

Strengthening Environmental Health in Minnesota



Final Report and Recommendations

**Of the
State Community Health Services Advisory Committee
Environmental Health Work Group**

February 2002



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February 22, 2002

Jan K. Malcolm
Commissioner
P.O. Box 64882
Saint Paul, Minnesota 55164-0882

Dear Commissioner Malcolm:

I am pleased to forward for your approval the final report of the State Community Health Services Advisory Committee (SCHSAC) Environmental Health Work Group. This report was approved by the SCHSAC at its February 1 meeting.

The Environmental Health Work Group was charged to examine the existing environmental health structures within the state, develop a shared vision/mission for an environmental health system that is an integral part of the state and local public health partnership, develop an action plan for the MDH and CHBs to move toward this vision, and develop a framework for shared state and local responsibility to begin to address environmental health issues at the local level. I believe the group did tremendous work to accomplish their charge.

The success of the work group was due in large part to the willingness of both state and local work group members to have open and frank discussions on this issue. The relationship between state and local environmental health has a long history, which is presented in the report. The report also reviews a number of past SCHSAC work groups that have addressed this issue.

The greatest accomplishment of the work group is the development of a vision for environmental health in Minnesota. This vision, "*All Minnesotans are served by a comprehensive and coordinated environmental health system that is an integral part of the community health services system,*" is the cornerstone of the report.

The report presents three recommendations – to support the vision, to establish an Environmental Health Leadership Team, and to reconvene the Environmental Health Work Group to evaluate progress made by the Environmental Health Leadership Team. These recommendations are significant in that the work group felt so strongly about them that they want to be reconvened to assure they are accomplished.

In the report, the work group also makes a number of recommendations to the Environmental Health Leadership Team. These recommendations are based on a set of ten components that more clearly outline the aspects of Minnesota's environmental health system. The work group



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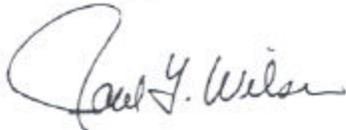
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Jan K. Malcolm
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believes that the Environmental Health Leadership Team will greatly enhance progress toward more fully integrating environmental health into the public health system.

We hope that the report and recommendations will help to guide the Minnesota Department of Health as you address the need for environmental health to be a stronger part of Minnesota's state and local public health system. The SCHSAC appreciates a role helping with this important issue.

Sincerely,

A handwritten signature in cursive script that reads "Paul G. Wilson". The signature is written in dark ink and is positioned above the typed name.

Paul Wilson, Chair
State Community Health Services Advisory Committee
Olmsted County Commissioner



Protecting, maintaining and improving the health of all Minnesotans

March 1, 2002

Paul Wilson, Chair
State Community Health Services Advisory Committee
Olmsted County Commissioner
Olmsted County Community Health Board
151 Fourth Street Southeast
Rochester, Minnesota 55904

Dear Chair Wilson:

Thank you for the final report of the State Community Health Services Advisory Committee (SCHSAC) Environmental Health Work Group. I appreciate the leadership of work group Chair Ed Larsen and the time and effort of the work group members to address this issue. I believe having both local and state staff represented on the work group was a positive way to show the strength of the partnership.

I agree with the need for environmental health to be a stronger part of Minnesota's state and local public health system. Therefore, I accept your recommendations. I have directed the Environmental Health Division to convene an Environmental Health Leadership Team of state and local representatives to help guide us toward the vision presented by the group.

As you are well aware, these are trying times for government. Some of the recommendations refer to changes in funding and structure. I hope that members of the leadership team explore these options with open minds, and I look forward to their suggestions. I believe we will find success in continuing the frank and honest dialogue between state and local government on this issue.

I strongly agree with the work group that environmental health in this state is complex, covers a broad spectrum of activities, and has a long history that dramatically affects the relationship between state and local public health agencies. I also agree that there is currently better recognition of environmental health as an integral part of public health. All of these factors make this the right time to move forward on this issue.

Again, I appreciate all of the hard work of the group and look forward to continuing to work with the SCHSAC to create a stronger environmental health system in Minnesota.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jan K. Malcolm", is written over a light blue horizontal line.

Jan K. Malcolm
Commissioner
P.O. Box 64882
Saint Paul, Minnesota 55164-0882

Strengthening Environmental Health in Minnesota

Final Report and Recommendations of the
State Community Health Services Advisory Committee
Environmental Health
Work Group

February 2002

Upon request, this information can be made available in alternative formats, such as large print, Braille, or cassette tape.

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Section 1: INTRODUCTION - WHY AN ENVIRONMENTAL HEALTH WORK GROUP?

Protecting the public's health through the protection of the environment is one of the most basic public health functions. Environmental health seeks to identify and prevent health conditions that may be caused by people's interactions with and exposures to their environment and to promote health by improving the environments in which people live. Environmental health is one of six program categories that Community Health Boards (CHBs) must address in their Community Health Service (CHS) plans in order to receive their CHS subsidies.

Events in the last several years (natural and man-made disasters, terrorism, food borne disease outbreaks, etc.) have highlighted the need for environmental health to be a stronger part of Minnesota's state and local public health system. The absence of a strong, broad based environmental health presence at the local government level and the lack of leadership on environmental health at the state level has led to uncoordinated and inadequate services.

