

Appendix C:

Organizational Structure of the Department

The organizational structure of the Department of Health has changed several times from 1949 to 1999, ultimately driven by responding to or efforts to prevent public health problems in Minnesota. These changes can be propelled by federal and state legislation, state studies and analyses, and by internal policies and decisions.

The first Board of Health began in 1872 with one employee, Dr. Charles Hewitt, organizing the work around the control of communicable disease. By 1897 there were six employees: an assistant bacteriologist, a temporary assistant, a janitor and medical students who kept the laboratory clean and did odd jobs, and staff providing clerical support.¹⁵⁰⁶ There were no designated units in 1897, but as the number of employees grew, sections were formed, each headed by a director who was in charge of program operations. Divisions and the units within highlight public health concerns for the day. In 1914, for example, the divisions of the organization included tuberculosis, venereal disease, and child conservation.¹⁵⁰⁷

In 1946 the department reorganized into five sections along functional lines: environmental sanitation, medical laboratories, preventable diseases, departmental administration and special services. This structure remained in place in 1949, and the divisions of each, along with the heads, are listed below:

ORGANIZATION OF MINNESOTA DEPARTMENT OF HEALTH¹⁵⁰⁸

1949

Section of Departmental Administration – Jerome W. Brower, LL.B., M.A., Chief

Division of Public Health Education – William Griffiths, M.A., Director

Division of Vital Statistics – J. W. Brower, Acting Director

Division of Administration – J. W. Brower, Acting Director

Embalmers and Funeral Directors Unit - Charles Amann, Supervisor

Fiscal Unit – B. J. Estlund, Supervisor

Central Stores and Service Unit – F. Michaelsen, Supervisor

Library Unit – Eleanor Barthelemy, B.A., B.S. in L.S., Librarian

Section of Preventable Disease – D. S. Fleming, M. D., M.P.H., Chief

Mental Health Unit – William Griffiths, M.A., Acting Supervisor

Division of Cancer Control – N.O. Pearce, M.D., Acting Director

Division of Epidemiology – C. B. Nelsen, M.D., M.P.H., Director

Division of Tuberculosis – Hilbert Mark, M.D., M.P.H., Director

Division of Venereal Disease – H. G. Irvine, M.D., Acting Director

¹⁵⁰⁶ Philip Jordan, *The People's Health*, p. 79.

¹⁵⁰⁷ *Ibid.*, p. 98.

¹⁵⁰⁸ MDH, internal report on organization of department, 1949.

Section of Medical Laboratories – Paul Kabler, Ph.D., M.D., M.P.H., Chief
Virus and Rickettsia Unit – Marion Cooney, B.A., Supervisor
Laboratory Evaluation Unit – Henry Bauer, M.A., Supervisor
Services Unit – Albert Anderson, Supervisor
Division of Serology – Anne Kimball, Ph.D., Director
Division of Microbiology – Mary Giblin, M.S., Director
Duluth-St. Louis County Branch Laboratory – H. E. Hoff, M.P.H., Bacteriologist in charge

Section of Environmental Sanitation – Herbert M. Bosch, M.P.H., Chief
Division of Municipal Water Supply – O.E. Brownell, C.E., Director
Division of Water Pollution Control – Harvey G. Rogers, Director
Division of General Sanitation – Frank L. Woodward, B.E., Director
Laboratory Unit – Dean M. Taylor, B.Ch.E., Public Health Engineer in charge
Plumbing Unit – W. J. Cannon, Supervisor
Division of Industrial Health – George S. Michaelsen, M.S., Acting Director
Division of Hotel and Resort Inspection – Harold S. Adams, B.S., Director

Section of Special Services – R. N. Barr, M.D., M.P.H., Chief
Division of Maternal and Child Health – A.B. Rosenfield, M.D., M.P.H., Acting Director
Nutrition Unit – Irene Netz, B.S., Supervisor
Division of Hospital Services – Helen Knudsen, M.D., M.P.H., Director
Hospital Licensing Unit – Ethel McClure, R.N., M.P.H., Supervisor
Division of Public Health Nursing – Ann S. Nyquist, R.N., Director
Division of Dental Health – W. A. Jordan, D.D.S., M.P.H., Director
Division of Local Health Services – Percy T. Watson, M.D., M.P.H., Director

