

**Implementing Policy through a Participatory Process: Creating Public Value at the
Program Level**

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*In all of these cases, public administrators have a special obligation
to turn their imaginations to enhancing democratic governance and citizenship.*

-Bryson, Crosby, and Bloomberg

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JR

DEDICATION

To my wife, a partner in all. This was far more than you had been promised, and I am forever grateful for your love, patience, and relentless encouragement. This was, perhaps, too great a price in lost time between us. Thank you for loving me so much!

JR

TABLE OF CONTENTS

I.	Objectives, Background and Problem Statement	1
A.	Study Objectives	1
B.	Background and Context.....	3
1.	Public Value as a Local Health Department's Primary Focus	3
2.	Policy Implementation as a Wicked Problem	7
3.	Public Value Creation at the Program Level.....	9
C.	Problem Statement and Research Questions	11
1.	Central Question.....	12
2.	Sub-Questions	12
D.	Leadership Implications and Relevance	13
II.	Literature Review and Conceptual Framework	16
A.	Literature Review	16
1.	Public Health System.....	16
2.	Local Health Departments.....	16
3.	Public Trust.....	17
4.	Public Value.....	19
5.	Public Value, Trust, and an Authorizing Environment.....	23
6.	Policy Implementation as a Wicked Problem	26
7.	Public Value Creation at the Program Level.....	31
8.	Stakeholders in a Complex System	32
B.	Conceptual Framework	34
1.	Background	34
2.	Environmental Scan.....	35
3.	Stakeholder Identification & Analysis.....	50
4.	Policy Implementation Process	58
5.	Public Value Crucible.....	59
6.	Concept Map	60
7.	Case Study Logic Model	62

TABLE OF CONTENTS (continued)

III. Study Design, Participants, and Methods.....	66
A. Study Setting and Design.....	66
B. Stakeholders' Role	68
1. SFF Operators.....	69
2. LHD Staff.....	73
3. Consumers	74
C. Participation Process.....	75
D. Data Sources, Data Collection and Management.....	77
E. Analysis Plan.....	79
1. Data Stream Convergence.....	79
2. Analysis Approach.....	80
3. Categorization Analysis	82
4. Connecting Analysis	85
F. Study Limitations / Validity Considerations.....	86
IV. Results	89
A. Data Sources.....	90
1. EHD Policy Committee	90
2. Work Group.....	93
3. The Dependents.....	94
4. Media Scan.....	94
B. Pre-Implementation Survey.....	96
C. Demographic Overview	98
D. Pre-Implementation Survey.....	99
E. Post-Implementation Survey	111
F. Work Group's Second Discussion Session and Interviews	117
1. Fairness.....	118
2. Justness	119

TABLE OF CONTENTS (continued)

3. Effectiveness	120
4. Efficiency	120
G. Domain Analysis	121
1. Domain Perspectives.....	122
2. Emergent Themes	138
3. Construct Implications of Emergent Themes	147
4. Summary	162
V. Discussion	169
A. Data Convergence.....	172
1. Environmental Context.....	172
2. Triangulation	177
3. Collective Response.....	180
4. Group Response.....	182
B. Significant Themes	195
C. Model Revision	198
D. Research Implications.....	202
E. Leadership Significance	213
1. Leading from the Middle.....	213
2. Power Sharing as a Regulatory Health Tool.....	215
3. Participatory Action Research	218
F. Research Limitations	221
G. Summary	225
VI. Cited References.....	228
Appendices	234
VITA.....	299

LIST OF TABLES

TABLE I	Stakeholder Identification & Analysis.....	52
TABLE II	Case Study Logic Model.....	63
TABLE III	Eight-Steps of Implementation.....	76
TABLE IV	Data Source Table	80
TABLE V	Survey to Domain Relationships (External Factors) / Pre-Session Survey	100
TABLE VI	Pre-Session Survey Values/ External Variable Results	101
TABLE VII	Survey to Domain Relationships (Public Value) / Pre-Session Survey	102
TABLE VIII	Pre-Session Survey 5-Value Scale / Q4-Q10.....	103
TABLE IX	Pre-Session Survey 3-Value Scale / Response to Regulations.....	104
TABLE X	Pre-Session Survey 3-Value Scale / Public Value Components	105
TABLE XI	Pre-Session Survey 3-Value Scale / Current Collaboration Process	105
TABLE XII	Pre-Session Survey 5-Value Scale with Maximum Score / Q4-10.....	107
TABLE XIII	Group Medians and Modes	109
TABLE XIV	Kruskal-Wallis H Test Results / Pre Q4-10	110
TABLE XV	Survey to Domain Relationships (Public Value) / Post-Session Survey	112
TABLE XVI	Post-Session Survey 3-Value Scale / Public Value Components / Process ...	113
TABLE XVII	Post-Session Survey 3-Value Scale / Public Value Components /Output	113
TABLE XVIII	Post-Session Survey 3-Value Scale / Public Value Components /Outcome..	114
TABLE XIX	Post-Session Survey 3-Value Scale / Public Value Components /Model	114
TABLE XX	Post / Group Medians and Modes.....	115
TABLE XXI	Kruskal-Wallis H Test Results / Post Q11-20.....	116

TABLE XXII	Post Session / Q14	116
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LIST OF TABLES (continued)

TABLE XXIII	Domain Perspectives.....	123
TABLE XIV	C-coefficients for code pairings.....	141
TABLE XXV	Cooccurrence Candidates.....	143
TABLE XXVI	Triangulation Analysis.....	179
TABLE XXVII	Dependents Overview	185
TABLE XXVIII	Hosts Overview.....	188
TABLE XXIX	LHD Staff Overview	194

LIST OF FIGURES

Figure 1	Public value creation	2
Figure 2	County of Orange organizational chart	10
Figure 3	The creation & role of public value in governance	25, 139
Figure 4	State legislative process	27
Figure 5	Local policy implementation.....	28
Figure 6	Disparity between the state legislative process & local policy implementation.....	30
Figure 7	Standard public value creation in environmental health.....	32
Figure 8	PESTLE model framework	36
Figure 9	Implementation process of complex policy.....	58
Figure 10	The public value crucible	59
Figure 11	Public value creation through stakeholder participation	60
Figure 12	Shared food facility operators.....	70
Figure 13	Data triangulation	77
Figure 14	Code group linkages	143
Figure 15	Public value creation through stakeholder participation/detail.....	198
Figure 16	Public value creation through stakeholder participation/ revised detail	201

ABBREVIATIONS AND KEY TERMS

Dependent	Identified within the study as the <i>Dependent</i> , these are the artisanal/entrepreneurs who rent/lease space from either an incubator or production kitchen (known collectively as a <i>Host</i>). They do not hold their own health permit, but work under the authority of the Host permit.
EHD	This refers to the Orange County Environmental Health Division, which operates within the Public Health Services department (LHD) that houses the Food and Pool Safety program (FPS).
EHD Staff	For the purposes of this study, they are defined as the line staff, supervisors, and managers of the Food and Pool Safety program who developed the Standard Operating Procedure under consideration in this study.

ABBREVIATIONS AND KEY TERMS (continued)

FPS	This refers to the Food and Pool Safety program, which oversees the safety mandates for the retail food facilities as called out in the regulations of the California Health & Safety Code. It is a regulatory program located within the Environmental Health Division (EHD), as part of the county's health department. FPS issues health permits and inspects food facilities for compliance with the California Health & Safety Code.
Host	Identified within the study as the <i>Host</i> , they are the operators who rent/lease space to the artisanal/entrepreneurs from either their incubator or production kitchen. They hold a health permit from the FPS program.
Incubator	Identified within the study as an <i>incubator</i> , they are a type of Host SFF. Unlike a <i>production kitchen</i> , an incubator's business model focuses extensively or exclusively on the rental of their permitted, commercial kitchen facilities to food artisans/entrepreneurs.

ABBREVIATIONS AND KEY TERMS (continued)

LHD	The Public Health Services department of Orange County, California which programmatically serves as the local health department. As a government entity, it administers and provides service programs that address the public health needs of the Orange County communities.
Local Media	This refers to those media channels (print, digital etc.) who regularly cover the retail food industry within Orange County.
Production Kitchen	Identified within the study as a <i>production kitchen</i> , they are a type of Host SFF. Unlike the <i>incubator</i> , a production kitchen business model focuses primarily upon on their own food production. In addition to their own food production activities, however, they will also rent the use of their permitted, commercial kitchen facilities to unpermitted food artisans/entrepreneurs to supplement their revenue stream.

ABBREVIATIONS AND KEY TERMS (continued)

Public Value For the purposes of this study, the term will be understood to be *the assessment of processes, products, and outcomes, as perceived by the stakeholders of that agency*.¹ The **product** will be a Standard Operating Procedure (SOP) that is developed under a specific policy implementation **process**, and the **outcome** will be the projected change in the business climate as a result of the SOP and collaboration. As a measurement of stakeholder satisfaction, their perceptions are quantified through the individual's filter of how they rate them on *effectiveness, efficiency, fairness, and justness*.

SFF A Shared Food Facility is a food production arrangement, wherein an unpermitted food business shares the facilities of a permitted, fixed-location food facility. For the purposes of this study, the SFF agreement can either occur within an *incubator* or a *production* kitchen.

¹ Recognizing that there is no universally agreed upon definition for *public value*, and that it tends to be situational to the circumstances to which it is applied, the following definition was tailored for this study.

ABBREVIATIONS AND KEY TERMS (continued)

SFF Operators	Representatives of those businesses that participate in the county's shared food facility arrangements. They may be the <i>Host</i> of an <i>incubator</i> or <i>production</i> kitchen, or they may be the renting <i>Dependent</i> .
SOP	A Standard Operating Procedure, which is the terminology used for applied policies within the Orange County Environmental Health Division.
Stakeholder	An actor (person or organization) within Orange County, who has a direct or indirect interest in the policy that is being implemented. ²
Work Group	For the purposes of this study, this term will be used to refer to the Host operator who was part of the policy implementation process. Their involvement in the process was primarily to comment on the SOP during its development, and to assist in the identification of potential barriers to its implementation.

² <http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf>

I. Objectives, Background, and Problem Statement

Study Objectives

Public value is an emerging performance metric for organizations, and one whose definition continues to evolve. From a government systems perspective, one leading interpretation is that public value is an approach to managing the performance and resources of a public organization by defining it, mobilizing it, and gaining guidance through processes that encourage collaborative governance. (Moore M. H., 2013) Ground-level case studies indicate that public programs may generate public value through a variety of approaches to stakeholder collaboration efforts that are formed to improve public services. (Bryson, Crosby, & Bloomberg, 2015) As valued services, they evoke public trust, and this trust adds to the program's general authorizing environment. The generation of public value, therefore, has increasingly becoming a core function for our public health agencies.

The following research takes a ground-level approach as it considers *the generation of public value* during the implementation of a food protection policy within a local health department (LHD). As a participatory action research case study, it looks at a regulatory program of a local health department's Environmental Health Division (EHD). Specifically, the research will center on the Food and Pool Safety program of Orange County, California, which oversees the food safety mandates for the retail food facilities, as specified in the state's Health & Safety Code. The study focuses on the development of a program standard operating procedure (SOP) that addresses various aspects of food production that occur when two or more food businesses share a common, permitted

fixed location³. As an application of an existing state law, the SOP development is considered a policy implementation process. A cross-sector, participatory method of collaboration with community stakeholders was employed to conduct the implementation as the study's theory of change.

For the purposes of this study, the term **public value** will be understood to be the assessment of *processes*, *outputs*, and *projected outcome* from a public health agency, as perceived by the stakeholders of that agency (see Figure 1).

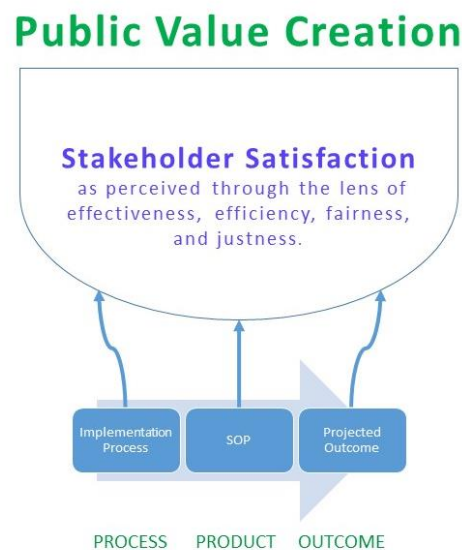


Figure 1: Public value creation

Both during and after the implementation process, internal organizational representatives and external stakeholders were approached for their perceptions of the implementation process, the resulting SOP, and the projected outcomes of this collaboration.

³ In Orange County's Environmental Health Division, standard operating procedures are the typical instrument used to document the implementation of state mandates.

As a measurement of stakeholder satisfaction, perceptions of the *process, product*, and *projected outcome* was quantified through the individual's filter of how they rate them on effectiveness, efficiency, fairness, and justness. (Moore M. H., 2013) The study employed a mixed-methods approach utilizing surveys, key informant interviews, document review, and Work Group guided inquiries.

Background and Context

Public Value as a Local Health Department's Primary Focus

The American public health system is recognized as a complex adaptive system, with our public health agencies located as central nodes in its network. (Martinez-Garcia, 2013) As such, LHDs are often viewed as the *front line* of the public health system, their role generally understood to be the maintenance and improvement of the well-being of their community. (Turnock, 2012) As a government entity, they have the authority to enforce public policies, while also assuming an arbiter's role with local resources when they both identify and prioritize community health problems. Given this discretion, it becomes clear that the interests of differing groups within communities can make public health programs both public and political entities.

The term public trust is used to describe the aggregate trust that community members place in their government. Studies indicate that a community's satisfaction with their public services is strongly connected to their trust in government. (Laegreid, 2005) (Rose & Pettersen, 2000) The level of public trust, therefore, may be said to indicate the level of faith that an electorate has in a government and its programs.

(Thomas, 1998) As such, these programs, at all levels, become a national interest, requiring that we keep them maintained and fully functioning in order to earn the public's trust. When public confidence is low, the authority and stability of a government can be threatened. (Tyler, 1998) This perspective can be particularly troubling when reviewing the trust levels of our federal government, which continues to dwell at record lows. (Pew Research Center, 2014) While state and local levels of trust are higher than federal levels, both state and county funding levels "have been cut at drastic rates in recent years," creating a plummet in staffing rates and a decrease in program services. (McCarthy, 2014) (Trust for America's Health, 2013) It should be remembered that state and local governments are responsible for many of the policies that have the greatest impact on a community's day-to-day lives. If attention is only focused on changing the trust levels at the national level, we risk uncertain public health outcomes by ignoring the development processes of our state laws, local policies, and programs.

With public services, there is a formal accountability on the part of the government: the public feels entitled to the services that they have paid for through their taxes and other public funding. (Moore M. H., 1995) While this leaves the public free from the burden of conducting these services for themselves, there is a loss in the process: they have limited service choices and, to some extent, they withdraw from much of the routine decision-making. This last effect can be viewed as a loss of "voice" in those decisions that could significantly affect them. Public value theory maintains that the *voices* of the community are important and necessary to the process of managing government, and that measures must be taken to open and sustain public dialogues to inform community

stakeholders about specific policy issues, helping them to consider the issue's complexity, and in looking for plausible solutions.

At the broadest level, public value is a public management theory whose power lies within the advocacy for a greater role of the community in a government's decision making process. (Moore M. H., 1995) Essentially, public value advocates suggest that the managers of service programs and their elected officials, should be held accountable to explain and justify their actions to stakeholders. (Coats & Passmore, 2008) Benington and Moore describe the result of this process as a *responsiveness to refined preferences*, wherein public managers can better manage public expectations through ongoing dialogues about resources, limitations, and expected outcomes. (Benington & Moore, 2011) It is anticipated that both the community stakeholders along with the managers and their staff come away with a better understanding of each other's perspectives as a result of these collaborations. These relationships seek to promote a greater trust in public agencies, and this perspective has gained momentum amongst scholars and practioners of public administration since Mark Moore first popularized it in *Creating Public Value*. As a corollary, there is the growing belief that creating *public value* must be a public agency's primary focus (Beck Jorgensen & Bozeman, 2007) (Moore M. H., 1995).

Moore sees the identification of the sources of authority surrounding an agency (its authorizing environment) as fundamental to public management. Knowing who empowers you, helps you to better understand the needs and perspectives of those whom you expect to find value in your agency services. Moore suggests that there are sources both within and outside of the organization that need identification to more successfully understand the actors affecting authorization. (Moore M. H., 2013) It is the

assumption of this dissertation that an agency's authorizing environment is comprised of its community stakeholders. Internal stakeholders may be those from the highest local political plane, who directly authorize through their positions of legitimate power. While at the other end of the organizational spectrum are those program staff who lend a level of authorization in their willingness to effectively implement or provide support to the delivery of program services. Degrees of authorization then naturally flow from all organizational layers in-between, both directly from a chain-of-command perspective, to indirect sources that support/condone program activities as a natural course of the larger LHD network.

Broadly speaking, external authorizers could be anyone else. From a *systems thinking* perspective, a single policy change at one end of the world could have ramifications globally. The research of this study, however, is limited to a single program within a single local health department. It is anticipated, therefore, that the external authorizers of interest be limited to those individuals or groups within the immediate geographical authority of the Orange County LHD. While the recipients and contributing providers of the program service are obvious choices to include in the study, consideration will also be given to *cast-the-net-widely*, and to consider the inclusion of those stakeholders who may be both directly and indirectly authorizing the program services and may be affected by them. As will be further explored in the study, this can include community leaders, political officials, and associated industries.

By concentrating on a single program, the research takes the concept of public value creation from the general down to a specific context that will be found during the delivery of public services at the ground floor. In going from the general to the specific in this

instance, it is inferred that the program is in some way acting as a stalking horse for the greater LHD *system* in its ability to create public value.

Policy Implementation as a Wicked Problem

The transformation of state legislation into policies that can be successfully implemented by local governments programs, is a long-standing challenge for public health practioners. (Sabtier, 1986) Both the political system that created the legislation and those of the local bureaucracy that enact it, dictate that policies must successfully adapt to both of their differing sociopolitical environments in order to be effective. (Van Meter & Van Horn, 1975) However, the differing contexts of a law's beginning (a transparent process) and its local implementation (a significantly less transparent process), often begins the dissonance between policy development and its implementation.

At the state level, political influence is part of the gamesmanship that naturally occurs during policy formation. However, the process is typically subject to public review via the scrutiny of media channels and watchdog interest groups. The local implementation process is often conducted perfunctorily by administrators, primarily in accordance with the capacities of their existing programs. The current system of policy implementation, therefore, does not readily allow for the perspectives of local stakeholders. While administrative adaptation may be a reasonable method for most implemented legislation, there are those policies that can be viewed as complex, with the potential for having significant impact upon key stakeholders. Consequently, these require a more thoughtful adaptation to the community.

In the American political system, elected officials represent groups and individuals within their sphere of influence. However, opportunities for inequity can emerge within the system as these officials often find themselves having to rely on the financial and/or social capital support of these same groups and individuals to be elected or remain in power. This reliance on stakeholder resources can become corrosive to the representative system when benefactors with significant resources either overtly or unintentionally seek to influence policy outcome and it results in changes that benefit the few over the majority.

At the local government level, experience has shown that when these resident *influencers* believe an agency is acting in conflict with their interests, the politicians invariably are asked to intervene. In these instances, the policy decisions become susceptible to interference by their local governing bodies. Experience has also shown that when these types of political interventions occur that the ensuing revisions in public health policy may come at a cost to the rest of the community. These policy revisions become tailored specifically to benefit the aggrieved stakeholder and, in so doing, may generate risks for the other community members. (Hacker & Pierson, 2010) Additionally, while the political interference may serve to increase the stature of political bodies (*they solved the problem*), it correspondingly decreases those of the department (*they were the problem that needed to be corrected*). Therefore, policy implementations that address complex issues with competing interests can readily create a devaluing effect for a public agency as an implementation tends not to be developed transparently and may be susceptible to political interference. An approach to producing such implemented

policies in a manner that generates wide stakeholder approval, is often an elusive task for a local agency.

Public Value Creation at the Program Level

The focus of this research is the creation of public value within a local public health system. As a participatory action research case study, the study focused on a LHD's Food & Pool Safety program that resides within the department's Environmental Health Division (see Figure 2), and how a cross-sector, participatory approach to policy implementation might generate public value. As the research was positioned within a LHD program, Moore's definition for the term was referenced as it is the most flexible at this macro-level. Moore and others theorize that public value is created when the goods and services of an agency are perceived by stakeholders to be *efficient, effective, just, and fair*. (Moore M. H., 2013)

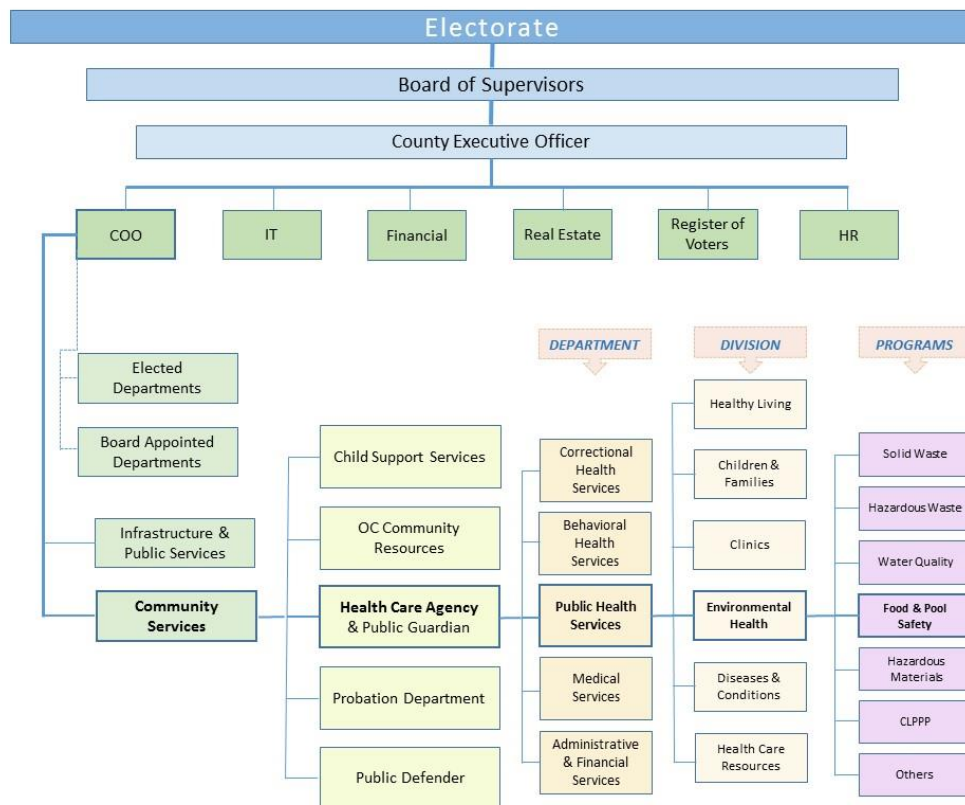


Figure 2: County of Orange organizational chart

As an example, if a LHD's regulatory program (Food & Pool Safety) enacts a policy that most directly effects a specific set of stakeholders, then at a minimum the perceptions of these direct stakeholders about these four qualities are significant, as it may predict the acceptance and compliance with the policy. While direct stakeholders may have the most immediate interest in the output of this policy implementation, stakeholders from multiple levels should be identified and considered in the measuring of public value as they are part of the program's social network of stakeholders and, ultimately, have the potential for determining the outcomes associated with its policy. As participants, these stakeholders potentially have core perspectives (based on their

needs, desires, and beliefs), knowledge, and skills that may add to a more informed picture of the issues surrounding the policy. The more informed a LHD is of these variables, the more likely that service can be developed that meets a wide spectrum of stakeholder approval.

As discussed, this study concentrated on a single program being emblematic of a community's perception of the greater local health department. While not being truly representational of the whole system, FPS is perhaps one of its most publicly recognizable programs. As a regulatory arm of the department, it is routinely referenced as the lead in overseeing county efforts to address food recalls, well-publicized foodborne illness outbreaks, and other food safety issues. Although the study examines public value creation because of the program's process and product, efforts will be made to capture stakeholder perceptions of both the program and department. As a subsystem of the LHD, the perceptions of the FPS program may prove to be indistinguishable from those of the program. Therefore, perception data was collected for both program and department and compared during the analysis stage of the research.

Problem Statement and Research Questions

The creation of *public value* (the public's perception of an organization and/or its services) has been identified as a core function of public agencies. The problem, however, is that public agencies are not knowledgeable in the dynamics of public value creation and lack the evidenced-based models for its application. A specific area wanting in research is in the exploration of public value creation that can occur when a local health department (LHD) includes its community stakeholders in the implementation of

complex policy issues. Previous research indicates that a LHD runs the risks of limiting public value creation when it acts in isolation of its stakeholders, threatening the overall effectiveness and authorizing environment of its programs. Similarly, research also indicates that public value can be created through the public participation process. (Beck Jorgensen & Bozeman, 2007) This action research case study considered a LHD's ability to create public value for its program during a policy implementation process that utilizes a cross-sector, participatory approach.

Central Question

Does a stakeholder participatory approach to a local health department's policy implementation process, create public value?

Sub-Questions

- i. What are the general stakeholder perceptions of public value from the LHD and the food program ***prior to the policy implementation?***
- ii. How does the cross-sector participatory ***process*** (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?
- iii. How does the ***product*** from the cross-sector participatory process (the SOP) change the stakeholders' perceptions of public value from the LHD and program?

- iv. How does the ***projected outcome*** from the cross-sector participatory process (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?
- v. How could the participatory process ***model be adjusted*** to more effectively change the perceptions of public value from the **LHD** and the food **program** by stakeholders?

Leadership Implications and Relevance

In recognizing a LHD's policy implementation process as a wicked problem, public health leaders are faced with what Heifetz would identify as an adaptive challenge. (Heifetz, Grashow, & Linsky, 2009) These are issues whose:

- causations may not be readily identifiable
- will require a different mindset amongst the stakeholders to explore for solutions
- will require that bureaucratic silos be opened for a free exchange
- will likely require changes to the current system's way of doing things
- will encounter some level of resistance that will need to be resolved to the make needed changes
- and, will require some experimentation to begin a process that will take time, and will need updating as the sociopolitical environment changes.

This research into policy implementation, therefore, was an adaptive leadership problem. It is the type of issue that a student in the Doctor of Public Health in Leadership program has been trained to recognize and consider through a *systems thinking* lens. It is not technical alone in nature, but one that is truly complex and will require a collaborative approach to resolve. As such, this research offered the researcher, as a doctoral candidate, the opportunity to “try their hand” at a real-world problem in a real-time context. This experience is not viewed as a test of skills, but rather as an opportunity to apply them and learn from the failures and successes that unfolded.

For the public health community at large, the results of this research will be shared for the discoveries that have come to light, adding to the collective wisdom of its practitioners. It is hoped that by their review, the results may: receive continued analysis that reflects on its meaning; generate productive critiques; be considered for its approach in future cross-sector collaborations; and point to future research in the generation of public value.

While conducting this action research case study, it was anticipated that the researcher would employ and instruct others in the following leadership skills:

- *Systems thinking*- EHD staff/management would need to consider the issues of customer service beyond the silo of the program and view the organization from the customer’s perspective
- *Change management / visioning*- This was particularly important as the Division examined the success of this policy implementation process and then considered

the implications that may present themselves for future complex policy implementations

- *Conflict management / negotiating-* As the issues of the implementation were examined at the various stakeholder levels and the degrees of conflict were better identified, the EHD staff/management needed skills in holding *crucial conversations* to better manage conflict and negotiation
- *Collaboration / team building-* The EHD staff/management has become more experienced in promoting collaboration of its stakeholders
- *Communication / social marketing-* Communication was a key component, and was promoted at all stages of exploration, planning, and implementation by the EHD staff/management. If there are changes to be made for future implementation protocols, the changes will need to be marketed to administration & staff.

II. Literature Review and Conceptual Framework

Literature Review

The Public Health System

The American public health system is recognized as a complex adaptive system, to a large degree because it is comprised of a vast network of independent and interacting agents, which co-evolve with their environment, and are always in transition. (Martinez-Garcia, 2013) While the issues facing both the system and its subsystems span from the simple to the chaotic, they manage to be somewhat life-like in their ability to adapt to their ever changing environments, evolving in order to survive. And while the loss or malfunction of any singular part of the system may not be the cause of its collapse, all substantive affects are likely be felt by the rest of the ecosystem in some way large or small. Our local public health agencies are central nodes in this network, and their state of health has a direct impact on the functions of the greater system. Therefore, it serves a national interest to ensure the continued well-being of all levels of our public health agencies.

Local Health Departments

As government agencies, our local health departments (LHD) are often viewed as the *front line* of the public health system. And while there is “neither a clear nor a functional definition of what constitutes a LHD,” it is generally understood that their function is to maintain and improve the well-being of their community. (Turnock, 2012) As a government entity, they have the authority to enforce public policies, while also

assuming an arbiter's role with local resources when they both identify and prioritize community health problems. Given this discretion, it becomes apparent that the interests of differing groups within communities can make public health programs both public and political entities. A LHD's continued authority to act on behalf of the best interests of their community ultimately resides in the will of the elected officials, who both oversee the department's actions and respond to the will of their electorate. Studies indicate that a community's satisfaction with their public services is strongly connected to their trust in government. (Laegreid, 2005) (Rose & Pettersen, 2000)

Public Trust

The German sociologist Georg Simmel regarded trust as a prediction of future behavior by an individual or group (institution), which is ultimately based on some measure of faith. That faith may be based on rational grounds or not. (Simmel, 1950) The term public trust is used to describe the aggregate trust that community members place in their government. The level of public trust, therefore, may be said to indicate the level of faith that an electorate has in a government and its programs. (Thomas, 1998) When public confidence is low, the authority and stability of government can be threatened. (Tyler, 1998)

This perspective can be particularly troubling when reviewing the trust levels of our federal government, which continues to dwell at record lows. A survey conducted in February of 2014 by the Pew Research Center found that only 24% of Americans trust the government in Washington to do what is right either *always* or *most of the time*. (Pew Research Center, 2014) In contrast, state and local levels of trust are significantly higher

(62% and 72% respectively), but both state and county funding levels “have been cut at drastic rates in recent years.” (McCarthy, 2014) (Trust for America's Health, 2013) The drops in funding have seen a reduction in staffing, with state and local health departments having cut more than 45,700 jobs across the country since 2008. Service levels were affected in 2011, with 57% of all local health departments reporting a reduced or elimination of at least one program. Current indications are that county economies are starting to return to normal with 72% recovering in at least one of the four economic indicators tracked by the National Association of Counties. Even with this movement forward, however, it appears to be a slow recovery at the county level and there are many competing needs for the resources that are coming back online. (Lyell & Istrate, 2015) While trust levels for LHDs may or may not currently be at appropriate levels, it is apparent that their services remain at risk.

Additionally, there is research that indicates that the evaluations of state and local government eventually reflect the national trends. (Wolak & Palus, 2010) This poses the concern that if federal levels of public trust either remain low or decline further, that the state and local government trust levels will eventually follow. It should be remembered that state and local governments are responsible for many of the policies that have the greatest impact on a community’s day-to-day lives. And political influence is often more accessible at the state and local level. (Coats & Passmore, 2008) Participating in town meetings and school board sessions offers opportunities to engage in politics that can be appealing due to their *proximity, their relatively smaller size, and their accessibility*. Consequently, a decline in government confidence at the state and local levels is more easily translated from a single opinion into an action. If attention is only focused on

changing the trust levels at the national level, we place public health outcomes at risk with unmanaged state laws, local policies and programs.

Public Value

Unlike private enterprise, public services are captive to a community's claim that they have a *right* to the services that they have paid for through their taxes and other public funding. With public services, there is a formal accountability on the part of government services. (Moore M. H., 1995) While no longer burdened to conduct these services for themselves, the public remains part of the process through the election of officials who oversee the professional management of government agencies. In doing so, however, the public has both limited their service choices through this assignment (lack of free-market competition) and has, to some extent, abdicated from the many decisions that must be routinely made to conduct program services. While in some respects this assignment of authority to a government is both practical and freeing to the community, at least one repercussion may be the public having less of a "voice" in those decisions that could significantly affect them. (Guo & Marietta, 2015)

While expertise in the production and delivery of these public goods and services are to be highly valued, the *voices* of the community are still important and necessary to the process. Public value theory maintains that the government must take measures to open and sustain public dialogues in order to inform community stakeholders about specific complex policy issues, helping them to consider the issue's intricacies, and then look for plausible solutions. (Moore M. H., 1995) At the broadest level, public value is a public management theory whose power lies within the advocacy for a greater role of the

community in a government's decision making process. Essentially, public value advocates suggest that the managers of service programs and their elected officials explain and justify their actions to their stakeholders, which implies that at a minimum some method of regular communication between the public and their government agencies must occur. (Coats & Passmore, 2008)

In this way, public value has been characterized as a method of participatory or deliberative governance, where policy making involves a place where "institutions, agencies, groups, activists and individual citizens can come together to deliberate on pressing social issues." (Hendriks, 2009) Benington and Moore describe the result of this process as a *responsiveness to refined preferences*, wherein public managers can better manage public expectations through ongoing dialogues about resources, limitations, and expected outcomes. (Benington & Moore, 2011) It is anticipated that both the stakeholders along with the managers and their staff come away with a better understanding of each other's perspectives as a result of these collaborations. This collaboration seeks to promote a greater trust in public agencies. Coats and Passmore, with others, envisage the potential in this approach towards participatory governance, as follows:

This approach presents a way of improving the quality of decision making, by calling for public managers to engage with services users and the wider public, it seeks to promote greater trust in public institutions and meet head on the challenge of rising expectations of service delivery.

This perspective has gained momentum amongst scholars and practitioners of public administration since Mark Moore first popularized it in *Creating Public Value*. While the definition of public value and the strategies for its implementation are still subject to

interpretation, there is a growing belief that creating *public value* should be a public agency's primary focus (Beck Jorgensen & Bozeman, 2007) (Moore M. H., 1995). As an emerging concept, an applied definition of *public value* might focus on specific agency goods or services and determine if they have a perceived value by community individuals or groups of its stakeholders. If an agency is failing to create value for its stakeholders, then that agency runs the risk of alienating the population that it serves.

While the struggle to better define public value remains elusive, several scholars and practitioners agree that (in some way or another) it is an overall assessment of *processes*, *products*, and the *outcomes* of a public agency, as perceived by the stakeholders of that agency (Bryson, Crosby, & Bloomberg, 2015). This is a situational definition, of course, as not everything about a public organization necessarily has all these components, nor is it appropriate to include all aspects of these for the valuing or devaluing of an organization at a specific moment in time. A local police force may suffer a temporary loss in public value when one or more of its officers is found to have acted inappropriately towards an individual citizen. Depending upon how the administration and the officers of that unit react to the situation and the immediate response of its citizenry, the public devaluation may be isolated or spread from being a judgment or worth about a single act (process), to the policies that the department has in place to address the actions of the officers (product) or even the department as a whole (outcome).

This research considered the guidance of an updated perspective from Moore where he has expanded upon his original concepts, now moving public value beyond the management circles to include the original metrics of *efficiency* and *effectiveness*, but to also consider *socially and politically sanctioned desired outcomes, justice, and fairness*. As

this study was limited in scope to the examination of a single policy implementation process, not all elements of Moore's definition will be incorporated. While the three value points of process (the implementation), product (the SOP), and outcome (the projected outcome effects of the implemented policy) are in evidence, only the values of *efficiency*, *effectiveness*, *justness*, and *fairness* appear applicable in this case.

