

Environmental Health Continuous Improvement Board

Meeting Summary

Thursday, January 4, 2018

9:00 a.m. – 1:30 p.m.

Minnesota Department of Health, Orville Freeman Building, St. Paul, MN | ITV

Members Present and Absent:

Name	Organization	Present	Absent
Dawn Beck (co-chair)	Olmsted County	X (ITV)	
Jeff Brown	City of Edina	X	
Daniel Disrud	Anoka County	X	
Bill Groskreutz	Faribault County Commissioner	X (ITV)	
Tom Hogan (co-chair)	Minnesota Department of Health	X	
Jeff Luedeman	Minnesota Department of Agriculture	X	
Sarah Reese	Polk County	X (Phone)	
Diane Thorson	Partnership4health (representing Becker County)	X (ITV)	
John Tracy	Stearns County	X	
John Weidner	Lake County		X
John Weinand	City of Minnetonka	X	

Other Meeting Participants:

Paul Allwood, Kim Carlton, Angie Cyr, Steven Diaz, Dale Dorschner, Chris Elvrum, Craig Gilbertson (ITV), Julie Kadrie, Jim Kelly, John Olson, Sharon Smith (phone), and Dan Symonik, Minnesota Department of Health, Environmental Health Division; Amanda Buell, Hennepin County; Anthony Georgeson and Becky Schmidt (ITV), Ottertail County; Lorna Schmidt, Local Public Health Association; Karen Swenson, Brown-Nicollet Counties

Facilitators:

Megan Drake-Pereyra, Kim Gearin, and Chelsie Huntley, Minnesota Department of Health, Center for Public Health Practice (PHP)

Welcome and Introductions

The Environmental Health Continuous Improvement Board's (EHCIB) co-chairs, Dawn Beck, Olmsted County, and Tom Hogan, MDH EH, welcomed everyone to the January meeting.

Mr. Hogan reviewed the meeting agenda and objectives.

Meeting Objectives:

1. Continue developing the EPH framework: focus on water.
2. Identify next steps for EPH framework development.
3. Review FPLS performance measures proposal and determine next steps.
4. Self-reflection on the EHCIB's progress, priorities, and future.

Mr. Hogan continued by asking meeting participants to introduce themselves. He acknowledged both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

E-Licensing and Rapid Inspection

MDH EH leadership shared background information about what led up to MDH's decision to move from rapid inspection to an enterprise wide e-licensing system. Legislation passed in 2010 placed a surcharge on all license fees and required MDH to study the issue of an enterprise e-Licensing system. In 2015 a feasibility study conducted by the State's IT department (MN.IT) identified over 120 MDH programs that have their own IT solution for licensing or credentialing. This led to an 18-month process where MDH leadership worked with MN.IT on these 120+ programs and agreed to change business practices in order to consolidate all licensing and credentialing into one enterprise IT system. This is a very different approach for MDH, whose programs are traditionally uniquely developed with little or no centralized support provided. After a number of attempts, MDH's last request for proposals (RFPs) in the fall of 2017 resulted in a contract with iGov, who is in the process of developing an e-licensing system for the 120+ MDH programs. With the scale of developing an enterprise system for 120+ internal programs, including local program use of the new system was determined by agency leadership and MN.IT to be too complicated and considered it out of scope.

Due to this new e-licensing system, the future of the current system, Rapid Inspection (RI) – which MDH and 12 local programs use, is uncertain. The intent is to allow programs to continue to use RI if they want to and make the programming available to local programs to modify for their use.

Meeting participants expressed disappointment that local programs were not consulted with earlier on in the process. Questions asked included: how can we move forward in partnership? How will we replace or support RI? What is the "hospitality fee" charged to all licensed food, pools, lodging establishments in the state actually used for? After discussing these, and more, questions, meeting participants agreed upon the following next steps:

- MDH EH will provide the agency business needs/requirements for the new enterprise e-licensing system to local FPLS programs.
- MDH EH will provide details about how the hospitality fee funds are spent and how support for Rapid Inspection is funded.
- MDH EH and MN.IT will provide more information in the future about making Rapid Inspection available to programs who wish to continue to use it.
- MDH Center for Public Health Practice (PHP) and MDH's FPLS program will gather an inventory of licensing and inspection applications used by FPLS programs across the state. Once the inventory is collected, MDH EH and the EHCIB will consider forming a workgroup/subgroup to discuss options.

