

Environmental Health Continuous Improvement Board

Meeting Summary

Wednesday, May 3, 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:

Mageen Caines, City of Minneapolis; Kim Carlton, Steven Diaz, Sharon Smith, Minnesota Department of Health, Environmental Health Division; Kirsten Knopff, Minnesota Department of Agriculture; Jeff Travis, Washington County

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, Dawn Beck, Olmsted County, welcomed everyone to the EHCIB's May meeting:

Environmental Health Continuous Improvement Board
 Minnesota Department of Health
 Center for Public Health Practice
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Ms. Beck reviewed the meeting agenda and asked meeting participants to introduce themselves. Ms. Beck acknowledged both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

Meeting Objectives:

1. Determine new co-chair.
2. Continue EPH framework discussions.
3. Updates about the FPLS statewide annual performance measures and evaluation pilot.
4. Complete Business items.

Tom Hogan, MDH and EHCIB co-chair, continued by sharing the EHCIB still does have a co-chair vacancy. It does take commitment, but the co-chair is a leader helping to shape the future of environmental public health (EPH). The co-chairs help the Center for Public Health Practice (PHP) staff plan the meetings by participating in up to two, one-hour phone meetings between the EHCIB meetings. Ms. Beck added that she feels it is the most important thing she is doing in her career. No one volunteered at the meeting. Mr. Hogan asked that EHCIB members contact him if they are interested.

As discussed at the March EHCIB meeting, Sarah Reese, Polk County, talked to Diane Thorson, Partnership4health (representing Becker County), about adjusting one of their terms' length so that the non-delegated agency representative terms can be staggered. They agreed that Ms. Thorson will leave the EHCIB in 2018 and Ms. Reese will continue through 2019. Meeting participants had no objections to this change. PHP staff will revise the EHCIB charter and website information.

Ms. Beck shared that EHCIB member Bill Groskreutz, Faribault County Commissioner, asked that the EHCIB discuss his attendance. Ms. Beck reminded meeting participants that the attendance expectation stated in the EHCIB's charter is that members may not miss more than two meetings each calendar year nor miss two meetings in a row. Mr. Groskreutz will miss four meetings this calendar year due to his elected official duties. Ms. Beck asked the EHCIB if they are comfortable with Mr. Groskreutz continuing as an EHCIB member or if SCHSAC should identify someone else to participate. Meeting participants posed two options that everyone agreed to: 1) change the EHCIB membership and ask SCHSAC to have two members, Mr. Groskreutz can hold one spot and another SCHSAC member can hold the other; and 2) consider changing the 2018 meetings dates. Meeting participants did not want to explore distance options at this time. PHP staff will bring the membership proposal to SCHSAC and set up a Doodle poll for scheduling the 2018 meetings.

Environmental Public Health Framework

Local Public Health Infrastructure and the EPH Framework

Chelsie Huntley, MDH Center for Public Health Practice (PHP), shared information about local public health (LPH) infrastructure initiatives that parallel the environmental public health (EPH) framework work of the EHCIB. Based on conversations held last year that pointed to pressing LPH infrastructure

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issues, SCHSAC plans to convene a workgroup later in 2017 likely composed of county administrators, elected officials, health and human services directors, and other public health stakeholders. The goal of this workgroup will be to address how to achieve a strong LPH infrastructure. Currently, in response to LPH requests for clarity, MDH is looking at actions it can take within existing statutory authority to more clearly articulate expectations related to the Local Public Health Act, specifically the six areas of local public health responsibility (which includes protecting against environmental health hazards). This work will happen quickly. MDH discussed this with the Local Public Health Association (LPHA) at its meeting last week and the response was positive. Ms. Huntley reiterated that the work is focused on the local public health act and noted it is related to but more narrow than the work of the EHCIB to develop an EPH Framework. The EPH Framework will be broad and define EPH in MN. Though it will include a set of “core” activities, those activities may surpass the statutory expectations for Community Health Boards. For example, FPLS activities are not a local responsibility, but the EHCIB may include some FPLS activities as “core.” Overall, meeting participants understood and did not have many questions or comments.

Rationale and Guiding Principles

Megan Drake-Pereyra, PHP, turned meeting participants’ attention to the updated EPH framework rationale and guiding principles. She reminded everyone of the changes desired based on the March meeting discussion and asked if the revisions captured this input. Meeting participants had some suggestions:

- In order to mitigate unintentional consequences, final wording should be tested with local elected officials to assure its intentions and terminology are appropriate and understood. For example, meeting participants do not want agencies that currently go “above and beyond” the “core” to adversely suffer.
- EPH is a limiting terminology because it is often interpreted as environmental protection. The EPH framework is focusing on the impact of environmental health hazards to human health, not their impact on the environment. Meeting participants discussed this and thought it best to use the terminology found in statute 145A. Instead of EPH Framework, it would change to “Public Health Framework to protect Minnesotans from Environmental Health Hazards,” or something similar.
- The framework should align with national standards; it needs to be stated upfront in the rationale or guiding principles.