Efficiency was considered from the perspective of whether the value points were being produced in as an efficient manner as the stakeholders believe is correct, given the context in which they exist (resources, actors, and other environmental factors). **Effectiveness** speaks to if the value point (process, product, or projected outcome) works or was considered doable. And while **socially and politically sanctioned outcomes** might be measurable as an output, it will likely depend greatly as to which stakeholder groups are being asked, and so was not being included in this research. **Justness** speaks to whether the object follows proscribed law and is, therefore, essential to a regulatory policy's implementation. And the final yardstick of **fairness** could turn out to be the most important metric in this research, as it concerns the perception that the playing field is level for all to walk upon.

Public Value, Trust, and an Authorizing Environment

Because agency managers make public policy decisions that may exceed the authority of their role, Moore sees the identification of the sources of authority surrounding an agency (its authorizing environment) as fundamental in public management. Knowing who empowers you helps you to better understand the needs and perspectives of those whom you want to find value in your agency services. While the traditional view in

management is that authorization comes from higher levels of administration, Moore suggests that there are sources both within and outside of the organization (the authorizing environment) that need identification to effectively manage public programs. (Moore M. H., 2013)

It was the assumption of this dissertation study that a LHD's authorizing environment consists primarily of its community stakeholders. Internal stakeholders may be those from the highest local political plane who directly authorize through their positions of legitimate power. At the other end of the spectrum, are those program staff who lend a level of authorization in their willingness to effectively implement or provide support to the delivery of program services. Degrees of authorization then naturally flow from all organizational layers in-between, both directly from a chain-of-command perspective, to indirect sources that support/condone program activities as a natural course of the larger public health network.

Broadly speaking, external authorizers could be anyone else. From a systems thinking perspective, a single policy change at one end of the world can have ramifications globally. The research of this study, however, was limited to a single program within a lone LHD. It was anticipated, therefore, that the external authorizers of interest be limited to those individuals or groups within the immediate geographical authority of the LHD. While the immediate recipients and contributing providers of the program service are obvious choices to include in the study, consideration was given to *cast-the-net-widely*, and to consider the inclusion of those stakeholders who may be both directly and indirectly authorizing the program services and may be affected by those

program services. As was further explored in the study, this could include community leaders, media organizations, and associated industries.

For the purposes of this study, the term **public value** is understood to be the assessment of processes, products, and projected outcomes from a public agency, as perceived by the stakeholders of that agency. The inputs are those resources that everyone believes (correctly or not) must have been spent on the process being evaluated. For example, if a food operator was asked their opinion of the health department and/or its program, they were asked this question without prompting from the interviewer/survey text as to what resources are called upon to conduct the day-to-day services of the department and program. This minimized biasing the subject and allowed for a natural response regarding what they already believe. For data collection purposes, these perceptions were measured in accordance with Moore's framework that the public's perception of these three elements are being viewed through a lens that collectively evaluates them on the basis of their effectiveness, efficiency, fairness, and justness. (Moore M. H., 2013) Essentially, it is the public's perception of the value that they see in the actions and programs of the department.

The following concept map (Figure 3) speaks to the study's assumption that the generation of public value by a government agency feeds into a reservoir of public trust. This trust is used to decide who or what has authority in the government, and that authority is actualized through the exertion of the powers that run government programs. Whether biological or institutional, a system relies on certain resources to function. Governments, as discussed, rely on the good will of the people to function. And while the relational dynamics of governance is complex, an *open system* perspective may

aid in identifying certain system inputs and outputs that serve in a government's authorizing life cycle.

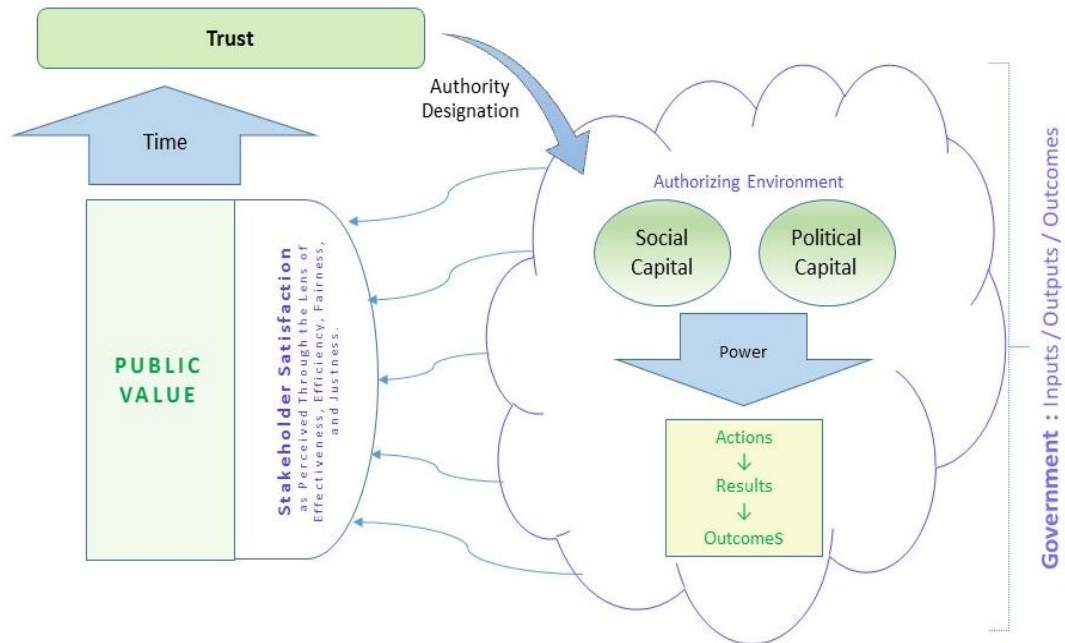


Figure 3: The creation and role of public value in governance

At some point, the government requires validation from its stakeholders for what it has done, or it hopes to do. In this concept map, we see that the pool of public value is tapped, as during an election, and the public value is recalled as public trust by the electorate. That trust then flows to elected individuals or groups as granted authority. As pointed out previously, it is this authority that allows the machinery of government to function.

The creation of public value really is a byproduct of what has long been viewed as the primary function of a government, which is the maintenance and improvement of the community it serves. What the diagram reveals is that this byproduct really is an

essential source for the system's authorization cycle. This perspective, therefore, reinforces the belief that the primary focus of government should be the creation of public value, as it is thought to be a direct public metric of success, as determined by its community stakeholders.

Policy Implementation as a Wicked Problem

Policy development has been identified as one of the core functions and ten essential services of public health. (Committee, 1995) But the transformation of state legislation into policies that can be successfully implemented by local governments programs, is a long-standing challenge for public health practioners. (Sabtier, 1986) Case in point, both the political system that created the legislation and those of the local bureaucracy that enact it, dictate that policies must successfully adapt to both of their differing sociopolitical environments in order to be effective. (Van Meter & Van Horn, 1975) However, the differing contexts of a law's beginning (a transparent process) and its local implementation (a significantly less transparent process), often begins the dissonance between policy development and its implementation.

At the state level, political influence is part of the gamesmanship that naturally occurs during policy formation, however the process is typically subject to public review via the scrutiny of media channels and watchdog interest groups (see Figure 4).

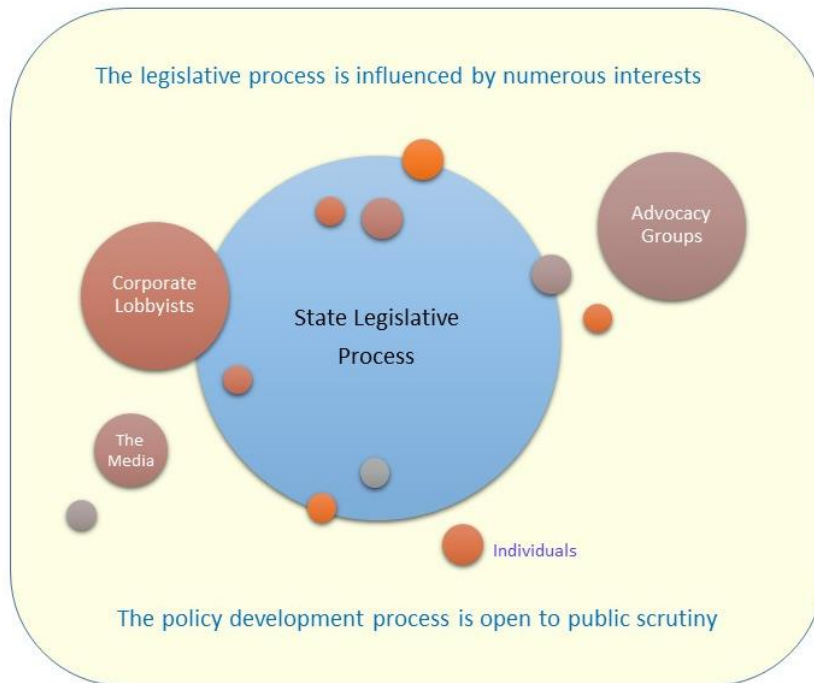


Figure 4: The state legislative process

The local implementation process, however, is often conducted perfunctorily by administrators, primarily in accordance with the capabilities of their existing programs. The current system of policy implementation, therefore, does not readily allow for the perspectives of local stakeholders (see Figure 5). While this administrative adaptation may be a reasonable method for most legislated changes, there are those changes that can be viewed as complex, with the potential for having significant impact upon key stakeholders. Consequently, these will require a more thoughtful adaptation to the community.

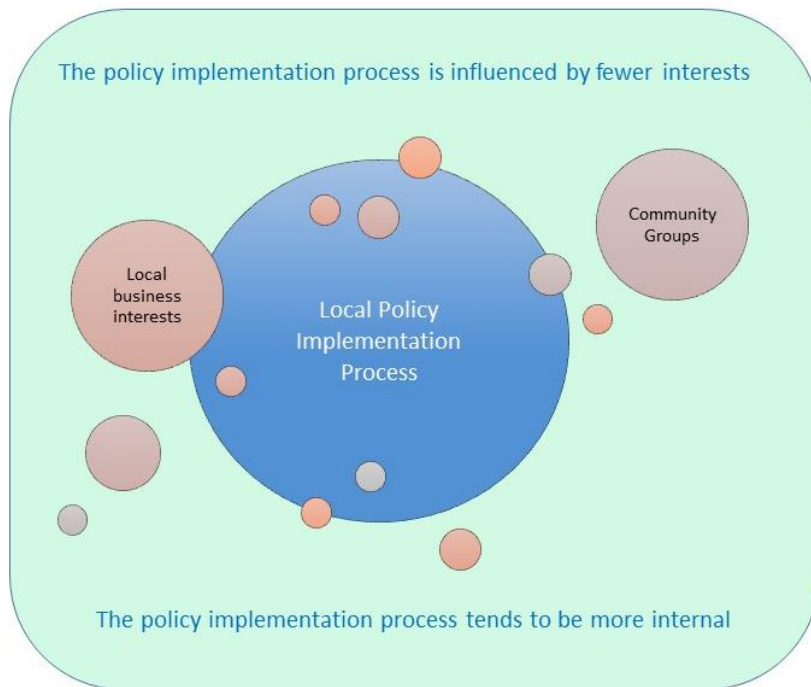


Figure 5: Local policy implementation

Additionally, in the American political system the elected officials represent groups and individuals within their sphere of influence, while also relying on their financial support to be elected or remain in power. When these *influencers* believe an agency is acting in conflict with their interests, the local politicians invariably are asked to intervene. In those instances, the policy decisions become susceptible to interference by their local governing bodies. Experience has shown that when these types of political interventions occur that the ensuing revisions in public health policy may come at a cost to the rest of the community. (Hacker & Pierson, 2010) These policy revisions become tailored specifically to benefit the aggrieved stakeholder and, in so doing, may generate public health risks for the other community members. Finally, while the political interference may serve to increase the stature of political bodies (*they solved the problem*), it correspondingly decreases those of the department (*they were the problem that needed to be corrected*).

The following dissertation study is a participatory action research case study that looks at a regulatory program of a local EHD. Specifically, the research centers on the Food and Pool Safety program (FPS) of Orange County, California, which oversees the safety mandates for the retail food facilities as called out in the regulations of the California Health & Safety Code. Typically, these laws are broad-based and require that local context be applied to them. Complicating this, however, is that each of the 58 counties of the state write their own policies and procedures for enforcing the many sections of this state law. The disparities created in this process (no two county's policies are the same) are most acutely felt by the retail food chains who have facilities in many of these counties and often face differing enforcement rules for the same state law (see Figure 6). These well-funded chain retailers, therefore, have the potential for creating an undue influence on local policy development.

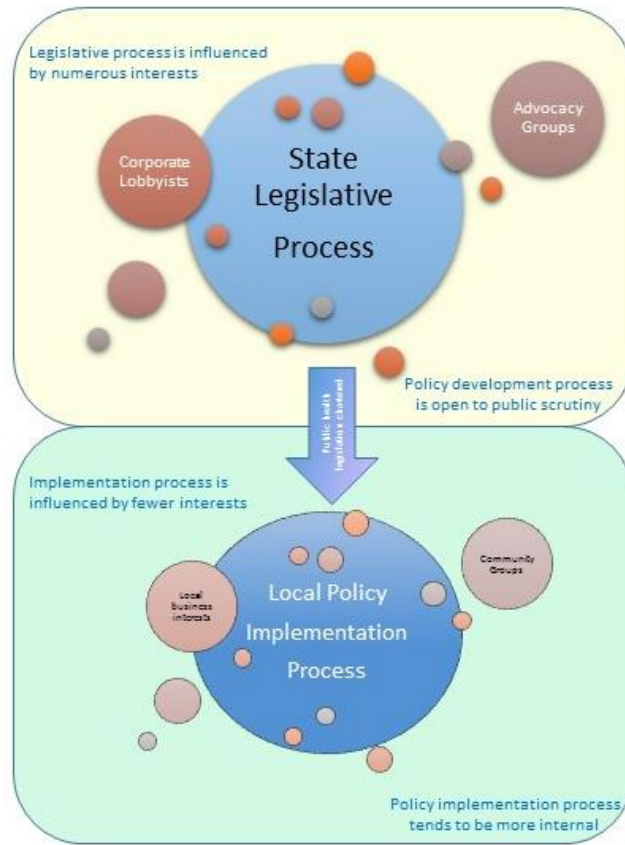


Figure 6: Disparity between the state legislative process & local policy implementation

In recognizing that the implementation of complex public policies can be a problematic process requiring an adaptation to its local context, we are also recognizing the potential risk of the program being devalued in the public's eyes if not carefully considered. Obvious pitfalls can arise due to differences in approach, making both the implemented policy and the administering agency program a target of those influential stakeholders who have been negatively impacted by a policy outcome. By including stakeholders in the policy implementation process, this research becomes an adaptive leadership approach to increasing the public value of the local health department's processes, products, and projected outcomes of the collaboration.

Public Value Creation at the Program Level

The LHD's Food and Pool Safety program resides within the department's Environmental Health Division (EHD), and is a regulatory program overseeing state mandates. When the program enacts a policy, it is therefore likely to directly affect specific sets of stakeholders. It was a premise of this study that the perceptions of these affected stakeholders might predict the acceptance and compliance with the policy. In addition, while one group of stakeholders may have the most immediate interest in the output of a policy implementation, stakeholders from multiple levels should be considered for inclusion in the measuring of public value as they are all part of the valuable social network of stakeholders and, ultimately, have the potential for determining the outcomes associated with the policy. As participants, all potentially hold perspectives (e.g., needs, desires, and beliefs), knowledge, and skills that may add to a more informed picture of the issues surrounding the policy.

Research suggests that a public organization's ability to incorporate the public into its processes may be more important in understanding its public trust levels than if it can solve specific problems. (Hoggart & Clark, 2000) In other words, the levels of public "involvement, identity, and belief in politics and democracy enhances their trust" in their public agencies. In being aware of the public's need for inclusion, the more likely that a public program can develop policy implementations that meets their stakeholders' approval. Placing an EHD program into in the original concept diagram of public value creation, we can now see how a compliance program is fleshed out with regards to its

inputs (e.g., processes), product (e.g., SOPs), and the long-term public health outcomes (see Figure 7).

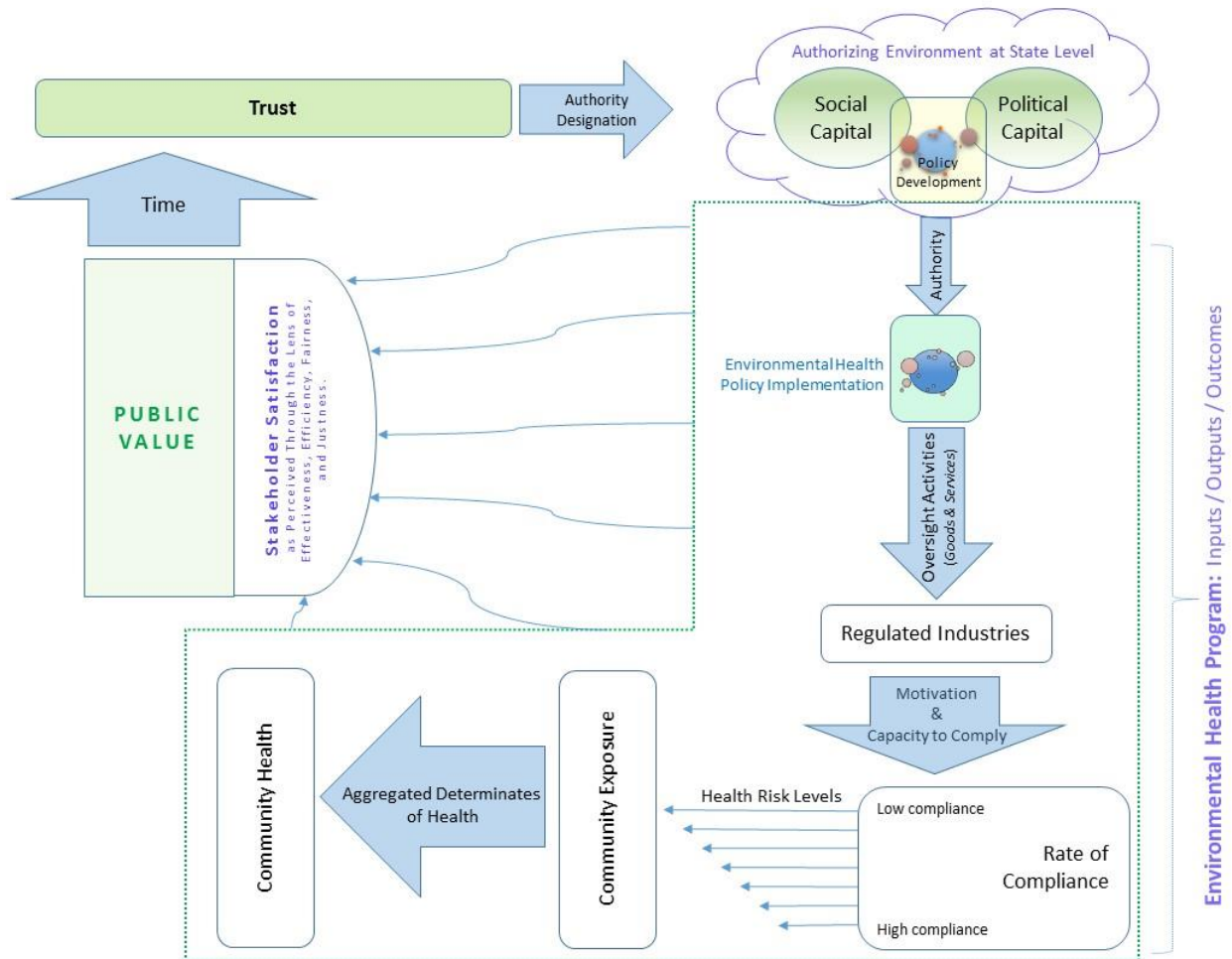


Figure 7: Standard public value creation in environmental health

Stakeholders in a Complex System

Because our nation's public health system is inherently a complex adaptive system (Martinez-Garcia, 2013), it must continually evolve to more effectively adjust to the shifting demands for its goods and services, while often coping with limited resources. In complex systems, this process of adaptation involves the creation of a resolving

pathway known as *emergence*, which is the result of the interactions of the system's many elements. During this interaction of the system, the local conditions (the contexts) are explored, shared, and conflated to create an emergent property or concept. Thus, more interactions that occur amongst the differing parts of the system allows for a greater number of emergent concepts that can be considered in the creation of an adaptive pathway. It is a synergistic process that allows the system to adapt to its current conditions.

In the public health system, the interaction with its stakeholder networks is a fundamental component to the adaptive process. Community-based collaboration activities involve the formal process where citizens, agencies, organizations, and businesses work together to share information and resources to accomplish a shared vision. (Donohue & Zeckhauser, 2006) There are several recognized benefits that can occur due to these collaborative activities, including:

- effective and efficient program delivery
- improved professional development
- improved communication (which leads to more consistent and reliable information to clients, an increased use of programs, more public support, better understanding of policy and legislative issues, better direction given to clients, and improved evaluation of programs)
- elimination of duplication
- increased use of programs
- better needs assessment

- consistency of information
- increased availability of resources (new staff, new knowledge, new equipment and facilities, and new services); and
- improved public image.

These listed benefits speak to the creation of public value, and research is starting to show that community collaborative activities are an effective method of public value creation. As one such method, cross-sector collaboration (CSC) is becoming commonly viewed as both necessary and needed in addressing difficult public challenges as it allows for transparency, builds trust, generates a better understanding of stakeholder perspectives, and allows for mutual participant empathy. (Bryson, Crosby, & Bloomberg, 2015)

Conceptual Framework

Background

To move the policy implementation process towards greater transparency and accessibility, a stakeholder participatory process (a method of collaboration) will be used in this research as the *theory of change*. Community inclusions/collaborations have long been employed as a method of tailoring government services to the community. While there is no standardized approach to this, a key factor is inclusion of the participants in the process. (Moore M. H., 2013) The depth and duration of inclusion is situational, as the process is subject to contextual-dependent risks. The planning of a neighborhood

playground may readily allow for unbridled inclusion by all members of the community, with perhaps available resources being the only limitation needing consideration. The planning of a county park, on the other hand, is far more complex in nature with many streams of legal, environmental, health, safety, and other considerations that will require the close guidance and oversight of the public agency's professional staff. While public inclusion in the process will be critical to the planning and implementation of this project, the manner and means in which such inclusion is conducted must similarly be carefully weighed. Ultimately, this decision should come from a public health leader who has a broad, pragmatic perspective on the implications of the project and has ready access to the data and expertise of his or her professional staff most familiar with the intricacies of the project as they affect the greater county.

Environmental Scan

To better understand the context of the proposed policy implementation, an environmental scan was conducted to address external conditions that could factor into the process. A PESTLE analysis was employed to better understand past, current, and projected environmental conditions surrounding the implementation of sections of the State of California Health and Safety Code by the Orange County Environmental Health Division (EHD).

The following data was collected through informal interviews with FPS staff and web-searches using key PESTLE related terminology.

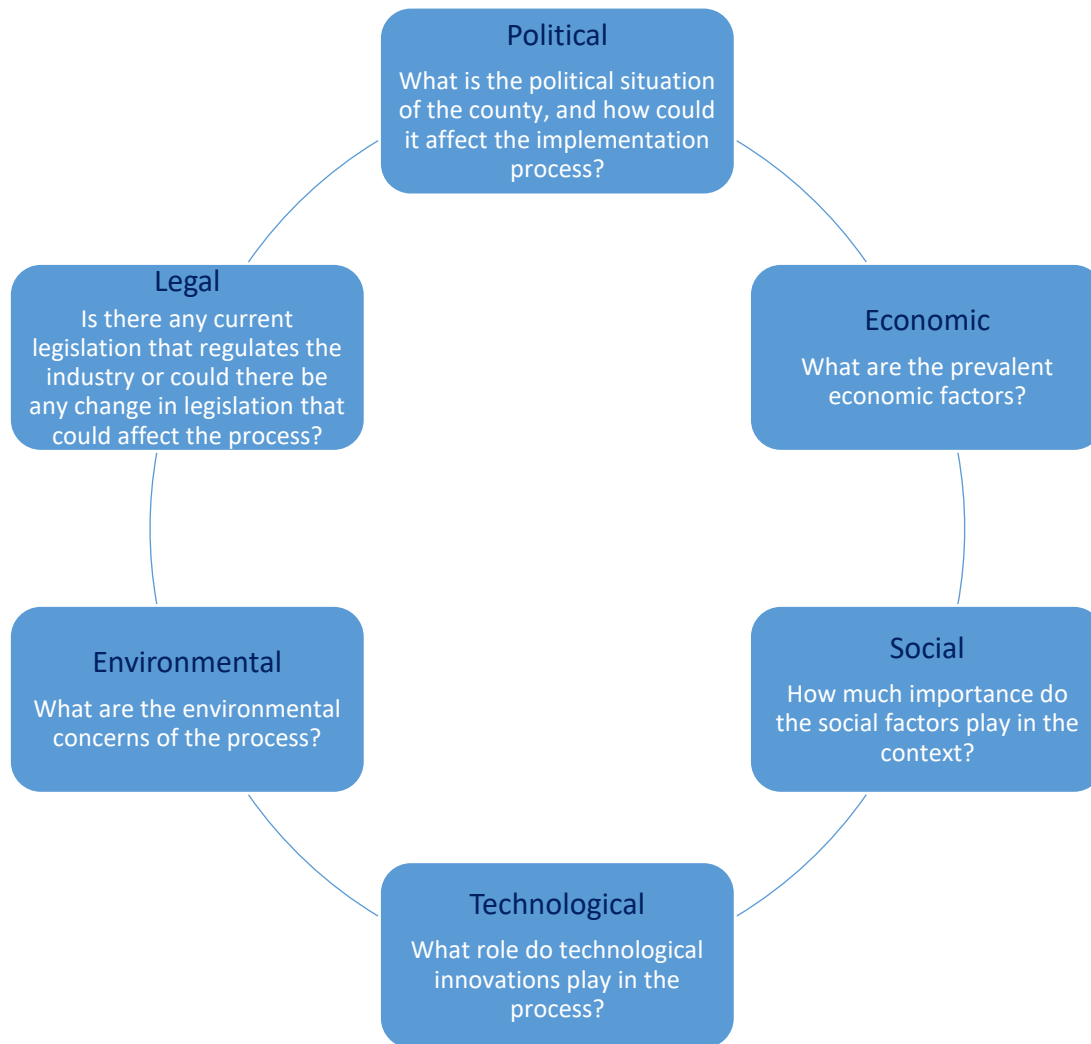


Figure 8: PESTLE model framework

1. **Political-** The current Orange County Board of Supervisors (Board) can generally be characterized as being conservative and actively business friendly. If the implementation were to adversely impact significant or numerous stakeholders, the Board would be likely to exert their oversight authority to mitigate these impacts by having changes made to the implementation. Historically, while these changes have been advantageous to a select number of stakeholders, there has been concern that it similarly has either created an inequity between stakeholders or it has in some way increased risks

within the public health system. It would be important, therefore, to gain an understanding of the Board's acceptance to this method of a collaborative approach to policy implementation.

Another political consideration is the potential reaction of the larger food industries who would not be directly participating in the implementation process. In general, the policy being implemented addresses independent/non-chain food facilities and their interactions with the food entrepreneurs wanting to break into the food business. Currently, there have not been any of the larger Orange County food facilities (e.g., members of either the national or regional chains) that have expressed an interest in pursuing any food facility sharing relationships of this nature. It is surmised that their lack of interest may be attributed to a perception that such arrangements could expose their firms to unnecessary risks (e.g., product liability lawsuits, etc.). Nonetheless, as a potential source of competition it is plausible that these larger industry stakeholders could have an interest in the implementation process as it could be perceived as either: creating an inequity (e.g., the participating enterprises might in some way be given some advantage that the larger industry stakeholders were not able to access), or that an advantage results from the implementation process that they might want to capitalize upon (e.g., the concept of shaping SOPs to their advantage). As discussed previously, the Board is responsive to corporate concerns and this stakeholder group has proven to have the ear of the Board, therefore, affording it political sway.

At the direction of the Board, an early predecessor of the current Food Safety Advisory Council of Orange County (FSAC) was formed to act as an advisory to Environmental Health's Food and Pool Safety Program. FSAC is "a collaborative effort

between business and government, comprised of representatives from the retail food industry, related businesses, and Food Protection Program staff. The overall goal of the Council is to enhance cooperation, involvement and understanding between county government and the food industry. FSAC has provided valuable input on pertinent issues such as new legislation, new industry products, and implementation of new policies.” (Orange County Health Care Agency, 2015) It should be noted that while FSAC has provided industry input into the FPS public outreach efforts and given support to the program’s proposed budgets being presented to the Board, there is no indication of a substantive contribution to the shaping of program policy on record. FSAC membership traditionally is comprised of chain food facilities, larger family restaurants, and their suppliers. There is also no recollection by EHD staff of any recent history where FSAC representatives came from small family or entrepreneurial enterprises. As such, the perspectives of the current FSAC membership (which already has some political will with the Board) could prove representational of those businesses not directly involved in the SFF operations and could similarly be collected through a sampling method.

2. Economic- Orange County is located on the southern California coast, with Los Angeles to its immediate north and bordered by San Diego on the south, it has 42 miles of Pacific Ocean coastline. (Orange County Community Indicators Project, 2015) The county is comprised of thirty-four cities and contains several unincorporated areas. With a current population estimated at just over 3.1million residents, it is the third largest county in California and the sixth in the nation. The county is ethnically diverse, with 43% self-identifying themselves in 2012 as White, 34% Latino, and 19% Asian/Pacific

Islander. Thirty-one percent (31%) of Orange County residents are foreign born, compared to a national average of 13%.

According to the Forbes' 2013 national rankings, Orange County's business climate has been improving slightly, currently ranked at 97th amongst the top 200 metropolitan areas in the country. (Orange County Community Indicators Project, 2015) The ranking is considered important as an indicator of its "attractiveness as a location, the availability of business support and resources, opportunities for growth, and barriers to doing business." In part, the County appears to have earned a diminished ranking since its decade high of 27th, because of its current high cost of living. Despite the ranking, however, most economic indicators (e.g., technology output, patents, regional and local exports, tourism's employment, and biomedicine) are growing well. Consequently, the County's unemployment rate is below the State's, which is well below the national average.

While large corporations have the greatest economic impact on the local economy, small businesses are thriving in the county. This is evidenced in that most of the county's businesses have under five employees, and the indications are that they are recovering well from the recent national recession. This is potentially significant to this policy implementation as entrepreneurial enterprises tend to be viewed by *free market* advocates (of which both the Board and much of the voting public in this county are) as engines of the economy. It is a commonly heard phrase in the halls of Orange County government agencies, that "we are a business friendly" county. This translates in action as an unspoken goal that, whenever possible, agencies should "get out of the way" of businesses so as not to hinder their progress. The concept of collaborating with the

county's entrepreneurs, therefore, could prove to be viewed as a positive step by the Board and other stakeholders. These economic indicators continue to support the belief that the perspectives of the food industry are useful in assessing the collaborative approach to policy implementation. The role of the larger industry stakeholders in this assessment has already been outlined, but the smaller food industries are critically important as they are the stakeholders most likely to be involved in sharing their kitchens and, therefore, the businesses being directly affected by the implementation. For this reason, the perspectives of these smaller industry stakeholders could similarly be collected through a sampling method.

3. **Social-** While the business trends of the county are improving, individual and family conditions have not been rebounding at the same rates from the recession. At 799 square miles, the county ranks 19th in the nation for density, with some cities housing more than 12,000 people per square mile. Home prices are rising, and rent is unaffordable for low wage, full-time workers, as the county's real household income has declined for the fifth consecutive year. (Orange County Community Indicators Project, 2015) As a trend seen throughout the state and nation, poverty continues to rise in Orange County.

Young adults and families with children are the most impacted, where one in five young adults (age 18-24) is living in poverty, and more than 18% of children aged five and under are as well. Close to half of all children enrolled in the county public schools rely on reduced or free school lunches for their nutritional needs. (Second Harvest Food Bank of Orange County, 2015) This leaves families making tough choices between eating

and meeting their other basic needs such as paying their rent, utilities, transportation costs, and medicine. (Hunger in America 2014, 2015)

The stress and strains on family relationships, health, and other collateral damage associated with poverty can be viewed as significant drivers in entrepreneurial efforts. Creating additional family revenue streams for these community members becomes more than just a desire to better oneself and family, it is likely to be driven more earnestly as an act of survival. As such, it was considered probable that there would be more concern about the outcome of an SOP that addresses their entrepreneurial efforts by these community members. Unpredictably, the members heightened investment in the outcome could either welcome the opportunity to collaborate on the implementation or they might be at the opposite end and could be looking to thwart government oversight altogether.

The food business has long been viewed an approachable enterprise for those with little to no industry experience. A common perception is that it takes no academic degree or even formalized training to be successful in this business; just some good recipes and their hard work. For those individuals looking to try their hand at either creating a line of foods or even their own restaurant, the choices for starting out on their own have typically meant that they either did things legally or they did not. This meant that either they opened their own commercial facility that met all applicable municipal and county (and in some instances state) requirements, or not.

Building one's own commercial space can readily cost several hundred thousand dollars, and even buying an existing facility can be nearly as much. (BizBuySell, 2015) A current search into buying a franchise food facility indicates that your costs would be

even more, but this approach has been seen as a safer tactic for those who have a greater interest in just generating returns than an interest in building a reputation for the creation of unique or innovative foods. It should also be noted that none of these start-up costs address the monthly bills of payroll, rent, utilities or other necessary business-related services. There are the supplies and equipment costs that are related to the food products that are being produced, and marketing and advertising are often a regular expense. While a “legal” approach may ultimately offer the best long-term return on an investment, it is not for those already financially insecure entering the market.

For those with more limited means, the illegal approach to food production can take many forms. Perhaps at its most extreme, are those individuals who can be routinely seen with a home-made *push* or appropriated grocery cart, selling the comfort foods that they know how to make to their fellow homeland immigrants. These entrepreneur’s tamales, egg rolls, and other low-cost foods are often made from a garage or a tiny kitchen apartment, often under conditions posing significant health risks to their clients. These operations are usually survival motivated, and it is rare that these businesses ever elevate beyond the shadows they operate in.

A step up from these operations, however, are those entrepreneurs who have gained a family and friend-network reputation as making a particularly good rendition of this or that food product and have decided to pursue it as a commercial endeavor while starting from a higher economic security point. Perhaps someone’s brownies are particularly good, or their cakes are beautiful enough for someone’s wedding. When these individuals start making and baking in their kitchen, it is for profit, but it may not be for financial survival, but rather for financial enhancement. Their economic advantage may allow

them to buy the better kitchen equipment and utensils up front that may be needed to create these more profitable foods, quickly adding even more of an economic advantage over the street vending operations. They conduct their sales over the phone and social media sites, which is a relatively safe environment with known networked clients, thereby reducing their stress by having limited their exposure to government discovery.

