

Environmental Health Continuous Improvement Board

Meeting Summary

Thursday, March 7, 2019

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	
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 (remote)	
Jeff Luedeman	Minnesota Department of Agriculture	X	
John Weinand	City of Minnetonka		X

Other Meeting Participants:

Michelle Ambrose, Kim Carlton, Angie Cyr, Steven Diaz, Cameron McCue, Mary Navara, Denise Schumacher (remote), Rochelle Steinbruckner (remote), Sophia Walsh, Minnesota Department of Health, Environmental Health Division; Jesse Harmon, Brown-Nicollet Counties; Caleb Johnson, Ramsey County; Jason Kloss, Southwest Health and Human Services; Mike Melius, Olmsted County; Kari Oldfield, Local Public Health Association (LPHA)

Facilitators:

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

Welcome and Introductions

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

Ms. Beck reviewed the meeting agenda and objectives.

Meeting Objectives:

1. Review materials, provide input, and identify next steps for the new FPLS program evaluation process.

Ms. Beck continued by acknowledging both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

Status Updates

New member recruitment

Mr. Hogan, Ms. Beck, and Kari Oldfield, LPHA, met in January to discuss new EHCIB member recruitment. They determined that the EHCIB needs a better transition plan for the co-chair. Given this, Ms. Beck will remain on the EHCIB for another two-year term and continue to serve as co-chair. The EHCIB will seek volunteers for a co-chair elect who will replace Ms. Beck after her term is complete.

They also recognized the need to recruit members who already served on the EHCIB, especially for FPLS delegated spots. Jeff Travis, Washington County, is a former member who Mr. Hogan plans to speak to about joining again and possibly becoming co-chair.

Ms. Oldfield shared that LPHA members have struggled to recruit non-delegated candidates. There is hesitation due to the topic area and time commitment and she needs a way to encourage individuals from non-delegated agencies. Meeting participants suggested that public health accreditation is one way to motivate the non-delegated agencies seeking accreditation to join. Ms. Oldfield agreed to start there. She will continue to try to recruit candidates to fill the three remaining vacancies on the EHCIB.

Mr. Hogan reminded meeting participants that the EHCIB is also still looking for a second member from SCHSAC.

FPLS Statewide Performance Measures

Megan Drake-Pereyra, MDH PHP, shared that reporting is open for the FPLS statewide performance measures. There is some confusion this year since reporting is in REDcap rather than a survey. Ms. Drake-Pereyra learned that one potential challenge for those using the 2019 update to Rapid Inspection (RI) is that they will not be able to access their previous years' data. Meeting participants familiar with RI shared that, while true, most downloaded their data, so it should not be a big issue for most. At the time of this EHCIB meeting, 12 of the 25 delegated agencies had not signed up for REDcap reporting access. MDH and MDA are both currently working on reporting their data.

The statewide conversations occurred in February with good turnout. There were enough participants to host two conversations for both non-delegated and FPLS delegated agencies. The results of these conversations will be summarized and shared with the EHCIB at its May 2019 meeting.

EPH Framework: lodging feedback and X-ray draft

Mary Navara and Michelle Ambrose, MDH EH, shared their draft framework for x-ray. X-ray is an EH program that is state driven and run exclusively by MDH; there has not been local public health involvement and it does not have federal oversight. Ms. Navara walked meeting participants through the draft x-ray framework and explained more about the program. Ms. Navara shared a desire to provide information and education for local public health and meeting participants agreed this may be helpful. Ms. Navara will connect with Ms. Oldfield to see about attending LPHA regional meetings in the future.

Ruth Greenslade, Goodhue County, shared feedback provided by non-delegated local public health agencies on the draft of the EPH framework for lodging ([Appendix A](#)). Meeting participants appreciated the feedback and discussed the items in need of clarification:

- RACI (responsible, accountable, consulted, and informed) is a tool used to clarify roles and responsibilities. The EHCIB has used the RACI language since it was introduced with the food framework, but it has not followed the RACI tool exactly as intended. Technically, each item or activity should have one accountable party. This is something the EHCIB will include from now on. In addition, the EHCIB will add clarifying language to distinguish what is meant by an “A” and an “R”.
- A blank means the responsible party may share information upon request when it becomes public data whereas an “I” means they will proactively share information. The EHCIB will add this clarifying language in the framework documents.
- MDH consults with local public health agencies (LPH) when, for example, they initiate a change to MN Rules. Typically, they consult with delegated agencies and other stakeholders. In other cases of things like changes to statute, they are unable to consult since the legislature decides this, but they do inform delegated agencies of the changes and their impact. The EHCIB will consider adding specific examples to the final framework.
- The hope is that as the responsible parties do more consulting and informing with LPH that it will be easier for LPH to understand and be more comfortable with their role in environmental public health, understanding expectations, and being able to make informed decisions.
- Currently, there is no toolkit on how to become a delegated agency, or how to give up delegated authority. The process at this time is for interested LPH to contact MDH. Only community health boards (CHBs) can become delegated. An LPHA committee is also putting together information about how to become a delegated agency.

FPLS Program Evaluation

Kim Carlton, MDH EH, shared the workgroup’s proposed evaluation criteria, rollout plan, and continuous improvement process ([Appendix B](#)).

The workgroup came to consensus on everything except how best to evaluate standard 4.1b, which is the uniform inspection program. This standard has three parts: identifying and addressing hazards; incorporating education into the inspection process; and promoting active managerial control concepts. This standard is important because it is how agencies show they are doing what they say (on paper) they are doing. The workgroup feels like the requirements from the delegation agreement are broad and not objective. They are unsure how to measure them objectively and in a meaningful way. In the past, MDH evaluated 4.1b by looking for trends without incorporating inspectors into the process, and the workgroup would like to change this in the new evaluation process.

A few possibilities the workgroup considered for evaluating standard 4.1b included: a) not evaluating standard 4.1b, b) using proxy measures to evaluate (such as those from FDA), c) evaluating based on the current delegation agreement language, and d) updating the delegation agreement with more objective measures.

Meeting participants discussed these options and reviewed the proposed assessment process ([Appendix C](#)). Overall, meeting participants liked the proposed assessment process as it gives locally delegated FPLS programs the option of having their own quality assurance program or not. With either option the evaluation criteria is the same, which addresses consistency and equity in the evaluation process. However, the proposed assessment process only covers the identification and addressing of hazards and misses the education and active managerial control aspects of standard 4.1b. Meeting participants acknowledged that measuring how well these aspects are happening is hard, but one possibility is to do an operator/establishment survey. It would not be a punitive survey but for program improvement, and could be emailed to a sample of operators/establishments. It will be important to have key well-worded, good questions that get at if and how education and active managerial control occurred during an inspection.

Meeting participants then discussed the key elements necessary to measure standard 4.1b objectively. Overall, they felt the best place to start is the FDA items. They felt that if the workgroup could filter through the 20 FDA items and pull out those that focus on identifying and assessing hazards and eliminate any duplicate items covered in other standards, then that would be a good start and maybe all that is necessary. Workgroup members in attendance noted that since standards 1 and 3 are precursors to 4.1b, they would need to go back and review those, identify the “deal breakers”, and assure consistency with 4.1b. Meeting participants agreed this was a good idea.

Lastly, meeting participants discussed the continuous improvement cycle and rollout plan ([Appendix B](#)). Work group members would like to include a step in the process where innovative or best practices are identified and shared, but they were unsure how best to include this. They also would like to pilot all the standards (minus 2 and 8, which were already piloted twice). They have volunteers from the workgroup willing to participate in the pilots. Meeting participants noted that as part of the rollout plan there are kickoff meetings, workshops, and training. There is also an annual schedule where two standards are evaluated each year. Given this, an annual meeting to close out the evaluated standards

and kickoff the upcoming standards may work as a place to share innovative/best practices and lessons learned from the standards evaluated the previous year. Meeting participants liked the idea of piloting all the standards but would like the workgroup to try to find at least one volunteer from outside the workgroup, if possible. If not possible, it is fine to go forth as is.

