

# Environmental Health Continuous Improvement Board

## Meeting Summary

Thursday, July 26, 2018

9:00 a.m. – 1:30 p.m.

Minnesota Counties Intergovernmental Trust, St. Paul, MN | Vidyo (remote option)

### 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 (Vidyo)	
Bill Groskreutz	Faribault County Commissioner	X	
Tom Hogan (co-chair)	Minnesota Department of Health	X	
Kristine Lee	Countryside Public Health	X (Vidyo)	
Jeff Luedeman	Minnesota Department of Agriculture	X	
Sarah Reese	Polk County	X (Vidyo)	
John Tracy	Stearns County	X	
John Weinand	City of Minnetonka	X	

### Other Meeting Participants:

*Kim Carlton, Angie Cyr, Steven Diaz, Caleb Johnson, and Sophia Walsh, Minnesota Department of Health, Environmental Health Division; Abdilufif Hassen and Amy Zagar, Hennepin County; Ryan Krick, City of Minneapolis; Mike Melius, Olmsted County (Vidyo)*

### Facilitators:

*Megan Drake-Pereyra, Kim Gearin (Vidyo), 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 July meeting.

Ms. Beck reviewed the meeting agenda and objectives.

Meeting Objectives:

1. Make progress on the EPH Framework.
2. Review and update EHCIB charter.

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.

## **Environmental Public Health Framework**

The EHCIB continued with 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) and Minnesota Department of Agriculture (MDA) staff, who work in the area of food safety, shared their draft inventory ([Appendix A](#)). This draft inventory included an expansion of the roles section found in previous draft inventories. This expansion included one column for MDH, MDA, delegated, and non-delegated local public health agencies. It also incorporated “RACI” roles: responsible, accountable, consulted, and informed, along with “optional services.”

After reviewing the draft inventory, meeting participants shared their thoughts and asked questions. Overall, meeting participants like the expanded roles but felt there needs to be more clarity on what each role means. The definitions of “responsible” and “accountable” are not quite clear enough.

Meeting participants also explored the practical meaning of “informed”. There is a gap currently. Non-delegated local health departments are not consistently informed, but they should be and the future state of this document should include more “informed” in it. Meeting participants raised the questions: What does it mean to be informed? What do directors want? What do elected officials want? There is not a one-size-fits-all way to communicate that will meet everyone’s needs. There is also a need to consider what “informed” will look like for the other areas of EH (water, healthy homes, etc.) and what happens once local health departments are informed. Meeting participants noted that community health assessments do require inclusion of EH, so, at a minimum, information needs to be shared so this requirement can be met.

Meeting participants asked that use of acronyms be avoided and/or a list of abbreviations be included.

While some changes are needed, meeting participants were happy with the direction the framework is headed. The other completed draft inventories will be revisited to expand the roles sections to see what clarity that brings.

Megan Drake-Pereyra, MDH PHP, asked meeting participants to pair up (remote participants were instructed to meet among themselves) and share their expectations for the EPH framework and the

extent to which the current draft food safety inventory meets those expectations. They then shared a general summary of their discussion with the large group.

Overall, meeting participants felt the current draft food safety inventory initiates important discussion; is a brief, yet comprehensive summary; and provides clarity. It captures the current state and aligns with other things, like the ten essential services. It is still missing the role of non-delegated local health agencies and some meeting participants were unsure of the overall purpose. The EPH framework is a “living” document that should be used.

Ms. Drake-Pereyra proceeded to draw everyone’s attention to the rationale and assumptions for developing the EPH framework. She then asked meeting participants to rate how well the draft food safety inventory meets the intended purpose of the EPH framework ([Appendix B](#)). Meeting participants engaged in discussion about their ratings. They felt the core public health activities were well-defined; other perspectives (e.g. non-delegated local public health agencies, etc.) will need to be explored so they are included too. Similarly, the potential breadth of public health activity to meet local priorities needs input from others. Clarification around what is “core” and “breadth” are still needed. Meeting participants questioned whether they want, or need, both “core” and “breadth” in the EPH framework.