FPLS Statewide Performance Measures

Megan Drake-Pereyra, MDH Center for Public Health Practice (PHP), shared that all the local FPLS performance measure reports were emailed to their respective public health directors, CHS administrators, and EH program managers. The statewide summary report is on the [EHCIB's website \(http://www.health.state.mn.us/divs/eh/local/cib/2017/sttewdperfmeas.pdf\)](http://www.health.state.mn.us/divs/eh/local/cib/2017/sttewdperfmeas.pdf). Ms. Drake-Pereyra asked to whom else the statewide report should be communicated. Meeting participants felt having it on the website and including a link to it in the State Community Health Services Advisory Committee (SCHSAC) meeting notes was sufficient. Because of the data caveats, the report is more valuable when accompanied with explanation. Due to these data quality issues, meeting participants decided not to promote the report more broadly at this time.

Ms. Drake-Pereyra shared the FPLS statewide performance measures next steps for 2018-2019 proposal ([Appendix A](#)) she and her colleague, Beth Gyllstrom, created for the EHCIB. Meeting participants reviewed the proposal individually and then discussed it as a large group. Overall, meeting participants liked the idea of using key informant interviews to gather feedback about the pilot year of data collection. PHP staff will share a list of possible interviewees and the draft interview questions with the EHCIB for refinement; and the EHCIB will help recruit the interviewees.

Meetings participants liked the idea of using a couple different approaches to gather data for the next round of FPLS statewide performance measures in 2019 (2018 data): RedCAP survey and focus groups. The changes to the proposal discussed and suggested included:

- The ratio of the number of establishments per FTE will not accurately reflect reality. In order to get an accurate reflection, programs would have to report what percent of each FTE is spent on FPLS work. The EHCIB determined the effort to collect the data, and concerns about data quality/interpretation outweighed the value of the performance measure at this time. Instead MDH will provide the total number of establishments in the state as context for the report.

- The ramifications of reporting by program rather than by county need to be reviewed and discussed further, possibly after gathering feedback via the key informant interviews, before a final decision should be made.
- The content of the proposed focus group discussions needs to be refined to something more meaningful than the top citations from 2016, which do not reflect what causes foodborne illness. Meeting participants noted that the top citation, “cold holding,” is easy to test for and cite but not necessarily reflective of what really causes foodborne illness. Things like improper handwashing and employee illness are harder to see and cite during an inspection but are more often what really cause foodborne illness. Therefore, the focus groups should consider focusing on a) how others are addressing what causes foodborne illness, b) comparing outbreak data to citation data and discussing what needs to be addressed, and/or c) how to get data that reflects the issues that relate most to foodborne illness risk.

With these changes, the EHCIB approved the next steps proposal for the 2018-2019 FPLS statewide performance measures. An overview of these next steps will be added to the EHCIB’s webpage.

Environmental Public Health Framework

After a grounding discussion focusing on the purpose, assumptions, and guiding principles established in prior meetings for the EPH framework, meeting participants reviewed and provided feedback on the second draft of the inventory of current drinking and recreational water protection activities ([Appendix B](#)). Notable changes in this draft included organizing by the 10 essential public health services, refined language and clarity, and distinction between those responsible for carrying out the activity and those whose participation is optional.

Meeting participants agreed that this is a great start to what is currently happening in water, but that there is room for improvement before reaching a final version. The discussion focused on language used to clarify roles, LPH Act responsibilities, and next steps.

Meeting participants discussed other terms preferable to “optional” when describing activities that some local jurisdictions choose to do. Ideas included “voluntary”, “partners”, “local decision”, and “local discretion.” “Local discretion” (defined as “based on community needs”) was the preferred term since optional and voluntary lend themselves to susceptibility of not being prioritized or completed.

