

# Environmental Health Continuous Improvement Board

## Meeting Summary

Wednesday, July 12, 2017

9:00 a.m. – 1:30 p.m.

Minnesota Counties Intergovernmental Trust Building, St. Paul, MN

### Members Present and Absent:

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

### Other Meeting Participants:

*Paul Allwood, Minnesota Department of Health, Executive Office; Debra Anderson, Hennepin County; Mageen Caines, Cindy Weckwerth, City of Minneapolis; Kim Carlton, Angie Cyr, Steven Diaz, Sharon Smith, Denise Schumacher, Minnesota Department of Health, Environmental Health Division; Mark Clary, Ramsey County; David Distad, Chris Wenisch, Kandiyohi-Renville Counties; Jason Kloss, Southwest Health and Human Services; Kirsten Knopff, Ben Miller, Minnesota Department of Agriculture; Karen Swenson, Brown-Nicollet Counties*

### Facilitators:

*Megan Drake-Pereyra, Kim Gearin, and Beth Gyllstrom, Minnesota Department of Health, Center for Public Health Practice*

## Welcome and Introductions

The Environmental Health Continuous Improvement Board's (EHCIB) acting co-chair, Dawn Beck, Olmsted County, welcomed everyone to the July meeting.

Ms. Beck reviewed the meeting agenda and objectives.

### Meeting Objectives:

1. Determine new co-chair and 2018 meeting schedule.
2. Continue EPH framework discussions.
3. Review and discuss summary of FPLS performance measures data.
4. Determine next steps based on FPLS program self-assessment and verification pilot.

Ms. Beck continued by asking meeting participants to introduce themselves. She acknowledged both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

Tom Hogan, EHCIB co-chair, MDH EH, continued by sharing the EHCIB has a co-chair vacancy and asked if there were any nominations or volunteers to fill the position. Diane Thorson, Becker County, nominated Ms. Beck for the position. John Weinand, City of Minnetonka, seconded the nomination. Ms. Beck accepted and said she would be happy to serve in the co-chair role again if the EHCIB wants her to. No one opposed, volunteered, or nominated anyone else. Ms. Beck was approved as co-chair through February 2019.

Megan Drake-Pereyra, MDH PHP, shared the results of the poll completed by EHCIB members to determine 2018 EHCIB meeting dates. Results showed that first Thursdays of the month received the most votes and fourth Wednesdays and Thursdays tied for runners up. Ms. Drake-Pereyra shared that first Thursdays would require the EHCIB to change the July meeting date due to the Fourth of July holiday. Meeting participants suggested holding the July meeting on one of the runner-up meeting days and agreed on the fourth Thursday. The EHCIB approved the new 2018 meeting schedule of first Thursdays every other month starting in January and holding the July meeting on the fourth Thursday. Ms. Drake-Pereyra will include the new meeting dates in the take-home points, add them to the webpage, and send them to the EHCIB.

## FPLS Program Evaluation Pilot Results

Kim Carlton, MDH EH, went through the [FPLS program evaluation pilot results presentation \(http://www.health.state.mn.us/divs/eh/local/cib/evaluation/2017/evalpresentation.pdf\)](http://www.health.state.mn.us/divs/eh/local/cib/evaluation/2017/evalpresentation.pdf) and shared accompanying materials as examples (e.g. a table comparing verification results of programs to demonstrate inconsistencies in interpretation and results). She also shared [results of the wrap-up discussion with pilot participants \(http://www.health.state.mn.us/divs/eh/local/cib/evaluation/2017/evalsummary.pdf\)](http://www.health.state.mn.us/divs/eh/local/cib/evaluation/2017/evalsummary.pdf). Overall, the

results showed support for the tools but demonstrated a need to refine the instructions and methodology for the FDA Voluntary Retail Standards criteria so that increased consistency can be attained. Ms. Carlton proceeded the presentation by leading a discussion about the results and next steps with meeting participants. Several workgroup members and pilot participants were present.

