

Key Informant Interview Summary Report: Local Health Departments and the FDA Voluntary National Retail Food Regulatory Program Standards



Introduction

The U.S. Food and Drug Administration's (FDA's) Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) "serve as a guide to regulatory retail food program managers in the design and management of a retail food regulatory program and provide a means of recognition for those programs that meet these Standards."¹ By providing the foundation for the continuous improvement of food safety regulatory programs, the Retail Program Standards can help retail food regulatory programs prevent foodborne illnesses and deaths in their communities by driving improvements in the way foods are prepared and served in foodservice and retail food establishments.

Since 1999, FDA has strongly encouraged jurisdictions that regulate foodservice and retail food establishments to enroll in the Retail Program Standards. With over 560 jurisdictions enrolled to date, including 481 local health departments (LHDs), FDA provides resources and guidance to help agencies implement the Retail Program Standards.

The National Association of County and City Health Officials (NACCHO) represents over two-thirds of the nearly 3,000 food safety regulatory authorities in the United States. NACCHO entered into a cooperative agreement with FDA in September 2011 to develop and share strategies for

implementing the Retail Program Standards, to promote the Retail Program Standards as a component of public health accreditation, and to examine the impact of food establishment inspection scoring and grading systems on food safety.

As part of an assessment to better understand LHDs' successes and challenges with the Retail Program Standards, NACCHO invited LHDs to provide their perspective through a series of interviews. NACCHO specifically sought to do the following:

- Identify strategies for improving LHDs' implementation of the Retail Program Standards;
- Better understand issues, successes, and challenges that LHDs have had in using the Retail Program Standards;
- Identify potential best practices and tools to support the work of current and prospective LHD enrollees in the Retail Program Standards;
- Gather information about how LHDs perceive the connection between the Retail Program Standards and Public Health Accreditation; and
- Identify advantages to using the Retail Program Standards in conjunction with pursuing accreditation.

Methods

From January to April 2012, NACCHO conducted key informant telephone interviews with 10 LHDs that were enrolled in the Retail Program Standards. For the purpose of this telephone interview, LHDs were defined using the same definition found in NACCHO's National Profile of Local Health Departments (Profile) studies and included one tribal health department.² The selected LHDs varied by size of population served (small: less than 50,000; medium: 50,000–499,999; large: more than 500,000). Three large, five medium, and two small LHDs participated in the interviews. Among the respondents, seven jurisdictions were also pursuing accreditation. NACCHO identified potential participants using the following sources:

- The primary contact person for each LHD from those that were cross-listed as enrolled in the Retail Program Standards and beta test sites for accreditation;
- LHDs that had indicated that they were pursuing accreditation and were enrolled in the Retail Program Standards by some other mechanism;
- LHDs recommended by FDA Regional Retail Food Specialists; and
- LHDs that had been identified by NACCHO as achieving a high number of the Retail Program Standards from the FDA listing of jurisdictions enrolled in the Voluntary National Retail Food Regulatory Program Standards.³

NACCHO developed the key informant interview questions in consultation with the NACCHO-FDA Food Safety Project Advisory Group. Questions were finalized

and organized into the following four topic areas:

- Retail Program Standards;
- Potential Tools and Resources;
- Retail Program Standards and Accreditation; and
- Technical Assistance Needs.

NACCHO recorded and transcribed telephone interviews and coded the qualitative data to identify emerging themes.

Figure 1. Retail Program Standards Key Informant Interviews: Map of Respondents



Results

Overview of Respondents' Achievements in Meeting the Retail Program Standards

The Retail Program Standards comprise nine individual standards that each focus on a different aspect of program management for a retail food regulatory program. NACCHO asked respondents about their progress in meeting each of the nine standards. Table 1 shows how many of 10 respondents met each of the Retail Program Standards and how many had made progress toward meeting them.

Table 1. Retail Program Standards Met or In Progress Reported by 10 Respondents in 2011⁴

Standard	Met	In Progress
Standard 1 - Regulatory Foundation	5	3
Standard 2 - Trained Regulatory Staff	4	3
Standard 3 - Inspection Program Based on HACCP Principles	5	2
Standard 4 - Uniform Inspection Program	3	1
Standard 5 - Foodborne Illness and Food Defense Preparedness and Response	3	5
Standard 6 - Compliance and Enforcement	3	3
Standard 7- Industry and Community Relations	7	1
Standard 8 - Program Support and Resources	1	1
Standard 9 - Program Assessment	3	1

Seven of the 10 respondents indicated that they achieved conformance with *Standard 7 – Industry and Community Relations*. While respondents were not specifically asked why Standard 7 was the most commonly achieved standard, several respondents indicated that they already had councils or advisory boards with industry membership and therefore already met the criteria established in the standard.