In January of 2013 there was a change in the California state law that has allowed some of these operations to come out of the shadows and market themselves openly. What is known today as the Cottage Food Law was crafted in response to a growing national push for a change in the state health codes to allow foods that posed small risk in their production and storage, to be allowed to be made from private homes. Undoubtedly formed in a cauldron of forces such as the rise in popularity of the Farm-to-Fork movement (see Environmental section), the economic pressures created by the recent recession, an increased national awareness of social justice issues, and the value of independent thinking regularly found in the Millennial communities, the cottage food movement has been sweeping through many of the states. A summation of the national push to adapt state food laws to be more in line with this current values can be found in the Harvard Food and Law Policy Clinic's report, *Cottage Food Laws in the United States*. (Harvard Food and Law Policy Clinic, 2013) In the report it states that, *non-potentially hazardous foods (such as baked goods, jams, and jellies), do not present the same food safety risks as other processed foods. Therefore, allowing producers to make these non-potentially hazardous goods in their homes, rather than in a commercial kitchen, reduces the barriers to entry for small-scale producers while recognizing the low-risk nature of these products.*

In California, the law now allows these artisanal food producers to make and sell foods that are listed as *approved* by the State. Typically, these listed foods include such products such as baked goods, candy, dried fruit, dried pasta, granola, jams and jellies, and other foods that the State has determined to be low-risk in nature. (California Department of Public Health, 2015) What it does not allow for, however, are those baked goods filled with cream, or custards, any anything that would require refrigeration. Those foods are considered too risky for such home food productions and would require that they be made within a commercial kitchen setting.

The next level above a cottage food operation resides somewhere within the grey areas of the law. These are the food production operations that occur at permitted commercial facilities during the times when these kitchens are not normally in use. An example might be when a caterer has an agreement with a restaurant to use their kitchen after they have normally closed for the evening. While the renter is usually working under more sanitary conditions than if they were in a residential kitchen, there are still significant potential risks at play as they are operating without oversight by the county FPS program staff, whose role it is to both guide and direct their food handling operations to ensure the minimization of foodborne illness. In recent years, the rise in the numbers of these shared food arrangements has soared and their activities are now becoming very public. What was once essentially an underground economy is openly discussed and idealized routinely in the county media channels. (Luna, 2015)

It is important to note that the clients of these shared food facility arrangements are often the younger community members, who see themselves as adventuring “foodies.” Being a “foodie” in the “O.C.” has become the norm with many of the other hipster trends

being embraced by the county's millennials, and they are often the early adopters of county's food entrepreneurial efforts. Their love of discovery of the newest food and flavor fills their tweets and is archived in their Facebook pages and other social media sites. (ocfoodies, 2015) Thus, while not having a direct interest in the policy implementation, the entrepreneurs' customer-perspectives on the ability of the entrepreneurs to operate may be important to the general context of the community that they serve. For this reason, the general public's perspectives have been collected through a sampling method, which is detailed in the Stakeholders' Role section of this study (Chapter III, Section B, Subsection 3- Consumers).

While economic success is likely to remain a key motivator to the O.C. food entrepreneur, it is less likely to be driven by their need for economic survival than it is a need to succeed. Thus, the development of the SOP will have great import to this community sector, again creating an uncertainty as to whether the collaborative process will be embraced or resisted. For this reason, the perspectives of these food entrepreneur stakeholders have been collected through a sampling method detailed in the Stakeholders' Role section of this study (Chapter III, Section B, Subsection 1- SFF Operators).

The FPS staff are aware that these unsanctioned, subletting arrangements between commercial kitchen operators and entrepreneurs are in existence. In the past when discovered, they either informed the permitted operator to discontinue the arrangement as it did not fall under the conditions of their permit (typically, this occurred when the renting operator's business was posing adverse conditions for the permitted business), or the permitted operator was asked to acknowledge the renter as their employee, and

in doing so acknowledged the liability for their actions and products. This was an informal arrangement on the part of the FPS program, as there is no section of the Health & Safety Code that addresses this shared food facility arrangement, and the California Department of Public Health has indicated that such conditions of oversight are the local health department's obligation and that their policy implementation for enforcement of the Health & Safety Code in this area is at local jurisdiction's discretion.

With the intention to formalize this process into an SOP, Orange County laid the framework for legitimizing the shared food facility concept. Food entrepreneurs who were once restricted to either the limitations of the cottage food list or working under potentially illegal conditions, are now able to produce and distribute foods in virtually the same capacity that current permitted food facilities can. The development of the SOP was expected to be complicated as it required a fundamental, adaptive change in the way that the FPS program has operated in the past. At some level, it necessitated the merger of a regulatory system that currently oversees the food practices of a permitted business with the underground, unregulated business system that occurred with the entrepreneurs and the commercial kitchens. Clearly, these two parties would want to work together for their mutual gains, but it was also anticipated that there would be differences of opinions in terms of the responsibilities that each party would incur.

A clear example of these differences can be found in the case of a foodborne illness claim against the producer of a food product. Let us imagine that a catering company leases space from a large family-style restaurant. For ease of clarification, the restaurant will be referred to as the Host operator (it holds the site health permit), while the caterer will be known as the Dependent operator (it depends on the Host operator for the use of

its kitchen and does not hold a health permit). At issue is a wedding luncheon that the Dependent operator (Dependent) prepared at the Host operator's (Host) kitchen. Days after the wedding party the FPS foodborne illness section starts receiving complaints of a foodborne illness outbreak associated with the foods served at the wedding. With more than half of their guests reporting in ill, the newly married couple file a lawsuit against the Dependent for unsafe food handling practices. Upon discovering that the Dependent did not have their own permitted food facility, they filed an additional suit against the Host.

While in the short-term the Host can realize an added revenue stream to their business through a shared food facility arrangement, the operator also realizes the necessity for distancing themselves regarding certain liability exposures. For this reason, the Host will have an interest in how an SOP is crafted. Shared food facility Hosts are very likely to want to make sure that responsibilities regarding health code violations noted during FPS inspections are fairly targeted to those they believe to be the responsible party. While the Host owns the cutting board that the chicken salad was prepared on for the wedding, such minute details as to which business was responsible to ensure that cutting board surface had been properly washed, rinsed, and sanitized before its use will have to be addressed in terms equitable to the Host at the outset of their working arrangement. As the Host holds the site health permit, their *voice at the table* is the most important to have heard. For this reason, the perspectives of these regulated Host industry stakeholders will be collected through a sampling method detailed in the Stakeholders' Role section of this study (*Chapter III, Section B, Subsection 1- SFF Operators*).

4. **Technological-** It was unclear as to what role technological advances could play prior to the policy implementation process. While there is new technology and food experimentation being introduced into the food industry routinely (e.g., craft beer brewing methodologies, and other culinary art/modernist cuisine explorations), no specific changes appeared to be significantly influencing the food entrepreneur productions as it related to the sharing of food facilities. In Orange County, it appeared that most of these changes were occurring within the currently permitted commercial kitchens that do not take on the responsibility of also being a Host facility.

5. **Environmental-** The Farm-to-Table movement and its permutations, has a noticeable voice in the Orange County foodie community. Farm-to-Table (or Farm-to-Fork) efforts can be said to have its roots in the Slow Food movement that began in Italy in the 1980's. As reaction to the intended installation of a McDonald's restaurant near the Spanish Steps in Rome, a demonstration created a movement whose, at least initial, values included the preservation of a region's traditional cuisines and the promotion of farming with the plants and livestock of the local ecosystem. (Slow Food, 2015) Since then, the organization has refined its focus to three principles: **good** quality, flavorful and healthy food; **clean** production that does not harm the environment; and **fair** accessible prices for consumers and fair conditions and pay for producers.

In much of California and particularly in Orange County, the Farm-to-Table movement appeared to be less and less about environmental sustainability and more about the experience of micro-brewed craft beer and the mashing of differing cultural food staples. This is not to say that the food entrepreneurs are unconcerned with

sustainable agriculture, community-agriculture, and organic farming, but it appeared to be less about a food's provenance than it was about the presentation and taste. As such, it was important to consider that the shared food facility operators were not typically bringing in their backyard produce to process but were more likely to be concerned with the food's "freshness" attributes. Additionally, for a small producer, chasing after the USDA's organic standards is going to be more burdensome than they have the resources for.

6. Legal- The California Health and Safety Code contains the regulations having immediate control over an operation that "stores, prepares, packages, serves, vends, or otherwise provides food for human consumption at the retail level..." (California State Legislature, 2014) In Orange County, these codes are enforced by the EHD's Food and Pool Safety program. In addition to being granted the authority to enforce these laws, the county's thirty-four incorporated cities also cite these laws in their municipal codes, acknowledging that their enforcement is the purview of the county. Municipal codes regularly require that food businesses be in full compliance with Health & Safety Codes to maintain their right to conduct business in their city. As an example, if a food facility does not have or is not in the process of getting a health permit from the FPS program, then it may not be issued or continue to operate under the provisions of their municipal business license. The county and the cities work together to oversee that business operations are operating in a safe and lawful manner.

These legal restraints are all important to both the permitted commercial food facility and to the entrepreneur hoping to operate out of an approved site. Government

relationships are key to these businesses as it directly impacts them with regards to: *reducing economic uncertainties* (not having their operations stopped due to legalities), *distribution capacity* (more readily finding distributors willing to purchase their foods because it is now from an licensed facility), *market brand* (not having their company's name in the paper as being closed for lack of a health permit), and *liability* (being less susceptible to unwarranted consumer claims due to their permit status). For these reasons, it seemed that both the entrepreneur and permitted businesses would welcome clarity in the development of an SOP and having a role in that development. For this and previously discussed reasons, the perspectives of these regulated Host and food entrepreneur (Dependent) industry stakeholders would be collected through the sampling methods detailed in the Stakeholders' Role section of this study (Chapter III, Section B, Subsection 1- SFF Operators).

Stakeholder Identification & Analysis

Similar consideration was given as to the manner and means that other stakeholder inclusion would occur in this research. For the sake of this research, the researcher assumed the role of the public health leader who guided and facilitated this project in their capacity as the study's Principle Investigator (PI). The researcher has more than thirty years of experience working in the site and has a deep understanding of and experience with the Food and Pool Safety program, the state laws that it oversees, the program's numerous policies, dynamics of its staff and processes, and those of the external participants of this research.

Stakeholder identification and analysis is a process of identifying who and/or what may be the stakeholders of an activity, and then determining to what level they may be affected by and have influence over the activity. In public service, such an analysis may be used to guide the development, evaluation, and/or promotion of public policies and programs. By generating an analysis prior to the implementation of a policy or program, “policy makers and managers can detect and act to prevent potential misunderstandings and/or opposition to the implementation of the policy or program” (Schmeer, 1999).

The following stakeholder identification and analysis was utilized in this research for the same reasons as it sought to prevent misunderstandings and opposition to the policy implementation process through a collaborative means. As there is no singular method for the stakeholder identification and analysis process, the following chart outlines: those community stakeholders believed to be either directly or indirectly affected by the proposed SOP; their anticipated motivations and beliefs; and their perceived ability/power to act as a barrier or to cause significant modification of the target SOP.

Stakeholder Identification and Analysis

Stakeholder	Description	Influencing Power & Study Inclusion Status
<i>SFF Participants</i>	<p>For the purposes of this study, SFF Participants were recognized as those representational individuals or entities identified as having the most immediate concern regarding the effects of the implemented policy. Specific to this research, they are known as the Hosts and the Dependents.</p> <p>Their interests were assumed to be focused on ensuring that there would be minimal bureaucratic interference in the operations of their business interests. The public's safety and well-being were also assumed to be of importance.</p>	<p>While not having the political power of larger corporations, these entities could band together and attract the attention of the local media or go directly to the Board of Supervisors (local governing body) to initiate changes in any program activities that could be perceived to be in contrast with their business interests.</p> <p>As established businesses within the community who <i>were perceived as assuming the greatest risk in the facility-sharing arrangement</i> (reputation, liability, permit status, damage to expensive equipment and facilities), the Host operator (Host) played a direct role in the implementation process. The Dependent operator (Dependent) participated by commenting on the program.</p>
<i>Environmental Health Division Staff</i>	<p>For the purposes of this study, the LHD Staff were identified as the main authors of the implemented policy, known in this study as the standard operating procedure (SOP). The active players in this project, included program technical advisory staff, supervisors, a program manager.</p>	<p>As the principle regulatory agents, they have enforcement authority as granted to them by the State of California. As local a government entity, however, they would be susceptible to the directives of the Board of Supervisors and their agents.</p>

	<p>Their primary interest was to uphold the state health and safety codes, and otherwise ensuring the public's safety and well-being.</p>	<p>FPS supervisors, line staff, and manager developed the SOP. Pre- and post-implementation perceptions were gathered from participating staff.</p>
<i>Community Leaders</i>	<p>These community stakeholders are individuals who have been recognized as having comprehensive and/or unique knowledge regarding the county's artisan food community. They are considered a category of stakeholders who operate at the next-level-removed from the SFF Operators, who are directly impacted by an implemented policy.</p>	<p><u><i>This stakeholder group was not included in this study.</i></u></p> <p>While potentially adding depth to the research, the limited resources of the dissertation narrowed the scope of participants to select informants. It is suggested, however, that future policy implementation research consider the inclusion of this group.</p>
<i>Associated Industries</i>	<p>These stakeholder representatives are those long-established retail food (or food-related) businesses in the county that are not likely to be SFF operators. As a group, they may be more likely to represent the local facilities of a regional or national chain operation. While not likely to be an SFF operator, they may still (in some way) be affected by their presence either as competition or a potential business interest. They could be a national chain supermarket looking to associate themselves with the local food movement, or they may be a chain restaurant looking to avoid locating in such an area. In addition, they may be suppliers to the markets and restaurant trade (pest control operators, food wholesalers, etc.), and may be interested in following new trends or in pursuing the entrepreneurs to create new clients.</p> <p>Like the Community Leaders, these agents' interests may be more representational of the greater business community interests, rather than just those of the SFF Operators. It may be assumed, however, that their</p>	<p><u><i>This stakeholder group was not included in this study.</i></u></p> <p>While potentially adding depth to the research, the limited resources of the dissertation narrowed the scope of participants to select informants. It is suggested, however, that future policy implementation research consider the inclusion of this group.</p>

	associations and interdependencies with the SFF Operators could result in their having similar business and community health interests.	
Consumer	<p>The public patrons of the county’s artisanal food venues are included in this study to assume the “everyman’s” role. Their voice is being solicited as perhaps most representative of the public. While it is likely that these stakeholders have some greater sympathies for the SFF Operators stakeholders because they have some relationship already formed (they are patrons), they may be the least biased of the other stakeholders. As such, their interests may be protective of the business interests, but may be equally concerned with the health and well-being of themselves and their family members.</p> <p>While the demographics of this county have been changing rapidly this past decade (raising Latino and Asian populations, increasing poverty rates, etc.) which are likely to change the political fabric of the voting public, it currently stands as a largely conservative stronghold. Now, there are two main business voices that seem to be holding sway within the county borders: libertarian-left and libertarian-right. A good deal more libertarian-right-minded business are still the vocal majority over the libertarian left.</p> <p>In either case, however, the operative word is libertarian, which in southern California appears to be synonymous with the concept of <i>freedom from government intervention</i>. As the majority currently remains more on the <i>right</i> or economically conservative side of this definition, their views tend to</p>	<p>In theory, the public’s voice could decide the fate of any public policy that would significantly affect the county’s free markets. Often, it may not be the voice of the majority that is been listened to, but the voice of the most vocal. There are no indications at this time as to the public’s preferences in such an isolated case of industry oversight (the SOP development), but given sufficient provocation (e.g., SFF Operators outcry) and ensuing media attention, it is likely that the Board of Supervisors would take notice of a vocal electorate.</p> <p>Public opinion regarding shared food facilities, general impressions on the LHD and the food program, and the Shared Food Facility operations will be useful in helping to set the context of this investigation. A media review will be used to gather these perspectives (see Local Media).</p>

	be focused on minimizing interference with business enterprise.	
<i>Political Official</i>	Next to directly collaborating with every member of the community, our elected officials are considered the best alternative as they are entrusted to represent the will of their electorate. The current Orange County Board of Supervisors can be generally characterized as being conservative and actively business friendly.	<p><u><i>This stakeholder group was not included in this study.</i></u></p> <p>While potentially adding depth to the research, the limited resources of the dissertation narrowed the scope of participants to select informants. It is suggested, however, that future policy implementation research consider the inclusion of this group.</p>
<i>Local Media</i>	There are several print, radio, television, and online media outlets that cover the events of Orange County. To a greater or less extent, the interests of these outlets typically mimic the public (who have already been described in the Consumer section). A designated “watchdogs of the public interests,” however, there may be some outlets more aggressively framing government activities in relation to their editorial board’s perceived attempts to either <i>help</i> or <i>hinder</i> the free market enterprise systems of the county.	<p>Next to the Board of Supervisors, the Local Media could be the most influential, and potentially capable of public and political persuasion.</p> <p>Public opinion regarding shared food facilities, general impressions on the LHD and the food program, and the Shared Food Facility operations will be useful in helping to set the context of this investigation.</p> <p><u><i>For this research, the Local Media was used as representational of the Consumer (public) stakeholders.</i></u></p>

TABLE I: Stakeholder Identification and Analysis

In reviewing each stakeholder's perceived ability/power to act as a barrier or to cause significant modification of the target SOP, the following roles of participation for each representative group has been crafted. An attempt was made to "cast the net wide" in seeking stakeholder perspectives, while also striving to be pragmatic with regards to what this investigator believes is achievable in a dissertation study and is balanced in representation to ensure that no voice is unfairly under or over represented.

As already determined, this project has four (4) essential stakeholder groups but will be reduced to three (3) with the Local Media representing the voice of the Consumer. The first two stakeholder groups listed will be directly participating in the policy implementation process, and the third will be approached for their perspectives on one or more of the three value points of *process*, *product*, and *projected outcome*.

1. SFF Operators: There are two groups of SFF operators: The Hosts and the Dependents, with only the Host group being an active participant in the implementation. The initial role of the Host group was to participate in discussions (herein called the Work Group discussions⁴) where they were asked to comment on the framework (the SOP process map), and to then to brainstorm on what barriers they could anticipate to the application of the final SOP. Once a fully formulated SOP draft had been completed, the Work Group reconvened to comment on its feasibility before being reviewed by the EHD Administration. This was the central focus of the study, to see if the LHD program's

⁴ The UIC IRB required the use of the term Focus Groups for purposes of IRB submission. However, the research discussions were not conducted as traditional research focus groups, but as a participatory action with discussion groups. A specific difference between the designs being that the role of the facilitator was not as an outside researcher facilitating a focus group, rather the researcher maintained his role as a representative of the LHD.

collaboration with this group during a policy implementation process, even at the study's planned minimal level (as a participatory process), would influence the creation of *public value* for the health department and FPS program.

As mentioned, the Work Group participated in two discussion sessions (Work Group Discussion Session I and Work Group Discussion Session II) to capture their comments. As the result of scheduling conflicts, however, three of the original seven Work Group committee were not able to attend the Second Work Group Discussion Session. Instead, these members participated in semi-structured interviews that followed the same format of the Second Work Group Discussion Session. In addition to the Work Group Discussion Sessions and interviews, structured surveys were implemented pre- and post-policy implementation to capture their perspectives on the *process, product, and projected outcome*.

As the Dependents were perceived to: have less at stake in the implementation process, more likely to have narrowed interests, and less likely to have significant political clout that could thwart the process, their inclusion was limited to the solicitation of their comments on the health department and FPS program, using structured survey methods.

2. Environmental Health Division Staff: An EHD policy committee developed the SOP, and line staff had some, non-predetermined input on the procedure during its development. EHD staff perspectives on the implementation process (pre- & post-implementation) and the final SOP were captured using structured survey methods.

3. Consumer: For the purposes of this study, they represented the perspectives of the public who may be consumers of the Dependents (i.e., food artisanal/entrepreneur producers). Consumer perspectives were gathered (through a review of local media sources) on the LHD and the food program, and the SFF operations to set the context of the research.

Policy Implementation Process

The following outlines the implementation process being utilized for the target SOP (Figure 9). Note that the eight-step process has flexibility with regards to the entry points of cross sector collaboration. Entry points #3 and #6 are the only steps involving direct stakeholder participation, with both instances only involving the ability of the stakeholders to make comments. These steps are minimal acts of collaboration and were purposefully limited to make the process pragmatic for a regulatory agency to carry out. It is believed that useful dialogues can be produced with the stakeholder group, seeking their perspectives under this participatory protocol, while maintaining the central purpose of the implementation, which is to apply state Health and Safety mandates.

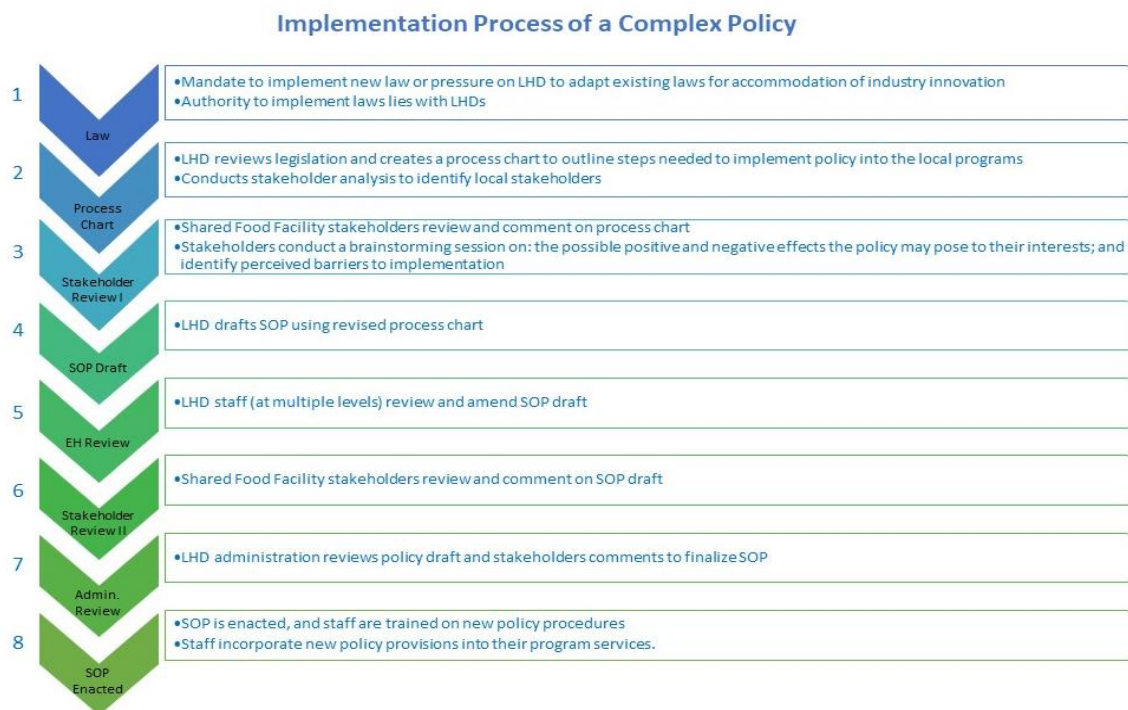


Figure 9: Implementation process of a complex policy

Public Value Crucible

Once familiar with the components of the eight-step implementation process, we can now consider how it can be employed in the larger community network. Acting as a catalyst, the “process” can be seen to produce the SOP product as a reflection of the LHD’s program. While being viewed by a sphere of community stakeholders, the research sampled some of the perceptions from both the participating and observing stakeholders (see Figure 10). In such a transparent arena, it was the goal of the participatory project that this act of *power sharing* on the part of the program to develop its SOP would be recognized and given value by the community.

The Public Value Crucible

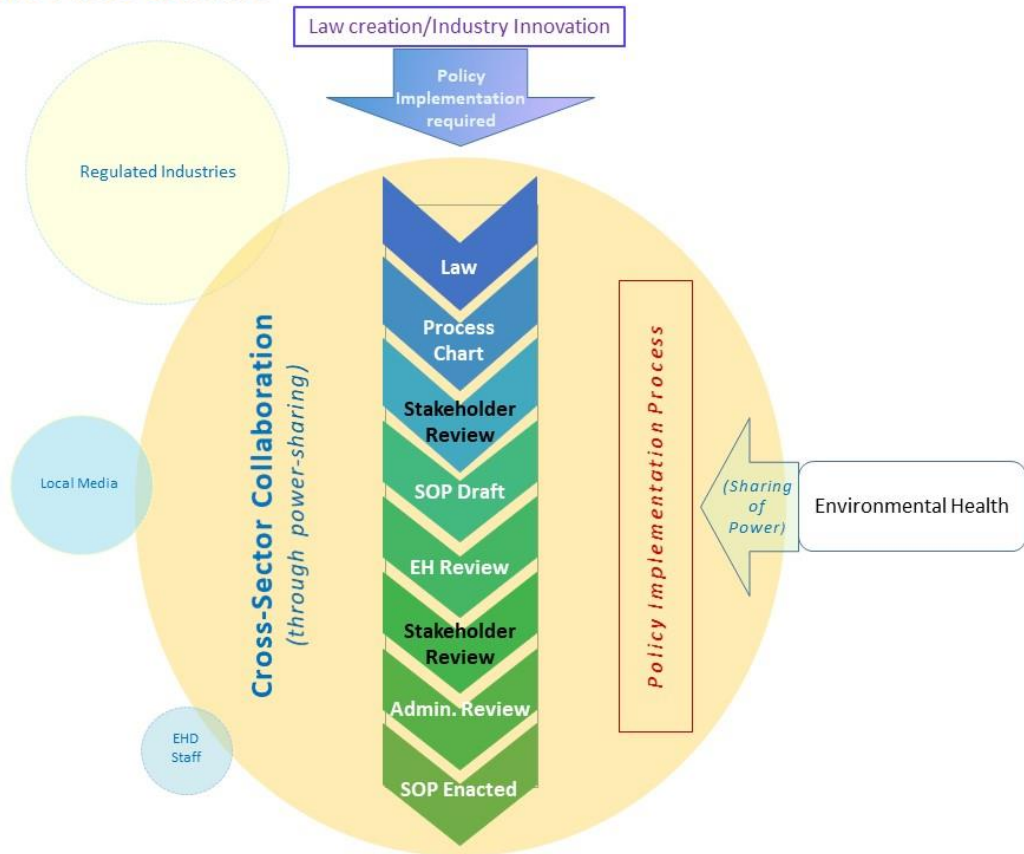


Figure 10: Public value crucible

Concept Map

With this last element in place, a merged concept map can now be visualized wherein power sharing (through a stakeholder participation process) is employed in the resolution of a complex public health issue: the implementation of a regulatory policy (see Figure 11).

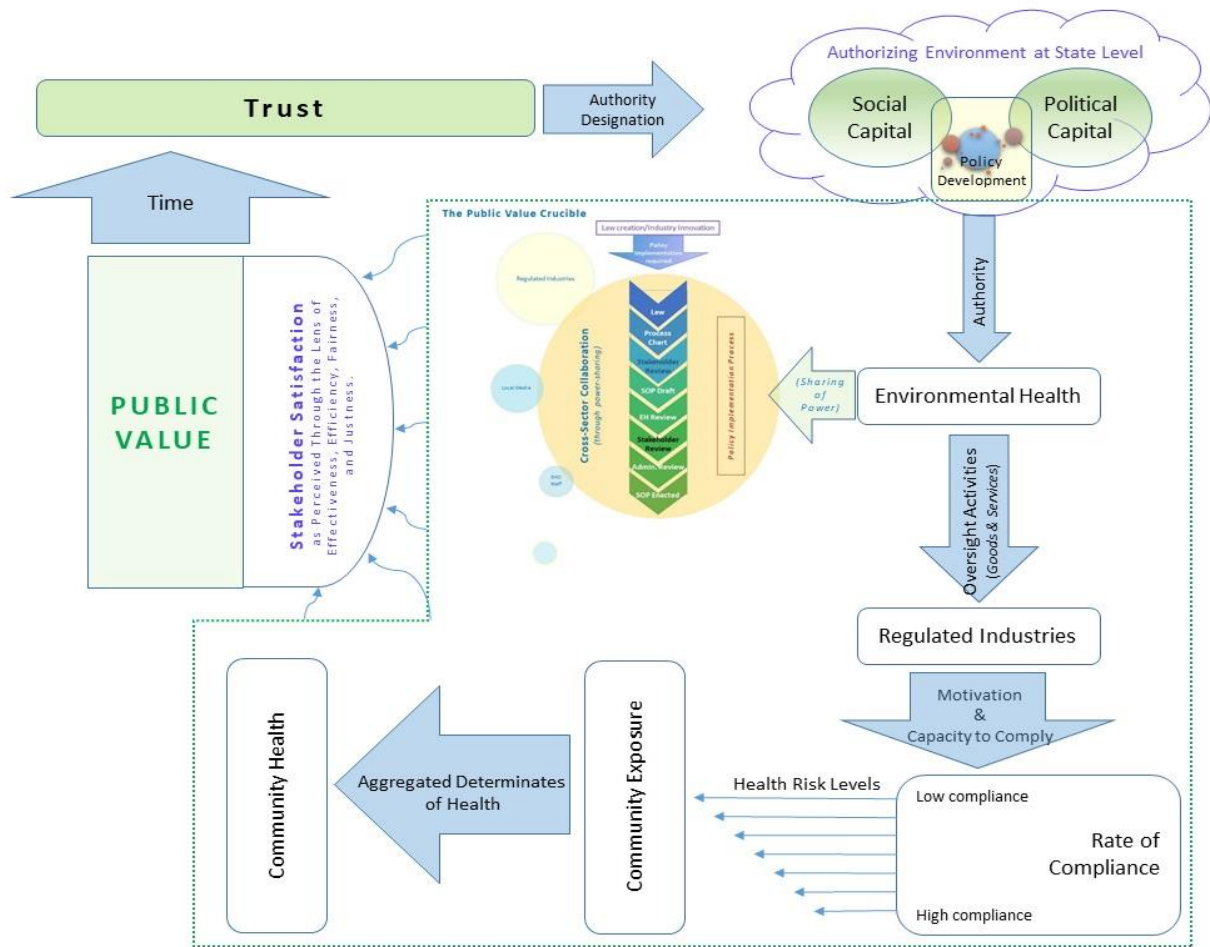


Figure 11: Public value creation through stakeholder participation

Introducing this more completely realized process model, we now see the inclusion of an alternate implementation pathway; one that is suggested for specific complex issues. The diagram submits that this pathway is a viable subsystem, but it can't fully predict its effect. A premise of the model is that the interactions with the varying levels of stakeholders, goes exothermic and generates a level of public value. The intent of this research was to capture the process from different perspectives and look for the stakeholder stories that emerge and can inform us of the model's successes and failures. These inferences may guide us in future applications of stakeholder participations for public value creation.

Case Study Logic Model

Problem Statement:

The creation of *public value* (the public's perception of an organization and/or its services) has been identified as a core function of public agencies. The problem, however, is that public agencies are not knowledgeable in the dynamics of public value creation, and lack the evidenced-based models for its application. A specific area wanting in research is in the exploration of public value creation that can occur when a local health department (LHD) includes its community stakeholders in the implementation of complex policy issues. Previous research indicates that a LHD runs the risks of limiting public value creation when it acts in isolation of its stakeholders, threatening the overall effectiveness and authorizing environment of its programs. Similarly, research also indicates that public value can be created through the public participation process. (Beck Jorgensen & Bozeman, 2007) This action research case study will consider a LHD's ability to create public value for its program during a policy implementation process that utilizes a cross-sector collaboration approach.

Central Research Question: *Does a cross-sector participatory approach to a local health department's policy implementation process, create public value?*

Resources:

In order to accomplish our set of activities we will need the following:

- Administration's full public support; including, the staff time needed to plan and enact the policy implementation.
- Facility resources for hosting stakeholder meetings.

Leadership Opportunities:

Where can adaptive leadership skills be applied?

- *Systems thinking*- LHD staff/management will need to consider the issues of customer service beyond the silo of the program and view the organization from the customer's perspective
- *Change management / visioning*- Particularly important in examination of the policy implementation process
- *Conflict management / negotiating*- As the issues of the implementation are examined at the various stakeholder levels and the degrees of conflict are better identified, the LHD staff/management will need skills in managing conflict and negotiation
- *Collaboration / team building*- The LHD staff/management will need to be versed in promoting collaboration of all stakeholders.
- *Communication / social marketing*- Communication is the key component that needs to be promoted at all stages of exploration, planning, and implementation by the LHD staff/management . If there are resultant changes to be made for future implementation protocols, the changes will most likely have to be marketed to administration & staff .

Intrinsic Barriers:

What internal issues need to be addressed?

- Implementation policy (SOP) must be in full accordance with the State laws
- Implementation process a procedural shift in paradigm for administration and staff
- Quality Improvement skillsets to be learned
- Lack of cross-sector collaboration experience amongst staff

Extrinsic Barriers:

What external issues need to be addressed?

