

Public Health PBRN Monthly Virtual Meeting October 18, 2012

Research-in-Progress Presentation by Ohio PBRN
Direct Observation of Local Public Health:
The Role of Local Health Departments in Prevention of Food Borne Outbreaks
Scott Frank, MD, MS

Direct Observation of Local Public Health

The Role of Local Health Departments in Prevention of Foodborne Outbreaks

Scott Frank, MD, MS
Principal Investigator, DOLPH
Director, Shaker Heights Health Department
Director, Case Western Reserve University Master of Public Health
Program

Ohio Research Association /\
for Public Health Improvement

Public Health Practice-Based Research Network

Direct Observation of Local Public Health: Rationale

- Lack of credible evidence regarding the types and levels of workforce, infrastructure, related resources, and financial investments in public health
- Offer evidence to provide a rational approach to changing the public health system in the face of health reform



Direct Observation of Local Public Health Purpose

Purpose: Seek to characterize public health practice—structure, process, and outcome of the local health department (LHD) role in foodborne illness prevention, investigation, and intervention



Direct Observation of Local Public Health Research Structure

- Seven academic public health programs
 - DOLPH liaison(s) at each program
 - Regular conference calls
- 3 to 5 local health departments per program
 - Regular contact with liaison to report on progress and assure opportunity for feedback
- 3 to 5 student observers
 - Statewide and local training



DOLPH Academic Research Sites



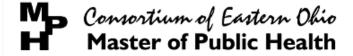


UNIVERSITY











DOLPH Co-Investigators

- Case Western Reserve University
 - Michelle Menegay, MPH
- University of Cincinnati
 - William Mase, DrPH, MPH, MA
- Kent State University
 - Scott Olds, MS, PhD
- Consortium of Eastern Ohio, NEOMED
 - Amy Lee, MD, MBA, MPH
 - Tom Albani, MPH
- Ohio State University
 - Michael Bisesi, MS, PhD
- Northwest Consortium, University of Toledo
 - Barbara Saltzman, PhD, MPH
 - Brian Fink, PhD, MPH
- Wright State University
 - Sylvia Ellison, MA



Participating Health Departments (21)

- Athens City-County
- Clark County
- Cleveland Public Health
- Cincinnati Public Health
- Cuyahoga County
- Columbus Public Health
- P Dayton & Montgomery County
- Franklin County
- Greene County
- Kent City

- Lorain County
- Lucas County
- Mahoning County
- Montgomery County
- Norwood City
- Portage County
- Stark County
- Summit County
- Warren County
- Wood County



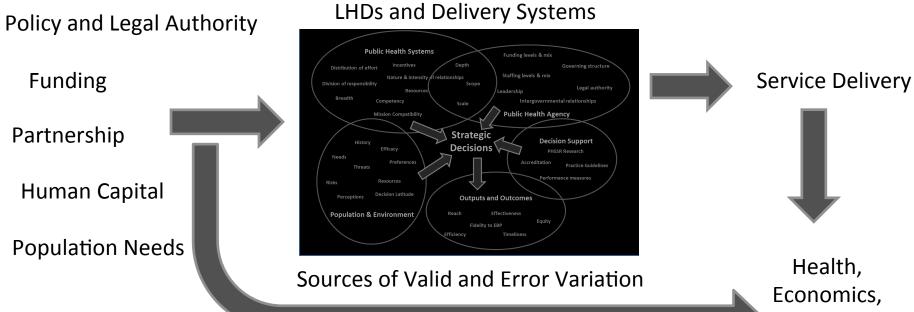
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Direct Observation of Local Public Health Methods

- Mixed methods approach
 - Qualitative and quantitative interview, observation data
 - Secondary data (health department, jurisdictional profiles)
- Combines original qualitative and quantitative data with existing statewide quantitative databases
- Ohio statewide databases for public health services and systems research:
 - Socio-demographic census data
 - Ohio Annual Financial Report data
 - Local health department performance standards data