Meeting participants noted that the “level one” criteria, based on Minnesota statute, seemed less time consuming and clearer for programs to assess and were consistently verified. Whereas the “level two” criteria, based on FDA standards, were more intensive and demonstrated a lack of inter-rater reliability. Some meeting participants pointed out that the continuous improvement process, which was not tested during this pilot, may help smooth out the inconsistencies in interpretation and allows for some flexibility. The workgroup shared that it struggled with the development of the level two criteria because the FDA standards are flexible and voluntary so are open to interpretation. Workgroup members also noted that pilot participants were not trained in the FDA standards, which would be a critical component if the tools and instructions are implemented as is. It bodes the questions *are the level two criteria worth it? What benefit do they provide to assuring food safety in Minnesota?*

The conversation continued by discussing the question: What should the workgroup do about MDH and MDA alignment with the FPLS evaluation process? MDA is moving forward with their new delegation agreements and hopes to have them in place by January 1, 2018. This makes alignment challenging since it is at a faster pace than the workgroup can move using the CI process. How does alignment continue to happen? Following more discussion and several ideas, the EHCIB and meeting participants recommended that a small subgroup (consisting of a locally dual-delegated, an MDA, and an MDH representative) develop draft methodology and instructions for FDA standards two and eight to bring back to the workgroup. Then, the workgroup will conduct another pilot of the tools and instructions for food standards two and eight. The goals of this are: a) to help with alignment by agreeing on a methodology that both MDH and MDA can implement, b) decrease the time commitment needed to complete the self-assessment and verification, and c) improve consistency among verifiers. The timeline is for the subgroup to complete its task by September and to conduct a second pilot in the fall of 2017. EHCIB members agreed to recruit at least three locally delegated agencies (at least one dual-delegated) to participate in the second pilot.

The EHCIB is confident that the continuous improvement (CI) approach taken to improve the FPLS program evaluation process is working. Testing and needing to refine the tools, instructions, and process prior to full implementation is expected and welcomed as part of the CI process. The CI process can take time, but the results will be worth it.

The EHCIB thanked the three agencies that participated in the food, pools, and lodging services (FPLS) program evaluation pilot: MDH, MDA, and the Kandiyohi-Renville delegated FPLS program. It also thanked the workgroup for its patience and effort in getting the new FPLS program evaluation off to a great start.

## FPLS Statewide Performance Measures Results

Megan Drake-Pereyra, MDH PHP, walked meeting participants through the presentation of results from the [FPLS statewide performance measures \(http://www.health.state.mn.us/divs/eh/local/cib/#performance\)](http://www.health.state.mn.us/divs/eh/local/cib/#performance). She followed the presentation by leading a discussion with meeting participants.

Regarding the FPLS staff qualifications, meeting participants were not surprised with the results; in fact, they expected the percent of FPLS staff who are standardized in food to be lower. Suggestions for improvement included: a) include more specific instructions on how and who to count as staff and b) collect this data by program, not county or jurisdictional entity.

Meeting participants discussed the on-time completion of FPLS inspections. Overall, they noted that on-time inspection rates were good across all types of inspections. MDA's on-time inspections rates were lower than those of MDH and locally delegated programs; however, this outcome was expected. It is due to several contributing factors at MDA: Division reorganization – 24 of 32 staff being hired and trained between October 2015 and April 2017, and a previously under-resourced food program lead to an increase in delinquent inspections in 2016. MDA is currently conducting risk-based inspections at a rate that will improve the rate of on-time inspections in 2017 and beyond. One data quality issue – the fact that those entities using random samples to report almost all recorded 100% on-time inspections and those using total inspections had more variation – raised the question as to whether random sampling is the right methodology to use. The software issues experienced by MDH and many locally delegated agencies brought to light the fact that current licensing and inspection software has not been designed for pulling data for performance management purposes. A proposed idea is to use delinquency rate instead of on-time rate for inspections. This may be easier for programs to report since this is how programs currently collect it. The EHCIB agreed to consider delinquency rate in future iterations.