- Business and public desire for public policies to catch-up with market innovations
- Assumed lack of public trust in the department and programs
- Political and public intolerance to "over-regulation"
- Pressure to implement policy that is efficient, effective, just, and fair

	Activities <i>In order to investigate the issues, the following activities will be planned:</i>	Outputs <i>It is expected that, once accomplished these activities will produce the following evidence or service deliverables:</i>	Short-term Outcomes <i>It is expected that, if accomplished these activities will lead to the following changes in 1-6 months:</i>	Projected Outcomes <i>It is expected that, if accomplished these activities will lead to the following changes in 6-12 months:</i>
1	LHD reviews legislation and creates a process chart to outline steps needed to implement policy into the local programs	Standard operating procedure (SOP) process chart	<ul style="list-style-type: none"> Process chart is drafted by LHD policy committee staff LHD policy committee considers the initial success and shortcomings of the process chart 	LHD considers the future use of creating process charts when implementing future complex issues
2	Stakeholder analysis to identify community stakeholders	Stakeholders are identified to participate in cross sector collaboration	<ul style="list-style-type: none"> Stakeholders actively participate in cross-sector collaboration LHD considers the success and shortcomings of the analysis 	LHD retains the list of participants for reference during future issues
3	Stakeholders review and comment on process chart	<ul style="list-style-type: none"> Process chart comments generated to guide modification of the SOP process chart Stakeholder perspectives & unique knowledge identified 	<ul style="list-style-type: none"> Stakeholder perspectives and previously unrevealed knowledge points are learned for consideration in SOP development Through their inclusion in the process, stakeholders feel empowered and listened to SOP has acceptance from stakeholders due to the cross-sector process Stakeholders consider the initial success and shortcomings of the process chart 	<ul style="list-style-type: none"> LHD learn more about their stakeholders, and a method for engaging with them in the future Public Value created for stakeholders from process
4	Stakeholders conduct a brainstorming session on: the possible positive and negative effects the policy may pose to their interests; and identify perceived barriers to implementation	<ul style="list-style-type: none"> List of barriers to implementation generated to guide modification of the SOP process chart Stakeholder perspectives & unique knowledge identified 	<ul style="list-style-type: none"> Stakeholder perspectives and previously unrevealed knowledge points are learned for consideration in SOP development Through their inclusion in the process, stakeholders feel empowered and listened to SOP has acceptance from stakeholders due to cross-sector process Stakeholders consider the initial success and shortcomings of the process chart 	<ul style="list-style-type: none"> LHD learn more about their stakeholders, and a method for engaging with them in the future Public Value created for stakeholders from process

	Activities <i>In order to investigate the issues, the following activities will be planned:</i>	Outputs <i>It is expected that, once accomplished these activities will produce the following evidence or service deliverables:</i>	Short-term Outcomes <i>It is expected that, if accomplished these activities will lead to the following changes in 1-3 months:</i>	Long-term Outcomes <i>It is expected that, if accomplished these activities will lead to the following changes in 6-12 months:</i>
5	LHD takes process chart and stakeholder comments to revise the process chart	Revised process chart	<ul style="list-style-type: none"> Stakeholder perspectives and knowledge points are recognized, explored, and considered in the planning of the SOP SOP developed and enacted with more expansive perspectives and knowledge points of the stakeholders 	LHD considers the future use of incorporating stakeholder input when implementing future complex issues
6	LHD drafts SOP using process chart	Collaboratively created SOP draft	<ul style="list-style-type: none"> An effective, efficient, just, and fair draft SOP developed LHD considers the success and shortcomings of this cross-sector process 	LHD staff considers the future use of a cross sector collaboration process when implementing future complex issues
7	LHD staff (at multiple levels) review and amend SOP draft	Revised SOP	<ul style="list-style-type: none"> Perspectives and knowledge discovery from all levels of staff Through their inclusion in the process, staff feel empowered and listened to SOP has greater acceptance from greater LHD staff due to cross-sector process 	Public Value created for LHD staff from process, product, and long term rate of compliance
8	Stakeholders review and comment on SOP draft	Comments generated on the SOP draft	<ul style="list-style-type: none"> Perspectives and knowledge discovery from stakeholders Through their inclusion in the process, stakeholders feel empowered and listened to SOP has acceptance from participating stakeholders due to cross-sector process 	Public Value created for stakeholders from process

	Activities <i>In order to investigate the issues, the following activities will be planned:</i>	Outputs <i>It is expected that, once accomplished these activities will produce the following evidence or service deliverables:</i>	Short-term Outcomes <i>It is expected that, if accomplished these activities will lead to the following changes in 1-3 months:</i>	Long-term Outcomes <i>It is expected that, if accomplished these activities will lead to the following changes in 6-12 months:</i>
9	Stakeholders review and comment on SOP draft	Comments generated on the SOP draft	<ul style="list-style-type: none"> Perspectives and knowledge discovery from stakeholders Through their inclusion in the process, stakeholders feel empowered and listened to SOP has acceptance from participating stakeholders due to cross-sector process 	Public Value created for stakeholders from process
10	LHD administration reviews policy draft and stakeholders comments to finalize SOP	SOP finalized	<ul style="list-style-type: none"> LHD creates Public Value for participating stakeholders as a result of the implementation process and product that has been perceived as being effective, efficient, just, and fair SOP has acceptance from LHD administration due to cross-sector process 	LHD administration considers the future use of a cross-sector collaboration process when implementing future complex issues
11	<ul style="list-style-type: none"> SOP is enacted, and staff are trained on new policy procedures Staff incorporate new policy provisions into their program services 	SOP enacted and is incorporated into Food & Pool Safety inspection program	<ul style="list-style-type: none"> LHD continues to create Public Value for participating stakeholders and for those who subsequently become aware of the implementation process and/or product Substantial compliance with the SOP 	<ul style="list-style-type: none"> Continues to create Public Value from process & product Risk reduction due to compliance rates Improved community health Public Value created for all stakeholders from improved community health Public Value translates into Public Trust Public Trust translates into Political and Social Capital

TABLE II: Logic Model

III. Study Design, Participants, and Methods

Study Setting & Design

The following dissertation study was a participatory action research case study that looked at a regulatory program of a LHD's Environmental Health Division. Specifically, the research focuses on the Division's Food and Pool Safety program (FPS) of Orange County, California, which oversees the safety mandates for the retail food facilities as called out in the regulations of the California Health & Safety Code. The research centered on the development of a county standard operating procedure (SOP) that addresses the various aspects of food production that occurs when two or more food businesses share a common, permitted fixed location⁵.

The California Retail Food Code (CRFC) requires that all food facilities obtain and maintain their own valid health permit to operate, and yet there are current operations where foods are being produced by an unpermitted business that shares the permitted facilities of another operator. (California State Legislature, 2014) The county's FPS program is obligated to review and issue health permits to all retail food facilities, and to inspect them under the CRFC. Presently, however, the code does not specially address such shared enterprises. This leaves the public at risk and the program in the position where it must independently construct an SOP from existing legislation, as the State has made it clear that it does not intend to address the issue. FPS' developed SOP during this

⁵ In Orange County's Environmental Health Division, standard operating procedures are the typical instrument used to document the implementation of state mandates.

study, clarifies its approach to permitting and inspecting the various kinds of food production and storage that is occurring under these *shared food facility* (SFF) arrangements. In this way, the SOP is an implementation crafted from existing state law. It was the intention of FPS to develop this potentially sensitive implementation under participatory methods with community stakeholders. This process was facilitated under the direction of this Principal Investigator (PI) and employed stakeholder involvement, including stakeholder commentary during the planning phase of the SOP and a review with comments on the document's final draft.

It was the intention of the study to both determine the ability of this implementation method to create public value, and to discern if the LHD & FPS program is already producing value to community stakeholders. For data collection purposes, these perceptions were measured in accordance with Moore's argument that the public's perception of three value points (process, product, and outcome) are viewed through a lens that collectively evaluates them on the basis of their *effectiveness, efficiency, fairness, and justness*. (Moore M. H., 2013) **Effectiveness** was understood to be an individual's judgement as to the ability of something to work in a manner that produces its intended results: *does it work?* **Efficiency** was considered from the perspective of whether something was produced in as an efficient manner as the individual believes is correct, given the context in which it exists (available resources, actors, and other environmental factors): *is it cost effective?* **Fairness** was the equivalent to equality: *is there a level playing field for all?* And **justness** was understood to mean "procedural justice," in this case considering whether the implementation was "just" to the extent that it produced a good SOP and unfair to the extent that it produced a poor one: *does it follow the law?*

These last two could, perhaps, be most important for this research, as it concerns the *fairness and the transparency of the processes* by which decisions have been made, and these attributes have already been discussed as holding significance by the public of their government.

Public value perceptions were gathered using a mixed-methods approach that employed the use of surveys, key informant interviews, document reviews, and discussion group inquiries of community stakeholders. Resulting data were analyzed using triangulation methods, wherein qualitative and quantitative results were compared for emerging patterns and themes.

Stakeholders' Role

Community stakeholders are generally identified as actors (either persons or organizations) within Orange County, who have either a direct or indirect interest in the policy that is being implemented. Previous discussion delineated the differences between internal or organizational stakeholders as those levels of line-to-managerial positions within the LHD.

External stakeholders can be categorized as either being: directly affected by the work of the policy implementation; and those agents peripherally affected, such as the patrons of the food producers. The following are general characterizations of those stakeholders that were either directly involved in the implementation process or are being included in the study to help assess the perceived public value *background* of the LHD & FPS program.

SFF Operators

Known collectively as Shared Food Facility operators, or SFF operators, these are the permitted food facility operators who share their space with an unpermitted operator, and the unpermitted operators who pay for the use of their kitchens. Within the shared arrangement, a permitted food facility operator is referred to as a Host Food Facility Operator (Host), while someone who leases their space is referred to as a Dependent Food Facility operator (Dependent). There are two recognized types of Hosts, one who operates an *incubator kitchen* and one whose facility (when it is being leased out) is referred to as a *production kitchen*.

A *production kitchen's* business model focuses primarily upon on their own food production. They may have a restaurant, a catering kitchen, or any other commercial facility that allows them to conduct a full production operation. During off-hours, however, they may find it advantageous to rent out all or part of their kitchen facilities to another food operation. These secondary businesses may be a catering operation that needs a commercial kitchen in which to produce foods for their clients, a specialty food manufacturer who cannot afford their own kitchen for generating limited runs of food products to be sold at a certified farmers' market, or it may consist of any variety of other food operations that require the use of a permitted kitchen. Whoever their clients are (the Dependents), the production kitchen in this case is differentiated from the other Host category (the incubator) in that their SFF arrangements are not the primary focus of their business. The leasing of their kitchen to these food artisans/entrepreneurs is essentially a supplementary revenue stream for their business.

Unlike the production kitchen, an incubator’s business model focuses on the rental of their permitted, commercial kitchen facilities to the food artisan/entrepreneur. The Host of the incubator may also have a food production business of their own (e.g., wholesale manufacturing), but their commercial kitchen is specifically designed for and/or targets Dependents as either their sole or as a significant part of their business (see Figure 12). This differentiation was made between incubator and production kitchen SFFs at the planning stages of this research as it was unknown as to whether the two groups would ultimately have differences in how they view the implementation process because of these different business models.

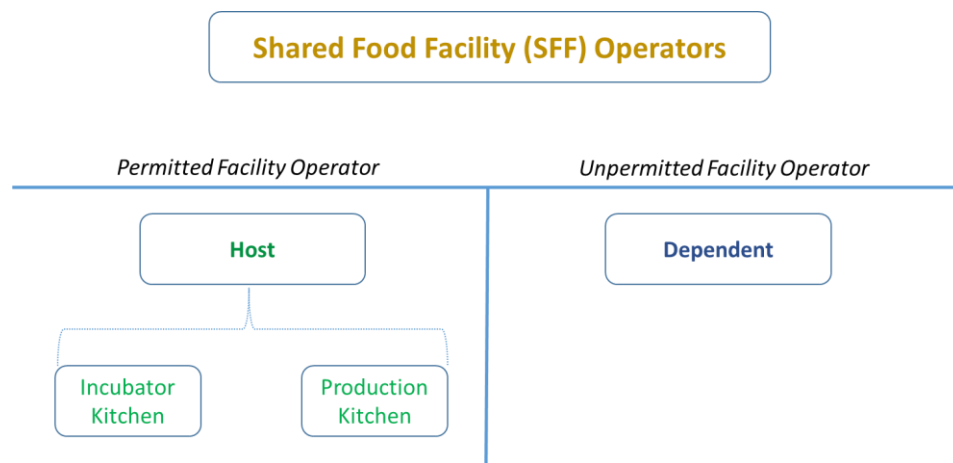


Figure 12: Shared food facility operators

In this study, representatives from the Host group were asked to participate in a discussion group series (herein called the Work Group Discussion Sessions). Anticipating that there could be useful perspective differences between the incubator and production kitchen operators, consideration was given to stratifying the Work Group into these two Host subgroups. Work Group members would be recruited, therefore, using a stratified purposeful sampling strategy. The candidate pool of Host operators

was identified by FPS field staff who are knowledgeable as to existing Host operations. At the time, there were sixty-three (63) production kitchens and only three (3) incubators known to be sharing their kitchens. With a Work Group target size of six to eight participants, it was apparent that even having a single incubator operator would create an over-representation of incubator operators within the Work Group (equal representation being approximately 5%, essentially equating to less than half of a person). However, the FPS policy group perceived the incubator operators as being more closely representational of the current trend in kitchen sharing, and that their businesses were likely to be more impacted by the policy implementation. The policy group, therefore, felt that the incubator kitchens required greater representation, and set the range of representatives from the incubator group to be from a minimum of 1 to a maximum of 2, regardless of whether the final Work Group size was 6 or 8.

Candidates were approached individually by the Principle Investigator (PI) to participate in the process, with recruitment following a semi-structured telephone script (see Appendix N). A list of the production kitchen candidates was sorted alphabetically by last name, and then every third candidate was approached for participation. The incubator candidates were similarly listed and sorted, and then approached without a skip-pattern applied. While the first candidate responded positively at once, the second candidate did not respond after repeated attempts. The third candidate was approached and responded positively. Six (6) production kitchen operators were successfully recruited, resulting in a Work Group that would consist of eight (8) participants. On the day of the first Work Group session, however, one of the two incubator candidates were not able to make it to the session in time and was dropped from the study. There were

seven (7) resulting SFF participants, of which one was an incubator operator. A consent and demographic survey was administered to candidates (see Appendix C) prior to the session that acted both as acknowledgement of their willing participation in the Work Group, while also gathering general information on the individual, their workplace, and their role within that workplace.

Prior to beginning the first session, a pre-session paper survey was administered (see Appendix F) to each participant that addressed their current thoughts and opinions about the food industry, the health department, and government regulations in general. These surveys would later be compared with responses given during the Work Group's second session at the analysis stage of the research (see Chapter 4). Following opening remarks by the PI (see Appendix D), Work Group participants were asked to comment on the SOP process map that had been developed by the FPS policy group. Following the review of the process map, the group brainstormed on what barriers they anticipated in the application of the final SOP. The Work Group session was audio-recorded and later transcribed for qualitative analysis.

Once a fully formulated SOP draft was completed, the Work Group was reconvened to comment on the SOP's feasibility before it was advanced for a final review by the EHD SOP Committee (see Appendix E). Just as the first Work Group session was recorded and transcribed, the second session was audio-recorded and later transcribed for qualitative analysis. Following the session, a final paper survey was administered individually to Work Group participants (see Appendix G) and was later analyzed using quantitative analysis techniques.

The participation by the Work Group was the primary focus of this research. Specific interest was to see if the collaborative efforts by this group during the policy implementation process, even at a minimal level, had a noticeable effect on their perceived level of *public value* for the department & FPS program.

On the other hand, the Dependents, had a significantly less active role in the study. Because they had been recognized as having less at stake in the implementation process, were more likely to have narrowed interests, and were likely to have less political clout that could thwart the implementation process (see TABLE I: Stakeholder Identification and Analysis), their participation was limited to comments on the projected outcomes of this collaboration using structured surveys (see Appendices H & I).

LHD Staff

EHD technical advisory staff, supervisors, and a program manager participated in the development of the SOP and this research as members of the FPS policy group. The FPS program is mandated to administer the California Health & Safety Code as it relates to the distribution, production, and storage of retail and wholesale distributed foods within the county. The FPS inspection staff are Registered Environmental Health Specialists and are responsible for conducting the inspections, investigations, and other assurance activities necessary in safeguarding the public's health from foodborne illness. Their responsibilities and directives for actions are defined within the EHD policies and standard operating procedures, specifically those descending from the implemented policies of the Health & Safety Code.

FPP staff members self-identified as having an interest in the SOP development and stated their desire to be a part of the implementation process by participating in an SOP committee. As “grass-root” actors in the routine enforcement activities, FPP staff have a thorough understanding of the perspectives of the enforcing agency’s mandates to protect the public at large. With few or no exceptions, it is the PI’s perspective that the participants of this FPS policy group also held a deep familiarity with many of the typical needs, desires, and limitations of their food facility operators that were likely to be in conflict between the SFF operators and LHD staff. With such unique perspectives, it was critical to have the voices of this FPS policy group expressed during several points of the implementation process. Prior to the policy’s implementation, SOP committee members were asked to complete a paper-administrated survey that addressed their perception of the LHD and program, and to comment on the general context of agents and environment that could affect the implementation (Appendix L). Their work began with a review of the State Health and Safety Codes, followed by the outlined eight-step implementation process.

After the implementation process, participating members were asked to complete another paper-administered survey that addressed the developed SOP, the implementation process, and the projected outcome (Appendix M).

Consumers

The public patrons (Consumers) of the county’s trending food entrepreneurs were included in this study to assume an “everyman’s” role. Their voice was considered as perhaps most representative of the public. While it is likely that these stakeholders have

some greater sympathies for the SFF stakeholders because they have some relationship already formed (they are patrons), they may be the least biased of the other stakeholders. As such, their interests may be protective of the business interests, but may be equally concerned with the health and well-being of themselves and their family members. The “voices” of these Consumers was gathered through a document review of the local media of Orange County.

There are several print, radio, television, and online media outlets that cover the events of Orange County. To a greater or less extent, the interests of these outlets typically mimic the public. As designated “watchdogs of the public interests,” however, it was an assumption that there might be some outlets more aggressively framing government activities in relation to their editorial board’s perceived attempts to either *help* or *hinder* the free market enterprise systems of the county. Therefore, an attempt to reduce such editorial biases was made by being as inclusive of a variety of sources in the document review process. Local media whose coverage includes the retail food industry within Orange County was searched using a structured document review guide to assess the perceptions of the FPS program (Appendix J).

Participation Process

As previously outlined, direct acts of participation occurred between the Work Group and LHD policy staff. The eight-step implementation process as outlined in Figure 9 has been further detailed in the following table to reflect the actions taken and the participants of this case study (TABLE III):

<i>Step</i>	<i>Title</i>	<i>Actions</i>	<i>Participants</i>
1	Law	<ul style="list-style-type: none"> Change in food industry practices pressures EHD to adapt pre-existing laws to formulate a Shared Food Facility SOP 	FPS policy committee
2	Process Chart	<ul style="list-style-type: none"> EH assume authority to enact from State The Principle Investigator lead FPS policy committee in developing a process chart that outlined the components and action steps anticipated to describe and enforce the SOP requirements Same EHD participants identified <i>Host</i> stakeholder candidates for the Work Group Principle Investigator approached <i>Host</i> stakeholder candidates to form the <i>Work Group</i> that participated in discussions that reviewed the process chart and commented on SOP draft 	Principle Investigator FPS policy committee Principle Investigator
3	Stakeholder Review I	<ul style="list-style-type: none"> Principle Investigator conducted the first discussion with the Work Group to comment on the process chart Principle Investigator conducted a brainstorming session with the Work Group stakeholders to identify the major positive and negative effects that the SOP may pose to their interests. 	Principle Investigator & Work Group
4	SOP Draft	FPS policy committee drafted an SOP using revised process chart	FPS policy committee
5	EH Review	FPS administration, supervisors, managers, technical and field staff reviewed and commented on SOP draft	EHD Staff
6	Stakeholder Review II	Principle Investigator conducted the second discussion with Work Group participants to capture their comments on the SOP draft, and to identify any perceived barriers that they might envision to the enactment of the SOP.	Principle Investigator & Work Group
7	Administrati on Review	FPS policy committee reviewed the Work Group comments, revised SOP and forwarded the final SOP draft to the Division Director for review.	FPS policy committee & Division Director
8	SOP Enacted	SOP is being enacted, and EHD staff are being trained on new procedures, incorporating it into their routine inspection protocols.	EHD Staff

TABLE III: Eight Steps of Implementation

Data Sources, Data Collection, and Management

A mixed methods approach to data collection and analysis was employed to triangulate data for testing and generating additional theories that address the ability of a cross-sector collaboration/participation to generate public value. (Yin, 2009) Original data methods include collecting quantitative data from structured surveys from the Work Group (the regulated Host operators who are directly involved in the implementation process), the Dependent operators (also regulated, but not directly involved in the implementation process), and the Environmental Health staff who were directly involved in the implementation. Qualitative data was gathered using recorded and transcribed semi-structured discussion sessions and interviews with the Work Group participants, who are the research's key actors. An additional data source was the document review of the local media that covers the food industry activities of Orange County (see Figure 13).

Data Triangulation

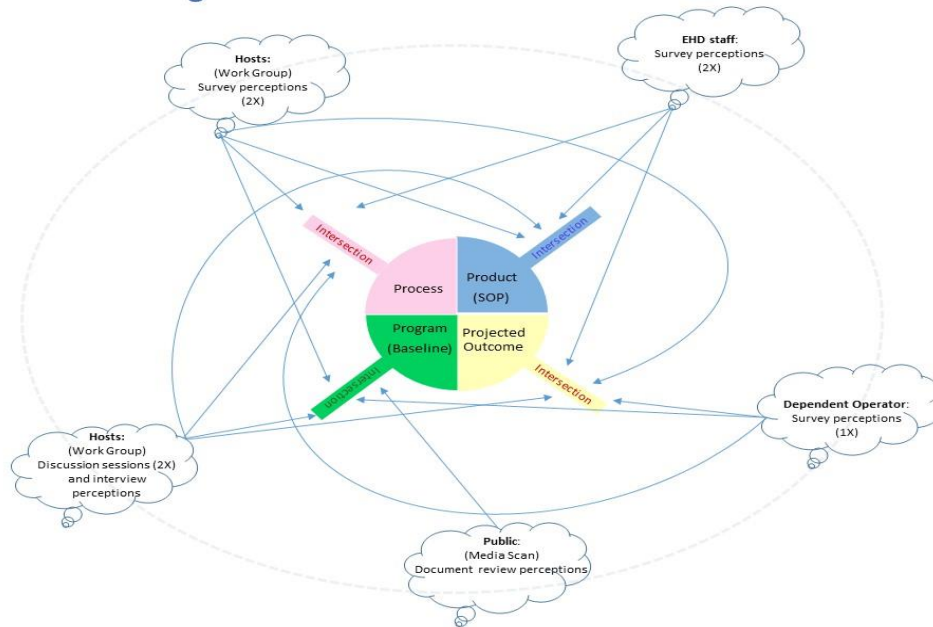


Figure 13: Data triangulation

In all, there were nine data sources collected for this research (see TABLE IV):

- five (5) *structured surveys*
- two (2) *semi-structured discussion sessions*
- three (3) *semi-structured interviews*
- and, a local media *document review*.

Pre- and post-implementation *structured paper surveys* were administered by the PI to both the Work Group and the FPS policy committee members, with a parallel survey administered to the Dependent participants. Surveys were developed without the use of personal identifiers, but group identifiers are used under a coded system. Completed responses were entered an Excel spreadsheet for further analysis, and the original paper surveys were destroyed using a cross-cut shredder. The Excel spreadsheet is stored on

UIC's **Box** data management account with access limited to the PI and five (5) members of the research committee.

The two *discussion sessions* were held with the study's Work Group and were brought together two different times during the policy implementation process. The sessions were facilitated by the PI and the proceedings were documented using both digital audio recordings and session notes taken by the PI and a volunteer LHD staff session note taker. *Semi-structured interviews* were developed and implemented with three Work Group members who could not attend the second Work Group discussion. The interviews essentially the same format as the Work Group discussion guideline. All audio recordings were transcribed by a professional transcribing company, and the sessions notes were converted to MS Word documents. After the session notes were converted to MS Word documents, the original notes were destroyed using a cross-cut shredder. Audio recordings, transcriptions, and MS Word session notes have been stored on UIC's **Box** data management account with access limited to the PI and five (5) members of the research committee.

A *document review* of local media was conducted, where the digital media sources were documented into MS Word document form by the PI. The MS Word documents are stored on UIC's **Box** data management account with access limited to the PI and five (5) members of the research committee.

Text data files stored in the PI's **Box** account were converted to rich text format (.rtf) and then entered into ATLAS.ti (a computer-assisted qualitative data analysis and research software) for analysis. All files generated by ATLAS.ti are also stored within the PI's UIC Box account, with access limited to the PI and five (5) members of the research

committee. At the end of the study and at the advisement of the research Committee Chair, all data collected and stored on UIC’s **Box** data management account will be electronically erased.

Analysis Plan

Data Stream Convergence

The following table outlines the sources of data used to address the research’s central question. As previously discussed, the research question was addressed through the exploration of stakeholder perceptions of the related domains of *context, process, output, projected outcome*, and the *model*. The table lists those domain topics at the center of the table under *Related Domain*. To their left, are the sub-questions (*i.* through *v.*) used to guide the exploration in each domain.

Stakeholder perceptions have been gathered either through survey, discussion sessions, interviews, or document review data. The data sources for each sub-question are indicated as coming from either government regulator (EHD policy committee staff), consumers (local media), or the regulated industry (Work Group and the Dependents).

				Regulated Industry						Neutral	Regulators	
				FG.1st Focus Group / Work Group / 1st Session	FG.2nd Focus Group / Work Group / 2nd Session	I-WG Interviews / Work Group / Missed 2nd Session	S.WG.PreFG Survey / Work Group / Pre-1st Discussion	S.WG.PostFG Survey / Work Group / Post-2nd Discussion	Survey / Dependent Operators/Pre-Work Group 1st Discussion	DocReview Document Review for Consumer Perspectives	S.EHD.S.Pre Survey / EHD Staff / Pre-Work Group 1st Discussion	S.EHD.S.Post Survey / EHD Staff / Post-Work Group 2nd Discussion
		Research Questions										
	Sub-Q#		Related Domain									
Central Question		Does a cross-sector participatory approach to a local health department's policy implementation process, create public value?										
	i.	What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?	Contact (Background)	X	X	X	X		X	X	X	
	ii.	How does the cross-sector participatory process change the stakeholders' perceptions of public value from the LHD and the food program?	Process (Implementation)	X	X	X	X					X
	iii.	How does the product from the cross-sector participatory process (the SOP) change the stakeholders' perceptions of public value from the LHD and program?	Output (SOP)	X	X	X	X					X
	iv.	How does the projected outcome from the cross-sector participatory process (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?	Projected Outcome (Projected change in business conditions)		X	X	X					X
	v.	How could the participatory process model be adjusted to more effectively change the perceptions of public value from the LHD and program by stakeholders?	Model (Adjustment to process)	X	X	X	X					

TABLE IV: Data Source Table

Analysis Approach

Foundational to this research is the assertion that stakeholder perceptions of public value generate the trust that fuels the relationships of American governance. As individual processes, Bolman and Deal echo current research in neuroscience when they suggest that, “the world we perceive is, for the most part, constructed internally.” (Bolman & Deal, 2013) On a group or community level, this proposes that understanding the genesis of group perceptions is extremely complex. It was not the intent of this research to perform stakeholder psychoanalysis, and yet it is important to understand the context in which stakeholders perceive the public value being generated by their LHD. Even if there was absolute certainty as to the beliefs and motivations of a few key agents of this study that could help to enlighten us on their perceptions, this information

would have little value in being able to predict the broader stakeholder's internal landscapes. This research, therefore, pursued generalizable clues to stakeholder perceptions with the optimism that in knowing a few things about public value generation, we may then discover other clues that will be useful in better facilitating public governance collaborations.

Analysis of the research's data attempts to follow Maxwell's vision of integrating *categorization* analysis and *connecting* analysis. (Maxwell J. A., 2013) While seen operationally as separate approaches, Maxwell essentially sees them as viewing the data under different perspectives. It is these differing qualitative perspectives on the data that itself serves as a triangulation and allows the analyst a "greater depth of understanding rather than simply greater breath or confirmation of the results of a single method." Concurrent with these approaches will be an ongoing capture of the PI's field journaling of *systematic reflections* upon his awareness of self-biases, and the ongoing memoing he produces as he develops a deeper understanding from the data of the research context, as lines of inquiry change and develop, and as theories related to the context and actions that he is witnessing, formulate. For while data collection methods have been declared and quantitative and qualitative questions already developed, it was expected that the PI would constantly be absorbing what has been read, heard, and seen and trying to make sense it. While *objectivity* has been strived for during the research, *subjectivity* continues to occur and has lead the PI to assessments. Bits of theory have emerged and allowed the PI to change course to focus in on areas that could result in that *deeper understanding* of what factors may be at play.

Categorization Analysis

Attention has been made to source the data streams from the four stakeholder groups using data collection instruments that correspond with the group's level of participation and with methods that could be best juxtaposed *between groups*. As an example, members of the Work Group (the Hosts) are viewed as the most directly impacted, and their pre-implementation responses can be compared with the pre-implementation responses of the Dependent operators, who are seen as the group most impacted after the Work Group. Both groups were administered structured surveys, with key questions being identical. At the same time, EHD staff (who can be viewed as being on the "opposite side of the table" from the Work Group and Dependents) were also surveyed using the same key questions. Given that the survey data was comprised of Likert responses (not interval data), that the sample sizes were small and likely to be nonparametric, a Kruskal-Wallis test was performed to make between-group comparisons. Differences between the medians of the responses of each group were then analyzed for pair-wise comparisons using a Wilcoxon statistical test. Post survey questions for the Work Group and EHD policy staff had the same key questions to allow for comparing differences of perception between these groups after the process has been completed.

In addition, *within group* comparisons had been planned for with pre- and post-implementation surveys. As an example, a pre-implementation survey (Appendix F) was administered to the Work Group members just prior to their participation in the first Work Group session. The intention was to gauge participant's perspectives (*assigned value*) to the process that they were about to experience. A post-implementation survey (Appendix G) was administered to the same Work Group members immediately

following the conclusion of the second Work Group session, using essentially the same questions about the process, except they were probed to see if their views have changed. The value constructs of comparison (used in both surveys) were their perceptions of *justness, fairness, effectiveness* and *efficiency* of the implementation process. The same within group comparisons were included with the EHD policy staff's survey, as the same questions and sequencing were used. Dependent operators' views on the implementation process were gathered to offer the "informed outsider" perspective. The Dependents were not active participants, but they were aware of the process conceptually and, therefore, could offer context-rich perspectives.

Notes by the note taker and PI were captured during the two discussion sessions. Transcripts of and notes taken during the Work Group discussions were available for use as qualitative sources for comparison with what had been captured from the Work Group's quantitative survey data.

A priori codes were developed for categorization analysis (see Appendix A) and were field tested with trial applications in mock interviews. Many of these codes are directly tied to the framework illustrated in the concept map. The public value family of codes, for instance, directly addresses the four perception constituents of public value under research: *efficiency, effectiveness, fairness, and justness*. All the stakeholders are called out as natural actor variables. Under the Relationship family of codes, framework key variables such as *trust, power, collaboration*, and others have been defined. Anticipated barriers to the collaboration were previously identified in study's logic model, so they too have been included in the codes. The codes *attitudes, beliefs, and values* were included during a revision process to code development. They have been included as

potential filters or lens in the way we view ourselves, thus acting as indicators of participant bias. Two families of emergent codes have surfaced because of the initial reading through and coding of the two interview transcripts: Business Challenges and Trend Pressures. It was anticipated that these initial codes are merely preliminary guides for comparing and contrasting the data, and that they would change as data comes in. In addition, *emergent* codes were also added to the analysis as patterns began to appear that had not been previously considered. Atlas.ti (the qualitative analysis software) was used to search and document instances of similarity and differences in the data using this coding categorization strategy. PI memoing also occurred within the software, commenting on the reasons for coding data, the observation of trends that emerged, and any other thought process about the data and/or the research. Memos and coding were reviewed continuously to look for missed or misinterpreted patterns.

Connecting Analysis

Separately, but not necessarily at different points in the data gathering process, efforts were made to look for contiguous relationships in reading through the interview and Work Group transcripts. Instead of looking for similarities and differences that coding of the data could reveal, the intent was to be sensitive to the linkages between expressed thoughts. In reading through the captured narratives, patterns of connective concepts might emerge. An analogy might be that the PI would look for the breadcrumbs that is expressed when an individual moves from concept A to conclusion B. These connectors may be representational of the inner thought processes that were occurring, which can infer influencing beliefs. Similarities in connectors could suggest commonly

held beliefs, which could give deeper understanding of the context in which the study is being held. The connecting analysis would consist of the PI creating summaries of what is occurring in the narratives, and then produce side-by-side interpretations of these observations (i.e., displayed as two columns in the daily field journal). It was anticipated that interview narratives would look very different from Work Group narratives, but that the thread of storytelling would be present in both the raw observations and interpretations.

As an approach to integrating the categorizing analysis, connecting analysis, and related field journal notes and memos, a matrix was developed that attempts to describe stakeholder group perspectives of public value components. From these convergent and divergent perspectives, it was presumed that theories grounded in the data would emerge that would allow for further contemplation.

Study Limitations/Validity Considerations

As a single unit case study, this research offers the opportunity to investigate a complex adaptive system at work within a context. There were multiple agents at play, each of whom present variables of potential importance in understanding the public value generation process by a LHD. This research occurred in real-time, in a real-life situation, thus providing an opportunity for a deep and holistic account of stakeholder perspectives. The study was designed with the intention of insightful discovery and the enlightenment to meanings that may expand the experience and understanding of the PI and the readers of this study. With the development of these insights, it was hoped that

tentative theories would arise that might help shape future research. As such, this research promises to expand the field's base of knowledge.

Case study research, however, has been faulted in the past for its lack of generalizability or representativeness. It is not the intent of this research to be able to present objective, ultimate truths that carry across time, place, and under all circumstances. Instead, as a realistic approach borrowed by Maxwell, this researcher intended to offer an honest account of given occurrences as they happened within settings, with the recognition and sensitivity to point out that the researcher may be influenced by certain biases that he holds, and in so doing it may have affected his senses and ability to report and make reason of these accounts. In addition, this researcher understands that he himself is an agent that both observes and influences what is occurring. Being aware of these threats to the research's validity was the first step, the next was to document it and then consider what should be done to minimize these threats as they become apparent.

In response to Maxwell's proposed consideration of incorporating appropriate validity tests to guard against researcher bias and "the effect of the researcher on the individuals studied" (reactivity), the following observations have been made:

- *Intensive, Long-term Involvement-* The investigator knows and has worked closely with one of the Work Group participants for several years. He attempted to remain vigilant, therefore, to any sense that this individual (WGP2) might be altering her interview narrative because of her perceptions of what the investigator may want to hear, by what he may think of her because of her answer, or because the researcher had authoritative power over her business (he was the Supervising Environmental Health

Specialist that regulated her production kitchen). When conducting the Work Group's First Discussion Session and the participant's follow-up interview, and then in analyzing the audio recordings and transcripts of those sessions, the researcher attempted to remain sensitive to the possibility of these influencing factors.

Additionally, while survey responses were anonymous, there was always the potential for response bias by the survey participants (EHD Staff and Work Group) due to a reactivity factor. Such response bias in this last instance, however, could not be accounted for in this research.

- *Rich Data*-Given that audio recordings and transcripts were made of the Work Group sessions and interviews, immediately following sessions the researcher had the opportunity to review audio files for possible variations of what is being said versus the way in which it is being said. Notations could be made to point out potential incongruities or points for misinterpretation, such as the evidence or lack of a convincing tone of voice or an attempt at irony or some other double entendre. Emotional clues could be noted that could later be used to help interpret the written word of the transcript. When documenting the analysis of the raw field notes during the connectivity analysis, it would be important to attempt an explanation for this analysis as fully as possible to lay bare any traces of bias or discoverable instances of reactivity.

- *Respondent Validation*- The researcher conducted respondent validations, or *member checks*, of the interviewees to confirm not only the validity of the researcher's raw field notes, but also what conclusions were drawn from these summaries. Of course, not all conclusions could be shared with interviewees as they would be interpretive and could include deductions that infer things that could be unwanted by the interviewee. In

such exclusions, it would be particularly important for the researcher to give explanation for the exclusion in his notes.

- *Triangulation-* As previously noted, the design of the research has included collecting the perspectives of a diverse range of stakeholders, employing a variety of data collection methods to more fully explore and describe the context in which public value was going to be generated from a LHD. Having these variously tiered perspectives has, hopefully, helped to produce data that was gathered without undue influence by the researcher, either through his presence or bias. While some data is directly subject to researcher interpretation, quantitative survey responses may prove less susceptible to researcher bias or reactivity.

IV. Results

As a participatory action research case study, the research inquiry centered on a LHD's ability to create public value for its program during a policy implementation process that utilized stakeholder participation. The research's policy implementation was the development of a standard operating procedure (SOP) by a local health department's Food Protection Program (LHD). The SOP set the requirements that a food operator must adhere to when sharing another operator's food facility. A mixed methods approach was employed in data collection and analysis, with the interest of answering the follow question:

Does a stakeholder participatory approach to a local health department's policy implementation process, create public value?

In approaching the central question, research follow's Moore's proposition that a government agency's public value is an aggregate of the public's perceived level of value for the agency's *efficiency, effectiveness, fairness, and justness*. Stakeholders most likely to be impacted by the future SOP were asked to consider their *valuing* of the department/agency before, during, and after their participation in the SOP development. Concrete targets to be *valued* were devised for the stakeholders, exploring three related domain questions:

- **Process-** How does the cross-sector participatory process (*of the policy implementation*) change the stakeholder's perceptions of public value for the LHD and the food program?

- **Output-** How does the product (*the SOP*) from the cross-sector participatory process change the stakeholder's perceptions of public value for the LHD and program?
- **Projected Outcome-** How does the projected outcome (*the effect on business climate*) from the cross-sector participatory process change the stakeholder's perceptions of public value for the LHD and program?

An additional sub-question was included to provide background to the implementation:

- **Context-** What are the general stakeholder perceptions of public value for the LHD and the food program prior to the policy implementation?