A number of respondents also reported that Standard 7 was the foundation for successfully achieving the other standards. Standard 7 provided a vehicle for achieving participation and support from stakeholders. Stakeholder participation and support helped respondents to achieve other goals, such as adopting new food safety regulations, implementing inspection forms based on Hazard Analysis and Critical Control Point (HACCP), and obtaining the necessary program support and resources. Achieving conformance with Standard 7 also helped respondents feel confident that the Retail Program Standards were a tool that they could use.

Results from the interview process indicated that only one respondent had achieved conformance with Standard 8. Respondents commonly cited the challenges associated with achieving conformance with Standard 8 including the recommended minimum staffing levels (i.e., “a staffing level of one full-time equivalent (FTE) devoted to food for every 280–320 inspections performed”).⁵ Although building an inspection staff to the level recommended in Standard 8 is a challenge, one respondent was able to use the standard to justify the hiring of an additional employee in the food program. At least one respondent expressed concern that this staffing level criteria could be used as justification for either fewer FTEs or less frequent inspections. One respondent recommended that the Conference for Food Protection Program Standards Committee develop a tool or provide additional clarification on the actual number of inspections per employee that is more attainable for more LHDs.⁶

Our first one was Standard 7... I think that has been the foundation that allowed us to get community and industry buy-in to

Leadership buy-in and funding were the most frequently cited factors that encouraged enrollment in the Retail Program Standards.

support the Standards. So it's probably the easiest standard to achieve. So that was nice to have that first, "Oh, we can do this."

Standard 1 targets having sound regulations in place. Respondents who had the authority to modify their retail food regulations and those for which the state regulations were already consistent with the *FDA Food Code* mentioned that meeting Standard 1 was easy. Of the respondents who were limited by state laws in what they could do to modify the code, some were able to join state workgroups to move the state to adopt a more current edition of the *FDA Food Code*. However, respondents who did not have the authority to change the food code at the local level were unable to meet Standard 1 and were limited in their ability to meet other standards such as Standard 3.

Standard 1 was quite a bit to do because our state code [was] based on the 2001 code and the state didn't adopt everything in the code. We had to adopt quite a bit of local ordinances to kind of make that happen, which took us a while to [do]. However, we do have a really supportive city council, which also serves as our Board of Health, and they were very helpful. So we did manage [to] get it done, but that was quite a to-do...because I had to...assess every single line of each code and compare it to each other. It wasn't like we had the entire code and I could just say, "Okay we adopted the entire code and that was it."

Factors that Encouraged Enrollment

Leadership “buy-in” and funding were the most frequently cited factors that encouraged enrollment in the Retail Program Standards.

Our Director and our Environmental Health Director both were really supportive of [the Retail Program Standards], and they knew that [the standards] would be good for staff.

All respondents mentioned funding provided by FDA as a reason for enrollment or continued commitment to meeting the standards.

...That extra \$2,500 has allowed us to kind of devote a few more resources to the [Retail] Program Standards. So that extra boost in funding definitely gave us a push in the right direction.

After leadership buy-in and funding, respondents most frequently reported that the following three factors encouraged enrollment:

- An engaged FDA Regional Retail Food Specialist (four respondents);
- Recognition that the Retail Program Standards added value (four respondents); and
- The various training opportunities associated with the Retail Program Standards (two respondents).

Respondents also mentioned the adoption of the Food Code within the jurisdiction and having staff dedicated to improving the food program as factors that led to enrollment in the Retail Program Standards.

Reported Barriers to Enrollment in the Retail Program Standards among LHDs

Most Frequently Cited Barriers to Enrollment

- Required time commitment (six respondents)
- Funding constraints (three respondents)
- Limited staff capacity (two respondents)
- Challenge of implementing a quality assurance and continuous improvement program specifically for food when environmental health staff also work on other programs (three respondents)

The interviews revealed reasons why respondents struggled initially to enroll in the Retail Program Standards. In addition to the specific challenges listed above, respondents described the Retail Program Standards as initially “overwhelming.” However, respondents suggested that their initial view that the Retail Program Standards were overwhelming changed as they progressed through specific standards. However, concerns about funding, staffing, allocating time, and balancing the needs of multiple environmental health programs may deter some LHDs from pursuing greater implementation of the Retail Program Standards.

