

SAMUEL J. CRUMBINE

Consumer Protection Award

2005 Submittal



County of San Diego Department of Environmental Health

**Gary W. Erbeck, MPH, REHS
Director**

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County of San Diego

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RICHARD HAAS
ASSISTANT DIRECTOR

March 11, 2005

The Crumbine Award
Foodservice & Packaging Institute, Inc.
150 South Washington Street, Suite 204
Falls Church, VA 22046

Dear Members of the Crumbine Award Jury:

As Director of the County of San Diego, Department of Environmental Health, I am pleased to submit our application for the Samuel J. Crumbine Consumer Protection Award for your review and consideration. Our application clearly delineates the sustained improvements and excellence within our comprehensive food safety program. Embedded in our application are the innovative program methods used to reduce the community's risk of foodborne illness.

Using our "TEAM Excellence" approach, we planned and implemented a performance measurement system to address the key issues and challenges that our program faced, and used a framework of assessing risk, communicating risk, managing risk, and verifying quality of service to guide us in the attainment of these goals and objectives.

Through the evolution of our food safety program and the empowerment of our staff, we continue to improve and expand upon this new foundation to foster the development our future food safety leaders. It would be a great honor to recognize their efforts and dedication with the Samuel J. Crumbine Consumer Protection Award.

Please contact me at (619) 338-2211 or Liz Pozzebon, Chief, Food and Housing Division at (619) 338-2360 if there are any questions. Correspondence regarding this award can be sent to the attention of Liz Pozzebon at the address listed above.

Sincerely,



Gary W. Erbeck, MPH
Director
Department of Environmental Health

TABLE OF CONTENTS

Executive Summary.....	2
Demography.....	3
Resources.....	4
Baseline and Program Assessment.....	4
Program Planning.....	4
Visions, Goals, and Objectives.....	4
Risk Orientation.....	5
Self-Evaluation.....	5
Staff Positions, Qualifications, and Participation.....	5
Program Management.....	6
Active Managerial Control.....	6
Epidemiological Capability.....	7
Data Management and Utilization.....	9
Analysis of Outcomes.....	10
Support & Resources.....	12
External Involvement.....	12
Industry & Consumer Interaction.....	12
Community Educational Outreach.....	13
Manager/ Food Worker Training Partnerships.....	14
Program Implementation.....	15
Grade Card System.....	15
Enforcement.....	15
Formal Staff Training Program.....	16
Internal Quality Assurance.....	17
Issues/ Challenges.....	17
Assessing Risk.....	18
Communicating Risk.....	21
Managing Risk.....	25
Verifying Quality of Service.....	29
Summary.....	30
Testimonials	
Acknowledgements	
Appendices	
Appendix A: Assessing Risk	
Appendix B: Communicating Risk	
Appendix C: Managing Risk	
Appendix D: Verifying Quality of Service	



**SAMUEL J. CRUMBINE CONSUMER PROTECTION AWARD APPLICATION
TEAM EXCELLENCE PERFORMANCE MEASUREMENT SYSTEM**

“Together Everyone Accomplishes More”



Submitted by
County of San Diego Department of Environmental Health
Food and Housing Division
San Diego, California
March 2005



EXECUTIVE SUMMARY

The San Diego County Department of Environmental Health (DEH) Food and Housing Division (FHD) is pleased to submit this application for the 2005 Samuel J. Crumbine Consumer Protection Award for leadership and achievement in the field of food safety. Together with our stakeholders, we have implemented risk-based intervention strategies that have successfully reduced the occurrence of risk factor violations¹ in retail food facilities, improved food employee behaviors and food preparation practices², and enhanced foodborne illness surveillance methods that have identified other food safety risks in the community.

Our program’s goal is to reduce foodborne illness by promoting an inspection methodology that focuses food facility inspection and education efforts on the risk factors identified by the Centers for Disease Control and Prevention (CDC) as the most prevalent contributing factors to foodborne illness or injury. The concepts of our risk-based food safety program are embedded in our model TEAM Excellence Performance Measurement System. These concepts utilize a framework of assessing risk, communicating risk, managing risk, and verifying quality of service as key tools in establishing effective intervention strategies aimed at reducing food safety risks. It is from these concepts that we developed and implemented our most successful intervention strategy: a well-trained retail food industry and inspection staff equipped with an innovative intervention and risk-based inspection report that has had a direct impact on significantly reducing the occurrence of risk factor violations in retail food facilities.

¹ The risk factors include: food from unsafe sources, improper holding temperatures, inadequate cooking, contaminated equipment, and poor personal hygiene.

² Healthy People 2010 objective.

DEMOGRAPHY



The county is located at the southwest corner of California and has a current estimated population of 3 million people. This population exceeds twenty states. It is the second largest county in California and covers 4,261 square miles. The County includes 18 cities, a large unincorporated area, and 11,000 regulated food facilities.

San Diego County's population is mobile, ethnically diverse, and growing. In addition to immigrants from Mexico and Central America, there are significant populations of Vietnamese, Cambodian, Laotian and other Asian and Southeast Asian immigrants, including a large Filipino community. The African-American community includes recently arrived refugee populations from Somalia, Sudan, Ethiopia and others. Eastern Europeans and ethnic populations from several Middle Eastern countries have also found a home in the county.

The 2004 data projections estimate the populations at 52% Caucasian, 28% Hispanic, and 5% African American. The remaining 15% of the population consist of Native Americans as well as various population cohorts from Eastern Europe, the Middle East, Southeast Asia, and the Pacific Islands. San Diego has the second largest birth rate among California counties, with approximately 44,000 births each year. Hispanics are the largest and fastest growing minority population.

San Diego County has seventeen American Indian reservations within its borders with a Native American population of more than 15,000. In addition, the military has a large presence in the County with five major military installations and numerous smaller commands in the county, including the second largest Navy Base in the United States. This adds approximately 242,000 uniformed personnel and their dependents to the complex demographic picture. Further, the county is an important tourism destination, as well as a favored retirement center for seniors from throughout the United States.

RESOURCES

The FHD employs sixty-three professional and support staff. It is also a full-cost recovery program funded by food facility permit fees. Operating at full cost recovery ensures the stability of program staffing and resources especially considering the inconsistency and vulnerability of County General Purpose Revenues. The total budget for the food safety program is \$6,067,441. Revenue sources are derived from more than 11,000 permitted food facilities in the County of San Diego including nearly 7000 restaurants, 2400 markets and 1300 mobile food facilities. To assure that there are sufficient financial and staffing resources for the FHD program, and, at the same time focus those resources on tasks and activities that will reduce the most risk, it is necessary that a balance between output (inspections conducted) and outcomes (the reduction in risks) be achieved to accomplish the desired goals

FULL FOOD SERVICE FACILITIES		
A00	RESTAURANT 0-2 EMPLOYEES	\$435.00
A01	RESTAURANT 3-10 EMPLOYEES	\$510.00
A02	RESTAURANT 11-25	\$590.00
A03	RESTAURANT 26-100	\$720.00
A04	RESTAURANT 101 OR MORE	\$1,320.00
A06	FOOD FACILITY NONPROFIT	\$200.00
A28	FOOD CATERING TYPE II	\$415.00
A17	SCHOOL PROCESSING	\$255.00
A08	RETAIL FOOD PROCESSING	\$475.00
A15	FOOD-BOATS	\$235.00
B15	MOBILE FOOD PREPARATION UNIT	\$380.00
B22	MOBILE FOOD FACILITY PUSH CART FOOD PREP	\$310.00
A55	MARKET/DELI 1-10 EMPLOYEES	\$380.00
A56	MARKET/DELI 11 OR MORE EMPLOYEES	\$390.00
A56	MARKET/DELI MORE THAN 3 FOOD PREPARATION AREAS	\$580.00
A65	TEMP FOOD EVENT unpackaged /perishable 1 event/3days max	\$140.00
A66	TEMP FOOD EVENT unpackaged /perishable Annual	\$430.00
LIMITED FOOD SERVICE FACILITIES		
A05	LIMITED FOOD PREP coffee shops/beer bars etc	\$345.00
A18	SCHOOL SATELLITE FACILITY	\$100.00
B12	VENDING VEHICLES COMMISSARY/HEADQUARTERS	\$260.00
B11	VENDING MACHINES COMMISSARY/HEADQUARTERS	\$215.00
100% PRE-PACKAGED FOOD		
A62	TEMP FOOD FACILITY PACKAGED 1 EVENT UP TO 3 DAYS	\$75.00
A63	TEMP FOOD FACILITY PACKAGED ANNUAL	\$215.00
A10	WHOLESALE FOOD WAREHOUSE (0-9,999 SQ.FT.)	\$375.00
A11	WHOLESALE FOOD WAREHOUSE (10,000 SQ. FT. +)	\$450.00
A50	RETAIL MARKET 1-25 EMPLOYEES	\$270.00
A53	RETAIL MARKET 26 OR MORE	\$335.00
A19	RETAIL FOOD DELIVERY	\$60.00
B16	MOBILE FOOD FACILITY PACKAGED LUNCH TRUCK	\$200.00
B21	MOBILE FOOD FACILITY PUSH CART PRE PACKAGED	\$185.00
B16	VENDING MACHINE REQUIRED PERMIT	\$19.00

