

Environmental Health Continuous Improvement Board

Meeting Summary

Thursday, March 1, 2018

9:00 a.m. – 1:30 p.m.

Minnesota Department of Health, Orville Freeman Building, St. Paul, MN | ITV

Members Present and Absent:

Name	Organization	Present	Absent
Dawn Beck (co-chair)	Olmsted County	X	
Amanda Buell	Hennepin County	X	
Daniel Disrud	Anoka County	X	
Ruth Greenslade	Goodhue County	X	
Bill Groskreutz	Faribault County Commissioner	X	
Tom Hogan (co-chair)	Minnesota Department of Health	X	
Kristine Lee	Countryside Public Health	X	
Jeff Luedeman	Minnesota Department of Agriculture	X	
Sarah Reese	Polk County	X (ITV)	
John Tracy	Stearns County	X	
John Weinand	City of Minnetonka	X	

Other Meeting Participants:

Paul Allwood, Kim Carlton, Angie Cyr, Steven Diaz, Dale Dorschner, Julie Kadrie, Jim Kelly, Dan Symonik, Sophia Walsh, and Stephanie Yendell, Minnesota Department of Health, Environmental Health Division; Sarah Berry, Le-Sueur-Waseca Counties; Jeff Brown, City of Edina; Mark Cleary, Ramsey County; Monique Erickson, Anthony Georgeson, Bruce Jaster, Rebecca Schmidt, Kent Severson, and Diane Thorson, Clay and Ottertail Counties (ITV); Jesse Harmon and Karen Swenson, Brown-Nicollet Counties; Jason Kloss, Southwest Health and Human Services; Chera Sevcik, Faribault-Martin Counties

Facilitators:

Megan Drake-Pereyra and Chelsie Huntley, Minnesota Department of Health, Center for Public Health Practice (PHP)

Welcome and Introductions

The Environmental Health Continuous Improvement Board's (EHCIB) co-chairs, Dawn Beck, Olmsted County, and Tom Hogan, MDH EH, welcomed everyone to the March meeting.

Mr. Hogan reviewed the meeting agenda and objectives.

Meeting Objectives:

1. Welcome and orient new EHCIB members.
2. Continue developing the EPH framework: focus on healthy homes – lead.
3. Identify next steps for EPH framework development.
4. Determine EHCIB's role concerning electronic inspection systems.
5. Review and discuss changes to the EHCIB's charter.

Mr. Hogan continued by asking meeting participants to introduce themselves. He acknowledged both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

To welcome new members to their first, official meeting and review the EHCIB's founding, Megan Drake-Pereyra, MDH PHP, lead meeting participants through a trivia game. The game tested teams' memory about how the EHCIB was founded, its guiding principles and accomplishments, and its membership. It was a fun, friendly competition that everyone enjoyed!

Environmental Public Health Framework

After a grounding discussion focusing on the purpose, assumptions, and guiding principles established in prior meetings for the EPH framework, meeting participants reviewed and provided feedback on the first draft of the inventory of current healthy homes – lead activities ([Appendix A](#)).

Stephanie Yendell, MDH EH, provided an overview of the MDH lead program and walked meeting participants through the draft inventory.

Meeting participants agreed this is a great start to what is currently happening in healthy homes – lead, but that there is room for improvement before reaching a final version. The discussion focused on the need to clarify roles, include more activities that local health departments do, and incorporate other healthy homes components.

Ms. Yendell shared that the role of participants was difficult to complete because there are things in statute that most local agencies defer to MDH to do, such as inspection and compliance work. After some discussion, meeting participants thought that changing the role to mean “statutory authority” might help clarify things and make it easier to complete and understand. Ms. Yendell will try this in the second draft. Meeting participants also suggested other changes such as adding “referral” as its own

activity and including “testing and monitoring of lead levels” as a local decision, since many local agencies choose to do this.

Meeting participants went on to discuss continuing with other healthy homes components, such as indoor air: add them to the lead one and make one, comprehensive healthy homes inventory or keep them separate. At this time, it seems easiest to keep them separate. One question was what are all of the healthy homes components? There are many and MDH EH staff agreed to work on a list and bring it back to the EHCIB for review. The EHCIB can then decide which components it wants to include in the EPH framework.

Chelsie Huntley, MDH PHP, asked meeting participants whether we should continue gathering inventories for other EH topic areas. The previously identified topic areas include air (indoor and outdoor), climate change, other healthy homes components, and food. Is it helpful and does it make sense to continue? Meeting participants concluded that it is helpful and once all areas are complete, it may be easier to think about the gaps and how best to format everything together. Another suggestion, that many agreed with, was to add public health nuisance as its own topic area. The next steps will be for MDH PHP staff to work with EH staff in the remaining topic areas to complete inventories to share at future EHCIB meetings.