Four of these sections remained as divisions, with slightly different titles, in 1999: departmental administration became finance and administration, preventable disease was renamed disease prevention and control, environmental sanitation continued as environmental health, and medical laboratories had changed to public health laboratories. Special services evolved through the years, developing into five separate divisions in 1999: family health, community health services, facility and provider compliance, health care delivery policy and occupational and systems compliance.

From 1949 to 1999 the organization of the department changed several times. The most significant changes occurred in 1953, 1956, 1973, 1979, 1982, 1984, 1988, 1991 and 1995.

Organizational Changes in the 1950s

On September 25, 1952, the board approved a new organizational structure, effective January 1, 1953.¹⁵⁰⁹ In keeping with the 1951 recommendations made by the Governor's Efficiency in Government Commission, changes were made to more appropriately reflect common groupings of functions. Public health education was moved from administration to local health services. The laboratory unit in environmental sanitation was transferred to the laboratory service section in the medical laboratories section.

¹⁵⁰⁹ MDH, *Minnesota's Health*, Vol. VI, No. 11, December 1952, p. 4.

Section/Division Structure of Department of Health	
1949¹⁵¹⁰	1953¹⁵¹¹
Section of Departmental Administration	Division of Departmental Administration
Section of Preventable Disease	Division of Disease Prevention and Control
Section of Medical Laboratories	Division of Medical Laboratories
Section of Environmental Sanitation	Division of Environmental Sanitation
Section of Special Services	Division of Local Health Services

The 1953 reorganization of the department's structure reflected reduced infectious disease problems and increased attention to chronic diseases and problems of the elderly as public health issues. The name of the preventable disease division was changed to disease prevention and control. Within that division, the sections of epidemiology, tuberculosis, venereal disease, and heart disease and cancer control were combined to form just two sections: communicable diseases and chronic disease and geriatrics.¹⁵¹²

Other changes in the 1953 reorganization emphasized more and better hospitals, and an enlarged rehabilitation program. In addition, to decentralize services and make them more accessible to citizens, new district offices were established. The division of special services was renamed local health services.

During the 1953 reorganization, the terms "division" and "section" were reversed, following a recommendation by the Governor's Efficiency in Government Commission. The consultants who reviewed the Health Department felt the naming of the organization's structural units was backwards. Only two health departments, Minnesota and Wisconsin, used the term "section" to refer to the major segments of their agency's structure.

The second major departmental reorganization between 1949 and 1999 occurred October 3, 1956, when the number of divisions increased from five to seven.¹⁵¹³ The local health services division was divided to create three divisions: hospital services, local health administration, and special services.

Dr. Helen Knudsen assumed leadership of hospital services, Dr. Hilbert Mark headed the local health administration division, and Dr. Arne Rosenfield became head of special services. Dr. Mark's position was previously held by Dr. Robert Barr, now secretary and executive officer.¹⁵¹⁴

The new special services division reflected the growing attention to non-communicable disease and included maternal and child health, nutrition, dental health, public health education, preventive mental health services, alcoholism and the library.

¹⁵¹⁰ MDH organizational chart, September 1949.

¹⁵¹¹ MDH organizational chart, 1953.

¹⁵¹² MDH, *Biennial Report, 1953-1955*, pp. 2-3.

¹⁵¹³ BOH, *New Dimensions for Minnesota: Planning Guide for 1963-1973*, 1962 p. 3.

¹⁵¹⁴ MDH, *Minnesota's Health*, Vol. 10, No. 9, November 1956, p. 1.

