

Environmental Health Continuous Improvement Board

Meeting Summary – Draft

Thursday, January 9, 2020 | 9:00 a.m. – 11:00 a.m.

Vidyo (remote/virtual meeting only)

Members Present and Absent:

Name	Organization	Present	Absent
Dawn Beck	Olmsted County	X	
Lisa Brodsky	Scott County	X	
Amanda Buell (co-chair)	Hennepin County	X	
Ruth Greenslade	Goodhue County	X	
Bill Groskreutz	Faribault County Commissioner	X	
Sarah Grosshuesch	Wright County	X	
Tom Hogan (co-chair)	Minnesota Department of Health	X	
Angel Korynta	Polk County	X	
Kristine Lee	Countryside Public Health	X	
John Weinand	City of Minnetonka	X	

Other Meeting Participants:

Leah Cameron, Brown-Nicollet Counties; Kim Carlton, Angie Cyr, Steven Diaz, Jim Kelly, Sarah Leach, Michelle Messer, Mary Navara, Kathy Raleigh, and Denise Schumacher, Minnesota Department of Health, Environmental Health Division; Caleb Johnson, Ramsey County; Jason Kloss, Southwest Health and Human Services; Jody Lien, Otter Tail County; Mike Melius, Olmsted County; Kari Oldfield, Local Public Health Association; Cindy Weckwerth, City of Minneapolis

Facilitators/Staff:

Michelle Ambrose, Minnesota Department of Health, Environmental Health Division; Becky Buhler, Megan Drake-Pereyra, Kim Gearin, and Chelsie Huntley, Minnesota Department of Health, Center for Public Health Practice

Welcome and Introductions

The Environmental Health Continuous Improvement Board's (EHCIB) co-chairs, Tom Hogan, MDH EH, and Amanda Buell, Hennepin County, welcomed everyone to the January meeting.

The co-chairs reviewed the meeting agenda and objectives.

Meeting Objectives:

Receive updates on and discuss the following:

1. EPH Framework and 21st Century Public Health
2. FPLS program evaluation workgroup
3. EHCIB new member recruitment

They acknowledged both EHCIB members and other meeting participants and invited everyone to fully participate in the meeting.

Strengthening Public Health in MN – Environmental Public Health

Chelsie Huntley and Kim Gearin, MDH PHP, led EHCIB meeting participants in the ongoing work to develop the Environmental Public Health Framework, which is part of the larger 21st Century Public Health effort (formerly known as Strengthening Public Health). For more information, see [A new framework for governmental public health in Minnesota: https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf](https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf).

The goal today was to (1) review and comment on a one-page document to summarize and illustrate the EPH responsibilities, and (2) discuss where to start in transitioning to the next phase of work with the EPH framework (i.e. exploring gaps and outlining state/local responsibilities).

Ms. Gearin guided EHCIB meeting participants through a new, one-page, plain language overview of the environmental public health (EPH) responsibilities ([Appendix A](#)). The document represents the many pages of the EPH framework and its purpose is to represent a small, digestible package of the whole shared with the [21st century public health leadership council: https://www.health.state.mn.us/communities/practice/schsac/workgroups/21stleadcouncil.html](https://www.health.state.mn.us/communities/practice/schsac/workgroups/21stleadcouncil.html). She asked meeting participants to share specific comments and recommended changes to the introductory paragraph and examples as well as overall comments. She also asked meeting participants to keep in mind the target audience is a non-technical, multi-sector group of state and local leaders and decision makers (e.g., elected officials, rural health care/hospitals, etc.).

Overall, meeting participants felt the document was clear and understandable. They had specific wording changes to some parts of it and noted that the examples seem to focus on those with EPH programs. They would like to see some examples that could represent the non-delegated local public health role too, such as something related to the community health

assessment and public health nuisances. EHCIB members suggested they could gather feedback on the examples from their constituents. Everyone agreed this was a good idea. Ms. Gearin agreed to update the document based on this conversation ([Appendix A](#)) and share it with EHCIB members.