Regarding the time commitment required to implement the Retail Program Standards, one respondent noted that the process of comparing the *FDA Food Code* with the local food regulations—an activity necessary to meet Standard 1—took “15 to 20 hours straight.” This estimate does not include the respondent’s time to work on meeting Standard 1, which included obtaining approval from the LHD’s local governing board to adopt new local ordinances, notifying retail establishments of the new requirements, or any of the other

steps necessary for implementing new regulatory requirements. Additionally, respondents stated that the process of documenting can take a significant amount of time especially when developing the initial written procedures or tracking various requirements such as training.

While FDA funding provides an incentive to work toward achieving more standards, all respondents noted that the amount of funding provided was insufficient to cover the costs of implementing the Retail Program Standards.⁷ Meeting the Retail Program Standards requires dedicated staff time, yet nearly half of the respondents had been forced to reduce the size of their staffs in the last few years, thereby reducing their capacity to conform with the Retail Program Standards. Furthermore, many LHDs are responsible for a range of environmental health regulatory activities such as public swimming pools, septic systems, private drinking water, body art, and lead inspections. Two respondents noted challenges in justifying the amount of time the Retail Program Standards required when balancing the needs of multiple environmental health programs.

When I first enrolled, I had two more staff people and I felt like I could spend enough time doing it....That's probably the greatest deficiency...that it does take a lot of time dedicated to the food program. And to be quite honest with you, at this particular time, I don't have that time. I'm doing a variety of different things, not just the administrative stuff as the environmental health director, but I'm also working a lot in the field because I've only got two people to do the entire county.

Some respondents mentioned encountering resistance to the Retail Program Standards at

different levels within their LHDs. In some instances, leadership understood that the Retail Program Standards were a valuable quality improvement program, but this view was not communicated with all staff. In other cases, food safety program staff, such as sanitarians, understood the value of the Retail Program Standards, but LHD leadership did not always fully appreciate the importance of implementing the Retail Program Standards.

In the early 2000s, I was the program manager for environmental health...We successfully completed the initial assessment and a couple of standards. Then, I left. When I came back in 2008 or so, I noticed that we were still enrolled in the program, but we hadn't really made any advancements since I [had] initiated [the program].

Respondents indicated that personnel turnover negatively impacted the LHD's momentum in conforming with the Retail Program Standards.

When we first enrolled in the Retail Program Standards, we had a different director [who] at that time encouraged us to enroll. We have a new director now, and I don't think—she's not against it—it's just we're sort of already in the program, and so it's just sort of always just going forward.

Respondents also struggled to find other agencies or individuals to complete the verification audit. Two respondents cited that obtaining the necessary approval to work with a neighboring jurisdiction on the verification audit process was a challenge. For example, two respondents indicated that in their states verification audits could be conducted only by their state agencies. Lastly, one respondent had to obtain

approval from the state to have FDA conduct a verification audit because the LHD was unable to work with neighboring jurisdictions or the state agency. Such hurdles slowed the process considerably for respondents and affected their level of engagement.

Well, we have been in a pending status for getting audited. And we wanted to get audited on Standards 1, 3, and 7. We've got to have our state to conduct that audit and they were busy. They didn't do it during their annual monitoring visit and I don't know that we are even still on their radar right now.

Respondents also indicated challenges with the standardization process. Two respondents indicated that they had standardized officers on staff but were unable to maintain conformance with Standard 2 because of the limited amount of time the standardized officers had to conduct standardization inspections with staff due to other responsibilities. One respondent indicated that the LHD had to seek approval to work with neighboring jurisdictions on standardization. One respondent indicated that the LHD could not work with the state or neighboring jurisdictions on standardization and relied on the FDA Regional Retail Food Specialist for standardization.