Division Structure of Department of Health	
1953	1956¹⁵¹⁵
Division of Departmental Administration	Division of Administrative Services
Division of Disease Prevention and Control	Division of Disease Prevention and Control
Division of Medical Laboratories	Division of Medical Laboratories
Division of Environmental Sanitation	Division of Environmental Sanitation
Division of Local Health Services	Division of Local Health Administration
	Division of Hospital Services
	Division of Special Services

Legislation passed in 1957 created a poison information center that was placed in the special services division and headed by Dr. Warren Lawson.¹⁵¹⁶ This center became operational in 1958.¹⁵¹⁷ Legislation passed in 1959 resulted in a human genetics program at the department.¹⁵¹⁸ It was added to the special services division and became operational in 1960 when a geneticist, Lee Schacht, Ph.D., was appointed to head the unit.¹⁵¹⁹

Organizational Changes in the 1960s

In 1962, a rehabilitation and aging services unit, with Dr. Bernard Woleyn as chief, was added to hospital services, and a state tuberculosis services unit, with Dr. E. P. K. Finger as consultant, was identified in disease prevention and control. Also in 1962, a civil defense coordinator, Marvin Tyson, was added to the local health administration division.

A number of departmental programs were added or relocated in 1963. The supplies and services section was transferred from the medical laboratories division to the administrative services division. A school health unit, with Paul Riddle as coordinator, was established in the maternal and child health section, and public health nursing was transferred from the local health administration division to the administrative services division. This was also the year when the environmental sanitation division was renamed the environmental health division.¹⁵²⁰ After receiving authorization from the state Department of Administration, these changes were officially adopted by the Board of Health in January 1964.¹⁵²¹ Later in 1964, the migrant health program, headed by Judith Bieber, was added to the disease prevention and control division.

To address federal Medicare legislation, in 1965 a special unit, Medicare services coordination, with Dr. Donald McCarthy as coordinator, was added to the department's organizational structure. This unit reported directly to the secretary and executive

¹⁵¹⁵ MDH organizational chart, July 1956.

¹⁵¹⁶ Minnesota State Statute 144.055, passed in 1957.

¹⁵¹⁷ BOH, *New Dimensions for Minnesota: Planning Guide for 1963-1973*, 1962, p. 109.

¹⁵¹⁸ Minnesota State Laws, Chapter 572, Session Laws 1959.

¹⁵¹⁹ BOH, *Minutes*, October 18, 1960, MHC, pp. 395-396.

¹⁵²⁰ BOH, *Minutes*, October 8, 1963, MHC, p. 464.

¹⁵²¹ BOH, *Minutes*, January 14, 1964, MHC, p. 1.

officer. During the same year, the family life education section, supervised by Genevieve Danskroger, was added to the special services division.

In 1967 water pollution control activities became part of a separate state agency, the Minnesota Pollution Control Agency. The same year, the health mobilization unit (civil defense) was transferred from local health administration to environmental health, as increased focus was placed on the health risks of radiation.

In 1968 the rehabilitation and aging services unit was eliminated as a separate entity within hospital services. Also in 1968, the health mobilization unit was transferred from environmental health to special services. Reflecting a rise in cases, in 1969 a new unit, venereal disease control, was added to the disease prevention and control division.

Organizational Changes in the 1970s

Major changes in the organization's structure were made when Dr. Warren Lawson became head of the department. In 1973 he created a new line of command, with the positions of assistant executive officer for administration and assistant executive officer for programs. Initially, these appointed positions were held by Duane Johnson (administration) and Dr. Ellen Fifer (programs). Division heads no longer reported directly to the secretary and executive officer but rather to the assistant executive officers.

With an increasing regulatory role and in keeping with the country's focus on planning, a legal officer and a planning officer, both of whom reported directly to the head of the department, were added in 1973. These positions were initially filled by Margaret Tanna (planning) and Richard Wexler (legal).

Significant reorganization of the department took place in 1973. The hospital services division became the health facilities division. One year earlier, on October 1, 1972, the Medicare services unit, which reported directly to the commissioner, was merged with hospital services to prevent duplication of efforts.¹⁵²² The Medicare services unit, responsible for federal certification requirements for Medicare facilities since 1966, was conducting some of the same field survey activities being done in the hospital services division for state licensing.¹⁵²³ This new health facilities division was now responsible for survey, federal certification, state licensing, technical services, and emergency medical services. Emergency medical services included injury control and the health mobilization unit, in addition to ambulance response.

