emergencies before serious injury or cardiac arrest occurs.	Nonprofit Organization	$408	$408
American Recovery Reinvestment Act State Loan Repayment Program (Federal)	Increase access to primary care by providing educational loan repayment for health care providers willing to practice in rural and underserved communities.	Nurse Practitioner (4), Physician Assistant (2), Dentist (1), LICSW (1), and Family Practice Physician (1)	$246	$0
Program: Health Protection **Budget Activity: Environmental Health**				
Drinking Water Technical Assistance (Federal) *M.S. 144.383*	Provides technical assistance to owners and operators of public water systems.	Minnesota Rural Water Association	$300	$300
Drinking Water (State)	Bridges federal funding for the Drinking Water Technical Assistance funds	Minnesota Rural Water Association	$110	$113

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Constitutional Amendment (State) *Minnesota Constitution, Artile XI, section 15*	Strengthens drinking water source water protection by 1) determine physical and chemical characteristics of the untreated water that is used by public water suppliers; 2) accelerate development and implementation of wellhead or surface water protection plans for public water suppliers; 3) provide technical assistance to the public and local governments to protect their drinking water; and 4) improve access to drinking water data.	Local units of government	$699	$1,563
Counter Terrorism Coordination (Federal)	Provides support for implementation of security measures for public water systems	Providers of technical assistance to public water systems such as universities and non-profit organizations	$6	$0
Wellhead Protection (Federal)	Provide technical assistance to small public water systems to initiate their wellhead protection plan.	Minnesota Rural Water Association	$0	$200
Lead Base Program Grants (State) *M.S. 119A.46*	For lead training to workers and property owners, and to provide lead cleaning services in housing for residential properties.	Eligible applicants include: qualified lead professionals; cities; local public health agencies; community action groups	$479	$479
Small Cities Lead Hazard Reduction (Federal)	For lead hazard reduction in child-occupied residential units	Eligible applicants including: local housing agencies and small city development organizations	$	$
Health Homes/Childhood Lead Poison Prevention (Federal) *M.S. 144.9507*	For Healthy Homes planning and development to create education or research activities aimed at improving housing.	Eligible applicants include local public health agencies and non-profit organizations	$280	$0
State Indoor Radon Grant (SIRG) (Federal)	For Public education and targeted outreach on radon testing, mitigation, and radon resistant new construction.	Educational grants to local non-profit organizations.	$0	$15
Program: Health Protection **Budget Activity: Infectious Disease Epidemiology, Prevention, and Control**				
Tuberculosis Program (Both)	Outreach Grants for TB case management services and medication purchase	Hennepin, Olmstead, and Ramsey counties; others as TB caseload need & funding allow	$157	$157
Eliminating Health Disparities—Refugee Health (State)	Health screening and follow-up services for foreign-born persons with TB proportionally based on legislative formula.	All Community Health Boards (CHBs) are eligible	$245	$245

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
Refugee Health (Federal)	Coordination of Refugee Health Assessments.	Counties resettling the largest number of refugees (5 grantees)	$41	$37
Perinatal Hepatitis B (Federal)	Case management for perinatal hepatitis B.	Community Health Boards	$73	$75
Immunization Practices Improvement (Federal)	Clinic site visits by local public health staff to check vaccine storage and handling, review immunization practices, and audit pediatric immunization records.	Community Health Boards	$95	$110
Immunizations (Federal)	Support for Regional Immunization Information Services for the continued statewide deployment of our registry system. Case management for perinatal hepatitis B in Hennepin and Ramsey Counties.	Community Health Boards to support regional immunization information service providers. Saint Paul/Ramsey, Hennepin counties receive perinatal hepatitis B case management awards from this source	$720	$696
New Refugee Disease Surveillance (Federal)	Establish tracking systems for refugees referred for acute care follow-up by Hennepin County Public Health Clinic (HCPHC) and St Paul Ramsey County Department of Public Health (SPRCDPH)	Hennepin County Public Health Clinic and St Paul Ramsey County Department of Public Health	$10	$0
Pandemic Influenza Competitive (Federal)	Promoting use of IISs for pandemic influenza response	Community Health Boards to support regional immunization information service providers. Olmsted County Public Health	$20	$0
Emerging Infections (Federal)	Supports the work of Infection Preventionists with a grant to their professional organization	APIC Minnesota (Minnesota chapter of the Association of Professionals in Infection Control)	$10	$10
AIDS Prevention Grants (Both) *M.S. 145.924*	Health education/risk reduction and AIDS/HIV testing for high-risk individuals.	Community-based organizations, clinics (16 grantees)	$1,384,718	$1,281
Prevention and Treatment of Sexually Transmitted Infections (Federal) *M.S. 144.065*	Test high risk individuals for STDs.	Community-based organizations and clinics	$212,010	$212,010
HIV Counseling and Testing (Federal)	Testing high-risk individuals for HIV.	Clinical facilities (7)	348,284	348,284
Program: Health Protection **Budget Activity: Office of Emergency Preparedness**				
Local Public Health Preparedness Grants (Federal) *(PAHPA, P.L. 109-417)*	Plan, exercise and prepare local health departments and communities to respond to and recover from events that affect the public's health. Includes one time funds for H1N1 preparedness and response.	Community health boards (53 grantees) and tribal health departments	$4,640	$5,302

Program Name Federal or State or Both (citation)	Purpose	Recipient Type (s) Eligibility Criteria	Actual FY 2012	Budgeted FY 2013
OEP Hospital Preparedness (Federal) *(PAHPA, P.L. 109-417)*	Plan, exercise, and prepare individual hospitals and hospital regions to provide health care during emergencies and events that affect the public's health.	Regional Hospital Resource Centers designated in each of the 8 regions	$4,163	$4,186
Flood Disaster Relief (State 2012)	Funds behavioral health activities for community recovery from 2012 floods in NE MN	Communities, Counties, Non Profits	0	$364
Tribal Preparedness Grants (Federal) *(PAHPA, P.L. 109-417)*	Plan, exercise and prepare tribal governments and tribal communities to respond to and recover from events that affect the public's health. Includes one time funds for H1N1 preparedness and response.	Tribal governments (11 grantees)	$143	$250
Pandemic Influenza Healthcare Preparedness (Federal) P.L. 111-8	One time funds for H1N1 preparedness and response.	Regional Hospital Resource Centers designated in each of the 8 regions	$1,479	$0
Postal Grant (Federal)	One-time funds for a full-scale exercise to test delivering medications in the metro area	Metro public health, law enforcement, and one non-profit	$21	$5