Regarding roles and responsibilities, meeting participants felt the role of non-delegated local health departments and other partners was missing. Since the focus of the EPH framework is on illustrating the roles of local and state public health departments, they agreed that acknowledging partners would suffice. As stated previously, meeting participants agreed the document does provide clarity and increased understanding of the governmental public health role. They also agreed it is a tool, a starting point, towards identifying gaps as a step towards increased coordination. Currently, it only captures the current state of food safety activities. It is easy to understand.

Meeting participants did not feel the draft inventory provided examples of how and why public health activities are provided. They also questioned whether it still should. Some thought it would be nice to have more information about why (e.g. data on illness burden), but were unsure if it still needed examples or case studies. Meeting participants were also unsure if it aligned with national standards. One participant asked: What national standards? What level of alignment are we seeking? Both the Food and Drug Administration (FDA) and Public Health Accreditation Board (PHAB) standards are voluntary; yet this should not be contrary to the national standards. Some wondered if alignment with the principles of all the standards and/or consideration of the standards is enough. Do we state that we reviewed the standards and believe the EPH framework and standards are mutually supportive?

The discussion ended with questions still in need of answers. Meeting participants agreed that further discussion was needed. Changes to the ultimate purpose (i.e. rationale and assumptions) of the EPH framework will be discussed at future EHCIB meetings.

## EHCIB Charter

At the January EHCIB meeting, participants did a self-reflection of the EHCIB. The main area that meeting participants agreed needed the most improvement was “integrating EH work in PH generally.” Given the EHCIB’s work on the EPH framework and its continued work in FPLS, the EHCIB felt it a good time to review its charter.

The [EHCIB charter](#) was approved in July 2014, shortly after the EHCIB was formed. It has not been reviewed since then. The charter contains ten (10) main sections. Megan Drake-Pereyra, MDH PHP, walked meeting participants through each section and asked if any changes were needed, what changes should be made, and the impact the changes would have.

The purpose and background sections still hold true and need no changes. Meeting participants discussed if overarching goals need to be included in the goals section but, in the end, decided to remove the goals section from the charter and keep it as part of the EHCIB’s work plan. The goals section will be replaced with the EHCIB’s vision elements.

The board structure section is where meeting participants felt the most changes were necessary. As the EHCIB expands its focus into other environmental health topic areas, more participation is needed from a broader set of stakeholders. Regional representation will be considered. Other state agencies can participate as ad-hoc members. MDH PHP staff will create a new membership matrix to be shared and reviewed at the September EHCIB meeting.

The board meetings and guiding principles sections will remain as is. Meeting participants agreed that the current schedule works and the guiding principles are still relevant. The team norms section will be updated once the new membership structure is finalized. Specifically, the member expectations will need to reflect different constituencies.

The accountability section will be completed at the September EHCIB meeting and added to the charter once finalized. The communication plan section is accurate, but meeting participants wondered if it was enough? It may be updated after the accountability discussion if changes are determined.

The annual workplan section will include a link to each work plan developed by the EHCIB. No other changes were discussed.

## Business Items

### Member Updates

MDH EH staff shared the following:

- MDH and MDA are working on a free, required rules and food code training. Lunch will be provided. Dates and locations are listed below. An email with more details and registration

information was sent to delegated agencies on August 28, 2018. Contact [Jim Topie](#) with questions.

- 10/15/2018 – Washington County Government Center, 14949 62nd St N, Stillwater, MN 55082
  - 10/18/2018 – Minnetonka Community Center, 14600 Minnetonka Blvd, Minnetonka, MN 55345
  - 10/23/2018 – Nicollet County Health and Human Services, 622 S. Front Street, St. Peter, MN 56082
  - 10/30/2018 – Crow Wing County Land Services Building, 322 Laurel St, Suite 15, Brainerd, MN 56401
- Regarding the 3M settlement: the hired contractor is facilitating the work and groups started to meet. There is a lot of interest in what can happen quickly in the local communities.
  - A new resource is available for Minnesotans – an online [Drinking Water Risk Communication Toolkit](#)! Although the toolkit is designed for drinking water professionals including public water operators and local government staff charged with communicating about the water Minnesotans drink, much of the content in the toolkit applies to anyone who communicates about environmental health topics, including information about risk communication principles and communication planning.
  - Nationally, discussions around setting a standard for PFC levels are occurring, as are risk assessments. Currently, there are no federally mandated maximum contaminant levels for PFCs.
  - MDH is starting to put together its legislative proposal, which will mostly focus on policy changes.
  - Kim Carlton, MDH EH, is now of the Region 4 Vice President of NEHA (Congratulations!). She shared that NEHA has great resources to help with any EH issues. Minnesota can access these resources when needed.
  - MPCA is leading an effort focused on food reuse, recycling, and composting. The effort is exploring many policy and infrastructure options. More information about this is forthcoming.