Reflecting Dr. Lawson's strong commitment to the development of a community health system, the local health administration division was replaced with the community services and development division in 1973. Initially directed by Robert Hiller, this

¹⁵²² Memo from Dr. Helen Knudsen and Ellis Olson to all licensing and certification program personnel in the hospital services division, November 29, 1972.

¹⁵²³ Memo from Dr. Warren Lawson to Administration Commissioner Richard Brubacher, November 28, 1972.

division included three sections: community nursing, community services, and community development. It also had oversight for the regional offices.

The disease prevention and control division and the special services division were reorganized into the personal services division in 1973. This became a very large division including the following sections and units: maternal and child health, family planning, human genetics, dental health, nutrition, poison information, infant and child health, adult health, chronic disease, aging, disease prevention and control, venereal disease, zoonosis control, immunization, epidemiology, tuberculosis control, chemical dependency and state employee health services. Dr. Dean Fleming, who had been with the department since 1938, continued as head of this new division. An additional change during this reorganization was the placement of health education within administration.

One significant change during this time was Dr. Lawson's title. Though the board was still intact, 1973 legislation changed the title of the head of the agency from secretary and executive officer to commissioner. The assistant executive officers" became assistant commissioners.

Division/Bureau Structure of Department of Health		
1956	1970 ¹⁵²⁴	1973 ¹⁵²⁵
		Assistant Executive Officer for Administration
Division of Administrative Services	Division of Administrative Services	
		Assistant Executive Officer for Programs
Division of Disease Prevention and Control	Division of Disease Prevention and Control	
		Division of Personal Services
Division of Medical Laboratories	Division of Medical Laboratories	Division of Medical Laboratories
Division of Environmental Sanitation	Division of Environmental Health	Division of Environmental Health
Division of Local Health Administration	Division of Local Health Administration	
Division of Hospital Services	Division of Hospital Services	Division of Health Facilities
Division of Special Services	Division of Special Services	
		Division of Community Services and Development

In 1976, Dr. Lawson announced several organizational changes, the most significant being increased organizational focus for the development of community health services.¹⁵²⁶ Along with the position of assistant commissioner of administration and

¹⁵²⁴ MDH organizational chart, 1970.

¹⁵²⁵ MDH organizational chart, August 1973.

¹⁵²⁶ Memo from Commissioner Warren Lawson to division directors and activity managers, February 6, 1976.

assistant commissioner of programs, an assistant commissioner of community development position was created to ensure development of a community health services system. This bureau included the former community services development division as well as two other sections. The technical support section would provide the framework and technical support to community health services agencies. A special projects section would operate as a liaison between federal and state agencies and private and public organizations.

Division/Bureau Structure of Department of Health		
1973	1976¹⁵²⁷	1979¹⁵²⁸
Assistant Commissioner for Administration	Assistant Commissioner for Administration	Bureau of Administration
Assistant Commissioner for Programs	Assistant Commissioner for Programs	Bureau of Health Services
Division of Personal Health Services	Division of Personal Health Services	Division of Disease Prevention and Control
Division of Medical Laboratories	Division of Medical Laboratories	Division of Medical Laboratories
Division of Environmental Health	Division of Environmental Health	Division of Environmental Health
Division of Health Facilities	Division of Health Facilities	
Division of Community Services and Development	Division of Health Manpower	
	Assistant Commissioner for Community Development	Division of Community Services
		Bureau of Health Resources
		Division of Health Systems
		Division of Health Manpower

Another addition to the department in 1976 was the creation of a health manpower section to centralize the department's function in oversight of health providers and service delivery, such as hospital administration registration. In keeping with this centralization, the mortuary science section was transferred from administration to the health manpower division.