Environment Interview Data Prevention **Process** Complexity Structure Outcome HOST 400 mg Management The DOLPH Approach **Observation** to Exploration of the **Role of Local Health Departments in Foodborne Outbreaks**

Black Box of Local Public Health



and Systems **Outcomes**



Illuminating the Black Box of Local Public Health



DOLPH Tools

- LHD Profile
- Sanitarian Profile
- LHD Disease Investigation Team Profile
- Jurisdictional Profile
- Direct Observation Protocol



DOLPH Observational Protocol Validity and Inter-Rater Reliability

Variable	N	Percent Correct	Gold Standard
RS admits uncertainty	27	85.2%	(Not at all)
PIC uses humor	27	55.6%	(Not at all)
RS uses humor	27	85.2%	(More than once)
PIC interrupts RS	27	74.1%	(Not at all)
RS uses unexplained jargon	27	100%	(Not at all)
Argumentation occurs	27	96.3%	(Not at all)
RS gives Positive Feedback	27	96.3%	(More than once)
RS gives Negative Feedback	27	88.9%	(Not at all)
RS threaten punitive action	27	100%	(No)
Favors offered to RS	27	96.3%	(No)
RS gave clear feedback	27	92.6%	(More than once)
RS discuss improvement plan	27	85.2%	(More than once)

N=Number of Trained Observers

PIC=Person in Charge; RS=Registered Sanitarian

DOLPH Observational Protocol Validity and Inter-Rater Reliability

Variable	N	Percent Correct	Gold Standard
RS accompanied by PIC	25	88.9%	(No)
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PIC voiced raised	27	96.3%	(No)
RS voiced raised	26	92.6%	(No)
PIC cooperative	27	100%	(Yes)
PIC engagement	27	96.3%	(Engaged)
PIC thank RS	26	96.3%	(Yes)
RS thank PIC	26	96.3%	(Yes)
PIC question RS judgment	27	96.3%	(No)
PIC question RS fairness	27	100%	(No)
PIC question RS authority	27	100%	(No)
Electronic record used	24	88.9%	(No)
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N=Number of Trained Observers

PIC=Person in Charge; RS=Registered Sanitarian



Registered Sanitarian Profile (n=29)

- Average age 38 years
- § 52% male
- 10% African American
- 8 years in current position
- 11 years working as a Sanitarian
- 66% Generalist
 - Among those with experience in both roles 60% preferred functioning as a generalist

Registered Sanitarian Profile

- Time allocation
 - 61% of time spent conducting food inspections
 - 21% of time with paperwork
 - 10% Nuisance inspection
 - 6% School inspection
 - 7% Swimming pool
 - 4% Water/Septic
 - 9% other



Registered Sanitarian Profile

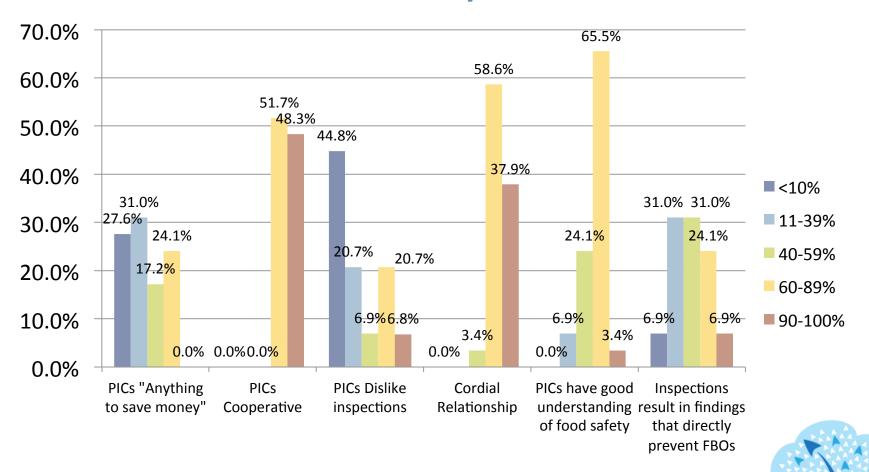
- 83% have experience with suspected foodborne outbreaks
- 70% have experienced verified foodborne outbreaks
- 45% consider their job very demanding
- 64% perceive limitation in food inspection time because of competing demands