The next steps for the FPLS program evaluation workgroup include:

- Review the 20 FDA items and determine which should be included in 4.1b and which are already included in other standards
- Review standards 1 and 3 for “deal breakers” and to ensure consistency with 4.1b
- Create tools (operator/establishment survey and quality assurance tool) for objectively measuring standard 4.1b
- Pilot the remaining standards (all but two and eight, which were already piloted) in 2019 and try to find an outside volunteer, if possible
- Launch the new evaluation process in the winter 2020-2021, with a kickoff and training spring and summer 2020
- Incorporate an annual meeting into the rollout plan where innovative/best practices can be highlighted and shared
- Continue the great work!

Business Items

Looking ahead

The May 2019 EHCIB meeting will celebrate the EHCIB’s 5th year in existence. Meeting participants discussed ideas for the celebration and came up with several ideas: invite former members, consider a different venue, and recommend attending in-person. They also felt invitations and communication needed to go out by early April. Mr. Hogan, Ms. Beck, Caleb Johnson, Ramsey County, and Ms. Drake-Pereyra volunteered to help plan this.

Member Updates

MDH staff shared the following:

- MDH is very busy with the legislative session. They are tracking many different bills related to environmental health. More to come as the legislative session progresses.
- MDH FPLS staff continue to work on the rollout of the new food code.
- The annual FPLS dashboards are complete and were distributed to non-delegated local health departments.

Ruth Greenslade, Goodhue County, shared that their public health accreditation report is due. They made a lot of progress in the environmental health standards and measures thanks to the new process with MDH EH staff.

Bill Groskreutz, Faribault County, brought in a January 27, 2019 Star Tribune article titled “A Blank Menu of Food Safety.” The article was about inspection reporting and public access to this information. He asked the food safety experts in attendance if this was ever discussed in Minnesota. Meeting participants shared that there had been discussions and even a focus group done in the past. They had discussed how inspection reports can easily be misconstrued and do not tie the violation to its food safety risk. Inspections are a point in time assessment and the reports are for the operator and do not necessarily provide consumers with the information they want. It gets very complex and the cost-benefit to doing this was not there at the time of the discussions. Meeting participants agreed that this might be something the EHCIB could revisit in the future.

Word on the Street

Meeting participants shared they received requests from the MN Department of Revenue to report the licensed establishments in their jurisdictions(s). It has been a difficult process because small differences caused hundreds of errors in reporting.

Constituent Engagement

Meeting participants shared feedback from constituents earlier in the meeting. No additional constituent engagement activities were noted.

Approve January 2019 Meeting Summary

Ms. Greenslade made a motion to approve the [January 2019 meeting summary](https://www.health.state.mn.us/communities/environment/local/docs/ehcib/2019/jansummary.pdf) (<https://www.health.state.mn.us/communities/environment/local/docs/ehcib/2019/jansummary.pdf>) and Ms. Beck seconded the motion. No 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:

- **Sign up to report FPLS statewide performance measures.** Reporting is open through the end of March 2019. MDH, MDA, and locally delegated FPLS agencies are all reporting 2018 data. Email health.ophp@state.mn.us for access to REDcap, this year’s reporting platform. Reporting instructions are available on the [EHCIB's website: https://www.health.state.mn.us/communities/environment/local/docs/ehcib/spmreportinginst.pdf](https://www.health.state.mn.us/communities/environment/local/docs/ehcib/spmreportinginst.pdf).
- **5-year celebration!** Join the EHCIB at its May 2, 2019 meeting to celebrate five years of work advancing the state-local partnership in environmental public health in Minnesota. Current and

former members, workgroup participants, and all interested parties are encouraged to attend the celebration in-person. More details will be shared once available.

- The Food, Pools, and Lodging Services (FPLS) program evaluation workgroup continues to make progress on developing the new FPLS program evaluation process. The workgroup shared the proposed evaluation criteria, rollout plan, and continuous improvement process. The next steps include:
 - Refine the evaluation criteria and create tools for objectively measuring standard 4.1b
 - Pilot the remaining standards (all but two and eight, which were already piloted) in 2019
 - Launch the new evaluation process in the winter 2020-2021, with a kickoff and training spring and summer 2020

- The Environmental Health Continuous Improvement Board (EHCIB) continues to make progress on its work to develop a framework for environmental public health in Minnesota. Meeting participants reviewed a new draft framework for radiation control: x-ray. New topics, such as radioactive materials, will be added in the near future. This work aligns with the State Community Health Services Advisory Committee's (SCHSAC) efforts to [Strengthen Public Health in Minnesota](https://www.health.state.mn.us/communities/practice/schsac/workgroups/strengtheningph.html) (<https://www.health.state.mn.us/communities/practice/schsac/workgroups/strengtheningph.html>). More to come on this in the future.