We just happen to be lucky that there is an adjoining jurisdiction that has enrolled as well. The idea of exchanging inspectors and letting the food specialists in each jurisdiction help with re-standardization of the other people, it just makes it easier to have a neighboring jurisdiction enrolled. We've had some limited success. The problem is coming up with the time to do six

Best Practices, Resources, and Tools

One purpose of the interviews was to identify best practices and tools that have helped respondents achieve different standards. Such tools include the following:

- Sampling policies
- Training materials
- Food safety educational materials
- Communication tools for conveying information about foodborne outbreaks
- Bullet points for developing relationships with neighboring LHDs that can guide the audit and standardization process

joint inspections. You have to find the time, and that's been our difficulty.

Food Safety Program Priorities

Respondents cited a number of priorities to address by enrolling in and implementing the Retail Program Standards. Two respondents stated that standardizing inspection staff was a priority. Respondents indicated that having consistency between inspections was important to improving the quality of the program and its outcomes.

One of our key issues is...consistency from inspector to inspector. I think in an inspection program, you do have to have consistency between inspections and ensure your staff not only have the ability to conduct inspections but also a solid understanding of the higher issues—which is why the [Retail] Program Standards are great.

Respondents also sought to address the following frequently reported priorities through the Retail Program Standards:

- Transitioning to a risk-based system (two respondents); and
- Improving food safety knowledge and behavior among food handlers at retail food establishments (two respondents).

Respondents also mentioned the following priorities:

- Maximizing limited resources;
- Increasing efficiency in the program;
- Increasing staffing; and
- Developing written procedures.

Greatest Successes

A number of significant success stories emerged from the interviews. In order of frequency, the success stories that emerged as a result of respondents' participating in the Retail Program Standards included the following:

- Developing and enhancing relationships with industry that resulted in industry support of the importance of local retail food regulatory programs (four respondents);
- Improving the overall quality and consistency of service provided by environmental health sanitarians working with retail food establishments (four respondents);
- Reaching new segments of the population with information about the importance of food safety (two respondents);
- Becoming more efficient and strategic in how existing resources were used (two respondents);

- Effecting change at the state level, including updating the state food code and improving food safety regulations;
- Adopting technology to enable LHDs to better monitor critical violations, communicate with food operators, improve food safety trainings, and improve food safety outcomes (two respondents);
- Educating stakeholders about the fees and resources necessary to support a high-functioning retail food regulatory program (one respondent);
- Promoting LHD retail food regulatory program excellence at the local, regional, state, and federal levels (one respondent);
- Improving consistency among food safety staff through the development of written documentation of policies and procedures (one respondent);
- Increasing staff morale (one respondent); and
- Identifying individuals impersonating inspectors through meetings with industry (one respondent).

The most common success story respondents reported was developing or enhancing relationships with industry. One respondent described the benefits of meeting Standard 7 and having industry support:

When we have gone for increases in our fees, industry and our advisory committee members have supported that because they know why....We've been an open book on our budget and what we want to accomplish. And we have a trust factor that we do what we say we want to do to help the industry.

Some of the best practices that helped respondents make progress on the Retail Program Standards included the following:

- First tackling the standards they knew they had already met or were close to meeting to increase their momentum as they progressed through the standards; and
- Using electronic records to meet several standards or to overcome the challenges associated with completing the baseline survey.

Accreditation

Seven respondents reported that their LHDs were also pursuing Public Health Accreditation Board's (PHAB)'s public health department accreditation.⁸ One respondent reported using the Retail Program Standards as the LHD sought accreditation or using documentation developed while becoming accredited to meet Retail Program Standards. Five respondents identified that they could reuse documentation required for the Retail Program Standards and accreditation. Specifically, they indicated the following:

- They had used documentation for Retail Program Standard 2 to meet requirements of Domain 8 for accreditation.
- Overlap exists between the Retail Program Standards and the Accreditation requirements in Domain 2 and Domain 6.
- The self-assessments were useful in “integrating policies and making the changes specific to problems. [The self-assessment] also helped us to resolve some accreditation deficiencies.”

NACCHO Technical Assistance

NACCHO used the information collected from the key informant interviews to help identify areas in which to provide technical assistance to LHDs implementing the Retail Program Standards. Respondents specifically suggested that NACCHO provide the following:

- Online repository of sample policies and procedures for use by LHDs developing documentation for the Retail Program Standards.
- Networking opportunities for LHDs enrolled in the Retail Program Standards. Networking opportunities would allow enrolled jurisdictions to communicate with each other and share best practices and lessons learned.
- NACCHO-sponsored training opportunities.
- Marketing materials to increase awareness of the Retail Program Standards, encourage enrollment, and encourage active participation among enrolled jurisdictions.
- Information on how LHDs could use the Retail Program Standards when pursuing accreditation.
- Recognition for LHDs that had made significant achievements within the Retail Program Standards.
- Funding to help LHDs implement the Retail Program Standards.
- Open-access software that LHDs could use to conduct the foodborne illness risk factor study.