Registered Sanitarian Profile

- 25% like investigating FBOs
- 9 59% don't mind paperwork (0% like)
- 9 59% like conducting food inspections
- 9 69% like interacting with PICs (0% dislike)
- 76% like doing food safety education during inspections
- 69% like doing continuing education



Sanitarian Perceptions of PICs



Pre-Inspection Interview

- 92% had inspected this FSE previously
- 66% of those related a positive history (4% negative)
- 7.1% "Heart Sink" inspections
- FSE risk category
 - 1 or 2: 10%
 - **3**: 40%
 - **4**: 50%



Starting the Inspection

- § 58.5% addressed the PIC by name or title
- 66% introduced themselves (85.5% by first name)
- 40% shook hands
- 91% washed hands before the inspection started
- 90% interacted with more than just the PIC
- 20% interacted with patrons
- 88% spent 1 to 5 minutes speaking with the sanitarian to start the inspection
- 10% of the time PICs appeared to be stalling the start of inspections

RS-PIC Interaction: RS Behavior

- Admitted uncertainty 11% (15)
- Used humor 60% (81)
- Interrupted the PIC 29% (39)
- Used unexplained jargon 4% (6)
- Offered positive feedback 73% (92)
- Offered feedback in negative fashion 14% (20)
- Threatened punitive action 4% (6)
- Accepted no favors

RS-PIC Interaction: PIC Behavior

- Admitted uncertainty 48% (67)
- Used humor 68% (94)
- Interrupted the PIC 22% (30)
- Argumentation/conflict 3.5% (5)
- Feedback occurred privately 62% (85)
- Feedback interrupted 9% (12)
- Offered "favors" 14% (19)



Inspection Tools Utilized

- Flashlight 13%
- Probe thermometer 83%
- Laser thermometer 58%
- P pH paper 54%
- Educational handouts 16%



Areas Inspected

- Shelves/cupboards 83%
- Sinks 96%
- Preparation area 94%
- Cooking area 87%
- Trash 89%
- Water temperature 87%
- Food labels 86.5%



Sanitarian Actions

- Squat or bends 4.2/inspection (14% not at all)
- Looks under or behind 2.6/inspection (12.5% not at all)
- Check cold temperatures 8.0/inspection (6% not at all)
- Check hot temperatures 1.9/inspection (47% not at all)
- Gives advice or direction 2.8/inspection (10% not at all)

Sanitarian Actions: Checked...

- Refrigeration 100%
- Dishwasher 75%
- Ice machine 73%
- Food storage 100%
- Food holding time or temp 89%
- Sanitizing fluids 84%
- Hand washing facilities 97%
- Cleanliness of cloths, surfaces, sponges 98%
- P Date stamping 83.5%
- Cross contamination control measures 90%
- Disposal of food waste 70%



Check out

- Spoiled foodstuff discarded 16%
- Clear feedback and assessment 99%
- Discuss improvement plan 91%
- Offer food safety education 78%
- Elicit questions 85%
- Violations dealt with:
 - During inspection 58%
 - Follow up schedule 23%%
 - No follow up schedules 19%



Check out

- Citation given in 66% of inspections
- Verbal corrections given in 89% of inspections
- PIC voice raised in anger 1%
- RS voice raised in anger 2%
- PIC Cooperative 99%
- PIC Engaged 12.8%
- PIC thanked the RS 92% of the time
- RS thanked the PIC 89% of the time

Check Out

- PIC questioned RS knowledge 2%
- PIC questioned RS judgment 3%
- PIC questioned RS fairness 1%
- PIC questioned RS authority 1%
- Mand on the doorknob syndrome 12.3%