Organizational Changes Under Dr. Pettersen (1979 to 1982)

Commissioner George Pettersen began using the term "bureaus" to refer to the level of command between the commissioner and divisions. In 1979 he renamed them bureau of administration, bureau of health services, and bureau of health resources and rearranged the divisions within these bureaus. As funding for hospitals through Hill-Burton was no longer available and as the regulatory roles of the department were increasing, the health facilities division became part of the new health systems divisions

¹⁵²⁷ MDH organizational chart, February 1976.

¹⁵²⁸ MDH organizational chart, June 1979.

and existing health manpower division. At the same time the community services division was recreated.

Division/Bureau Structure of Department of Health	
1979	1982¹⁵²⁹
Bureau of Administration	Bureau of Administration
Bureau of Health Services	Bureau of Health Services
Division of Disease Prevention and Control	Division of Disease Prevention and Control
Division of Medical Laboratories	Division of Medical Laboratories
Division of Environmental Health	Division of Environmental Health
	Division of Services for Children with Handicaps
Division of Community Services	
Bureau of Health Resources	
Division of Health Systems	Division of Health Systems
Division of Manpower Services	

After his initial restructuring, Dr. Pettersen did not make further changes to the organizational chart until June 1982, six months before his administration ended. An executive office report explained that organizational changes were driven by financial cutbacks.¹⁵³⁰ State funding for department programs had been reduced by 18.6 percent for the biennium ending June 30, 1983. Federal funding had been reduced in many programs and categorical funds had been consolidated into block grants, which permit funds to be used to meet state rather than federal priorities.

In response to the cutbacks, Dr. Pettersen eliminated the manpower division by transferring its functions to the health systems division. The community services division and the bureau of health resources were also eliminated. Most of the activities within the community service division were transferred to the disease protection and control division. The disease prevention and control division was expanded with the following: maternal and child health, public health nursing, nutrition, dental health, family planning, human genetics, hearing and vision screening and child health screening. The federal Women, Infants and Children (WIC) program was transferred to the bureau of administration. One new division was created: the services for children with handicaps division. The executive office memo explaining these changes was not optimistic: "These reductions do not appear to be short term but rather will continue into the future and could potentially increase."¹⁵³¹

Organizational Changes Under Sister Mary Madonna Ashton

Despite the bleak report of Dr. Pettersen, the changes made in 1982 were short lived. Within three months after assuming her new position as health commissioner in 1983, Sister Mary Madonna Ashton had re-established the maternal and child health division and had transferred the WIC program from administration to the maternal and child

¹⁵²⁹ MDH organizational chart, July 1982.

¹⁵³⁰ MDH (executive office), "Organizational Changes – 1982," June 1982.

¹⁵³¹ Ibid.

health division. She moved the services for children with handicaps division to a section within that division. Commissioner Mary Madonna established a bureau of community services, which included the maternal and child health division and the health systems division.

In 1984 Commissioner Mary Madonna re-established the community health services division, changed the name of the bureau of community services to the bureau of health delivery systems, and transferred public health nursing back to community health services. Continuing the expansion, in 1987 the health promotion and education division and the health system development division were formed. Nutrition and dental health were moved to the health promotion and education division.

Two significant additions to the department occurred in 1987. The AIDS prevention services section was created in the disease prevention and control division, and the nonsmoking and health section," led by Kathy Hardy, became part of the health promotion and education division.

Division/Bureau Structure of Department of Health		
1982	1984¹⁵³²	1988¹⁵³³
Bureau of Administration	Bureau of Administration	Bureau of Administration
Bureau of Health Services	Bureau of Health Protection	Bureau of Health Protection
Division of Disease Prevention and Control	Division of Disease Prevention and Health Promotion	Division of Disease Prevention and Control
Division of Medical Laboratories	Division of Medical Laboratories	Division of Public Health Laboratories
Division of Environmental Health	Division of Environmental Health	Division of Environmental Health
		Division of Health Promotion and Education
Division of Services for Children with Handicaps		
	Bureau of Health Delivery Systems	Bureau of Health Delivery Systems
Division of Health Systems	Division of Health Systems Development	Division of Health Systems Development
	Division of Community Health Services	Division of Community Health Services
	Division of Health Resources	Division of Health Resources
	Division of Maternal and Child Health	Division of Maternal and Child Health

By 1988, the organizational structure of the department was as large as it had ever been with eight divisions and three bureaus. The health delivery systems bureau included these divisions: community health services, health resources, health systems development and maternal and child health. The health protection bureau included:

¹⁵³² MDH organizational chart, September 1984.