Next, the EHCIB will focus its attention on a specific area of the EPH framework and work to identify gaps and state/local responsibilities.

FPLS Program Evaluation – Pilots

The FPLS Program Evaluation Workgroup, represented by Kim Carlton, MDH EH, and Jason Kloss, Southwest Health and Human Services, presented a summary of Pilot 3.0 including what the workgroup learned, plans to improve, and its rollout plan ([Appendix B](#)).

Overall, pilot 3.0 participants really thought the continuous and ongoing communication between MDH and the local agency was important. They liked using SharePoint for accountability and transparency. In working through pilot 3.0, participants and MDH staff made corrections to the instructions and tools along the way and think they are useful and almost 100% ready to go. More details about the key takeaways are available in [Appendix C](#).

One change the workgroup wanted to make relates to on-time inspection frequency. Four methods of measuring on-time inspection frequency were tested. The workgroup proposed that this part of the evaluation process focus on continuous improvement (i.e. it will not be a deal breaker) with the aim being a 15-day median for overdue inspections rather than the current 30-day median in statute. Slides 12-15 in [Appendix B](#) demonstrate the workgroup's reasoning behind this proposed change.

Slides 20-23 outline the rollout plan proposed by the workgroup. This year, 2020, will focus on getting programs onboard, into SharePoint, and ready to begin the evaluation process. There will be meetings and trainings. The actual program evaluation will start in 2021 with standards one and three, which are the program fundamentals. The workgroup will look to the EHCIB for help with communication.

The workgroup did point out that all the pilots tested the instructions and tools for the food standards and not the whole continuous improvement process itself. As the rollout begins, it will be important to capture information about the process too.

Meeting participants expressed their gratitude to Ms. Carlton, Mr. Kloss, and the entire workgroup for their incredible work and dedication to improving the FPLS program evaluation

process, and congratulated them on this tremendous effort. It sets this state-local partnership off on a great path moving forward.

EHCIB Membership

Kari Oldfield, LPHA, shared that she is reaching out to recruit new EHCIB members to replace the outgoing members. Three membership positions need filling – one non-delegated CHB representative for the SE/SC/SW regions and two delegated non-metro CHB representatives. The LPHA executive committee will make final approvals in a few weeks.

Business Items

Due to time, business items were not discussed. EHCIB members did approve the November 2019 meeting summary and Mr. Hogan, MDH EH, shared the following legislative updates after the meeting for inclusion in this meeting summary:

Legislative Updates

- **Policy**
 - Lead admin intervention level down to 5
 - Lead service lines allow for the use of federal funds for replacement
 - Lead RRP statute alignment with EPA
 - X-ray alignment with current practices
 - HBV/HRL: use of scientific reports for development beyond EPA information
- **Budget**
 - Lead risk assessment down to 5 – in development
 - Water/Waste Water Operator Advisory Council
 - CWF Supplemental Budget
- **In the background**
 - **Food/Lodging**
 - Combine retail food safety operations under one state agency
 - Mobile Food Unit – unified licensing
 - Bow-wows and Brews
 - Bevs and Happy Meals – healthy alternatives
 - Youth camp worker review
 - Food Waste Reduction
 - Assisted living facilities and other care facilities: sober homes
 - **Water**
 - create Maximum Contaminant Standards for Drinking Water for: chromium-6, 1,4-Dioxane and PFAS compounds
 - Other contaminants outside of SDWA and how to handle

- SDWA aging out
 - Bonding – Drinking Water Infrastructure
- **Others**
 - Healthy Legacy [Conservation MN and Clean Water Action] – LSL and lead in rental property
 - MDH Informed of MICAH proposal for establishing a grant program through MHFA to encourage lead paint testing in rental housing
 - Rec Cannabis

Take-home Points, Action Items, and Adjournment

Meeting participants agreed on the following take-home points and action items.