LPH Act responsibilities related to the environmental health area of public health responsibility were not reflected in the draft documents. Meeting participants were unsure about how to best weave them in since they have a broader focus on environmental health hazards and do not focus specifically on water. Determining how best to reflect LPH Act responsibilities will be discussed further at future EHCIB meetings.

Meeting participants agreed that the next step should be to gather the current state of activities for others areas of EH. Rather than continuing to focus on water until arriving at a final version, gathering the current state of other areas of EH using the template created for water will help determine the best format for the final version of the EPH framework.

James Kelly, manager of the MDH EH Environmental Surveillance and Assessment Section, agreed to create an inventory of current activities related to healthy homes beginning with blood lead for the EHCIB meeting in March. At that meeting, participants will review and discuss this inventory.

EHCIB Self-Reflection

In an effort to reflect on the EHCIB's success in accomplishing, or getting closer to accomplishing, its purpose, meeting participants were asked to vote "yes, we are doing well" or "changes/improvements are needed" to the following question: *To what extent have we, the EHCIB, been successful at:*

- *Altering the FPLS approach*
- *Pursuing solutions to FPLS challenges*
- *Collaboration*
- *Building a foundation for future improvement*
- *Better integrating EH work into PH generally*
- *Fundamentally advancing the state-local partnership in EH.*

After voting, meeting participants were then asked to share what they feel has contributed to the EHCIB's success or what would help the EHCIB be more successful in the specific areas. The results and discussion are summarized below.

- *Collaboration and Building a foundation for improvement*
Meeting participants felt the EHCIB has been most successful in these two areas due to expert facilitation, sharing of meeting materials and summaries, State and LPHA leadership commitment, providing a formal mechanism for state-local communication, and the honest conversations allowed to take place at the meetings. There is still work to be done, but the EHCIB is headed in a positive direction.
- *Pursuing solutions to FPLS challenges*
While there is room for improvement, meeting participants felt the EHCIB has been successful in this area. Using a continuous improvement (CI) approach and having facilitators guide the EHCIB through the CI process have been important contributors to the success in this area.
- *Altering the FPLS approach and Fundamentally advancing the state-local partnership in EH*
While these areas are moving in the right direction, more improvement and work is needed. FPLS is complicated and state-local communication needs to be more transparent. It requires a shift to over-communicating earlier rather than later so that the state-local partnership can be proactive rather than reactive. Also, it has been easy to identify problems and solutions, but the

implementation and maintenance of the solutions is difficult and takes time. Change does not happen overnight.

- *Better integrating EH work in PH generally*

All meeting participants felt this area needs the most improvement. Becoming an official workgroup of the State Community Health Services Advisory Committee (SCHSAC) has provided a new venue to elevate the topic. The EPH framework is a good start and helps bring in partners from other areas of EH. Overall members agreed that EH is still not on the radar for a majority and, because EH is so complex, it is hard to clearly define.

The purpose of this reflection was to identify gaps and help determine the EHCIB's direction moving forward. Meeting participants suggested gathering more feedback from the EHCIB's constituency also. MDH PHP will share the questions with EHCIB members so they can email constituents and gather more feedback.

Business Items

Member Updates

Tom Hogan, MDH EH, shared the following:

- The Governor's 25 by 25 initiative should be completing a summary report of results from the Town Hall meetings soon.
- Dr. Ed Ehlinger is no longer Commissioner of Health. Deputy Commissioner, Dan Pollock, is Acting Commissioner until the Governor appoints a new Commissioner.

EHCIB Meeting Venue and Distance Options

Meeting participants liked the option of ITV for the EHCIB meeting. Parking at MDH was not bad and technical difficulties were minimal. Attendance for both members and guests was high. Mr. Hogan proposed having January always be an ITV meeting with a shorter agenda. Lorna Schmidt, LPHA, is helping MDH PHP staff look into the Association of Minnesota Counties' (AMC) board room, which has ITV capability and free parking, as an option for meetings.

