Food, Pools and Lodging Program Evaluation Workgroup Meeting Notes

Tuesday, July 12 2016 12:30-3:30

City of Minnetonka, 14600 Minnetonka Boulevard, Minnetonka MN 55345 MAP

Meeting Objectives

1. Introduce members of the workgroup
2. Share information about how the program evaluation workgroup was formed.
3. Review the workgroup charter
4. Introduce Standards 1 & 8

Welcome & introductions

Present: Jason Kloss, Kim Carlton, Lisa Gyswyt, Kris Keller, Jason Newby, Mike Melius, Kirsten Knopff, Caleb Johnson, Michelle Messer, Denise Schumacher, Steven Diaz, Jeff Luedeman, Karen Swenson, Angie Cyr

EHCIB & workgroup – How did we get here? Where are we going?

Karen – How did we get here?

- The relationship, coordination and communication between state and local environmental health has been strained and studied for years.
- Dating back to a SCHSAC Workgroup (EH Policy Study Workgroup in 1979), and more studies and workgroups in 1986-87, 1992, and 2002.
- In August of 2013 concerns voiced by locally delegated programs over delegated program dynamics, program evaluation results and methods, and lack of communication were expressed by a small group of local public health agencies (with and without delegated programs) at a General Membership Meeting of the Local Public Health Association (LPHA). Attending the meeting, upon a request from LPHA, were Commissioner Ehlinger, Aggie Leitheiser, and Jim Koppel.
- As a result a small group was formed that consisted of LPHA leadership, Local Public Health representatives, MDH Leadership and MDA Leadership.
- After almost a year of meetings this small group made a recommendation to develop The Environmental Health Continuous Improvement Board. A unique group of 10 members representing MDH, MDA, local public health, SCHSAC, and most unique, the facilitation by the Office of Public Health Practice, providing guidance and an emphasis for continuous improvement of environmental health work in the state of Minnesota.
- The vision of the EHCIB was – not to repeat the past studies, but to provide a place for collaboration and an open forum to address not only delegated environmental health program dynamics, and the evaluation process, but to acknowledge and work toward improved and future integration of environmental health work into the Minnesota public health system.
- The Board has followed a structured, facilitated approach, making sure to seek and include input from all stakeholders, to identify problems and solutions as we move toward changing the current Program Evaluation process by developing a new model.

Steven- Where are we going?

- The EHCIB spent quite a bit of time deconstructing the evaluation process
    - Discussed and documented the pros and cons of the process
    - Discussed vision for future evaluation with focus on continuous improvement, continuous engagement and improved collaboration
- Identified early on the need to allow for quicker turn around on improving the process itself
- EHCIB decided to use the FDA retail food program standards as groundwork for new evaluation process
    - Lots of tools and information already developed
    - Possibly check two boxes at once; MN eval and meet FDA standard
    - Encourages FDA retail program standards enrollment if we are already doing the work
- The new evaluation process should promote communication and sharing of information/resources throughout the evaluation process and a shared sense of working on this issue together

Jeff – EHCIB themes for the program evaluation process.

- To be sure, we (MDA, MDH, and delegated partners) must collaborate and build relationships to be successful in our collective charge to protect public health.
- The FDA program standards and MN Statutes provide a benchmark for program evaluation. Clear, consistent, transparent expectations and continuous improve will come from our collaborative application of this process.
- The MDA is no less interested in or committed to the program evaluation process than the delegated partners or MDH:
    - The MDA has established a goal to conform (including verification audits) with the 9 program standards by June 2017.
    - The MDA and delegated partners have begun the process of updating the delegation agreement with the goal of the agreement and program evaluation informing one another.
    - Thank you for involving us in the program evaluation process!

Reactions and feedback from the workgroup members

- Glad to see the EHCIB process
- Enrolled in FDA Standards; acknowledge they're not easy to meet.
- Empathy for state agencies who have responsibility to ensure a statewide system.
- Excitement
- Looking for "action, doing, forward-movement." Not looking for lots of talking with no end product.
- Positive reaction to the themes of continuous improvement and a way to develop metrics to build programs. Make it a useful tool and process vs. an evaluation tool. Focus on public health risk.

- MDA has model SOPs available for programs to use as templates, rather than reinventing the wheel.
- MDH wants something sustainable related to staff resources. How can we get everyone in the same boat at the same time – share resources.
- It all comes down to communication. It's difficult to solicit input and information from peers and constituents (has been a problem with EHCIB constituents). Nothing goes well unless open sharing and communication happens. It took time for the EHCIB meetings to release baggage.
- Dual-delegated agencies have a strong interest in alignment between state agency evaluations. Excited for FDA Retail Program Standards to be the core – enrolled for several years. Not interested in having to meet and prepare for two different assessment tools.
- Feels trusting of colleagues, and connected to personnel from other agencies. We're all doing the same job for the same purpose. We need to ensure that we can trust and rely on our colleagues in other cities/counties/agencies to protect us as well as we protect them.
- How will we adapt FDA standards to non-food programs? Are they relevant?
- Need to keep in mind resources available at small local programs.
- A formal verification audit is expensive and not feasible for small local programs
- Intent is to be able to use this evaluation process as a verification audit for FDA if desired (need written confirmation from FDA).
- There is a resource group in FoodShield related to the FDA Retail Standards. Contact Greg Abel for access to the group.
- NACCHO has a mentorship program for meeting the standards. NACCHO Retail Program Standards Mentorship Program (http://archived.naccho.org/topics/environmental/foodsafety/retail/)