Ms. Drake-Pereyra will make these changes and share the revised rationale and guiding principles at the July EHCIB meeting.

Group Activities

PHP staff guided meeting participants through small group activities. The activities built off the food safety discussion from the March EHCIB meeting. Small groups divided among the remaining EH topic areas of air quality, water quality, healthy homes, and climate change and discussed what public health does to protect human health from these environmental hazards. After the public health functions

were identified, to get a better understanding of LPH, state public health, and other's roles, small groups noted who does each function. The results of these small group activities are available in [Appendix A](#).

Following small group activities, meeting participants came together as a large group and debriefed what they learned and what questions remain.

- The small group activities reinforced the diversity of activity around the state. Communities have different needs and local elected officials have a big influence – both of these impact the variability of public health services focused on environmental hazards.
- Meeting participants identified some environmental hazards that were missing from the discussions and could be included. Examples include radiation, public nuisance, mobile home parks, emergency response, and vectors.
- For MDA, it was challenging – yet enlightening – to determine how MDA fits beyond food safety. Another challenge identified by meeting participants was in determining who does what – delegated and non-delegated local programs do different things. Meeting participants felt that this framework is a good opportunity to spell out what is needed, be it in a delegated program or non-delegated program. It was also hard for participants to know where to stop when discussing PH activities. When community members do not know where to go, they come to PH where their concerns are classified as a PH nuisance.
- Meeting participants discussed what else they need in order to be able to identify the “core” public health activities. They felt it is necessary to have guidelines or criteria. Everyone is looking at it from different perspectives, some by function and some by hazard. Some believe the mandates should be the “core” activities and many think it needs to be more than the mandated activities. Meeting participants determined that a helpful next step would be to see the EH hazards cross-referenced with the 10 essential functions/services. PHP staff will bring this cross-walk to the July EHCIB meeting for discussion.

Updates about the FPLS Annual Performance Measures

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

- There is a 71% completion rate as of 5/2/17. The reporting period closes 5/9/17, what does the EHCIB want to do if there are still incompletes/not submitted?
 - Mageen Caines, City of Minneapolis, shared that they are one program that still needs to submit their data. They are having internal, technical issues but hope to have them resolved in time to report.
 - Based on this, meeting participants felt that PHP should reach out and ask whether each jurisdiction is planning to submit and, if so, where they are in the process.

- A FAQ and revised instructions are now available on the EHCIB webpage.
- There will be some challenges with data analysis. For example, Rapid Inspection cannot easily distinguish between full/routine inspections and other types of inspections. Given this, caution will be used during data interpretation.
- PHP staff is unable to give an exact timeline for when the data will be disseminated. The aim is to share a statewide summary with the EHCIB at its July meeting.

Meeting participants discussed what they have heard and experienced. Overall, the roll out went well and the webinar and documents were helpful. The main area of confusion is overall data use. MDH EH staff have received questions about whether it is program evaluation. There are also questions about the purpose of the data. EHCIB members reinforced that the purpose is to get a statewide picture of FPLS, both MDH and MDA, and the aggregate data will be used to identify statewide opportunities for improvement.

Ms. Drake-Pereyra asked the EHCIB what they would like to communicate to local programs, MDH, and MDA once the reporting period closes. Meeting participants wanted the following key messages shared: 1) Thank you, 2) EHCIB will review the data and develop recommendations, 3) Local programs will receive reports of the data, and 4) This was a pilot year.

Ms. Drake-Pereyra asked meeting participants when an evaluation of this pilot year for the FPLS performance measures should take place. Meeting participants discussed this briefly and felt it best to wait until after programs received their report. Until people see the data, they may not accurately see its value.

Updates from FPLS Program Evaluation Workgroup

Kim Carlton, MDH FPLS Partnership and Workforce Development provided an update on the work of the FPLS Program Evaluation Workgroup.

- MDH, MDA, and Kandiyohi-Renville Counties are piloting the tools and instructions for Standards 2 and 8.
- All 3 pilot participants met to discuss roles/responsibilities and the process.
- Self-assessments are happening now. MDH decided to do the whole state in order to get a better sense of how the tools will work for a large agency.
- Verification audits will occur in June using a round-robin format. Everyone will evaluate everyone else's papers.
- The MDH Center for Public Health Practice is helping with the evaluation of the pilot and the workgroup hopes to report the results to the EHCIB at its July meeting.

