

2017 Model Practices

Applicant Information

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Harris County Public Health (HCPH)

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City:

Bozeman

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MT

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59715-3478

Model Practice Title

Please provide the name or title of your practice: *

Harris County's Food Safety Summit: Food Safety Culture Innovation in the Community

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *

☒ Food Safety

☐ HIV in the U.S.

☐ Nutrition, Physical Activity, and Obesity

☐ Tobacco

☐ Healthcare-associated Infections

☐ Motor Vehicle Injuries

☐ Teen Pregnancy

☐ None

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Harris County Public Health (HCPH) has taken food safety to a new level. To engage further with food establishment operators, Harris County Public Health hosted its first Food Safety Summit (FSS) in 2015 for all food establishments within their jurisdiction. This innovative event hosted educational sessions aimed at Local and State food safety issues and regulations to engage dialogue and open forums. The event, based on effectiveness, grew in 2016 and nearly doubled the attendance of local retail food establishments. HCPH has raised the bar when it comes to food safety by its innovative approach using internal creativity, marketing and education to continue the push towards a safer food environment for the citizens it serves. HCPH is the county health department for Harris County, Texas – the third most populous county in the United States – providing comprehensive public health services to the community through an annual budget of over \$80 million and a workforce of over 700 public health professionals. The HCPH jurisdiction includes approximately 2.2 million people within Harris County's unincorporated areas and over 30 other municipalities located in Harris County, Texas (not including the city of Houston). For certain public health services such as mosquito/vector control, Ryan White/Part A HIV funding and refugee health screening, the HCPH jurisdiction encompasses the entirety of the county including the city of Houston, thus providing services to over 4 million people in total. The Harris County population is younger and more ethnically diverse than both the Texas and U.S. population according to the 2010 U.S. census. In Texas, approximately 4 million foodborne illnesses are diagnosed each year, the equivalent of 1 in every 6 Texans, and about 240 Texans die annually from eating contaminated food. The public relies on HCPH to monitor and respond to food safety issues through routine inspections and foodborne illness complaint investigation. In serving the public, HCPH must be innovative in educating and enforcing food safety rules beyond the “norm” or “what we’ve always done” as past practice has not produced noticeable results. HCPH recognizes the importance of working with food industry stakeholders to attain the mutual goal of preventing foodborne illness and considers educational outreach a significant component of this goal. Goal: Host an educational conference for local food establishment operators to enhance the public health food safety practices in Harris County, Texas

Objectives: 1. Create and implement an educational forum for HCPH jurisdiction food establishments to learn about local food safety practices, legal and legislative issues, and available resources. 2. Establish a Food Safety Summit (FSS) as a model practice for engaged retail food establishments to attend yearly. The activities that were implemented had to be supported from top down. There had to be a commitment from the highest level to not only allow the funds being spent to support the activities, but the commitment to the message both internally and externally that food safety in Harris County is a priority. The commitment needed to span across the department, which had to include Information Technology, Media, Attorney's Office, Finance, Purchasing, Operations, Health Education, and Epidemiology. It was also important to gain the support of external agencies such as the FDA, Texas Department of State Health Services (DSHS), University of Houston and other which consultants brought these activities to a successful outcome. Without internal and external stakeholder and partnership engagement, a strategic, aggressive and coordinated move towards a more consistent and strong platform of exceptional food safety practices would not happen. The implementation of FSS planning activities occurred in stages with timelines and milestones. Primary milestones included: arrange summit format; arrange logistics and marketing; determine topics and schedule speakers; select and order attendee incentives; hold the Summit; conduct outcome analysis; produce and post promotional videos and breakout sessions to website. All Objectives were met:

- The inaugural FSS had 196 attendees. The participants of the establishments that attended were mainly those that had been open for more than 15 years and predominantly Owners and Managers. Out of the 91 responses regarding the overall rating of the Summit, a 4.52 average rating was given (5.0 scale) A review of the 2015 summit can be viewed at <https://youtu.be/BJGPXJv6bO8>
- In the second FSS, the attendance at the FSS grew to 309 and the overall rating improved to a 4.8/5 in 2016. The FSS prepared for 250 attendees and was compelled to secure additional rooms in response to local food establishment operators requesting tickets after seating was sold out. The 2016 review video is available at <https://youtu.be/hJgJFoNjb9w>. The excitement and enthusiasm from the 2016 FSS spawned requests to attend the 2017 FSS. The website for the FSS is <http://www.hcfoodsafetysummit.org>. The specific factors that lead to the success of practice were HCPH leadership and commitment to ensuring food safety for the citizens of Harris County. HCPH was able to fund the initiatives and commit resources towards them. The success of this innovative outreach illustrated the need to engage local food establishment management in a setting where food safety was the common ground, aside from the roles of the regulators and the regulated. This practice impacts Harris County's public health community by delivering an innovative annual training directed at the food handlers serving the jurisdiction's population that emphasizes the partnership HCPH offers to local food establishments.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
 - Is it new to the field of public health