Workgroup charter

Reviewed the charter to understand the workgroup's charge, member roles and responsibilities, time commitment, etc.

Reviewed the proposed process cycle and timeline.

Discussion:

- Is the order set in stone? Suggest 2 & 3 first instead of 1 & 8
- Do we want to consider a "partial conformance" designation (vs. all or nothing).
- CFP workgroup is considering a partial conformance designation.
- Focus on public health significance. Can we focus on outcomes? The challenge of public health is to prove the negative.
- The EHCIB is looking at some basic performance measures.
- Do we need a rating? MDH delegation agreements have defined ratings.
- Agencies tend to get more "work" done right before an audit vs. continuing process due to a sense of urgency.
- Disagree with previous statement as an effective operational method. Audits = focus on numbers vs quality.

- Do we want to always be in a continuous audit cycle? Is this the true intent or do we want a break in the cycle?
- Con: constant evaluation anxiety. Pro: constant awareness and working deliberately.
- Change philosophy from "evaluation" to "verification." Put the burden on agencies to show their level of conformance and improvement, and let state agencies affirm findings, rather than "evaluate."
- Like the word "verification." It's important to know expectations in advance. Don't want to hustle 3 months ahead of time – inefficient; quality suffers in order to "check the boxes."
- Programs that were evaluated the last round already have the "hard" stuff done (policies, procedures).
- Identify what we want the bare bones to be. Pick those out and then look at the additional items as extras.
- Where to draw the bar between minimum standard and the rest?
- What if an agency wants a full FDA verification audit?
- Recognize and celebrate agencies that meet the additional FDA criteria.
- Good idea ^^

Choose Co-Chair

Jason Kloss volunteered to be co-chair.

Communications

Denise Schumacher gave a brief overview of the SharePoint site where working documents and resources will be stored. Please log in to the site in the near future. If having issues, contact Denise.

Standards

Discussion

- Where to start? Original proposal from EHCIB was 1 & 8.
- Nobody can meet 1. If the intent is to double-dip with FDA verification audit, nobody can meet 1 right away.
- 2 & 8 are foundational
- 2 & 3 are foundational
- Important to know what the evaluation will look like when developing tools
- Suggest identifying the criteria for evaluation up-front rather than at the end.
- Suggest developing the materials for **one** standard first, then bring to the EHCIB for approval, then do all of the remaining one in a batch. Not a good use of time and resources to keep going back to the Board one standard at a time.
- Constituents are going to want to know the whole picture / whole process before embarking on this new eval process. Start with one standard and go from there?
- Who does the evaluation? An opportunity for locals to participate in audit?
- Statutory and delegation agreement requirements mean that MDH and MDA have an obligation to confirm basic services are being provided. Voluntary FDA elements may be open to auditing by other qualified auditors.

- Open to the idea of determining criteria for "qualified" auditors related to the basic evaluation elements and the FDA "gold standard" level of assessment.
- If an agency meets the "gold standard," 1) celebrate and 2) they can assist with audits of other programs?
- Develop a mentor-mentee relationship with agencies for meeting the standards. Match high performers with those who need extra help.
- Develop example materials, baseline information, measurement tools, specific to each area
- Tools cam provide guidance for developing programs
- Need to decide what the "end" looks like. What happens when the process is completed?
- What happens if a program manager is confronted with an audit / evaluation that doesn't "pass?" What is the next step? How do you move forward?
- What are long term-vs short-term corrections? What are the bare minimum requirements to keep a program?
- The process isn't being developed with the intent of failing programs. But – don't want to be caught having to develop a process if that's reality.

Decision:

- Standard 2 will be the first standard for which tools, metrics, procedures, etc. will be developed.
- FDA Retail standards will be the foundation, with additional items added from existing MDH & MDA evaluations.
- Baseline – "bare bones" criteria will be identified for minimum performance.
- FDA retail standards may include some items that are not mandatory, but will be seen as a "gold standard" to achieve.
- Success in meeting FDA standards will be celebrated.

Assignments:

- Workgroup members will reach out to constituents for feedback
- Workgroup members will study existing evaluation tools for Standard 2.

  Development of tools for 1 & 8

Next meetings

- Kim will send a Doodle poll for the next date.
- Preference to meet one long day vs. several short meetings.