Currently, state and local government lack a shared vision for environmental health, and their respective roles are often unclear. In addition, resources available to support environmental health efforts are fragmented and often inadequate. For example:

- Many counties have no environmental health staff (in local government). Some of the delegated counties have a narrow focus on only food protection.
- Communications about environmental health issues are not well coordinated.
- Environmental health and other public health activities at the local level do not share consistent organizational structure or authorities. Without clear linkages between these groups, there is not a consistent local voice for communicating with the MDH.
- Many state departments (Agriculture, Pollution Control) and local agencies (planning and zoning, environmental services, hazardous and solid waste) administer environmental health related programs. The relationship between and among these groups varies greatly.

There is currently better recognition of environmental health as an integral part of public health, and joint projects have increased understanding among MDH divisions. Additionally, county commissioners have expressed high interest in environmental health activities at the local level.

The primary outcome of the work group is a vision and mission for Minnesota's environmental health system. This vision and mission should guide any future work done on this issue. Another important lesson is that history dramatically affects the relationship between state and local public health agencies and how they provide (or do not provide) environmental health services. As shown in this report, SCHSAC has addressed the issue of environmental health many times over the years (see Appendix A). The work group focused some attention on reviewing the work of a 1992 work group, which dealt with many of the same issues as this 2001 group. This work group chose to highlight several of the recommendations made by the 1992 work group, as they had yet to be accomplished. It is hoped that the current administration's willingness to address environmental health issues, the increased need to call on *all* of the resources of public health, and the strength of the state and local public health partnership will lead to progress on this issue.

Work Group Charge

The Environmental Health Work Group is charged to:

- Examine the existing environmental health structures within the state.
Outcome: See Appendix B for an Overview of Local Public Health Capacity.
- Develop a shared vision/mission for an environmental health system that is an integral part of the state and local public health partnership.
Outcome: See Section 2 for a Vision and Mission for an Environmental Health System in Minnesota.
- Develop an action plan for the MDH and CHBs to move toward this vision.
Outcome: See Section 3 for Recommendations to the Commissioner of Health and Section 4 for Recommendations to the Environmental Health Leadership Team.
- Develop a framework for shared state and local responsibility to begin to address environmental health issues at the local level (e.g., food safety, groundwater, indoor air).
Outcome: See Section 4 for Recommendations to the Environmental Health Leadership Team.

What is “Environmental Health”?

For clarification, the work group chose to use the definition of environmental health developed by a 1992 Environmental Health Work Group. This group defined Environmental Health as “public health programs designed to protect the public from health hazards which exist, or could exist in the physical environment; combines planning, regulatory, educational, informational, consultative, and (when necessary) enforcement strategies.”

Section 2: VISION AND MISSION FOR AN ENVIRONMENTAL HEALTH SYSTEM IN MINNESOTA

The primary outcome of this work group is a vision and mission for an environmental health system in Minnesota. Work group members determined that a lack of shared vision was one of the primary reasons for the fragmentation within the current environmental health system. The purpose of this the vision is to answer, “What do we want it to be?” and the mission addresses, “How will we get there?”

Vision for the Environmental Health System

All Minnesotans are served by a comprehensive and coordinated environmental health system that is an integral part of the community health services system.

Mission for the Environmental Health System

The mission of the environmental health system is to lead efforts to promote a healthy environment and to assist people in Minnesota to identify and prevent public health risks in their communities.

It is hoped that all public health stakeholders in Minnesota support this vision and mission and participate in a coordinated effort to see the vision achieved. Additionally, the vision should guide all environmental health activities undertaken by state and local agencies.

Section 3: RECOMMENDATIONS TO THE COMMISSIONER OF HEALTH

All of the recommendations being made to the Commissioner of Health by the Environmental Health Work Group focus on achieving the vision. It is recommended that the Commissioner of Health take the following action:

Recommendation 1: The Commissioner of Health should accept, support and endorse the vision and mission of an environmental health system as developed by the work group.

Recommendation 2: By July of 2002, the Commissioner of Health should establish an Environmental Health Leadership Team to continue the work of this group and to provide direction on efforts to achieve the vision and the mission.

The purpose of the leadership team is to strengthen the relationship between state and local government around the issues related to environmental health. Additionally, the leadership team should create a more detailed action plan for environmental health services in Minnesota.

It is recommended that an Environmental Health Leadership Team:

- Have a broad membership representing both state and local government;
- Be supported by staff from the Environmental Health Division of the MDH;
- Have input from staff from the Community Health Division of the MDH;
- Include representatives from of the Environmental Health Work Group;
- Provide routine reports to the State CHS Advisory Committee; and
- Solicit input, when appropriate, from groups representing the broad spectrum of the public health and environmental health community. This includes, but is not limited to, the Association of Minnesota Counties, the Minnesota League of Cities, the Local Public Health Association, the Minnesota Environmental Health Association, and state and local elected officials.

Recommendation 3: The Commissioner of Health should reconvene the Environmental Health Work Group at the end of 2002 to evaluate progress made by the Environmental Health Leadership Team.

Section 4: RECOMMENDATIONS TO THE ENVIRONMENTAL HEALTH LEADERSHIP TEAM

The Environmental Health Work Group is recommending that the Commissioner of Health establish an Environmental Health Leadership Team. The Environmental Health Leadership Team should take the following actions:

Recommendation: The Environmental Health Leadership Team should continue the work begun by the Environmental Health Work Group to realize the vision and mission for an environmental health system in Minnesota. These recommendations are based on a set of components, developed by the work group, that more clearly outline the aspects of Minnesota's environmental health system.

Components of an Environmental Health System

The vision for Minnesota's environmental health system will be achieved through a system that has the following components:

1. Shared vision;
2. Based on the foundations of public health;
3. Integrated as part of the community health services system;
4. Defined and responsive leadership;
5. Based on community needs;
6. Able to respond to priorities and emerging issues;
7. Coordinated at all levels of government;
8. Flexible options for the delivery of services;
9. Adequate and stable funding; and
10. Adequately and appropriately prepared workforce.

