

Environmental Health Continuous Improvement Board

Meeting Summary

Wednesday, March 8, 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:

Kim Carlton, Steven Diaz, Caleb Johnson, Michelle Messer, Sharon Smith, Minnesota Department of Health, Environmental Health Division; Jason Kloss, Southwest Health and Human Services; Kirsten Knopff, Minnesota Department of Agriculture; Jeff Travis, Washington County; Cindy Weckwerth, City of Minneapolis

Facilitators:

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

Welcome and Introductions

The Environmental Health Continuous Improvement Board (EHCIB) co-chair, Tom Hogan, welcomed everyone, including the new EHCIB members, to the EHCIB's March meeting:

- Daniel Disrud, Anoka County, replacing Daniel Huff, City of Minneapolis
- Sarah Reese, Polk County, replacing Carol Schefers, Wright County
- Diane Thorson, Partnership4health (Becker County), replacing Allie Freidrichs, Meeker-McLeod-Sibley Counties
- John Tracy, Stearns County, new position

Mr. Hogan proceeded to review the meeting agenda and asked meeting participants to introduce themselves. Mr. Hogan acknowledged both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

Mr. Hogan continued by sharing the EHCIB does have a co-chair vacancy. Dawn Beck, Olmsted County, is willing to continue as co-chair if the EHCIB so desires. Members should email their co-chair nominations to Megan Drake-Pereyra, Center for Public Health Practice, prior to the next EHCIB in May. The co-chairs help the Center for Public Health Practice staff plan the meetings by participating in up to two, one-hour phone meetings between the EHCIB meetings.

Mr. Hogan brought to the EHCIB's attention the fact that both non-delegated program representatives' terms ended at the same time. He asked if in the future their terms should be staggered. Meeting participants agreed that staggering them is a good idea. Sarah Reese, Polk County, agreed to talk to Diane Thorson, Partnership4health (representing Becker County), about adjusting one of their terms' length so that they can be staggered.

Meeting Objectives:

1. Welcome new members! Discuss co-chair position.
2. Begin EPH framework discussions.
3. Updates about the FPLS statewide annual performance measures.
4. Final approval of tools and process for the new FPLS program verification process.
5. Complete Business items

Environmental Public Health Framework

Meeting participants reviewed and had an in-depth discussion about the draft rationale and guiding principles for the environmental public health (EPH) framework. Overall, they felt it conveyed too negative a tone and suggested using softer language. Primarily, they want the EPH framework to emphasize the core services (i.e. minimum standards) that Minnesotans can expect no matter where they are in the state. They also want it to illustrate a range of approaches to provide core EPH services, and additional EPH services implemented to meet locally defined needs and/or priorities. Meeting participants recognized the need to bring others into the discussions when appropriate (e.g. DNR and MPCA).

Center for Public Health Practice staff lead meeting participants through a brainstorm on food safety. The idea behind the brainstorm was to begin to describe how food in MN is protected and the role of public health. Meeting participants began by describing where consumers get food and then shared how the safety of that food is assured ([Appendix A](#)). This was just a start and at future meetings, air-, water-, and land-related activities will be discussed.

Updates about the FPLS Annual Performance Measures

Megan Drake-Pereyra, MDH Center for Public Health Practice, shared the following updates about the FPLS annual performance measures:

- The timeline for reporting has shifted. Local programs, MDH, and MDA will have through the end of April to report their data.
- There are two reporting instructions webinars scheduled for March 21, 10:30-11:30 a.m. and March 23, 2:30-3:30 p.m. A recording of the webinar will be posted on the EHCIB webpage.
- Locally delegated programs and public health directors recently received an email notifying them about the measures and the webinars.
- If response rates are low, Ms. Drake-Pereyra may ask the EHCIB to follow-up with their constituents and encourage them to participate.

Updates from FPLS Program Evaluation Workgroup

Kim Carlton, MDH FPLS Partnership and Workforce Development, and Jason Kloss, Southwest Health and Human Services, provided an update on the work of the FPLS Program Evaluation Workgroup ([Appendix B](#)).

In the workgroup's last meeting they came to an agreement on the tools and criteria for standards 2 and 8, which they believe are ready to pilot. The self-assessment and verification audit instructions and criteria for these standards were sent to the EHCIB for review prior to the meeting. Meeting participants also had copies. Overall, everyone liked the tools and did not have any suggested changes to them.

