

Factors Associated with Local Health Departments' Initial and Continual Enrollment in the U.S. Food and Drug Administration Voluntary National Retail Food Regulatory Program Standards:

A Qualitative Study



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Abstract

Local health departments (LHDs) across the United States play a vital role in ensuring the safety of food sold in retail food service establishments, with about 78 percent of LHDs providing regulation, inspection, or licensing services of these establishments. The U.S. Food and Drug Administration (FDA) developed the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) to provide a voluntary national framework for retail food protection programs to build the capacity to perform essential functions and solve problems by helping environmental health practitioners assess and continuously improve the quality of their programs. The Retail Program Standards can help regulatory programs to reduce the occurrence of foodborne illness risk factors in retail food and food service establishments, and improve the services they provide to consumers and their regulated industries. The National Association of County and City Health Officials (NACCHO) conducted this study in 2020 to identify and understand the factors contributing to jurisdictions unenrolling or never enrolling in the Retail Program Standards. Results showed that factors such as a lack of support from state or parent agencies, competing priorities, and resource constraints play a major role in jurisdictions unenrolling or never enrolling. This study concludes with recommendations for why retail food regulatory program managers could benefit from the continual collaboration of FDA, NACCHO, and partner organizations to build on existing opportunities providing funding, technical assistance, and other resources that encourage jurisdictions to enroll and continue to actively engage in the Retail Program Standards.

Introduction

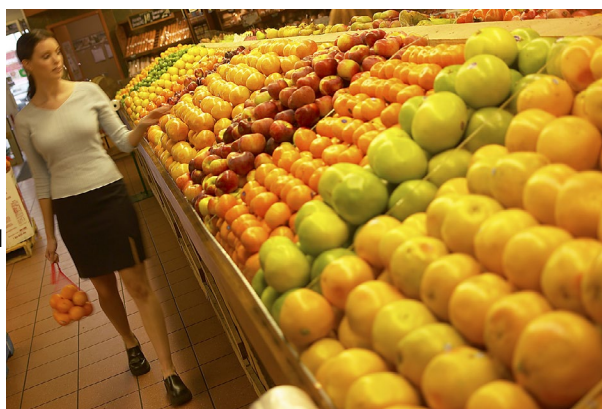
For more than 20 years, the U.S. Food and Drug Administration (FDA) has provided state, local, tribal, and territorial retail food regulatory program managers with the Voluntary National Retail Food Regulatory Program Standards (hereafter Retail Program Standards) as a guide in the design and management of retail food regulatory programs.¹ The nine Retail Program Standards provide a foundation for continuous improvement, aim to help retail food regulatory programs reinforce proper sanitation and operational practices, and ultimately, reduce the occurrence of foodborne illness outbreaks. As such, enrollment in the Retail Program Standards signifies a commitment to the continuous improvement of a program's policies, procedures, and operations that drive improved compliance with recommended food handling practices.

Among regulatory agencies, the nearly 3,000 local health departments (LHDs) across the United States are vital to ensuring the safety of retail food sold in food service establishments. According to the 2019 NACCHO Profile Study, about 78 percent of LHDs provide regulation, inspection, or licensing services of food service establishments in the past year (this statistic was calculated based on Profile Study responses

received from 1,100 LHDs that answered the question on population-based programs and services provided directly by LHDs in the past year).² These LHDs are responsible for investigating retail food safety problems and health threats, leading planning and response efforts for foodborne illness outbreaks, and ensuring compliance and enforcement of retail food regulations and other public health laws and ordinances.³ To date, there are a total of 868 jurisdictions enrolled in the Retail Program Standards, which includes nearly 700 LHDs.⁴ Approximately 70% of LHDs that regulate, inspect, or license services of food service establishments have never enrolled in the Retail Program Standards.*

The National Association of County and City Health Officials (NACCHO), which represents nearly 3,000 LHDs across the nation, has worked cooperatively with FDA to ensure LHDs have the resources, tools, and guidance needed to reduce the occurrence of foodborne illness risk factors. Cooperative efforts have included projects and initiatives to identify strategies to improve implementation of the Retail Program Standards among LHDs, providing a venue for LHDs interested in the Retail Program Standards to share resources and experiences, and improving NACCHO's and FDA's understanding of the needs of LHDs and the impact of the Retail Program Standards.

