CIPHI 78th Annual Educational Conference

NCCEH Workshop

Food Safety Interventions: Do We Know What Works?

September 17, 2012

Challenges – Summary of Discussion

Food Safety Intervention	Challenges	Addressing the Challenges	Who Should be Involved
General	 Targeting initiatives based on data collection and analysis can be time consuming – difficult to prioritize which initiatives to implement (different commitments) 	Working together with institutions	
	 Finding appropriate indicator(s) to evaluate interventions Looking for combination of interventions 	Working together with institutions	
	 Timing of health department budget Limited time to plan the appropriate initiatives due to budget cycle; money has to be spent or the money is gone. Funds obtained one year may not be guaranteed the following year 		

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	 Compliance varies between different operators Level of food safety education Legislation (changing) Not understanding the importance of ongoing maintenance and cooperation 		
	Cultural differences; not having the right materials translated to reach some populations	Changes in material and information from word- based to picture-based	
	Actual time and resources available to inspectors; many tools are available, but there is often limited time to spend with the individual groups	Need time allocated to ensure adequate opportunity for education of operators and make sure the knowledge is getting across	
Routine Inspection and Enforcement	General lack of resources to perform the minimum number of inspections required	Continue providing information regarding inspections to justify and validate the need for inspections	
	 Difficult to provide provincial statistics on what we find about routine inspections Variety of reporting systems in place between provinces; BC, Alberta, Ontario use different reporting systems (e.g., Hedgehog, Amanda, Health Space) Almost impossible to put together provincial stats (e.g., critical violation of hand washing per year in Canada) Difficult to justify and validate to funders without evidence 		

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	 Public Health Inspectors (PHIs) may be reluctant to use enforcement Used as a last resort Enforcement action may result in losing positive rapport with operators Can be time consuming 	 Rotate inspectors between different districts every 3-4 years Develop clear policy on use of enforcement, including when to use it Train staff regarding enforcement theory (e.g., during practicum) 	Management
	Language and cultural barriers	 Access to interpreters in the field Translating documents to different languages to meet different language and cultural needs 	
Public Disclosure System	 Issue of standardization Different reporting and disclosure systems are used throughout Canada Some systems are expensive (e.g., tablet computers for reporting) Most common disclosure is for food program – what other programs in EH can we disclose/expand? 		

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	 Issue of inspection being a snapshot Information being disclosed often unclear or confusing to the public (e.g., terminology) Sometimes only put comments, but can be confusing (e.g., what does "need housekeeping" mean to the public?). Public may need to take individual report with a grain of salt Explaining to public can be confusing, but it's our responsibility; need to find a way to do it in a clear manner 	 Communicate to public to ensure proper interpretation of results, and communicate information more effectively (e.g., observations made during inspection only reflect a point in time) Minimize negativity Ensure consistency of inspections Provide disclaimer on website about inspection's shortcomings Ensure more comprehensive inspections (i.e., verification) 	• Public, PHIs, owners/ operators
	 Issue of on-site disclosure Can be contentious due to type of grading system used Need to determine what grading system is fair/used Need consistency across inspectors Evaluation is hard to standardize 	 System should be user-friendly Build trust and sustain good behaviour Behaviour change theory used 	Ministry, PHIs, owners/ operators
	Persuasion style	 Engaging owners and operators to educate, sustain good behaviour, and build trust Behaviour change theory 	 Ministry, PHIs, owners and operators
	 Color coding system is working But if it's yellow, few will want to go in; how much doubt did they have? Some people still go in, perhaps from loyalty, or not knowing what it means Some think that if it is not bad 		

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	enough to close then it might be okay O Windsor (star system); some may not go to 3 star, but what does it mean (since it's still opened); need better education system for the public about the meaning of the scores		
	Consistency among PHIs	Quality assurance measures and training	Managers, PHIs, CIPHI
Food Handler Training	Language barrier – consistent problem with different ethnicities	Have course material and exams available in different languages	Provincial resources: each region has different resources, so coming from province would be best
	High staff turnover – typical in the industry	 Recommendation for operator to train new staff, offer many training opportunities, and keep extra staff trained More training opportunities: partnering with other providers, Environmental Health Officers (EHOs), local health units, private sector partners 	
	 Mandate to do training Different mandate across different jurisdictions Retention rate 	 Incorporate training in high school (e.g., health and wellness) BC: Home Economics class, get certified and employable Ontario: certain hospitality programs Mandate/bylaw has to make sense Recommend all food handlers be trained 	Regulators, Ministry

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Engineering and Managerial Intervention	•	Cost of these interventions Some can be very expensive Must consider costs to small businesses Compliance with simple interventions (e.g., recordkeeping) is ideal, but not always maintained. First Nations regions – jurisdictional issues	•	Create channels and allow more time with the facilities Social marketing campaign mentality: o Must be very pursuable; proficient in public health rationale in the environment; can explain and justify why the need to change behaviour o Find certain behaviour and provide example on how to change it with a certain group of people		
	•	Managerial – need effective change regardless of how long management are around	•	Need 100% buy-in with management – effect ripples down all the way (good or bad) in the long run	•	PHIs, Managers, owner/ operators, staff
	•	Collecting data for record tracking (e.g., daily checklist, scheduling)			•	Owners and operators
	•	Hot holding for special events – using units for keeping food hot			•	Owners and operators
	•	Calibration of thermometers	•	Provide training and schedule workshops	•	Trained staff
	•	For regulatory system o don't do much o some don't do it or have the rationale to justify doing it				