and objectives in protecting the public's health. Managing resources efficiently using an up-to-date data management system enhances FHD's capabilities to appropriately distribute cost and revenues so that needs are prioritized and staff and assets are assigned to critical areas.

Basing inspection frequencies on relative degree of risk, FHD developed a four-year fee package in 2001 that was implemented in 2002 with support from the regulated industry. FHD staff meets annually with industry stakeholder groups (the California Grocers Association, the San Diego Food and Beverage Association, the California Independent Grocers and Convenience Stores, and the San Diego Chapter of the California Restaurant Association) to ensure goals and objectives are on track and costs are at full recovery. An annual report is also submitted to the Board of Supervisors regarding the yearly review. This process provides a forum for input and buy-in by stakeholders in terms of value associated with long-range goals and objectives.

BASELINE AND PROGRAM ASSESSMENT

PROGRAM PLANNING

Vision, Goals and Objectives: Our vision is “Environmental and public health through leadership, partnership and science”. Reducing foodborne illness in San Diego County is a primary goal of the FHD and is embedded in one of the County’s Strategic Initiatives: “Ensuring Safe and Livable Communities”. In order to reach this goal, our food safety program is focused on achieving positive public health outcomes, measuring performance, and maintaining and improving quality of service. Working together with our stakeholders from the retail food industry, academia, and other public health professionals in 2001 and 2002, we developed a long-range TEAM Excellence Performance Measurement System plan. The plan includes strategies for assessing risk, communicating risk, managing risk, and verifying the quality of service. The following FHD goals and objectives were established in our long-range plan:

- Reduce the number of foodborne illnesses caused by key pathogens in San Diego County.
- Reduce food safety risk factor violations in retail food facilities.
- Improve food employee behaviors and food preparation practices.
- Decrease plan review cycle time for new plans to ten working days or less.
- Improve customer service.

Risk Orientation: To assure that our goals and objectives are valid, and as effective as possible, we continue to look globally and on the national, state, and local levels. Globally, San Diego is a border county with Mexico. This has resulted in binational food safety issues that have impacted local public health. Outreach efforts by FHD with government officials from Mexico and state and federal agencies have improved communication, response, and enforcement. On a national level, we have implemented the Food and Drug Administrations (FDA) National Retail Food Program Standards and have adopted the Healthy People 2010 objectives of improving food employee behaviors and food preparation practices and reducing foodborne illness caused by key pathogens. On the California State level, the FHD program Chief and DEH Director have leading roles in rewriting California's food law by applying the FDA's Model Food Code. On the local level, risk assessments are conducted to assess food employee knowledge of risk factors and to identify trends in the occurrence of risk factor violations observed during inspections and foodborne illness investigations. With this data, we are better able to direct the implementation of our long-range plan based on relative degree of risk.

Self-Evaluation: An assessment of the food safety program began in 2001 and initially revealed the need to update and revise the focus of the food facility inspection process and the inspection report used by staff. There was, in fact, a need to replace the "sanitation" based inspection process with a "risk factor and intervention" based program. Our goals and objectives require that assessment of the food safety program be ongoing in order to identify risks and trends in the community. In 2003, an assessment of two years of previous risk factor violations revealed that trends in risk factor violations were consistent from year to year. An assessment of food employee knowledge of risk factors conducted in April 2003, revealed a need to increase knowledge in hot holding and cooking temperatures. It also concluded that what people know and what people do are often two different things. Information from our assessments assists us in creating and implementing interventions that have positive public health outcomes.

Staff Positions, Qualifications, and Participation: There are fifty-two Registered Environmental Health Specialists (REHSs) and eleven support staff within the FHD. REHSs must earn a science-based

degree and pass a comprehensive state examination in order to conduct food safety inspections. FHD also promotes our profession by offering internship opportunities for high school and college students. A career ladder has also been established within the department to encourage support staff to continue their education. A 5% pay differential was implemented in 2002 for those who have earned the REHS within the department. Additionally, two new classifications were added, Environmental Health Specialist Trainee and Environmental Health Technician. Trainees and support staff are encouraged to become a REHS with paid tuition and book allowance incentives. Since 2001, nine members of support staff have worked as Temporary Environmental Health Technicians. Three have become permanent Environmental Health Technicians, and three have become Registered Environmental Health Specialists. Leadership training has also been provided to the FHD Chief and Supervisors through attendance at comprehensive six-day leadership-training academies. Additionally, the California Environmental Health Association (CEHA) has recognized three FHD staff as “REHS of the Year” since 2000.

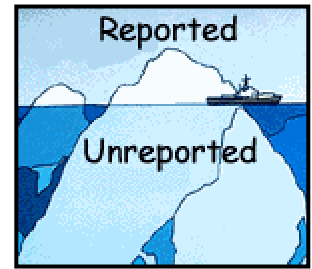
The elements of our TEAM Excellence Performance Measurement System plan have been created using active working groups of staff at all levels. Using this approach has contributed to the success of our program enhancements because staff has taken ownership of our program. Our motto is “Together Everyone Accomplishes More” (TEAM). The methodology we used in drafting the TEAM Excellence Performance Measurement System was even given accolades by Service Employees International Union (SEIU) representatives and is being used as a model for other departments in the County to use.

PROGRAM MANAGEMENT

Active Managerial Control: Active Managerial Control or AMC is a concept that the FHD has been using for over 20 years with the implementation of the mandatory food handler training program. The food handler training program requires all food employees that handle unpackaged foods be trained and pass a standardized test in order to handle food in a retail food facility. On a statewide level, one certified food manager is required in each food facility.

action. FHD-EPI will be the lead interviewer when there are less than five ill people with suspected foodborne illness.

A significant element of the current epidemiological program is the implementation of a self-reporting program. This is a voluntary program in which industry notifies FHD of foodborne illness complaints to facilitate investigation and resolution of the matter. Industry is provided a “fast and fair” investigation, they agree to implement any necessary corrective actions, and the public’s health is protected. Credibility and trust are essential for this type of program to succeed. Industry knows the goal is to prevent further foodborne illness. Community involvement and outreach activities supplement the active component in the surveillance program, since under reporting is a common problem.



ENVIRONMENTAL ASSESSMENTS: Field investigations are conducted by an REHS. A designated senior staff member serves as the lead investigator in large outbreak investigations. The objective of the investigation is to identify potential problems and risk factors in the preparation of the suspect food, document code violations, and provide education on corrective actions. This also helps the public and industry by determining the most likely source of illness, which may or may not be, the last place they ate. A hazard analysis is completed in an effort to recreate the conditions at the time the implicated food was prepared. An evaluation of current operations and contributing factors observed at the facility provides a snapshot of ongoing conditions. The REHS will also evaluate the work practices of any potentially ill food handlers and issue food handler removal notices as required.