Take-home points:

- **The EHCIB thanks its outgoing members**

The EHCIB appreciates the input, work, and support it has received from all its members; and especially wants to thank its outgoing members who will not be returning for another term:

- Dawn Beck, Olmsted County, has been on the EHCIB since its foundation and its co-chair. She represented the EHCIB at a national conference in 2016 as well as at a number of conferences and meetings over the years. Thank you, Dawn!
- Ruth Greenslade, Goodhue County, has been a member for two years representing non-delegated local public health agencies. Thank you, Ruth!
- Kris Lee, Countryside Public Health, has been a member for two years representing non-metro, locally delegated public health agencies. She is also retiring early this year! Thank you, Kris!

For more information about EHCIB membership, visit [board membership: https://www.health.state.mn.us/ehcib#membership](https://www.health.state.mn.us/ehcib#membership).

- **FPLS Program Evaluation Workgroup**

The workgroup shared the findings from its pilot 3 tests of food standards 1, 3, 4.1.A, 5, 6, and 7, and the 2020 rollout plan. More details and the PowerPoint shared are included in the [January 2020 EHCIB meeting summary:](https://www.health.state.mn.us/communities/environment/local/docs/ehcib/2020/january2020ehcibmeetingsummary.pdf)

<https://www.health.state.mn.us/communities/environment/local/docs/ehcib/2020/january2020ehcibmeetingsummary.pdf>.

- Pilot 3 participants included:

- Southwest Health and Human Services (Standards 1 and 3, and Standards 4 and 6, including Standard 4 Inspection Frequency)
- City of Brooklyn Park (Standards 5 and 7)
- Cities of Minnetonka-Wayzata (Standard 4 Inspection Frequency)
- Washington County (Standard 4 Inspection Frequency)
- MDH (Standard 4 Inspection Frequency)
- Overall takeaways from Pilot 3:
 - The purpose is continuous improvement
 - Communication is key
 - Piloting tools and processes have already led to improvements
 - Clear instructions are necessary
 - SharePoint increases accountability, transparency, and efficiency
 - Regarding frequency, most programs are doing fine; it's time to focus effort and attention elsewhere
- The 2020 rollout plan:
 - April 2020 – High-level kickoff meeting via WebEx
 - April-May 2020 – Meet and greet WebEx with evaluation team
 - June 2020 – Face-to-face training with program staff (x4)
 - Remainder of 2020 – SharePoint onboarding, agency workspaces available for sharing

The EHCIB wants to congratulate and thank the FPLS program evaluation workgroup on this tremendous undertaking and all the effort put forth. It has helped create a foundation of trust from which we will all continue to learn and grow.

- **Environmental Public Health Framework**

At its January meeting, EHCIB meeting participants reviewed and gave feedback on a one-page, plain language overview of the environmental public health (EPH) responsibilities. The document – edited to reflect the EHCIB meeting discussion – is included in the [January 2020 EHCIB meeting summary](#):

https://www.health.state.mn.us/communities/environment/local/docs/ehcib/2020/january_summary.pdf. A final version will be shared with the [21st century public health leadership council](#):

<https://www.health.state.mn.us/communities/practice/schsac/workgroups/21stleadcouncil.html>.

Next, the EHCIB will focus its attention on a specific area of the EPH framework and work to identify gaps and state/local responsibilities.

Action Items

- MDH will:
 - Update the environmental public health responsibilities document
 - Talk with MDH EH about the specific area of the EPH framework to focus on during the next EHCIB meeting
- EHCIB members will:
 - Share the take-home points with their constituents.
 - Gather and forward feedback on the one-page EPH responsibilities document examples

The next EHCIB meeting is Thursday, March 5, 2020. Join in-person or remotely. More details are available on the [EHCIB website: https://www.health.state.mn.us/ehcib/#materials](https://www.health.state.mn.us/ehcib/#materials).

Appendix A: EPH Foundational Responsibilities

These responsibilities are carried out collaboratively to identify, evaluate, and limit hazardous agents in air, water, soil, food, and other locations that may adversely affect the public’s health.