John Weinand, City of Minnetonka, shared that the seven agencies with MDA delegation agreements have developed a good draft of the new delegation agreement. They are meeting with MDA's assistant commissioner to complete the draft. With upcoming changes in MDA's administration due to retirements, they hope to get it finalized and approved before the end of 2018.

Mike Melius, Olmsted County, shared that Caleb Johnson, MDH EH, is the new president of MEHA (Congratulations!). He also pointed out that MEHA provides great resources for MN EH professionals.

Ruth Greenslade, Goodhue County, shared information gathered from the Minnesota Accreditation Learning Community (MnALC) about public health accreditation (PHA) standards and measures. The information shows that non-delegated local health departments in MN have a more difficult time meeting the measure about enforcing public health laws since MDH provides regulatory services on their behalf. FPLS, lead, and tobacco are the main options non-delegated agencies can use for PHA.

#### Word on the Street

Meeting participants asked about the human trafficking training and wondered if anything was going change with the MDH delegation agreements.

[MN statute 157.177](#) passed during the 2018 legislative session. It requires hotel and motel employees (excludes other lodging and resorts) to be trained to recognize sex trafficking. MDH's workplace safety staff are currently working with hospitality MN and lodging associations to develop training materials. At this time, FPLS inspections may include a role in ensuring hotels and motels are providing and recording the training. More information is forthcoming.

#### Electronic Inspections Systems Update

Mr. Hogan shared that Assistant Commissioner Paul Allwood sent an email update about Rapid Inspection (RI) to FPLS partners on June 19, 2018 ([Appendix C](#)). He also shared that the standard orders for the food code are close to being ready to put into RI.

#### FPLS Program Evaluation Workgroup Update

Kim Carlton, MDH EH, shared the FPLS Program Evaluation Workgroup Status Update ([Appendix D](#)). The workgroup continues to make progress on the food standards and hopes to have a "roadmap" to present to the EHCIB by its November 2018 or January 2019 meeting. To recruit more involvement in the development of the new program evaluation process and as another avenue to provide an update, the workgroup will host a couple virtual meetings with locally delegated agencies. More information about these meetings is coming soon.

As part of the changes to the FPLS program evaluation process, the workgroup identified places where the FPLS delegation agreements will need to be updated. For example, in the current FPLS delegation agreement, part C (risk-based inspections and a uniform inspection program), subdivision 2 is missing a reference to MN Statute 144.73, describing the inspection frequency requirement for youth camps. More information will be shared during the upcoming virtual meetings. Watch for more information about the meetings soon.

#### FPLS Statewide Performance Measures Update

Megan Drake-Pereyra, MDH PHP, reminded the EHCIB that it is almost time to begin planning for the next FPLS statewide performance measure data collection in 2019 (2018 data). There are a few key

items to discuss, so Ms. Drake-Pereyra suggested that it be added to the EHCIB's September meeting agenda. Meeting participants agreed.

#### Wells Delegation Agreement Update

Tom Hogan, MDH EH, shared the following updates about the upcoming revisions to the well delegation agreements:

- The agreements need updating due to statutory changes pertaining to environmental wells.
- MDH is in the very preliminary stages of updating the agreements, and are working closely with the nine programs that have well delegations.
- There may be minor changes surrounding the evaluation process and other areas, as needed.
- MDH is going to try to make the well delegation agreements as consistent as possible with delegation agreements in other program areas (e.g. FPLS).

#### Approve May 2018 Meeting Summary

John Weinand, City of Minnetonka, made a motion to approve the [May 2018 meeting summary](#) and Dan Disrud, Anoka County, seconded the motion. No additional changes were made.