Participating stakeholders were then asked for recommendations for improving the participatory process through a concluding sub-question:

- **Model-** How could the cross-sector participatory process model be adjusted to more effectively change the perceptions of public value for the LHD and program by stakeholders?

While these sub-questions address the central question, they were further fractured into addressable concepts when addressed by stakeholder participants during the Work Group Discussion Session questions, interviews, or when answering written surveys.

Data Sources

Using a stratified purposeful sampling strategy, data streams addressing the sub-questions were gathered from stakeholder groups representing the regulated industry, the consumer, and LHD regulators. Host food facility operators are identified as those commercial food entities that rent or lease space in their kitchen to the nascent food entrepreneurs who are identified within the research as Dependent operators. Together, these stakeholders are the research's regulated industry group. Local media sources are considered as community indicators for this study, so a review of media documents is presented for the consumer's perspective. The Environmental Health Department staff (EHD) from the LHD who participated in the SOP development (the policy staff), represent the LHD regulator group.

EHD Policy Committee

In addition to the PI, there were seven (7) EHD staff who volunteered to work on the development of the SOP and are referred to as the EHD policy group. The group consisted of four field staff, three line-supervisors, and one program manager. Policy committee members typically are those individuals who have some sort of specialized program knowledge considered important for referencing during the policy development, or their routine work is seen potentially to be among the most affected by the resulting SOP.

In this instance, the four-field staff were each responsible for the oversight (inspecting and investigating relevant public complaints) of the three major Host food facilities. Because of their responsibilities, these staff were considered the most experienced with regards to the dynamics of the Host and Dependent working

relationships (pre-implementation). Their insights as to how the two business types interact was valued for providing insight into elements of the SOP's *efficiency, effectiveness, fairness, and justness*. While not an expressed role for these staff members, their job functions are naturally attuned to these values. As public service functionaries (they are imbued with powers as assistant Deputy Health Officers), they are regularly reminded that their work (and that of the program, Division, and Agency) must be mindful to be both efficient with their given resources, while seeking effective resolutions to the issues that they address. Additionally, their equity training, the ever-constant interest in the program's work by the media, and their own sense of personal and professional ethos guides staff to administer industry oversight in a fair and just manner.

The field staff of this policy group are the direct reports of the policy group's supervisors (which includes this PI). While the supervisors' knowledge-base of the three major Host food facilities and their Dependents is not as immediate as their line-staff, the supervisors are working with a broader lens of experience than their staff. These are seasoned supervisors, having many years of experience with emergent food industry trends. If not directly, they are secondarily aware of the entire program's experiences in this area. Additionally, as a step higher within the organizational structure, they are also more keenly aware of the political pressures that are present or are potentially aroused by the policy decisions that the group could be making. Their insight into the elements of the SOP's *efficiency, effectiveness, fairness, and justness* are, therefore, perhaps more refined by experience, but are also more likely to be moderated by an awareness that political powers (the County's Board of Supervisors) might intervene with the decisions and/or direction of the SOP if it was perceived that the SOP was excessively officious,

creating obstacles to their wish of maintaining a business-friendly environment for their constituents.

The participating manager was included in the process both to ensure that all elements of the domain values were maintained, as well as to satisfy the Division administration's concern regarding any potential political considerations that the SOP might impact.

Work Group

Of the two regulated food industry groups, the Host representatives had the more participative role in the policy implementation process, with members interactively providing comments during the SOP development within two Work Group Discussion Sessions. As the SOP would be addressing regulation regarding the sharing of Host commercial kitchens, it was an assumption of the research that recruits might welcome the opportunity to participate. Seven (7) participants were recruited with the PI's offer that they would have the opportunity to participate through commentary, in the SOP's development. Host participants recruited to the study are referred to collectively as the Work Group.

Within the Host operator category, it was recognized that there are two types of operators: those who operate an *incubator kitchen* and those whose facility is referred to as a *production kitchen*. While a production kitchen's business model focuses primarily upon on their own food production (they may have a regular restaurant, catering kitchen, and only rent out the facilities as a secondary venture), an incubator's business model relies heavily or exclusively on the rental of their permitted, commercial kitchen facilities

to Dependent operators. Recruitment was purposeful, therefore, to ensure that there was representation for each of these Host sub-groups.

Of the seven members, one participant was the manager of one of the largest and busiest incubator kitchens in the county. The other six participants leased out their production kitchens at various frequencies. For some, it was an infrequent arrangement, while for others it was a regular part of their revenue stream. During the recruitment phase, all participants appeared highly interested in becoming involved in the implementation.

The Dependents

At the time of recruitment, seventy-four (74) Dependent operators were known to be working within Host kitchens, making them potential candidates for participation in a pre-implementation survey. Other than identifying what Host facility a Dependent was operating within, no other descriptive information was available about a candidate. Thirty-three (33) of the seventy-four (approximately 45%) agreed to and successfully completed surveys for the study.

Media Scan

In addition to the surveys, Work Group Discussion Sessions, and interviews, a media search was conducted of the media outlets covering Orange County, the site of the study, to better understand the environment in which the agents of the research were interacting. While multiple media platforms were sought for documentation using search terms that included: *shared kitchens, incubator kitchens, Orange County food entrepreneurs, “gig” food business, Orange County Environmental Health, food production*

in a shared economy, and others, only a few newspaper/magazine articles were found to have relevant materials.

Ten (10) articles were retrieved that the PI determined gave relevant background on the Shared Food Facility industry (SFF) as it related to either the Host or the Dependent. While the focus was on Orange County, some Los Angeles County relevant articles were included as the PI believed that it gave the additional context to an industry that was occurring in Orange County in addition to a much larger, adjacent county. Three of the articles were from the Orange County Register (which is the predominant, mainstream print news outlet covering the county), and two were from Coast Magazine (which is a subsidiary of the Orange County Register and is an upscale society-focused publication). Five additional articles were from the Los Angeles Times, which focuses primarily on the Los Angeles environment, but does also cover significant events, issues, and trends in Orange County and the surrounding counties. *[see PRIMARY DOCUMENTS P9, P12-P20 UNDER Media Search for article links]*

In the review of the ten articles as they relate to the Document Review Guide questions *[see Appendix N]*, a sense of the business conditions was revealed that contributed to the creation of and relationships between some of the Dependents and Hosts in Southern California, particularly in Orange County. Citing both Hosts and Dependents, the articles suggest that:

- There is **very much an increase** in the *number of food businesses that are sharing kitchens*, although there are no comments within the articles as to whether *it's because of the economy*.

- In addition, the articles suggest that **yes, an increase** has been observed in *the number of challenges that new businesses face getting off the ground*.

While concepts of *community* and *shared economy* arose in the articles, there were no references or inferences that could readily be assigned to the concepts of *public value*. The discussions of these articles will be revisited during an inductive examination of the codes and data when searching for emergent themes.

Surveys

Five surveys were administered during this research: pre- and post-implementation surveys to the Work Group participants, a pre-implementation survey to the Dependent participants, and pre- and post-implementation surveys to the EHD policy committee participants (excluding the PI). Pre-implementation surveys were virtually identical across the groups, addressing the research's first sub-question:

What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?

The survey consisted of ten (10) written questions that attempts to evaluate participant perceptions of the current business conditions and to provide a baseline assessment of the LHD regarding the core constructs, with their *efficiency, effectiveness, fairness, and justness* public value components. While differences could be expected between the Work Group/Dependent (as members of the regulated industry) and the EHD policy group (as the regulator group), it was anticipated that there might also be

some differences (given their business positions) between the Work Group (Hosts) and the Dependent responses.

The survey was administered to the Work Group individually as a paper instrument, prior to the beginning of the Work Group's First Discussion Session. All seven participants successfully completed their written surveys, and the results were later entered into an MS Excel worksheet. The paper surveys were cross-shredded after entering the survey results and securing the worksheet with a password protection.

Dependent surveys were administered either in person or over the telephone. A handful of the surveys were administered in person (six) at the Host kitchen facility that they used. It was discovered that most of the participating Dependents contacted either had additional jobs or were infrequent users of their Host kitchen, making it difficult to administer the survey in person. Most of the participants (twenty-seven), therefore, were verbally surveyed by the PI over the telephone. Their survey responses were captured on a paper survey, which were later entered into the MS Excel worksheet and the paper survey sheets were cross-shredded.

Seven (7) of the eight EHD policy committee staff were administered a paper survey during a process chart development meeting that was held prior to the holding of the Work Group's First Discussion Session. The PI was the eighth committee member and abstained from participating in either the pre- or post-implementation surveys. All seven participants successfully completed their written surveys, and the results were later entered into the MS Excel worksheet and the paper surveys were cross-shredded.

There were no partial results, as all surveys were completed.

Demographic Overview

In addition to collecting data on the current business conditions and baseline assessments of the LHD to provide participant perceptions, demographic data on each participant was also gathered to provide responder descriptors. This data was collected to inform the researcher of those personal and professional identifiers that might suggest group preferences during the analysis. The following are the demographic questions requested:

DS1: Which of the following age groups do you belong to?

DS2: Which of the following categories best describes your primary place of employment?

DS3: Approximately, how many employees in total do you think work at your primary place of employment?

DS4: Approximately, how many total years have you worked in this field of employment?

DS5: What gender are you?

DS6: What best describes your position within your primary place of employment?

The questions were designed to be unobtrusive, while still providing baseline personal information about the participants and about their place of employment. The questions have been restated in the following tables along with the multiple-choice answers the participants were provided to select from, and each group's responses to the questions:

- On average, the WG and EHD group participants were middle-aged, while the Dependents were evenly split between the two youngest age categories (see Appendix O-1)

- As expected WG and DEP worked in private industry vs EHD group which was comprised of government employees (see Appendix O-2)
- Similarly, the WG and DEP participants worked in small staffed workplaces. The EHD staff from the government agency had a larger staff (see Appendix O-3)
- The Work Group and EHD staff tend to have worked in their field for several years, while the Dependents tend to have worked only a couple of years in their field (see Appendix O-4)
- In the Work Group and Dependent group, there were more women than men, while in the EHD group there were an even number of men and women (see Appendix O-5)
- All but one of the Work Group participants identify as a key administrator/owner in their workplace, while most of the Dependents identify their positions as being front-line staff. EHD staff consists of 1 administrator, two supervisors, and four front-line staff (see Appendix O-6).

Pre-Implementation Survey

This first section of the survey seeks to provide several external factors that could provide *context* information regarding the sharing of kitchen facilities as it currently stands in Orange County. The following table illustrates the first three survey questions.

#	Survey-to-Domain Relationships	Related Domain	Construct
	<i>Pre-Session Survey</i>		
Q1	In your opinion, over the last few years in Orange County, do you think there has been a noticeable increase in the number of foods businesses that are sharing kitchens?	Context (Background)	External Factors
Q2	If you think there has been an increase, how likely do you think it's because of the economy?	Context (Background)	External Factors
Q3	In your experience, does it seem like there has been an increase in the number of challenges that new businesses face getting off the ground?	Context (Background)	External Factors

TABLE V: Survey to Domain Relationships (External Factors) / Pre-Session Survey

The questions and their Likert-type responses were designed to capture a respondent's perception of value for specific issues or constructs. Perceptions were gathered across the three participant groups to provide baseline readings of these first three questions. Apart from #Q2, all survey questions have five response options. Response options are ranked from a low value (Value=1) to the highest rating (Value=5), and Q2 had the additional option of Value=0. Responses of 0 through 2 are associated with a negative valuation to the question, while responses of 4 & 5 are associated with positive valuations. A response of #3 is considered a neutral valuation.

For descriptive ease, the data for these first three questions have been distilled into a 3-scale category of either a **Negative**, **Neutral** or **Positive** response.

- The *Negative* category represents an aggregate count of those lowest values recorded for each group. The negative value range were the sum of values 1 & 2 for both Q1 and Q3. For Q2, however, the range was summed for values 0, 1, & 2. A negative sum value was interpreted as a *No* response to the question.
- Conversely, the *Positive* category represents the aggregate counts of the highest values for each group. That is, the participants responded *Yes* to the question in varying degrees. The positive value range was the sum of values 4 & 5.

- The *Neutral* category represents the groups aggregate counts of the value 3. This response indicates a response that is neither *No* nor *Yes*, but instead is recorded as a *neutral* or undecided response.

Pre-Session Survey Values										
Question #	Question	Negative Value (1&2)			Neutral Value (3)			Positive Value (4&5)		
		WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)
Q1	In your opinion, over the last few years in Orange County, do you think there has been a noticeable increase in the number of foods businesses that are sharing kitchens?	1 (14.3%)	0	1 (14.3%)	2 (28.6%)	6 (18.2%)	2 (28.6%)	4 (57%)	27 (81.8%)	4 (57%)
Q2	If you think there has been an increase, how likely do you think it's because of the economy?	1 (14.3%)	9 (27.3%)	1 (14.3%)	1 (14.3%)	5 (15.2%)	4 (57%)	5 (71.4%)	19 (55.6%)	2 (28.6%)
Q3	In your experience, does it seem like there has been an increase in the number of challenges that new businesses face getting off the ground?	0	0	0	2 (28.6%)	8 (24.2%)	2 (28.6%)	5 (71.4%)	25 (75.8%)	5 (71.4%)

WG- Work Group

Dep- Dependent participants

EHD- Environmental Health policy staff

TABLE VI: Pre-Session Survey Values/ External Variable Results

Survey responses in the table have captured both the number of respondents in each group selecting a value number, and the percentage of respondents in each group selecting a value in parenthesis. By highlighting the highest value responses by percentages for each question within each group (in green), a response overview becomes apparent. The results are summarized as follows:

- (Q1) All groups tend to think that there has been a noticeable increase in the sharing of kitchens
- (Q2) The Work Group and Dependent group tend to think that the increase is likely due to the economy, while the EHD group is uncertain as to the role of the economy
- (Q3) And, all groups tend to perceive an increase in the number of challenges that businesses face in getting off the ground.

Overall, the results-indicate a positive or yes response to all three questions and by all three groups. The table above (TABLE VI) illustrates these results.

This second part of the survey seeks to recognize the *pre-session* or beginning state of each group's perceived *public value* for the LHD. The following table illustrates survey questions Q4 through Q10, which address various components of their perception:

#	Survey-to-Domain Relationships	Related Domain	Construct
	Pre-Session Survey		
Q4	In general, how important do you think <i>most</i> of our government regulations are?	<i>Beginning State</i>	Public Value (General)
Q5	What about the Health Department, <i>do you think they've been doing a good job?</i>	<i>Beginning State</i>	Public Value (General)
Q6	In your opinion, do health department staff treat everyone the same? <i>Are they fair?</i>	<i>Beginning State</i>	Public Value (Fairness component)
Q7	Do you think the food inspectors are doing a good job of <i>enforcing the state health laws?</i>	<i>Beginning State</i>	Public Value (Justness component)
Q8	Do you think that the health department is doing a good job of keeping people from getting sick?	<i>Beginning State</i>	Public Value (Effectiveness component)
Q9	Do you think that the health department is cost effective, that it uses industry and public resources wisely?	<i>Beginning State</i>	Public Value (Efficiency component)
Q10	In considering the advantages and disadvantages of running a Shared Food Facility, do you <i>think it's worth all the effort?</i>	<i>Beginning State</i>	Public Value (General)

TABLE VII: Survey to Domain Relationships (Public Value) / Pre-Session Survey

Q4 and Q5 were designed to capture participants' attitudes towards government oversight, first at general level (Q4) and then narrowing down to the LHD level (Q5). Q6 through Q9 then address Moore's specific variables of public value: *fairness*, *justness*, *effectiveness*, and *efficiency*. And Q10 then addresses their perception as to the overall kitchen sharing process: *is it worth all the effort?*

As questions Q4 through Q10 are directly associated with the central research question in their attempt to address measurements of public value, data will first be

presented in a raw, 5-value scale tabular form. After an initial review of the data has been made, the data will then be presented in the aggregated format (3-value scale) employed in the Q1 through Q3 review above. An initial reading of the results indicates a consistent skewing on the value 1 and 2 side of the scale for all questions (i.e., higher responses at the value 3 scale and above).

Pre-Session Survey 5-Value Scale / Q4-Q10																
Question #	Question	Value= 1			Value= 2			Value= 3			Value= 4			Value= 5		
		WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)
Q4	In general, how important do you think most of our government regulations are?	0	0	0	2 (28.6%)	12 (36.4%)	0	1 (14.3%)	12 (36.4%)	0	2 (28.6%)	5 (15.2%)	5 (71.4%)	2 (28.6%)	4 (12.1%)	2 (28.6%)
Q5	What about the Health Department, do you think they've been doing a good job?	0	0	0	0	0	0	4 (57%)	25 (75.8%)	1 (14.3%)	1 (14.3%)	7 (21.2%)	4 (57%)	2 (28.6%)	1 (3%)	2 (28.6%)
Q6	In your opinion, do health department staff treat everyone the same? Are they fair?	0	0	0	0	0	0	2 (28.6%)	12 (36.4%)	1 (14.3%)	4 (57%)	21 (63.6%)	6 (85.7%)	1 (14.3%)	0	0
Q7	Do you think the food inspectors are doing a good job of enforcing the state health laws?	0	0	0	0	0	0	1 (14.3%)	3 (9%)	0	3 (42.9%)	25 (75.8%)	7 (100%)	3 (42.9%)	5 (15.2%)	0
Q8	Do you think that the health department is doing a good job of keeping people from getting sick?	0	0	0	0	0	0	1 (14.3%)	7 (21.2%)	0	5 (71.4%)	23 (69.7%)	5 (71.4%)	1 (14.3%)	3 (9%)	2 (28.6%)
Q9	Do you think that the health department is cost effective, that it uses industry and public resources wisely?	0	0	0	0	0	0	7 (100%)	27 (81.8%)	5 (71.4%)	0	6 (18.2%)	2 (28.6%)	0	0	0
Q10	In considering the advantages and disadvantages of running a Shared Food Facility, do you think it's worth all the effort?	0	0	0	0	0	0	0	1 (3%)	3 (42.9%)	3 (42.9%)	13 (39.4%)	2 (28.6%)	4 (57%)	19 (57.6%)	2 (28.6%)

WG- Work Group

Dep- Dependent participants

EHD- Environmental Health policy staff

TABLE XIII: Pre-Session Survey 5-Value Scale / Q4-Q10

Three-Value Scale Approach to Analysis

In aggregating the value counts within the three-value scale, the same previous methodology was employed with data now distilled into the categories of **Low**, **Neutral** or **High**. This time the values of 1 through 2 indicate a *low* assigned valuation, response values of 4 through 5 indicate a *high* valuation, and a value of 3 is considered undecided or a *neutral* valuation.

Starting with Q4 and Q5, we see that the groups general attitudes towards government oversight is similarly *high* in the groups, but with slightly fewer Dependents rating it *high*.

Pre-Session Survey 3-Value Scale / Response to Regulations										
Question #	Question	Low Value (1&2)			Neutral Value (3)			High Value (4&5)		
		WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)
Q4	In general, how important do you think most of our government regulations are?	2 (28.6%)	12 (36.4%)	0	1 (14.3%)	12 (36.4%)	0	4 (57%)	9 (27.3%)	7 (100%)
Q5	What about the Health Department, do you think they've been doing a good job?	0	0	0	4 (57%)	25 (75.8%)	1 (14.3%)	3 (42.9)	8 (24.2%)	6 (85.7%)

WG- Work Group

Dep- Dependent Group

EHD- Environmental Health policy staff

TABLE IX: Pre-Session Survey 3-Value Scale / Response to Regulations

When applying the question of oversight to the local level (LHD) in Q5, the Work Group and Dependent's responses are solidly in the *neutral* value category regarding the perceived value of the Health Department's job performance, while the EHD group's response are solidly in the *high* value range. These differences indicate a between-group difference.

In reviewing the responses to Q6 through Q9, we see that all groups respond *highly* to Q6 through Q8. Essentially, all groups responded positively in their perceptions of the LHD's *fairness (Q6)*, *justness (Q7)*, and *effectiveness (Q8)* components of public value.

Pre-Session Survey 3-Value Scale / Public Value Components										
Question #	Question	Low Value (1&2)			Neutral Value (3)			High Value (4&5)		
		WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)
Q6	In your opinion, do health department staff treat everyone the same? Are they fair?	0	0	0	2 (28.6%)	12 (36.4%)	1 (14.3%)	5 (71.4%)	21 (63.6%)	6 (85.7%)
Q7	Do you think the food inspectors are doing a good job of enforcing the state health laws?	0	0	0	1 (14.3%)	3 (9%)	0	6 (85.7%)	30 (90.9%)	7 (100%)
Q8	Do you think that the health department is doing a good job of keeping people from getting sick?	0	0	0	1 (14.3%)	7 (21.2%)	0	6 (85.7%)	26 (78.8%)	7 (100%)
Q9	Do you think that the health department is cost effective, that it uses industry and public resources wisely?	0	0	0	7 (100%)	27 (81.8%)	5 (71.4%)	0	6 (18.2%)	2 (28.6%)

WG- Work Group

Dep- Dependent Group

EHD- Environmental Health policy staff

TABLE X: Pre-Session Survey 3-Value Scale / Public Value Components

The groups continue to agree in a majority block response to Q9, which addresses the public value component of *effectiveness*, but this time the responses are as a *neutral* valuation.

The last set of responses to be reviewed are for Q10, which attempts to gauge the participants' overall perception of the kitchen sharing process (pre-session). Responses for all three groups indicate a *high* value majority.

Pre-Session Survey 3-Value Scale										
Question #	Question	Low Value (1&2)			Neutral Value (3)			High Value (4&5)		
		WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)
Q10	In considering the advantages and disadvantages of running a Shared Food Facility, do you think it's worth all the effort?	0	0	0	0	1 (14.3%)	3 (42.9%)	7 (100%)	32 (97%)	4 (57%)

WG- Work Group

Dep- Dependent Group

EHD- Environmental Health policy staff

TABLE XI: Pre-Session Survey 3-Value Scale / Current Collaboration Process

Maximum Score Approach to Analysis

Recognizing that the survey data is ordinal and lacks standard distance intervals, this limits the use of means or standard deviation in the analysis. Manipulation of the original data and converting it to a scaled output was affected where it could be further reviewed

for patterns. Data conversion involved the amplification of the original counts (see TABLE VIII) by the value category, and then reducing it through the division of the number of its group participants. As an example, the original data shows that for Q6 the Work Group gave 4 responses for Value 4, while the group only gave 1 response for Value 5. Multiplying the number of responses by the value numbers (4 or 5 in this instance) and then dividing the result by the number of WG responses within the group ($4 + 1 = 5$) gives a scaled interpretation or weighted score, which when added together gives us the weighted score of 21 for the Work Group within the *High Value* category.

High Value	Value 4	Value 5	
Q6 / Work Group responses	4	1	
Multiplied by Value=	16	5	
<i>High Value</i> total weighted score			21

Going back to the Neutral Value responses (there were none for Low Values of 1 or 2), we do the same calculations.

Neutral Value		Value 3	
Q6 / Work Group responses		2	
Multiplied by Value=		6	
<i>Neutral Value</i> Total weighted score			6

Now we look at the maximum potential that could be scored, which would be the Value 5 times the total number of Work Group participants, which was 7 ($5 \times 7 = 35$). If we take the total weighted scores ($21 + 6 = 27$) and divide that by the maximum potential score of 35 (times 100), we arrive at 77.1%. We can now compare these maximum score averages as indicators of the degree to which groups' responses can be rated as high. The lower the percentage of a group's maximum score, the lower the degree of the group's agreement with the statement. See the table below for group comparisons.

Pre-Session Survey 5-Value Scale with Maximum Score / Q4-Q10																			
Question #	Question	Value= 1			Value= 2			Value= 3			Value= 4			Value= 5			Maximum Score (%)		
		WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)	WG (N=7)	Dep (N=33)	EHD (N=7)
Q4	In general, how important do you think most of our government regulations are?	0	0	0	2 (28.6%)	12 (36.4%)	0	1 (14.3%)	12 (36.4%)	0	2 (28.6%)	5 (15.2%)	5 (71.4%)	2 (28.6%)	4 (12.1%)	2 (28.6%)	71%	61%	86%
Q5	What about the Health Department, do you think they've been doing a good job?	0	0	0	0	0	0	4 (57%)	25 (75.8%)	1 (14.3%)	1 (14.3%)	7 (21.2%)	4 (57%)	2 (28.6%)	1 (3%)	2 (28.6%)	74%	65%	83%
Q6	In your opinion, do health department staff treat everyone the same? Are they fair?	0	0	0	0	0	0	2 (28.6%)	12 (36.4%)	1 (14.3%)	4 (57%)	21 (63.6%)	6 (85.7%)	1 (14.3%)	0	0	77%	76%	77%
Q7	Do you think the food inspectors are doing a good job of enforcing the state health laws?	0	0	0	0	0	0	1 (14.3%)	3 (9%)	0	3 (42.9%)	25 (75.8%)	7 (100%)	3 (42.9%)	5 (15.2%)	0	86%	81%	80%
Q8	Do you think that the health department is doing a good job of keeping people from getting sick?	0	0	0	0	0	0	1 (14.3%)	7 (21.2%)	0	5 (71.4%)	23 (69.7%)	5 (71.4%)	1 (14.3%)	3 (9%)	2 (28.6%)	80%	78%	86%
Q9	Do you think that the health department is cost effective, that it uses industry and public resources wisely?	0	0	0	0	0	0	7 (100%)	27 (81.8%)	5 (71.4%)	0	6 (18.2%)	2 (28.6%)	0	0	0	60%	64%	66%
Q10	In considering the advantages and disadvantages of running a Shared Food Facility, do you think it's worth all the effort?	0	0	0	0	0	0	0	1 (3%)	3 (42.9%)	3 (42.9%)	13 (39.4%)	2 (28.6%)	4 (57%)	19 (57.6%)	2 (28.6%)	91%	91%	77%

WG- Work Group

Dep- Dependent participants

EHD- Environmental Health policy staff

TABLE XII: Pre-Session Survey 5-Value Scale with Maximum Score/ Q4-Q10

Returning to the original 5-Value scale results with the added maximum score percentages, we can compare again. Starting with Q4, we see that the EHD group holds the highest value towards government oversight (86%), followed a substantially less valuation by the Work Group (71%). Coming in at 61%, the Dep group holds the least valuation. Using this method of interpretation appears to narrow the differences between the groups, while still indicating similar group attitudes shown when the scores were grouped using the three-scale results.

When applying the question of oversight to the local level (LHD) in Q5, the results are very similar to those responses for Q4, with the EHD percent slightly lower (83%) and the Work Group (74%) and Dep group (65%) being slightly higher. As in the previous comparison, using the maximum score approach appears to refine the group differences, while retaining similar group attitudes.

In reviewing the responses to Q6 through Q9, we see that all groups respond *highly* to Q7 (80%-86%) and Q8 (78%-86%), as the 3-Value scale also indicated. Essentially, all groups responded positively in their perceptions of the LHD's *justness* (Q7), and *effectiveness* (Q8) components of public value. While the groups were in alignment with their valuation of the LHD's *fairness* (Q6: 76%-77%) and the 3-Value scale approach, the spread difference was again seen to be less dramatically different using the maximum score approach. As for the LHD's *efficiency* (Q9: 60%-66%), the groups were uniformly neutral, as they were using the 3-Value scale approach. Reviewing last set of responses for Q10, which attempts to gauge the participants' overall perception of the kitchen sharing process (pre-session). Responses for all three groups again indicated a high value (77%-91%, with the EHD group having the lowest valuation), as in the 3-Value scale approach. Overall, while the results are generally the same using the 3-Value scale approach, the maximum score approach appears to provide a more sensitive and therefore nuanced understanding of the group differences.

Central Tendency Analysis

Going forward with the descriptions of the results and as we transition into inferences that may be gleaned from the data, we will strive for common central tendency measurements, such as the mean, median, and/or mode. As previously stated, since we are assessing ordinal data and the assumption of equal distance (intervals) between categories cannot be made, the use of descriptions based on a data group's means or standard deviations would not be appropriate. Therefore, further descriptive and the inferential analysis will rely on group medians and modes as measurements of central tendency.

The following table summarizes group medians and modes for each of the ten survey questions. The yellow highlighted cells indicate those instances where medians are not matching to their associated modes, which indicates a skewed distribution (TABLE XIII). Additionally, there are instances of multimode (bi or trimodal) responses as highlighted in green, indicating that the responses are equally split across the range. The implications here are that the median is not the best measure of distribution, and that the data lacks true central tendency.

Group Medians and Modes						
Question #	WG (N=7)		Dep (N=33)		EHD (N=7)	
	Med	Mode	Med	Mode	Med	Mode
Q1	4	4	4	4	4	4
Q2	4	4	4	3	3	3
Q3	4	4	4	5	4	4
Q4	4	2,4,5	3	2,3	4	4
Q5	3	3	3	3	4	4
Q6	4	4	4	4	4	4
Q7	4	4,5	4	4	4	4
Q8	4	4	4	4	4	4
Q9	3	3	3	3	3	3
Q10	5	5	5	5	4	3

TABLE XIII: Group Medians and Modes

Considering the small data sets from the surveys (each group has less than 100 respondents), the lack of central tendency in responses (low quality), and that the data is ordinal, this researcher believes that little can be gleaned from attempts at parametric analysis. Instead, we look to nonparametric methods for further review.

Nonparametric Comparisons

As questions Q4 through Q10 are most closely associated with the central research question, our attention will now focus on response comparisons between these groups. Recognizing that the survey data was comprised of Likert type responses that the sample

sizes are small, and responses are likely to be not normally distributed, a Kruskal-Wallis test was performed to provide comparisons between the three groups for each question. Differences between the medians of the responses of each group were then analyzed for pair-wise comparisons using a Wilcoxon statistical test. The Kruskal-Wallis H test is a mean rank-based test used in place of the one-way ANOVA for nonparametric distributions. It determines if there are statistically significant differences between two or more groups of an independent variable on a continuous or ordinal dependent variable. The Kruskal-Wallis test was performed using the *Real Statistics Function* within MS Excel, and the Wilcoxon test was performed using the online tool [EDISON-WMW: Exact Dynamic Programing Solution of the Wilcoxon-Mann-Whitney Test](#).

The test hypothesis-

H_0 : All medians are equal

The alternative hypothesis is-

H_1 : At least one median is different.

Note: alpha is set at 0.05

Kruskal-Wallis Results

#	Survey Question	adjusted H	p-value	alpha	sig	WG Median	Dep Median	EHD Median
Q4	In general, how important do you think most of our government regulations are?	8.538	0.014	0.05	yes	4	3	4
Q5	What about the Health Department, do you think they've been doing a good job?	10.189	0.006	0.05	yes	3	3	4
Q6	In your opinion, do health department staff treat everyone the same? Are they fair?	1.637	0.441	0.05	no	4	4	4
Q7	Do you think the food inspectors are doing a good job of enforcing the state health laws?	1.591	0.451	0.05	no	4	4	4
Q8	Do you think that the health department is doing a good job of keeping people from getting sick?	3.2	0.202	0.05	no	4	4	4
Q9	Do you think that the health department is cost effective, that it uses industry and public resources wisely?	2.083	0.353	0.05	no	3	3	3
Q10	In considering the advantages and disadvantages of running a Shared Food Facility, do you think it's worth all the effort?	4.542	0.103	0.05	no	5	5	4

TABLE XIV: Kruskal-Wallis H Test Results / Pre Q4-10

The Kruskal-Wallis H test results indicate that the differences between some of the rank medians in the responses to Q4 and Q5 are statistically significant. Wilcoxon-Mann-

Whitney tests were run between the WG and Dep groups, and between the Dep and EHD groups for Q4 using an *alpha* of 0.025 (as there were two sets being compared, the *alpha* is correspondingly divided by two). Similarly, Wilcoxon-Mann-Whitney tests were run between the WG and EHD groups, and between the Dep and EHD groups for Q5, using an *alpha* of 0.025 (see Appendix P-5).

- In the Q4 comparison of pairs, the Wilcoxon-Mann-Whitney indicates significance in the DEP and EHD pairing, signifying group differences [$a \neq b$, exact p-value: 0.002147]
- In the Q5 comparison of pairs, Wilcoxon-Mann-Whitney indicates significance in the DEP and EHD pairing, signifying group differences [$a \neq b$, exact p-value: 0.003589]
- In both the response to Q4 and for Q5, therefore, the group differences appear to be between the Dependent and EHD groups.

Post-Implementation Survey

Post-implementation surveys were administered to the Work Group and the EHD group following the conclusion of the Work Group's feedback on the SOP draft (both the Work Group's Second Discussion Session and Work Group interviews were completed). The goal of the second survey (Q11-Q20) for these groups was to measure their *valuing* of the collaboration with respect to the participation *process* (the implementation), the *output* (the SOP), and the perceived *outcome* (the projected change in business conditions). Additionally, feedback was sought as to the effectiveness of the implementation process *model* (Q19).

#	Survey-to-Domain Relationships	Related Domain	Construct
	Post-Session Survey		
Q11	What do you think of the idea of food businesses giving feedback on policy development to the Health Department? Was this a good idea?	Processs (Implementation)	Public Value (General)
Q12	What do you think the reaction of Dependent operators would be, the ones who are renting out time in their kitchens? How do you think they would answer the question about it being a good idea or not?	Processs (Implementation)	Public Value (General)
Q13	What about the Host operators who do the renting (the kitchen owners)? How do you think they would answer the question about it being a good idea or not?	Processs (Implementation)	Public Value (General)
Q14	Do you think that this collaboration process has produced a useful policy (SOP)?	Output (SOP)	Public Value (General)
Q15	How likely is it that the SOP may have benefited from this collaboration that you participated in?	Output (SOP)	Public Value (General)
Q16	Thinking back on the first session where you commented on the process chart and participated in the brainstorming session to identify barriers, do you think it was important to have been a part of that process?	Processs (Implementation)	Public Value (General)
Q17	How likely is it that because you helped to work on it, that you now feel more positive about the SOP than if you hadn't participated?	Output (SOP)	Public Value (General)
Q18	How about the Health Department? How likely is it that because you helped to work on the SOP, that you now feel more positive about the Health Department?	Projected Outcome (Projected change in business conditions)	Public Value (General)
Q19	How about the collaboration process itself? Do you think that it needs any major changes to improve it?	Model (Adjustment to process)	Public Value (General)
Q20	What level of change, if it has at all, has your helping to work on this SOP increased the health department's value in your eyes?	Processs (Implementation)	Public Value (General)

TABLE XV: Survey to Domain Relationships (Public Value) / Post-Session Survey

The table of Appendix Q-1 shows the responses for the Work Group and the EHD policy committee staff participants. As in the first survey, all questions have five response options that are ranked from a low value (Value=1) to the highest rating (Value=5). For interpretation purposes, the valuations for Q19 have been reversed as the phrasing of the question was framed negatively.