COMMUNICATION: Advance team building efforts with epidemiologists, laboratory microbiologists, public health nurses, law enforcement and other health care providers facilitate a positive working relationship during the critical times. In addition to outbreak specific meetings, weekly staff meetings allow the FHD and HHSA to collaborate on streamlined investigations and data tracking for outbreaks. This reduces duplication and speeds up investigation results. Outbreaks that are cross jurisdictional, or

have involved a processed food product, have been coordinated with other state and federal agencies to ensure timely and effective response in removing an adulterated food product from distribution and sale.

DATA MANAGEMENT: Beginning in 2001, FHD switched from manual logging of illness reports, to the CDC's EPI Info, and then to a departmentally generated MS Access computer program for foodborne illness surveillance, data tracking and evaluation. Successful identification of foodborne illness outbreaks is a product of faster reporting, staff investigative talents, and computerized results. Data and trend analyses have shown a five-year decrease in cases of Hepatitis A (-38%) and Shigellosis (-17%). There was a one-year reduction in Campylobacter (-8%) after a 2004 pilot Campylobacter Educational Campaign was conducted.

QUALITY ASSURANCE/TRAINING: The cooperative working relationships that the FHD staff has developed with HHSA, state and federal agencies, the medical community, the regulated industry, and the public have contributed to decreasing trends in risk factor violations, increased self-reporting by the regulated industry, and heightened awareness by the public of food safety. Working together, these components resulted in rapid reporting and response to a multi-jurisdictional outbreak of E. coli 0157:H7 in October. Within 48 hours, an adulterated food product was identified and removed from sale and distribution in multiple counties, saving lives and minimizing the impact to the public's health and safety. No outbreak is too large or too small to warrant our best effort.

Data Management and Utilization: Our department has made significant investments in technology -- such as state-of-the-art computer software applications and hardware, internet accessibility and use, and communication equipment --that is essential to providing program services, assessing program activities, supporting staff, and measuring improvements. Our website is utilized to provide further public outreach and to increase community and industry awareness about current environmental health issues including our new inspection report and performance measures dashboard report. Computer database systems like our land-based KIVA system provide the food facility inspection program an integrated permitting and inspection data collection tool. This KIVA system is shared not only among other divisions within our

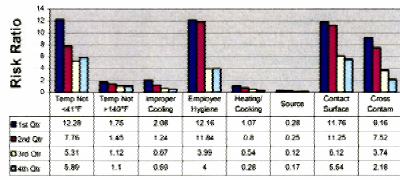
own department, but also with other county departments, maximizing the system's utility and efficiency. KIVA produces a multitude of reports that indicate inspection frequencies, risk factor violations, and statistical trends.

FHD has also implemented a new method for data input into the KIVA system by utilizing scanners to capture data from specially designed paper-based inspection reports. This innovation relieves FHD staff from manual data entry of inspection data. The scanning systems will also collect more data from the inspection reports than the previous paper-based system, which will provide more comprehensive information and identification of trends. The next phase currently in development is called "Documentum". This document management system will retain an electronic copy of each scanned inspection report and eventually allow FHD to discontinue the hard-copy storage of inspection reports. It will also allow FHD staff electronic access to all inspection reports from any county office. Cellular telephones and BlackBerry devices that are provided to each staff member also enhance FHD staff's ability to communicate from the field during inspections and emergencies.

Analysis of outcomes: Trends in the occurrence of risk factor violations found during inspections and environmental investigations related to foodborne illness outbreaks can identify training or other intervention strategies to reduce risks. A quarterly report that displays performance measures related to major risk factor violations found in retail food facilities (outcome measure), number of high risk food facility inspections (output measure), plan review cycle times (customer service measure), and non-emergency customer complaint investigation response times (complaints that are an imminent health hazard are investigated the same day) has been developed and shared with stakeholders. The quarterly report is also posted under the Department's performance measure tab on our website. A sample of the dashboard report for fiscal year 03/04 follows.

FOOD PROGRAM
 Goal: Reduce risk factors that can cause a foodborne illness.

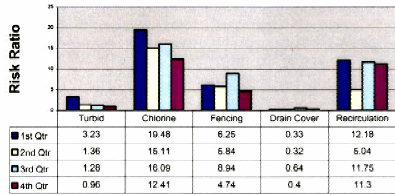
Food Safety Risk Factors Observed per Quarter



Risk ratio= # violations/ # inspections x 100
 • 1st & 2nd Quarters indicate total risk factor violations. 3rd & 4th Quarters represent major risk factor violations
 • New Inspection Report Implemented in the 4th Quarter

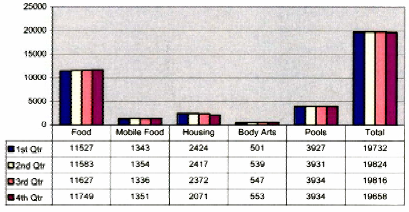
POOL PROGRAM
 Goal: Reduce risk factor violations associated with illness, injury, and death at public swimming pools.

Pool Safety Risk Factors Observed per Quarter

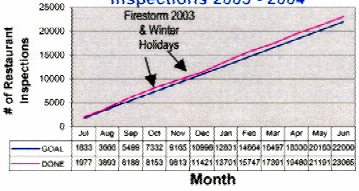


Risk ratio= # violations/ # inspections x 100

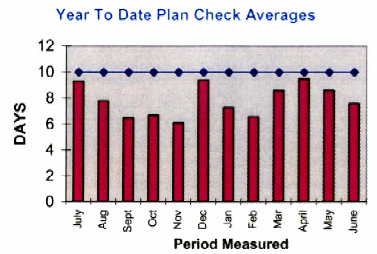
ANNUAL PERMIT TOTALS



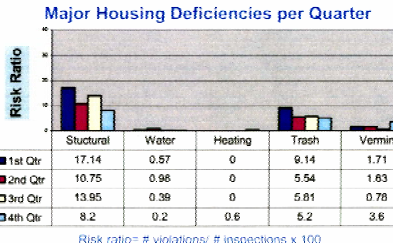
Cumulative Restaurant Food Safety Inspections 2003 - 2004



PLAN REVIEW
 Goal: Maintain plan review time at 10 days or less (Baseline was 20 days)

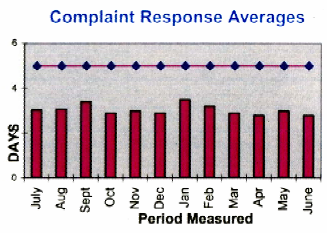


HOUSING PROGRAM
 Goal: Reduce risk factor violations in permitted housing units.



Risk ratio= # violations/ # inspections x 100

COMPLAINTS
 Goal: Maintain average complaint response time at 5 working days or less.



Historical baseline assessments for risk factor violations and foodborne illness outbreaks found at food establishments have also been completed. Additionally, a comparison between food safety risk factor violations and food employee knowledge of risk factor violations has been conducted. It is important to note that assessing risk is an ongoing process that can help identify changing trends, new problems, whether or not a relationship exists between lack of knowledge and violations found, and if interventions implemented are effective. Environmental/public health indicators that are based on risk are used to evaluate the performance of the division in carrying out its goals. Identifying trends and reducing the occurrence of these environmental/public health indicators will result in outcomes targeted to improve public health. These indicators are evaluated on an annual basis and include:

- Key pathogens: Campylobacter infections (baseline data as of 1/1/01 is 18 per 100,000), Shigella infections (baseline data as of 1/1/01 is 9 per 100,000) and Salmonella infections (baseline data as of 1/1/01 is 14 per 100,000)
- Number of foodborne illness outbreaks related to food facilities within San Diego County (Baseline data as of 1/1/01 is 19.3)

- Occurrence of Centers for Disease Control identified risk factors that can lead to foodborne illness in retail food establishments in San Diego County.

