

Environmental Health Continuous Improvement Board CHARTER

1. PURPOSE OF THE BOARD

The Environmental Health Continuous Improvement Board (Board) was chartered by the Local Public Health Association (LPHA) and the Minnesota Department of Health (MDH) to fundamentally advance Minnesota's state-local partnership in Environmental Health (EH). The Board will initially work on current Food, Pools and Lodging Services (FPLS) challenges and then work more broadly to monitor and advance state-local work in EH.

2. BACKGROUND

In August 2013 concerns about FPLS collaboration between MDH and LPH were expressed to MDH Commissioner Ehlinger, Deputy Commissioner Koppel, and Assistant Commissioner Leitheiser at the LPHA General Membership meeting. As a result of that meeting a small interim group was formed and charged with developing next steps. The small interim group consisted of Assistant Commissioner Leitheiser, Tom Hogan (MDH EH Division Director), Dale Dorschner (MDH EH Assistant Division Director), Colleen Paulus (MDH FPLS Section Manager), Angie Cyr (MDH, FPLS Planner), April Bogard (MDH, FPLS Project Manager), Karen Swenson (Brown-Nicollet), Gretchen Musicant (City of Minneapolis), Zack Hansen (St. Paul-Ramsey), and Britta Orr (LPHA Executive Director). The group's recommendations were the basis for the establishment of the Environmental Health Continuous Improvement Board.

The Board will begin by focusing on FPLS, with acknowledgement that there is a higher-level need to better integrate EH work into public health generally. The hope is that in altering the FPLS approach, MN will see short-term solutions to challenges in that area and also build a foundation and vehicle for future, collaborative improvements in the broader EH frame.

There is a long history of LPHA and MDH coming together to improve EH across the state. Some have worked better than others. There is current commitment from both parties to work collaboratively to make improvements.

As of March 24, 2017, the Board is a standing workgroup of the State Community Health Services Advisory Committee (SCHSAC).

3. VISION ELEMENTS

- "WE" work together to protect the health of all Minnesotans
- Results and the quality of programs (not the how or who) are the basis for decisions
- Communication is open and flows in all directions; knowledge is shared

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- Expectations are clear and understood by all
- The perspectives and contributions of all are valued

4. BOARD STRUCTURE

Membership:

The Board will be composed of ten members plus ad-hoc members, as necessary. Members represent the following constituencies:

- 1 – metro CHBs with locally delegated FPLS programs;
- 1 – cities (non-CHBs) with locally delegated FPLS programs;
- 2 – non-metro CHBs with locally delegated FPLS programs;
- 4 – CHBs with state-run FPLS programs;
- 1 – the Minnesota Department of Health (MDH);
- 1 (or a split 2) – State Community Health Services Advisory Committee (SCHSAC)
- Ad-hoc – other state agencies

Regional representation, as indicated in the chart below, is ideal. If regional representation is not possible, the member position can be filled by someone from a different region. Four representatives from CHBs with state-run FPLS programs is ideal. If four cannot be found, one of these member positions can be filled with a FPLS delegated agency representative or left vacant. I.e. the FPLS non-delegated CHB minimum is three and the FPLS delegated maximum is five only if a vacant FPLS non-delegated position exists.

Region:	NW	NE	WC	C	SW	SC	SE	Metro
Agency:								
FPLS Delegation: city	1							
FPLS Delegation: CHB	1			1			1	
FPLS Non-delegated CHBs	1	1		1			1	
SCHSAC	1 (or a split 2)							
MDH	1							
Other State Agencies	Ad-hoc							

When vacancies exist, the Board will seek volunteers. Constituency preferences, diverse program structures, and a balanced mix of perspectives including both large and small agencies, geography that touches many regions, and individuals holding different types of positions (i.e., both EH Directors and CHS Administrators) will be considered.

Membership Terms: Board members representing local jurisdictions will have staggered, two-year terms. Board members representing state agencies (MDH) will not have term limits; the agency will decide who to appoint.

