MDH Mission

• To protect, maintain and improve the health of all Minnesotans
History of MDH

- 1858: Legislature authorized towns and cities to enact public health regulations for controlling communicable disease.
- 1866: Legislature made township board of supervisors the board of health for the township.
- 1872: Minnesota became the fourth state to establish a state board of health, behind:
  -- Massachusetts, California and Virginia
- 1977: State Board of Health abolished and the Minnesota Department of Health (MDH) established.
  -- Powers and duties transferred to Commissioner
- 1977: Local Community Health Service agencies established throughout the state.
MDH is where you get…

Birth and death certificates

Assurance that the dead are disposed of safely
MDH is where you get...

• Around-the-clock monitoring for infectious diseases

• Investigation into novel illnesses by working closely with partners

• A swift, effective response to disease outbreaks and public health emergencies

(MPR photo/Mark Steil)
MDH is where you get...

- Assurance that the water you drink is clean and the food you eat is safe
- Advice about reducing risks
MDH is where you get...

• Statewide preparations for responding to public health emergencies, including a possible pandemic

• Planning with hospitals and health care systems to rapidly care for large numbers of injured or ill victims
MDH is where you get...

- An immunization program for preventable diseases
- WIC Services providing access to nutritious food.
MDH is where you get…

Planning to help ensure rural Minnesotans have access to care

Assurance that inappropriate care in nursing homes, hospitals and other care facilities will be corrected
MDH is where you get…

Trends in health care costs and economic indicators

Health care cost is MN privately insured spending on health care services per person, and does not include enrollee out of pocket spending for deductibles, copayments/coinsurance, and services not covered by insurance.

Sources: Health care cost data from Minnesota Department of Health, Health Economics Program; per capita personal income from U.S. Department of Commerce, Bureau of Economic Analysis; inflation data from U.S. Bureau of Labor Statistics (consumer price index); workers’ wages from MN Department of Employment and Economic Development
MDH is where you get…

Health Reforms to:

Improve population health
Reward value, not volume of services
  • Care coordination
  • Quality incentive payments
Create transparency of quality and cost
  • Provider peer grouping (PPG)
  • Quality measurement and reporting
MDH is where you get…

Statewide Health Improvement Program (SHIP)
- Supports locally driven efforts to reduce tobacco use and obesity
- Focuses on policy, systems and environmental changes to improve health and reduce health care costs
- 51 counties, 4 cities, 1 tribal government (~50% of state)
MDH is where you get...

Information about health behaviors and chronic disease prevention

- Chronic diseases are among the most prevalent, costly and preventable of all health problems
- Most effective approach to reducing burden of chronic diseases is to address four risk factors:

<table>
<thead>
<tr>
<th>Physical inactivity</th>
<th>Poor nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>
MDH is where you get…

Initiatives that provide information and encouragement to help people make healthy choices
MDH is where you get…

Eliminating Health Disparities Initiative
MDH sees our work functionally…

**Health Protection**
- Vaccination
- Control of infectious diseases
- Safe foods
- Maternal and child health
- Fluoridation of drinking water
- Family planning

**Health Improvement**
- SHIP
- Reduce occurrence of heart disease diabetes cancer
- Increase availability of Healthy Foods
- Reduce tobacco use

Reforming our health care system around a public health framework
- Integrate clinical care, public health, and social services
- Balance treatment and prevention
- Invest in community-oriented primary care
Common View of Health System

Health System = Public Health Subsystem + Medical Care Subsystem
Evolving View of Health System

Public Health System
Health of the Public

Health System

Medical Care

Clinical Preventive Services

Community/Population Health Services

Health Influences from Other “Systems”

Public policies – Education-
Economy- Housing
Scientific advances - Knowledge
- Social norms-Recreation -
Transportation- Religion
Media/Entertainment
Income inequality - Sense of
community-many more
Factors Influencing Health Status

Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%
- Behavioral patterns: 40%

# Top Causes of Death: U.S. 2000

Source: National Center for Health Statistics

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>710,760</td>
</tr>
<tr>
<td>Cancer</td>
<td>553,091</td>
</tr>
<tr>
<td>Stroke</td>
<td>167,661</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>122,009</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>97,900</td>
</tr>
<tr>
<td>Diabetes</td>
<td>69,301</td>
</tr>
<tr>
<td>Influenza/pneumonia</td>
<td>65,313</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>49,558</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>37,251</td>
</tr>
<tr>
<td>Septicemia</td>
<td>31,224</td>
</tr>
<tr>
<td>All other causes</td>
<td>499,283</td>
</tr>
</tbody>
</table>
The “Real” Top Causes of Death: U.S. 2000

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>435,000</td>
<td>18%</td>
</tr>
<tr>
<td>Diet/activity</td>
<td>365,000</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>85,000</td>
<td>4%</td>
</tr>
<tr>
<td>Microbial agents</td>
<td>75,000</td>
<td>3%</td>
</tr>
<tr>
<td>Toxic agents</td>
<td>55,000</td>
<td>2%</td>
</tr>
<tr>
<td>Firearms</td>
<td>29,000</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual behavior</td>
<td>20,000</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>43,000</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Illicit use of drugs</td>
<td>17,000</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Source: Mokdad et al, JAMA 2004 March 10; 291 (10):1238-45
Spending Mismatch: Health Care and Other Key Determinants of Health

Determinants

- Social Circumstances: 15%
- Healthy Behaviors: 40%
- Environment: 5%
- Genetics: 30%
- Access to Care: 10%

National Health Expenditures

- Medical Services: 88%
- Other: 8%
- Healthy Behaviors: 4%

Source: NEHI, 2012

Minnesota 48th nationally in per capita public health spending
Public health = longer lives

25 of the 30 years of life gained in the 20th Century resulted from public health accomplishments
Deaths Prevented And Change In Health Care Costs Plus Program Spending, Three Intervention Scenarios, At Year 10 And Year 25.

Milstein B et al. Health Aff 2011;30:823-832
Need Treatment and Prevention

Milstein B et al. Health Aff 2011;30:823-832
Minnesota’s Ranking

Minnesota has ranked as one of the top six healthiest states since national rankings began in 1990

-- United Health Foundation, America’s Health Rankings

High ranking is partly due to Minnesota’s strong commitment to public health
Unique Fed-State-Local Partnership

- Minnesota’s public health system is known as one of the **best in the nation**
- It is built upon a **strong partnership** between MDH and local public health agencies, tribal governments and the federal government.
- Community Health Boards and Tribal Health Directors cover all counties and tribal governments in the state.
To be the healthiest state, MN must invest in…

### Health Protection
- Vaccination
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- Safe foods
- Maternal and child health
- Fluoridation of drinking water
- Family planning

### Health Improvement
- SHIP
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Reformed health care system that is built on a public health framework
- Integrate clinical care, public health, and social services
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Flu Update

- Hospitalizations: 1,121*
- Deaths: 27*

- Outbreak is very much in keeping with other very severe seasonal influenza years
- Vaccination recommended for everyone six months and older unless unable for medical reasons
- MDH has been in contact with regional health care coalitions, hospitals, clinics and long-term-care facilities regarding developments and guidance

*As of January 10, 2013
Priorities

• Genetic Privacy

• Statewide Health Improvement Program (SHIP)

• Health System Reform

• Healthy Homes, Healthy People

• Core public health investments
“Public Health is what we, as a society, do collectively to assure the conditions in which people can be healthy.

Institute of Medicine