Environmental Health Continuous Improvement Board

Meeting Summary

Thursday, May 3, 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	
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 (Vidyo)	
John Tracy	Stearns County	X	
John Weinand	City of Minnetonka	X	

Other Meeting Participants:

Kim Carlton, Angie Cyr, Caleb Johnson, Denise Schumacher, and Sophia Walsh, Minnesota Department of Health, Environmental Health Division; Sarah Berry, Le-Sueur-Waseca Counties; Jesse Harmon, Brown-Nicollet Counties; Kirsten Knopff, Minnesota Department of Agriculture; Jason Newby, City of Brooklyn Park; Cindy Weckwerth, City of Minneapolis

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 May meeting.

Ms. Beck reviewed the meeting agenda and objectives.

Meeting Objectives:

1. Review and discuss subgroup recommendation concerning electronic inspection systems.
2. Review results and determine next steps based on the FPLS program self-assessment and verification pilot two.

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.

FPLS Program Evaluation – Pilot Two Results

The FPLS program evaluation workgroup presented the results and its recommendations from the second pilot of the new tools and instructions for self-assessment and verification of food standards two and eight. Kim Carlton, MDH EH, provided an overview of Pilots 1 and 2.

- Pilot 1:
    - MDH, MDA, and the Kandiyohi-Renville delegated FPLS program participated
    - All participants completed the self-assessment and verification, using both the MDH and FDA criteria
    - Results indicated a need to refine the instructions and methodology, particularly for the FDA criteria, in order to improve verification consistency
- Pilot 2:
    - Key changes made from Pilot 1:
        - Day-long training provided to participants before the start of the self-assessment phase (no training provided in Pilot 1)
        - SharePoint site used for sharing documents (used email in Pilot 1)
        - Post-verification audit "cleanup" phase for additional information to be submitted (no designated "cleanup" phase in Pilot 1)
        - Debrief call with agencies to discuss findings (no planned debrief call in Pilot 1)
        - FDA standards elements were voluntary; option to be "not assessed" (FDA standards were required in Pilot 1)
    - Self-assessments completed by: Washington County, Horizon Public Health, Le Sueur-Waseca Counties (MDH criteria only), and City of Minnetonka
    - Verifications completed by: MDH, MDA, Washington County, Le Sueur-Waseca Counties, and City of Minnetonka

- Results indicated improvement from Pilot 1, but the time commitment was still substantial primarily due to the FDA criteria

Megan Drake-Pereyra, MDH PHP, shared the summary of the results and key takeaways from pilot 2 and Ms. Carlton shared the workgroup's discussion notes and its recommendations. Pilot 2 participants added that the overall experience was positive and it was nice having the FDA standards as optional. They also liked using SharePoint, which included links to helpful tools and templates, and being able to see what others submitted. The pre-self-assessment training was also helpful.

The key changes proposed by the workgroup include:

- Focusing the new program evaluation process on the MDH FPLS programs (state-run and delegated). MDA is willing to continue to participate in a situational awareness capacity, but since they have different statutory and delegation commitments they are not at a point where they can adopt a joint evaluation process. This means that for the foreseeable future, dual-delegated programs will continue to be evaluated by MDH and MDA separately; and there will not be one program evaluation process, as was originally intended by the EHCIB.
- The FDA standards will be removed from the evaluation criteria.
- The criteria from the previous MDH FPLS program evaluation will be used as the starting point for the new tools and process.

While meeting participants expressed disappointment that one process for MDH and MDA food program evaluation cannot happen, everyone agreed that it makes sense to move forward. There are many other tools, including those for pools, lodging, and the other areas of FPLS to work on and the overall process needs to be developed.

The workgroup recommends the process use a standard-by-standard approach (or in bundles if similar standards). Training could be provided for each standard prior to the evaluation. Meeting participants discussed the pros and cons to this approach. Pros: keeps people connected allowing programs to share, learn, and improve together; and increases consistency during verification (even with staff turnover). One con discussed was that it does not provide a one-time, holistic view of a program. Another con is the timeframe and length of the process. Meeting participants questioned whether it would be a continuous cycle and what kind of effort it would take to continuously be evaluating and improving. As a reference, the last evaluation process took seven years. Most likely, the process will get easier and quicker with each cycle. MDA noted they were audited as a whole program and standard-by-standard for different things. Standard-by-standard was easier to do, but as a whole program provided more meaningful information. The EHCIB members reached consensus that the workgroup continue planning for a standard-by-standard approach to FPLS program evaluation. MDA abstained from the consensus development process. The EHCIB also reached consensus for the workgroup to move forward with the proposed changes.