EHCIB Membership

Five membership terms will be ending February 28, 2018. Ms. Beck and Mr. Hogan thanked them all for their commitment and dedication to the EHCIB over the last two years. John Weinand, City of Minnetonka, and Bill Groskreutz, SCHSAC, will remain on the EHCIB for another term. Ms. Schmidt, and the LPHA executive committee continue to recruit/collect applications for those who will replace Jeff Brown, City of Edina, John Weidner, Lake County, and Diane Thorson, Becker County. So far only two applications have been received, both for Mr. Weidner's spot.

Meeting participants discussed why applicant numbers are low. Ideas included:

- Trust – there is still a lack of trust of the State among many EH professionals

- Changing discussions – EHCIB’s focus is less on FPLS and moving towards broader EH topics
- Ability to participate without being a member – since EHCIB meetings are open and participation is welcome, there may not be as much incentive to commit to membership

The EHCIB concluded that it may want to re-evaluate membership for the future since basing it off of FPLS delegation may not be as relevant as discussions move to other areas of EH.

FPLS Program Evaluation Workgroup Update

The second pilot is underway. Washington County, Horizon Public health, Le Sueur-Waseca Counties, and the City of Minnetonka (dual-delegated) are participating. In December, all participants met in-person for a small training prior to beginning the self-assessment. They logged into the SharePoint reporting sites and reviewed the standards and elements. At this time, no local agency has volunteered to be a verifier. MDH and MDA will verify all four self-assessments, but the hope is to have at least one local agency verify so that it provides a better test of consistency between verifiers. The results of the second pilot will be presented to the EHCIB at its May 2018 meeting.

The FPLS program evaluation workgroup is looking to recruit a new member from a locally delegated FPLS program in the metro area. Please contact [Kim Carlton \(kim.carlton@state.mn.us\)](mailto:kim.carlton@state.mn.us), MDH EH, if interested.

Word on the Street

The lodging rule revision is very early on in the process. Currently, advisory committee meetings are held every two months, and they are looking at provisions.

Approve November Meeting Summary

Jeff Brown, City of Edina, made a motion to approve the November meeting summary and Dan Disrud, Anoka County, seconded the motion. No additional changes were made.

Constituent Engagement

The EHCIB is still seeking a second SCHSAC representative. Bill Groskreutz, SCHSAC, will continue to keep the EHCIB informed on this progress.

Ms. Beck presented at the December SCHSAC meeting. She shared the FPLS statewide performance measure report and what the EHCIB did in 2017. The presentation was received positively.

Meeting participants agreed that information from the EHCIB is received and there appears to be growing trust in the EHCIB.

Mr. Hogan would like see the EHCIB implement a feedback loop to gather more information about the meetings, communication, etc.

Take-home Points, Action Items, and Adjournment

Meeting participants agreed on the following take-home points and action items.

Take-home points:

- The Environmental Health Continuous Improvement Board (EHCIB) would like to thank its outgoing members for their commitment and support:
 - Jeff Brown, City of Edina
 - Diane Thorson, Becker County
 - John Weidner, Lake County

- The food, pools, and lodging services (FPLS) program evaluation workgroup is looking to recruit a new member from a locally delegated FPLS program in the metro area. Members meet in person, as needed, and help shape the new FPLS program evaluation process. For more information see the [workgroup charter](http://www.health.state.mn.us/divs/eh/local/cib/process/charter.pdf) (<http://www.health.state.mn.us/divs/eh/local/cib/process/charter.pdf>) or contact [Kim Carlton](mailto:kim.carlton@state.mn.us) (kim.carlton@state.mn.us).

- The food, pools, and lodging services (FPLS) program evaluation workgroup started pilot two, which re-tests the tools and instructions for self-assessment and verification of food standards 2 and 8. Training was provided to all participants in December 2017. The self-assessment period begins in January 2018.
 - a. Four local FPLS programs will complete the self-assessments: Washington County, Horizon Public Health, Le Sueur-Waseca Counties, and City of Minnetonka (dual-delegated agency).
 - b. MDH and MDA will complete all four verifications. The local FPLS programs participating have the option of completing verifications of the other local programs.
 - c. The results of pilot 2 will be presented to the EHCIB at its May 2018 meeting.The EHCIB appreciates the commitment of everyone involved in pilot two and looks forward to seeing the results.