Each of these components is based on areas identified by the work group as necessary to achieve the vision. To assist the Environmental Health Leadership Team, the following section provides information on each of these components. This information includes:

- Why the Environmental Health Leadership Team should address this issue;
- Recommendations on how to address those issues; and
- Identification of a priority issues; identified by the work group as most important to achieve.

The work group strongly supports incorporating many of the recommendations made by the 1992 SCHSAC work group on Environmental Health. These recommendations are still important today and it was felt they should be included again in this report. It was hoped that the development of an Environmental Health Leadership Team would enhance the possibility of these recommendations (and any new recommendations) being achieved. The work group also reviewed the work of a 1979 work group on environmental health. While the work of this group was more specific and the passage of time has made some of the recommendations less possible, some still apply. Where appropriate, these recommendations have also been included.

Components to Achieve the Vision of an Environmental Health System

Component 1: Has a shared vision

The environmental health system will have support and understanding at the state and local level by elected officials, public health staff, health related agencies, and the public.

Why is this an issue?

- There is a lack of a shared state and local government vision for environmental health.
- Given that lack of vision, there is no consistent state and local voice and/or message on environmental health issues.
- State and local elected officials and citizens expect a response to environmental health needs of community; yet do not understand the broader impact of environmental health.
- There is no clear understanding of the breadth of environmental health activities in Minnesota.
- There is no clear environmental health “plan” for the state of Minnesota.

Recommendations to address this component

- **Priority Recommendation:** Promote a better understanding among local boards of health and other elected officials of the vision and mission of environmental health and the role of state and local public health in carrying out that mission. (Modified 1992 recommendation)
- Actively support and make more visible the environmental health responsibilities and contributions of public health with local boards, other local departments and programs, elected officials, and the community. (1992 recommendation)
- Provide orientations on the CHS system to new MDH and local staff to promote a better understanding of how to support local environmental health and other programs. (1992 recommendation)

Component 2: Based on the foundations of public health

The environmental health system will be grounded in the fundamental values of core public health functions, essential public health services, and science.

Why is this an issue?

- Environmental health staff have not been fully involved in the introduction and development of the foundations of public health.
- The core functions and essential public health services have not been as thoroughly adapted to environmental health services, nor has the environmental health community as thoroughly embraced them as the public health nursing community.
- Environmental health staff have not been involved in activities designed to increase understanding of the foundations of public health.
- Citizens and elected officials have an interest in environmental health issues, but do not identify environmental health as a part of public health.

Recommendations to address this component

- **Priority Recommendation:** Design and deliver messages that support environmental health as an integral part of public health.
- Provide all public health staff basic orientation to the foundations of public health as part of employee training.

Component 3: Integrated as part of the community health services system

The environmental health system will be seen as a vital and key component of a comprehensive community health services system.

Why is this an issue?

- Local agencies may lack the capacity to conduct an adequate assessment of environmental health problems as a component of the community health assessment.
- Local agencies may lack the capacity to incorporate environmental health needs into their CHS plans.
- There is an absence of a strong, broad based environmental health presence at the local government level.
- Environmental health and other public health activities at the local level do not share consistent organizational structure or authorities.
- Due to current funding mechanisms, MDH is unable to provide consistent technical assistance to local agencies on incorporating environmental health activities into a community health assessment and CHS plan.
- Environmental health activities have traditionally focused on enforcement and regulation, while many other public health activities focus more strongly on education and prevention.

Recommendations to address this component

- **Priority Recommendation:** Provide support to enhance the community health assessment and CHS planning process by providing timely environmental health data and consultation on program development. (Modified 1992 recommendation)
- Continue to support the CHS subsidy as a means to support local CHS planning, coordination, and program development. (1992 recommendation)
- Involve local community health advisory committees in studying and providing recommendations on environmental health and protection issues both as a part of CHS planning and on an ongoing basis. (1992 recommendation)
- Form a representative group from within the Environmental Health Division to coordinate technical support to CHS. (1992 recommendation)
- Appoint liaisons between the Environmental Health and Community Health Divisions to ensure communication of both ongoing and urgent issues related to CHS. (Modified 1992 recommendation)
- Provide training to increase understanding of the public health system with environmental health as a key component of that comprehensive system.

Component 4: Defined and responsive leadership

The public and environmental health system will support and further develop the leadership necessary to direct activities, respond to changing needs, and strengthen the system. State and local government will understand and value respective roles.

Why is this an issue?

- Local agencies feel that there is no strong environmental health leadership from the MDH.
- Perception that MDH does not understand the role of local public health and does not work effectively with them.
- Local programs and local expertise have developed. Local agencies need different types of support from the state than they did previously.
- Due to funding constraints and responsibility for fee-supported services, MDH staff are unable to provide consultation to local public health agencies.
- A system of MDH consultation is available for public health nursing and epidemiology. This same support should be expected for environmental health.
- The responsibilities for environmental health services at the local level have broadened and expanded and the need for consultation from the MDH has expanded.
- Local agencies look outside of the MDH for consultation, which creates tension between state and local government.

Recommendations to address this component

- **Primary Recommendation:** Provide the leadership necessary to bring the environmental health community together and to foster a consistent public health philosophy and approach in environmental health. (1992 recommendation)
- Actively support and make more visible the environmental health responsibilities and contributions of state and local public health with the Legislature, other state agencies, and local government. (1992 recommendation)
- Provide strong statewide leadership and support to local agencies on environmental health issues.
- Provide technical support and advocacy on local environmental health issues as needed and requested by local agencies and boards.