The workgroup's next steps include:

- Create a roadmap, including recommendations on resources needed and timeline
- Set up a conference call with all delegated programs to communicate the changes and try to recruit others to get involved

Meeting participants noted a need to talk with non-delegated agencies about their information and communications needs. A future dialogue about this will occur.

Environmental Public Health Framework

Chelsie Huntley, MDH PHP, shared an update about efforts of the State Community Health Services Advisory Committee (SCHSAC) to strengthen public health in Minnesota. SCHSAC chartered the Strengthening Public Health in Minnesota workgroup, which came up with many ideas for moving the public health system in MN forward. Its top three priorities for action are: 1) clarify the basic public health responsibilities for Minnesota and identify new ways to carrying them out; 2) take steps to align public health funding and resources with local needs; and 3) take a comprehensive and multisector approach to public health workforce development. The EPH framework being developed by the EHCIB is closely linked to number one above because EH is one of the basic public health responsibilities. The EPH framework is intended to identify the core environmental public health activities that all Minnesotans can expect and illustrate the roles and responsibilities of state and local public health departments.

Mr. Hogan shared the draft inventory developed by the MDH EH climate change staff (Appendix A). Since the climate change staff were unable to attend the meeting, EHCIB meeting participants discussed next steps. MDH FPLS staff are currently working with MDA on a draft inventory for food. MDH PHP staff will continue to work with MDH EH staff to create the remaining draft inventories for indoor and outdoor air and the other healthy homes topic areas.

Electronic Inspection Systems

At the request of the EHCIB, an electronic inspections systems subgroup (subgroup) convened in mid-April with the purpose of identifying short-term solutions to address the changes in Rapid Inspection (RI) use and support by MDH. The meeting summary was shared with EHCIB meeting participants.

After reviewing the three solutions, the subgroup concluded that the MDH update to RI was the only viable short-term solution. MNIT will update RI with the new food code regardless of local decisions to continue to use the system because MDH may need it. No "upgrades" will occur; it will just be an update to the new food code. This solution provides locally delegated programs more time to investigate other options and budget accordingly.

The use of funds from hospitality fees was mentioned – can the fees be used to provide money for small local programs to put towards a new system? MDH shared that this is not a possibility. The hospitality fees are used to support the FPLS system statewide and cannot be used to support some programs and not others. A change to that approach (system support vs. individual program support) would need further discussion and decisions.

The EHCIB appreciates the work of the subgroup. Meeting participants did note that future conversations around data-sharing and system selection need to happen. These could occur at the EHCIB. Considering the data needs learned from the new program evaluation process and the FPLS statewide performance measures, the EHCIB may want to issue a set of parameters that should be considered when investing in new licensing and inspection programs.

MDH will send an email to all delegated programs informing them about the decision to update RI. This email will include the timeframe by which programs will need to have a new system in place.

Business Items

Member Updates

Tom Hogan, MDH EH, shared the following:

- The legislative session is currently underway. Not much is known at this time.
- The updated food code is currently waiting for final orders/decisions.

Word on the Street

- Is MDA giving up all mobile food licensing? Right now there is no change. There was a glitch on the MDA website that sent people to MDH – this is where the confusion around mobile licensing began. It is now fixed.
- 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.

Approve March 2018 Meeting Summary

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

Constituent Engagement

For the July meeting, EHCIB members will bring feedback from constituents about EHCIB's success in fulfilling its charge.

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) approved the food, pools, and lodging services (FPLS) program evaluation workgroup's recommendations for next steps at its May 3, 2018 meeting. Based on the results of pilots one and two, the recommendations are:
    - Focusing the new program evaluation process on the MDH FPLS programs (state-run and delegated).
    - The FDA standards will be removed from the evaluation criteria.
    - The criteria from the previous MDH FPLS program evaluation will be used as the starting point for the new tools and process.
    - A standard-by-standard approach (or bundled standards, when appropriate) will be used.

  The workgroup's next step will be to develop a roadmap to guide the rest of the process. The EHCIB appreciates the commitment of everyone involved in the workgroup and pilots and looks forward to what is to come.

- 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.