Support and Resources: The FHD is a full cost recovery program, funded by permit fees. Sixty-three staff are employed within the division with a goal of reducing foodborne illness countywide. The public, law enforcement, and other regulatory agencies can contact a REHS 24 hours a day, 365 days a year through the Sheriff's Department Station "M". Other staff outside of the FHD provide support including a Media and Public Relations Department, an Information Technology Program Manager, a Geographic Information System (GIS) specialist, and a Deputy County Counsel (designated in 2002). Each staff member has access to desktop computers, e-mail, and the Internet. Thermometers, thermocouples, holding thermometers, infrared thermometers, safety boots, and disaster preparedness kits, food sampling kits, chemical test kits, pH meters, vehicles, digital cameras, black lights, flash lights, Nextel radio cellular phones, and pagers are all standard equipment for field inspectors. Audiovisual equipment includes laptop computers, LCD projection units for presentations, screens, VCR, television, training videos, video teleconferencing, and an overhead projector. In addition, a designated food lab is available for analysis of fat content in ground beef, alcohol content in liquor, and for the presence of sulfites in potentially hazardous foods. The HHSA Public Health lab is also available for microbiological and chemical analysis. Computerized systems are used for the permit billing/tracking, recording inspection results, complaints, foodborne illness interview information, and timekeeping. The county web site (www.sdcdeh.org) has extensive food safety information and guidelines available for the public and for the regulated industry with more than 9,000 documents downloaded each month.

EXTERNAL INVOLVEMENT

Industry & Consumer Interaction: A key feature of the FHD program is the focus on interaction with industry and consumers in order to increase food safety participation, knowledge and education. A sound knowledge base is the first step in ensuring public and environmental health and safety. Maintaining excellence in customer service is also an important component to an effective program. Outreach to the retail food industry continues to be essential to the success of the program. Educational outreach

materials were developed and distributed to food facility operators. In addition, training workshops are conducted for the retail food industry throughout the County regarding food safety risk factors and interventions and the new inspection report. Further, the San Diego Food Safety Advisory Council (FSAC) played a major role in drafting, piloting, and surveying the new risk-based inspection report. The FSAC continues to be important in ensuring success of the FHD by providing a forum for communication and input for various program areas. The FSAC is comprised of representatives from the retail food industry including the San Diego Chapter of the California Restaurant Association, the San Diego Food and Beverage Association, the California Grocers Association, the California Independent Grocers and Convenience Stores, the San Diego State University Graduate School of Public Health, the San Diego County Food Handler Training Schools, the San Diego County Department of Environmental Health, the San Diego County Farm and Home Advisor, the San Diego County Community Epidemiology Division, and interested consumers. An annual countywide customer service survey is also conducted to evaluate customer service levels. Another unique service provided is a public information duty specialist that is available each workday to answer questions by the public and by the regulated industry.

Community Educational Outreach: FHD is extensively involved in many different facets of the community. Through intense public outreach using brochures, mass mailings, media events, health fairs, etc., FHD has filled a great demand for expertise concerning food safety and safe food handling practices. FHD's approach is teaching principles of prevention of foodborne illness and giving the public skills to make informed decisions. The hallmark of this philosophy is the long-standing program in San Diego County of restaurant grading. Some of the other highlights of our outreach activities include:

GUEST SPEAKERS AT EDUCATIONAL INSTITUTIONS: The FHD provides inspectors as guest speakers at "career days" at elementary, middle, and high schools, community colleges and state universities to promote the profession of environmental health. Student ride-a-longs are offered to students who have an interest in the environmental health field or need to meet an educational requirement within their major field of study. Some of the students that participate in this program are Nursing and Nutrition students

from San Diego State University, doctors from the Camp Pendleton Marine Base, college professors, and food safety certification instructors.

COMMUNITY FOOD SAFETY PRESENTATIONS: Food safety presentations are made at organized community events to promote and educate the public on safe food handling and to prevent foodborne illness. “Fight Bac,” is an ongoing national food safety campaign that FHD continues to promote. Each year, FHD partners with the San Diego County Food Safety Advisory Council to host a summer July 4th food safety barbeque media event to educate the public on the precautions that may prevent foodborne illness. September as Food Safety Month is another annual event that we use to focus in on kids. Other major annual community events are the Miramar Air Show and the San Diego County Fair where FHD sets up informational booths to provide an overview of prevention of foodborne illness and the grading system of retail food facilities.



MEDIA: Press releases regarding food safety during the holidays, or otherwise providing precautions or warnings to the public, are the norm. Recent events that prompted press releases include warnings about the consumption of raw Gulf Coast Oysters and the consumption of illegal raw milk queso fresco (fresh cheese) purchased from street vendors. Other major events in the county since 2001 that resulted in press releases include a multi-jurisdictional E. coli 0157:H7 outbreak related to pre-washed lettuce and the devastating Firestorm 2003 that ravaged the county, destroying more than 1200 homes and resulting in loss of life.

Manager/Food Employee Training Partnerships: The FHD has long been aware of the importance of food handler training and certification. The San Diego County Code of Regulatory Ordinances was changed in 1980 to require that every person who handles food in a retail food facility be educated and pass an examination demonstrating knowledge of microorganisms, foodborne diseases and transmission, food protection, temperature control, washing and sanitization of food contact surfaces, and health and hygiene of food handlers. Over 1200 new food handlers are trained and pass a food handler examination every month. In January 2000, the State of California made it mandatory to have one person in each food

facility trained to pass a comprehensive food manager certification examination. A special exemption was granted to San Diego County recognizing the success and experience of the FHD food handler training program. This exemption allowed the existing mandatory food handler training program to continue within the county.

PROGRAM IMPLEMENTATION

Grade Card System: San Diego County is unique because it is one of only a few counties in California that has a public awareness food facility grading system. San Diego County was the first county in California to implement the restaurant grading system in 1947. The inspection system has evolved over



the years and is now based on food safety risk. Establishments with open food preparation receive a grade card, while those that carry and sell only pre-packaged food items are not graded. Points deducted on an inspection report are weighted toward risk factor violations and public health interventions. Upon completion of the inspection, a numerical score is

given and the corresponding letter grade card (A, B, or C) is prominently displayed near the public entrance at all times. A grade “A” card is defined as 90% compliance with California law. More than 90% of food facilities each year score a grade “A”. A score less than 90% is equivalent to a grade “B”. A grade “B” implies that the facility was not in substantial compliance at the time of the last inspection. A grade “C” is equivalent to less than 80% and is considered a failing grade. Failure by a food facility to score greater than 80% within 30 days will result in suspension of the health permit. Less than 1% of all food facilities within the county each year score a grade “C”. It should be noted that risk factor violations require immediate corrective action, suitable alternative, or ceasing operation of the impacted area until the violation is corrected. Our local consumers and visitors quickly learn the usefulness of the grade in selecting a place to dine.

Enforcement: When conducting our baseline assessment for risk factor violations found during 2001-2003, we found that enforcement and compliance procedures were inconsistently implemented when risk

factor violations were repeated. In many cases, we found that compliance measures were taken to correct risk factor violations by the food facility at the re-inspection, only to be repeated again at subsequent routine inspections. What was lacking, in these cases, was adequate risk control procedures implemented by the food facility. Additionally, it was not clear on the routine inspection report whether or not a major risk factor violation was immediately corrected at the time of inspection. Subsequently, we revised our inspection report to ensure that risk factors and interventions are prominent on the report. Additional details are provided in the Issue/Challenges sections for “Manages Risk”. Data management reports were also developed to assist inspectors in determining whether or not a food facility has repeated major risk factor violations in a two-year period or whether or the facility scores less than 90% (less than a grade “A”). In cases where major risk factor violations are repeated, or the facility repeatedly scores less than 90%, an informal administrative hearing is conducted. During the administrative hearing, problem areas are identified and discussed and a voluntary risk control plan is developed for areas requiring improvement. Additional training may also be required for food handlers. After the hearing, if violations continue to be repeated, or the facility continues to score less than 90%, a permit suspension revocation hearing is scheduled. A permit suspension/revocation hearing is a formal process, where inspection history is reviewed to determine whether or not a permit should be modified, suspended, or revoked. A variety of options have been discussed and agreed to by food facility operators, including, but not limited to, modifying a permit to require the use of a full Hazard Analysis Critical Control Point (HACCP) plan and retaining a consultant, more training, and more frequent inspections. This process ensures that a comprehensive risk-based process has been initiated to assist the facility in implementing appropriate food safety practices. If the facility continuously fails to do so, a permit is revoked. In more serious cases, court action has also been pursued through the District Attorney’s offices.