NACCHO also asked if respondents would like webinars about the Retail Program Standards. One respondent thought that NACCHO should focus its efforts on in-person trainings. All other respondents thought that NACCHO should offer a webinar series on the Retail Program

Standards and provide participants with continuing education units.

...NACCHO is a good advocate for this program at both the national and state level.... If you were to ask most local health departments what they think about the retail food standards, most of them probably wouldn't know what you're talking about. The FDA has done a really poor job of marketing it....That's the one thing that NACCHO could do.

NACCHO also asked respondents what topics potential webinars should cover. Respondents suggested the following:

- Introduction to the Retail Program Standards and the FDA Retail Program Standards Resource Disk;
- Implementing the Retail Program Standards with limited financial resources;
- Overview of model policies and procedures that LHDs could use as documentation for the Retail Program Standards;
- How to encourage industry to adopt food safety best practices in retail food establishments;
- How the Retail Program Standards fit more broadly into an LHD environmental health division;
- How the Retail Program Standards could be applied to accreditation; and
- Hazard Analysis and Critical Control Point (HACCP) and reduced oxygen packaging.⁹

Recommendations for FDA

Although NACCHO did not explicitly ask for feedback to FDA, all respondents suggested ways FDA could increase enrollment and engagement in the Retail Program Standards (Table 2).

Table 2. Recommendations for FDA	
Topic	Recommendation
Funding	<ul style="list-style-type: none"> • Continue to provide and expand funding opportunities (procurement grant, NACCHO mentorship program, and cooperative agreements). • Improve the administration of the \$2,500 “micropurchase” funds.¹⁰
Marketing	<ul style="list-style-type: none"> • When marketing the Retail Program Standards, break them down so they do not seem as overwhelming. • Improve the FDA’s Retail Program Standards website so that more information is accessible regarding the Retail Program Standards.¹¹ • Use the FoodSHIELD website to make information regarding the Retail Program Standards accessible to LHDs. • Continue to partner with NACCHO to reach more LHDs and demonstrate why LHDs should enroll and stay engaged in the Retail Program Standards.
FDA Regional Food Specialists	<ul style="list-style-type: none"> • Continue to have FDA Regional Retail Food Specialists develop relationships with LHDs because they can be strong advocates for the Retail Program Standards. • Improve transitions when the FDA Regional Retail Food Specialist changes.
Recognition	<ul style="list-style-type: none"> • Improve overall recognition program for achievement within the Retail Program Standards. • Allow recognition for partial achievement within the Retail Program Standards. • Develop an incentive or reward that an LHD would receive for achieving all nine standards.
Trainings	<ul style="list-style-type: none"> • Continue to provide local and regional trainings. • Host state-wide trainings. • Focus trainings on how enrolled jurisdictions could achieve a single standard within the Retail Program Standards. • Continue to encourage states to adopt more modern versions of the FDA Food Code.
Other Aspects of the Retail Program Standards	<ul style="list-style-type: none"> • Improve the audit process for demonstrating achievement in the standards by responding more quickly to audit requests and linking LHDs with potential auditors.

Discussion

The Retail Program Standards help LHDs to significantly strengthen their programs. As a result of participation in the Retail Program Standards, LHDs have developed stronger relationships with industry, improved their quality of services, strengthened their jurisdictions' regulatory framework, increased their budgets, expanded their staffing, and improved compliance with recommended food handling practices.

Approximately 580 of the roughly 2,184 LHDs with retail food regulatory programs (roughly one quarter of LHD jurisdictions) have enrolled in the Retail Program Standards; significant opportunities exist for FDA and NACCHO to work together to increase the number of LHDs enrolled in the Retail Program Standards. Addressing challenges faced by LHDs may encourage more widespread enrollment and participation in the Retail Program Standards.