Responsibility	Includes action to	A few examples include
A. Monitor significant and emerging environmental threats to the public’s health	Develop reporting guidelines and protocols Gather and analyze information	<ul style="list-style-type: none"> • Sample public water systems for contaminants • Identify children and communities with elevated blood lead levels • Field reports and calls from health care providers and the public
B. Diagnose and investigate environmental threats to the public’s health	Conduct assessments and inspections Respond to potential threats	<ul style="list-style-type: none"> • Conduct onsite assessments to follow up on possible foodborne illness outbreaks • Investigate and respond to complaints about meth, mold and other public health nuisances • Use data from radon testing to find and help areas at highest risk
C. Provide information and recommend actions to protect the public’s health and reduce exposure to environmental threats	Develop training and educational materials Provide education and training Provide consultation and expert review	<ul style="list-style-type: none"> • Educate people who make and serve food in retail or group settings • Provide expert guidance for well construction and sealing • Provide information about the potential health effects of asbestos, lead, radon, mold , and other indoor air contaminants
D. Identify and implement strategies to address environmental threats to the public’s health	Identify, evaluate and prioritize threats Develop and implement strategies to address them	<ul style="list-style-type: none"> • Evaluate risk to the general public from exposures to contaminated sport fish, waste disposal sites, operation of power plants, and agricultural and industrial activities • Work with retail food industry to reduce risk related to food safety

Responsibility	Includes action to	A few examples include
E. Enforce laws, regulations, and guidelines to protect the public from environmental threats	Develop and enforce rules and codes Issue correction orders Issue registrations, licenses and provide credentials Conduct plan reviews	<ul style="list-style-type: none"> • Revise and adopt the Food Code into Minnesota Rules • Issue lead orders to property owners and assure compliance in response to elevated blood lead cases • Review plans for new or remodeled public swimming pools • Credential lead abatement contractors, lead workers, lead supervisors, and lead risk assessors
F. Coordinate and communicate with others who carry out environmental public health activities, programs and services	Identify common priorities, activities, goals and opportunities	<ul style="list-style-type: none"> • Coordinate potential overlapping authority for handling nuisance complaints; Compare public health and law enforcement goals and approaches • Convene and participate in meetings with stakeholders, such as Governor’s Food Safety & Defense Task Force and Regulators’ Breakfast
G. Participate in comprehensive planning and sustainable development	Help people working in diverse settings and communities understand findings from environmental public health assessment and analysis	<ul style="list-style-type: none"> • Support efforts to incorporate climate adaptation into environmental review and comprehensive plans • Inform policy makers about the impact of policies on the public’s health

Appendix B: FPLS Evaluation Workgroup Pilot 3.0 and Rollout Plan

Slide 1

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FPLS Evaluation Workgroup Pilot 3.0 and Rollout Plan

Kim Carlton | Environmental Health Supervisor, MDH
Jason Kloss | Environmental Health Manager, Southwest Health and Human Services
January 9, 2020

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Slide 2

Objectives

Background

Pilot of Standards 1, 3, 4, 5, 6 and 7

- Who
- What
- Takeaways

Timeline and Next Steps


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Background

- 2009-2014: Previous evaluation cycle
- 2015: EHCIB chartered by MDH & LPHA
- 2016: Evaluation workgroup chartered

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Themes for Improvement

Themes for Improvement included:

- Interaction
- Continuous Improvement
- Focus on public health risk
- Clear, consistent, transparent expectations
- Partnering relationships

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Themes for improvement from the workgroup charter.


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Quality Improvement	
Phase	Activity
Plan	Determine goal(s) of improvement project
	Describe/map the current process
	Collect data on the current process
	Identify root causes
	Identify potential improvements
	Develop improvement theory(s)
	Develop action plan
Do	Test the improvement(s)
	Collect and analyze data
Study	Review data/analysis and make conclusions
Act	Decide to adopt, adapt or abandon

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The EHCIB used a quality improvement approach to address the issues with the FPLS program evaluation process. Right now, we are on the precipice between the study and act phases.