When applying the same 3-value scale that was utilized for the first survey, we can look at the questions related for each of the domains. Questions Q11, Q12, Q13, Q16, & Q 20 relate to the groups' perceptions of: *how does the **process** change the perception of public value for the LHD food program by stakeholders?*

Post-Session Survey 3-Value Scale / Public Value Components							
Question #	Question	Low Value (1&2)		Neutral Value (3)		High Value (4&5)	
		WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)
Q11	What do you think of the idea of food businesses giving feedback on policy development to the Health Department? <i>Was this a good idea?</i>	0	0	0 (14.3%)	1 (14.3%)	7 (100%)	6 (85.7%)
Q12	What do you think the reaction of Dependent operators would be, <i>the ones who are renting out time</i> in their kitchens? How do you think they would answer the question about it being a good idea or not?	0	1 (14.3%)	2 (28.6%)	1 (14.3%)	5 (71.4%)	5 (71.4%)
Q13	What about <i>the Host operators who do the renting (the kitchen owners)?</i> How do you think they would answer the question about it being a good idea or not?	0	1 (14.3%)	0	0	7 (100%)	6 (85.7%)
Q16	Thinking back on the first session where you commented on the process chart and participated in the brainstorming session to identify barriers, do you think it was <i>important to have been a part of that process?</i>	0	0	0	0	7 (100%)	7 (100%)
Q20	What level of change, if it has at all, has your helping to work on this SOP <i>increased the health department's value</i> in your eyes?	0	1 (14.3%)	0	2 (28.6%)	6 (85.7%)	5 (71.4%)

WG- Work Group

EHD- Environmental Health policy staff

TABLE XVI: Post-Session Survey 3-Value Scale / Public Value Components /Process

The results are strongly positive for both groups in all responses (i.e., the implementation process has likely changed their perceptions of the LHD food program).

Questions Q14, Q15, and Q17 relate to the groups' perception of: *how does the output (SOP) change the perceptions for the LHD food program by stakeholders?* Once again, the results are strongly positive for both groups in all responses (i.e., the SOP has likely changed their perceptions of the LHD food program).

Post-Session Survey 3-Value Scale / Public Value Components							
Question #	Question	Low Value (1&2)		Neutral Value (3)		High Value (4&5)	
		WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)
Q14	Do you think that this collaboration process has produced a <i>useful</i> policy (SOP)?	0	0	0 (14.3%)	1 (14.3%)	7 (100%)	6 (85.7%)
Q15	How <i>likely</i> is it that the SOP <i>may have benefited from this collaboration that you participated in?</i>	0	0	0	0	7 (100%)	7 (100%)
Q17	<i>How likely</i> is it that because you helped to work on it, that <i>you now feel more positive about the SOP than if you hadn't participated?</i>	0	0	1 (14.3%)	0	6 (85.7%)	7 (100%)

WG- Work Group

EHD- Environmental Health policy staff

TABLE XVII: Post-Session Survey 3-Value Scale / Public Value Components /Output

Question Q18 relates to the groups' perception of: *how does the projected outcome of the participatory process change the perception of value for the LHD food program by*

stakeholders? The results are strongly positive for both groups to this question (i.e., the results of the participatory process have likely changed their perceptions of the LHD food program).

Post-Session Survey 3-Value Scale / Public Value Components							
Question #	Question	Low Value (1&2)		Neutral Value (3)		High Value (4&5)	
		WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)
Q18	How about the Health Department? <i>How likely</i> is it that because you helped to work on the SOP, that <i>you now feel more positive about the Health Department?</i>	0	0	0	1 (14.3%)	7 (100%)	6 (85.7%)

WG- Work Group

EHD- Environmental Health policy staff

TABLE XVIII: Post-Session Survey 3-Value Scale / Public Value Components /Outcome

Question Q19 relates to the groups' perception of: *how could the participatory **model** be adjusted to more effectively change the perceptions of public value for the LHD food program by stakeholders?* Here, the responses appear to be split both within groups and between groups.

Post-Session Survey 3-Value Scale / Public Value Components							
Question #	Question	Low Value (1&2)		Neutral Value (3)		High Value (4&5)	
		WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)
Q19	How about the collaboration process itself? Do you think that <i>it needs any major changes to improve it?</i>	0	3 (42.9%)	3 (42.9%)	3 (42.9%)	4 (57%)	1 (14.3%)

WG- Work Group

EHD- Environmental Health policy staff

TABLE XIX: Post-Session Survey 3-Value Scale / Public Value Components /Model

The Work Group appears to be evenly split between highly valuing and a neutral value for the participatory model. However, when referencing back to the raw data (see Appendix Q-1), we see that three of the four responses were for V4, while only one was for V5. The remaining three responses were neutral responses at V3, giving an overall impression of a just slightly above a neutral feeling that the model could be improved (i.e., the model **does not** need adjusting).

The EHD group's response was a polar-shift from that of the Work Group, with three responses at the V3 neutral mark, 3 at the one-step down V2 response, and one at the one-step up from neutral mark of V4, giving an overall impression of a just slightly below a neutral feeling that the model could be improved (i.e., the model **does** need adjusting).

Central Tendency Analysis

Transitioning to inferences from the second survey data, the focus again first looks to medians and modes as measurements of central tendency. The following table summarizes group medians and modes for each of the ten questions. In all but one group the median and modes are equal with each other. The highlighted cells for Q12 in the Work Group responses indicate the sole mismatch.

Group Medians and Modes				
Question #	WG (N=7)		EHD (N=7)	
	Med	Mode	Med	Mode
Q11	5	5	4	4
Q12	4	5	4	4
Q13	5	5	5	5
Q14	5	5	4	4
Q15	5	5	5	5
Q16	5	5	5	5
Q17	5	5	5	5
Q18	5	5	4	4
Q19	4	4	3	3
Q20	5	5	4	4

TABLE XX: Post / Group Medians and Modes

Again, recognizing that the survey data was comprised of Likert responses (non-interval data), that the sample sizes are small and responses are likely to not be normally distributed, a Mann-Whitney U test was performed to provide comparisons between the two groups for each question. The Mann-Whitney U is used to test whether two groups' medians are the same.

The test hypothesis-
The alternative hypothesis is-

H_0 : All medians are equal
 H_1 : At least one median is different.

Note: The critical value of U at $p < .05$ is **8**

Mann-Whitney U

#	Survey Question	Critical U-value	U-value	sig	WG Median	EHD Median
Q11	What do you think of the idea of food businesses giving feedback on policy development to the Health Department? <i>Was this a good idea?</i>	8	10.5	no	4	4
Q12	Dependent operators would be, <i>the ones who are renting out time</i> in their kitchens? How do you think they would answer the question about it being a good idea or not?	8	21.0	no	4	4
Q13	What about <i>the Host operators who do the renting (the kitchen owners)?</i> How do you think they would answer the question about it being a good idea or not?	8	22.5	no	4	4
Q14	Do you think that this collaboration process has produced a <i>useful</i> policy (SOP)?	8	6.5	yes	4	4
Q15	How <i>likely</i> is it that the SOP <i>may have benefited from this collaboration that you participated in?</i>	8	24.5	no	3	4
Q16	you commented on the process chart and participated in the brainstorming session to identify barriers, do you think it was <i>important to have been a part of that process?</i>	8	24.5	no	4	4
Q17	<i>How likely</i> is it that because you helped to work on it, that <i>you now feel more positive about the SOP than if you hadn't participated?</i>	8	19.0	no	4	4
Q18	How about the Health Department? <i>How likely</i> is it that because you helped to work on the SOP, that <i>you now feel more positive about the Health Department?</i>	8	10.0	no	4	4
Q19	How about the collaboration process itself? Do you think that <i>it needs any major changes to improve it?</i>	8	9.0	no	3	3
Q20	your helping to work on this SOP <i>increased the health department's value</i> in your eyes?	8	15.5	no	5	5

TABLE XXI: Mann-Whitney U / Post Q11-20

The Mann-Whitney U test results indicate that the differences between the group means in the response to Q14 are statistically significant. (see Appendix Q-3). A quick reference to question Q14 and its responses are below:

Post-Session Survey Results											
Question #	Question	Value= 1		Value= 2		Value= 3		Value= 4		Value= 5	
		WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)
Q14	Do you think that this collaboration process has produced a <i>useful</i> policy (SOP)?	0	0	0	0	0	1 (14.3%)	1 (14.3%)	5 (71.4%)	6 (85.7%)	1 (14.3%)

TABLE XXIII: Post Session / Q14

The single, significant difference between the group responses, therefore, is how they perceived the significance of the collaboration process in producing a useful SOP. Overall, the Work Group appears to put a greater value on the *process-to-product* association than does the EHD group.

Work Group's Second Discussion Session and Interviews

In addressing the central research question, *public value* is understood to be a measurement of stakeholder perception of the program/department within the framework of *fairness*, *justness*, *effectiveness*, and *efficiency*. These constructs were addressed with all three stakeholder groups (Hosts, Dependents, and EHD staff) through the pre-session surveys which allowed for a cross-sectional reading of the three groups, providing clues as to the differences between-group perspectives that could affect group interactions.

An attempt to measure the effect of public value generation due to a group's participation in the policy development (post-session), was only gathered from the responses of the Work Group⁶ (Hosts), as part of their second session. It was an assumption of the research that public value generation measurements were best left to the Work Group as they were the *included participants* (i.e., the Dependents were not). To reduce response bias, corresponding post-session questions were framed around the draft SOP product instead of either the health department or its staff. Additionally,

⁶ As previously discussed, the UIC IRB required the use of the term Focus Groups for purposes of IRB submission. However, the research discussions were not conducted as traditional research focus groups, but as a participatory action with discussion groups. A specific difference between the designs being that the role of the facilitator was not as an outside researcher facilitating a focus group, rather the researcher maintained his role as a representative of the LHD.

instead of administering them as part of the post-session paper survey, they were introduced into the second-session discussion to solicit and allow for group-interactive responses. In some instances, the questions were deconstructed into more than one inquiry or follow-up question to allow for expansive responses.

Fairness

The following table illustrates the pre-session survey question that addresses the fairness public value *construct*, and the corresponding post-session question posed to the Work Group at the closing of their second and final session.

#	Construct	Definitions	S.Q	Pre-Session Survey Question	WG / Second-Session Question	FG.2nd.Q#
1	Fairness	Is/Was the domain focus (e.g., process, etc.) occurring in a manner that the stakeholders believe is/was free from bias or unevenness, given existing limitations (e.g., resources, actors, and other environmental factors). In other words, do the stakeholders think that there was a level playing field?	S.WG.Pre. Q6	In your opinion, do health department staff treat everyone the same? <i>Are they fair?</i>	In your opinion, do you think that the SOP treats everyone the same? Do you think the SOP is fair?	FG.2nd. Q3

In answering this question to the Work Group, it quickly became apparent that a further explanation of the question was required.

WGP7: Everyone is not the same.

WGP4: Is it black and white?

WGP7: Who are you talking about? The dependents?

WGP3: The dependents.

John: You're right. The question to you is do you think the SOP treats everybody fairly.

WGP4: Yeah, I think so.

WGP7: Yeah.

WGP3: Yeah.

WGP7: The rules apply to all.

WGP1: Yeah, okay

[Participants for second session were WGP1, WGP3, WGP4, & WGP7]

During the three individual interviews (for those Work Group participants who could not attend the second session), the responses were similarly positive (see Appendix R-1). These post-session results compare favorably with the pre-session survey results for the Work Group participants, who scored positively to the question, *in your opinion, do health department staff treat everyone the same? Are they fair?*

Justness

The general response to the question of *justness*, appeared to be positive during the second session.

#	Construct	Definitions	S.Q	Pre-Session Survey Question	WG / Second-Session Question	FG.2nd.Q#
2	<i>Justness</i>	Is/Was the domain focus (e.g., process, etc.) produced in manner that the stakeholders believe conforms to fact or rule, given existing limitations (e.g., resources, actors, and other environmental factors). In other words, do the stakeholders think that it is lawful?	S.WG.Pre. Q7	Do you think the food inspectors are doing a good job of enforcing the state health laws?	In your opinion, do you think that the SOP does a good job of enforcing the state health laws?	FG.2nd. Q4

WGP1: Yes. Just as long as the inspectors are consistent. I'm sorry, I couldn't help it, I had to bring it up again.

John: No, no, no. It's a very good point. We can talk about it.

WGP1: That's the topic we talked about last time.

John: We did talk about it.

WGP4: It is in the making. One says it's something, and another says...

(extraneous conversation)

WGP7: "LA allows this and you don't and da-da-da."

John: Just like you have two people that treat things differently, you've got two counties for political and other reasons [crosstalk 01:20:23. Not a critical loss of thought here].

WGP7: That makes it-

WGP1: Lots of differences.

John: Yeah, a lot of differences, really.

WGP7: That takes it out of the black and white and gray areas. It's confusing.

During the three interviews, the responses were similar (see Appendix R-2). These post-session results **compare favorably** with the pre-session survey results for the Work Group participants, who scored positively to the question, *do you think the food inspectors*

are doing a good job of enforcing the state health laws? There was also similar voicing of concern regarding consistency issues.

Effectiveness

Regarding the effectiveness of the SOP in preventing illness, the Work Group participants were clearly positive.

#	Construct	Definitions	S.Q	Pre-Session Survey Question	WG / Second-Session Question	FG.2nd.Q#
3	Effectiveness	Is/Was the domain focus (e.g., process, etc.) produced in a manner that the stakeholders believe is effective, given existing limitations (e.g., resources, actors, and other environmental factors). In other words, do the stakeholders think that it works?	S.WG.Pre. Q8	Do you think that the health department is doing a good job of keeping people from getting sick?	Do you think that the SOP will do a good job of keeping people from getting sick?	FG.2nd. Q5

John: Here's the question I think I asked before, do you think the SOP will do a good job of helping to keep people from getting sick? In other words, keep food safe?

WGP7: Yes.

WGP4: Yes, I think it will definitely help. (agreement from others)

During the interviews, the responses were similarly positive (see Appendix R-3). These post-session results **compare favorably** with the pre-session survey results for the Work Group participants, who scored positively to the question, *do you think that the health department is doing a good job of keeping people from getting sick?*

Efficiency

In response to the question of efficiency, neither the Work Group nor the interview participants appeared either ready or able to answer.

#	Construct	Definitions	S.Q	Pre-Session Survey Question	WG / Second-Session Question	FG.2nd.Q#
4	Efficiency	Is/Was the domain focus (e.g., process, etc.) produced in a manner that the stakeholders believe is efficient, given existing limitations (e.g., resources, actors, and other environmental factors). In other words, do the stakeholders think that <i>it was cost effective?</i>	S.WG.Pre. Q9	Do you think that the health department is cost effective, that it uses industry and public resources wisely?	Do you think that the SOP will be cost effective, that it will use industry and public resources wisely?	FG.2nd. Q6

John: *Do you think the SOP will be cost effective? That it will use industry and public resources wisely? Now,.. are we being efficient in the use of public funds?*

WGP7: *I don't know.*

WGP3: *I think you'll know that after doing it for a year.*

John: *I think you're right.*

WGP7: *That's on your plate. (laughter from others)*

John: *Thanks dear, yes. I get it. In your opinion do you think the health department is cost effective? Do you think the department as a whole, through your experiences through the years, not just this process but overall, do you think that the monies that we collect from fees, et cetera, that they're being used well?*

WGP3: *I don't have any reason to think they're not. (some other agreements)*

WGP7: *Honestly, I don't know what the money that they collect is used on. I don't know that. So, many other taxes that pay. Where does it go?*

During the three interviews, the responses were similar (see Appendix R-4). These post-session results **compare similarly** with the pre-session survey results for the Work Group participants, who scored neutrally to the question, *do you think that the health department is cost effective, that it uses industry and public resources wisely?*

Domain Analysis

While Moore's *constructs* of public value were addressed in both the survey and the Work Group Discussion Sessions /interview discussions, *domain* categories or perspectives were also identified during the research design phase to provide a more thorough understanding of the stakeholder perceptions that could be influencing their opinions and beliefs. *Domains*, in this research, can be thought of as the *big bucket themes* that will be used to provide *perspective points* when reviewing the conversations of the Work Group Discussion Sessions and interviews, media documents, and Principle Investigator memos. These data sources have been coded, to varying degrees, to these

domains and more narrowly to recurring themes. By approaching the data through the lenses of these *big bucket perspectives*, a more complete understanding of the stakeholders may be revealed.

It is understood that as the domains have been pre-selected by the PI that there will be what Atkinson (Atkinson & Abu El Haj, 1996) deem a *certain imposition by the researcher of his/her way of classifying topics onto the narrative*. Being aware of this potential *imposition* effect for pre-assigning importance (and, thereby point of view) was an important factor in the data review process. The PI was sensitized to the possibility of alternative perspective points (themes) that would arise from the data. Similarly, while *a priori* codes had been developed to identify patterns of thought or discussion points, the PI and his co-coder were in continuous discussion during the coding process to additionally recognize and code to *emergent themes*.

Domain Perspectives

The following table illustrates the five domain perspectives of this research and defines them through their core questions.

#	Domains	Definitions
1	Context	<i>What are stakeholders' general perceptions of public value for the LHD food program? This speaks to better understanding the food industry in general, and the emerging/artisanal food industry trends. It also allows for exploration into other contextual factors, such as local political views, economic conditions, and community values.</i>
2	Process	<i>How does the process change the perception of public value for the LHD food program by stakeholders? This construct speaks to better understanding what stakeholders think of the concept of stakeholder participatory process to address this issue, and how that may affect their perceptions.</i>
3	Output	<i>How does the output (SOP) change the perceptions for the LHD food program by stakeholders? This construct speaks to better understanding what stakeholders think of the resulting SOP, and how that may affect their perceptions.</i>
4	Projected Outcome	<i>How does the projected outcome of the participatory process change the perception of value for the LHD food program by stakeholders? This construct speaks to better understanding what stakeholders believe will be the result of a policy that was developed through a participatory process.</i>
5	Model	<i>How could the participatory model be adjusted to more effectively change the perceptions of public value for the LHD food program by stakeholders? This construct speaks to considering ways in which to either improve the model, or pathways that might allow it to be tailored to other issues and functioning within different contexts.</i>

TABLE XXIII: Domain Perspectives

Context

*What are stakeholders' general perceptions of public value
For the LHD food program?*

There is a discussion among the Working Group participants about taking on the role of a health inspector with their Dependents, and they describe it in terms of exerting **power** over their Dependents, and the Dependents not liking it:

WGP7: The same as we have to follow, they have to follow! So, we become the health inspector to them. That's how I am. They, they don't like it 'cause I go around telling them don't do this, clean that, do this, you know. [Work Group's First Discussion Session]

There is another example where they describe the **power** dynamic of LHD and Operator by complaining that the Dependent isn't accountable in the same way that they are as a Host:

WGP4: I think the Dependent doesn't have accountability with the health department. So, because we as host we have to follow guidelines and we have to kind of baby

sit them but in reality they're trying to run a business and they're doing the same thing we're doing. So, there's got to be something in place to where they have the same accountability. [Work Group's First Discussion Session]

A repeating theme regarding the LHD is the ***lack of consistency*** between some of the Department staff:

WGP2: That's exactly, and I would say, I agree that its the planning side that is exceptionally difficult because one person will tell you one thing right now and two seconds later you'll get somebody standing right next to 'em tell you something completely opposite. The inspection side I have no issue with. They're relatively consistent. I've had no problems in 15, 16 years. Um, occasionally an inspector here or there would get me annoyed, but for the most part they're consistent, but that planning side and the facility approval, I dread dealing with them. [Work Group's First Discussion Session]

And yet, another repeating theme is that, overall, they have had a history of ***good relationships*** with their inspectors:

WGP7: Um, I've had a good experience. I, would say 95% of the time with the health department. When I started my business I was very young and a rookie and they came in and, you know, I just rent you know, lease this warehouse thinking oh I can do it hear 'cause the one I saw in Boston was like that, and when they came and all my startup money went into making my kitchen. Um, but, which pissed me off royally at that time but after a while I think I saw that every point they made had a reason that helped me in my process, and since then, yeah, of course, there's things that put, opening the dry wall is not reasonable but, I, not only have I had a good relation with the health department, but I really listen to what they have to say and sometimes it doesn't make sense to me, but I know that they know, eh, they're more uh, they know more. They're, they're professionals in what they do, and certain things that they share has helped the process in keeping things clean and so yes. I've had a good, I haven't had much interaction with planning. I did a little expansion. I put a new hood last year. Planning is just slow. Going back and forth and they take their time. It's a little bit slow sometimes, but I haven't had a problem. Um, and yeah. I don't have a problem. [Work Group's First Discussion Session]

Other responses were found to be similar (see Appendix S).

And while the relationships are valued, there were expressions of *fear* of EHD staff because of the underlying *power* position that they hold.

WGP6: Well I kind of like what I think WGP2 said is, um, no matter how many good experiences you have you always operate a little bit afraid because this is a person who can shut down your business like that and if you, you want to collaborate but you're kind of afraid to and I would like, that, that WGP2 said if we could really have trust and collaboration- [Work Group's First Discussion Session]

Process

*How does the process change the perception of public value
for the LHD food program by stakeholders?*

There seemed to be an open exchange during the review of the SOP draft, making corrections and suggestions for improving the document. This level of involvement could be viewed as a valuation of the participatory process.

WGP1: Then shouldn't this say adequate refrigerator truck or transportation equipment? Because not every caterer has their own refrigerated truck.

John: Okay, good point. Thanks. Okay, thank you. [Work Group's Second Discussion Session]

(extraneous conversation)

John: Your thought is?

WGP4: Can there be maybe a little bit more detail or maybe a couple bullet points under that on what's expected. That seems to be very confusing for people when they start a business or they're trying to figure out, "What do I put on my label?"

WGP3: Maybe even where to find that information.

John: I was going to say, what about put a reference in and say, "See"

WGP7: A website.

(extraneous conversation)

WGP4: Yeah, that way we can say, there's a place you can go and look at it.

[Work Group's Second Discussion Session]

Then there was a different perspective voiced during an interview.

WGP2: I disagree with ... I agree ... I believe the fee should be the same. I don't think there should be a change. As a business that is part of an expense any time you move somewhere. If the host moves, as you stipulated, then everybody has to

pay. To me, I think that making it a separate amount is kind of a Pandora's Box in a way, because there are going to be some that are going to cost a lot more time and effort and I would have to think that there is review in every case. Maybe not about the businesses themselves, but the rest of it is the same. To me it would make sense that it is the same just for the record.

John: Okay, I'm now in the awkward position of playing the other side, devil's advocate if you will.

WGP2: (laughs) I know both sides, I'm just saying, I think as a consistency because every time you make an exception on something ...

John: I appreciate that you bring that perspective. It's very useful. [Interview_WGP2]

As the second session was concluding, the following conversations were captured between 3 of the 4 participants (WGP1 had already left the session for an appointment).

John: We should be...we should have been doing this years ago.

WGP3: Better late than never!

WGP4: Absolutely. (something about the microphone, people all laugh)

WGP7: I think it's great that you'll involve us, and if there are other things, you know...

WGP3: It makes me feel important, you know! (people laugh, seemingly in agreement)

WGP7: The process is, like Obama said, we should get to it ourselves! (laughing)

John: Do remember, you had said "hey, maybe we could have a workgroup on..."

WGP7: Whatever, another!

(extraneous conversation)

WGP4: That's for sure!

WGP3: Count me in! (other voices of agreement)

John: Ok, thanks again! (a summation)

WGP4: (and others) Thanks again John! [Work Group's Second Discussion Session]

This honest exchange of how it made a participant *feel important*, or how it was in alignment with someone's expressed value of being part of the process (the Obama reference), speaks to a positive valuation of the participatory process. To further affirm this, one of the participants suggested that they would be willing to participate in another such participatory project, and when the PI brought up a specific example to work on, there was a uniform positive reaction to indicate their approval and willingness to participate.

There were other comments heard during the post-implementation interviews where the participants also commented on the participatory process as being in accordance with their values.

John: Would you do this again? Yes or no? Why or why not?

WGP2: Yes, I would because I think that it's unfair to criticize or expect changes in something if you're not willing to put the effort and the time into. In this case, I would want to help because I think it's a worthwhile cause. [Interview_WGP2]

(then, in another conversation)

WGP5: Oh yeah, I think it's brilliant that you guys are bringing in businesses, and dependents, and hosts, I think that's the best thing there is. That's the only way to make a better law is to talk to the people inside of it. [Interview_WGP5]

(and in another)

WGP6: Another reason, same reason as before, it raises my consciousness.

John: Absolutely, I agree.

WGP6: What I mean by that is, sure, I would love to be at a State of heightened consciousness all the time, of thinking about these things 24/7, but I get caught up in taxes and things and my brain doesn't go there and every once in a while, to have my brain come back to this and think about these things. It's good. [Interview_WGP6]

(finally, in another)

John: Okay, good, good. Tell me would you do this again?

WGP5: Yeah.

John: Okay. How come?

WGP5: It's good to know, I had some questions and those questions I think were important to me to find out, they're vital to my business. It's good to see the government agencies working with the businesses, and the people around who cares, so that's good to hear. [Interview_WGP5]

The expressions of appreciation, the willingness to explore this process further, and the open, often positive, philosophical ponderings of what the process implies gives reasons to suppose that their views of the LHD may have been broadened by their participatory experience.

Output

How does the output (SOP) change the perceptions for the LHD food program by stakeholders?

During the SOP review, a notification document is discovered by the participants that they like, and think would be valuable in another context. By finding value in this way, it might be implied that the participants are also finding value in at least some way with what the LHD has produced.

WGP4: Do you have one of these for the TFFs? So, if we're done with the farmer's market and we're midway through the year, we let them know maybe through email at the health department, but then six months later we get another annual fee saying-

John: That's a great idea.

WGP4: ... you're still there. I've been through this so many times.

WGP3: That'd be great.

John: I will suggest that. That's a very good idea because yeah, our billing department just kicks them out and then we find out, "They were gone six months ago."

WGP4: Then we send another email, then you get a late fee.

John: Yeah, it's ridiculous.

WGP7: Farmer's market [inaudible 01:04:28. WGP7 was merely agreeing with the example that WGP4 was making].

John: Thank you.

WGP4: This is a good form for that. [Work Group's Second Discussion Session]

As previously explored, the Work Group participants are anxious for some of the responsibilities of having a Dependent, be shifted over to the LHD. They are tired of being the *de facto* health inspector and would much prefer that the LHD be the regulator. To that extent, the SOP appears to personify that shift officially. When arriving at the section of the draft SOP that would specifically outline the responsibilities of the Dependent, one of the Work Group participants may have been speaking for the group about the SOP when she stated:

WGP1: I need a stack of these.

John: Huh?

WGP1: I need a stack of these.

John: Well (laughs), once it gets blessed, we'll give you a bunch. [Work Group's Second Discussion Session]

Other comments about responsibility are that the SOP offers clarification of roles and related accountability.

WGP3: I think what it does is it takes some of mystery out of the process, which is great because before I'd have someone say, "Hey, I want to come get a space. What do I do?" It's just like, "Oh man, I don't know. Here email my guy." But now they'll just be able to get the packet and say, "Hey, read that. If you have any questions on that then you can ask a question." [Work Group's Second Discussion Session]

(then, in another conversation)

WGP2: It does and I'm sure there are going to be people that argue that that's not the host's responsibility and that's just a load of hooey, because by default you're taking on that responsibility by having someone in your facility. I agree and I do appreciate the idea that you're not going to ding a dependent for that because, yes, you're right. It affects their record, it affects their image. That makes sense to me. Like you said thought, if they do continue to operate at that point now you're coming in and you're suspending them because they are actively working in a facility that is not permitted, so that makes total sense. [Interview_WGP2]

Still another variation of transitioning responsibilities can be seen in the comments participants made regarding the SOP potentially acting as a filter, weeding out the serious Dependent candidates wanting to get into the Host facility from those who may not have the perseverance that starting a new business takes. While seemingly altruistic, the comment also implies that the process would also benefit the Host by providing them with long-term, viable renters. In this way, the value of the SOP may be helping to add to a positive impression of the LHD.

John: In what way do you think the SOP will affect the industry either positively or negatively? How can it help and what sort of roadblocks do you think this ... the way the SOP is crafted now?

WGP7: It just makes it a much longer process for the dependents. Which could be a good thing.

WGP4: Which is okay.

WGP3: Maybe it should be. Find out if they're serious.

WGP7: Exactly.

WGP1: As a business person, the longer the process the longer it is that they might fall off and change their mind, which means I'll lose that income altogether, or it'll take longer for me to start that income, that revenue stream flowing. Eventually is it all going level out. Right now I see-

WGP7: Exactly.

John: So, there's pros and cons. Okay.

WGP7: I used to have a lot of one-offs that would come in and use it for a day or two or maybe longer. Now it's halted. Which paves the way for a more lasting and a more proper way of doing this business. It's a new way of doing business with shared operators.

John: Is anyone else picking up on that? Does anyone else feel this in some way may filter out those perspective clients coming to you? In terms of-

WGP4: Sure yeah.

WGP7: Filter in terms of...

WGP4: If they're not serious.

WGP3: Yeah.

WGP4: They're not going to go through the process.

WGP7: Exactly. It feels good to have the agency looking over these people also that are coming into my kitchen.

John: Because?

WGP7: For safety. To know if they're making ... I don't know, it feels more secure in a way.

John: Okay.

WGP7: I don't do background checks on these people. I don't know if I should or not, I'm still debating that. But I know that they're information is also in the county. It makes me feel safer, a little bit. I guess I should do my own due diligence as well.

John: Would it be safe to say that we're in some ways partnering in this? We're giving you some peace of mind or some security.

WGP4: Yeah.

WGP3: I love that they'll get their own inspections with their own issues. It'll be like, "Hey, you're not washing your dishes correctly." And it won't affect me because it's them, or whatever. That's great.

WGP7: I was at them, like, "You've got to clean this or it's going to reflect on me."

WGP3: "Put saran wrap on your stuff. What are you doing?" [Work Group's Second Discussion Session]

One of the participants commented on the SOP as an easy-to-follow guidance document, which may contribute to a positive perception of the LHD.

John: Now let's get into the SOP. It sounds like you had a chance to read a good deal of it. The purpose and the background, no need for us to go through or the definition. Essentially, if you look at ... Looking on page three, we go to the procedures, they follow, hopefully they fleshed out, if you will, the different parts of the process in greater detail.

WGP2: They're actually very well written. This is really minor, I'm just going to point it out because these are things I notice.

John: Please, I appreciate it.

WGP2: Honestly, I haven't read a document this long in a really long time that didn't have a typo in it. I know that's just silly in a way, but wow. Kudos. Seriously.

John: I think there probably are, but each time I read it I discover something, so if you found something now or later please send it to me.

WGP2: Not yet, and that's a first. Usually in the first paragraph I do, but no, I think it's ... My overall impression is it's very well written, it's very clear and the order in which things are presented ... Trying to look at this from someone who isn't at all familiar with it, I think it is easily followed. To the level of detail that this has to have, that's saying something. I am impressed with it. [Interview_WGP2]

Projected Outcome

How does the projected outcome of the participatory process change the perception of value for the LHD food program by stakeholders?

In reviewing the transcripts, it was apparent that comments made by Work Group participants regarding any long-term effects of the SOP could not be easily parsed from their thoughts on the immediate effects. Much of what has been captured in the previous *Output* analysis could just as easily be expressed here. In comparing what participants stated during the Work Group's First Discussion Session (pre-implementation) to the second session (post-implementation), there were many similarities in terms of what they believed the SOP would change. Issues such as making the Dependents more accountable, weeding out the "wannabes," and helping to guide new businesses through

the regulatory maze were evident both at the beginning and at the end of their participatory journey.

There were comments made during the second session and from a post-implementation interview that appeared to look beyond these immediate benefits of the SOP. To a varying degree, there was a wide-lens view that could be characterized as a complex systems awareness. The impression the PI gathered at the time was that this was a positive outcome that could be attributed to the resultant SOP.

John: Will having your input will make the whole thing better?

WGP7: It makes us think about it more.

WGP4: You're a good manager if you know what you're managing so, yeah.

WGP3: Absolutely. [Work Group's Second Discussion Session]

In a more expansive discussion, the interview participant considered the value of the SOP not so much from what it does to explain the nature of the system's agents, but that it goes deeper into explaining the processes involved within the system. This participant sees this as a significant contribution: understanding one's business from the *balcony view*.

John: In what way do you think the SOP may affect the industry, either positively or negatively?

WGP6: In an interesting way, I believe it will raise consciousness.

John: On who's part?

WGP6: Both sides, the host and the dependent.

John: By dividing off responsibilities?

WGP6: No, by having to go through a process, it just raises your consciousness. It raises your consciousness of what you're doing.

John: Oh, interesting, okay.

WGP6: When I say raise your consciousness, I mean, you suddenly go, "I really do have someone working my facility. There really could be some liabilities." It isn't just, "Oh sure, use my kitchen." It raises consciousness on both parties and I think that's what will be positive. Some people could say it's negative, but I think that's what will happen.

John: So, it's a balcony view for the host because they get to see, "Oh, I didn't realize I was buying into all of these issues as well" What about, you said it's for both?

For the dependent, why is it good for them? What are they seeing, perhaps they hadn't recognized before?

WGP6: Well, I don't know that they've had somebody walk through their processes. I've had someone walk through my processes because I had a State certification and they came through and walked through my processes. Some people may find that helpful and some people may find it intrusive.

John: Right.

WGP6: I think it depends on the parties. It depends on the parties, if there can be a level of trust, then it's good because they have a chance to learn from each other and it isn't, "I'm here to catch you." I'm here to find something wrong so I can shut you down. I'm here to help you. If we find something, I'm not just going to write a letter, I'm going to tell you, this is how you fix it. I'm not going to tell you that the way to fix it is a solution that's going to cost you \$20,000 when I know you only have \$200 in the bank."

John: Right.

WGP6: "I'm going to work with you" and, if that happens, I think it's good.

John: It's that opportunity for collaboration?

WGP6: Mm-hmm (affirmative), it's the belief that the health inspector has something of value to offer, that they know something about how to produce things hopefully that you don't know. They know about risks that you don't know and if you're operating, being ignorant of those risks, you're actually operating at great personal risk, not just to other people, but to yourself, because, if you hurt other people, it will come back on you.

John: So, rather than just having the regulatory hat, it allows the dependent to see that we can act as quality assurance for them. We can help them to understand their processes, improve their process, perhaps even save money in the way that they do the process.

WGP6: Oh my goodness, everybody should have a quality assurance part of their organization and, to you in a sense, for a very small fee, are offering that, especially the way it's written in here and I'm talking about the place where there's great opportunity to benefit is when you walk through their processes with them. That's the moment where the collaboration really happens. As it's described here, if it happens that way, I think it's going to be positive.

[Interview_WGP6]

This participant considers the resultant SOP as a pathway to a higher awareness, and her conversation with the PI appears to have become more open and exploratory, which contributed to the exchange of trust during the conversation, ultimately encouraging a nascent, positive relationship between the regulator PI and industry participant. By the end of the conversation, there was the distinct impression that the participant was beginning to view the PI and, thereby the LHD, in a different, encouraging light.

WGP6: *Like I said, all these things work but it's the people that are the glue that make it really work. That's the oil in the machine.*

John: *I've had, not quite, but similar things years ago and the relationships were built and I could still call people up and say, "hey, something came up and what the heck is this," and the relationship was strong enough, built at the time, that they'll call me back, they'll email me back.*

WGP6: *You might not have talked to them for 10 years but they remember that good experience.*

John: *Absolutely.*

WGP6: *You have respect. You remember this person of integrity, person of respect. I also operate in a world where people thought procedures were infallible.*

John: *Oh, yeah.*

WGP6: *They could write a procedure so perfectly and it's a downward spiral because the more detail you put in it, the more easy it is to find a loop hole in it.*

John: *Because the fallacy of silo building.*

WGP6: *Yeah, so what works best are one-page procedures, one page flow diagrams with some back up and good people.*

John: *Who can adapt.*

WGP6: *And have some authority to make decisions on the spot and what I mean by that is, if they make the wrong decision, then they're backed up by leaders who make it a teaching moment.*

John: *Yes, the world doesn't come to an end just because of one screw-up.*

WGP6: *Everything's a teaching moment. It's continuous learning. It's fluid. I feel like I'm just getting all gooey on you.*

John: *No.*

WGP6: *Coming from a person who did six-sigma.*

John: *This is actually where I want us to go. It's about relationship building.*

WGP6: *Are you different?*

John: *Different than what?*

WGP6: *Because your way of approaching things is different than the way things... is this a change from it? Are they liking it?*

John: *I look at myself as a change agent.*

WGP6: *I can see that. [Interview_WGP6]*

Model

How could the participatory model be adjusted to more effectively change the perceptions of public value for the LHD food program by stakeholders?