LHDs may hesitate to enroll or may struggle to participate in the Retail Program Standards because of time, funding, and staffing constraints. In the past several years, many LHDs have experienced diminished capacity due to budget pressures on state and local governments. As Figure 2 illustrates, in 2011, 10 percent of LHDs had their food safety programs reduced or eliminated.¹² There were fewer regulatory personnel to identify risks and prevent foodborne illness. Between 2005 and 2010, there was a 12–18 percent reduction in the number of environmental health sanitarians. In NACCHO's study sample, at least half of the participating LHDs reported reductions in food safety staffing. Participating in the Retail Program Standards can be

challenging, especially in light of the reported reductions in staff.

Given the budgetary challenges faced by jurisdictions, FDA and NACCHO should collaborate to develop marketing and training materials to show how the Retail Program Standards are manageable even with limited funds and staffing capacity. NACCHO and FDA will explore hosting webinars, offering training opportunities, and developing materials in the coming years to increase the number of LHDs enrolled and actively participating in the Retail Program Standards. Training and outreach materials need to highlight best practices that enable success in the Retail Program Standards. Additionally, these materials should stress how the Retail Program Standards can strengthen LHDs' food safety programs and improve outcomes. Additional materials should highlight success stories, such as those described in this report or those identified through NACCHO's Mentorship Program, NACCHO's Food Safety Program, or the FDA. Lastly, NACCHO and FDA should consider developing stories or videos that describe how the Retail Program Standards benefit LHDs.¹³

These interviews reflect a key challenge faced by many enrolled LHDs: balancing the time and resources necessary to participate in the Retail Program Standards with the time and resources necessary to improve other programs within a general environmental health program. While regulating retail food establishments is a core activity of most LHDs, the data in Figure 3 demonstrate that most LHD environmental health programs are responsible for a range of regulatory activities.¹⁴

Figure 2. Percentage of LHDs that Reduced or Eliminated Programs (2011)

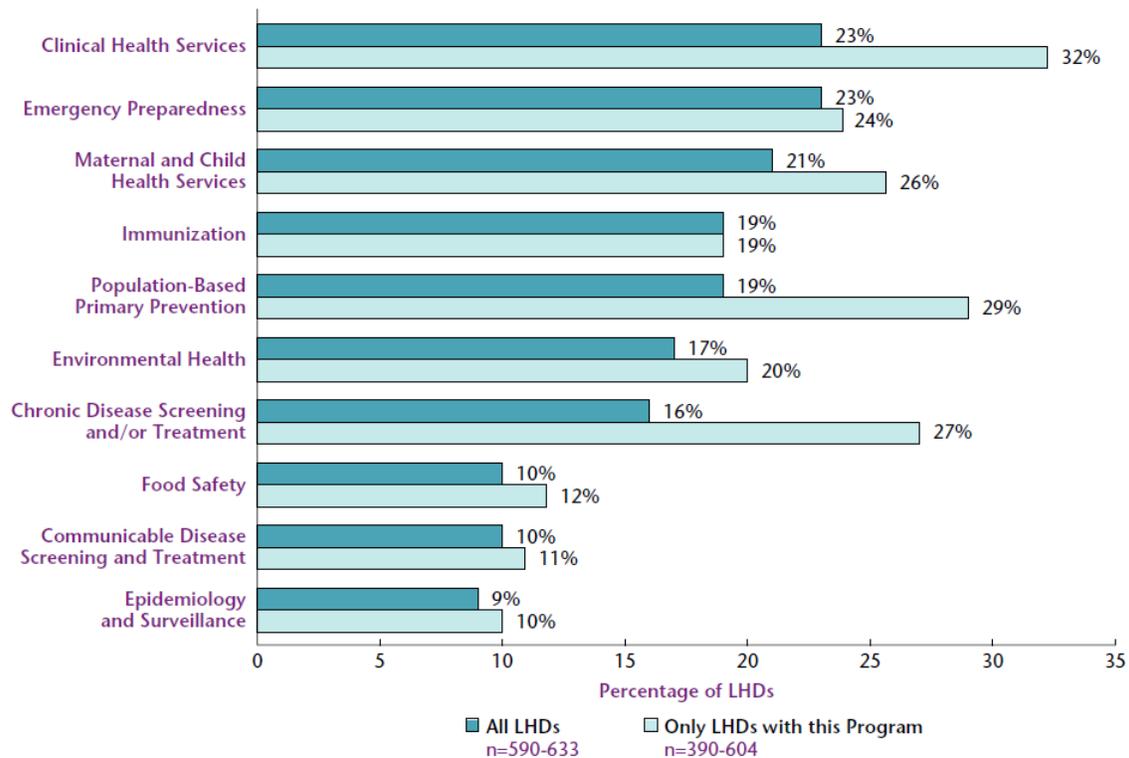


Figure 3. Percentage of LHDs Providing Select Regulation, Inspection, or Licensing Activities, by Size of Population Served