¹⁵³³ MDH organizational chart, January 1988.

disease prevention and control, environmental health, health promotion and education, and public health laboratories. The third bureau was administration.

Organizational Changes in the 1990s

During Gov. Arne Carlson’s administration, from 1991 through 1998, there were three health commissioners: Marlene M. Marschall, Mary Jo O’Brien and Anne Barry.¹⁵³⁴ Several changes were made to the organizational structure during this period, most of them occurring during the first three years and most focusing on the administration’s emphasis on health care access.

Division/Bureau Structure of Department of Health		
1988	1991¹⁵³⁵	1995¹⁵³⁶
Bureau of Administration	Bureau of Administration	
		Division of Finance and Administration
Bureau of Health Protection	Bureau of Health Protection	Bureau of Health Protection
Division of Disease Prevention and Control	Division of Disease Prevention and Control	Division of Disease Prevention and Control
Division of Public Health Laboratories	Division of Public Health Laboratories	Division of Public Health Laboratories
Division of Environmental Health	Division of Environmental Health	Division of Environmental Health
Division of Health Promotion and Education		
Bureau of Health Delivery Systems	Bureau of Health Delivery Systems	Bureau of Health Systems Development
Division of Maternal and Child Health	Division of Maternal and Child Health	Division of Family Health
Division of Community Health Services	Division of Community Health Services	Division of Community Health Services
Division of Health Resources	Division of Health Promotion and Education	Division of Health Care Delivery Policy
Division of Health Systems Development		
	Bureau of Health Care Resources and Systems	Bureau of Health Quality Assurance
	Division of Health Resources	Division of Facility and Provider Compliance
	Division of Health Care Delivery Systems	Division of Occupational and Systems Compliance

In 1991 Commissioner Marlene Marschall added a fourth bureau to the department. The health care resources and systems bureau included the health resources division and the health care delivery systems division. This bureau had responsibility for regulation of long-term care facilities, health economics, and health maintenance

¹⁵³⁴ Only those commissioners who were confirmed by the Senate are included.

¹⁵³⁵ MDH organizational chart, December 1991.

¹⁵³⁶ MDH organizational chart, March 1995.

organizations. It also focused on health care access, where much of this administration's emphasis was placed.

Commissioner Mary Jo O'Brien made several organizational changes during her two-year administration. She eliminated the bureau of administration and formed a new health quality assurance bureau. Commissioner O'Brien combined the maternal and child health division and the health promotion and education division to form the family health division. The health information and general services division was renamed finance and administration. The center for health statistics section was transferred from finance and administration to the community health services division, and district services were relocated from community health services to finance and administration.

In 1995, Anne Barry assumed leadership of the department and made further changes to the structure. The health protection bureau remained as it was, but the other two bureaus were replaced by the access and quality improvement bureau and the family and community health bureau. The family and community health bureau consisted of the community health service and family health divisions. The access and quality improvement bureau focused on the department's regulatory responsibilities in the areas of health facilities, health providers and health systems. The organizational structure in 1999 plus the heads of the divisions are given on the following pages:

ORGANIZATION OF MINNESOTA DEPARTMENT OF HEALTH

1999

Bureau of Health Protection – Aggie Leitheiser, Assistant Commissioner

Disease Prevention and Control Division – Martin LaVenture, Acting Director

Acute Disease Epidemiology – Richard Danila

Acute Disease Prevention Services – Alan Lifson

AIDS/STD Prevention Services – Jill DeBoer

Cancer Control – Jonathan Slater

Chronic Disease and Environmental Epidemiology – Alan Bender

Epidemiology Field Service – Jack Korlath

Environmental Health Division – Patricia Blomgren, Director

Drinking Water Protection – Gary Englund

Environmental Surveillance and Assessment – Rebecca Lofgren

Environmental Health Services – Gary Englund

Asbestos, Indoor Air, Lead and Radiation – Robert Einweck

Well Management – Daniel Wilson

Division Services – Robert Einweck

Public Health Laboratory – Norman Crouch, Director

Chemical Laboratory – Jean Kahilainen

Clinical Laboratory

Laboratory Services – Allen Tupy

Bureau of Access and Quality Improvement – Dick Wexler, Assistant Commissioner

Facility and Provider Compliance Division -- Linda Sutherland, Director

Case Mix Review – Ann Lutterman
Engineering Services – Jim Loveland
Information Analysis – Cecilia Jackson
Licensing and Certification – Mary Absolon
Office of Health Facility Complaints – Arne Rosenthal

Health Policy and Systems Compliance – David Giese, Director

Data Analysis Program – Lee Habte
Health Economics Program – Scott Leitz
Health Occupations Program – Tom Hiendlmayr
Managed Care Systems – Kent Peterson
Mortuary Science – David Benke
Information Clearinghouse – Carol Southward

Bureau of Family and Community Health – Gayle Hallin, Assistant Commissioner

Community Health Service Division – Ryan Church, Director

Center for Health Statistics – John Oswald
Community Development – Patricia Lind
Office of Rural Health and Primary Care – Estelle Brouwer
Public Health Nursing – Mary Rippke
Health Systems Development – Debra Burns

Family Health Division – Jan Jernell, Director

MN Children with Special Health Needs
Center for Health Promotion – Don Bishop
Maternal and Child Health – Ron Campbell
Supplemental Nutrition Programs – Betsy Clarke
Tobacco Prevention and Control – Gretchen Griffin

Finance and Administrative Services Division – Dave Johnson, Assistant Commissioner

Budget – Tom Maloy
Facilities Management – Rick Kantorowicz
Financial Management – Dave Hovet
Human Resources – Ron Olson
Information Systems – Denton Peterson
Workforce Diversity – Sonia Alvarez

Policy and Communications Division – Patricia Conley, Director

Communications – John Steiger
Intergovernmental Relations – Lin Nelson
Library – Diane Jordan
Policy – Marie Dotseth

Department of Health Functions

Changes in the organizational structure and management of the department reflect changes in its purpose and role.

In 1999 the department was described as the state government agency dedicated to the prevention of disease and disability, the protection of health, and the promotion of healthy behaviors and conditions that lead to improved health for all Minnesotans.¹⁵³⁷ This general description of purpose was just as applicable in 1949 when the powers and duties of the Board of Health were exercised through the department. General powers and duties of the board as they were in 1949 are given below:

- Exercise general supervision over all health officers and boards,
- Take cognizance of the interests of health and life among the people,
- Investigate sanitary conditions,
- Learn the cause and source of diseases and epidemics,
- Observe the effect upon human health of localities and employments, and
- Gather and diffuse information upon all subjects to which its duties relate.
- Gather, collate, and publish medical and vital statistics of general value and
- Advise all state officials and boards in hygienic and medical matters, especially those involved in the proper location, construction, sewerage and administration of prisons, hospitals, asylums, and other public institutions.
- Report its doings and discoveries to the legislature at each regular session thereof, with such information and recommendations as it shall deem useful.¹⁵³⁸

In addition, the board had special powers and duties in the areas of reporting and regulation. It had specific authority in the areas of polluted drinking water, offensive trades, hotels, restaurants, resorts, small boats, plumbers, embalmers, funeral directors, narcotics, hospitals, rest homes, maternity homes and homes providing chronic and convalescent care for the aged and infirm.¹⁵³⁹

In its audit, the state's public examiner enumerated the functions of the department. The 1949 report listed those above, plus registration of superintendents or administrative heads of hospitals and sanitariums and the inspections of children's camps and migrant labor camps.¹⁵⁴⁰

¹⁵³⁷ MDH, "Minnesota Department of Health Strategic Direction: For protecting, maintaining and improving the health of all Minnesotans," <http://www.health.state.mn.us/news/strategy.htm>, May 2000.