- The food, pools, and lodging services statewide performance measures (FPLS PMs) help provide a statewide picture of FPLS and help drive statewide improvement. The Environmental Health Continuous Improvement Board (EHCIB) is committed to collecting FPLS PMs and to improving the measures and process. The EHCIB would like to maintain momentum from the pilot year of data collection (2017, 2016 data) while reflecting on the process and developing measures that are meaningful and feasible for all FPLS programs in the future. At its January 2018 meeting, the EHCIB agreed on the following in order to accomplish this:

- a. During the first half of 2018, gather feedback on the pilot year of data collection via key informant interviews conducted by the Center for Public Health Practice.
 - b. During the second half of 2018, prepare to collect FPLS PMs in 2019 (2018 data).
 - Staffing and completion of on-time inspections will be collected again via a REDCap survey. Reporting instructions will be improved for clarity.
 - Focus groups will be conducted by the MDH Center for Public Health Practice across the state in order to dive more deeply into foodborne illness risk and discuss how best to collect this data in the future.
- The Environmental Health Continuous Improvement Board (EHCIB) made progress on its effort to develop a public health framework for the protection against environmental health hazards area of public health responsibility. Minnesota Department of Health (MDH) staff, who work in the area of water protection, shared their updated draft inventory of current drinking and recreational water protection activities and received feedback. The EHCIB liked the updated draft and will share it with its constituency for further feedback and refinement. The next topic will be healthy homes – beginning with lead. MDH EH staff will create a draft inventory of current healthy homes – lead activities for review at the March 2018 EHCIB meeting.
 - The Environmental Health Continuous Improvement Board (EHCIB) took time at its January 2018 meeting to reflect on its purpose and original charge in order to identify gaps and help determine its direction moving forward. The EHCIB would like to gather feedback from its constituency also. Please watch for an email from your EHCIB representative and respond with your feedback.
 - The Environmental Health Continuous Improvement Board (EHCIB) welcomed MDH leadership to its January 2018 meeting in order to discuss the MDH’s new e-licensing system and subsequent changes to Rapid Inspection. The purpose of the discussion was to determine how everyone can move forward in partnership to address the statewide IT needs for FPLS. At this time, the following next steps were agreed upon:
 - MDH EH will provide the business needs/requirements included in its new e-licensing system to local FPLS programs.
 - MDH EH will provide details about how the hospitality fee funds are spent and how support for Rapid Inspection is funded.
 - MDH EH will provide more information about the future of Rapid Inspection.
 - MDH Center for Public Health Practice (PHP) and MDH’s FPLS program will gather an inventory of licensing and inspection applications used by FPLS programs across the

state. Once the inventory is collected, MDH EH and the EHCIB will consider forming a workgroup/subgroup to discuss options.

Action Items

- EHCIB members will:
 - Provide feedback via SharePoint on EPH framework documents
 - Get feedback from constituents on EPH framework draft inventories for water
 - Ask constituents for feedback about EHCIB's success in fulfilling its charge
 - Recruit new metro, delegated workgroup member
 - Recruit delegated metro and non-delegated EHCIB members
 - Help PHP staff recruit people to participate in FPLS PM interviews and planning group.
- The Center for Public Health Practice and MDH FPLS program will gather an inventory of e-licensing applications used by FPLS programs across the state and begin to implement the plan for FPLS PMs.
- FPLS program evaluation workgroup will conduct pilot two and report results at the May 2018 EHCIB meeting.
- MDH EH staff will develop a draft inventory of state healthy homes – lead activities.
- MDH EH staff will provide updates and more information about e-licensing and the future of Rapid Inspection.

The next EHCIB meeting is Thursday, March 1, 2018 in St. Paul, MN. The exact venue and distance participation options will be available soon.