Prior to this study, NACCHO had completed two studies involving the Retail Program Standards. In 2014, NACCHO conducted a qualitative assessment that sought to better understand LHDs' successes and challenges with the Retail Program Standards to identify strategies for improving implementation of the same among LHDs. The potential advantages of using the Retail Program Standards in conjunction with pursuing the Public Health Accreditation Board's (PHAB's) accreditation was also assessed.⁵ The results suggested that enrollees found it easiest to meet *Standard 7: Industry and Community Relations*, and that meeting *Standard 7* served as the foundation for successfully achieving the eight remaining standards. Participants of this assessment also indicated that they were able to reuse the Retail Program Standards documentation for public health accreditation.



In 2018, NACCHO administered an assessment to retail food regulatory programs enrolled in the Retail Program Standards (including local, state, tribal, and territorial governmental public health agencies) to evaluate how enrollees use them as a tool for fostering continuous improvement in their food regulatory programs. Respondents identified using the Retail Program Standards to improve staff training, target inspections based on risk categorization, implement on-going quality assurance, develop operating and compliance procedures, and participate in events with industry and consumers.⁶

Considering the reported benefits of the Retail Program Standards from the 2014 and 2018 assessments, FDA recognized the need to identify strategies for improving LHDs' initial and continual enrollment in the Retail Program Standards by assessing LHDs who have never been enrolled in the Retail Program Standards as well as those who had previously enrolled and dropped out. FDA found that several LHDs who won the prestigious Samuel J. Crumbine Award for Excellence in Food Protection (hereafter known as Crumbine Award) — an annual award given to a local environmental health jurisdiction demonstrating unsurpassed achievement in providing food protection services to their communities — were not enrolled in the Retail Program Standards, even though the Crumbine Award criteria is heavily aligned with the Retail Program Standards.⁷ Additionally, several LHDs who were not enrolled in the Retail Program Standards had received recognition or have won other awards for their retail food safety programs. The objective of this study was

*78% of the nearly 3,000 LHDs indicates that approx. 2,340 LHDs regulated, inspected, and licensed services of food service establishments in the past year.² Removing the 700 enrolled LHDs in the Retail Program Standards as well as the 70 unenrolled LHDs from 2,340 LHDs indicates that approx. 1,570 LHDs (i.e., 67% of 2,340) have never enrolled in the Retail Program Standards.

to identify factors associated with the initial and continual enrollment of LHDs with the Retail Program Standards, specifically assessing LHDs who had won or applied for the Crumline Award, or received other awards or recognitions, and LHDs that had previously enrolled and dropped out of the Retail Program Standards, or have never enrolled in the Retail Program Standards.

Methods

Table 1. Inclusion and Exclusion Criteria for Key Informant Interview Participants

Never Been Enrolled Group	
Inclusion Criteria	Exclusion Criteria
LHD (city or county)	State, territorial, or tribal health department
No record of LHD enrolled in the Retail Program Standards	Enrolled or dropped out of the Retail Program Standards
Applied/won Crumline Award or other Award(s)/ recognition(s) related to retail food safety	
Enrolled and Dropped Out Group	
Inclusion Criteria	Exclusion Criteria
LHD (city or county)	State, territorial, or tribal health department
Enrolled and dropped out of the Retail Program Standards in the past five years (i.e., 2014-2019)	Enrolled and actively working on the Retail Program Standards in the past five years (i.e., 2014-2019)
Enrolled and dropped out of the Retail Program Standards and re-enrolled in past two years prior to this key informant interview	
Enrolled and have not conducted a self-assessment and/or verification audit on a Retail Program Standard in the past five years	
Applied/won Crumline Award or other Award(s)/ recognition(s) related to retail food safety	

Inclusion Criteria for Participants. Participants were recruited from the population of LHD retail food regulatory programs belonging to two different Retail Program Standard enrollment categories. Enrollment categories included LHDs that had never been enrolled in the Retail Program Standards and those who had previously enrolled and dropped out. Those who had previously enrolled and dropped out of the Retail Program Standards were defined as LHDs that dropped out of the program or have not conducted a self-assessment and/or verification audit (SA/VA) on a Retail Program Standard in the past five years. Completion of SA/VA on a Retail Program Standard was identified by referencing the FDA Listing of Jurisdictions Enrolled in the Retail Program Standards.⁴ Those LHDs that had previously enrolled and dropped out of the Retail Program Standards, but re-enrolled in the past two years were also included in this group. The group also included those who have actively dropped out in the past five years.