Revision and adaptation of the participatory model employed by this research project for use by other participatory projects is likely to rely heavily upon the issues being considered and the context within which they reside. What should be explored here are potential revisions that might have made to this project richer with data providing insight to the public value generation process.

In reviewing the transcripts of the sessions and interviews, nothing was made apparent by the participants regarding how the participatory process for the project could have been improved. In rereading the PI memos, however, thoughts captured during the process helped to give some perspective.

Background (the background leading to this session)- Even the best of plans, however, cannot account for the shifting priorities of both the personal and business needs of a group's participants. Because of unforeseeable issues such as a last-minute doctor's appointment, an employee injury, and a participant's own illness, three of the seven participants could not make the second session. Later arrangements, however, would be made for individual interviews with these three participants, but this left the Work Group's Second Discussion Session with just four participants: WGP1, WGP3, WGP4, and WGP7.

Session Reflections (the PI's reflections on the experience, including any "discoveries" during the session)- I. Of the original seven, 1st Session Work Group members, only four were in attendance in the second session. The one in Texas (WGP2) who I was planning on Face Timing in for this session was sick and had laryngitis. Another found out at the last minute that the physical rehabilitation program that her husband had been waiting on, had just accepted them and she needed to be his driver today. The third (this was

the one who I thought wouldn't participate at all after having left early during the first session) emailed that an employee of his had gotten hurt, and that he also had to be a driver today, so he couldn't make it to the session.

Thinking quickly, I asked if they wouldn't mind participating in an in-person or phone interview in lieu of participating in the Work Group Discussion Sessions. I realized that the group interaction component would be missing during the interviews, but I believed their responses could be added to strengthen the Work Group's Second Discussion Session. I considered trying to get the three of them together (in-person and online), but I also knew with their schedules (it took a lot of finagling just to organize this last Work Group Discussion Session), that I would be better off going for the one-one interview. In the end, I believe that the split of conversations between the Work Group Discussion Session of four participants and the three separate interviews has generated an even richer, cumulative data source for the perspectives of these host participants. The Work Group Discussion Session was interactive and produced rich data, and each of the interviews did likewise. In fact, the interviews, because they had no "competing voices," allowed for full-throated expressions by participants, who might otherwise have felt socially constrained or otherwise limited in their ability to share their perspectives. This notion of "splitting the second-session" of a topic discussion between a group session and individual interviews, might be worthy of consideration with future projects. [Work Group's Second Discussion Session]

There are two take-aways to be gleaned from these passages:

1. This is a reminder that working within a complex adaptive system (of which the public health system has already been identified as) and conducting research

within a real-time basis requires adaptive capabilities. Not only does the research design have to be flexible enough to survive the unpredictable ebbs and flows created by the system's agents, but the facilitator must be knowledgeable enough of the system to lead the project forward in times of extreme change. If the PI had not been flexible enough to try something outside of the assigned protocol, flexed his creativity in developing a new data gathering pathway, and worked patiently to bring all the pieces of the system together, then the research results would have been dramatically different.

2. As noted above, incorporation of both Work Group Discussion Sessions and interview data gathering methods appears to have significantly contributed to the richness of the collected data. The interactivity, the quick identification of the group's shared views, and the resource effectiveness that was enjoyed by capturing several participants' perspectives at one time was in evidence during the Work Group's Second Discussion Session. With the addition of the individual interviews, however, an opportunity was presented to examine the research constructs and domains through an expanded exploration of participants' perspectives.

Perhaps the most notable example was the extensive interview captured with WGP6. Several examples have been given in the analysis that show the range and depth of the ponderings that eventually occurred between the her and the PI. As already described, the interview was revealing and produced constructive discussions. As to what allowed for them to occur, there were probably several factors. One is very likely to have been the freedom for uninterrupted interpersonal communication that can occur within an interview vs. a Work Group Discussion Session setting. As a self-assessment, the PI's

open and active listening approach during their exchange of ideas may have led to an accelerated development of trust between the parties, contributing to a less inhibited exploration of concepts. Whatever the variables were, it remains the opinion of the PI that employing this mixed approach to the data gathering proved useful in this participatory research and could prove useful in similar ways for other action research projects.

Emergent Themes

In addition to preconceived domain themes, a review of the data sources through code pairings (cooccurrences), was used to search for emergent themes and explanatory models that could add to the understanding of how public value can be generated through a participatory process.

In returning to the data with this inductive intent, the PI was reminded that this strategy of qualitative data analysis is not prescriptive, and would require reflection on the data:

I want to emphasize that reading and thinking about your interview transcripts and observation notes, writing memos, developing coding categories and applying these to your data, analyzing your narrative structure and contextual relationships, and creating matrices and other displays are all important forms of data analysis. As discussed earlier for methods in general, there is no “cookbook” or single correct way for doing qualitative analysis: your use of these strategies needs to be planned (and modified when necessary) in such a way as to fit the data you have, to answer your research questions, and to address any potentially serious validity threats to your conclusions. (Maxwell J. A., 2013)

Regardless of the path chosen, it is important that decision points be arrived at logically and that they be clearly spelled out in the analysis. To begin, we return to the research’s central question:

Does a stakeholder participatory approach to a local health department's policy implementation process, create public value?

Positioned beside this is the research's concept map, specifically the component that illustrates the public value creation cycle and the action elements involved.

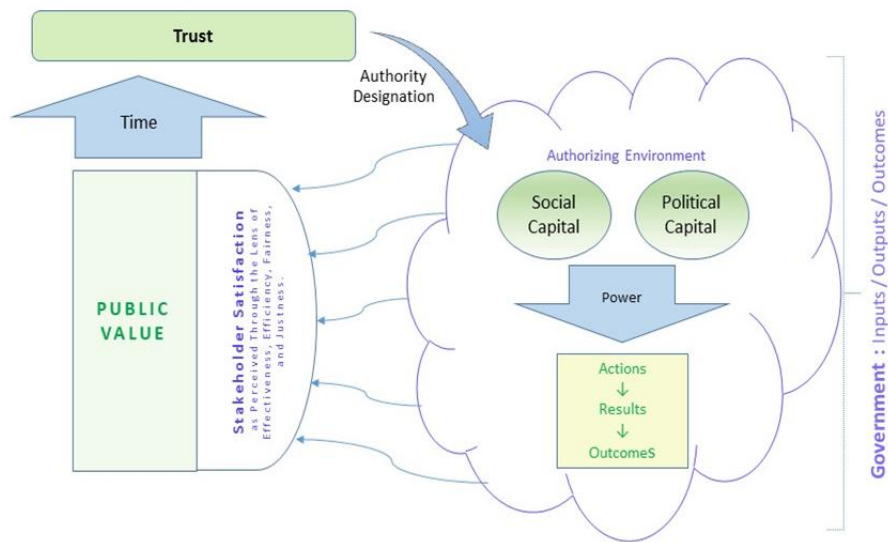


Figure 3: The creation and role of public value in governance

As previously discussed, a premise of this research is that the participatory process is a subset of a collaborative process and that collaboration is a result of power sharing. In the model above, power sharing is seen as the force that initiates action within government agencies: it allows for actions to be taken, which produces results, and those results contribute to long-term outcomes.

In returning to the data, references to power sharing and its effects will be explored, but the analysis will remain open to patterns and relationships in the data that may infer that other influences could be at work.

Recognizing that coding data is a method for characterizing discussions, it does so by labeling parts or the whole of text passages and other data sources. These labels may be

obvious references to the subject matter, or it may be in recognition of the more subtle, under-current topics that are being touched upon or can be associated with. Up to this point in the analysis, much of what has been taken from the data can be characterized as falling into the obvious reference category, as text searches have relied primarily on single code entries. Going forward, the review of the data sources relies more on relational examinations using code pairings, employing the AND Boolean operand to form cooccurrences. In filtering the data for review in this way, different perspectives can be assigned to the conversations, allowing for unrecognized patterns in the data to emerge.

The initial step in this analysis approach was to look at the c-coefficients between all paired code combinations. Like a correlation coefficient, a c-coefficient of 0 indicates that the two codes do not appear together in the data, while a c-coefficient of 1 indicates that the two codes always appear together.

The following matrix displays all code pairings with their corresponding c-coefficient.

	Adaptatio	Attitudes	Barrier	Beliefs	Capital	Collabora	Communi	Context	Depender	Effectiven	Efficiency	Engageme	Facilitator	Fairness	Host	Laws	LHD	Mutual	Neg. Vale	Output	Permitting	Pos. Vale	Power	Process	Responsi	Risk	Self-Inter	Significant	Trust	Value	TOTALS:
Adaptatio	0	0.34	0.49	0.19	0.19	0.33	0.19	0.2	0.33	0.19	0.14	0.16	0.38	0.26	0.26	0.27	0.29	0.25	0.33	0.26	0.4	0.28	0.31	0.12	0.24	0.36	0.2	0.37	0.31	0.28	7.93
Attitudes	0.34	0	0.48	0.28	0.18	0.57	0.19	0.22	0.57	0.3	0.19	0.3	0.41	0.48	0.48	0.46	0.58	0.28	0.42	0.29	0.45	0.52	0.57	0.29	0.47	0.51	0.24	0.32	0.39	0.45	11.21
Barrier	0.49	0.48	0	0.32	0.21	0.44	0.17	0.2	0.49	0.34	0.19	0.21	0.45	0.5	0.41	0.39	0.43	0.26	0.39	0.37	0.49	0.43	0.46	0.18	0.37	0.48	0.21	0.39	0.34	0.37	10.46
Beliefs	0.19	0.28	0.32	0	0.17	0.27	0.14	0.25	0.33	0.4	0.22	0.26	0.22	0.24	0.32	0.32	0.33	0.15	0.28	0.73	0.18	0.46	0.26	0.23	0.27	0.33	0.2	0.25	0.21	0.43	8.26
Capital	0.19	0.18	0.21	0.17	0	0.15	0.24	0.26	0.15	0.1	0.28	0.07	0.18	0.19	0.12	0.12	0.14	0.12	0.21	0.17	0.2	0.15	0.14	0.05	0.07	0.11	0.14	0.25	0.11	0.14	4.61
Collabora	0.33	0.57	0.44	0.27	0.15	0	0.25	0.24	0.6	0.28	0.16	0.31	0.42	0.38	0.52	0.37	0.55	0.3	0.35	0.27	0.47	0.5	0.41	0.26	0.39	0.43	0.33	0.31	0.33	0.42	10.6
Communi	0.19	0.19	0.17	0.14	0.24	0.25	0	0.26	0.14	0.13	0.15	0.19	0.26	0.11	0.12	0.09	0.14	0.3	0.16	0.17	0.12	0.18	0.11	0.13	0.1	0.16	0.11	0.25	0.16	0.22	4.94
Context	0.2	0.22	0.2	0.25	0.26	0.24	0.26	0	0.13	0.17	0.02	0.16	0.11	0.14	0.15	0.19	0.16	0.15	0.29	0.09	0.16	0.17	0.14	0.19	0.13	0.1	0.18	0.24	0.12	0.28	5.1
Depender	0.33	0.57	0.49	0.33	0.15	0.6	0.14	0.13	0	0.29	0.18	0.28	0.41	0.5	0.75	0.52	0.71	0.25	0.36	0.38	0.56	0.54	0.56	0.16	0.6	0.58	0.31	0.31	0.38	0.36	11.72
Effectiven	0.19	0.3	0.34	0.4	0.1	0.28	0.13	0.17	0.29	0	0.15	0.28	0.28	0.28	0.3	0.25	0.34	0.27	0.32	0.72	0.28	0.45	0.31	0.18	0.26	0.36	0.15	0.23	0.2	0.49	8.31
Efficiency	0.14	0.19	0.19	0.22	0.28	0.16	0.15	0.02	0.18	0.15	0	0.23	0.17	0.21	0.16	0.14	0.25	0.15	0.23	0.35	0.18	0.29	0.17	0.16	0.11	0.15	0.13	0.14	0.11	0.15	5.17
Engageme	0.16	0.3	0.21	0.26	0.07	0.31	0.19	0.16	0.28	0.28	0.23	0	0.31	0.17	0.25	0.27	0.31	0.21	0.32	0.29	0.17	0.33	0.28	0.23	0.29	0.27	0.18	0.24	0.31	0.3	7.18
Facilitator	0.38	0.41	0.45	0.22	0.18	0.42	0.26	0.11	0.41	0.28	0.17	0.31	0	0.35	0.33	0.21	0.35	0.32	0.25	0.21	0.45	0.41	0.38	0.18	0.32	0.37	0.26	0.34	0.3	0.34	8.97
Fairness	0.26	0.48	0.5	0.24	0.19	0.38	0.11	0.14	0.5	0.28	0.21	0.17	0.35	0	0.49	0.43	0.48	0.2	0.33	0.32	0.45	0.39	0.49	0.09	0.42	0.37	0.24	0.31	0.27	0.32	9.44
Host	0.26	0.48	0.41	0.32	0.12	0.52	0.12	0.15	0.75	0.3	0.16	0.25	0.33	0.49	0	0.43	0.67	0.26	0.37	0.44	0.46	0.52	0.45	0.19	0.52	0.44	0.29	0.3	0.31	0.39	10.69
Laws	0.27	0.46	0.39	0.32	0.12	0.37	0.09	0.19	0.52	0.25	0.14	0.27	0.21	0.43	0.43	0	0.53	0.16	0.37	0.35	0.36	0.42	0.49	0.16	0.49	0.46	0.23	0.24	0.35	0.37	9.42
LHD	0.29	0.58	0.43	0.33	0.14	0.55	0.14	0.16	0.71	0.34	0.25	0.31	0.35	0.48	0.67	0.53	0	0.24	0.4	0.42	0.53	0.62	0.55	0.24	0.55	0.49	0.28	0.31	0.34	0.43	11.65
Mutual	0.25	0.28	0.26	0.15	0.12	0.3	0.3	0.15	0.25	0.27	0.15	0.21	0.32	0.2	0.26	0.16	0.24	0	0.26	0.29	0.27	0.25	0.22	0.2	0.23	0.24	0.08	0.22	0.21	0.26	6.59
Neg.	0.33	0.42	0.39	0.28	0.21	0.35	0.16	0.29	0.36	0.32	0.23	0.32	0.25	0.33	0.37	0.37	0.4	0.26	0	0.44	0.29	0.41	0.34	0.13	0.33	0.32	0.23	0.28	0.38	0.42	9.22
Output	0.26	0.29	0.37	0.73	0.17	0.27	0.17	0.09	0.38	0.72	0.35	0.29	0.21	0.32	0.44	0.35	0.42	0.29	0.44	0	0.22	0.74	0.22	0.17	0.29	0.36	0.25	0.28	0.18	0.54	9.79
Permittin																															
g Process	0.4	0.45	0.49	0.18	0.2	0.47	0.12	0.16	0.56	0.28	0.18	0.17	0.45	0.45	0.46	0.36	0.53	0.27	0.29	0.22	0	0.33	0.42	0.16	0.44	0.42	0.21	0.32	0.26	0.27	9.51
Pos.																															
Valence	0.28	0.52	0.43	0.46	0.15	0.5	0.18	0.17	0.54	0.45	0.29	0.33	0.41	0.39	0.52	0.42	0.62	0.25	0.41	0.74	0.33	0	0.42	0.35	0.36	0.48	0.21	0.33	0.35	0.63	11.51
Power	0.31	0.57	0.46	0.26	0.14	0.41	0.11	0.14	0.56	0.31	0.17	0.28	0.38	0.49	0.45	0.49	0.55	0.22	0.34	0.22	0.42	0.42	0	0.14	0.48	0.51	0.24	0.33	0.46	0.33	10.18
Process	0.12	0.29	0.18	0.23	0.05	0.26	0.13	0.19	0.16	0.18	0.16	0.23	0.18	0.09	0.19	0.16	0.24	0.2	0.13	0.17	0.16	0.35	0.14	0	0.12	0.14	0.08	0.19	0.17	0.34	5.23
Responsi	0.24	0.47	0.37	0.27	0.07	0.39	0.1	0.13	0.6	0.26	0.11	0.29	0.32	0.42	0.52	0.49	0.55	0.23	0.33	0.29	0.44	0.36	0.48	0.12	0	0.49	0.33	0.22	0.37	0.26	9.55
Risk	0.36	0.51	0.48	0.33	0.11	0.43	0.16	0.1	0.58	0.36	0.15	0.27	0.37	0.37	0.44	0.46	0.49	0.24	0.32	0.36	0.42	0.48	0.51	0.14	0.49	0	0.24	0.32	0.44	0.37	10.31
Self-Inter	0.2	0.24	0.21	0.2	0.14	0.33	0.11	0.18	0.31	0.15	0.13	0.18	0.26	0.24	0.29	0.23	0.28	0.08	0.23	0.25	0.21	0.21	0.24	0.08	0.33	0.24	0	0.18	0.21	0.2	6.13
Significa																															
nt Shift	0.37	0.32	0.39	0.25	0.25	0.31	0.25	0.24	0.31	0.23	0.14	0.24	0.34	0.31	0.3	0.24	0.31	0.22	0.28	0.28	0.32	0.33	0.33	0.19	0.22	0.32	0.18	0	0.31	0.34	8.1
Trust	0.31	0.39	0.34	0.21	0.11	0.33	0.16	0.12	0.38	0.2	0.11	0.31	0.3	0.27	0.31	0.35	0.34	0.21	0.38	0.18	0.26	0.35	0.46	0.17	0.37	0.44	0.21	0.31	0	0.29	8.18
Value	0.28	0.45	0.37	0.43	0.14	0.42	0.22	0.28	0.36	0.49	0.15	0.3	0.34	0.32	0.39	0.37	0.43	0.26	0.42	0.54	0.27	0.63	0.33	0.34	0.26	0.37	0.2	0.34	0.29	0	10.02
TOTALS	7.92	11.23	10.46	8.24	4.61	10.61	4.94	5.1	11.73	8.3	5.16	7.18	8.97	9.41	10.7	9.44	11.66	6.6	9.21	9.81	9.52	11.52	10.19	5.23	9.52	10.3	6.14	8.12	8.17	9.99	

C-Coefficient	
	.40-.49
	.50-.59
	.60-.69
	.70-.79

	Totals ≥10.0
--	-----------------

TABLE XXIV: C-coefficients for code pairings

Choosing to focus on the paired relationships with the highest c-coefficients with the assumption that there would be a greater chance for patterns to emerge among these pairings, four c-coefficient groupings were created: .40-.49; .50-.59, .60-.69, and .70-.79. A color coding system was devised to highlight these group rankings (see c-coefficient legend).

Within the pairing combination for each code, aggregate totals were made by the Atlas.ti software across a horizontal reading of the matrix. For ease of review, a vertical total was added. To further refine the analysis, pairing combinations for each code that totaled 10 or higher, had their aggregates color coded pink to indicate that as a group, they have the greatest number of instances where the paired codes appear together. In the absence of a more obvious or mathematically pristine assessment between the pairings, this method was utilized to initiate a selection refinement.

Nine code groupings scored 10 or higher: Attitudes, Barrier, Collaborate, Dependent, Host, LHD, Positive Valence, Power, and Risk. Aggregate totals were then further distilled by including only those associational pairings with a c-coefficient of .40 or higher. Placing these filtered groupings in proximity with one another and searching for matching codes within the groups, created a map that indicated relational links (see Map below). As an example, when looking at the map we see the Attitude code group. On this list is the code Risk, having a paired c-coefficient with Attitude of 0.51. Looking at the other lists, we see that while the code Attitude does not appear on any of the other lists, that Risk appears eight (8) other times, thus creating eight direct links with these other code pairings. The number of these linear links were then counted, and their aggregate c-coefficients were

determined to suggest the creation and filtering of the data by creating codes of these pairings (i.e., creating cooccurrence pairings).

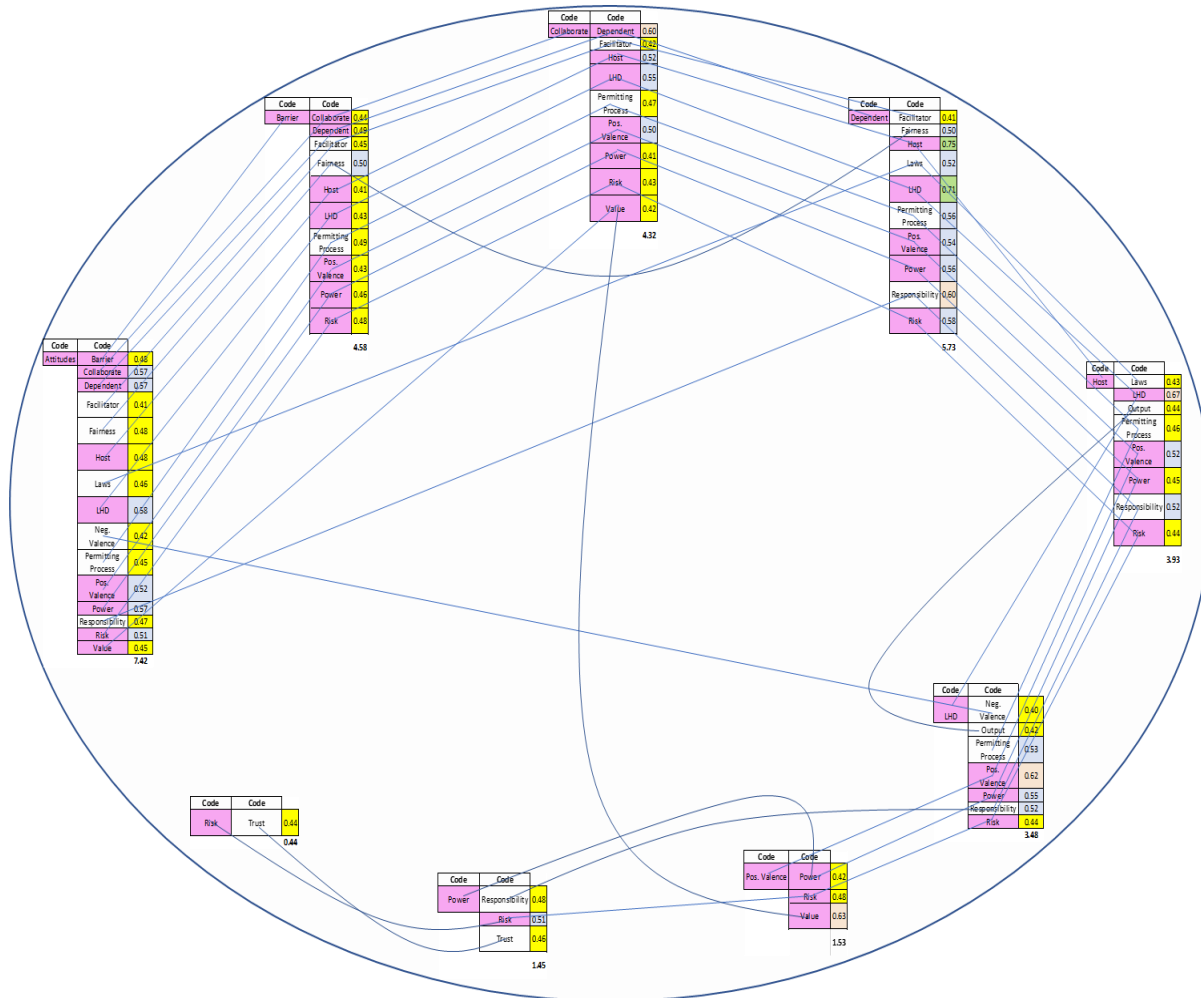


Figure 14: Code group linkages

Codes	#Links	Combined Weight
Attitudes	0	0.48
Barrier	1	0.92
Collaborate	2	1.61
Dependent	3	2.07
Facilitator	3	1.69
Fairness	2	1.48
Host	4	2.59
Laws	2	1.41
LHD	5	3.35
Neg. Valence	1	0.82
Permitting Process	5	2.96
Pos. Valence	6	3.55
Power	7	3.90
Responsibility	4	2.59
Risk	8	4.30
Trust	1	0.90
Value	2	1.50

TABLE XXV: Cooccurrence Candidates

Considering the linkages first, Risk had the highest with 8, followed by Power with 7, Positive Valence with 6, and LHD and the Permitting Process codes both have 5 linkages. Recognizing that the stakeholder codes (LHD, Dependent, and Host) would naturally have high incidence rates and, therefore, were likely to have high c-coefficients (which they did), made them presumably less interesting candidates for cooccurrence analysis, but they would be retained as co-occurrence codes (i.e., a partner code within a cooccurrence). This eliminated the LHD code group, leaving Risk, Power, Positive Valence, and Permitting Process.

Cooccurrence

The links to Risk showed the following c-coefficients, of which the highest category was the 050-0.59, producing three pairings.

Code	Code	c-coeff.
Risk	Attitudes	0.51
Risk	Barrier	0.48
Risk	Collaborate	0.43
Risk	Dependent	0.58
Risk	Host	0.44
Risk	LHD	0.44
Risk	Positive valence	0.48
Risk	Power	0.51
Risk	Trust	0.44

The data was then filtered and reviewed using the following cooccurrences:

1. Risk COOCUR Attitudes
2. Risk COOCUR Dependent
3. Risk COOCUR Power

The links to Power showed the following c-coefficients, of which the highest category was the 050-0.59, producing three pairings.

Code	Code	c-coeff.
Power	Attitudes	0.57
Power	Barrier	0.46
Power	Collaborate	0.41
Power	Dependent	0.56
Power	Host	0.45
Power	LHD	0.55
Power	Positive valence	0.42

The data was then filtered and reviewed using the following cooccurrences:

1. Power COOCUR Attitudes
2. Power COOCUR Dependent
3. Power COOCUR LHD

The links to Positive Valence showed the following c-coefficients, of which the highest categories were the 050-0.59, 0.60-0.69, and 0.70-0.79 producing six pairings.

Code	Code	c-coeff.
Positive valence	Attitudes	0.52
Positive valence	Barrier	0.43
Positive valence	Collaborate	0.50
Positive valence	Dependent	0.54
Positive valence	Host	0.52
Positive valence	LHD	0.62
Positive valence	Output	0.74

The data was then filtered and reviewed using the following cooccurrences:

1. Positive valence COOCUR Attitudes
2. Positive valence COOCUR Collaborate
3. Positive valence COOCUR Dependent
4. Positive valence COOCUR Host
5. Positive valence COOCUR LHD
6. Positive valence COOCUR Output

The links to Permitting Process showed the following c-coefficients, of which the highest category was the 050-0.59, producing two pairings.

Code	Code	c-coeff.
Permitting Process	Attitudes	0.45
Permitting Process	Barrier	0.49
Permitting Process	Collaborate	0.47
Permitting Process	Dependent	0.56
Permitting Process	Host	0.46
Permitting Process	LHD	0.53

The data was then filtered and reviewed using the following cooccurrences:

1. Permitting process COOCUR Dependent
2. Permitting process COOCUR LHD

While working with c-coefficients may prove useful for gaining insight into the data, the authors of the Atlas.ti qualitative software used in this research, caution the reliance on this metric for small data sets such as being considered in this study.

Thus, interpreting such a coefficient is only meaningful with a sizeable data set and not for an interview study with 10 respondents. (Friese, Dr. Susanne, 2013)

For this reason, the researcher looked beyond the use of c-coefficients, creating new cooccurrence pairings as potential patterns and relationships were suggested from the data.

Reviewing the data in this hybrid approach of using both *a priori* and emergence codes (individually and during cooccurrence analysis), has shaped potential clarity on the research model, suggesting an awareness of subsystems that may be occurring in tandem to the original research model. As with the original and emergent single codes,

the interpretation of the co-occurring codes – the relationships and connections between constructs that they point to -- and the evidence supporting it in the transcripts is developed, not through the c-coefficients themselves, but by extracting and reviewing the content linked with those multiple codes. Higher c-coefficients provide clues to important relationships in what the participants have said, but explaining what those relationships are is dependent on the content of the coded discussion. The following describes these patterns and relationships that the researcher found evidence for in the transcripts, giving examples that capture and support these relationships, and explaining the association to emergent themes.

Construct Implications of Emergent Themes and Relationships

Risk as a Moderating Factor to Value Perception

Numerous perceived risks are discussed by the Hosts that are considered when they share their kitchen facilities with a Dependent: liabilities from a foodborne illness, theft or property damage, reputation affected by EHD violations attributed to the Dependent, etc. Factors outweighing these perceived risks include financial gain and/or their altruistic desire to *pay-it-forward* to a Dependent (the Host was once in their shoes and is empathetic to the barriers in starting a new business).

WGP4: What's the benefit to you.

John: The benefit is, the benefits to you.

WGP4: Financially.

WGP7: Financially it was great and really the, the, which, which I think this is where one of the questions in your questionnaire was, was a but 'cause of economy. I think our economy is changing.

John: Mm-hmm (affirmative)

WGP7: You know the whole concept of economy after this recession I think is changing and shared value is a big part of it. I mean Uber, Airbnb. You know all of this is shared value and I see this along the same lines.

John: Okay. So, it sounds like it's more than just economics to some. As in it, it might be a way to pay it forward, perhaps you were there, and by the grace of God you, you were able to survive it and now you're passing it on to somebody else. Is that fair to say?

WGP6: Yes.

WGP4: Yes.

WGP7: Yes.

WGP4: But I wouldn't do it if it wasn't economically feasible.

WGP3: Yeah.

WGP4: Or the liability the risks were too high to my business. I wouldn't put my business at risk.

[Risk COOCUR Attitudes; and Risk COOCUR Self-Interest as an emergent cooccurrence]

This section was selected as emblematic of the Hosts' attitude towards wanting to help their Dependents, but not if the risks are too high. This could be an indication that the Host values a construct like equity or fairness, but that the business risk/return ratios are always a concern. Their valuing of a concept such as the *fairness* of the SOP draft, therefore, is likely to be moderated by the associated *risks* they perceive it presents to their business goals.

Risk Minimization through the Creation of Fairness

These risks can be emergent properties for specific Dependents (some engage in more risky behaviors than others) and so the Hosts remain vigilant and focused on minimizing the risks in these relationships. The development of the SOP is commonly viewed by the Hosts as an opportunity to shift some of these risks to both the EHD and the Dependents.

WGP3: You can't be there the whole time so best-

WGP5: Cameras all the time you know. That can be from ... My main thing is people turn on the air conditioning and we could go in but I got remote control and I can control and lock them. So, that was my issue. My real only issue with that.

WGP2: I have signs that say, "Please turn off lights," save the AC. (Laughs)

WGP3: I had people leave the freakin doors unlocked. You know. It's like I, I just get some wild hair and check the security cameras and like the lights are on and the doors unlocked then I got to drive up tonight and lock it.

[Risk COOCUR Attitudes, Risk COOCUR Dependent, Risk COOCUR Power; and Risk COOCUR Responsibility as an emergent cooccurrence]

(then, in another conversation)

WGP3: Yeah. It's unbelievable so. That's why I was excited about this get together because it's like "where do you separate" like between each person, and you know from a health department standpoint.

John: Right.

WGP3: Like it'll be interesting to hear.

WGP1: And at what point can you kick 'em out.

WGP3: Yeah.

[Risk COOCUR Attitudes, Risk COOCUR Dependent, Risk COOCUR Power]

To an extent, risk aversion could be an indication that the Host values the certainty/stability that the SOP will bring in shifting oversight responsibility. The SOP may be seen as helping to *level the playing field*, creating *fairness* among the Hosts and Dependents by equalizing the responsibilities.

Recognizing that Risk Minimization is a Shared Value

The Hosts' goal, in this instance, is in alignment with the EHD's mission of protecting the public's health through risk minimization. Historically, the EHD's approach to risk minimization is through regulation that restricts the conditions under which food production/etc. can occur, and the behaviors of those working with foods. With the Hosts wanting to minimize their risks by making their Dependents more accountable to these same criteria, it parallels the larger concern for public safety.

WGP4: But what we want to make sure is that the host is not held responsible for that dependent's business.

John: Which is why we have separate permits going on.

WGP4: Right. So, we want to...

John: To separate this house (business) in terms of...

WGP4: We want to keep the host out of it.

John: ...not just accountability, but liability too.

[Risk COOCUR Attitudes, Risk COOCUR Dependent, Risk COOCUR Power]

Then, in another conversation WGP2 confirms this by stating that the SOP will ensure an equity of responsibilities and an end to unsafe food handling practices by Dependents. These are examples indicating how the Host values the *fairness* that the SOP will be providing. When rolling this policy out to other Hosts, it may prove useful for the LHD to emphasize this *shared value* in terms of the SOP's ability to reduce the Hosts' risks.

Sharing Risks Creates Collaborative Opportunities

The Hosts also envisages that with the advent of responsibilities/accountability that the relationships may be more likely to become communities of shared values (a maturing of the relationships), which is a stated ideal.

John: So, it sounds like lack of control, perceived or real, and liabilities in terms of you know who you bring into your kitchen and what's going out of your, your facility. Um, you could be losing not just in terms of what, what sort of, what their food products are like and it shines on you in one way or another, but it sounds like maybe some things were also, physical things were actually being taken out...

(some unrelated conversation)

WGP2: You know if you put in your lease, which I have in mine, that I have the right to remove anybody from the premises and I have the right to require that person not to work there, I have done that several times. You know the person can work for them off site at catering, I don't care but they are not allowed to set foot on my premises and the cameras are there to prove it and at a certain point if you do develop that community atmosphere amongst the other tenants if you have more than one, they tell on each other. Again, they're a lot like kids. They will tell on each other because they're suffering from the same issues that you have with that person or with that tenant who and maybe isn't the cleanest. They don't want to be under that either. So, the best thing you can do is have more than one because then they watch each other.

John: Hm. WGP5 have you seen the same thing?

WGP3: Yeah.

*[Risk COOCUR Attitudes, Risk COOCUR Dependent;
and Risk COOCUR Collaborate as an emergent cooccurrence]*

(then, in another conversation)

WGP2: *It's a community. We get to help each other.*

WGP7: *Yeah the shared value of it is and bringing us together. Providing a platform for smaller businesses to start off.*

John: *Okay, so, so helping others.*

WGP7: *Helping others, yes...*

WGP2: *And helping yourself! Invariably, you have the same problems, you know. I mean at least some of them are the same. Whether it be a distributor, whether it be the health department.*

(in another conversation)

WGP7: *At, at the risk of sounding holier than thou, but I did start allowing people that I knew to come use the kitchen without charging them even in the beginning.*

WGP4: *Yeah. We do it to help.*

WGP7: *Yeah to help I mean I have the space.*

WGP4: *That's why we do it.*

WGP7: *I mean it was nothing off my back you know.*

John: *Mm-hmm (affirmative) Right.*

WGP7: *The guy needs a few hours to do something, their R&D, or whatever. I mean that's how I started and that gave me the idea. Well, why don't I do this. On a, you know, money making. Just start charging them.*

*[Risk COOCUR Attitudes, Risk COOCUR Dependent;
and Risk COOCUR Community as an emergent cooccurrence]*

(finally, in another conversation)

WGP2: *No and I think too there's a lot of lessons to be learned that I would rather watch somebody else make that mistake and learn from their mistakes and by typically we've brought in start-ups or they're small businesses so to some extent we can help them, but I watch a lot of what they do and I learn a lot from them. You know not always the good but sometimes the bad. So, I think in that regard there's benefit to the host as well.*

John: *Hm. Okay.*

WGP7: *To learn from their mistakes? Is that what you said.*

WGP2: *Mm-hmm (affirmative) or even their successes.*

John: *Have others seen that too?*

WGP4: *Mm-hmm (multiple group affirmatives)*

WGP4: *Yeah. I have a guy who's an IT wiz. Gives me so many pointers on the little things like Amazon and stuff like that.*

These discussions are indications that the Host sees the potential moderating effect that the SOP will bring, as an appreciation of its *effectiveness*. Not only does the SOP work from a technical standpoint, but the Hosts may see it helping to create a more ideal working *relationship* with their Dependents.