OR

- Is it a creative use of existing tool or practice:

What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Public Health Issue Foodborne Illness Food is a fundamental need. It is part of the fabric of our daily lives, families, cultures, and communities. Food also continues to be a major source of illness both in the U.S. and in Texas. According to the CDC, foodborne illnesses cause an estimated 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths in the United States each year. At this rate, the Harris County area would average over 750,000 illnesses occur in our community annually. HCPH's Environmental Public Health Division (EPH) is charged with protecting the public from foodborne illnesses and regulates, permits and inspects all types of food establishments including, restaurants, retail food stores, bars, schools, day cares, hospitals, retirement homes, mobile food units, temporary events, and farmer's markets in the unincorporated areas and small incorporated cities of Harris County. HCPH examined the educational information aimed at local food establishments and recognized a gap as there are few opportunities beyond food manager and food handler training. Outside of regulatory inspections, current interaction with the food industry is limited to one-way video public service announcements on food safety violations created by HCPH and food handler classroom training for establishments that do not provide a forum of open communication. HCPH recognizes the importance of working with the food industry to attain the mutual goal of preventing foodborne illness. Target Population/Population Reached The target population for this practice are the approximately 8,000 food establishments in Harris County Public Health's jurisdiction. The population of the unincorporated areas of Harris County, including small cities that are affected by the food safety practices of these establishments is 2,224,000. The target audience of the inaugural FSS in 2015 was 240 or 3% of the 8,000 food establishments regulated by Harris County. On the day of the event, 281 were signed up to attend and 196 attended. At the 2016 FSS, 344 tickets issued and 309 participated. Previous/Current Practice Previously, the local food establishments relied on mandated Food Manager Certification training for a single employee and non-standardized in-house food safety trainings for food handlers. In 2016, Texas began mandating food handler training for all food handlers in the state. These traditional food safety certifications for food establishments did not produce effective results. A majority of these traditional information presenting sessions were attended in an online format. This format did not allow the guidance and attention the attendees would use to foster ownership of the information. Knowledge must be applied to affect noticeable results. In the absence of an interactive format, food handlers and managers do not have the opportunity to see their local regulators as a valuable partner in the pursuit to consistently provide safe food and promote food safety first practices. This new practice has led to an innovating relationship between the regulators and the regulated. Harris County's FSS is the first national, based on research, effort of a local health department to provide a large scale training/summit specifically for the local jurisdiction food establishments addressing local issues. There have been local jurisdictions that have hosted educational days in the past without the same level of attendance or interest from the local food industry. The innovative achievement of HCPH's FSS is evident in the demand for the event's recurrence, the increased numbers of new attendees and the turnout of repeat attendees. The popularity and growth of the FSS sets a high bar that is a novel accomplishment in the field of public health. The FSS surpasses the previous practices through its focus on relevant local information, not the standard mantra of repetitive national food safety certifications. Highlighting local trends, rules, and regulations, in a non-regulatory setting engages operators of smaller independent food service establishments to take a more active role in the leadership of their business. Empowering the attendees with food safety knowledge relating to local practices and HCPH expectations fosters improved dialogue between food establishment operators and HCPH regarding regulation and training needs. Food Safety Culture is "How and what the employees in a company or organization think about food safety" (Yiannas, 2008). Despite the fact that thousands of employees have been trained in food safety around the world, millions have been spent globally on food safety research, and countless inspections and tests have been performed at home and abroad, food safety remains a significant public health challenge. To improve food safety, we have to realize that it's more than just food science; it's the behavioral sciences too. In order to implement change in any kind of establishment, there must be a focus on changing the behavior of the employees, starting with the leadership (Yiannas, 2008). By having managers on board with a food safety culture program, the rest of the staff will be more inclined to make the change consistent. All change requires the support from the top down to construct lasting effects. The proactive relationship supported in the open forum of the FSS can establish new patterns of safe food behaviors, changing the culture of acceptable practices in food establishments. The FSS is innovating the method local information is provided to local food establishments.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program

- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

Goal and Objectives Goal: Host an educational conference for local food establishment operators to enhance the public health food safety practices in Harris County, Texas Objectives: 1. Create and implement an educational forum for HCPH jurisdiction food establishments to learn about local food safety practices, legal and legislative issues, and available resources. 2. Establish a Food Safety Summit (FSS) as a model practice for engaged retail food establishments to attend yearly. Implementation The HCPH 2013-2018 Strategic Plan identifies and prioritizes key issues affecting the health of Harris County populations and guides the planning and implementation of HCPH activities. The Strategic Plan serves as a comprehensive strategy tool to help HCPH ensure a healthier Harris County by providing a foundation which allows policy priorities to drive organizational structure, program design and resource allocation. One of the Strategic Directions aligned with the Food Safety include: Enhance capacity to assess and proactively respond to current and emerging public health issues in a manner that optimizes population health and achieves health equity. Hosting the annual Food Safety Summit is an innovative approach that aligns with the implementation of this Strategic Directions in the Strategic Plan's comprehensive approach. Food Safety Summit – June 1, 2015 As part of the comprehensive approach, in 2014, the Food Safety Summit Team began planning the inaugural Food Safety Summit. An Executive Planning Committee, coordinated by the Director of Environmental Public Health (EPH) with representatives from other HCPH Offices as well as the Conrad N. Hilton College of Hotel and Restaurant Management, University of Houston met to plan and provide goals and guidance for the summit. The Planning Committee emphasized that the summit be engaging for the participants in order to create a memorable event that generates partnership and establishes the FSS as a prestigious and anticipated production. Food establishments that participate must recognize the benefit of attending to expend their resources on participation and leave the event with practical information that can be applied in their business. As most restaurant owners are constrained for time, would they be willing to come to an educational event focused on food safety? What topics would they want to talk about? Is there a need or demand for this type of event? These questions were discussed at length when the plan to host a "Food Safety Summit" began at HCPH. To plan the event, an initial organizational structure was established to include: • Administration - Contracts, grants, budget, monitor financials, stakeholders, identify speakers • Communication & Education – create interest survey, measure literacy of presentations/materials, conduct evaluation of event • Marketing & Branding – o Audio/visual - Recording speakers, video, sound, presentation setup, pictures o Social media - Press releases, social media, and promotion (twitter, Instagram, Facebook, etc.) o Graphic arts - Website, logo, flyers, posters, branding The early meetings accomplished: • Venue selection • Topics of interest to local food establishments • Creation of a theme and logo design for branding • Incentives • Speakers • Marketing • Registration The Planning Committee determined that the FSS should not be held at a facility permitted by HCPH to avoid a conflict of interest. Upon selection of a venue, the team initiated the process to secure the facility through contract and financial approvals. Topics for the summit were discussed at length prior to creation of an electronic survey that could be emailed to retail food establishments. The survey results were tabulated and session themes took form. Earlier that year HCPH had implemented a compliance program for recommended and prescribed managerial controls for food establishments that consistently perform poorly on inspections, historically. This program generated great interest on the survey along with common violations, active managerial controls and foodborne illness. The responses indicated that multiple breakout sessions would be needed to cover the subjects that potential attendees would want to hear. Branding the FSS was essential to set the event apart and create a recognizable logo to establish the summit's presence and associate materials and information with the event and HCPH. To formulate a tag line to work into the brand of the FSS, the EPH division enlisted all of the food safety staff. Many creative ideas were presented and the resulting theme for first FSS was, "Safe Actions, Safer Food – Bridging the Gap in Food Safety." The talented media arts department from the HCPH, Office of Communication, Education, & Engagement (OCEE), designed a terrific logo that incorporated the tag line with a color palette for the current and future FSS's use. Incentives needed to be provided for attendees to promote the FSS as more than a standard food safety course. Primarily, the event was offered free of charge to food establishments regulated by Harris County. Practical food safety items such as a stem thermometers, chlorine test strips, mini refrigerator thermometers and USB drives containing relevant laws, rules, and regulations were purchased to present to attendees in reusable grocery bags printed with the FSS logo. Lunch, snacks, coffee, and water were provided throughout the day for the convenience of the attendees along with free parking in the venue's garage. As part of a multi-faceted setting, speakers were chosen from HCPH staff and non-regulatory food safety professionals. From within HCPH, EPH management and select food safety inspectors presented topics: the 10 most common cited violations, understanding your inspection report, compliance and enforcement in Harris County, implementation of active managerial controls, plan review process, and the local rules and regulations. A session was offered on foodborne illness by an epidemiologist from HCPH jointly with a food safety and sanitation professor from the University of Houston. An industry representative from a kitchen equipment repair business presented a breakout session on maintenance of equipment. The keynote speakers included a discussion on health equity from the director of HCPH and a presentation on behavior change from a nationally known food safety certification company. Additional breakout sessions included interactive stations for violation identification that were manned by EPH staff and volunteers from UH and a food safety game show hosted by EPH. To market the FSS, the media arts team from HCPH OCEE created invitation flyers that included the agenda for the summit, the incentives for participation, and QR codes that linked to the online registration page. The invitations were emailed to establishments and printed to hand deliver to food establishments during food safety inspections. A FSS website for current information was created and linked with the HCPH website. OCEE worked with the director of EPH to create video invitations that were emailed to food establishments as well. OCEE secured an