LHDs who were never enrolled were operationally defined as those for which there were no record of them ever having been enrolled in the Retail Program Standards. Each of the two enrollment categories were crosswalked with Crumline Award winners⁷ and applicants, and LHDs with other recognitions (such as NACCHO Model Practices winners⁸, state conference director of environmental health awards, etc.) This resulted in a total of six LHDs. These findings were used to recruit participants for key informant interviews. The LHDs were selected to include diverse LHD perspectives from a range of population-served sizes and regions of the country. Six LHDs agreed to the interviews, out of which five LHDs met the inclusion criteria at the time of the interview. Hence, the interviews were finalized with five participants: three LHDs that were

previously enrolled but dropped out, and two LHDs that have never enrolled. (See Table 1)

Data collection. Interviews were conducted with the five LHDs' retail food regulatory programs between January and March 2020. Key informant interview questions were developed before the interview period. Questions were organized into the following five topic areas:

- Demographics of the retail food regulatory program;
- Knowledge about Retail Program Standards resources;
- Facilitators for initial and continual enrollment in the Retail Program Standards;
- Barriers to initial and continual enrollment in the Retail Program Standards; and
- Use of the Retail Program Standards

Specific research questions asked included the following:

- How are the Retail Program Standards used among LHDs with different enrollment statuses?
 - Have you ever applied to a Crumline Award or other food safety-related award?
 - Have you ever received a Crumline Award or other food safety-related award?
- What do LHDs know about the Retail Program Standards?
- What facilitates initial and continual enrollment in the Retail Program Standards?
- What are barriers to initial and continual enrollment in the Retail Program Standards?

Participants that have never enrolled in the Retail Program Standards were not asked about continual enrollment.

Participants were invited to join an interview with NACCHO staff via email. These interviews were scheduled and conducted using Zoom® software. Interviews were recorded with the consent of participants and were transcribed using an external transcription service. Following transcription, interviews were analyzed using an exploratory coding process in NVivo®. Themes and subthemes were established following iterative expansion and consolidation of codes. These themes are expanded upon in the results. (See Table 2)



Results

Table 2. LHD Key Informant Interview Participant Demographics

LHD	1	2	3	4	5
Interviewee Tenure (yrs.)	18	20	N/A	19	26
Authority derived	State	State and local ordinances (home rule)	State	State	State
Food Code edition	2013	2013	Current Ohio Food Code (based on 2017 FDA Food Code)	2013	Cal Code 2017 and local health code
Number of retail establishments	4,800	5,752	4,680	2,766	7,300
Number of Full-Time Equivalents	18	21	20	12	34
Year Enrolled	2001	1999	2008	N/A	N/A
Dropped out/ never enrolled	Dropped out	Dropped out	Dropped out	Never enrolled	Never enrolled
Awarded the Crumline	Yes	Yes	Yes	Yes	No
Avenues of Information about the Retail Program Standards	FDA Contact	LHD Contact	Associations related to retail regulatory food safety	Networks and other collaborators	FDA Trainings and Networks and other collaborators
Source of Guidance for Food Safety	FDA, State	State	State	State	State



Table 3. Analytical Themes and Subthemes

THEME	Perceived value of Retail Program Standards	Factors Supporting Initial Enrollment	Factors Supporting Continual Enrollment	Barriers to enrolling or maintaining enrollment in the Retail Program Standards
SUBTHEMES	<p>Retail Program Standards as a pathway to standardize and engage in continuous quality improvement</p> <p>Retail Program Standards as a training tool</p> <p>Retail Program Standards as a way that offers credibility to those meeting the Retail Program Standards</p>	<p>Potential for assistance in PHAB's public health accreditation efforts</p> <p>Potential for augmentation of Crumrine Award applications</p>	<p>Support from leaders within the organization or having a "champion"</p> <p>Having an informed and engaged FDA Retail Food Specialist and access to FDA trainings</p>	<p>Lack of promotion from state or other higher agencies</p> <p>Lack of FDA-related personnel to help with enrollment/information</p> <p>Competing priorities</p> <p>Lack of enrollment due to resource constraints (staff, time, funds)</p>

Perceived Value of Retail Program Standards

In describing their knowledge of and interactions with the FDA Retail Program Standards, each participant was able to lend a unique perspective on why the Retail Program Standards was valuable for use within their retail food regulatory programs. Several subthemes emerged that demonstrated the wide range of ways in which the Retail Program Standards were seen as useful. (See Table 3)