The cited food violations data is a good conversation starter and meeting participants were not surprised by the results, as they are similar to previous risk factor studies conducted. However, there does appear to be a disconnect between the cited violations and what causes foodborne illness. There may be over- or under-citing happening. Meeting participants explained that programs issue citations differently, so cited violations may not equal actual prevalence. Some meeting participants noted that without a denominator (which is not available due to how it was reported), the data is interesting but not very helpful. Since this data had the greatest reporting burden, should the EHCIB continue to collect it? How can it be improved so it is more useful and tells more about food safety? The EHCIB would like to discuss this further and get input from programs after they receive their local reports.

The outreach and educational activities data was close to what meeting participants expected. It shows that larger and higher profile inspection types (like food) receive more education and outreach. Customer surveys being among the top activities completed may be because MDH does customer surveys across their jurisdictions. Meeting participants noticed a gap in education and outreach for

youth camps. Many feel youth camps are higher risk and thus warrant more outreach and education than they currently receive. One suggestion was to include “social media” as a response option since some programs are using it to reach their audiences.

Overall, meeting participants were pleased with the great response rate (only one program did not participate) and found the statewide picture of FPLS to be very interesting. However, the data collection was not without challenges and lessons learned. The EHCIB is committed to gathering feedback and improving the process and the measures in the future. The EHCIB is also committed to assuring the quality and usefulness of data collection. Therefore, the EHCIB agreed on the following next steps:

- Local FPLS programs and community health boards will receive summary reports. These reports will contain program-specific and statewide data.
- At its September 13, 2017 meeting, the EHCIB will develop its recommendations and a full report will be produced.
- The EHCIB will share the statewide results with the Performance Improvement Steering Committee (PISC) to get their perspective on the results and data quality issues. The EHCIB will also share the statewide results with the State Community Health Services Advisory Committee (SCHSAC).
- The EHCIB will use 2018 to gather input from local programs and refine the measures and instructions. The EHCIB will resume data collection in 2019.

## Environmental Public Health Framework

Due to time constraints, this agenda item will be included in the September 2017 meeting agenda.

## Business Items

### Member Updates

Mr. Hogan shared the following legislative updates:

- Some MDH programs did receive fee increases this legislative session (wells, radon, etc.). Drinking water did not receive the fee increase requested but will pursue it again during the next legislative session. Meeting participants asked if a fact sheet of the fee increases could be developed. Steven Diaz, MDH EH, said yes.
- Governor Dayton’s 25% by 2025 will be hosting its community meetings soon. The [25% by 2025 webpage \(https://www.eqb.state.mn.us/content/25-2025-overview\)](https://www.eqb.state.mn.us/content/25-2025-overview) contains more information and details.

Mr. Diaz reminded meeting participants about the new housing with services lodging exemption. Delegated agencies need to review their lodging licensing lists and pull out housing with services. He

shared that the bill requires MDH to convene a group; most likely this will be the responsibility of the Health Regulation Division. Mr. Diaz and his staff have received questions about “special services.” Special services still requires a lodging license but housing with services does not. Several meeting participants, including MDH, shared how this exemption will impact them. Some programs will lose close to 50% of their revenue.

### Community Health Conference

Megan Drake-Pereyra, MDH PHP, shared that the EHCIB was selected to do a learning station at the [2017 Community Health Conference \(http://www.health.state.mn.us/divs/opi/pm/conf/\)](http://www.health.state.mn.us/divs/opi/pm/conf/). She asked the EHCIB if, given the results of the meeting discussions today, it would like to accept the selection or not. EHCIB members felt it would be a good opportunity to share what the EHCIB is doing. Ms. Drake-Pereyra will follow-up with Mr. Hogan and Ms. Beck to discuss handout content and presenters for the learning station.

### Approve May Meeting Summary

Meeting participants approved the May meeting summary with no changes or additions.

### Word on the Street

Several meeting participants were heading to the sex trafficking training following the EHCIB meeting today. It is a very good training and they recommended others attend in the future.

### Constituent Engagement

EHCIB members received two constituent engagement assignments from today’s meeting: 1) recruit volunteers to participate in pilot II of the self-assessment and verification tools for food standards two and eight, and 2) let constituents know the FPLS statewide performance measure reports are coming soon.