Action Items

- Kari Oldfield, LPHA, will continue to recruit new EHCIB members
- Mary Navara, MDH EH, and Kari Oldfield, LPHA, will connect about doing outreach at upcoming LPHA meetings
- MDH PHP staff will do the following:
 - Continue to work with MDH EH staff to update or create draft inventories of other EH topics for the EPH framework
 - Follow-up with LPHA on new member recruitment
 - Continue to work on the FPLS statewide performance measures by:
 - Analyzing the statewide conversations
 - Contacting agencies not yet in REDcap
 - Help plan the five year celebration
- EHCIB members will share the take-home points with constituents and help onboard new EHCIB members, as needed

The next EHCIB meeting is Thursday, May 2, 2019. More information about time and location will be forthcoming.

Appendix A: Lodging Framework Feedback

Summary of Non-delegated feedback on Lodging Framework Inventory

- Formatting is clear and liked the work that has been done
- Liked seeing the different roles, like when LPH will be informed
- Some clarification needed:
 - What is the difference between Responsible and Accountable? More detail of definition may be helpful.
 - Unsure what a “blank” meant? No opportunity for any role? And is it different in different situations (e.g. an outbreak)?
 - Agency decision/optional – brought up questions about making an informed decision on whether LPH would want to or should do this or not – especially without the expertise in house.
 - Consulted – how is this initiated and when does it take place? Couldn’t recall examples of when this occurred.
 - When LPH is responsible – are there standards or expectations? How would they know what they are supposed to do?
 - Informed – should LPH be getting more information on more of the activities or not? Lots of empty boxes.
- Becoming a delegated agency – is this something the framework should address? Or how can agencies explore this more?

Appendix B: FPLS Program Evaluation Workgroup Plan

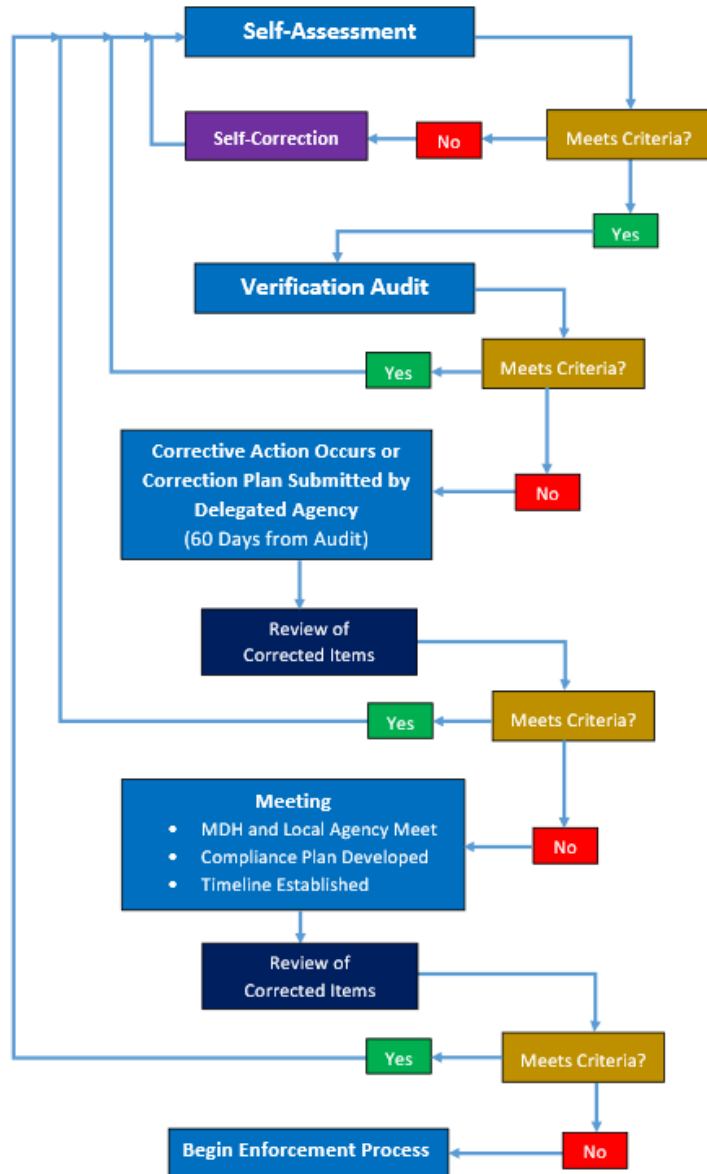
Standards Approved/Not Approved by Workgroup