### **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) welcomes all members and guests to participate in its meetings. A remote participation option is now available for all EHCIB meetings. A link to join remotely is included with each meeting agenda and all that is required is an internet connection via a smartphone, tablet, or computer. Consider joining the next meeting on Thursday, September 6, 2018, 9:00 a.m. – 1:30 p.m. More details and the agenda will be posted online at least one week prior to the meeting.
- The Environmental Health Continuous Improvement Board (EHCIB) reviewed its [charter](#) and suggested some changes to its structure. The EHCIB charter was created in 2014 and this is the first full review of it since the EHCIB's inception. The changes will include:
  - The "Goal" section will be removed from the charter and, instead, kept as part of the EHCIB's work plan. It will be replaced with the EHCIB's vision elements.
  - Membership will be updated. As the EHCIB expands its focus into other environmental health topic areas, more participation is needed from a broader set of stakeholders. Regional representation will be considered. Other state agencies can participate as ad-hoc members.
  - Member expectations will be updated to reflect the new membership.

- The “Accountability” section will be completed at a future EHCIB meeting and added to the charter.
- The food, pools, and lodging services (FPLS) program evaluation process is changing. Now is the time to participate in the development of the new process. Watch your inbox for an opportunity to learn more about how you can shape the new process soon.
- As part of the changes to the food, pools, and lodging services (FPLS) program evaluation process, the FPLS program evaluation workgroup identified places where the FPLS delegation agreements will need to be updated. For example, in the current FPLS delegation agreement, part C (risk-based inspections and a uniform inspection program), subdivision 2 is missing a reference to MN Statute 144.73, describing the inspection frequency requirement for youth camps. More information will be shared during the upcoming statewide calls. Watch for more information about the calls soon.
- The Environmental Health Continuous Improvement Board (EHCIB) continues with 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) and Minnesota Department of Agriculture (MDA) staff, who work in the area of food safety, shared their draft inventory. This draft inventory included an expansion of the roles section, which was well received and helped provide clarity. While some changes are needed, meeting participants were happy with the direction the framework is headed. The other draft inventories already completed will be revisited to expand the roles sections, and other changes to the ultimate purpose of the framework will be discussed at future EHCIB meetings.

#### Action Items

- FPLS program evaluation workgroup will set up a statewide call and continue progressing on its work plan
- MDH PHP staff will work with MDH EH staff to update draft inventories of other EH topics for the EPH framework and develop a plan for getting more feedback from public health across the state
- MDH PHP staff will work on updates to the EHCIB charter for review and approval at the September EHCIB meeting

The next EHCIB meeting is Thursday, September 6, 2018 at MCIT in St. Paul, MN (free parking is available). A remote option is offered using Vidyo, which can be accessed via computers, tablets, mobile devices.



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## Appendix A: Environmental Public Health Framework – Draft Food Safety Inventory

Licensing and inspections at food service facilities such as restaurants, schools, fairs and festivals is the responsibility of the Minnesota Department of Health (MDH). MDH delegates these responsibilities to some local public health agencies (city, county, multi-county) to license and inspect these establishments within their jurisdiction. MDH is responsible for the remaining areas of the state. Licensing and inspections at facilities such as grocery stores, convenience stores and bakeries is the responsibility of the Minnesota Department of Agriculture (MDA). MDA delegates these responsibilities to some local public health agencies (city, county) to license and inspect these establishments within their jurisdiction. Food safety education is provided by FDA, MDH, MDA, local agencies, academia and private training providers. MDH, MDA and 22 delegated programs are enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS).\*

### Current State

Activity	Role of Participants			
	MDH	MDA	Local Public Health - delegated	Local Public Health - non-delegated
<ul style="list-style-type: none"> <li>MDH – authority for regulating food establishments through state statute, can be delegated to local jurisdictions. Oversees foodborne illness outbreaks.</li> <li>Local Public Health - Local public health agency, county or community health board</li> <li>MDA – authority for regulating food establishments through state statute, can be delegated</li> </ul>				
<b>1. Monitor</b> environmental conditions using timely, complete, accurate field data for use in environmental public health activities.				
Surveillance via FoodNet	R/A			
Foodborne illness complaints and reporting	R/A	R/A	R	
Maintain information systems: ACES, USAFS, EPI Database, Local systems	R/A	R/A	R/A	
Data QA/QC:	R	R	R	?