Check Out

- Duration of checkout
 - 1-5 minutes 47%
 - 6-10 minutes 36%
 - 11-20 minutes 14%
 - **1.5%**



Post Inspection Interview

- Mean the inspection?
 - Difficult 8%
 - Average 21%
 - Easy 45%
 - Very Easy 26%
- Mean the interpersonal interactions
 - Very difficult 1%
 - Difficult 8%
 - Average 17%
 - Easy 39%
 - Very Easy 35.5%



Post Inspection Interview

- How satisfied?
 - Very dissatisfied 2%
 - Dissatisfied 4%
 - Average 15%
 - Satisfied 57%
 - Very satisfied 22%
- Market How concerned?
 - Very 5%
 - A little 22%
 - Not 73%



Limitations

- Student observer influence actions 7%
- Preliminary findings
- Tests of association not done



Strengths

- Good inter-rater reliability
- Different approach
- Detailed data available
- Geographic spread
- Ability to combine original research with publicly available data in the future
- Decreased error variation



Thanks!

And, Questions or Comments





Other Meeting Agenda Items

Other PBRN Research Updates

- Progress on the MPROVE study
- RACE Studies one-year mark
- New Quick Strike studies starting
- New "Natural Experiments" studies announced

Research Funding Updates

- Second round of funding opportunities at PCORI
- Public Health Law Research: strategic and targeted research program
- Next round of PHSSR mini-grants to launch soon

Program Monitoring Updates

- Quarterly progress interviews with PBRN leads
- RWJF/Urban Institute PHSSR Evaluation



Other Meeting Agenda Items

Dissemination Updates

- PBRN presentations at APHA
- Frontiers special issue on PBRN Research: scheduled for October release
- JPHMP special issue on PBRNs/PHSSR: November/APHA release
- AJPM PBRN theme issue: early 2013 release
- RE-ACT podcasts: inaugural release

Upcoming meetings

- October 27-31: APHA Annual Meeting, San Francisco, CA
- AcademyHealth Webinars: Oct 25-Policy Communication, Oct 31-Electronic Data Methods, Nov 5-Mobile Health Solutions for HSR, Nov 8-Participatory Approaches, Nov 14-Rapid Cycle Evaluation of Health System Information, on-demand-PCORI funding



Other Meeting Agenda Items

Grants Administration Update: RWJF Electronic Submission Standards

- E-mail electronic versions of reports, bibliographies, and products to RWJF at grantreports@rwjf.org copy PublicHealthPBRN@uky.edu
- Subject line
 - 12345Report
 - 12345Bibliography
 - 12345Product
- Multiple reports or products in a single e-mail for same grant ID#
- Single award ID# per e-mail
- Total size should not exceed 10 megabytes (>10mgbytes Zip)
- File formats
 - PDF (one document/product in each file)
 - Audio (aac, mp3, mpeg4, wav, wma)
 - Image (bmp, gif, jfif, jpe, jpeg, jpg, pip, pjp, pjpeg, tif, tiff)
 - MS PowerPoint (pot, potm, potx, ppam, pps, ppsm, ppsx ppt, pptm, pptx)
 - Shockwave swf
 - Video (avi, mpe, mpeg, mpegv, mpg, mpv, vbs, wmv, mp4)

Continued:

PUBLIC HEALTH Practice-Based Research Networks National Coordinating Center

Grants Administration Update: RWJF Electronic Submission Standards

- Report Naming Standards "gggggdddyypp.ext" 12345ANRY1.pdf
 - ggggg = award ID #
 - ddd = document type
 - ANR Annual Narrative Report
 - FNR Final Narrative Report
 - BIB Bibliography
 - AFR Annual Financial Report
 - FFR Final Financial Report
 - yy = year number of grant (y1, y2)
 - pp = period number, for documents submitted periodically (first 6 months = p1)
 - ext = file extension



Continued:

Grants Administration Update: RWJF Electronic Submission Standards

- Product Naming Standards "gggggGPddd_nn.ext" 12345GPmeeting_04.pdf
 - gggg = award ID #
 - GP = Grantee product
 - ddd = document type
 - article
 - bookchpt
 - comm
 - education
 - meeting
 - reports
 - nn = number of files in category
 - ext = file extension

Product Type: Articles

Composition on a specific topic, forming an independent part of a

search Networks

journal, newspaper, magazine or internet publication by project or program staff

What to Submit

- Journal articles and abstracts
- Magazine, newspaper and newsletter articles
- Editorial, Commentary, Letter to the Editor
- Special Issue or Supplement
- Manuscripts submitted for publication
- **Special Instructions: see guidelines**
- **GParticle Document Type**
- File Naming Example 55222GParticle_01.ext

PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

Product Type: Books or Chapters

When published, will have an ISBN or LC, or be part of a publication with an ISBN or LC

What to Submit

- Books, including manuscripts if not yet published
- Book Chapters, including manuscripts if not yet published
- Special Instructions: see guidelines
- Document Type GPbookchpt
- File Naming Example 55222GPbookchpt_01.ext

Product Type: Communications or Promotion

Practice-Based Research Network

Materials to communicate the project's/program's findings, results, National Coordinating Center recommendations or solutions to the media and broader public, and to advocate for change

What to Submit

- Media/press kits
- Press releases, video news releases, interviews, reviews of books
- Web site URLs
- Videos
- TV and radio coverage
- Blogs
- Photographs
- Advertisements
- Awards
- Unique promotional materials
- Special Instructions: see guidelines
- Document Type GPcomm
- File Naming Example 55222GPcomm_01.ext



Product Type: Education or Toolkit

Materials created by the project/program and used to instruct or deliver educational content

What to Submit

- Guides, manuals, toolkits, tool boxes
- Curricula and class materials
- Educational documentary or retrospective (TV, radio, electronic)
- Training / educational software
- Evaluation tool
- Special Instructions: see guidelines
- Document Type GPeducation
- File Naming Example 55222GPeducation_01.ext

Product Type: Meetings or Conferences

Description

- Practice-Based Research Networks
- Proceedings, transcripts, supporting materials from project or programs pensioned Center meetings/workshops
- Presentations made by project/program staff at outside conferences
- Testimony given to government legislative or regulatory bodies

What to Submit

- Grant-sponsored conference or workshop
- Proceedings of a sponsored meeting or workshop
- Background Papers
- Presentation or testimony materials containing research findings, results, recommendations
- Special Instructions: see guidelines
- Document Type GPmeeting
- File Naming Example 55222GPmeeting_01.ext

PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

Product Type: Reports

Description Analysis, synthesis, evaluation, research findings, results of the work, conclusions, recommendations, strategy, lessons learned, data analysis

What to Submit

- Reports, Monographs
- Executive Summary of report
- Syntheses, case studies, issue briefs, policy briefs, fact sheets, literature review, thesis
- Charts and data reports
- Maps that include data
- Newsletters
- Survey instruments
- Special Instructions-see guidelines
- Document Type GPreport
- File Naming Example 55222GPreport_01.ext



Grant Reporting Reminders

- Send to <u>grantreports@rwjf.org</u>, copy to <u>PublicHealthPBRN@uky.edu</u>
- RWJF guidelines for annual, final narrative reports & bibliography: <u>http://www.rwjf.org/files/publications/</u> RWJF_GranteeReportingInstructions.pdf_
- RWJF guidelines for financial reports:
 <u>http://www.rwjf.org/files/publications/</u>

 RWJF_FinancialGuidelinesReporting.pdf
- RWJF guidelines for electronic submission standards for products and reports

http://www.rwjf.org/content/dam/files/rwjf-web-files/
GranteeResources/RWJF_ElectronicSubmissions.pdf



For more information contact:

Glen Mays glen.mays@uky.edu



111 Washington Avenue • Lexington, KY 40517 859.257.5678

www.publichealthsystems.org