1. Retail Program Standards **as a pathway to standardize and engage in continuous quality improvement**: Some participants noted that they considered the Retail Program Standards to be valuable because it represented a way to ensure that retail food regulatory programs were standardized across the board. They also described the function of the Retail Program Standards to regulate food safety program service provision and actions as having been a reason why the Retail Program Standards are valuable.
2. Retail Program Standards **as a training tool**: The importance of continued training in the field of public health in general, and in food safety specifically, was recognized by some of the participants. These individuals felt that the Retail Program Standards was a useful reference for their continual training and professional development. They also felt that future food safety staff who hoped to become well-versed in food safety best practices and standards could benefit from trainings derived from the Retail Program Standards. This theme is in line with *Standard 2* of the Retail Program Standards, which promotes having trained regulatory food safety staff.
3. Retail Program Standards **as a way that offers credibility to those meeting the Retail Program Standards**: As a product of the FDA, the Retail Program Standards exists as a well-respected and credible source on food safety excellence. Some interview participants recognized this fact and believed that with their enrollment in, and continual progression toward, the Retail Program Standards, they would gain more credibility and respect as LHD retail food regulatory program entities. This subtheme is exemplified by the following excerpt from one participant from a jurisdiction that was previously enrolled but dropped out:

"I think where we feel like our program is... has more credibility I guess, because we're doing it, we're using a national standard that other health departments in the state and in the nation use. I think that gives us more credibility when people question our methods or how come you're doing this or have you been doing that?"

Factors Supporting Initial Enrollment

Participants described a slew of factors that impacted whether they chose to enroll in the Retail Program Standards. Some of the reasons related to the perceived value and/or benefits associated with the Retail Program Standards, and the belief that the Retail Program Standards would be valuable to their food safety programs. Additionally, select LHDs who were previously enrolled in the Retail Program Standards felt that there were a unique set of benefits to enrollment.

1. **Potential for assistance in PHAB accreditation efforts:** According to interview participants, the first unique reason for enrolling in Retail Program Standards was to aid in PHAB's public health accreditation. One respondent believed that their involvement with the Retail Program Standards would demonstrate to PHAB that they were committed to pursuing excellence and continual quality improvement. When asked about their decision to re-enroll in the Retail Program Standards, one LHD who had previously dropped out said:

"...We thought [re-enrolling in the Retail Program Standards] might be good for re-accreditation..."

2. **Potential for augmentation of Crumline Award applications:** The Crumline Award is an honor granted to local environmental health jurisdictions, including LHDs, committed to pursuing excellence in their food safety practices in the jurisdictions they serve. Some LHD participants currently enrolled in the Retail Program Standards indicated that they felt their enrollment could be helpful to their Crumline Award applications as it showed a clear commitment to progress in food safety. One participant from an LHD that had previously enrolled in the Retail Program Standards but has since dropped out said the following of the role of Retail Program Standards in their Crumline Award application:

".. I was fairly new in management at that point, as a supervisor, but I was one of the ones that wrote the final draft of our application and there was quite a bit of the Retail Program Standards mentioned in there and how we use them."

Factors Supporting Continual Enrollment

Throughout the course of the interviews, participants noted specific facilitators that they perceived to be beneficial to their continued enrollment in the Retail Program Standards. These facilitators were complex and related to internal and external factors.

1. **Support from leaders within the organization or having a "champion":** Buy-in and support from high-level leaders at LHDs was considered to be very important in helping food safety programs initiate enrollment as well as progress toward the Retail Program Standards. These leaders were described as having the authority to effectively allocate resources for work with Retail Program Standards, and to set organizational policy to accommodate work with the Retail Program Standards. Additionally, participants described that even having just one person at the LHD who was enthusiastic and driven to work on the Retail Program Standards, or in other words, a "champion," was extremely helpful in getting them enrolled. One participant said the following:

"I think having a champion, somebody who's pushing it and enthusiastic about it is really important... I think you've got to have someone on staff who's articulating the purpose of it, articulating that

outcomes are really important, and [that] quality is important. Who can argue with that? No one can argue with that. There's no argument against it. So, top support is really important."

2. Having an informed and engaged FDA Retail Food Specialist and access to FDA trainings:

FDA resources were seen as great facilitators for initiating and maintaining enrollment in the Retail Program Standards. Specifically, the availability of a knowledgeable and accessible FDA Retail Food Specialist that LHD staff could call on for information and assistance with the Retail Program Standards was considered "very helpful" by participants. Access to FDA trainings on the Retail Program Standards and food safety were also viewed as being useful for those hoping to learn more about the Retail Program Standards and how to complete them.