Activity	Role of Participants			
	MDH	MDA	Local Public Health - delegated	Local Public Health - non-delegated
<ul style="list-style-type: none"> <li>MDH – authority for regulating food establishments through state statute, can be delegated to local jurisdictions. Oversees foodborne illness outbreaks.</li> <li>Local Public Health - Local public health agency, county or community health board</li> <li>MDA – authority for regulating food establishments through state statute, can be delegated</li> </ul>				
<b>2. Enforce laws and regulations that protect environmental public health.</b>				
Issue food code violation orders to establishment operators and assure compliance.	R/A	R/A	R	
Credential individuals as food managers.	R/A			
Revise and adopt the Food Code into Minnesota Rules.	R/A	R	C	I
Adopt local ordinances	C	C	R/A	
Inspect food establishments and provide technical assistance	R/A	R/A	R	I (via annual dashboards)
Enforce food safety regulations	R/A	R/A	R	
License food establishments	R/A	R/A	R	
Conduct construction plan review	R/A	R/A	R	I (consult with local building/zoning officials)?
<b>3. Investigate and provide technical assistance to effectively prevent and/or resolve environmental public health problems or health hazards in the community.</b>				
Conduct onsite environmental health assessments in response to foodborne illness outbreak complaints to identify cause(s)	R/A	R/A	R	I

<b>Activity</b> <ul style="list-style-type: none"> <li>• MDH – authority for regulating food establishments through state statute, can be delegated to local jurisdictions. Oversees foodborne illness outbreaks.</li> <li>• Local Public Health - Local public health agency, county or community health board</li> <li>• MDA – authority for regulating food establishments through state statute, can be delegated</li> </ul>		<b>Role of Participants</b> R = Responsible for doing the work or making the decision O = Optional = Local Decision (based on local needs assessment) A = Accountable; owns the task C = Consulted; provides information useful to completing the task I = Informed; kept aware of the task			
		MDH	MDA	Local Public Health - delegated	Local Public Health - non-delegated
	Conduct onsite inspections in response to complaints at licensed establishments	R/A	R/A	R	
	Conduct traceback activities in response to complaints, outbreaks or recalls.	R	R/A	R	
	Conduct effectiveness checks in response to food recalls.	R	R/A	R	
<b>4. Assure a competent environmental public health workforce</b>					
	Provide training for staff	R/A	R/A	R/A	
	Approve and issue RS/REHS credential for inspectors	R/A			
	Ensure that staff are appropriately credentialed	R/A	R/A	R	
	Require that ORAU training courses are taken by staff	R	R	R- agencies enrolled in the VNRFRPS or who are Standardized Food Safety Inspection Officers (SFSIO) responsible for standardizing others in their agency	
	Provide food code standardization to inspection staff	R/A	R/A	R	
	Ensure that inspection staff completes food code standardization	R/A	R/A	R - MDH goal and MDA requirement is	

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				to have one SFSIO at each delegated agency	
	Conformance with VNRFRPS Standard 4: Uniform Inspection Program	O	R (agency decision to conform with the VNRFRPS)	LD	
<b>5. Develop policies and plans</b> that support individual and community environmental public health efforts					
	Legislative policy: Statute and Rule amendment	R/A	R/A	C	C
	Develop delegation agreements	R/A	R/A	LD	I
	Develop program evaluation materials	R/A	R/A	C (assist)	I (through EHCIB)
<b>6. Inform, educate, and communicate with</b> people about environmental public health issues					
	Develop and Share Guidance;	R	R	R – jurisdictions enrolled in the VNRFRPS	
	Education of consumers related to food safety	O	O	O	O