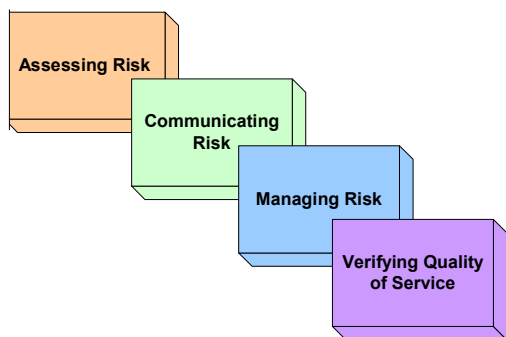
Formal Staff Training Program: FHD field staff is trained with an emphasis on standardization and risk reduction. New field staff is required to complete a comprehensive six-week training program covering major topic areas outlined in the FDA National Retail Food Program Standards. They also, in

addition to earning their certification as a Registered Environmental Health Specialist, must pass the food safety manager certification examination required of our food facilities. Additionally, all field staff receive ongoing training and are now required to be standardized by a statewide standard each year to ensure consistency and uniformity in inspection and interpretation of the state retail food law.

Internal Quality Assurance: An “Excellence in Service” program that is designed to assess and verify a quality inspection program is an important component to our TEAM Excellence Performance Measures System. This new program is aligned with the FDA National Retail Food Program Standards and was implemented in November 2004. It includes an evaluation process, annual standardization, and customer service surveys. Prior to the Excellence in Service program, staff went through an extensive sixteen-hour statewide standardization training course and was required to be field standardized by a statewide standard every three years. Supervisors also review inspection reports issued by staff daily. Computerized reports are also generated to identify food establishments with recurring major risk factor violations, multiple down grades (scoring below 90%), and those overdue for inspection. A mystery shopper also shops every two months by e-mail, telephone, and in person to evaluate our customer service.

Issues and challenges

In 2001, together with our stakeholders, we initiated work on creating a long-range goals and objectives plan. Our primary goal was and is to reduce foodborne illness. Our plan’s major objectives focus on public health interventions designed to reduce risk of foodborne illness. To help achieve our



goals and objectives, we designed and incorporated a comprehensive TEAM Excellence Performance Measurement System that is built on a foundation with a conceptual framework of assessing risk, communicating risk, managing risk, and verifying quality of service. It is from

these concepts that planned interventions were developed and implemented in order to achieve our long-range goals and objectives.

Issue/Challenge: *ASSESSING FOOD SAFETY RISKS THAT CAN BE CONTRIBUTING FACTORS TO FOODBORNE ILLNESS.*

Objective: Establish a baseline of food employee knowledge and food safety risk factor violations observed during inspections. The baseline trends have identified training and other intervention strategies needed to reduce risk. The implementation of these strategies has resulted in decreasing trends in the occurrence of food safety risk factors countywide.

Methods:

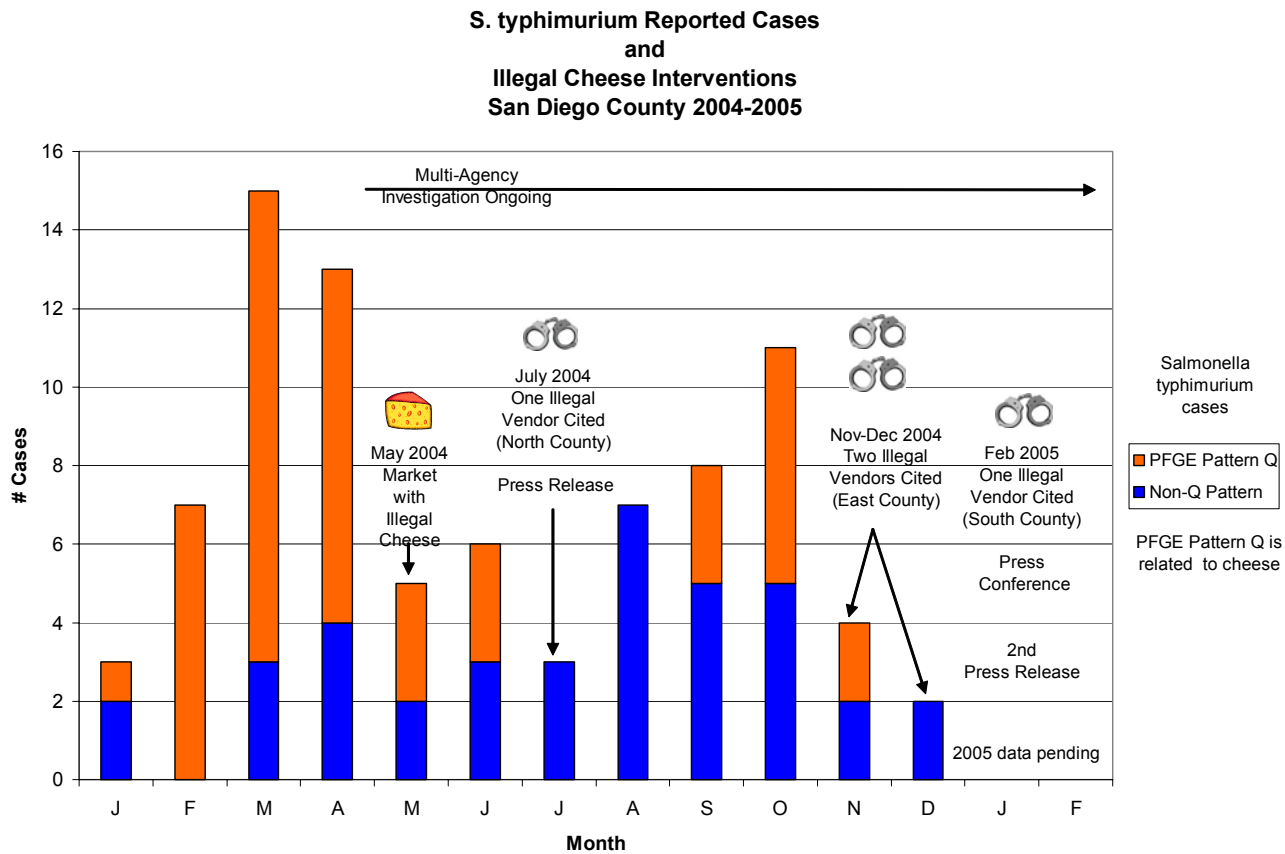
Historical baseline survey conducted of risk factor violations in retail food facilities. A historical baseline study of risk factor violations was conducted by reviewing inspection reports from January 2001 through December 2002. The sample size used was derived using FDA recommendations.

Assess risk factor knowledge of food employees. In March/April 2003, more than twelve hundred one-page surveys in English and Spanish were administered during routine food facility inspections to food employees that prepare or handle unpackaged foods. The purpose of this survey was two-fold: to assess knowledge of food employees in several types of food facilities in San Diego County and to compare the effectiveness of three types of food handler training programs. The survey asked six questions that pertained to risk factors associated with and implicated in causing foodborne illness.

Continuous assessment of risk factor violations. Risk factor violations observed during inspections are stored in a computerized database. A dashboard report that monitors the occurrence of risk factor violations at food facilities was developed in 2003 and is maintained and reviewed each month. Assessing risk is an ongoing process that has helped identify: changing trends; new problems; whether or not a relationship exists between lack of knowledge and violations found; and if interventions implemented are effective.