Area of Regulation, Inspection, and/or Licensing Activities	All LHDs	<25,000	25,000–49,999	50,000–99,999	100,000–499,999	500,000+
Food Service Establishments	78%	68%	84%	86%	86%	79%
Schools/Daycares	74%	68%	77%	77%	83%	71%
Public Swimming Pools	70%	59%	75%	78%	80%	77%
Septic Systems Regulation	68%	62%	67%	72%	78%	70%
Smoke-Free Ordinances	61%	54%	61%	66%	70%	76%
Private Drinking Water	59%	54%	63%	62%	67%	51%
Body Art	55%	46%	60%	63%	61%	56%
Children's Camps	54%	44%	58%	64%	64%	48%
Hotels/Motels	52%	48%	57%	59%	55%	41%
Lead Inspection	48%	36%	52%	56%	56%	68%
Campgrounds & RVs	41%	31%	43%	51%	53%	47%
Public Drinking Water	35%	30%	34%	39%	44%	43%
Health-Related Facilities	33%	29%	38%	37%	30%	35%
Food Processing	31%	30%	33%	37%	29%	28%
Solid Waste Disposal Sites	30%	28%	28%	30%	33%	39%
Housing Inspections	30%	28%	32%	32%	28%	27%
Mobile Homes	30%	22%	31%	39%	36%	34%
Solid Waste Haulers	28%	26%	29%	27%	33%	31%
Tobacco Retailers	27%	25%	31%	27%	27%	35%
Cosmetology Businesses	13%	13%	13%	17%	12%	8%
Milk Processing	12%	12%	12%	10%	11%	12%

n ranged from 1,987 to 2,070 (Direct Services only)

Environmental health staff at LHDs are often generalists who work in several different program areas simultaneously. Not surprisingly, two respondents recommended that the Retail Program Standards be used as a foundation for a broader quality improvement program that LHDs can use to strengthen all of their environmental health programs. Moving forward, as NACCHO and FDA develop materials on how the Retail Program Standards link with other national efforts such as accreditation, NACCHO could explore how the principles and recommendations in the Retail Program Standards might be applied to other core environmental health programs.

NACCHO is working with PHAB and FDA to develop a “crosswalk” between accreditation and the Retail Program Standards. The crosswalk will identify requirements with potential overlap. NACCHO and FDA might also consider other national requirements that might align with the Retail Program Standards. For example, one respondent in this study reported being able to use the documentation required for Standard 5 to meet some of the Centers for Disease Control and Prevention’s *Public Health Preparedness Capabilities: National Standards for State and Local Planning* requirements.¹⁵

In addition to increased funding to help LHDs conform with more of the Retail Program Standards, respondents’ most common request for technical assistance was for an easily accessible online repository of examples of policies, procedures, and other materials. Based on these interviews and input from NACCHO’s Mentorship Program, NACCHO is developing a toolkit of such materials for the NACCHO Toolbox at www.naccho.org. FDA could consider either housing these materials on its own website or linking to the NACCHO

Toolbox. FDA is developing a workgroup in FoodSHIELD that will provide a place where enrolled jurisdictions can share standard operating procedures, policies, databases, and other tools to help agencies conform to the Retail Program Standards; FDA will announce this site to its stakeholders when available. Additionally, FDA and NACCHO should develop trainings to help participants understand the materials and apply them to specific standards.

Another critique of the Retail Program Standards focused on LHDs’ desire to see changes in how achievements in the Retail Program Standards were recognized, including recognition of LHDs that had partially achieved individual standards. Respondents expressed support for FDA to post achievements on its website and recognize achievement of individual jurisdictions by issuing certificates, letters of appreciation, and similar means. NACCHO could also consider having a pre-conference workshop or award ceremony at the NACCHO Annual Conference to increase knowledge about the Retail Program Standards. Moreover, conference workshops would provide a platform for in-person trainings and networking. Given that a wide range of staff from LHDs attend the NACCHO Annual Conference, conference events would be a way to obtain support from multiple levels within the LHD.