- At the May 3, 2018 Environmental Health Continuous Improvement Board (EHCIB) meeting, the Electronic Inspection Systems subgroup shared the results of its discussion to determine the best short-term solution to the changes in MDH's support of Rapid Inspection (RI).
    - The recommended short-term solution is an update to RI. MDH agreed to update RI with the changes to the new food code, which provides more time for local programs to investigate a long-term solution.

  MDH will communicate more about this solution to its locally delegated programs. The EHCIB will continue to have conversations about statewide data-sharing needs and consider guidelines for inspection systems parameters to assist with long-term planning.

- 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) staff, who work in the area of climate change, shared their draft inventory. Draft inventories for other areas of EH (indoor and outdoor air, food, other areas of healthy homes) continue to be developed.

Action Items

- EHCIB members will ask constituents for feedback about EHCIB's success in fulfilling its charge
- FPLS program evaluation workgroup will develop a roadmap and set up a statewide call
- MDH PHP staff will work with MDH EH staff to complete draft inventories of other EH topics for the EPH framework
- MDH EH staff will communicate more about Rapid Inspection

The next EHCIB meeting is Thursday, July 26, 2018 at MCIT in St. Paul, MN. A remote option will be available using Vidyo (more details coming soon).

Appendix A

ENVIRONMENTAL PUBLIC HEALTH FRAMEWORK | CLIMATE AND HEALTH

Changes are occurring in Minnesota's climate with serious consequences for human health and well-being. Minnesota has become measurably warmer, particularly in the last few decades, and precipitation has become heavier and more erratic, resulting in changes to air, weather, water and ecosystems patterns. These patterns are leading to a future of increased poor air quality days, flash and river flooding, extreme heat, drought, wildfires, and ecosystem threats. The MDH Minnesota Climate and Health Program is dedicated to understanding the health impacts of climate change and preparing local public health and the public.

MDH has no regulating authority related to climate change.

Current State

Activity **Participants in helping MN adapt to a changing climate include:** • MDH • Local Community - Local public health agency, county or community health board		**Role of Participants** R = Responsible For Activity O = Optional participation LD = Local Decision (based on local needs assessment)	
		MDH	Local Community
1.	**Monitor** environmental conditions using timely, complete, accurate field data for use in environmental public health activities.		
	Review emergency department and hospitalization visits to see if heat-related illnesses have increased over time.	O	O
	Monitor trends in air quality to see if air quality is changing over time.	O	O
	Monitor pollen trends to see if the pollen season is increasing over time.	O	O
2.	**Enforce** laws and regulations that protect environmental public health.		
	N/A		
3.	**Investigate and provide technical assistance** to effectively prevent and/or resolve environmental public health problems or health hazards in the community.		

Activity **Participants in helping MN adapt to a changing climate include:** • MDH • Local Community - Local public health agency, county or community health board		**Role of Participants** R = Responsible For Activity O = Optional participation LD = Local Decision (based on local needs assessment)	
		MDH	Local Community
	Provide technical assistance to local public health and local governments to develop vulnerability assessments and/or plans to adapt to climate change	R	O
	Provide technical assistance with climatologists and other experts to share information on using climate projection data to better plan for and adapt to climate changes	O	
4. Assure a competent environmental public health workforce			
	Assure an educated public health workforce by providing training on climate and health	O	
5. Develop policies and plans that support individual and community environmental public health efforts			
Support efforts to incorporate climate adaptation into environmental review and comprehensive plans		O	O
6. Inform, educate, and communicate with people about environmental public health issues			
	Develop and provide trainings and presentations on the health impacts of climate change	R	O
	Work with climatologists and others to share information on climate projection data	O	
7. Manage financial resources to ensure program stability and effectiveness			
Effectively manage funds from CDC		R	
8. Perform strategic planning and research to provide new insights, innovative solutions in environmental public health activities.			
Research the connections between changes in climate and health impacts		O	
Plan and monitor the MDH Climate and Health Strategic Plan		R	
9. Mobilize and sustain community partnerships by sharing information and fostering trusted relationships; work together to identify and solve environmental public health problems			

Activity **Participants in helping MN adapt to a changing climate include:** • MDH • Local Community - Local public health agency, county or community health board		**Role of Participants** R = Responsible For Activity O = Optional participation LD = Local Decision (based on local needs assessment)	
		MDH	Local Community
	Work with local public health and Tribes on climate-related health issues	O	O
	Work with climatologists and others to share information on the changing climate and health impacts	O	
10. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health service			
Evaluate public health interventions as funding allows		O	
11. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable			
N/A			

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