Component 5: Based on community needs

The environmental health system will be periodically and systematically assessed to identify the communities' environmental health needs.

Why is this an issue?

- Local agencies are unable to eliminate programs that are not a priority due to state and local political or community will.
- There is a lack of information, data and guidance on how to clearly define priorities.
- Local agencies need assistance in identifying its main issues or priorities and how to gather information to identify those priorities.

Recommendations to address this component

- **Priority Recommendation:** Improve the assessment of environmental risks to human health and the development of any environmental health goals and objectives in the CHS planning process. (1992 recommendation)
- Support the CHS planning process by providing timely environmental health data and consultation on program development. (1992 recommendation)
- Support the increased involvement of environmental health staff in the community health assessment and development of CHS plan.
- Provide consultation and support to local government on how to conduct appropriate environmental health assessments.
- Involve MDH environmental health staff in the community health assessments of those areas where the state provides environmental health services.

Component 6: Able to respond to emerging issues

The environmental health system will be supported in responding to emerging threats to health.

Why is this an issue?

- The growth areas and emerging threats to health are often outside of existing funding sources.
- Some delegated counties have a narrow focus on only food protection.
- There is a lack of basic environmental health capacity in many parts of the state (i.e., no local environmental health presence in some counties or lack of basic ability to assess or address local problems).
- The current environmental health system is reactive and not able to plan for emerging threats to health.
- Emerging issues are complex and sometimes require many resources (staff, funding and expertise). Some small agencies may not have the capacity to address these issues.

Recommendations to address this component

- **Priority Recommendation:** Provide, develop or secure resources (funding and technical support) to address the emerging threats to health (e.g., methamphetamine labs).
- Provide or secure resources (funding, consultation, expertise) for small agencies to assist in addressing emerging issues.

Component 7: Coordinated at all levels of government

The environmental health system will be coordinated among local agencies, among state and local agencies, among state agencies, and with the federal government.

Why is this an issue?

- The current system is uncoordinated within MDH, between MDH and other state agencies, among environmental health and PHN staff at the local level, and between MDH and local government (different advisory bodies, uncoordinated written communications, etc.)
- Respective state and local roles are unclear in some parts of the state.
- Communications about environmental health issues are not well coordinated within the MDH.
- Many state departments (Agriculture, Pollution Control) and local agencies (planning and zoning, environmental services, hazardous and solid waste) administer environmental health related programs.
- Fragmentation is evident at the federal, state and local level.
- Citizens and officials do not know which agency has jurisdiction over which environmental health program (who does what?).
- There is often poor coordination between and among cities within a community health board's jurisdiction.
- All of these factors lead to increased turf issues.

Recommendations to address this component

- **Priority Recommendation:** Continue efforts to clarify state agency roles and to reduce fragmentation and conflicting messages from state agencies to local government. (Modified 1992 recommendation)
- Counties and cities should intensify the use of intergovernmental mechanisms to enhance environmental health services delivery. (1979 recommendation)
- State government should improve coordination among agency programs, reviewing existing organizational patterns and developing new interagency linkages. (1979 recommendation)
- The MDH, in cooperation with other state agencies and local governments, should develop a system of service performance standards and a comprehensive environmental health evaluation system embracing both state and local service delivery. (1979 recommendation)
- Provide enhanced consultation to the regulated community to assure a better understanding of, and compliance with, regulations designed to protect health. (1992 recommendation)
- Actively advocate for prevention strategies in all environmental programs, the importance of education and consultation in working with the regulated community, and for protecting the public's health. (1992 recommendation)
- MDH should support local environmental health efforts by meeting with staff and boards of health when support is needed.
- Examine and comment on the potential health impacts of any county/city action related to environmental health and protection, such as local water plans, planning and zoning ordinances, and solid or hazardous waste management. (1992 recommendation)
- Enhance communication and coordination with other local departments to reduce confusion and frustration for the end-users of local services. (1992 recommendation)
- Develop and maintain effective communication with other local departments and between environmental health and other public health program staff. (1992 recommendation)

Component 8: Flexible options for the delivery of services

The environmental health system will be supported in employing a variety of strategies based on the individual needs of the agency and community.

Why is this an issue?

- There is a resistance to change and innovation in how services are delivered at both the state and local level.
- Minnesota's counties and cities are very diverse in their willingness, ability, and desire to address environmental health issues. This diversity increases the complexity of addressing issues and makes it difficult to set consistent standards or requirements for local counties.
- There is a lack of understanding of the range of possible environmental health services that could be provided by local public health agencies, especially for those agencies that currently provide no environmental health services.

Recommendations to address this component

- **Primary Recommendation:** Develop recommendations for base-level capacity or minimum expectations for environmental health services at the local level that are agreed upon by both state and local agencies.
- Develop a plan to introduce and assure understanding of these minimum expectations to assure clarity on roles and responsibilities.
- Each county government should evaluate existing organizational strategies for the provision of environmental health services. (1979 recommendation)
- Provide technical support and advocacy on local environmental health issues as needed and requested by local agencies and boards.
- Provide more coordinated and consistent technical assistance to local environmental health programs. (1992 recommendation)
- Assist local agencies in developing an environmental health component for their public health programs that is appropriate for the needs of their communities.
- Share options for the delivery of environmental health services among agencies.
- Regulatory services are balanced with consultation and services are provided through a variety of strategies along a continuum from education to enforcement.