Electronic Inspection Systems

Mr. Hogan opened this discussion by thanking everyone for the letters (several locally delegated programs sent letters to MDH about this issue); specifically the suggestions (e.g. open source Rapid Inspection, other open source systems, changing the adoption date of the new Food Code, etc.). All options are still on the table at this time. MDH wants to work with local agencies moving forward. The purpose of the discussion today is to determine the EHCIB role and how it can best be fulfilled.

MDH, including its FPLS program, are moving towards an enterprise system for credentialing and licensing. MDH FPLS will be one of the first to test out the new system but the timeline is unknown. Locally delegated FPLS programs are unable to use this new system at this time.

Since the last EHCIB meeting, local agencies met and are exploring other options available for their electronic inspection system needs. Local programs are unsure what the best solution is but want assurance that MDH will help find a solution. MDH has also been in discussions with MNIT and a legal team about the ability to release Rapid Inspection (RI), which should be able to happen prior to the end of 2018. Money and time are the key variables affecting the urgency of this issue. Meeting participants discussed which variables are flexible. Due to municipal and county budgets being set for the current fiscal year, local FPLS programs are in a bind, financially. Requests to fund a new system needed to happen earlier in order for a new system to be ready by the current deadline of December 31, 2018. Time would appear to be the variable with the most flexibility. The food code adoption will not occur earlier than January 1, 2019; however, it could happen later. This will depend on the commissioners of MDH, MDA, and the governor. MDH does not anticipate anyone wanting to delay it because of how

long it has taken already. Paul Allwood, Assistant Commissioner of Health over MDH EH, and Tom Hogan, MDH EH Division Director, assured locally delegated FPLS programs that some form of RI will be available for their use after December 31, 2018.

Meeting participants discussed what the EHCIB's role could be in helping everyone move towards a mutually agreeable solution. In the end, the consensus was that Mr. Hogan and Steven Diaz, MDH EH, will participate in a subgroup with other locally delegated program representatives, including directors, EH program staff, and a non-RI user. This subgroup will meet before the end of April to provide clarity, possible short-term solutions, and identify next steps. One question the subgroup will address is the value in updating RI in the short-term. The work of this subgroup (addressing urgent, short-term solutions) can then serve as a foundation for the long-term planning of FPLS data-sharing needs across the state. Facilitation and membership in the subgroup need to be determined. The Center for Public Health Practice will determine its capacity to assist with facilitation. Kristine Lee, Countryside Public Health, John Tracy, Stearns County, and Anthony Georgeson, PartnerSHIP4Health, indicated interest in participating on this subgroup. More information is forthcoming.

EHCIB Charter: Review and Discussion

Due to time, this agenda item was postponed to a future meeting.

Business Items

Member Updates

Tom Hogan, MDH EH, shared the following:

- The legislative session is currently underway. It is a budget surplus year. Not much will be happening legislatively due to it being a short session – deadlines were recently set for before Easter.
- The updated food code is currently waiting for final orders/decisions.
- Mr. Hogan had the opportunity to share EHCIB's accomplishments with EH directors across the country. They were very interested in this group's work.
- A highlight of the recent settlement with 3M over contamination of PFCs in the east metro area is about safe, sustainable drinking water for east metro communities. There is a need for strong, public health presence in those conversations. MDH has had some discussions with MPCA and the DNR, but there are no details to share at this time.

Dan Disrud, Anoka County, shared that they are asking food trucks to be licensed in Anoka County. An intentional effort was made to communicate with food truck operators and they received a lot of push back. Mr. Disrud wonders if it will go to the legislature or not.

FPLS Program Evaluation Workgroup Update

The second pilot is underway and verifications are in process. Washington County, Horizon Public Health, Le Sueur-Waseca Counties, and the City of Minnetonka (dual-delegated) participated in the self-assessment. MDH, MDA, and three of the local agencies are conducting the verifications. The verification process will include a 2-week clarification period and small group meetings to debrief the findings. The second pilot will be evaluated via a facilitated conversation in April and the results presented to the EHCIB at its May 2018 meeting.

The FPLS program evaluation workgroup is looking to recruit a new member from a locally delegated FPLS program in the metro area. Please contact [Kim Carlton \(kim.carlton@state.mn.us\)](mailto:kim.carlton@state.mn.us), MDH EH, if interested.