Barriers to Initial and Continual Enrollment

Participants discussed numerous barriers to enrolling or staying enrolled in the Retail Program Standards. These barriers were similar to those affecting LHDs in other endeavors and were related to competing priorities, current capacity, and other factors of the Retail Program Standards.

- 1. Lack of promotion from state or higher agencies:** In looking at the facilitators toward enrollment in the Retail Program Standards, some interviewees mentioned that information, assistance, or promotion from the state or other agencies would be helpful to their progression in the Retail Program Standards. On the other hand, many of these staff reported that a crucial barrier affecting their continual enrollment was lack of promotion or information about the Retail Program Standards from their states or parent agencies. Without access to, or support from, their states and higher agencies, these respondents felt as though they did not have the proper support to work on the Retail Program Standards.
- 2. Lack of FDA-related personnel to help with enrollment/information:** In a similar vein, LHD personnel noted that not having access to FDA Retail Food Specialists and related FDA personnel to receive information about, and assistance with, the Retail Program Standards was seen as a barrier to progression. In some instances, not having access to FDA staff to ask questions or request input around the Retail Program Standards was seen as detrimental to their efforts to meet the Retail Program Standards. One participant from a previously enrolled LHD said the following when asked how having an engaged FDA staff member to check-in on their progress toward the Retail Program Standards could have helped them:

"...if there was a little bit more urging or asking, "Hey, how's it going? Are you guys pretty close to getting number one done or something?" We would probably get it done quickly."

- 3. Competing priorities:** Owing to multiple responsibilities held by LHDs and their food safety staff, enrolling in, and keeping up with, their progress in a rigorous program such as the Retail Program Standards has proved to be quite difficult. Participants stated that they had other programs and priorities to focus on and that Retail Program Standards was an additional piece that could not always be tended to. One employee whose health department had never enrolled in the Retail Program Standards said the following:

"... We run a pretty lean ship around here and the other programs that we do, I believe that we would not have the attention to those programs if we were enrolled in this [Retail Program Standards]."

Health departments already enrolled in the Retail Program Standards did not have the time or capacity to keep tracking what they had accomplished for the Retail Program Standards and due to

this, they lacked documentation to report on their progress. Finally, some of these LHDs mentioned that they eventually could not follow up with their commitments and so, dropped out of the Retail Program Standards due to these competing priorities.

- 4. Lack of enrollment due to resource constraints (staff, time, funds):** The subtheme consistently observed in terms of barriers to enrollment and continual enrollment by LHDs were resource and capacity constraints. Participants often referred to shortages in time, staff, and funding as affecting their ability to prioritize progressing in the Retail Program Standards. They also talked about ways that they could be successful in the Retail Program Standards if they had access to enough resources. One participant from a health department that has never enrolled said the following:

“Shortness of staff, I think that, well something that we don’t advertise, but we’re chronically in a deficit just because of attrition...We don’t necessarily always have a full staff.”

Discussion

Overall, interview participants tended to describe many of the same themes when it came to discussing the Retail Program Standards. Specifically, notions of the value of the Retail Program Standards, facilitators to enrolling and maintaining enrollment, and barriers to enrollment tended to be more similar among enrollment categories than different. These similarities underpin the need for continued investigation into enrollment, or lack thereof, in the Retail Program Standards, and highlights the need for additional strategizing around keeping LHDs enrolled and motivated toward progress through all of the nine Retail Program Standards.

Ultimately, LHDs seem to view the Retail Program Standards as providing a foundation for the optimal functioning of retail food programs, and as a guide for their continual improvement in retail food safety. With the Retail Program Standards, enrollees can utilize a framework to meet the Retail Program Standards and benefit from being in a network of peers who are also working toward conformance with the Retail Program Standards. Resources, such as funding opportunities, mentorship programs, and technical assistance are being provided to enrollees from peers as well as from FDA, NACCHO, and partner organizations.

Contributors to Enrollment: Summary of Findings

Participants in the interviews, including LHDs that enrolled and then dropped out, recognize that the Retail Program Standards significantly strengthen and bring credibility and respect to their programs. Participants recognize that the Retail Program Standards are a valuable tool for fostering continuous quality improvement within their retail food regulatory program. The Retail Program Standards have also bolstered their training programs and increased staff knowledge of food safety.