audio/visual contractor to assist with recording each presentation to embed on the FSS website for educational use and the HCPH media team recorded interviews with guests, speakers, and staff to create highlight videos for future event promotion. Registration was closely monitored in advance of the inaugural FSS. While registrants were maintained on the website service, the list was examined weekly to contact duplicate registrations or attendees that did not fall in the jurisdiction of HCPH. Food Safety Summit – June 7, 2016

Incorporating the evaluation feedback and lessons learned from the first Food Safety Summit in 2015, the FSS Team began planning the second annual event a month after conclusion of the first summit. . The Planning Committee focused the session topics around the changes recently passed by the state legislature to the Texas Food Establishment Rules (TFER) and suggestions from the evaluations of the initial event. The established organizational structure continued for the planning of the event and included:

- Administration - Contracts, grants, budget, monitor financials, stakeholders, identify speakers
- Communication & Education – create a milestone timeline, measure literacy of presentations/materials, conduct evaluation of event
- Marketing & Branding –
 - o Audio/visual - Recording speakers, video, sound, presentation setup, pictures
 - o Social media - Press releases, social media, and promotion (twitter, Instagram, Facebook, etc.)
 - o Graphic arts - Website, logo, flyers, posters, branding

The planning meetings determined:

- Venue selection
- Topics of interest to local food establishments
- Creation of a theme and logo design for branding
- Incentives
- Speakers
- Marketing

Registration Food establishments that participate must recognize the benefit of attending to expend their resources on participation and leave the event with practical information that can be applied in their business. As most restaurant owners are constrained for time, would they be willing to come to an educational event focused on food safety? What topics would they want to talk about? Is there a need or demand for this type of event? These questions were discussed at length when the plan to host a “Food Safety Summit” began at HCPH. The venue used during the initial event rated well in the evaluations. The team secured the same location for the second FSS. The new TFER regulations were at the forefront of all topics selected as most local establishments are not involved in the legislative process and were unaware of the passage of new rules. The opening session included a revolutionary panel discussion with representatives from the FDA, the Texas Department of State Health Services, and HCPH, EPH on the same stage to explain the jurisdictional and regulation differences and answer audience questions about the roles of each agency in food safety. In order to make the material more impactful, the planning committee secured keynote speakers from STOPFoodborneillness.org that could relay the direct impact of foodborne illness on a personal and emotional level to attendees. Breakout sessions relating to the most popular topics from the prior year would be updated and new sessions would be shaped to address requested topics. The recognizable logo was used as well as incorporating the new visual representation for the theme of the 2016 production. The 2016 tag line selected was, “Small Changes=Big Impacts - Don't Gamble with Food Safety,” with a gambling theme reaching in all parts of activities from the breakout session titles, such as “High Rollers” for mobile food unit food safety and “Shuffling Through Language Barriers” for tools to communicate with a multi-cultural staff to the website, invitations, and announcements. The branding efforts from the first summit remained a constant in all materials produced for the FSS. The incentives provided to attendees in 2016 included practical items similar to those provided the prior year and attendance to the event at no cost for the attendees. The new TFER included a provision requiring all Texas food handlers to obtain a food handler certification from an accredited course that would go into effect on September 1, 2016. HCPH's newly accredited Food Handler Certification was promoted to attendees with a certificate of complimentary attendance for the HCPH course. OCEE designed a bilingual food storage magnet to prevent cross-contamination that was included in the reusable grocery bags printed with the FSS logo to provide to attendees along with a digital thin probe stem thermometer, chlorine test strips, mini refrigerator thermometers and USB drives containing the new laws, rules, and regulations. Lunch, snacks, coffee, and water were provided throughout the day for the attendees along with free parking in the venue's garage. The marketing strategy the FSS, remained largely the same as the prior year. Upon review of the evaluation data, the media arts team from HCPH OCEE created video invitations that were emailed to food establishments. The video invitations resulted in an increase in registrations immediately after their broadcast the previous year. The field teams from EPH had invitation flyers that included the agenda for the summit, the incentives for participation, and QR codes that linked to the online registration page to hand deliver during food safety inspections. As in 2015, registration was closely monitored to contact duplicate registrations, attendees that did not represent a food establishment and/or registered food establishments that did not fall in the jurisdiction of HCPH. To decrease the number of no-shows to the summit, interns were assigned to call the registered attendees in the week before the summit. This practice resulted in a much higher rate of attendance than in 2015.