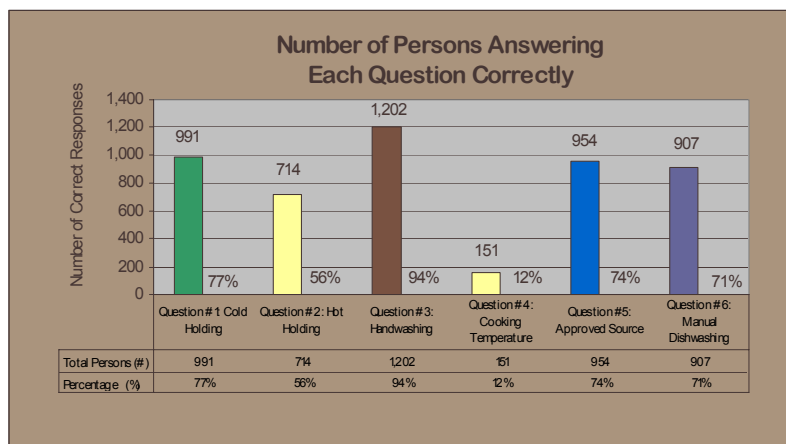
Contributing factors of foodborne illness outbreaks are scrutinized annually. Annual assessments of risk factors found during investigation of foodborne illness outbreaks were conducted for calendar years

2002 and 2003. Salmonella and Campylobacter illnesses that may have been related to consuming food at a retail food facility are also evaluated (whether or not they were related to a cluster of illnesses) during the same time frame. This assessment process was important in identifying a cluster of illnesses found sporadically throughout the county that were linked to the consumption of illegal raw milk queso fresco (fresh cheese) sold by street vendors. The assessment led to field surveillance and sampling that positively linked the illegal cheese sold by street vendors with the illnesses through laboratory PFGE analysis. The following chart illustrates an assessment of total Salmonella typhimurium cases reported and the subsequent impact of illegal cheese interventions implemented.



Measurable Outcomes and Achievements: Our risk assessments revealed that the three top risk factor violations consistently found during inspections and foodborne illness investigations include: improper cold holding temperatures, poor employee hygiene, and improper cleaning and sanitization of food

contact surfaces. Additionally, the assessments also revealed that there is a need to improve practices in wholesale food warehouses that distribute food to retail food facilities. With this assessment information, interventions were developed and implemented. These included use of risk control plans, a new risk-based inspection report, a wholesale food warehouse inspection and education program, an operators guidebook in multiple languages, and guidance materials associated with obtaining food from approved food sources, use of wiping cloths, temperature control logs and calibration procedures, and outreach workshops. This has resulted in decreasing trends in risk factor violations. Our food employee knowledge survey revealed that there is a lack of food employee knowledge regarding two risk factors--proper



cooking and hot holding temperatures.

A direct relationship between lack of knowledge and most frequent risk factor violations found during inspections could not be associated.

One can assume that usually, what people know and what people do are

often two different things. To reverse this human trait, we strengthened our enforcement and compliance procedures. Other trends in the data from the survey revealed that respondents who took the survey in English scored higher than those in Spanish; those with food safety certification scored much higher than those with classroom or in-house training; and finally, respondents at facilities with the largest number of employees scored slightly higher than facilities with fewer employees. In addition, the results of our assessment of foodborne illness outbreaks revealed that significant factors contributing to outbreaks were food from unsafe food sources that were often exacerbated by violations such as improper holding temperature, improper cooking temperature, and cross contamination. Another leading factor is employee health. Norovirus, while not reportable, has significantly contributed to outbreaks of illness in food facilities.

Issues/Challenge: COMMUNICATING FOOD SAFETY RISKS THROUGH EDUCATIONAL OUTREACH AND TRAINING PROGRAMS.

Objective: Increase stakeholder knowledge of food safety issues through partnerships and convenient communication methods. Improving knowledge of food safety risks is an important step leading to improved food preparation practices that can directly relate to foodborne illness. This approach will continue to result in educating more stakeholders on the national, state, and local levels.

Methods:

Established a forum to partner with stakeholders to interact, provide information, receive input, and educate. In 2001, San Diego County established a Food Safety Advisory Council (FSAC) as a forum to obtain input for long term planning purposes. The FSAC is comprised of retail food industry stakeholders, San Diego County food handler training schools, the San Diego State University Graduate School of Public Health, the Farm and Home Advisor, epidemiologists, public health nurses, the FHD, and interested consumers. The FSAC is focused on information sharing, input regarding program planning, and educating our stakeholders. A number of educational presentations are also provided to interested stakeholders, including topics such as food security, preventing cross contamination of food contact surfaces, employee health and hygiene, foodborne illness procedures and self-reporting, how to ensure food is from safe food sources, and the new FDA Bioterrorism Act. A plan review subcommittee comprised of interested stakeholders was also formed to address plan review issues related to food facilities. A new wholesale food warehouse inspection and education program was created in 2002 through the efforts of the FSAC and representatives from the wholesale food industry. The program was initiated because our risk assessment identified food safety concerns associated with wholesale food warehouses. Further, beginning in the spring of 2004, comprehensive training on risk factors and interventions and the new risk-based inspection report were conducted through workshops held throughout the county (in English and Spanish). Additional workshops were held for school districts and chain food facilities.

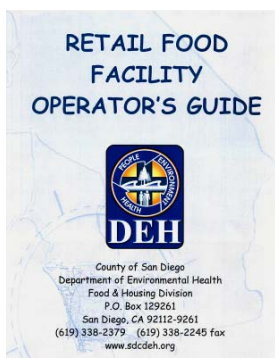
Participate in a leading role in national, state, and local food safety issues. FHD staff has taken the lead on national, state, and local levels in sharing information and in developing important intervention strategies that can be used in reducing risks and improving inspection and investigation methods at all levels. On the national level, FHD staff has participated in developing and in training the National Environmental Health Associations (NEHA) Epi-Ready Course. The objective of the course is to bring public health professionals together in core teams comprised of epidemiologists, public health nurses, and environmental health specialists to improve methods in identifying and investigating foodborne illnesses using a team approach. On a local level, FHD has facilitated the Epi-Ready course in San Diego County so neighboring local jurisdictions and industry could receive training in order to improve response to foodborne illness outbreaks on a local level in Southern California. FHD has also taken the lead in establishing the FSAC, educating the industry and the public through guidance and outreach, and reducing risk factors through interventions. On a statewide level, since 2001, the County of San Diego Director of DEH and the Chief of FHD, representing local jurisdictions on the California Retail Food Safety Coalition³, have taken leading roles in rewriting the California Uniform Retail Food Facilities Law so it will be modeled after the FDA Model Food Code. Countless hours of effort both on and off the clock has been poured into this effort in order to improve public health in California. State Senator George Runner introduced the new code, known as the California Retail Food Code, as SB 144 into the California State legislature this year.

Increase stakeholder knowledge of food safety risks through efficient and convenient communication methods. FHD developed, implemented, and continually updates its interactive website. The department first developed and launched a rudimentary website in 1999 that listed basic information regarding programs and services. In 2003, the website went through a major overhaul to make navigation through the site more user-friendly and included a wider variety of information and resources available

³ The California Retail Food Safety Coalition (CRFSC) is an informal, voluntary coalition of representatives in the State of California from the retail food service industry and local, state, and federal regulatory agencies.

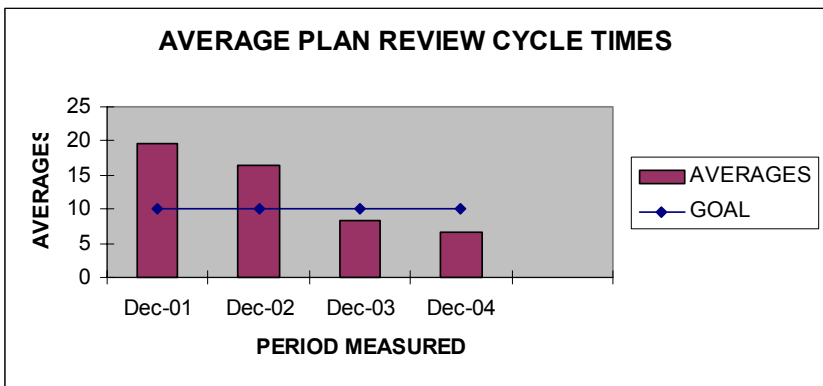
electronically to website visitors countywide (in fact, worldwide) on demand, 24 hours a day, and 7 days a week. It also became a major portal for guideline information pertaining to environmental/public health issues resulting from Firestorm 2003. During this process, website content was re-arranged and reformatted, all the while keeping a customer-focused design approach and minimizing time needed to locate required content. Previously, the public had to initiate contact with FHD during business hours to ask questions, report complaints, or request educational information or publications. Along with accessing basic data about our program, visitors are now able to do many things, such as: locate a county-authorized food handler school, download resources (laws, regulations, workbooks, guides, and self-inspection checklists), find out what's new on the site or within our program, determine contact names and phone numbers, send an email to our public information desk, report complaints that are within our jurisdiction, or find referral information. FHD also regularly conducts outreach to the public using print, radio, and television media. Annual media events include a Fourth of July barbecue event to assist the public in having safe summer barbecues, a holiday food safety press release, and food safety education month targeted to kids in the community. Other media coverage since 2001 includes “How to have a safe tailgate party” (when the Super Bowl was held in San Diego County in 2003) and annual media coverage on food facility inspections and safe food practices in the home on major television stations and the County Television Network. Special issues resulting in media coverage since 2001 include, foodborne illnesses linked to the consumption of illegal queso fresco (fresh cheese), consumption of raw Gulf Coast oysters, and a foodborne illness outbreak associated with pre-washed lettuce.