Appendix A: FPLS Statewide Performance Measures 2018-2019 Proposal

The Food, Pools, and Lodging Services (FPLS) Statewide Performance Measures help a) provide a statewide picture of FPLS and b) help drive statewide improvement. The EHCIB is committed to collecting FPLS statewide performance measures and to improving the measures and process. The EHCIB has three main areas of focus for improvement of the FPLS performance measures. This proposal aims to maintain momentum from the pilot FPLS performance measures—while reflecting on the process and developing measures that are meaningful and feasible for all FPLS programs in the future.

- Gather Feedback on 2017 Pilot
- Determine what data to collect in 2019
- In-depth study of violations, risk factors and outreach/education measures

2017 Pilot Feedback		
	Details	Roles
Approach	Key informant interviews	
Respondents	-At least 10 -MDH, MDA and 8+ local programs (mix of metro, rural, multi-county, the one program that did not participate in the pilot, maybe a couple non-delegated to discuss what they can of the ideas below) -Program managers/CHS Administrators/PH Directors and staff involved in gathering and reporting the data	EHCIB to help recruit
Content	-Value of reported data -How can it be used? -Effort expended -Barriers to reporting -How to improve the meaning and value of the data -What do they currently use to drive improvement locally? -Reactions to plans for 2019	PHP staff EHCIB
Timing	-Jan-Feb 2018: Develop interview guide -Jan-Feb 2018: Identify and recruit respondents -March 2018: Interviews -April 2018: Theming/Write-up -May-July 2018: Present results at EHCIB meeting and determine next steps for reporting in 2019	-Beth/Megan develop guide -EHCIB review guide via email -PHP interviews -Kerri/Beth theme

2019 FPLS Performance Measures Data Collection		
	Details	Roles
Approach	REDCap	
Respondents	-Program-based (as opposed to county-based for locally delegated programs; county or CHB for MDH/MDA) -MDH -MDA	MDH and MDA will provide state data and give PHP names and contact info for delegated.
Content	-Staff qualifications: -# standardized -# inspectors -# establishments -On-Time Inspections (same as 2017)	-Kerri to revise REDCap forms -PHP to calculate inspector/establishment ratio & % standardized
Timing	-July-August 2018: Finalize questions -Sept-Oct 2018: Revise instructions -Nov-Dec 2018: plan webinars and communications -Feb 2019: Open reporting -March-June 2019: Data cleaning, analysis -July/Aug 2019: Interpretation, reporting	-EHCIB Subgroup: help finalize questions and revise instructions -PHP: data cleaning, analysis
2019 In-Depth Study: Violations, Risk Factors and Outreach/Education		
	Details	Roles
Approach	Focus groups, case studies	
Respondents	Program staff, establishments?	MDH, MDA, EHCIB help identify participants
Content	-Top 2 risk factors: why? What have some done to tackle these risk factors? -How else to gather/report violations and risk factor data moving forward? -Outreach/education: case studies of effective approaches -Outreach/education: what would be meaningful to collect?	PHP works with MDH, MDA, EHCIB to create semi-structured focus group guides. Case study roles/responsibilities?
Timing	July-September 2018: Develop focus group guide and identify participants October-Nov 2018: schedule and recruit participants January-March 2019: conduct focus groups April-June 2019: data analysis	Megan and Beth develop focus group guide EHCIB review guide EHCIB identify participants and

2019 FPLS Performance Measures Data Collection		
	Details	Roles
	July-Nov 2019: Determine areas for improvement and data collection recommendations for 2021 2020: share recommendations and plan for 2021	opportunities for focus groups PHP schedule focus groups PHP conduct focus groups PHP theme focus group data
Outcome	-Determine areas for improvement/opportunity statewide -Data collection recommendations for 2021	EHCIB

Appendix B: Draft current drinking and recreational water activities

Minnesota’s Public Water Supplies

Public water supplies are regulated by the Minnesota Department of Health. Public water supplies are defined as systems with 25 or more customers. The water supply must meet standards of the Safe Drinking Water Act.