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2017: Pilot 1	
<ul style="list-style-type: none"> ▪ Standards 2 & 8 <ul style="list-style-type: none"> ▪ 2 = Trained Staff ▪ 8 = Program Resources ▪ Included FDA Voluntary Retail Program Standards ▪ MDH, MDA, 2 delegated agencies ▪ Key takeaways: capacity, flexibility, process 	 <p style="text-align: right;">6</p>

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2018: Pilot 2

- Standards 2 & 8 (again)
- FDA Voluntary Retail Standards were voluntary
- Utilized SharePoint for data transfer
- 4 Delegated Agencies
- Key takeaways: training, voluntary nature of FDA Standards

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2019: Pilot 3

Participants:

- Southwest Health and Human Services (Standards 1 and 3, and Standards 4 and 6, including Standard 4 Inspection Frequency)
- City of Brooklyn Park (Standards 5 and 7)
- Cities of Minnetonka-Wayzata (Standard 4 Inspection Frequency)
- Washington County (Standard 4 Inspection Frequency)
- MDH (Standard 4 Inspection Frequency)

Focus:


- MDH Delegation Agreement, evaluation tools and worksheets

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Standard 1: Regulatory Foundation (SWHHS)

- Focus:
 - Ordinances, legal authority for the program
- Takeaways:
 - Ordinance review can be time consuming (SWHHS has 6 counties x 5 programs = 30 ordinances)
 - Corrective action plans will need to account for burden of time to update local ordinances


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Standard 3: Inspection program based on HACCP (SWHHS)

- Focus:
 - Written policies and procedures
- Takeaways:
 - Tool was reworded for clarity, and a review worksheet was created
 - Standard 3 provides the foundation for Standards 4, 5 and 6


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Standard 4: Uniform Inspection Program (SWHHS)

- Focus:
 - Implementation of policies and procedures
 - File review & field component
- Takeaways:
 - The most complicated and time intensive standard to assess
 - Several tools created to help assess the elements in this standard
 - Sampling instructions will be clarified
 - Seasonality will need to be taken into account when scheduling


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Slide 12

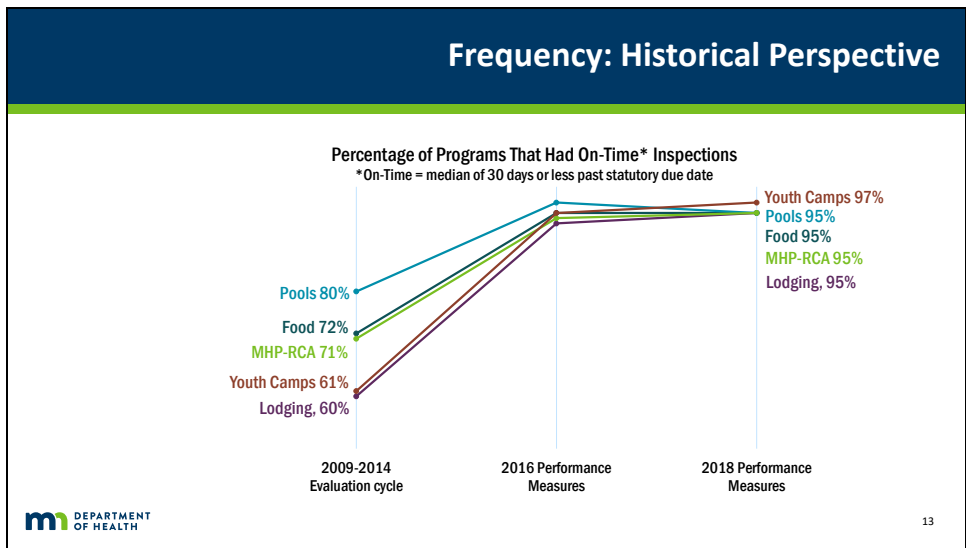
Standard 4: Inspection Frequency

- Focus:
 - Pilot four methods of measuring “on-time” frequency
- Takeaways:
 - Sampling instructions need to be clarified
 - Continuous improvement is the goal
 - New Proposal: 15 day median for overdue inspections
 - Collect data on % done on-time according to statutory requirement – statewide continuous improvement
 - Not a deal breaker unless egregiously overdue, other problems are noted, and improvement plan is unsuccessful