Opportunities for FDA-NACCHO Collaboration to Assist LHDs

- Develop marketing materials, training materials, and online videos that stress how the Retail Program Standards can strengthen the food safety program and improve outcomes.
- Develop marketing and training materials that show how the Retail Program Standards are manageable even with limited funds and staffing capacity.
- Highlight best practices to achieve success in the Retail Program Standards.
- Develop marketing and training materials on tackling the Retail Program Standards, such as identifying which standards LHDs have already achieved conformance with to build momentum.
- Promote the Retail Program Standards at conferences and events where local health officials or food safety staff typically convene.
- Develop materials on how the Retail Program Standards link with other national efforts such as accreditation or the Centers for Disease Control and Prevention's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* requirements.
- Consider how principles and recommendations in the Retail Program Standards might be applied more broadly to other core environmental health programs.
- Build an easily accessible online repository of sample policies, procedures, and other materials.
- Train participants on existing resources and materials and how to apply them to specific standards.

Conclusion

Respondents shared factors that contributed to their LHDs' enrollment in the Retail Program Standards, expressed support for the goal of the standards to improve food safety in the retail setting, and shared success stories that resulted from implementing the standards. They also shared how the Retail Program Standards had benefited their LHDs in the pursuit of achieving national efforts such as accreditation. However, LHDs continue to struggle with conforming with the Retail Program Standards due to barriers such as time, funding, and staffing constraints. Respondents also revealed that just enrolling in the standards can be difficult due to the lack of visibility and assistance in conveying

the benefits of the standards to key stakeholders.

NACCHO can promote the Retail Program Standards and provide technical assistance to LHDs seeking to conform with the Retail Program Standards. NACCHO can reach a wide range of LHDs and different levels of staff within LHDs. At least eight respondents wanted NACCHO to encourage LHDs to enroll in the Retail Program Standards, to connect LHDs to resources to assist them in complying with the standards, and to recognize LHD achievements. NACCHO is poised to support FDA's efforts to provide training materials and create opportunities for engagement that will increase enrollment and success among LHDs in the Retail Program Standards.

Notes

1. www.fda.gov/food/guidanceregulation/retailfoodprotection/programstandards/ucm245409.htm
2. NACCHO's Profile study defines an LHD as "an administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state."
3. www.fda.gov/food/guidanceregulation/retailfoodprotection/programstandards/ucm245409.htm
4. As verified by a self-assessment conducted by the respondent.
5. www.fda.gov/food/foodsafety/retailfoodprotection/programstandards/ucm245498.htm
6. Standard 8 represents a gold standard for staffing levels.
7. FDA supports state, local, tribal, and territorial retail food regulatory jurisdictions in their efforts to improve their programs using the Retail Program Standards. For more information about existing funding programs, visit www.fda.gov/food/guidanceregulation/retailfoodprotection/programstandards/default.htm. The funding is intended to help jurisdictions achieve specific criteria within the Retail Program Standards, such as developing a database to house inspection results, developing an electronic inspection form, attending training, purchasing inspection equipment, and developing outreach materials. In some instances, the funding can be used to offset the cost of staff time for specific tasks undertaken to achieve specific milestones in the Retail Program Standards. However, the funding is not intended to cover all costs associated with enrollment in the Retail Program Standards.
8. PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders. For more information, visit www.phaboard.org.
9. For more information on HACCP, visit www.fda.gov/food/foodsafety/hazardanalysiscriticalcontrolpointshaccp/
10. As of January 2014, micropurchase funding will be distributed through an FDA cooperative agreement to improve the administration of funds. For more information, visit www.fda.gov/forfederalstateandlocalofficials/cooperativeagreementscradasgrants/ucm234305.htm
11. The FDA has updated the Retail Program Standards website: www.fda.gov/food/guidanceregulation/retailfoodprotection/programstandards/ucm245409.htm
12. www.naccho.org/topics/infrastructure/lhdbudget/upload/research-brief-final.pdf
13. NACCHO and FDA have developed YouTube videos: www.youtube.com/watch?v=TfXghNd6v7c and www.youtube.com/watch?v=TWjElacrWFA
14. www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_profile_main_report-web.pdf
15. For more information on the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* requirements, visit www.cdc.gov/phpr/capabilities/.

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