Component 9: Adequate and stable funding

The environmental health system, funded from a variety of sources, will be based on the needs of the community and the state, provided with adequate funding for needed staff and consultation, and provided with adequate resources to address emerging issues.

Why is this an issue?

- Resources available to support environmental health efforts are fragmented and inadequate.
- Local agencies feel that they must "follow the money." They may have programs that are not a priority for the agency but resources are available to support these programs, so they continue.
- Grant dollars create silos that become insulated from the rest of the agency and dependent upon one source of funding.
- Minnesota's current environmental health system is (or is perceived to be) based on funding (i.e., fee supported). Therefore, services are often limited to those that are supported by fees.
- MDH staff are also largely fee-supported, and are therefore unable to provide broad-based consultation on the full spectrum of environmental health issues.

Recommendations to address this component

- **Priority Recommendation:** The MDH should explore innovative options to transition to a system that can support broad-based funding to promote consultation, oversight, and support of local environmental health programs.
- Funding should be available to provide preventive and more comprehensive services, which are not solely fee supported, but also supported with state and county general funds.
- Continue to support the CHS Subsidy as a means to support local CHS planning, coordination, and program development. (1992 recommendation)
- Assure adequate resources are allocated to carry out these recommendations. (1992 recommendation)
- Explore future funding options for environmental health programs, preferably targeted to environmental health but on a formula or otherwise non-competitive basis. (1992 recommendation)

Component 10: Adequately and appropriately prepared workforce

The environmental health system will support and further develop a workforce that is grounded in public health, welcomes innovation, adapts to changing needs, and can meet the needs of a comprehensive environmental health system.

Why is this an issue?

- Many counties have no environmental health staff in local government.
- Highly specialized staff are now being asked to provide different services and to adapt to changing needs.
- Funding can create very skilled specialists, but when there is loss of money, they may be unable to provide “generalist” services.
- Expertise is not as well developed in some counties and many counties may not have the resources that others have.

Recommendations to address this component

- **Priority Recommendation:** Remain committed to hiring qualified environmental health staff, but support a public health system that has a sound process in place for training and retraining the public health workforce to adapt to the emerging environmental health issues and has an adequate understanding of basic broader public health principles and foundations.
- Make tools available to all public health staff (nursing, health education and environmental health) to manage the wide variety of problems.
- Support the message that environmental health is an integral part of public health by providing strong management support to environmental health programs and staff. (1992 recommendation)
- Assure adequate staffing as new programs are added, and provide environmental health staff with the training necessary to keep their skills current. (1992 recommendation)
- Colleges and universities incorporate basic public health philosophy as part of the formal preparation of an environmental health specialist.

Section 5: BACKGROUND AND HISTORY

This informal history and background information provide a summary of the events that have shaped the relationship between the MDH and environmental health services at the local level. The purpose of this section is to highlight the ongoing nature of issues that surround environmental health services in Minnesota.

An Informal History of Environmental Health in Minnesota

In the early 1970's, the Commissioner of Health was given authority to delegate some state environmental health responsibilities to local government, which led to an expansion of local environmental health programs. Initially, a small number of local environmental health programs existed in Minnesota. Olmsted County, St. Louis County, and several metropolitan counties and cities provided environmental health services through these delegation agreements. Staff at the MDH (including district offices), however, provided the majority of direct environmental health services.

By virtue of being a county, local agencies were responsible for public health nuisance control and water well testing. Every county handled these programs differently. Some counties addressed these issues through public health, some in separate environmental health programs and some in planning and zoning. This formed the foundation for the existing environmental health structure at the local level.

The Community Health Services Act Passes

The Community Health Services Act was seen as a way to provide state subsidy funding to support public health activities at the local level. At that time, the MDH administration knew that for the legislature to support such funding, finances would need to be allocated directly to local agencies. The legislature would not support additional funding to the state. This financing created a system of considerable local flexibility. While the Commissioner of Health was a strong advocate for this initiative, not all parts of MDH embraced local flexibility and the increased local role in providing public health services.

With the passage of the Act, there was increased emphasis on local agencies to provide enhanced nuisance control and water well testing for individuals. As a condition to receive the subsidy, CHS agencies were also required to assess their communities' environmental health needs as part of their CHS assessment. At the same time, some of the MDH sanitarians were given the added responsibility of acting as "consulting sanitarians" to cities and counties that increased their environmental health services.

Over time, local programs grew, often started (as mentioned above) from a foundation that was "outside" of public health. The number of delegation agreements also expanded. Local government's responsibilities for environmental health moved more outside of the CHS system in some areas of the state. Additionally, some counties continued to place very little emphasis on environmental health services.

The Community Health Services Act created a "partnership" between MDH and local public health agencies. However, MDH also had the responsibility of overseeing and evaluating local delegation agreements. This led to varying relationships between MDH divisions, as well as programs within divisions, and local agencies. Some divisions were consultative to local agencies, while others were regulatory and directive.

At the time the CHS Act was passed, some MDH staff were concerned that local government did not have the capacity to adequately provide public health services, including environmental health. There was also

concern that local agencies would not spend the subsidy on public health activities. These concerns within the MDH show that this was a volatile time and that there were contentious feelings between the MDH and local agencies at the time the CHS Act was passed. However, there was also a strong vision on the part of then Commissioner Warren Lawson that this was the way public health should be structured in this state – a system of local control with support and guidance from the state.

Many (including local staff) will admit, when the CHS Act passed, that these feelings within the MDH may have been accurate because there was not much expertise at the local level. However, strong local programs have been built, local expertise has developed, and, as a result, some local environmental health programs have come to depend on the MDH for much different support than they did in the past.