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

Business Items

Member Updates

Mr. Hogan shared the following updates:

- Legislative updates:
 - Links to omnibus language at https://www.revisor.mn.gov/side_by_sides/
 - HHS Omnibus language = HHS Art 10 Health Department
 - Environment and Natural Resource Omnibus Language = Article 2 [policy] Article 1 [budget]
 - Clean Water Fund Omnibus Language = Legacy Article 2
 - Bonding Language link at: [Gov/HoR/Sn sidexside comparison](Gov/HoR/Sn_sidexside_comparison)
- Governor's 25 by 2025 water challenge: <https://www.egb.state.mn.us/25by25>. Governor Dayton set an ambitious goal to improve water quality. Regional meetings – 10 meetings between July and October – will occur across the state.
- MEHA conference is next week

Ms. Huntley shared that at its last meeting the State Community Health Services Advisory Committee (SCHSAC) adopted a work plan that included the EHCIB. The EHCIB will now function as a standing SCHSAC workgroup.

Approve November Meeting Summary

Meeting participants approved the March 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 all FPLS programs for taking the time to gather and submit data for the pilot year of the FPLS Annual Performance Measures. The EHCIB is encouraged by the statewide participation. The EHCIB will review the aggregate data summary at an upcoming meeting and the results used to identify system-wide opportunities for improvement. Local jurisdictions (cities, counties, and/or community health boards) will receive summary reports. These reports will contain a jurisdiction-specific and statewide data summary.

The hard work and dedication put in by FPLS programs to report this data was incredible. The EHCIB knows it was challenging to obtain jurisdiction-level data from the inspection and

licensing systems. The EHCIB is committed to gathering feedback and improving the process and the measures in the future.

Thank you all for your commitment to FPLS in MN!

- The Environmental Health Continuous Improvement Board (EHCIB) continued to develop an Environmental Public Health (EPH) Framework for Minnesota at its May 2017 meeting. The EHCIB built on the work started at its March meeting, which was to articulate the activities public health does to ensure food safety, and brainstormed activities public health does to ensure water quality, air quality, healthy homes, and protect against the health impacts of climate change. The EHCIB will continue to build off this work at its July 2017 meeting. [Contact your EHCIB representative](#) for more information.
- The Food, Pools, and Lodging Services (FPLS) program evaluation pilot is underway.
 - MDH, MDA, and the Kandiyohi-Renville delegated FPLS program are participating in the pilot.
 - The pilot focuses on testing the tools and instructions for Standards 2 and 8.
 - Pilot participants are working on their self-assessments now.
 - The verification audits will occur as a round-robin where everyone will verify everyone else's papers.
 - The workgroup hopes to complete the pilot and evaluation of the pilot in time to report back to the EHCIB at its July 2017 meeting.

Action Items

- The Center for Public Health Practice will create a poll to determine EHCIB's 2018 meeting dates.
- The Center for Public Health Practice will create summary reports of the FPLS Annual Performance Measure data.
- FPLS program evaluation workgroup will continue to 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 Center for Public Health Practice will update the EHCIB charter and edit the website.

The next EHCIB meeting is Wednesday, July 12, 2017 at MCIT in St. Paul.

Appendix A:

● = Local ● = State ● = Other → lots of private contractors

Indoor Air

What does PH do to protect human health from **indoor air hazards**?

- Develop local ordinances around tobacco smoke ● (city and some counties)
- Assure compliance with MN FTB act
- Enforce local ordinances → find a champion from outside the health department
- Provide radon test kits and consultation
- Supporting legislation related to radon and asthma
 - Advocacy groups e.g. ACA Doctors/medical
 - Cancer Association
- Promotion/education on radon risks ●●●
- Respond to questions ●●●
- Create process or tools to anticipate emerging EH hazards ●●
- ●●● Collaborate with MN bio codes (medical updates), and service industries that support e.g. HVAC
- ● Inspect mold complaints and document ● private contractors
- ●● Enforce food code related to ventilation
- ●● Request Air Balance Reports
- ● Collate local information state advocacy/work
- ●●● Conduct Health Impact assessments → Academia (e.g. U of M)
- ● Enforce/Regulate indoor venues where gas engines exist – examples: Hockey Rinks, Motor Sports
- ●●● Support/Track legislation related to asthma (ex: Asthma assessments paid for by MA)
- ● PHNCs identify indoor air concerns

Outdoor Air

What does PH do to protect human health from air hazards/impacts? (impact to human health)

