**Program Element # 49: Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities**

1. **Description.** Funds provided under this Agreement for this Program Element (PE) may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities (LPHAs).

This PE is intended to increase the capacity of LPHAs, particularly those that have identified domestic wells and water security as local priorities through county hazard assessments\*. OHA’s Domestic Well Safety Program (DWSP) intends to provide grants to support outreach efforts identified by LPHAs in their Local Work Plan (Attachment 1). In working with LPHAs, the DWSP will help plan and deliver outreach and interventions to communities of concern, as identified by LPHAs.

There are an estimated 350,000 active wells in Oregon. When this estimate is coupled with Oregon census estimates for household size, it suggests that approximately 23% of the state’s population may be relying on domestic wells. This makes groundwater protection and domestic well stewardship of critical public health importance.

Large drinking water systems are required by the Environmental Protection Agency’s (EPA) Safe Drinking Water Act to submit testing information on a regular basis and meet specific standards for safety. Smaller systems may be regulated by Oregon statutes (see ORS 448.119) and rules, rather than the Safe Drinking Water Act. However, there are no such requirements for very small drinking water systems and domestic wells, beyond Oregon’s Real Estate Transaction Act (ORS 448.271) that requires water quality testing during property sales and transfers.

The Oregon Water Resources Department reports that every year 3,800 new exempt-use wells are drilled across the state. These mostly small system or single residence wells are exempt from the water-rights permitting process and regular water quality testing is not required. Without regulations on permitting and testing, users of these wells are at increased risk for adverse health outcomes stemming from exposure to well water contamination. The purpose of the DWSP is to promote water testing and hazard mitigation to users of domestic wells in Oregon.

To comply with performance standards of this PE, LPHAs must engage in activities as described in subsections 1.a. through 1.c. below and their Local Program Plan and Budget. The purpose of these activities is to support local interventions and outreach efforts as identified and determined by LPHA and the DWSP as being most effective in reaching communities of concern. Collaborative community outreach efforts to enhance domestic well stewardship will be planned and delivered during the period of this Agreement.

Activities include:

1. Engage local residents. Engage populations, identified by the Centers for Disease Control and Prevention (CDC) as vulnerable (e.g. race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and other populations identified as at-risk for health disparities).
2. Foster collaborations among diverse stakeholders. Collaborate, convene, and facilitate partnerships with traditional domestic well stakeholders (e.g. extension services, watermasters, environmental laboratories, realtor associations and other water-related information providers) to plan outreach activities that enhance local domestic well stewardship.
3. Develop and provide education and recommendations to residents, partners and stakeholders. Use input from residents, partners, and stakeholders as well as existing data and literature to develop recommendations that address public health concerns and maximize the benefits that result from proper well stewardship.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

1. **Definitions Specific to *Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities*.** Not Applicable.
2. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf>) as well as with public health accountability outcome and process metrics (if applicable) as follows:
   1. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

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| **Program Components** | **Foundational Program** | | | | | **Foundational Capabilities** | | | | | | |
|  | CD Control | Prevention and health promotion | Environmental health | Access to clinical preventive services | | Leadership and organizational competencies | Health equity and cultural responsiveness | Community Partnership Development | Assessment and Epidemiology | Policy & Planning | Communications | Emergency Preparedness and Response |
| Population Health | Direct services |
| *Asterisk (\*) = Primary foundational program that aligns with each component*  *X = Other applicable foundational programs* | | | | | | *X = Foundational capabilities that align with each component* | | | | | | |
| ***Engage local residents*** |  |  | \* |  |  |  |  | x |  |  |  |  |
| ***Foster collaborations among diverse stakeholders*** |  |  | \* |  |  |  |  | x |  |  |  |  |
| ***Develop and provide education and recommendations to residents, partners and stakeholders*** |  |  | \* |  |  |  |  | x |  |  | x |  |
| ***Build local capacity*** |  |  | \* |  |  |  |  | x |  |  |  |  |

* 1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:** Not applicable.
  2. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**Not applicable.

1. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this PE, LPHA agrees to conduct activities in accordance with the following requirements:
   1. Engage in activities as described in its Local Program Plan, which has been approved by DWSP.
   2. Use funds for this PE in accordance with its Local Program Budget, which has been approved by DWSP. Modification to the Local Program Budget may only be made with DWSP approval.
   3. Assure that staffing is at the appropriate level to address subsection 1.a. through 1.c. of this PE. Funds for this PE must be directed in support of personnel and other expenses in support of subsections 1.a. through 1.c.
   4. Participate in monthly calls with DWSP to discuss ongoing progress.
   5. Share experiences with other public health professionals in local, regional or national exchanges or presentations.
2. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA by the 25th of the month following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12 month period).”
3. **Reporting Requirements.** LPHA must submit the result of the Local Program Plan to DWSP and post information about the Local Program Plan on the LPHA’s website by the end of the project period.
   1. Preparing a final written report. LPHAs shall provide a written final report to DWSP that includes a summary of the project goals, objectives, activities and outcomes; and an evaluation of the project goals, including lessons learned, challenges and success stories within the context of your project. This written report must identify stakeholders and collaborations; and recommendations to improve future funding opportunities from the DWSP. DWSP will provide a final report template to the LPHA.
   2. Share any materials developed and data collected to the DWSP. Materials and data should be relevant to identified target audience and partners. Examples of materials and data may include, but are not limited to:
4. Web content,
5. A formal written report or memo,
6. A letter to the decision making body,
7. A fact sheet,
8. Well test results, and
9. Maps depicting well data or presentations.
10. **Performance Measures.** 
    1. LPHA shall operate the Private Domestic Wells and Public Health: Building Capacity in LPHAs in a manner designed to make progress toward achieving the following Public Health Modernization Process Measure: Not applicable.

**Attachment 1**

**Local Program Plan**

**Attachment 2**

**Local Program Budget**