

EVALUATION MATRIX SCENARIO

BACKGROUND

The National Retail Food Steering Committee of the U.S. Food and Drug Administration has established a 25% reduction goal in the occurrence of CDC identified foodborne illness risk factors in institutional food service establishments, restaurants, and retail food stores by October 1, 2010 (FDA, 2000). To meet this goal, grocery stores must provide food safety training, including why and how, and actively participate in regulatory inspections.

The Report of the FDA Retail Food Program Database of Foodborne Illness shows that five practices and behaviors exceed a 40% OUT OF COMPLIANCE observation rate. The five practices are:

- (1) Cold holding of potentially hazardous food (PHF) at 41°F or below;
- (2) Cold holding of ready-to-eat (RTE) food at 41°F or below;
- (3) Commercially processed RTE, PHF date marked;
- (4) Surfaces/utensils cleaned/sanitized; and
- (5) Proper, adequate handwashing (2000).

PROJECT DESCRIPTION

The Utah Department of Agriculture and Food's Division of Regulatory Services, through a joint effort with the Safe Food Institute and Letterpress Software, proposes the development of **Grocery 101: Food Safety**, an inspection driven, food safety training program for grocery store employees. The goal of **Grocery 101: Food Safety** is to achieve efficient and effective compliance to FDA Food Code regulations through employee food safety education and training through a delivery system that will meet the needs of the industry.

Training will be provided through a unique delivery system (computerized kiosk) that provides just-in-time, concise, relevant, and on-going training. The **Grocery 101: Food Safety's** delivery system promotes sustained, long-term employee training because the system is continuously available, topic specific, and engages the employee in work activities directly related to the training. The training system can be used by all employees because it does not rely on written text, but rather uses spoken audio, includes explicit and understandable computer navigation directions, and is easily adaptable and can be implemented in other languages (e.g. Spanish, Mandarin, etc.).

PROJECT OBJECTIVE

Reduce the OUT OF COMPLIANCE violation rate of the top five violations listed above at Project stores by 50% within three months after introduction of **Grocery 101: Food Safety** kiosks.

PROJECT STAFFING / RESPONSIBILITIES

Group	Roles and Responsibilities
FDA	Provides funding for Project and oversees Project activities. Expects a quality Project that meets the expectations outlined in Project proposal.
Safe Food Institute Project Director and Staff	Responsible for production of product on schedule and within budget. Oversee day-to-day activities and determines curricular goals and objectives for lessons. Approves lesson content in cooperation with FDA Project Officer.
LetterPress Software	Develops computer-based lessons and builds, installs and maintains kiosk sites in stores. Responsible for testing system that measures learning outcomes.
Spectrum Consulting, LLC	Project evaluators. Implement a comprehensive evaluation system to provide Continuous Improvement Management (formative evaluation) and collect data to answer evaluative questions (summative evaluation). Write quarterly and final reports.
Grocery Stores Sites	Provide location for kiosk and arrange for participation of employees. Allow site observation and time for evaluation activities with employees as needed. Consult on desired or best practice procedures for the 5 violation categories taught.
Utah Department of Agriculture and Food's Division of Regulatory Services	Provide technical assistance to LetterPress software and Project Director and staff on content of lessons. Conduct inspections at Project stores when requested by Spectrum Consulting.

Evaluation Planning Matrix

Evaluative Questions or Objectives	What information is needed for answering this question?	Where do we obtain this information and how do we collect it?	Who collects the information and when do they collect it?	Once collected, how is information processed, stored and retrieved?	QA/QC* analysis of data integrity, Corrective Actions and documentation	CIM** Analysis & Reporting Method(s)	Outcome Analysis & Reporting Method(s)	Report Findings (to Whom, How, When)

*Quality Assurance/Quality Control

**Continuous Improvement Management



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Do people wash hands before they start cooking?	We need to observe the beginning of the recipe and decide whether a handwash occurred.	We obtain the information from the tape and enter it on the data screen. Data is time stamped for later reference.	The Research Assistants code the tapes as they come in. Do not wait until all tapes done.	Information is entered directly into DataTrack and coded according to HW protocol.	Choose a random sample of incidents and another R.A. checks. Is data omitted on a any record? Why?	Look for variance in responses. Do we need modifications n coding or procedures of taping.	The percentage of consumers who washed hands.	This will be reported in quarterly report to FDA. Also, in final report.
Do people say they wash hands before starting to cook?	Consumer answers a survey question about hand-washing before food preparation.	Information is collected on the survey after cooking process complete.	R.A. doing the taping also administer the survey after cooking process complete.	Information is entered directly into DataTrack.	Random sample od surveys (10%) chosen and checked by another R.A.	Look for variance and adjust instruments if needed	Percentage of people reporting that they wash hands before starting to cook.	This will be reported in quarterly report to FDA. Also, in final report.
Does actual hand-washing vary from survey response?	Comparison of coded behavior with response on survey.	Information is stored in and will be retrieved from DataTrack.	See above. Information already stored in DataTrack.	Survey response data is matched with observational data.	Do we have matched data? Does the subset of data represent the entire sample.	Same as above.	Percentage of survey responses that match observed behavior.	This will be reported in quarterly report to FDA. Also, in final report.

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