Current State

Activity		Role of Participants R = Responsible For Activity O = Optional participation	
Participants in providing public drinking water in MN include: <ul style="list-style-type: none"> • MDH – State Agency with regulating authority through the federal Safe Drinking Water Act; authority can be delegated to local community. • Local Community - Local public health agency, county or community health board 		MDH	Local Community
1. Monitor environmental conditions using timely, complete, accurate field data for use in environmental public health activities			
	Sanitary surveys: an onsite review of the water source, facilities, equipment, operation and maintenance of a public water system	R	
	Compliance analytical monitoring: collect water samples	R	
	Maintain information systems: MNDWS	R	
	Data QA/QC: methods and results are valid	R	
2. Enforce laws and regulations that protect environmental public health.			
	Knowledge of compliance procedures: SDWA, CWA, State rules, local codes	R	
	Enforcement authority: statute, rule, code	R	
	Reporting data: compliance confirmed; violations reported and resolved	R	
3. Investigate and provide technical assistance to effectively prevent and/or resolve environmental public health problems or health hazards in the community.			
	Onsite visits for inspection, and consultation	R	
	Training for operators, staff: routine procedures and emerging issues	R	
	Contaminant Issues: risk assessment, toxicology, contaminants of emerging concern	R	
4. Assure a competent environmental public health workforce			
	Training for providers	R	
5. Develop policies and plans that support individual and community environmental public health efforts			
	Meeting required codes and best practices	R	

Activity Participants in providing public drinking water in MN include: <ul style="list-style-type: none"> MDH – State Agency with regulating authority through the federal Safe Drinking Water Act; authority can be delegated to local community. Local Community - Local public health agency, county or community health board 	Role of Participants R = Responsible For Activity O = Optional participation	
	MDH	Local Community
Prevention of infrastructure problems	R	O
6. Inform, educate, and communicate with people about environmental public health issues		
Liaison between Federal/state and local public health	R	
Routine communications: CCR, Boil Water Notices	R	
Unusual Events: emerging contaminants and other contaminant issues	R	O
Education and Outreach to improve knowledge of citizens	O	O
7. Manage financial resources to ensure program stability and effectiveness		
Agency budgets: money coming in to/from water programs	R	
Grant management/award: money going out to water programs	R	
8. Perform strategic planning and research to provide new insights, innovative solutions in environmental public health activities.		
Source Water Protection: IWMZ; emerging contaminant, WHP areas; setting limits for contaminants in groundwater	R	
Future infrastructure needs	R	O
Legislative policy: Rule amendment	R	O
9. Mobilize and sustain community partnerships by sharing information and fostering trusted relationships; work together to identify and solve environmental public health problems		
Water system staff: PWS operators statewide	R	O
Local, state, and federal agencies: League MN Cities, PCA, Ag, DNR, DOLI, EPA	R	O
Non-Governmental Organizations: MRWA, AWWA,	R	
10. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health service		
Ongoing quality improvement	R	
11. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable		

Minnesota’s Recreational Waters

Current State

Activity		Role of Participants	
		MDH	Local Community
Participants in providing public drinking water in MN include: <ul style="list-style-type: none"> MDH – State Agency with regulating authority through the federal Safe Drinking Water Act; authority can be delegated to local community. Local Community - Local public health agency, county or community health board 			
1. Monitor environmental conditions using timely, complete, accurate field data for use in environmental public health activities.			
Public Pools	Inspection of public swimming pools facilities, lifesaving equipment, operation and maintenance	R	
Public Pools	Responding to waterborne outbreaks associated with public pools	R	
Public Pools	Plan review of new or remodeled public swimming pools	R	
2. Enforce laws and regulations that protect environmental public health.			
Public Pools	Knowledge of compliance procedures: Pool code, Abigail Taylor law, local codes	R	
Public Pools	Enforcement authority: statute, rule, code	R	
Public Pools	Reporting data: compliance confirmed; violations reported and resolved	R	
3. Monitor environmental resources			
Other locations than public pools like swimming beaches, streams and rivers	Water quality monitoring		O
	Inspection of lifesaving equipment, operation and maintenance of beach of other facilities		O
	Close beaches with high levels of bacterial contamination or other unsafe conditions		O
4. Investigate and provide technical assistance to effectively prevent and/or resolve environmental public health problems or health hazards in the community.			
Public Pools	Onsite visits for inspection, and consultation	R	R
5. Assure a competent environmental public health workforce			