The Current Complicated System

The impact of history on how environmental health services are provided in Minnesota, as well as the dynamics that history has created, were a key aspect of this work group. Generally, time has led to an uncoordinated environmental health system. This system (or lack of one) is complicated by several factors, such as:

- Services are provided by local agencies in some counties and by the MDH in others;
- MDH and local governmental agencies may both provide different services within the same county;
- Environmental health and other public health services may not be coordinated within a city or county;
- “Environmental health” encompasses a very broad spectrum of activities;
- Environmental health services have traditionally been regulatory in nature, while other public health activities are more consultative;
- Numerous state agencies, boards and commissions such as the MDH, Department of Agriculture, Department of Natural Resources, Department of Public Service, Department of Transportation, Environmental Quality Board, Minnesota Planning, Land Management Information Center, Metropolitan Council, Office of Environmental Assistance, Pollution Control Agency, University of Minnesota, just to name a few, are involved in environmental health activities.

Section 6: STRUCTURE OF ENVIRONMENTAL HEALTH IN MINNESOTA

The Community Health Services Act

Recognizing that local communities were more aware of local threats to their own health than the state, and better suited to address specific issues, the original State Board of Health encouraged communities to create local boards of health. The responsibilities of these boards were three-fold: 1) to assess the health of their community, including reporting live births and local causes of death and disease; 2) to develop policies to take action to limit the spread of communicable disease; and 3) to assure sanitary conditions conducive to a healthy community. Eventually, all political jurisdictions, townships, counties, villages, and cities were required to appoint health officers. As a result, by 1976 over 2,100 local boards of health had been established.

The sheer number of boards of health complicated efforts by state and local governments to share responsibility for public health. The Community Health Services (CHS) Act, passed in 1976, and the recodified Local Public Health Act of 1987 were designed to overcome this complexity and establish an improved public health partnership between state and local governments.

The CHS Act allowed county and city boards of health to organize themselves as Community Health Boards (CHBs), providing they met certain population and boundary requirements. By meeting those requirements, counties and cities became eligible to receive a state subsidy. The new CHBs also could preempt all township and city boards of health within their jurisdictions or could decide to authorize and give certain powers and duties to a board of health within their jurisdiction through joint powers or delegation agreements.

The CHS Act defined six program categories of community health services, which include disease prevention and control, emergency medical care, environmental health, family health, health promotion, and home health care. In the CHS Act, environmental health means “activities intended to achieve an environment conducive to human health, comfort, safety, and well-being. These activities include the coordination or provision of education, regulation, and consultation related to food protection, hazardous substances and product safety, water supply sanitation, waste disposal, environmental pollution control, occupational health and safety, public health nuisance control, institutional sanitation, recreational sanitation including swimming pool sanitation and safety, and housing code enforcement for health and safety purposes.” (Minnesota Statute 145A).

Environmental Health at the MDH

The Environmental Health Division is responsible for protecting Minnesotans from potential health hazards in our drinking water, our restaurants and lodging facilities, our homes and places of work, and the broader natural environment. This division has six sections, each described briefly below:

Drinking Water Protection – This section ensures that public water supplies provide a safe and adequate supply of drinking water to residents and visitors.

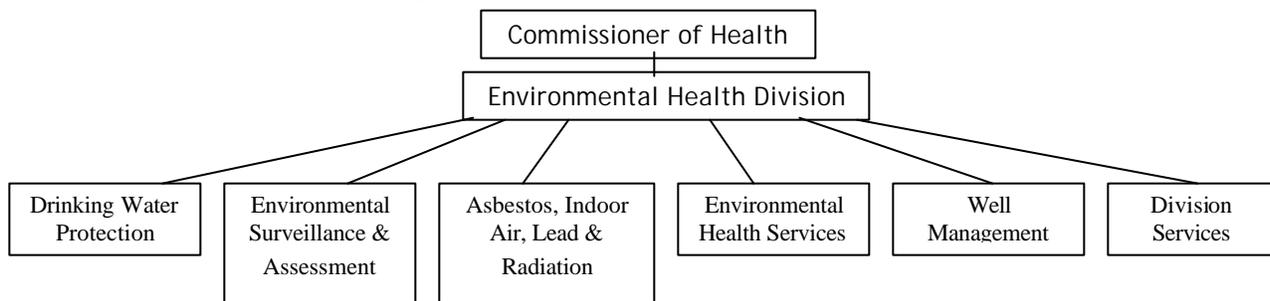
Environmental Surveillance and Assessment – This section is responsible for evaluating health risks from exposures to toxic environmental hazards and communicating these risks to the public and decision-makers.

Environmental Health Services – This section establishes standards for, and inspects food, beverage and lodging establishments, resorts, campgrounds and manufactured home parks, and swimming pools located in state licensed facilities. This section also establishes standards for plumbers, water conditioning contractors, and swimming pool construction and administers the food manager certification and sanitarian/environmental health specialist registration programs.

Asbestos, Indoor Air, Lead, and Radiation – This section is responsible for preventing or reducing exposures to health hazards in the environment, such as asbestos, lead, radon, environmental tobacco smoke, radiation, and indoor air contaminants.

Well Management – This section protects the health of Minnesotans who drink well water and protects the groundwater resources of Minnesota through proper construction of new wells and borings, and through the timely and proper sealing of old wells and borings.

Division Services – This section supports the systems needed to manage the division, including maintenance of databases and computer systems.



Other State Agencies, Boards and Commissions

A number of other state agencies deal with either health protection (protecting the people from the environment) or environmental protection (protecting the environment from people). The agencies listed below deal with the environment in one of these two ways, often adding to the confusion of how to create a comprehensive and cohesive environmental health system.