The workgroup proposed including MDH, MDA, and at least one locally delegated program (preferably dual-delegated) in the pilot of the tools for standards 2 and 8. MDA's current delegation agreement discussions was raised as a challenge since the MDA's performance expectations do not align with MDH's. A number of meeting participants expressed their concerns about this. Jeff Luedeman, MDA, was in the room to hear their feedback. No decisions or actions were taken and the discussions between MDA and its delegated agencies are ongoing.

Ms. Carlton asked meeting participants how to proceed with the pilot in light of the ongoing MDA and dual-delegated agency discussions. Meeting participants had varying opinions and discussed them openly. In the end, the following was agreed upon:

- Continue with the pilot
- Have MDH and MDA participate
- Recruit one dual-delegated and one MDH-delegated local program to participate. Proceed with the pilot if unable to find a dual-delegated program that is willing to participate.
- Recruit/select local programs that have not been involved in the EHCIB or the workgroup.

Meeting participants also discussed who would perform the verification audits for MDH and MDA. They suggested that (if willing) the local program pilot participant should perform the verification audit with the state agency not being reviewed.

Ms. Carlton and Mr. Kloss shared the following timeline for workgroup activities:

- June 2017: finish and evaluate pilot
- July 2017: share pilot results with EHCIB
- Fall 2017: develop tools for the remaining Standards
- 2018: roll-out new FPLS program self-assessment and verification process

Meeting participants liked the timeline but want the workgroup to think about how best to finalize the remaining tools so as not to feel overwhelmed.

Next steps include: 1) EHCIB members will recruit pilot volunteers and 2) the workgroup will conduct the pilot.

Workgroup meeting dates, agendas and past meeting summaries, are available on the [EHCIB webpage](#).

Business Items

Member Updates

Mr. Hogan shared the following legislative updates:

- MDH is closely monitoring what is happening at the federal level regarding the prevention funds in the ACA and EH funds from the EPA and CDC (for things like lead, radon, asbestos, climate adaptation, etc.).
- The MN legislature has some deadlines approaching in the next couple of weeks. We will know more about the outcomes of the various budget proposals then.
- Water infrastructure bonding was a big push last year, but it is not being considered this year.
- There is a strong push to repeal the 2015 radon licensing act.

- Governor proposed 25% improvement in water quality by 2025, which would include a community engagement process, feedback from citizens, and regional meetings throughout the state.

Jeff Travis, Washington County, shared that LPHA approved a new committee under an ad-hoc committee structure for food safety system alignment. The idea formed as a result of conversations at the EHCIB and was proposed by Mr. Travis, Mr. Brown, and Daniel Huff, City of Minneapolis.

Ms. Huntley shared that as discussed previously by the EHCIB, SCHSAC will consider a work plan that includes EHCIB as a standing workgroup at its March. Inclusion of the EHCIB in SCHSAC's work plan ensures that broad efforts to strengthen environmental public health in MN, like the environmental public health framework, will be discussed and adopted across the local public health system. Inclusion of the EHCIB in SCHSAC's work plan will not impact the day to day workings of the EHCIB and FPLS program evaluation workgroup.

Approve November Meeting Summary

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

There was no "word on the street" or "constituent engagement" business items to discuss.

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 members, participants, and volunteers for all they have done to improve the state-local partnership in environmental health. A special thanks goes to the following, who just completed their three-year terms on the EHCIB:
 - Dawn Beck, Olmsted County (staying on for another two years)
 - Daniel Huff, City of Minneapolis
 - Allie Freidrichs, Meeker-McLeod-Sibley Counties
 - Carol Schefers, Wright County
- The Environmental Health Continuous Improvement Board (EHCIB) would like extend a warm welcome to its new members, who just began their two-year terms:
 - Daniel Disrud, Anoka County
 - Sarah Reese, Polk County
 - Diane Thorson, Partnership4health (Becker County)
 - John Tracy, Stearns County

- Statewide reporting on the Food, Pools and Lodging Services (FPLS) annual performance measures is launching this month! MDH, MDA, and locally delegated programs will have through the end of April 2017 to report their data. Additional information including reporting instructions and a webinar will be available soon. Watch the [EHCIB webpage](#) for more information.
- The Environmental Health Continuous Improvement Board (EHCIB) began to develop an Environmental Public Health (EPH) Framework for Minnesota at its March 2017 meeting. The broad concept of a “framework” began to take shape and become a refined idea:
 - It will focus on identifying and defining the “core” EPH activities expected across the entire state, regardless of who provides them.
 - It will also illustrate the breadth of EPH activities (outside of the “core”) provided across the state based on community needs.