Activity Participants in providing public drinking water in MN include: <ul style="list-style-type: none"> • MDH – State Agency with regulating authority through the federal Safe Drinking Water Act; authority can be delegated to local community. • Local Community - Local public health agency, county or community health board 		Role of Participants R = Responsible For Activity O = Optional participation	
		MDH	Local Community
Public Pools	Training for operators, staff: routine procedures and emerging issues	R	R
6. Develop policies and plans that support individual and community environmental public health efforts			
7. Inform, educate, and communicate with people about environmental public health issues			
	Routine communication regarding water safety and respond to public questions	R	R
	Unusual events such as outbreaks or other public health emergencies	R	R
8. Manage financial resources to ensure program stability and effectiveness			
9. Perform strategic planning and research to provide new insights, innovative solutions in environmental public health activities.			
10. Mobilize and sustain community partnerships by sharing information and fostering trusted relationships; work together to identify and solve environmental public health problems			
	Local, state, and federal agencies: League MN Cities, PCA, Ag, DNR, DOLI, EPA	R	O
11. Evaluate effectiveness , accessibility, and quality of personal and population-based environmental public health service			
12. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable			

Minnesota’s Private Wells

The construction of private wells is regulated by MDH. After that, private well owners are responsible for testing, inspecting, and protecting their well to make sure that the well continues to provide safe drinking water.

Current State

Activity	Role of Participants	
	MDH - Delegated Authority	Local Public Health
<ul style="list-style-type: none"> MDH – authority for regulating well construction and sealing through state statute, can be delegated to local community. Local Public Health - Local public health agency, county or community health board 		
13. Monitor environmental conditions using timely, complete, accurate field data for use in environmental public health activities.		
Maintain information systems: Wells, Minnesota Well Index	R	
14. Enforce laws and regulations that protect environmental public health.		
Develop well construction and sealing code	R	
Regulate well construction and sealing	R	
License private well contractors and provide technical assistance	R	
Properly construct and seal wells	R	
Collect water quality sample at the time of construction	R	
15. Investigate and provide technical assistance to effectively prevent and/or resolve environmental public health problems or health hazards in the community.		
Onsite visits for inspection and consultation	R	
Technical assistance for well construction and sealing	R	
Contaminant Issues: risk assessment, toxicology, contaminants of emerging concern	R	O
16. Assure a competent environmental public health workforce		
Training for staff and licensed well contractors: routine procedures and emerging issues, well sealing	R	
17. Develop policies and plans that support individual and community environmental public health efforts		
Meeting required codes and best practices	R	
Special well and boring constructions areas	R	
Legislative policy: Statute and Rule amendment	R	
18. Inform, educate, and communicate with people about environmental public health issues		
Raise awareness about well owners’ responsibilities and ways to mitigate risks from consuming well water.	R	O
Develop and share educational materials	R	O
19. Manage financial resources to ensure program stability and effectiveness		

Activity <ul style="list-style-type: none"> • MDH – authority for regulating well construction and sealing through state statute, can be delegated to local community. • Local Public Health - Local public health agency, county or community health board 		Role of Participants R = Responsible for Activity O = Optional Participation	
		MDH - Delegated Authority	Local Public Health
	Agency budget	R	
20. Perform strategic planning and research to provide new insights, innovative solutions in environmental public health activities.			
	Evaluate private well issue: contaminants (e.g. nitrate, arsenic), land use impacts	R	
21. Mobilize and sustain community partnerships by sharing information and fostering trusted relationships; work together to identify and solve environmental public health problems			
	Local, state, and federal agencies: League MN Cities, PCA, Ag, DNR, DOLI, EPA	O	O
22. Evaluate effectiveness , accessibility, and quality of personal and population-based environmental public health service			
	Ongoing quality improvement	R	
23. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable			

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