FPLS Performance Measures Update

Ms. Drake-Pereyra proposed changing the FPLS performance measures plan approved by the EHCIB at the January 2018 meeting. Due to the data systems challenges, Ms. Drake-Pereyra felt the key informant interviews might not provide the information the EHCIB was hoping it would. Instead, the EHCIB can use the feedback collected during the 2017 data collection process and continue with data collection in 2019. EHCIB members agreed to cut key informant interviews this year and stick to the plan for data collection in 2019.

Word on the Street

There were several word on the street announcements:

- Tobacco 21 – no one at the meeting knew of any state-level movements on this.
- MDH's Health Regulation Division (HRD) challenges – at this time it is not affecting any other MDH programs.
- Gap analysis on the housing with services exemption – all aspects of elder care were discussed and recommendations have been given to the legislature.
- Is MDA giving up all mobile food licensing? MDH and MDA are still looking at their MOU, engaging in discussions, and working on a proposal that will be vetted with local agencies. The two state agencies are currently meeting every one to two months but do not have a timeline for this. MDH will check with MDA about what is being communicated with local agencies.
- The Commissioner of MDA met with all 7 directors of the dual-delegated agencies. At this time, there is still uncertainty about the future of the delegation agreements.

Approve January 2018 Meeting Summary

John Weinand, City of Minnetonka, made a motion to approve the January 2018 meeting summary and Dan Disrud, Anoka County, seconded the motion. No additional changes were made.

Constituent Engagement

For the May meeting, EHCIB members will get feedback from constituents on the EPH framework draft inventories for water and ask constituents for feedback about EHCIB's success in fulfilling its charge.

As one way to engage constituents, meeting participants suggested the EHCIB begin to put out a call for agenda items and send out the final agenda sooner. This suggestion will be considered.

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) welcomed new members:
 - Amanda Buell, Hennepin County (metro locally delegated FPLS program)
 - Ruth Greenslade, Goodhue County (non-delegated state FPLS program)
 - Kristine Lee, Countryside Public Health (non-metro locally delegated FPLS program)
- The food, pools, and lodging services (FPLS) program evaluation workgroup plans to present the results of pilot two, along with its recommendations for next steps, at the May 3, 2018 EHCIB meeting.
 - a. Four local FPLS programs will complete the self-assessments: Washington County, Horizon Public Health, Le Sueur-Waseca Counties, and City of Minnetonka (dual-delegated agency).
 - b. MDH, MDA, and three of the local FPLS programs participating will complete the verifications.

The EHCIB appreciates the commitment of everyone involved in pilot two and looks forward to seeing the results and recommendations.

- The Environmental Health Continuous Improvement Board (EHCIB) welcomed MDH leadership and representatives of several local FPLS programs to its March 2018 meeting to discuss the MDH's transition to a new e-licensing system and the impact on local programs using Rapid Inspection. The purpose of the discussion was to determine how state and local programs could move forward in partnership to address the statewide IT needs for FPLS and the EHCIB's role in this process. The following next steps were agreed upon. EHCIB also agreed additional conversations are needed to establish a long-term vision/plan for FPLS data collection and sharing.
 - a. MDH provided assurance that locally delegated FPLS programs will be able to use some form of the Rapid Inspection software after December 31, 2018.
 - b. A short-term sub-group will be established to provide clarity and possible short-term solutions to the urgent issues at hand. This sub-group will primarily focus on determining the cost, feasibility, and value of upgrading and maintaining Rapid

Inspection in the short-term, or whether something else is needed. Tom Hogan and Steven Diaz, MDH EH, will participate on the group; a few local FPLS program representatives expressed interest in participating too, but more locally delegated FPLS program volunteers will be needed. Please watch for an announcement with more details about the sub-group and how to volunteer for it soon.

- Due to the more pressing and urgent matter of FPLS data systems, the EHCIB decided to forgo conducting key informant interviews this year to further evaluate the 2017 data collection process and measures. Instead, the EHCIB will use feedback already received during the 2017 data collection process. The EHCIB is committed to collecting FPLS PMs and to improving the measures and process and will continue with its plan to collect FPLS PMs again in 2019 (2018 data). More information about how to get involved in this effort will be forthcoming.
- The Environmental Health Continuous Improvement Board (EHCIB) made progress on its effort to develop a public health framework for the protection against environmental health hazards area of public health responsibility. Minnesota Department of Health (MDH) staff, who work in the area of Healthy Homes – Lead, shared their draft inventory and received feedback. The EHCIB agreed upon the following next steps:
 - MDH Healthy Homes staff will create a list of healthy homes topics for the EHCIB to consider including in the EPH framework.
 - MDH PHP staff will begin working with the other areas of EH (Indoor and outdoor air, climate change, and food) to complete draft inventories.