¹⁵³⁸ Minnesota Statutes 1945, Section 144.05

¹⁵³⁹ BOH, "The Minnesota State Board of Health Organization and Functions," 1949, p. 4.

¹⁵⁴⁰ *Report of Public Examiner on the Financial Affairs of Department of Health, 1949.*

Few changes were made to the auditor's list of functions during the 1950s and 1960s. In 1959, they were expanded to include: "develop and conduct by exhibit, demonstration, health education, public health engineering activity, or any other means, a home safety program." Also added was "procure and store blood typing serums and provide disposable blood containers in which to collect citrated whole blood for transfusion purposes."¹⁵⁴² The functions of the department, as given in the public examiner's report, remained unchanged from 1959 through 1964.

In the 1970s the state auditor rewrote the functions of the department in its report. In keeping with Dr. Lawson's emphasis on community health service, there was a greater focus on coordination of activities at all levels of government. Regulatory activities, which were becoming an increasing part of the department's functions, were condensed into one function: "establish and enforce health standards for the protection and the promotion of the public's health such as quality of health services, reporting of disease, regulation of health facilities, environmental health hazards and manpower."¹⁵⁴³

The 1999 responsibilities of the department include attention to healthy lifestyles and health care access. The basic responsibility of the department, assessment of disease and support of appropriate interventions to assure the health of the people of Minnesota, remains in the forefront, as it has since 1872.

Functions of Minnesota Department of Health in 1977

- Conduct studies and investigations, collect and analyze health and vital data, and identify and describe health problems;
- Plan, facilitate, coordinate, provide, and support the organization of services for the prevention and control of illness and disease and the limitation of disabilities resulting there from;
- Establish and enforce health standards for the protection and promotion of the public's health such as quality of health services, reporting of disease, regulation of health facilities, environmental health hazards and manpower;
- Affect the quality of public health and general health care services by providing consultation and technical training for health professionals and paraprofessionals;
- Promote personal health by conducting general health education programs and disseminating health information;
- Coordinate and integrate local, state and federal programs and services affecting the public's health;
- Continually assess and evaluate the effectiveness and efficiency of health service systems and public health programming efforts in the state; and
- Advise the governor and legislature on matters relating to the public health.¹⁵⁴¹

State Audit Report, 1977

¹⁵⁴¹ *Audit Report: Department of Health Five Years Ended June 30, 1977*, pp. 13-14.

¹⁵⁴² *Report of Public Examiner on the Financial Affairs of Department of Health, Years Ended June 30, 1957, 1958 and 1959*, p. 2.

¹⁵⁴³ *Audit Report Department of Health Five Years Ended June 30, 1977*, pp. 13-14.

**Minnesota Department of Health
1999**

As the state's leading agency on health-related issues, we:

- **monitor disease trends and detect and investigate disease outbreaks**
- **research the causes of illness, including cancer, and operate programs to prevent diseases from occurring**
- **provide laboratory services to support public health and environmental programs**
- **help people make healthier lifestyle choices**
- **develop strategies to improve the health of vulnerable populations, including children**
- **safeguard the quality of health care by regulating many of the people and institutions providing that care**
- **develop and implement strategies to contain health care costs, while working to assure that all Minnesotans have access to affordable, high quality health care**
- **identify and evaluate potential health hazards in the environment**
- **safeguard the quality of the food we eat in restaurants, the water we drink, and the air inside our homes and places of work**
- **work closely with Minnesota's local public health agencies, providing support and technical assistance in planning and providing services at the local level**
- **develop working relationships with a broad spectrum of community and statewide agencies on health-related issues.**¹⁵⁴⁴

Minnesota Department of Health, 1999

¹⁵⁴⁴ MDH, "Minnesota Department of Health Strategic Direction: For protecting, maintaining and improving the health of all Minnesotans," <http://www.health.state.mn.us/news/strategy.htm>, May 2000.