## **Take-home Points, Action Items, and Adjournment**

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

### Take-home points:

- At its July 2017 meeting, the Environmental Health Continuous Improvement Board (EHCIB) reviewed the results of the food, pools, and lodging services (FPLS) program evaluation pilot, which tested the tools and instructions for self-assessment and verification of food standards 2 and 8. Overall, the results showed support for the tools but demonstrated a need to refine the instructions and methodology for the FDA Voluntary Retail Standards criteria so that increased consistency can be attained. Next steps include:
  - A subgroup made up of one MDH, MDA, and a local dual-delegated representative will work on refining the tools and instructions by September 2017.

- A second pilot of standards 2 and 8 using the updated tools will occur in the fall of 2017. **The EHCIB is looking for at least three locally delegated agencies (at least one dual-delegated) to participate in the second pilot.** If interested and for more information, please contact Kim Carlton, MDH EH, at [kim.carlton@state.mn.us](mailto:kim.carlton@state.mn.us) or 651-201-4511.

The EHCIB is confident that the continuous improvement (CI) approach they are taking to improve the FPLS program evaluation process is working. Testing and needing to refine the tools, instructions, and process prior to full implementation is expected and welcomed as part of the CI process. The CI process can take time, but the results are worth it.

The EHCIB would like to thank the three agencies that participated in the food, pools, and lodging services (FPLS) program evaluation pilot: MDH, MDA, and the Kandiyohi-Renville delegated FPLS program. It would also like to thank the workgroup for its patience and effort in getting the new FPLS program evaluation off to a great start.

- The Environmental Health Continuous Improvement Board (EHCIB) reviewed the aggregate data summary of the Food, Pools, and Lodging Services (FPLS) statewide performance measures. Overall, the EHCIB was pleased with the great response rate (only one program did not participate) and found the statewide picture of FPLS to be very interesting. However, the data collection was not without challenges and lessons learned. The EHCIB is committed to gathering feedback and improving the process and the measures in the future. The EHCIB is also committed to assuring the quality and usefulness of data collection. Therefore, the EHCIB agreed on the following next steps:
  - Local FPLS programs and community health boards will receive summary reports. These reports will contain program-specific and statewide data.
  - At its September 13, 2017 meeting, the EHCIB will develop its recommendations and a full report will be produced.
  - The EHCIB will use 2018 to gather input from local programs and refine the measures and instructions. The EHCIB will resume data collection in 2019.

For more information, please direct questions to your [EHCIB representative](#) (<http://www.health.state.mn.us/divs/eh/local/cib/#membership>).

- Dawn Beck, Olmsted County, accepted the Environmental Health Continuous Improvement Board's (EHCIB) nomination to remain as its co-chair – a role she has had since its inception in 2014. Tom Hogan, Director of Environmental Health at MDH, is the other co-chair. The EHCIB is happy to have Ms. Beck remain in the co-chair position and thanks her for her continued dedication to the EHCIB.

- The Environmental Health Continuous Improvement Board (EHCIB) determined its 2018 meeting schedule. Meetings will occur on the following Thursdays in 2018 from 9 a.m. to 1:30 p.m. at the Minnesota Counties Intergovernmental Trust building in St. Paul:
  - January 4
  - March 1
  - May 3
  - July 26
  - September 6
  - November 1

#### Action Items

- The Center for Public Health Practice will create local summary reports of the FPLS Annual Performance Measure data and get on the upcoming SCHSAC and PISC meeting agendas.
- FPLS program evaluation workgroup will plan for the next pilot of the tools and instructions for food standards 2 and 8.
- EHCIB members will recruit volunteers for the next FPLS program evaluation pilot.
- The Center for Public Health Practice will update the EHCIB charter and edit the website.
- The Center for Public Health Practice will help the EHCIB prepare for its Learning Station at the upcoming 2017 Community Health Conference.

The next EHCIB meeting is Wednesday, September 13, 2017 at MCIT in St. Paul.