Activity		Role of Participants			
		MDH	MDA	Local Public Health - delegated	Local Public Health - non-delegated
<ul style="list-style-type: none"> <li>MDH – authority for regulating food establishments through state statute, can be delegated to local jurisdictions. Oversees foodborne illness outbreaks.</li> <li>Local Public Health - Local public health agency, county or community health board</li> <li>MDA – authority for regulating food establishments through state statute, can be delegated</li> </ul>					
	Education and outreach to foodservice operators and employees to prevent foodborne illness	R	R	R – jurisdictions enrolled in the VNRFRPS	
	Provide education and outreach to professional associations and industry / trade groups	O	O	O	
<b>7. Manage financial resources</b> to ensure program stability and effectiveness					
	Agency budget	R/A	R/A	R/A	
<b>8. Perform strategic planning and research</b> to provide new insights, innovative solutions in environmental public health activities.					
	Participation in EHS-Net	R/A	I	I	
	Participation in VNRFRPS for continuous program improvement (Risk Factor Study)	O	O	O	
<b>9. Mobilize and sustain community partnerships</b> by sharing information and fostering trusted relationships; work together to identify and solve environmental public health problems					
	Coordinate and work with local, state, and federal agencies (CDC, FDA, USDA) to identify and solve issues related to food safety.	R	R	R	LD
	Governor’s Food Safety & Defense Task Force	R	R/A	O	O

Activity		Role of Participants			
		MDH	MDA	Local Public Health - delegated	Local Public Health - non-delegated
<ul style="list-style-type: none"> <li>MDH – authority for regulating food establishments through state statute, can be delegated to local jurisdictions. Oversees foodborne illness outbreaks.</li> <li>Local Public Health - Local public health agency, county or community health board</li> <li>MDA – authority for regulating food establishments through state statute, can be delegated</li> </ul>					
	Food Safety Partnership	R/A	O	O	O
	Regulators Breakfast	R/A	O	O	O
	Environmental Health Continuous Improvement Board	R/A?	O	I	I
<b>10. Evaluate effectiveness</b> , accessibility, and quality of personal and population-based environmental public health service					
	Ongoing quality improvement – FPLS Performance Measures	R/A	R	LD	I (through the EHCIB)
	Delegation agreement oversight and program evaluation	R/A	R/A	C	
	VNRFRPS as the basis for a quality management system	O	O	O	
<b>11. Link</b> people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable					
	Respond/refer to responsible agencies for assistance	R	R	R	R
	Direct individuals to agency website for information	R	R	R	R

## Appendix B: Draft Food Safety Inventory Reflection

<b>How well does the food inventory do the following:</b>	<b>Extremely</b>	<b>Very</b>	<b>Moderately</b>	<b>Slightly</b>	<b>Not at all</b>
<i>Define the core public health activities all Minnesotans should expect regardless of where they live and who provides them</i>	● ● ●	● ● ● ● ● ● ● ● ● ● ● ●	● ● ● ●		
<i>Articulate the potential breadth of public health activity to meet local priorities and needs in Minnesota</i>		● ● ● ● ●	● ● ● ● ● ● ● ● ● ● ● ●	●	
<i>Illustrate the roles and responsibilities of state and local public health departments</i>	●	● ● ● ● ● ●	● ● ● ● ● ● ● ●	● ●	
<i>Increase understanding of the governmental public health role</i>	● ● ● ● ● ●	● ● ● ● ● ●	● ● ● ● ●	●	
<i>Serve as a tool to identify gaps, as a step toward increased coordination</i>	● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ● ● ● ●			
<i>Look beyond current activities, resources, and mandates toward a broader understanding of public health activities</i>	● ● ● ● ● ● ● ●	● ● ● ●	● ● ● ●	● ●	●
<i>Help facilitate productive conversations with state and local stakeholders (i.e. it is written in easy-to-understand, non-technical language)</i>	● ●	● ● ● ● ● ● ● ● ● ● ●	● ● ● ●		
<i>Provide examples of how and why public health activities are provided</i>		● ● ● ● ●	● ● ● ●	● ● ● ● ● ●	● ●
<i>Align with national standards</i>		● ● ● ●	● ● ● ● ● ● ● ● ● ● ● ●	● ● ●	



## Appendix C: Rapid Inspection Update

[Email sent by Assistant Commissioner Paul Allwood on June 19, 2018]

Dear Valued Partners,

Thanks for your continued input regarding Rapid Inspection and the future of food inspection software in Minnesota. This is an update on what has transpired over the past few months, as well as the short and long-term outlook for Rapid Inspection.