Stakeholders The HCPH Food Safety Summit required the inclusion of stakeholders in the planning and implementation to include:

- HCPH Environmental Public Health (EPH) – Coordinated all aspects of practice
- HCPH Office of Communication, Education and Engagement (OCEE) – directly involved in the planning, promotion, implementation, videotaping and evaluation of the Food Safety Summit
- University of Houston Conrad N. Hilton College of Hotel and Restaurant Management – Jack A. Neal, PhD, CHE served on Food Safety Summit Planning Committee, was a speaker at Summit and provided interns to help staff
- Food establishments regulated by HCPH were polled to identify topics of interest to present at the FSS

Federal, State and Local Standards and Rule followed:

- FDA 2001/2013 Food Code
- TFER (Texas Food Establishment Rules)
- Rules for the Regulation of Food Establishments in Un-Incorporated Harris County
- Internal HCPH Polices(www.hcphtx.org) Selection Criteria

Food Safety Summit 2015 – Select food establishments types within the HCPH service jurisdiction were invited to the Food Safety Summit. 5,862 food establishments invited

Food Safety Summit 2016 – Selected food establishment types within the HCPH service jurisdiction were invited to the Food Safety Summit. The evaluation data showed a higher proportion of schools and daycare facilities than expected. In order to maximize the attendance of restaurants, fewer invitation emails were sent to the non-targeted audience.

Practice Timeframe

- Food Safety Summit 2015
 - o planning began winter of 2014
 - o implemented – June 1, 2015
- Food Safety Summit 2016
 - o Planning began July 2015
 - o Implemented – June 7, 2016

Practice Costs The following provides a summary of the costs for each component:

- Food Safety Summit 2015
 - o Facility/Venue - \$12,500
 - o Staff resources/Volunteers \$6,200 (In-Kind)
 - o Food \$8,700
 - o Marketing \$1,400
 - o Audio-Visual \$15,000
 - o Grab bags \$5,700
 - o Misc \$2,250
- Food Safety Summit 2016
 - o Facility/Venue - \$8,000
 - o Staff resources/Volunteers \$6,200 (In-Kind)
 - o Food \$10,760
 - o Marketing \$2,000
 - o Audio-Visual \$22,600
 - o Grab bags \$9,000
 - o Misc \$790

Both years, the budget costs were supplements by the AFDO small projects grant, \$3000. The increase in costs in 2016 is reflective of the growth experienced by the FSS. HCPH is dedicated to the ongoing commitment to provide funds and resources to continue the FSS annually in the future.