- Department of Agriculture
- Department of Natural Resources
- Environmental Education Advisory Board
- Board of Water and Soil Resources
- Environmental Quality Board
- Land Management Information Center
- Metropolitan Council
- Office of Environmental Assistance
- Pollution Control Agency

Local Environmental Health

While the CHS Act enabled public health nursing services and environmental health programs to expand, work together, and provide a more comprehensive assessment, planning, and policy development, this has not happened as fully or as comprehensively as some would have liked. In Minnesota, there has not been a strong tradition of environmental health within local public health. Every county in the state is served by a local public health nursing service; a much smaller number of counties and cities have environmental health programs.

The environmental health activities taking place at the local level are quite varied. An “Overview of Local Public Health Capacity” is provided in Attachment A. This overview is also available on the on the Web at <http://www.health.state.mn.us/divs/eh/local/overview.pdf>. Beyond the legal delegation agreement (described below), local staff may also investigate complaints, control public health nuisances, assess

homes for lead and assist with abatement, provide education, respond to disasters, and assure compliance with the Clean Indoor Air Act. Local public health may not have an environmental health program, but may have staff conducting some aspect of these types of environmental health programs. Additionally, local environmental health programs may not be connected to local public health agencies. This again further adds to the confusion around environmental health services.

Local environmental health activities are funded through grants from the MDH, fees, local taxes, CHS subsidy, and other state grants and contracts. In 2000, expenditures of \$41,874,474.00 were reported for local environmental programs – approximately 18% of total local public health spending. Local fees charged to licensed establishments account for almost half of this amount.

Delegation Agreements

Many local environmental health programs are provided under delegation agreement with the Commissioner of Health. This agreement authorizes local government to provide services in the following areas:

- Food, Beverage, and Lodging Establishment
- Manufactured Home Parks and Recreational Camping
- Youth Camps
- Non-community Water Supplies
- Swimming Pools
- Private Water Supply Wells
- Irrigation Water Supply Wells
- Agricultural, Commercial, or Industrial Water Supply Wells
- Heating or Cooling Water Supply Wells
- Monitoring Wells
- Dewatering Wells

These delegation agreements are formal legal agreements in which a city or county voluntarily agrees to take on specified environmental health responsibilities of the state. The agreement clarifies the respective responsibility of both state and local governments in carrying out these programs.

Approximately one-half of Minnesota's counties have a delegation agreement with the MDH to provide some environmental health services. Forty-six of Minnesota's 87 counties are under MDH jurisdiction for the Food, Beverage and Lodging (FB&L) Program and the Manufactured Home Parks/Recreational Camping Areas (MHP/RCA) Program. Thirty-three counties have full delegation (local jurisdiction for FB&L and MHP/RCA) and eight counties have partial delegation (local jurisdiction for FB&L and MDH jurisdiction for MHP/RCA). Two counties and one city (Dakota and Winona counties, Bloomington) have delegation agreements to provide well water, monitoring well, and dewatering well programs. Seven counties have partial delegation agreement for water well programs only. The City of Minneapolis has a partial delegation agreement for water well and monitoring well programs. See Appendix B for maps of delegation agreement counties.

Appendix A: PREVIOUS AND CURRENT EFFORTS THAT IMPACT ENVIRONMENTAL HEALTH

SCHSAC Work Groups

1979 Environmental Health Policy Study

This group developed an “Environmental Health Policy Report”. The study and report were a joint project of the MDH and the Association of Minnesota Counties. The report contains recommendations to the Commissioner of Health (George Pettersen, M.D.) for "improving the delivery of environmental health services by Minnesota's local governments". The report proposes the establishment of a program of state financial support supplementing the existing CHS subsidy, which would encourage the development of basic environmental health services in each of Minnesota's 87 counties.

The report contains extensive background information on environmental health services at the state and local level. On the state level, descriptions include overviews of the MDH, Pollution Control, Natural Resources, and Agriculture. On the local level, the report contains information on a survey of cities with major environmental health programs, and an extensive overview of six (five county and one city) local environmental health programs. The report concludes that there are three categories of major problems – public awareness, environmental threats, and management problems.

1986 Environmental Health Task Force

This task force was charged with two major initiatives during the year. First, the group was charged with defining an appropriate role for CHS agencies in developing and implementing the comprehensive water plans called for in the Comprehensive Local Water Management Act. The Comprehensive Local Water Management Act provided a way for county government to take a leadership role in water planning at the local level by encouraging each county to develop and implement a comprehensive water plan.

Second, the task force was charged to “review the status of, and general problems with, agreements between local agencies and the MDH for providing environmental health services. The task force was to recommend changes to make agreements more effective and recommend procedures for evaluating compliance with the agreements and procedures ensuring that such services were provided and funded if one party to an agreement fails to perform.”

1987 Environmental Health Work Group

This group developed the “Health Guidelines for Local Water Planning.” These guidelines were designed to provide assistance to local health professionals in the development of a local water plan as called for in the Comprehensive Local Water Management Act.

1990 Water Well Attachment Review Group

No information found.

1991 Public Health Nuisance Control Work Group

This group developed the report, “Controlling Public Health Nuisances: A Guide for Community Health Boards”. This guide was intended to encourage and support CHBs and their staff in preventing and controlling nuisance problems. It did not represent new requirements for staffing or funding, but clarified community health boards’ responsibilities in public health nuisance control and gave guidance in responding to the problems.