### Short-term Outlook

There were discussions regarding support of Rapid Inspection at the last few EHCIB meetings and a workgroup formed to evaluate the pros and cons of different software options. The workgroup recommended that Rapid Inspection be updated to the new Food Code. MDH will accept this recommendation and update Rapid Inspection to ensure that users have a reliable system as we continue to explore options beyond Rapid Inspection. MDH will continue to collaborate with local agencies regarding the future of food inspection software in Minnesota.

### Long-term Outlook

MDH will continue to maintain and support Rapid Inspection until MDH has migrated to another inspection system. There is still uncertainty about when the migration will happen. Once we have more clarity on transitioning to a new system, MDH will begin planning how and when to discontinue support of Rapid Inspection and will communicate our plans/schedules with all of you. We will also explore the feasibility of releasing Rapid Inspection as freeware for others to continue to use after MDH discontinues support.

Rest assured that we will continue to include our partners in discussions on this matter and will communicate next steps to all state and local partners.

If you have questions, please contact Tom Hogan or Steven Diaz.

#### **Paul Allwood**

Assistant Commissioner | Executive Office

#### **Minnesota Department of Health**

Office: (651) 201-5711

#### **Administrative Assistant**

Toni Gillen

Office: (651) 201-4817

## Appendix D: FPLS Program Evaluation Workgroup Status Update

JULY 26, 2018 – EHCIB MEETING

### Work plan

Anticipated Completion Date	Action Item	Responsible	Done
June 7, 2018	<p>Meeting at Brooklyn Park to discuss next steps, make assignments, etc. Discussion items:</p> <ul style="list-style-type: none"> <li>Review existing MDH delegation agreement for responsibilities (specifically section 3.2 A-G)</li> <li>How do we track compliance with things that are MDH's responsibility?</li> <li>Possible future modifications to the delegation agreement</li> <li>Review existing MDH program evaluation tools and other potential resources</li> <li>Assignments for working through the standards</li> </ul>	<p>Kim Carlton – MDH Mike Melius – Olmsted Jason Kloss – SWHHS Jason Newby – Brooklyn Park Jeff Luedeman – MDA Denise Schumacher – MDH Sophia Walsh – MDH Ryan Krick – Minneapolis Caleb Johnson – MDH Wendy Spanier – MDH Lisa Gyswyt - Minnetonka</p>	June 7, 2018
By July 31, 2018	<p>Phone / Skype check-in with all team members to assess progress, answer questions, troubleshoot, etc.</p>	<p>MDH staff will set up Skype call details Teams will report on:</p> <ul style="list-style-type: none"> <li>Standard 1: Ryan and Denise</li> <li>Standard 2 &amp; 8: Lisa and Wendy</li> <li>Standard 3: Denise &amp; Jason K</li> <li>Standard 4: Caleb &amp; Ryan</li> <li>Standard 6: Sophia &amp; Mike</li> <li>6: Caleb, Sophia, Denise, Mike, Jason K, Ryan</li> <li>Standard 5 &amp; 7: Kim &amp; Jason N</li> </ul>	July 26, 2018
By July 31, 2018	<p>Skype calls (2 @ 30 min max each) with delegated programs to include:</p> <ul style="list-style-type: none"> <li>New proposal ok'd by EHCIB,</li> </ul>	<p>MDH staff (Kim? Angie?) EHCIB representative (Dawn?) Pilot participant (Horizon?)</p>	