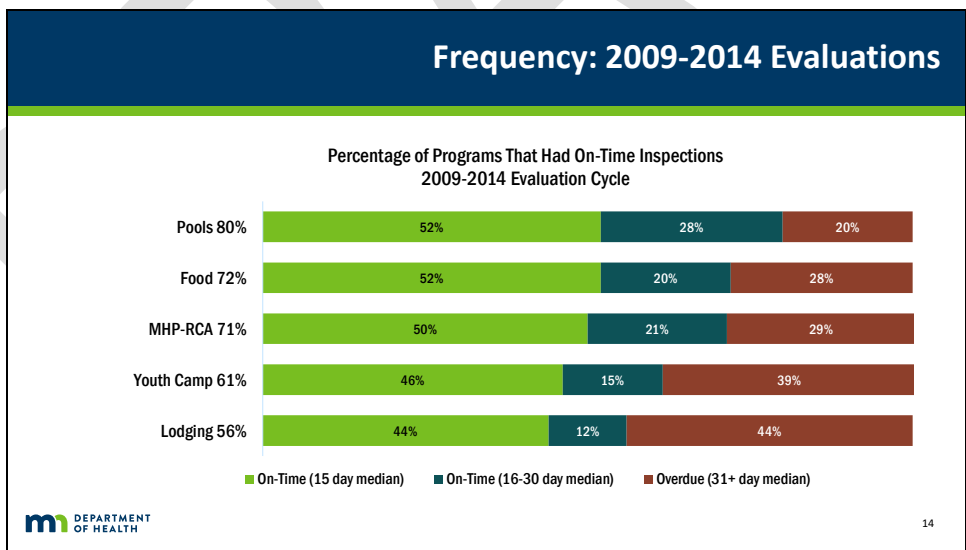
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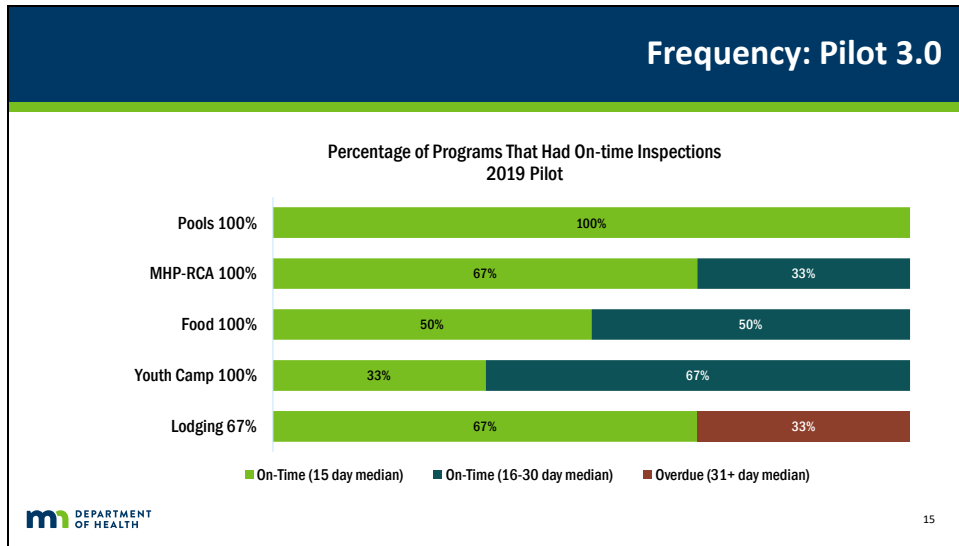


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- ### Standard 5: Illness Investigation and Response (Brooklyn Park)
- Focus:
 - Response to reports of illness or injury
 - Takeaways:
 - Sample timeline will be modified
 - Expectations need to be communicated (e.g. relaying foodborne illness complaints to MDH epi)
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Standard 6: Compliance and Enforcement (SWHHS)


- Focus:
 - Compliance and enforcement
- Takeaways:
 - Method of choosing examples is patterned after PHAB
 - Clarify expectations for submitting and maintaining information

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Standard 7: Industry and Community Relations (Brooklyn Park)


- Focus:
 - Outreach and education to regulated industry
- Takeaways:
 - Need to clarify expectations for documentation
 - Need to clarify what is meant by outreach
 - Does one-way communication or education count?