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

Goal: Host an educational conference for local food establishment operators to enhance the public health food safety practices in Harris County, Texas Objectives: 1. Create and implement an educational forum for HCPH jurisdiction food establishments to learn about local food safety practices, legal and legislative issues, and available resources. 2. Establish a Food Safety Summit (FSS) as a model practice for engaged retail food establishments to attend yearly. A mixed-method approach has been used to evaluate our food safety summit, including primary data collection and participant evaluation surveys. Process Evaluation – The evaluation of the process of creating the 2015 FSS was measured through EPH internal feedback and attendee evaluations. In the month following the inaugural summit, HCPH teams from OCEE and EPH that served on the planning committee met to identify areas of potential improvement for the 2016 FSS. While these weaker areas were apparent to staff involved in the production of the event, evaluation surveys from the attendees did not reflect internal assessments. Out of the 91 responses regarding the overall rating of the Summit, a 4.52 average rating was given (5.0 scale). The key areas of improvement detected internally and the process modifications that were applied for the 2016 FSS were: • A defined planning timeline was absent. In the planning committee meetings, milestones were identified and met, however, the plan was developed as the event unfolded. A year out timeline was created for the 2016 summit that included all necessary milestones and detail reminders to ensure timely completion and ample preparation time. The first FSS was planned in seven months and the second event used eleven months to prepare and plan. • Lack of available command structure on the day of the event. Key decision making event personnel were presenting when direction was needed. In 2016, the presenter schedule was planned to ensure availability of program leaders. • Some internally selected speakers from EPH were not proficient presenters. To define the summit as a grass-roots effort for local establishments from the staff that regulates their businesses, the decision was made to continue using internal EPH staff as presenters. The 2016 deadline for presentations was moved up to allow OCEE time to coach speakers in advance of the event. • The 2015 FSS was held on Monday, June 1, 2015. While selection of this day did allow Sunday as an acceptable set-up day for equipment by the audio/visual crews, HCPH staff did not have a rehearsal day in preparation for the event. The second FSS on Tuesday, June 7, 2016, allowed Monday, June 6, as a full rehearsal day with the audio/visual equipment and lighting in place. • No-shows of registered attendees were expected on the day of the FSS, however the numbers were higher than expected at the initial event. In 2015, the target of attendance was 240. On the day of the event, 281 were signed up to attend and 196 attended which included 15 onsite registrations. To decrease the numbers of absentees in 2016, HCPH sent out reminder emails to the registrants two weeks and one week prior to the summit and enlisted interns to call the registered attendees. At the 2016 FSS, 344 tickets issued and 309 participated, therefore this practice has been added to the overall event plan timeline. The 2016 FSS utilized the evaluation of the process of the inaugural summit including internal feedback and attendee evaluations. In wake of the second summit, HCPH teams from OCEE and EPH that served on the planning committee met to identify potential improvements for the 2017 FSS. While these weaker areas were apparent to staff involved in the production of the event, evaluation surveys from the attendees did not reflect internal assessments. The respondents rated the summit overall a 4.8 on a 5.0 scale. The key areas to modify in planning the 2017 FSS were: • The registration table organization. A separate area for registration of staff, vendors, and speakers will be set up with larger directional signage in 2017 to direct a more functional flow. • The venue will be notified of the criticisms regarding room environments. To continuously enhance this innovative and interactive forum, annual process evaluations will be conducted following each event to enrich and develop subsequent summits. Outcome Evaluation The outcome evaluation was comprised of data collected during the online registration process and attendee surveys completed on the day of the event. Descriptive information and satisfaction is summarized as follow: Profile of Summit Attendee 2015 • 281 registered; 196 attended; 69% were from food establishments o Owner CEO- 12% o Restaurant Managers 24% o District Level Manager 8.5% o School/Nursing Home/Hospital – 13% o Kitchen staff – 8.4% o Grocery Store rep – 9.5% o HCPH & Speakers – 30% o Others 6.3% • Food establishment duration of time in operation o More than 15 years – 49.3% o 3 to 5 years – 17.3% o 6-10 years – 12% o 1-2 years – 12% o 11-15 years – 9.3% • Number of violations food establish has in 1 year o Self-reported violation frequency per year: 79.4 % reported they have 1-5 violations per year with 14.7% reporting 0 violations. Of the remaining 5.9%, 4.4% reported 6-10 violations and 1.5% 11-15 violations o Actual violation frequency per year: 48% had 1-5 violations; 20% had no violations; 19% had 6-10 violations; and 13% had 11-15 violations Summit Feedback • The participants rated the overall Summit, the information presented, value to their responsibilities and needs, sessions as Very Good to Excellent, overall 4.52 on a 5.0 scale. • Comments were complimentary of summit, presenters and sessions. • Breakout session schedule needed explanation in the opening session • Scheduling needed adjustment – lunch and keynote speaker timing To improve these areas, the FSS planning team met and generated a new event schedule for summit. Many summit attendees, coming from local independent food