Anticipated Completion Date	Action Item	Responsible	Done
	<ul style="list-style-type: none"> <li>• Brief pilot outcomes,</li> <li>• Strategic plan / workplan overview</li> <li>• What to expect in coming months,</li> <li>• Opportunities for involvement in the development process</li> </ul>		
<p>By August 31, 2018 (scheduled for August 20)</p>	<p>Face to face meeting with team members to discuss what has been developed.</p>	<p>Teams will report on:</p> <ul style="list-style-type: none"> <li>• Standard 1: Ryan and Denise</li> <li>• Standard 2 &amp; 8: Lisa and Wendy</li> <li>• Standard 3, 4, 6: Caleb, Sophia, Denise, Mike, Jason K, Ryan</li> <li>• Standard 5 &amp; 7: Kim &amp; Jason N</li> </ul>	
<p>September-October, 2018 (potentially include some of these items in August meeting - finish by October 31, 2018)</p>	<p>Team members meet face to face (multiple times?) to discuss/develop/modify:</p> <ul style="list-style-type: none"> <li>• Continuous improvement cycle                             <ul style="list-style-type: none"> <li>○ Which standards and elements within standards are “deal breakers?”</li> </ul> </li> <li>• Order of evaluation                             <ul style="list-style-type: none"> <li>○ Some standards set the foundation for others; logical to evaluate them in order</li> </ul> </li> <li>• Rollout plan, including                             <ul style="list-style-type: none"> <li>○ Training</li> <li>○ Schedule</li> <li>○ SharePoint site</li> <li>○ Final document formatting</li> <li>○ Written protocol and instructions</li> <li>○ Logistics of kickoff meeting</li> </ul> </li> </ul>	<p>Workgroup</p>	
<p>November 1, 2018 or January 2019</p>	<p>Present “roadmap” to EHCIB including schedule, protocol, instructions, etc.</p>	<p>Workgroup co-chairs</p>	

Anticipated Completion Date	Action Item	Responsible	Done
By March 31, 2019 (or earlier)	Kickoff meeting with delegated agencies (face to face) <ul style="list-style-type: none"> <li>○ High level overview of all standards</li> <li>○ Expectations</li> <li>○ Continuous Improvement model</li> <li>○ Opportunity to update DA with items found during development process</li> </ul>	MDH staff (PWDU, Field Ops, management) Delegated Agency attendees	
Dates TBD	Self-assessment workshops / study groups	MDH PWDU staff, Delegated Agencies	
Dates TBD	Self-assessment and verification cycle	MDH PWDU staff, Delegated Agencies	

Review of existing materials

**Review of existing MDH program evaluation tools and other potential resources**

- These need to be reworked into a format that is not a yes/no question (in most cases).
- Scoring rubric, templates, examples need to be developed for each element
- Ensure that elements are in the correct standards (ex: frequency should be Std 4, not 3)
- Discussion of the value of doing a field portion vs all paperwork to assess some standards (Std. 4)
- Discussion of using VNRFRPS statistical analysis for standards 4 and 6, and PHAB Domains for demonstration of some criteria (standard 6)
- Importance of being consistent and clear when assigning terminology to things (i.e. “elements,” “standards,” “criteria,” etc.)

**Discussion of future Delegation Agreement updates**

- It may be time to consider making some of the “white items” from the old evaluation tool required (i.e. standardization, procedures to review HACCP plans).
- Teams will make note of these items for potential inclusion in future updates as they work through each of the standards

Team charge:

- For each of the standards,
  - Identify program elements (**what** is being assessed?)
  - Develop scoring rubric (**how** can this item be met?)

- Develop templates, examples, or other helpful tools to accompany the assessment worksheet.
- The rubric for food program Standards 2 & 8 are already done and piloted – these need to be incorporated into the rest of the evaluation tool for the other four program areas (lodging, pools, MHP/RCA, youth camps)
- The intent is to have **one** scoring tool/worksheet **per standard**, incorporating each of the applicable program areas
  - For example, a worksheet for Standard 2 will encompass all five applicable program areas (food, lodging, pools, MHP/RCA, youth camps)
  - This will eliminate duplicated efforts demonstrating things that are the same across all program areas (i.e. computer system, trained staff, etc.)
- Identify elements that should potentially be included in future revisions of the Delegation Agreement
- Timeline:
  - Check-in by phone in July
  - Meet together in August to go over what we came up with

### Communication

- Communication will be needed at multiple points in the process
- Initial communication about the project will be:
  - High-level
  - Done over Skype in 2 sessions
  - Presented in mid-late July (after EHCIB meeting)
  - Information will include:
    - Proposal approved at May 3 meeting
    - Workplan
    - Testimonial from a pilot participant (?)