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Overall Takeaways from Pilot 3.0


- The purpose is continuous improvement
- Communication is key
- Piloting tools and processes have already led to improvements
- Clear instructions are necessary
- SharePoint increases accountability, transparency, and efficiency
- Regarding frequency, most programs are doing fine; it's time to focus effort and attention elsewhere

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2020 Rollout Plan


- April 2020
 - High-level kickoff meeting via Webex
- April-May 2020
 - Meet and greet Webex with evaluation team
- June 2020
 - Face-to-face training with program staff (x4)
- Remainder of 2020
 - SharePoint onboarding, agency workspaces available for sharing

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2021 Rollout Plan


- January 2021
 - Webex refresher on Standards 1 & 3
- January-September 2021
 - Self-assessment, verification audit, continuous improvement plans
- October-December 2021
 - Wrap-up meetings, final reports
- December 2021
 - Statewide Summary Report – Standards 1 & 3

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Timeline of Evaluations

2021	• Program Fundamentals (1 & 3)
2022	• Staff Training and Program Resources (2 & 8)
2023	• Response and Outreach (5 & 7)
2024-5	• Putting it All Together – Program Outcomes (4 & 6)

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Timeline of Evaluations (continued)			
Year One 2021	Year Two 2022	Year Three 2023	Year Four+ 2024...
Standard 1 Regulatory Foundation	Standard 2 Trained Staff	Standard 5 Illness Investigation & Response	Standard 4 Uniform Inspection Program
Standard 3 Inspection Program Based on HACCP	Standard 8 Program Resources	Standard 7 Industry and Community Relations	Standard 6 Compliance & Enforcement

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- | Discussion – Pilot |
|---|
| <ol style="list-style-type: none">1. What stands out?2. What needs to be addressed before moving forward?3. What changes should be made?4. What recommendations does the EHCIB put forth?5. How can the EHCIB help to communicate about next steps? |
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Thank you

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Appendix C: FPLS program evaluation pilot 3.0 key takeaways

Overall Key Takeaways

1. Purpose of program evaluation is continuous improvement
 - Don't surprise anyone; let them know what to expect
 - Same criteria for all programs
 - Pilots have already led to improvements
 - Investment of time and staff
2. Communication, back and forth between agency and MDH, is crucial
 - Best when it occurs throughout the self-assessment and verification process
 - Communication will be challenging when MDH is looking at many agencies at the same time
3. Instructions and tools are useful and 90% ready to go
 - Training via WebEx and in-person was helpful
 - Correct elements are included
 - Review of one standard can inform review of another; some tools are useful for multiple standards
 - Only a few revisions are needed before rollout
 - Workgroup wants to review materials/tools before the launch
4. SharePoint improves accountability by documenting submission of documents and tracking revisions
 - There is a learning curve for SharePoint
 - Providing metadata (document properties) assists in verification
 - Uploading materials is time-consuming
 - SharePoint sites
 - For evaluation, each agency will have its own site.
 - A public FPLS SharePoint will create a library to share examples of sound policies and procedures and make resource materials available
5. Rollout should focus on continuous improvement; goal is to have all agencies and evaluators on the same page
6. Additional clarity needed for:
 - Corrective action plan – especially for long-term items (example: ordinance updates)
 - Frequency requirement
 - Report format

Reflection on the process

After evaluating Pilot 3, the workgroup reflected on the process for all the standards. Participants concurred that by doing this process slowly and methodically, they created a good

program that will improve FPLS across the state. While it is a complicated process, all the pieces are needed to be successful.

Communication and feedback are key and have already led to improvements. Once expectations were made clear, agencies have taken the “we should do this” and turned it into “we will be doing this.”

The workgroup members helped each other and worked together. When the new program evaluation is implemented, new agencies will benefit from the results and the relationships formed during the pilots.

DRAFT