Standard	✓	X	Comments
1: Regulatory Foundation	x		
2: Trained Regulatory Staff	x		Piloted twice
3 Inspection Program Based on HACCP Principles	x		
4. Uniform Inspection Program		x	<p>No consensus on how to evaluate this item.</p> <p><i>b) The Board conducts inspections, responds to complaints, and documents follow-up activities. The Board identifies and addresses hazards; incorporates education into the inspection process; and promotes active managerial control concepts in food establishments.</i></p> <p>The requirements from the Delegation Agreement are good – but how do we measure them objectively and in a meaningful way?</p> <p>Possible options:</p> <ul style="list-style-type: none"> • Evaluate based on current delegation agreement language (not objective) • Use proxy measures to evaluate • Do not evaluate • Update delegation agreement to include objective measures
5. Illness Investigation & Response	x		
6. Compliance and Enforcement	x		
7. Industry & Community Relations	x		
8. Program Support and Resources	x		Piloted twice

Continuous Improvement Cycle



MDH and Local Agency Self-Assessment and Verification Audit Flow Chart



Environmental Health Continuous Improvement Board
 Minnesota Department of Health
 Center for Public Health Practice
 P.O. Box 64975
 St. Paul, MN 55164-0975
 (651) 201-3880

Rollout Plan

Step	Details
Define the order of evaluation (overall)	Year one: Standards 1 and 3 Year two: Standards 2 and 8 Year three: Standards 5 and 7 Year four and five (and six?): Standards 4 and 6
Pilot remaining standards (Wildcard: Delegation Agreement updates could affect all of this)	<p>April 2019: Standards 1, 3 (Agency A) Standards 5, 7 (Agency B)</p> <p>July 2019: Report on Standard 1, 3, 5, 7 pilot to EHCIB</p> <p>August 2019: Standards 4, 6 (Agency A)</p> <p>November 2019: Report on Standard 4, 6 pilot to EHCIB</p>
Planning (Wildcard: Delegation Agreement updates could affect all of this)	<p>Winter 2019-2020: Final document/resource/etc. cleanup & formatting Plan kickoff meeting Plan workshop & training events</p> <p>March 2020: Kickoff meeting with delegated agencies (face to face)</p> <ul style="list-style-type: none"> • High level overview of all standards • Expectations • Continuous Improvement model <p>Spring-Summer 2020</p> <ul style="list-style-type: none"> • Training/Workshops • SharePoint site
Evaluations (Wildcard: Delegation Agreement updates could affect all of this)	<p>Winter 2020-2021</p> <ul style="list-style-type: none"> • Start evaluations Year one: Standards 1 and 3 Year two: Standards 2 and 8 Year three: Standards 5 and 7 Year four and five (and six?): Standards 4 and 6

Appendix C: Food Standard 4.1b Assessment Proposal

The Board demonstrates that their program meets certain inspection program elements, using one of two options:

Option A:

All eligible staff (employed for at least 18 months) at the agency are standardized in the food program,

AND

The agency has a written and implemented uniform inspection program, describing the program and applicable corrective actions in the case of deficiencies,

AND

The agency submits documentation that demonstrates each inspection staff member has been evaluated while in the field for each applicable program area at least once per year using the Uniform Inspection Program Tool.

Option B:

A field evaluation will be done of agency staff using the Standard 4.1b Uniform Inspection Program Tool.

Resources:

Standard 4.1b Uniform Inspection Program Tool

Standard 4 Instructions