Measurable Outcomes and Achievements: The utilization of the FSAC partnering concept by FHD



was instrumental in developing the long-range TEAM Excellence Performance Measurement System plan in 2001-2002, the retail food facility operator’s guidebook in 2003, and the new risk-based inspection report in 2004. Additionally, nearly 2000 people were trained in our risk factor and intervention based workshops held throughout the county in 2004. These four

accomplishments have had significant impacts in reducing the occurrence of food safety risk factors in retail food facilities by increasing knowledge and improving food employee behaviors and food preparation practices. The plan review subcommittee of the FSAC updated the comprehensive plan review guideline posted on the FHD website, provided input in improving the plan review process flow, and created a plan submittal checklist for food facility planners to complete and submit with plans. The checklist was designed to ensure all critical food safety construction areas are covered in order to minimize the number of plan review corrections needed. This important checklist and improved plan review process flow has contributed to shorter cycle times of less than 10 days. Additionally, our website



(www.sdcdeh.org) is one of the main information portals used to communicate with both our internal and external customers. Web traffic has steadily increased since 2001. At present, the site receives more than

4,000 hits per month and users download more than 9,000 documents monthly. Our most popular download documents are related to our food handler training program. Commercially available off-the-shelf software is used to accurately track and report statistical information about website visitors. This information is used to customize and improve the website content and delivery. Future website enhancements will include making inspection results available upon request and using surveys to collect data about the public's knowledge, attitudes, and beliefs regarding environmental health topics. These enhancements are part of the planning process for further program development.

Issues/Challenge: *MANAGE RISKS BY PROMOTING AN INSPECTION METHODOLOGY THAT PRIORITIZES INSPECTIONS AND INVESTIGATIONS BASED ON RELATIVE DEGREE OF RISK.*

Objectives: Implement methods to balance outcome and output measure components to ensure overall prioritization and distribution of inspections and investigations are appropriate, consistent and uniform. Monitor these components to ensure intervention strategies and resources are prioritized in critical areas. The successful implementation and integration of these components will contribute to an effective performance measurement system aimed at reducing the occurrences of risk factor violations.

Methods:

Develop and implement a risk-based food facility inspection report. To appropriately manage risks found during the inspection process, the food establishment inspection report was revised in line with the FDA National Retail Food Program Standards. Inspection items that relate directly to risk factors and interventions became more conspicuous and prominent on the report. A comprehensive marking instructions guidebook was also written to ensure consistency in interpretation and application of the report. In January 2004, a workgroup of FHD staff and representatives from each of the retail food industry groups represented in San Diego County provided input and piloted the new risk-based food facility inspection report. By May 2004, the old inspection report was replaced by the new “risk factor and intervention” based report. To implement the report in the field, workshops were held around the County and FHD staff conducted consultative inspections the first time they used the new inspection report in a facility. This provided an opportunity to educate the food facility operator about the new report. Risk factor items are conspicuously located on the inspection report because compliance with these items is vital to prevention of illness, injury or death. Point values for risk factors and intervention type violations are also weighted much higher on the new report. Major risk factor violations are noted

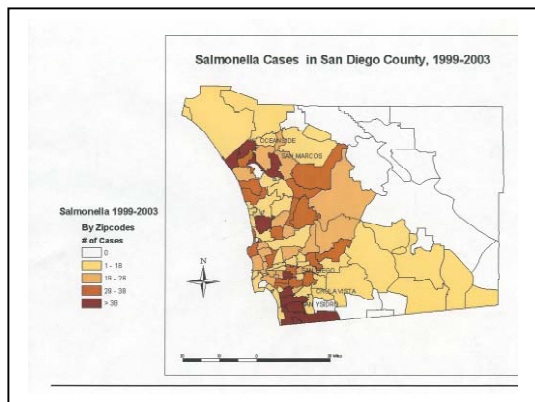
separately to assist in the collection and evaluation of data in identifying trends in the occurrence of violations that are considered imminent health hazards. Trends in the occurrence of risk factor violations can assist in identifying training needs or other intervention strategies needed to reduce risks in the community. Inspection items that relate directly to interventions are also prominent on the inspection report since incorporating these procedures into a facility's management practices will help protect the consumer's health. Additionally, definitions of major risk factor violations and relevant code sections from the California Health and Safety Code are clearly noted on the back of each inspection report. It is important that information on what is expected of an owner or operator of a food facility is clearly written and consistently enforced. Additionally, the report uses positive reinforcement by documenting when a facility is in compliance with items related to the risk factors and interventions. Owners and operators can see items being documented "In Compliance" (IN), "Out of Compliance" (OUT), "Not Observed" (NO), "Not Applicable" (NA) or "Corrected-On-Site" (COS). A chart where temperatures, that are both in and out of compliance, are also recorded on the new report. This demonstrates that REHS's are acknowledging the good along with the bad and, by identifying and recognizing the positive behaviors and actions in a food establishment employees will be more apt to continue these positive actions and behaviors. This shifts the inspection's focus to determining 'compliance' rather than only identifying violations as traditionally done.

Revise output measures to ensure overall prioritization and distribution of inspections is consistent and uniform. Prior to the implementation of the TEAM Excellence Performance Measurement System, only output measures related to the number of high-risk (full service food preparation) food facility inspections conducted were measured. The number of inspections alone does not measure relative degree of risk. However, it is essential that a balance between output measures and outcome measures be achieved in order to accomplish desired goals and objectives. Assessment of risk factors found in various types of food facilities provided the basis for an effective risk-based output measures system. A team approach to prioritize inspections, environmental investigations, outreach, training, complaint

investigations, follow up inspections, and special projects are components of the output measures system. Environmental investigations related to complaints of foodborne illness outbreaks are the highest priority inspection followed by full service food facilities without HACCP Plans, Meat Markets/Deli's, full service food facilities with a HACCP Plan, limited food preparation food facilities, and prepackaged food facilities.

Enhance information technology as a data collection system for tracking risk factor violations.

Implementing an information technology system to track risk factor violations found during inspections



was challenging. Our KIVA system was modified to capture inspection data in 2002. New software, Teleforms, is now able to capture inspection information by scanning inspection reports. Additionally, recent use of Geographic Information Systems (GIS) has been effective in identifying trends in relation to distribution of illnesses associated with Salmonella

and Campylobacter. It has also assisted in surveillance of illegal vending of raw milk queso fresco (fresh cheese) that is linked, through epidemiology and laboratory confirmation, to over 50 illnesses associated with Salmonella, Campylobacter, and Listeria in the county.