In the 2014 NACCHO key informant interview report, participants have stated similar benefits from participating in the Retail Program Standards. Additional benefits reported in the 2014 study included stronger relationships with industry, improved quality of services, a strong regulatory framework developed for their jurisdictions, increased budgets, expanded staffing, and improved compliance with recommended food handling practices.⁵

Barriers to Enrollment: Summary of Findings

Although advancements have been made to support retail food regulatory programs looking to enroll and conform with the Retail Program Standards, LHDs still face barriers due to competing priorities and lack of resource constraints (staff, time, funds). These barriers cited by LHDs that have dropped out or never enrolled were consistent with barriers cited in NACCHO’s two previous studies investigating LHDs that were actively enrolled. Due to limited and decreased funding for public health, LHDs already face capacity and staffing restraints that affect the provision of essential public health services. For example, from 2008–2016,

LHDs experienced a decline of more than 2,000 environmental health full-time equivalents.⁹ Participants in this study also expressed additional barriers, citing lack of promotion or support from some state or parent agencies, and shortage of FDA-related personnel available to help with enrollment or information on the Retail Program Standards. Participating in the Retail Program Standards can be challenging, especially considering the reported decrease in funding and reduction of staff.

To help address barriers that retail food regulatory programs face in enrolling, and remaining active, in the Retail Program Standards, the Retail Food Safety Association Collaborative (Collaborative) was formed in 2019. The Collaborative includes the Association of Food and Drug Officials (AFDO), Conference for Food Protection (CFP), NACCHO, National Environmental Health Association (NEHA), FDA, and the Centers for Disease Control and Prevention (CDC). These stakeholders identified the need to have a collaborative approach toward retail food safety, fully leveraging each organization working in this space to maximize effectiveness and reach. One of the coordinated approaches of these associations is to address the objective of increasing enrollment, engagement, and conformance in the Retail Program Standards.



Study Limitations

This study was limited by the small sample size of five jurisdictions, which may not completely reflect the experiences of all retail food establishments. Although the study highlighted themes in Retail Program Standards enrollment, a larger sample size could provide even more insight into identified themes and factors for enrollment.

Conclusions and Recommendations

Given the staffing and resource restraints, and minimal support from some state agencies identified by interview participants as barriers, FDA, NACCHO and partner retail food safety regulatory associations should continue to collaborate to explore and build upon existing funding opportunities, technical assistance networks, education and training, and supplemental tools and resources to enable jurisdictions to enroll, remain actively engaged in, and conform to the Retail Program Standards. As part of the Collaborative, NACCHO plans to work with the Collaborative members to explore how to build upon the Retail Program Standards technical assistance strategy to provide a “multiplier effect” to promote participation and implementation of the Retail Program Standards by jurisdiction. A better understanding of the inequities within the current technical assistance approach and strategies needs to be achieved to address these gaps. In addition, it would be beneficial to learn from jurisdictions that have been successful in conforming to the Retail Program Standards and are engaged in states or regions that have formed their own Retail Program Standards networks. These successes, challenges, and recommendations can be shared with other jurisdictions to encourage the formation of similar Retail Program Standards networks within their states or regions. Furthermore, NACCHO and Collaborative members are considering convening a meeting with retail food regulatory stakeholders and FDA staff to identify and address hurdles to enrollment and continued conformance to the Retail Program Standards, share success stories from jurisdictions that have successfully conformed with various Retail Program Standards, and provide an opportunity for regulatory agencies to suggest solutions to the barriers facing jurisdictions.

NACCHO also recommends promoting how the Retail Program Standards complement other national initiatives to encourage enrollment and engagement in the program. For example, participants cited

two unique reasons for enrolling in the Retail Program Standards: aiding an LHD's PHAB accreditation and augmenting their Crumline Award applications. Additionally, it would be beneficial to amplify the promotions behind the 2014 crosswalk that NACCHO and FDA created to demonstrate the complementary relationship between the Retail Program Standards and PHAB accreditation program as well as that of the Retail Program Standards and the Crumline Awards.¹⁰

Finally, to encourage continued engagement with the Retail Program Standards and to prevent unenrollment, NACCHO recommends additional training and funding to support retail food regulatory program staff. For example, participants cited a few reasons for continual enrollment in the Retail Program Standards which includes having support from leaders within the organization or having a "champion" for the Retail Program Standards, as well as having an informed and engaged FDA Retail Food Specialist along with access to FDA trainings. Having supporters of the Retail Program Standards within organizations and accessibility to Retail Program Standards resources is believed to encourage continued participation and enrollment.

In a future study, a larger sample size of LHDs should be interviewed to better represent the broader views and experiences of retail food regulatory programs across the nation. To further understand the factors surrounding enrollment, each of the themes identified within this assessment should be utilized as domains in a survey.



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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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