Alternate Board Members: The Board will not appoint alternate members. If board members are unable to attend a meeting, they are expected to inform the co-chairs. In addition they are encouraged to send someone in their place. However, that person may not vote; only board members can vote.

Leadership: The Board will have co-chairs, one person from a local jurisdiction and one person from MDH. The MDH co-chair is decided by the agency and does not have a term limit. The local co-chair is appointed by the Board and will remain co-chair until their membership term is over. To help leadership transition, the Board will also appoint a local co-chair elect.

Facilitation: The Center for Public Health Practice (PHP) will serve as a third-party facilitator for the Board and support the co-chairs in agenda development and Board organization.

5. BOARD MEETINGS

- A. The Board will meet at least six times per year.
- B. Meetings will be held in-person in St. Paul with a remote option (such as Vidyo or Skype) available.
- C. Meeting participants that are not Board members will have the opportunity to contribute to the discussion at times to be determined and communicated by the Board. Only Board members will be allowed to vote.

6. GUIDING PRINCIPLES

The Board will operate using the following principles:

- A. **Continuous Improvement**
- B. **Forward Thinking** – The Board will honor the past, yet focus on the future.
- C. **Customer Focus** – Customers will be identified and their perspectives will be considered in Board decisions and actions.
- D. **Inclusive** – Processes will be transparent, collaborative and inclusive.
- E. **Accountable** – The Board will hold itself accountable for its actions.
- F. **Partnership** –The Board recognizes that environmental health in MN relies on the state-local partnership; each of the partners needs each-other. The Board will strive to serve as a model of this partnership.

7. TEAM NORMS

Decision-Making: Decisions will be made by consensus. A formal vote process will be used to gauge consensus. If the vote determines consensus does not exist the Board will use various methods to reach consensus.

In addition, the Board will adhere to and hold each other accountable to the following ground rules and member expectations.

Ground Rules:

- Honor differences
- Accept that conflict and disagreement will happen
- Be prepared and actively participate in the meeting, silence will be considered agreement
- No meetings after the meeting
- Listen to understand
- Respect the value of each individual's contribution
- Focus on issues not people

Member Expectations:

- Attendance – If a Board member misses more than two meetings per calendar year or two consecutive meetings, their continued membership will be considered by the co-chairs. The co-chairs may request the member to forfeit their membership.
- Participation – Members are expected to prepare for and actively participate in meetings.
- Representation – Members have been selected to represent a certain constituency. Members are expected to communicate with and seek input from those they represent.

8. ACCOUNTABILITY

This section will be developed. The Board intends to set objectives and corresponding performance measures and report quarterly accomplishments to SCHSAC, LPHA, and MDH.

9. COMMUNICATION PLAN

In order to inform stakeholders and ensure transparency, the Board will employ the following communication strategies:

- A website will be maintained. The Board will use it to post information about itself and its meetings including agendas, minutes and other meeting materials. [The EHCIB website: https://www.health.state.mn.us/ehcib/](https://www.health.state.mn.us/ehcib/).
- A gov delivery list will be maintained so that interested parties can sign up to receive email updates from the Board. These updates will be used primarily to announce when new information and materials are on the website.
- Take-away messages will be developed at the end of each Board meeting. In addition to being posted on the website, Board members will share the take-away messages with their constituents.

- In addition to the above, the Board will look for other avenues such as at LPHA meetings, SCHSAC meetings, MEHA meetings, monthly Regulators breakfasts, and the CHS conference to provide updates and seek input.

10. CURRENT WORKPLAN

The Board's 2016-2019 [workplan](#):

<https://www.health.state.mn.us/communities/environment/local/docs/ehcib/process/2016workplan.pdf>.

A new workplan is currently under development.

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Charter Action	Date	By	Notes
Approved	7/2/2014	All Board Members	Original Charter
		All Board Members	November 2018 update of charter
	6/21/2019	Megan Drake-Pereyra	Updated based on new membership structure and changes approved by all Board members

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