Enhance disaster preparedness procedures. The unfortunate events of September 11, 2001 led to new

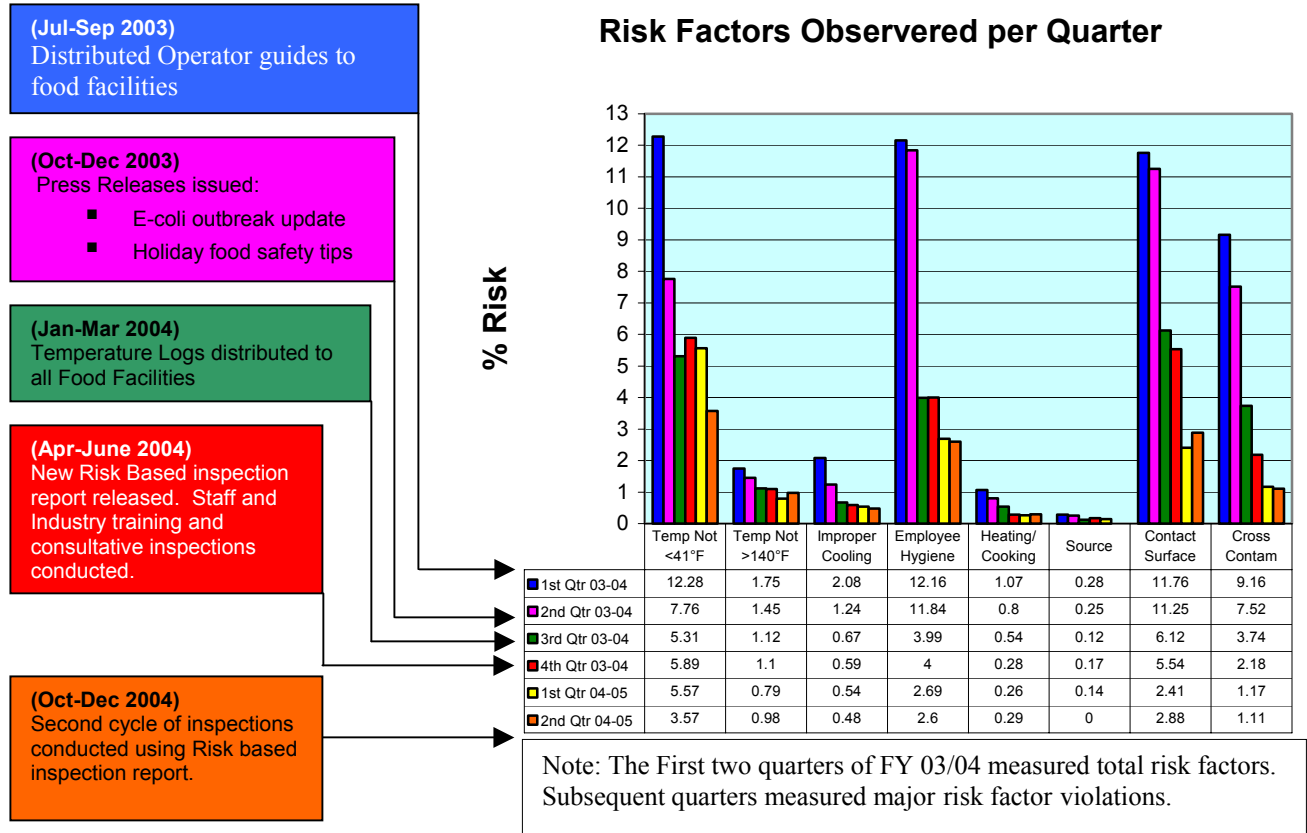
concerns related to food safety and security. FHD took a five-prong approach to disaster preparedness by: preparing field staff with new equipment and training; conducting training and distributing a two page guidance document on food safety and security to our retail food facilities; developing a risk control plan workbook and training for wholesale food warehouses on risk control and food recall procedures; conducting tabletop exercises on the local level and the state level; and posting guideline information on our website.

Develop a consistent enforcement and compliance process to ensure that major violations are immediately corrected or a suitable alternative implemented until the violation is corrected. During

the baseline risk factor assessment process, gaps in consistent enforcement and compliance methods were identified. Since that time, a consistent enforcement and compliance process has been implemented to ensure that major violations are immediately corrected or a suitable alternative is temporarily implemented until the violation is corrected. When a major violation cannot be immediately corrected, or a suitable alternative initiated, the food facility may be subject to closure in the impacted areas until the violation is corrected. A model risk control plan guideline was also developed to assist field staff in providing assistance to operators with recurring risk factor violations. The risk control plan process assists food facility operators in implementing simple model procedures in order to gain control of their food safety risks. The risk control plan is also part of the FHD approach to Active Managerial Control. Other tools provided to food facility operators include a model temperature control log, procedures for implementing employee health practices, guidelines for determining approved food sources, and procedures for cleaning and sanitizing equipment when using wiping cloths. These tools, in addition to a consultative inspection, are also provided to new food facility operators in a tool kit distributed by the plan check unit when a new food facility opens for business. Food facilities that continue to have repeated major risk factor violations, or repeat downgrades of the facility, are subject to further administrative action, up to and including modification of a permit or suspension or revocation of a permit to operate the food facility.

Measurable Outcomes and Achievements: The new risk-based food facility inspection report; use of active managerial control concepts; consistent enforcement and compliance procedures; and food handler training has led to a reduction in the occurrence of risk factor violations found in retail food facilities. Prioritizing inspections by identifying risks and intervention strategies has also led to successful public health outcomes. It has been effective in ensuring cost and revenues are appropriately distributed so resources are prioritized in critical areas. Disaster preparedness, guidance, and training for wholesale warehouse distributors in the county have helped food facilities be better prepared to manage a regional outbreak of foodborne illness, whether intentional or not. Enhancements in information technology

have also improved the tracking and identification of risk in the community. The following chart displays recent milestones and trends in the occurrence risk factor violations.



Issues/Challenge: *VERIFYING THE QUALITY OF SERVICE, CONSISTENCY AND UNIFORMITY OF OPERATIONS, AND IDENTIFYING RESOURCE NEEDS AND TRAINING FOR STAFF ARE IMPORTANT COMPONENTS OF A PROGRAM TO ENSURE EXCELLENCE.*

Objective: Implement an Excellence in Service program that is designed to assess and verify a quality inspection program. The intent of the Excellence in Service program is to ensure safe and livable communities by applying a consistent focus on reducing risk and exceeding our customer’s expectations.

Methods: The Excellence in Service program was developed by a team of staff members from all levels of FHD from Trainee to Chief. The concepts within the program are modeled after the quality assurance guidance in the FDA National Retail Food Program standards. The program has two integral parts

including: methods for ensuring consistent focus on reducing risk through a comprehensive annual field evaluation and standardization process; and evaluating the customer service provided by the division by conducting a random annual customer satisfaction survey of facilities inspected. Additionally, a mystery shopper randomly shops FHD services and personnel by e-mail, telephone, and in person throughout the year.

Measurable Outcomes and Achievements: The Excellence in Service program is the final component of the TEAM Excellence Performance Measurement System. It has resulted in all field staff, supervisors, and the Chief of the FHD being standardized on risk factor and intervention based inspections. It has also resulted in identifying training needs for field staff and customer satisfaction scores of over 96%.

SUMMARY

FHD is similar to many successful organizations that have a program in place that is geared toward achieving positive outcomes, measuring performance, and maintaining and improving the quality of service. However, FHD has achieved additional accomplishments by partnering with our stakeholders to develop and implement the model TEAM Excellence Performance Measures System for the San Diego County food safety program. This system, built on a foundation that utilizes the concepts of assessing risk, communicating risk, managing risk, and verifying quality of service has resulted in identification and reduction of food safety risks in the community. A tremendous amount of time and commitment by FHD staff and stakeholders have contributed to the success of our program in enhancing the quality of life for 3 million residents and 14.7 million overnight guests that visit the county each year. When the regulated industry, schools, academia, consumers, epidemiologists, public health nurses, and the regulators are interested in partnering to ensure the public's health and safety, we all win! In light of these tremendous efforts and resulting positive outcomes, we submit this application for consideration of the Samuel J. Crumbine Consumer Protection Award.

ACKNOWLEDGEMENTS

The Department of Environmental Health (DEH) wishes to thank all of our staff and stakeholders for their outstanding efforts and contributions in ensuring safe and livable communities in San Diego County.

DEH also wishes to recognize the Food and Housing Division Crumbine award committee for their outstanding team effort in writing the nomination application and compiling all of the many supporting documents that comprise the TEAM Excellence Performance Measurement System.



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Health and Human Services Agency (HHS) Agency (HHS)
Community Epidemiology staff