- ●●● Maintain awareness of us issues (particulate, ozone) → neighborhood association
- ●●● Monitor air quality alerts → PCA
- ●● Monitor air quality (particulates)
- ●●● Answer public questions – refer them to resources/information
- ● Provide generic health language to other state agencies
- ●●● Answer questions about health risk – help to understand issues
- ● Regulation (ex: burning, 0 rec fires on “bad air day”) → PCA?
- ●● Conduct health impact assessment related to _____ ex: fracking
- ●●● Collaborate with others
 - Clean Air MN

- Building officials/owners
- ●●● Represent health concerns and health equity (in-equity) concerns
- ●●● Share information about potential health impacts
- ●●● Enviro medical surveillance*
- Raise awareness of outdoor air conditions so people can take action

Water

● = Local ● = State ● = Other

What does PH do to protect human health from poor water quality?

- Monitoring and testing
 - A) Drinking
 - a. Ground
 - b. Surface
 - B) Recreation
 - a. Pools
 - b. Beaches

→ delivery systems

→ municipal (public) and non-municipal (public) (private – individual home wells)

→ public vs. private

→ industry or regulatory

- ●●● Inspections
- ●●● Licensing
- ●●● Collaborate around waste and water – unity of efforts
- ●●● Complaints (investigate)
- ●●● Regulations (quality level) – local, state, federal (enforcements) (policy development)

→ e.g. backflow devices

→ plan review

→ new well construction

→ Septic permitting – evaluate

- ●●● Educate

→ prevent contamination (e.g. Rx disposal)

→ mercury in fish

→ e.g. frequency of testing

→ acceptable levels

→ importance of protecting H2O and embed other politically sensitive conversations

→ connect importance of H2O quality to public health

- ●●● Respond to known issues

→ MPCA abatement/remediation

- boil water orders
- dealing with contaminations controlling PFCs, nitrates
- ●●● Link to resources → infrastructure
 - e.g. testing at certified testing facilities
 - e.g. identify correct agency
- ●● Threat inventory and mitigation/elimination/resolution
- ●●● Workforce development (is there FTE recommendations?)
- ●● Develop/pilot tools/techniques for testing/monitoring H2O
- ●●● Lab testing (appropriate and certifications)
- ●●● Groundwater protection*
 - policy and planning
 - source water protection
- Connect/coordinate public health with different jurisdictions or departments within city, watershed districts, etc. - convene and manage complex problem solving (operational and strategic)

Water – examples of others who do the above activities

Other e.g.'s

- Planning and zoning
- Watershed district/WMO, WCD
- MPCA, BWSR, MDA, DNR, Met Council
- Rural Water Assoc.
- Water Utilities
- Private Labs
- Water Operator Schools
- Septic Industry
- Waterwell/Drillers
- Engineering Firms
- Professional/Industry Associations
- Training Organizations, e.g. CPO
- City Government/Township
- Joint Powers Entities

Local Public Health

- City
- County

Healthy Homes

- Network
- Regulate*

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- *Advocate policy
- Educate*
- Communicate value*
- Strategize*
- Collaborate*
- Build Capacity – everyone wants to
- Maintain Expertise*
- Convene*
- Preventive services embedded in existing structures and programs:
(building officials) Inspectors, fire home visitors Head Start (lead)
 - o Others can use “checklists”
 - o Nuisance
 - o Private well testing*
 - o Mold*
 - o Radon*
 - o Asbestos*
 - o Lead*
 - o CO/Fire alarm*
 - o Safe Sleep
 - o Fall Prev*
 - o Firearms*
 - o Sometimes complaint based response*
- Yard/garden focus
Pollination outdoor burning
- Public Health Presence
- Property maintenance code
- Burn Barrels – DNR, other local

Climate Change

- Bio CHAR to amend soil and keep soil cool
Community gardens, construction sites, etc.
Pollination sites
- *Engage community and policy makers and other sectors
- Represent health
- Identify
- *Elevate health impacts and solutions
- Collaborate
- Educate

- *Extreme heat weather
- Crop yield
- *Mosquito range (vector)
- Groundwater levels
- UV/sun exposure
- Asthma (air quality)
- Tell Complete Story – using health and other data
- Disease/death/economics
- Recreation hospitalization
- Plan/pilot/implement
- Innovation
- *Embed due to politics
- Assess
- Plan e.g. extreme temp (heat and cold) plan and communications
- Implement
- Evaluate
- Regulate
- Tie to EM preparedness
 - **State**
 - **Local**
 - **Other**
 - **All**

Food

How do we protect the food we consume (assure food safety so consumers are protected)?

- 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)
- ● Fish and lead shots (DNR)
- 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

● Local

● State

● Federal