1991 Water Well Attachment Review Group

This group was re-established (from 1990?) to examine MDH proposed changes to the Water Well Attachment to the state environmental health delegation agreements, and to review the local authority to issue variances to the State Water Well Code.

1992 Environmental Health Work Group

This work group was formed to clarify roles and responsibilities of local and state public health in environmental health services. The group developed a “framework” to examine the various models for organizing environmental health within local governments. The report also included recommendations on how MDH could assist local government in strengthening their environmental health programs and reduce confusion over roles. As part of its work, the group considered information from a Commission on Reform and Efficiency (CORE) report on environmental services.

1994 Well Moratorium Work Group

This group, consisting of members from local government, the well industry, and citizens, was charged to: 1) identify issues pertaining to well program delegation; 2) evaluate existing minimum criteria for local well programs; and 3) identify MDH oversight requirements for local programs. The group also developed a funding strategy for these oversight requirements.

1996 Environmental Health Services Review Group

This review group was charged to identify options to assure continued financial support for the MDH technical support and oversight role of the Food, Beverage and Lodging Program and to recommend a strategy(ies) to continue support for the on-going technical support and oversight role.

1998 Local Public Health Governance/Education Work Group

While not specific to environmental health, this work group explored the basic responsibilities of government to protect the public’s health. One key aspect of this issue was that the consequences of NOT protecting the public’s health are so serious that both the state and federal constitution contain provisions to ensure this protection. This group also examined the shared responsibility for public health that is unique to government and that can only be successful if county boards understand their responsibilities as a board of health. As part of this work group, staff conducted key informant interviews with county commissioners. These interviews revealed that while environmental health issues were high on the list of things county commissioners care about, they did not often connect these issues to public health.

1999 Disaster and Emergency Preparedness Work Group

This group, with broad representation from local and state government (several divisions within the MDH and Department of Emergency Management), developed recommendations for enhancing the relationship between state and local public health agencies and state and local emergency management. This group initially focused on defining the roles of each of these players during a disaster and developed a handbook for public health agencies as a means of increasing state and local public health participation in the Minnesota emergency management system. A subsequent group developed a template for a local public health annex to counties’ emergency management plans.

1999 Expectations of the CHS Partnership Work Group

This group was convened to discuss the meaning of “partnership” and explore the complex relationship between state and local governments. A main impetus for the group was the budget cuts that had a broad impact on the MDH and its ability to support its local partners, including a reduction in the number of public health nurse consultant positions.

This group examined Minnesota’s public health system, defined as a partnership of shared responsibility between state and local governments. The group explored the uniqueness of this relationship in which

state and local government share governmental authority, responsibility, and accountability for promoting and protecting the health of the public.

Current Joint State And Local Activities

Food Safety Center

Staff from several MDH divisions, including Infectious Disease Prevention and Control (IDP&C), Environmental Health, Family Health, and Community Health are meeting to determine how best to coordinate food safety activities within the MDH. Food-borne diseases are reported to the IDP&C, prevention and mitigation within the establishment may be coordinated in the Environmental Health division, and education on food borne illness prevention and safe food preparation is provided by all of these divisions. To date, this group has reviewed the issue of food safety and is beginning to develop a coordinated effort for technical assistance.

Local Food Safety Strategic Plan

The MDH Environmental Health Services Section is working with a representative group of local staff to develop a "strategic plan" for food safety in Minnesota. This group is proposing a departure from the current food-safety system. To date, this group has developed a mission and four principal outcomes for food safety. These have been presented to a larger group, broadly representing state and local environmental staff. Groups are being convened to address each of the four principal outcomes.

Other Activities

The Division of Environmental Health has a number of committees and groups that include representatives of local agencies.

Appendix B: WORK GROUP MEMBERSHIP

Ed Larsen, Chair
Crow Wing County Commissioner
Crow Wing County CHB

Donna Anderson
CHS Administrator
Dakota County CHB

Ann Bajari
CHS Administrator
Meeker-McLeod Sibley CHB

Jill Bruns
CHS Administrator
Redwood-Renville CHB

Dave Fridgen
Sanitarian
City of New Brighton

Zack Hansen
Environmental Health Director
St. Paul-Ramsey County CHB

Mary Lee
Public Health Nurse
Becker-Mahnomen-Norman CHB

Lowell Johnson
Senior Program Manager
Washington County CHB

Kay Keimig
PHN Director (Mille Lacs)
Isanti-Mille Lacs CHB

Arlan Kakac
Douglas County Commissioner
Douglas County CHB

Cheri Lewer
CHS Administrator
LeSueur-Waseca CHB

Susan Palchick
Environmental Health Director
Hennepin County CHB

Rich Peter
Environmental Health Director
Olmsted County CHB

Heather Robins
Rice County Commissioner
Rice County CHB

Dale Schroeder
Environmental Health Director (St. Louis
County)
Carlton-Cook-Lake-St. Louis CHB

MDH REPRESENTATIVES

Kathy Svanda
Assistant Division Director
Environmental Health Division

Robert Einweck
Division Services Manager
Environmental Health Division

Sue Hibberd
Environmental Health Services
Environmental Health Division

STAFF/RESOURCES TO THE WORK GROUP

DeeAnn Finley
Community Health Planner
Community Health Division

Colleen Paulus
Environmental Health Services Section Manager
Environmental Health Division

Appendix C: Delegation Maps

Map 1: Cities and Counties with Delegated Well Programs

Map 2: Cities and Counties with Delegated Food, Beverage and Lodging and Manufactured Home Parks/Recreational Camping Areas

Cities and Counties with Delegated Well Programs

January 2001