The EHCIB began by reviewing the food safety activities conducted in Minnesota. It will review air-, water-, and land-related activities at future meetings. [Contact your EHCIB representative](#) for more information.

- The Food, Pools, and Lodging Services (FPLS) program evaluation workgroup continues to make progress:
 - Pilot testing of the self-assessment and verification tools for Standards 2 and 8 will begin in late-March/early-April. MDH, MDA, and at least one locally delegated program will participate in the pilot. The pilot will focus on testing the tools; it will not include testing of the continuous improvement process.
 - Environmental Health Continuous Improvement Board (EHCIB) members are looking for at least one locally delegated program to participate in pilot testing of the tools and assist in verifying MDH and MDA. Please contact your [EHCIB representative](#) if you are interested.
 - The tentative timeline for workgroup activities is the following:
 - June 2017: finish and evaluate pilot
 - July 2017: share pilot results with EHCIB
 - Fall 2017: develop tools for the remaining Standards
 - 2018: roll-out new FPLS program self-assessment and verification process
 - The EHCIB and FPLS program evaluation workgroup recognize there are differences in MDH’s and MDA’s approach to their delegation agreements as it relates to the FDA standards. Dual-delegated programs are in conversation with MDA. MDA continues to participate in the FPLS program evaluation workgroup.

Action Items

- EHCIB members will recruit locally delegated program volunteers to pilot test the new self-assessment and verification tools for Standards 2 and 8.
- EHCIB members will email their nominations for EHCIB co-chair to Megan Drake-Pereyra prior to the May meeting.
- FPLS program evaluation workgroup will conduct the pilot and share the results with the EHCIB in July.
- The Center for Public Health Practice will assist with the evaluation of the pilot.
- The Center for Public Health Practice will update the EPH framework rationale and guiding principles.

The next EHCIB meeting is Wednesday, May 3, 2017 at MCIT in St. Paul.

Appendix A

In Minnesota, where do consumers get their food?

- Cottage foods
- Manufactured and wholesale
- Grocery stores
- Hunting
- Jails
- Farmer's markets
- Food truck
- Meat truck
- Schools
- Retail outlets
- Health care
- Mail
- Fishing/lakes
- Homeless shelters
- Food shelves
- Food bank
- Caterers
- Clubs/organizations
- Gas stations
- Restaurants
- Cafeterias
- CSAs/Farms
- Sports
- Organics
- Childcare/schools
- Home delivered
- Garden
- Food stands
- Fairs
- Faith based
- Bakeries
- Potlucks
- Butcher shop
- Custom processing
- Breweries/wineries
- PYO places

How do we assure food safety?

- Regulation – enforce and set/advocate laws and standards → construction plan review; license and inspection and enforcement; food recalls (retail and consumer education)
- Education – train regulators and operators; consumer rights to know
- Outreach – consumer education; healthcare (local level)
- DNR for fish and lead shots
- Investigate (reactionary) – outbreaks, recalls, complaints; surveillance, sampling, data analysis, epi (outbreak data) lab; effectiveness checks
- Partnership/advisory role (churches, national stuff)
- Train/workforce development
- Develop policies and procedures
- Assure sufficient capacity
- Food safety experts in community

Appendix B

EHCIB Evaluation Workgroup Status Update
March 8, 2017

Where We Have Been

Timeline

- 2007: MDH Delegation Agreement Advisory Council recommended a workgroup to develop an evaluation process related to the new delegation agreements
- 2008-2009: State-Local workgroup developed evaluation process
- 2009-2014: Evaluations of local programs implemented by MDH
- 2013: Growing dissatisfaction statewide with implementation of the evaluation process; an interim group (MDH, LPHA, local agencies) recommended creation of Environmental Health Continuous Improvement Board (EHCIB)
- 2014: EHCIB charter approved, members selected, meetings began
- 2015: EHCIB requested re-evaluations of “Unacceptable” local programs done by MDH
- 2016: EHCIB approved concept for new evaluation structure, approved charter for new evaluation workgroup, workgroup convened, and work begun according to the EHCIB’s recommendations

EHCIB Proposal for New FPLS Program Evaluation Model:

- All agencies will be evaluated standard-by-standard, rather than program-by-program
- “All-in” approach, with all agencies working to meet the same standards at the same time
- Resources provided and shared between state and local agencies

EHCIB Recommendations to Workgroup:

- Develop metrics & tools to support a new FPLS program evaluation process
- Use FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) and MDH and MDA delegation agreements as foundation for a unified evaluation process that could be used by both MDH and MDA, for statewide consistency and to benefit dual delegated agencies
- Implement a new program rating: “meets” or “does not meet”
- Identify minimum criteria that must be met in order to have a delegation agreement
- Identify steps an agency must take in order to make improvements to standards that do not meet minimum criteria
- Maintain focus on improving trust between evaluators and agencies being evaluated

Where We Are Now – March 2017

Workgroup Charge and Deliverable	Not Done	In Process	Done	Comments
Evaluate performance measure work conducted by EHCIB, existing criteria in the Standards, and the MDH and MDA Program evaluation processes		X		FDA Standards, previous evaluation process tools, delegation agreements and other materials were researched and reviewed. Performance measures are not yet completed or implemented.
Identify and develop criteria, metrics, tools and process that will be used for program self-assessment and evaluation of each Standard.		X		Criteria, metrics, and tools have been developed for Standards 2 and 8.
Develop a draft implementation plan for evaluation of each Standard.	X			Implementation plan has not been developed.
Identify a process for programs that do not meet minimum criteria to improve their performance.		X		Continuous Improvement Cycle has been developed. Ongoing discussions about Level 1 / Level 2 elements.
Present recommended criteria, metrics, tools and implementation plan to the EHCIB for comment and approval.			X	Status reports have been given at each EHCIB meeting since the inception of the workgroup.
Make recommendations on how to communicate and disseminate best practices to promote continuous improvement.		X		Workgroup has discussed possibilities for implementing statewide clinics and info sessions as well as ongoing maintenance and support.
Make revisions to criteria, metrics, tools and implementation plan and present for final approval to the EHCIB.		X		Revisions have been ongoing.

Where We Are Going

March '17: EHCIB approval of products to date

Environmental Health Continuous Improvement Board
 Minnesota Department of Health
 Center for Public Health Practice
 P.O. Box 64975
 St. Paul, MN 55164-0975
 (651) 201-3880

- Discussion at March 8 meeting; seeking feedback and approval or suggestions for edits

March-July '17: Pilot of Standard 2 & 8 tools

- Participants: MDH, MDA, one (or more!) delegated agency – preferably dual-delegated
- Pilot of **tools only**, not the continuous improvement cycle
 - Do the criteria make sense?
 - Are the instructions clear and useful?
 - Are the resources provided adequate?
 - What are the challenges of doing a self-assessment or verification audit?
- Participation in pilot is not a substitute for participation in statewide rollout
- Timeline (dependent on EHCIB approval on March 8):
 - March 8: select participants for pilot
 - Post-March 8: distribute assessment materials to participating agency reps
 - June 2: self-assessment phase completed; materials sent to auditing agencies
 - June 5-23: verification audit phase
 - Week of June 26: workgroup meets to discuss pilot
 - Invite pilot participants to share feedback
 - July 12 EHCIB meeting: share pilot outcomes with Board

Fall '17: Development of Standards 1, 3, 4, 5, 6, 7, 9(?)

- “Boot camp” proposal
 - Evaluation workgroup meets for consecutive days to develop tools for remaining standards
 - Proposed 2-day meetings, on 2 consecutive weeks
 - Maintain momentum, reduce workgroup fatigue, keep project moving
 - Dates and locations TBD

November '17: Report to EHCIB

- Workgroup presents remaining tools to Board

2018 and beyond:

- Roll-out of unified evaluation criteria, assessment tools, and CI cycle
- A series of workshops and accompanying resources will be planned in advance of each standard’s assessment cycle
- Request FDA to host a VNRFPS workshop in Minnesota

Challenges & Successes

Challenges

- The EHCIB was chartered by LPHA and MDH
 - MDA is an invited member of the Board
- MDH and MDA Delegation Agreements and performance expectations are not aligned

- MDA Delegation Agreement discussions are ongoing
- Continuous Improvement cycle implications for dual-delegated agencies (level 1 / level 2 differences between agencies)
- Difficulty getting feedback from partners during development phase
- How to incorporate non-food programs into assessment criteria and tools

Successes

- Joint agency workgroup contributes to trust-building
- Increased transparency with MDH and MDA included in assessment cycle
- Broader exposure and support for FDA Standards, for those who are enrolled or who have considered enrollment

Questions for the Board Members:

- Do you approve the tools that have been developed for Standards 2 & 8?
- Do you approve of the workgroup proceeding with a pilot as proposed?
 - Who should the local agency pilot participant(s) be?
 - Who should perform the verification audit for MDH and MDA?
- Do you approve of the “boot camp” idea?
- Do you approve of the “2018 and beyond” plan?