Action Items

- EHCIB members will:
 - Get feedback from constituents on EPH framework draft inventories for water
 - Ask constituents for feedback about EHCIB's success in fulfilling its charge
 - Recruit new metro, delegated FPLS evaluation workgroup member
- FPLS program evaluation workgroup will finish pilot two and report results at the May 2018 EHCIB meeting.
- MDH PHP staff will work with MDH EH staff to complete draft inventories of other EH topics and a list of healthy homes topics.
- MDH EH staff and PHP staff will determine how to staff the sub-group working on FPLS inspection systems and get the meeting dates set.

The next EHCIB meeting is Thursday, May 3, 2018 at MCIT in St. Paul, MN. We are exploring a virtual/distance option and will post the information on the EHCIB website once we have it.

Appendix A



Environmental Public Health Framework

HEALTHY HOMES | LEAD

Blood lead surveillance in adults and children is performed by MDH. Once a case of an elevated blood lead level (EBLL) is identified, both local public health and MDH have a role in the response. MDH also regulates contractors who remove lead from properties. For activities related to lead in water, see Water: Public Water Supplies.

Current State

Activity <ul style="list-style-type: none"> MDH – authority for regulating well construction and sealing through state statute, can be delegated to local community. Local Public Health - Local public health agency, county or community health board 	Role of Participants R = Responsible for Activity O = Optional LD = Local Decision (based on local needs assessment)	
	MDH - Delegated Authority	Local Public Health
1. Monitor environmental conditions using timely, complete, accurate field data for use in environmental public health activities.		
Blood lead surveillance: Receive the results of all blood lead tests performed on Minnesota residents	R	
Maintain information systems: Blood Lead Information System (BLIS), ACES	R	
Data QA/QC: Data received from laboratories are valid and deduplicated	R	
2. Enforce laws and regulations that protect environmental public health.		
Issue lead orders to property owners and assure compliance in response to EBLL cases, including final clearance testing.	R	
Credential lead abatement contractors, lead workers, lead supervisors, and lead risk assessors	R	
3. Investigate and provide technical assistance to effectively prevent and/or resolve environmental public health problems or health hazards in the community.		
Onsite risk assessments in response to EBLL cases to identify lead source(s)	R	O
Onsite visits for inspection and consultation	R	O

Activity <ul style="list-style-type: none"> • MDH – authority for regulating well construction and sealing through state statute, can be delegated to local community. • Local Public Health - Local public health agency, county or community health board 	Role of Participants R = Responsible for Activity O = Optional LD = Local Decision (based on local needs assessment)	
	MDH - Delegated Authority	Local Public Health
4. Assure a competent environmental public health workforce		
Training for staff and licensed lead abatement contractors	R	
5. Develop policies and plans that support individual and community environmental public health efforts		
Legislative policy: Statute and Rule amendment	R	LD or O
6. Inform, educate, and communicate with people about environmental public health issues		
Develop and Share Guidance: Health Care Providers, Local Public Health	R	
Education of families with an EBLL case on reducing lead exposure		R
Education and outreach to prevent lead exposure		LD
7. Manage financial resources to ensure program stability and effectiveness		
Agency budget	R	O
Grant management/award: Swab Team Services Grants and Healthy Homes grants	R	
8. Perform strategic planning and research to provide new insights, innovative solutions in environmental public health activities.		
Legislative policy: Rule amendment	R	
9. Mobilize and sustain community partnerships by sharing information and fostering trusted relationships; work together to identify and solve environmental public health problems		
Local, state, and federal agencies: CDC, NIOSH, HUD, FDA, MNOSHA, MPCA	O	LD
10. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health service		
Ongoing quality improvement	R	
11. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable		
Encourage confirmatory and follow-up blood lead testing		R

Activity <ul style="list-style-type: none"> • MDH – authority for regulating well construction and sealing through state statute, can be delegated to local community. • Local Public Health - Local public health agency, county or community health board 	Role of Participants R = Responsible for Activity O = Optional LD = Local Decision (based on local needs assessment)	
	MDH - Delegated Authority	Local Public Health
Refer family of EBLL case to resources: Medical assistance, housing resources, legal assistance, child development resources, nutrition assistance	O	LD

2/15/2018