establishments had not experienced a conference-style educational event with breakout sessions and needed direction that breakouts were not held in the main ballroom. The 2016 program included a section on the layout of hotel and included more emphasis on the rooms the breakout sessions were conducted in. The keynote speakers presented during the opening session and during lunch at the inaugural summit. This practice was not effective at keeping the attention of attendees, whose numbers decreased throughout the afternoon. The second FSS's schedule placed the keynote speaker as the last session of the day which retained many more attendees for the entirety of event. To encourage interaction and open dialogue with HCPH EPH, the regulators of the food establishments, one seat at every lunch table was reserved for food inspection staff. Networking with inspection staff was very highly rated on the evaluations, however, the attendees wanted more time to speak with the staff members without an overlapping keynote speaker. The FSS's revised schedule allowed for a full hour of uninterrupted lunch networking with HCPH EPH staff. The 2015 summit included repeated breakout sessions intended to reduce the number of camera needed to record sessions and maximize the attendance of desired sessions. Most establishments were represented by more than one attendee, so this proved repetitive for the audience. The schedule of 2016 breakout sessions did not have any repeated presentations which allowed establishment representatives to capitalize on the information presented throughout the day.

Profile of Summit Attendee 2016 • 344 registered; 309 attended; 89% were from food establishments o Owner CEO- 13% o Restaurant Managers 28% o District Level Manager 5% o School/Nursing Home/Hospital – 9% o Kitchen staff – 9% o Grocery Store rep – 6% o HCPH & Speakers – 22% o Others 4% • Food establishment duration of time in operation o More than 15 years – 62% o 3 to 5 years – 8% o 6-10 years – 11% o 1-2 years – 4% o 11-15 years – 15% • Number of violations food establish has in 1 year o Self-reported violation frequency per year: 81 % reported they have 1-5 violations; 14% reporting 0 violations; 4% reported 6-10 violations; and 1% 11-15 violations o Actual violation frequency per year: 48% had 1-5 violations; 20% had no violations; 19% had 6-10 violations; and 13% had 11-15 violations Summit Feedback • The participants rated the overall Summit, the information presented, value to their responsibilities and needs, sessions as Very Good to Excellent, overall 4.8 on a 5.0 scale. • When is the event next year • Registration table overwhelmed • The rooms were cold, poor cell signal in venue The 2016 FSS adjusted schedule was exceptionally received in the evaluation survey and will be mirrored in the coming 2017 summit. Pleasantly, several comments on the surveys indicated the attendees were eager to attend the FSS in 2017. The most prevalent unfavorable feedback referenced the venue and the registration table. Planning for the third annual FSS in 2017 is underway and improve to these areas are in process. The compiled evaluations and data from two years of hosting the FSS at HCPH demonstrate a consistent improvement and building energy toward a sustained engaging practice that positively impacts the local retail food establishments and public health in Harris County.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

HCPH is committed to sustaining, growing, and hosting the Food Safety Summit annually with internal resources. The Planning Committee for the 2017 FSS will incorporate the theme “Join the Team... With Food Safety, Everyone Wins!” and a sports theme throughout the event in session titles, signage, decoration, programs, flyers, and invitations. The one challenge each year is to make it different then the last and to continue constant curiosity and engagement. The event highlights coming in 2017 will include a panel discussion of retail food establishment representatives that consistently perform better than average, each attendee will receive a ‘score card’ of their establishment’s history to gauge their progress at registration, and a keynote speaker from a nationally recognized foodborne illness law firm will discuss the financial impact of foodborne illness. To defray some of the FSS costs, HCPH is exploring the potential of sponsors to offset the expenses associated with the summit as well as have submitted grant applications in support of it. HCPH is dedicated to ensuring food safety for the citizens of Harris County. The stakeholder engagement that will take place in this open forum will help establish new practices of safe food practices as well as transform methods of local information and resources that are provided to local food establishments. This practice impacts Harris County’s public health community by delivering an innovative annual training directed at the owners and food handlers serving the jurisdiction’s population. This FSS emphasizes the partnership HCPH offers to local food establishments to forge lasting improvements to food safety practices in Harris County.

Additional Information

How did you hear about the Model Practices Program?: *

☐ I am a previous Model Practices applicant

☒ At a Conference

☐ NACCHO Website

☐ Public Health Dispatch

☒ Colleague in my LHD

☐ Model Practices brochure

☐ NACCHO Exhibit Booth

☐ NACCHO Connect

☐ Colleague from another public health agency

☐ E-Mail from NACCHO

☐ NACCHO Exchange