Permitting Process as a Form of Power Sharing

There are many power streams in evidence during the conversations with the Hosts. There are discussions both about the permitting of an operator and about the suspension of an operator's health permit. The PI explains to the participants that the LHD has been authorized by the California Department of Public Health to enforce food safety legislation. As such, it is a continuation of a power sharing chain that goes back to the voting electorate. As elected officials, the State legislature develops public health legislation that is delivered to the State public health agencies to uphold. For the bulk of these food protection laws, the State authorizes the counties to enforce it locally. So, in effect, the State has shared their authority with the County to conduct oversight activities as an act of power sharing. That chain continues when the LHD grants its conditional health permits to a business, allowing it to conduct food production, storage, and sales.

WGP6: Um, and she was questioning, and she's supervised, and I've seen it. She's had inspections with the State level. Um, what authority does the county have over her on a wholesale level?

John: We also have a wholesale program. As I said we're one of the few counties in California, San Diego, um, LA, and San Francisco, and Vernon, the City of Vernon, we're one of the few that have, the, the city has grant, I mean the State has granted us wholesale authority for inspections, but even the enforcement sometimes, uh we have to call and get permission from the State to do any enforcement actions. So it's, it's interesting.

*[Power COOCUR Dependent, Power COOCUR LHD;
and Power COOCUR Justness as an emergent cooccurrence]*

(in another conversation)

WGP7: I'm sorry. I've never been closed down by the health departments. So, if you come into a facility and say you have to cease operation, what enforcement do you put to... make sure they're not...

John: Well we, we issue uh, a notice of permit suspension. Which means that you don't have a permit to operate anymore, which means legally, you are supposed to immediately discontinue.

*[Power COOCUR Attitudes, Power COOCUR Dependent, Power COOCUR LHD;
and Power COOCUR Laws as an emergent cooccurrence]*

This speaks to the nature of democratic governance having its roots in power sharing, which means that the process is lawful. As the SOP details these steps (permitting, etc.), the Hosts can view them in the light of similar *just* actions.

Coercive Power

Oversight of the Dependent by the Host is discussed often in terms of power relationships: The Host makes the terms of the contractual relationship and can terminate the sharing of their kitchen at will. While the Dependent's rental fees authorize it to do certain things (access to the facility, use of utensils and equipment), that authority has been bestowed by the Host and is subject to their continued approval. The Host, therefore, has power over the activities of the Dependent, and there were even discussions about how the Host attempts to regulate a Dependent's behavior (food handling habits, etc.).

John: We'll talk about. Yeah. That's where we're going but WGP6, I, I, correct me if I'm wrong. I think I'm hearing from you is that you are building strong relationships with your dependents so that you're willing, you're more willing to assume responsibility for their actions. It's as if they're your employees.

WGP6: Um, no I wouldn't say I feel that way. I would say that I hold them to the same standards I hold myself to and they know that they will be, or they will leave.

[Power COOCUR Attitudes and Power COOCUR Dependent]

(in another conversation)

WGP4: Why isn't there a host um approval form or something that needs to be out first before you even get a packet? If you want, if you want to go to, if you want to go rent a kitchen space, you need to get an approval from that host.

WGP2: Yeah I think I agree. I think that stuff needs to be first. Before they can apply for something they need to get an approval from a licensed, from a permitted facility because I've had that same problem with, in particular, farmer's market people. They heard from somebody who knows somebody who rented from me five years ago that you can just put this permit number and boom. Now get a permit. I won't know about it until the very end. So, to me, it would seem a waste of your time...

WGP4: And their time.

WGP2: And theirs and...

John: So, would it, would be safe to say that if you had before, before the-

WGP4: Before anything started-

John: The review the Share Food Facility Agreement form needs to be signed off and brought in. Once that begins then you can actually do the permit application.

WGP3: That might be the way (agreement)

WGP4: Got to be the host who's got to be approving it first.

*[Power COOCUR Attitudes, Power COOCUR Dependent;
and Power COOCUR Self Interest as an emergent cooccurrence]*

The buying and selling of *shared power* is not unfamiliar to the Hosts who values it as a lawful transaction. A case could be made that as practioners in a free market system, that these business people inherently see their shared kitchen transactions as being just (as discussed), fair (e.g., the terms of the sharing agreement), effective (the system benefits both parties), and that it is efficient (it is financially appreciated by both sides). The SOP is a legitimization of these transactions, and so may be valued similarly. These examples highlight the Hosts displaying their dominance in the Host-Dependent relationship and in the second example, suggesting that the SOP be reformatted to reinforce that role.

Power Sharing as a Pre-Cursor to Participatory Action

In shifting some of the responsibility of the Dependent to the LHD, it also becomes a sharing of that oversight authority. Even though the LHD has the greater legal authority and could have just taken the oversight responsibility without request, by including the Hosts in the development of the SOP (the policy that outlines the oversight process), the LHD has, in effect, assumed the oversight through a method of sharing their power (participatory policy development).

WGP4: I think the Dependent doesn't have accountability with the health department. So, because we as host we have to follow guidelines and we have to kind of baby sit them but in reality they're trying to run a business and they're doing the same thing we're doing. So, there's got to be something in place to where they have the same accountability.

John: So, equity.

WGP4: With their business. They need to have those same guidelines without being baby sat.

*[Power COOCUR Attitudes, Power COOCUR Dependent, Power COOCUR LHD;
and Attitude COOCUR Fairness as an emergent cooccurrence]*

As a valued action by the Hosts, therefore, both the SOP and the acting party of the SOP (the LHD) are valued for their *justness*. The example typifies the initial request the LHD was receiving from Host operators. They were, in effect, demanding that the Dependents be regulated.

Strategic Communication as Power Sharing

Reciprocal communication is another form of power sharing. The SOP draft details how the Host and LHD will be sharing information (a recognized form of power) in order to effect a method of stability: the Host will get a copy of the Dependent's health permit,

the Host will be informed of issues that might affect the Host's own permit, the Host informs the LHD when the Dependent has stopped working in their facility, the Host will let the LHD know when the Dependent is scheduled to work so the LHD staff can conduct inspections, etc. The discussions showed that this sharing of information was well received by the participating Hosts. There were even discussions as to what would not be shared, such as individual reports, as some things were not considered public. Or, if they were, that it was not necessarily the job, and therefore the correct thing, to have it shared between them (e.g., a Dependent's inspection report). However, if an issue arose that could be significantly harmful to the Host's business, or present an imminent public health threat, then both parties would be obliged to share the information (e.g., a vermin infestation).

John: Now let's go into the harder one where it says no. So, no they don't, they don't pass, so it goes to # 10 here. Great. A corrective letter gets issued out to them saying "great, sorry but for these reasons you don't meet the qualifications" and again, two categories. If you got a, let's take the, you got an existing so the, the operator um, is number 14. Goes through the existing dependent. The operator addresses the corrective letter and submits revisions before their grace period ends. Remember we got some two-year grace periods in there. If the, if the period has ended the operator must cease all operations until they actually get the permit. Um-

WGP7: So, then as a host we will get copies of these letters then?

John: You're not involved in this-

WGP7: But if they have to cease operation we should know.

John: Well at that point yes, you will know. Of course. Yeah, no. We will notify you right, um but, but the other stuff like the, the, the corrective letters you're not getting that. That's, that's really between um-

WGP6: Do we get a copy of the permit?

John: Yes, you will get a copy of the permit.

[Fairness COOCUR Host and Fairness COOCUR Dependent as emergent cooccurrences]

(in another conversation)

John: One other thing that we probably won't do with the dependents, to let you know is, identify where they're operating.

WGP6: That's proper, it's private.

John: For instance, we give you the health permits for your dependents, but we don't give you copies of the inspection reports.

WGP6: You know what I would tell you is, some folks like to market themselves as if they're not renting space.

John: Yeah, it's their own business.

WGP6: Yeah.

[Power COOCUR Attitudes, Power COOCUR Dependent, Power COOCUR LHD]

(and, in another conversation)

WGP2:I think what I'm trying to say is I'm supportive of that because your limitations are enforcing the laws. Getting in between, and like I said it's a privacy issue. If I'm a dependent I wouldn't necessarily want people to know certain things, but as a landlord or someone who is using my facility you take it or leave it. You can work in my facility but you're going to give me a copy of your permit or your inspections. That becomes a personal relationship then. I know for me, if they're not going to agree to that, I'm not going to have them in my facility. What are you hiding, right? That's just a point that as we talk about things, that's my perspective on where I agree and I like the fact that you guys are stating that rather than trying to be the mediator between the two. That's not a function that you guys want to get into.

[Power COOCUR Attitudes, Power COOCUR Dependent; and Power COOCUR Fairness as an emergent cooccurrence]

These scenario discussions of what-to-share and under-what-circumstances speaks directly to the *justness*, *fairness*, and *effectiveness* qualities that the SOP is imbued with. The discussions indicated that the qualities were comprehended and appreciated by the Hosts.

Participatory Session serves as a Feedback Loop

(the system is broken and there are consequences)

There was a lengthy discussion pointing out that the LHD had not been providing timely notification of changes affecting the food industry, specifically those in the law and policy. While the discussion was primarily focused on the development of

communication channels to improve the issue, in doing so it highlighted a gap in the communication feedback systems that could potentially be causing stakeholders stress. An example might include those times that a food facility operator found themselves unprepared for a sudden shift in regulatory expectations and were being written up for “new” violations.

WGP2: I personally think that if there was something that you guys could produce whether it be bi-monthly, quarterly a newsletter. Here's the hot topics. Here's the things that we want to make sure that you're keeping up on. You know reminder. Gloves are not required you know, in fact you know we passed a law that gloves were required, then we turned around and repealed it. Well you know I happen to know that because it was a huge hot button with my clients, but that's not something that's common knowledge and if you as a, as a proprietor are not actively seeking that information you have no idea what changed. And it's not even what changed, but even from a perspective of, “Hey proprietor, FYI, maybe there's a quick little check list. Have you thought about the following 5 things in the last three years?”

WGP3: Yeah, I'd love that!

WGP7: Yeah. That's what I said. Education.

WGP2: Because that's what you guys know what you're looking for and we're so busy running our business that very often, it would allow us to be more proactive.

[Collaborate COOCUR LHD and Collaborate COOCUR Engagement as emergent cooccurrences]

This is a clear indication that the Hosts value certainty/stability. The failure in this communication loop is a failure of knowledge sharing, which has already been discussed as a form of power exchange (knowledge as a resource). These requests to improve the communication between the Hosts and the LHD should also be viewed as an overture to improve the *relationship* between them. While it may not be possible to identify what the correlation is between the SOP participatory project and the Hosts' interest in relationship building, it is likely that these Hosts collectively would not have come together to propose this, if the project had not provided the opportunity.

Abuse of Power threatens the Relationship

An often-repeated discussion amongst the Hosts centers on the failure of the LHD to provide consistency amongst the decisions of its staff. At a minimum, this consistency failure in the LHD's oversight system erodes the trust of their stakeholders, a trust that is a vital lubricant in the regulator-industry relationship. At its worst, several of the more egregious examples of lack of consistency could be viewed by some as tantamount to an abuse of LDH's oversight power.

WGP6: So, I have a Revent (brand name) oven, and I had it installed in the standard manner that the Revent company used a professional installer. He showed me how he installed it, in multiple bakeries throughout Orange County. I had an inspector come in and look at the top of the oven and say "You know what? It could get dirty up there" and required me to put in a custom screening to completely encase the oven floor to ceiling with a custom door that you can open to get into to access the physical, the things that need maintenance. It cost me about 5,000 dollars.

John: Ouch!

WGP6: And um, she would not approve my facility unless they did it and then I had a second inspector come in and say "What the heck is that on top of your oven?"

WGP4: (made sounds indicating that he was upset at this).

WGP2: That's exactly, and I would say, I agree that it's the planning side that is exceptionally difficult because one person will tell you one thing right now and two seconds later you'll get somebody standing right next to 'em tell you something completely opposite. The inspection side I have no issue with. They're relatively consistent. I've had no problems in 15, 16 years. Um, occasionally an inspector here or there would get me annoyed, but for the most part they're consistent, but that planning side and the facility approval, I dread dealing with them.

*[Power COOCUR Attitude; and Power COOCUR Fairness and Power COOCUR Barrier
as emergent cooccurrences]*

Not being consistent can easily be seen by the Hosts as the LHD *being unjust, unfair, ineffective, and certainly lacking in efficiency*. While appearing, perhaps, to be a simple problem by some Hosts in the discussion (i.e., a training issue?), the problem has many variables and at its core raises the question as to how you build uniformity within a

complex system. If there were to be a single issue most likely to threaten the perceived value of the LHD by its stakeholders, the discussions of these participants appear to strongly suggest that the LHD needs to exert its authority through more consistent measures. The LHD's authority must be exercised consistently to ensure that they are just, fair, effective, and exerted with efficiency.

Trust as the Relational Glue

While not spoken of repeatedly amongst participating Hosts, the subject of *trust* was apparent in all the discussions of risk and those centered in power sharing. It was very clear that no Host was going to hand over the keys of their business to an individual in whom they lacked *trust*, in whom they had no faith:

WGP4: Or the liability, the risks were too high to my business. I wouldn't put my business at risk.

While not a repeatedly vocalized theme by the group (i.e., *trust* had low c-coefficients in code pair groups), it was a repeated topic with one participant.

[This conversation is about the relationships that occurs with a new Dependent]

WGP6: I, I wouldn't say it's a matter of trust, it's a matter of, over time, trust happens, and in the beginning if they're not really diligent and if they, they said the one that (if they don't walk the talk, then I'll kick them out.) But you're right I, I worry about it. So, that's the mechanism I use since I don't have another.

[Trust COOCUR Risk and Trust COOCUR Dependent as emergent cooccurrences]

[This conversation is in response to a question about what could be done to improve the current inspection system experience]

WGP6: I think it depends on the parties. It depends on the parties, if there can be a level of trust, then it's good because they have a chance to learn from each other and it isn't, "I'm here to catch you." I'm here to find something wrong so I can shut you down. I'm here to help you. If we find something, I'm not just going to write

a letter, I'm going to tell you, this is how you fix it. I'm not going to tell you that the way to fix it is a solution that's going to cost you \$20,000 when I know you only have \$200 in the bank."

[Trust COOCUR Risk and Trust COOCUR LHD as emergent cooccurrences]

(and, found in a PI memo)

[MEMO: Process/Qii/I.WG-Q9/WGP6]

.....Her initial response to the question was to redirect to the previous question, which she was still considering. It asked, "would you do this kind of thing again, why or why not?" Her response, "another reason, same reason as before, it raises my consciousness."

The previous response she references as being the same was, "yes, it was fun. I learned something." This kind of interplay indicated to me that I was probably exchanging with someone who might be more inclined to open up to me about their beliefs and opinions regarding the participatory process, and so I became less scripted in our concluding conversation in an effort to promote the trust in the conversation that I felt was forming.

WGP6: Yeah, and you'll notice, I said it depends on both parties, because if the other party is hostile or not trustful or whatever, it's difficult. It depends on both sides. That's where I think the best opportunity for something new to happen is in the process. That's where it all comes down. The forms are just, that's just paper, but where the real difference happens is with the process.

John: Would you say you think it's an opportunity for building trust?

WGP6: It sure could be and I would say, unfortunately, I don't personally have this because I've had a lot of good experiences. I had one very bad but it was never you guys, it was with the State level. With you guys, I've had really good experiences, but I've talked to other people and there's this sort of style of talking that makes it sound adversarial and that's what causes them to hide, causes them to not be honest, and causes them not to be forthwith. What would be nice, I don't know how to make it happen, that positive experiences became known outside of those just two people, but I don't know now to do that.

WGP6: It sounds very squishy, but I'm saying, that's the kind of thing that gets the water to start flowing across.

John: That's how you build trust.

WGP6: Yeah, and I think that a lot of that happened in this that was separate from this.

John: Right, I get it.

WGP6: It wasn't too big of a group.

John: No.

WGP6: It was big enough, there's a lot of dialog, but not too big that it's overwhelming. It was formal but informal.

[Trust COOCUR Risk, Trust COOCUR LHD, and Trust COOCUR Attitudes as emergent cooccurrences]

As previously discussed, the concept of *trust* can be viewed as a prediction of future behavior by an individual or group. This participant clearly articulated that there was a fundamental need for increasing the trust between the LHD and food industry. She states that a trusting relationship comes from the *relation building* process, or how the two groups approach each other in good faith, trusting one another. Her comments can be viewed as saying that, while the SOP may offer a system that could allow for collaborative *relationships*, that the secret to the process lay in the *trusting attitudes* that each side brings to the table.

The participant's concluding comments then switched to how the SOP participatory experience seemed to work for her as the group size was good, that there was *a lot of dialog*, and that while there was structure to the project (the dialog), that it remained flexible. These are points to consider in the design (model) of future participatory projects.

Summary

While result implications will be more thoroughly considered in Chapter V, an initial review and comparison among the different stakeholder groups can be made:

Demographics

The demographic results will require some interpretation beyond the following summations. As an example, the demographics of the EHD cannot be assured to be representational of anything beyond the policy group in which they current were working in as their selection for the committee was not based on a LHD representational basis. Similarly, the Work Group members were selected with some intent to be

representational (i.e., having at least one incubator operator), but no other demographic representation was screened for. The Dependents, while not screened for representativeness, are more likely to be so, merely because they represent 45% of the known Dependent population at the time of this study. Considering these factors, it will be the assumption of this research that no one group is necessarily representative of the larger population group for which they have been identified. Specifically, these participants' opinions and perspectives will only be representational of their own opinions and perspectives.

- The Dependents tend to be younger than either the Work Group or the EHD staff
- The Dependents and Work Group (the private industry representatives), tend to work in small company settings of less than 10 people, while the EHD staff work in a large government office (>100-500)
- The responding Dependents tend to be women who have only been working in the field for a couple of years, and are working as "front-line staff"
- The Work group also tends to be comprised of women, but they have been in their field for several years (>5-10 years) and identify themselves primarily as Executives or owners
- EHD staff gender representation is evenly split, they have also tended to have been in their field for a few years (>5-10 years) and statistically are more closely aligned as front-line staff.

Context

In the pre-session survey, three questions were posed that attempted to provide insight into the perceived conditions in which the private industry respondents were operating in. The pre-session questions were designed to be naturalistic, requesting assessments of the current business climate affecting the private food industry, including general opinions of government oversight.

- Across all groups, participants believe that there has been a “noticeable increase” in the sharing of commercial kitchens. This appears to be strongly supported in the research’s media scan
- The Work Group and Dependents see the increase linked to economy, while the EHD staff are indecisive on the matter
- All groups believe that there has been an increase in the “number of challenges” facing new businesses. Here again, the research’s media scan appears to support that there is a perceived increase in barriers
- Despite these conditions, all groups felt strongly (Median=5) that sharing the kitchens was, “worth all the effort”
- The Work Group and EHD staff were *positive* about the importance of government regulations (Median=4), but the Dependents were neutral on the issue. A Wilcoxon-Mann-Whitney test did not indicate significant deviation from the EHD staff group’s perspective
- The Work Group and EHD group thought that the health department was doing a “good job” (Median 4), while the Dependent group remained neutral. A Wilcoxon-Mann-Whitney test did not indicate significant deviation from the EHD staff group’s perspective.

Moore's Constructs

As a reminder, the constructs that addressed the LHD's *fairness, justness, effectiveness, and efficiency* were measured for all three groups during the pre-session survey. The responses were used to assess the groups' existing beliefs. Measuring post-implementation response changes only occurred with the Work Group, as they were the group participating with the EHD staff on the policy development. The second measurement was assessed from the answers to scripted questioning that occurred at the end of the Work Group's Second Discussion Session.

- Analysis of the pre-session survey results (i.e., the Kruskal-Wallis test results) indicate that all three groups started with the same *positive* evaluations (Median=4) for the LHD's *fairness, justness, and effectiveness*. There was no significant difference between the group evaluations for these constructs
- The same analysis showed that the groups were similarly in agreement regarding the LHD's *efficiency*, providing a *neutral* response on the issue (Median=3)
- Participants of the Work Group's Second Discussion Session and interviews voiced repeated reservations regarding the *fairness* of some members of the LHD, citing numerous examples where there was a lack of uniformity in enforcement actions (i.e., responding to the question, *do health department staff treat everyone the same?*). Overall, however, participants indicated that the SOP itself was *fair* and should assist in leveling the responsibility inequity between the Hosts and their Dependents

- The post-implementation Work Group continued to believe that the LHD is *just* and *effective*, and believes the same of the draft SOP
- The post-implementation Work Group continued to be indecisive as to the LHD's *efficiency* and voiced the same *neutral* position regarding the SOP draft. In both the Work Group's Second Discussion Session and interviews, participants stated that this was an unknowable trait for the SOP at this time and would have to be evaluated retrospectively.

Domain Context

As another reminder, the *domain* inquiries were administered in the post-session surveys taken by both the EHD staff and Work Group, and from the answers recorded to scripted questioning that occurred at the end of the Work Group Discussion Sessions. The questions were designed to provide the research with a more thorough understanding of the participant's perceptions that could be influencing their opinions and beliefs. It should be noted that the Work Group was administered the survey immediately following their Second Discussion Session.

- Much of the *context* discussion during the Work Group's First Discussion Session involves power dynamics: The Hosts having to exert authority over the Dependents to assure their compliance, the misuse of power (lack of consistency by LHD staff), and the fear of LHD's implied exertion of their ultimate authority (permit suspension). At the same time, however, there is a repeated reference to the numerous LHD inspectors that they greatly value.
- The positive exchanges during the Work Group's Second Discussion Session and related interviews firmly indicates that the participants appreciated the

opportunity to participate in the *process*. Participants also appeared to value the experience as it was demonstrated in their active involvement in the process, demonstrated by their thoughtful comments on the SOP draft and expressed willingness to participate in a similar project.

- The post-session survey results for both the Work Group and LHD staff indicates that they were in complete agreement for high positive values (Median=5) for all five *process* related questions (Q11, Q12, Q13, Q16, & Q20), except for Q12. While both groups thought the Dependents would think the participatory process by the Hosts was a “good idea,” the Work Group only rated it with a Median value of 4.
- During the Work Group’s Second Discussion Session and related interviews, there were positive comments regarding the SOP draft (*output*) and its immediate value for being able to act as a screening factor when considering new Dependent clients, that it would allow the oversight burden shift off their shoulders, and that the document itself was helpful as a step-by-step guide.
- The post-session survey results for both the Work Group and LHD staff indicates that they were in complete agreement for high positive values (Median=5) for all three *output* related questions (Q14, Q15, & Q20), except for Q14. While both groups thought “that this collaboration process has produced a useful SOP,” the Wilcoxon-Mann-Whitney test indicates that the LHD staff values it significantly less (i.e., a Median more closely associated with 4).
- While the Work Group’s Second Discussion Session lacked any apparent clarity as to their perception of the participatory process having long-term or *projected outcome* value other than what had already been expressed through their

- comments on the SOP, there was an interview where a participant considered the potential. That discussion was expansive and touched on positive feelings for the process' potential for increasing manufacturing process and system awareness.
- Kruskal-Wallis test results for Q18 (*projected outcome*) indicates that both groups held high value (Median=5) for the inquiry about feeling “more positive about the Health Department” because of the participation.
 - Neither the Work Group’s Second Discussion Session nor related interviews shed light on improvement of the *model*. From the PI reflection memos, however, there are discussions on the value of the PI being able to be adaptive to changing circumstances within the research, and the PI’s willingness to consider the risks of shifting his role during a participatory action research from that of a facilitator to that of participant, when the circumstances warrant it. Chapter V will expand on this concept in detail.
 - The post-session survey results for both the Work Group and LHD staff indicates that there was complete agreement of a high positive value (Median=5) for question Q20. That question on the *model* reads, “What level of change, if it has at all, has your helping to work on this SOP increased the health department’s value in your eyes?”

Emergent Themes

The significance of the emergent themes will be more explicitly explored than it has already been proposed in the preceding Emergent Themes section of this chapter, in the coming chapter.

V. DISCUSSION

During the research, much has come to light for this investigator. Notably, as it relates to the study's central inquiry, but an equal amount has been deliberated that may add different perspectives to practitioners looking for guidance in navigating their public health systems. And while it is believed that the research implications will add to the general body of knowledge surrounding complex adaptive systems, it is likely to be of most interest to those working within a regulatory public health setting.

Data Convergence

As detailed in the previous chapter, the results support the central premise that a stakeholder participatory approach used during policy implementation, can create public value for a local health department. Even at minimal levels of participation by a stakeholder group, the group exhibits a positive valuation for their inclusion in the process. In the coming pages, the data sources will be triangulated, explaining how the central question was deconstructed and then restored using source results. While this work does not follow a positivist research model, the discussion of how conclusions are arrived at allows the reader the opportunity to see how the researcher's conclusion are drawn from both particular examples (*from the dance floor*) to a wide lens view (*the balcony*). As part of this holistic interpretation, overviews will be made of the three participant groups. As public health practitioners, it is important that we strive to understand the points of view of these participants (e.g., their beliefs and attitudes), and some of the environmental conditions that may have helped to shape them.

Emergent Themes

Although the quantitative data (the surveys) are helpful in gaining insight into the context of the research participants (demographics, workplace experience, etc.) and in providing baseline and post-implementation beliefs, the bulk of the data (and thereby its findings) comes from the qualitative data. In probing the discussion sessions, interviews, media scans, and memos, a fuller understanding of the central question becomes apparent. Participants revealed details during their responses to structured probes that were designed to explore the participant's beliefs and attitudes. These interactions generated data rich experiences that provide insights well beyond the reach of the research surveys. And while preliminary qualitative analysis captured individual and collective responses, helping to paint the complications of the research issues, even more nuanced themes have emerged as responses were coded and considered in relationship to other themes. These emergent themes will be explored for their significance.

Revising the Model

Consequently, emergent themes were examined to see how they might better inform the theories of the original research model. Decisively, the emergent theme of *power* was recognized as an essential component to the relationships between the participants and to the process of sharing kitchens. As the reader is aware, *power sharing* is the engine within the research's *theory of change*, and so is already central to the research model. With a fuller understanding of the pervasiveness of *power* and its contextual flows, the research model was revised to better infer its presence, functions, and potential influences. Those changes will also be discussed.

Research Implications

As stated, it is probable that this research will have implications for the general body of knowledge surrounding complex adaptive systems, specifically for practioners working within a regulatory public health setting. Recommendations will be made to the administrators of the Orange County FPS program, suggesting opportunities for and the anticipated benefits from future stakeholder collaborations. Along with these suggestions there will be discussions for preparing the program and its staff to best enable them to engage in these activities.

A good deal of preparation as a public health practioner was required of me prior to conducting this research. Most obvious were those skills acquired during my leadership coursework in UIC's Doctor of Public Health program. But in the transition from the research's proposal stage to conducting the inquiry, many other skills had to be relied upon. As issues inevitably arose in the work, the researcher successfully addressed and adapted to various changes, referencing from decades of professional trainings and a lifetime of everyday experiences. Those skills and suggestions for training will be made here.

Research Limitations

Following a participatory action research model, it is already clear that this research will lack the assumptions of objectivity found in a more positivist approach to research. However, the researcher will make the case to show how the subjectivity of the data, particularly when the researcher's own biases are accounted for, can become the work's greatest strength.

Data Convergence

The data findings of Chapter IV and their preliminary interpretations have been presented from their several sources. While it is important to examine and interpret the data at the ground level to describe these multiple perspectives, when attempting to substantiate the larger system of public value generation as proposed by this research, it is critical to consider the data through the convergence of these meanings. Looking for the interdependent connections in the findings allows us to consider a response to the research's central question.

Environmental Context

Although the research narrows its focus to the Host stakeholders in public value generation, an updated review of some shifts in the larger context in which the Hosts operate may afford us a better understanding of the factors shaping their beliefs and behaviors.

As discussed in Chapter II, Orange County is affluent, well-educated, and historically conservatively minded. Changes in its demographics have had an influence on its business trends, including those of its local food industry. Research has shown that when immigrating populations come to free-market economies where there is a power-level difference between the immigrating population and the standing community in terms of their economic resources, skills, or education, the newly arriving immigrants tend not to readily break into the higher paying jobs of the market place (Portes & Zhou, 1993). While some may make their way up the proverbial "American ladder of success," many, if not most, find little upward mobility and are stuck in a cycle of the working poor.

A recent study has shown that in Orange County, median salaries cannot keep up with the rising minimum qualifying income for home ownership. (Orange County Community Indicators Project, 2018) As a result, the housing rental market has become correspondingly impacted, with those unable to afford to purchase a home having to look for a rental residence. This has made Orange County the most expensive rental market in Southern California. And while housing and other living costs have gone up (cost of living is 87% higher than the national average), the median family income is only 42% higher than the nation's median. Considering these cost-of-living and earning disparities, it is apparent that, at least in Orange County, survival is not just affecting those newly crossing our borders. Once you start to consider the additional cost pressures (*external forces*) of student loan repayments for those just entering the workforce, a couple's desire to begin having their family, and other quality of life expenses, the picture becomes clearer that financial survival can redefine the meaning of the *working poor* in this county.

At another community level of resource deficient people, are those workers who are, perhaps, individually or collectively just making that minimum \$60,000/year or above entry fee needed for a one-bedroom apartment. A generalization could be made that these households are *scraping by*. The pressure to advance themselves may drive some people to go back to school to earn that degree or job skill, but even those opportunities may be out of their reach as the costs for such degrees and job trainings have become increasingly prohibitive. In such times, as the pressures to survive are presented with fewer and fewer opportunities for relief, creative, risk-taking answers are explored more often. It seems likely that such were the conditions that aided the

rising wave of entrepreneurial food production enterprises in Orange County over the last decade.

As discussed previously, the gourmet food truck explosion that occurred may have addressed the needs of those young and upcoming chefs wanting to make their mark in Orange County. For these next-level members of the working poor, another type of business pressure arose. This time, the demand was to allow individuals their chance to create food businesses around specialty foods; products that were not necessarily restaurant oriented. Things like regional salsas, hand-made chocolates, and bottled cold brewed coffee that an entrepreneur could make at night or on the weekends in a rented kitchen, while keeping their nine-to-five job. But instead of making their coffee and candies and only selling them to their family and friends as they might have in the past (they lacked the health permit to give them legitimacy), these emergent food pioneers wanted the ability to sell their products openly, to all.

In the past, when such arrangements were discovered by the Orange County Environmental Health staff, the additional food business (assuming the nature of the food production was approvable) would become the responsibility of the Host or owner of the restaurant. It was typically a verbal understanding by all parties that the food handling actions of the renting food producer (the Dependent) was the responsibility of the Host. Again, the small restaurant operator might perceive that they had little to lose in this type of arrangement, while for the larger facility and chain restaurants it seemed to be an unsupportable risk for them to take on. However, with the economic conditions that had been created by the housing market crash, even some of the larger restaurants began to reconsider these risks. In fact, the kitchen sharing trend was

growing so rapidly, that some entrepreneurs recognized an opportunity and began to design or repurpose large kitchen spaces where their sole or primary business became the rental of kitchen production time to as many Dependent operators as possible. When the Orange County Environmental Health Division (EHD) noticed, it addressed the rise in the sharing of kitchens through its standard assignment of food handling responsibilities to the Host, as the restaurants were the operators who already held a health permit. However, there was a change in the perspectives of both the Hosts and Dependents, which would call for a shift in Division policy.

While the risks of sharing a kitchen may not have been a significant consideration for many small restaurants, it is likely to remain a concern for a larger food venue even after deciding to take on their first renter simply because they see themselves as having more to lose. For this reason, the EHD started to hear from current and potential Hosts that perhaps it was time for a change in policy. Specifically, a change where the Dependents would be receiving their own health permit. It was clear that the Hosts operators did not want to assume any more of the risks associated with having a Dependent than they had too. There was also voiced concern of equity, wherein the Dependents were perceived as not being held accountable by the EHD in the same manner that Hosts were being held accountable. The Hosts wanted that to change as well.

At just the same time as this was occurring, the Dependents were also approaching the EHD stating that *they needed* their own health permits. As the Dependents were finding out, while selling their products directly to customers at farmers markets and other community events posed them little business demand, this was not the case when

they attempted crossing-over to the wholesale world. For a food producer at the retail level (direct sales to the end user), being commercially viable is often driven by the production costs such as labor. Typically, the return on your investments is limited by your ability to produce enough cost-efficiently to meet the local demand. However, if you aren't limited by local demand for your product (you are selling at multiple locations in a larger territory, such as statewide or even with a national distribution), then your ability to increase profits also increases. The temptation, therefore, for a food entrepreneur to take their product to existing, established retail outlets can be very strong.

What the entrepreneurs found out very quickly, is that, just as the Hosts were concerned in protecting their assets when allowing Dependents to share their kitchens, so too the retailers were wary of their potential exposure when considering the Dependent's product line. While retail outlets such as Whole Foods and other natural food market stores may well have wanted the *cachet* of the new and innovative products the Dependents were offering them, it was not enough of an incentive to risk the liabilities that were going along with the purchase of food products from a producer that did not have their own health permit. Very quickly, Dependents were approaching the EHD requesting that there be protocols, policy development that would allow for the issuance of their own health permit. They needed the legitimacy of having their own permit.

Now looking at the results of this research through these additional influencing factors, we will see how the data fits within its larger ecological context.

Triangulation

The following table considers the results from three of Moore's public value constructs used to measure a stakeholder's valuation of the local health department (LHD) and the standard operating procedure (SOP) on sharing kitchens. Moore's metric of *efficiency* lacked the retrospective data required for inclusion in the analysis (i.e., the variables of a cost-benefit analysis). However, the other three critical components (*fairness, justness, and effectiveness*) were present and confirmed the research question. It is worth noting that when reflecting on Moore's original four indices, the investigator came to question the general applicability of *efficiency* for measuring a LHD's public value. The researcher notes that as there are inherent differences between the manufacturing business model (on which Moore based his theory of public value generation) and the public service model that are the *products* of a LHD. As such, the researcher now questions the relevancy of using *efficiency* as a public value measurement for individual public health programs. There may also be some concern about response bias from participants in a regulatory health setting, which may arise, depending upon their position as being either a regulator or the regulated. While these concerns are not relevant in this instance, the concerns are worth reflection during the planning stages of future research involving public value generation for public health regulatory programs.

In addition to Moore's metrics, the table incorporates participant perceptions about the LHD and the SOP (both before and during the implementation) that reveal relevant group beliefs and attitudes. This data was gathered through questions that focused on:

- the local *context* in which kitchen sharing was occurring

- the participatory *process*
- the resulting SOP (*output*)
- the long-term effects of having developed a policy through a participatory process (*projected outcome*)
- and, how the participatory *model* could be improved.

Central Question:	Sub-Q#	<i>Does a stakeholder participatory approach to a local health department's policy implementation process, create public value?</i>		
		Research Questions	Triangulated Analysis	
Sub Question:	i.	<u>What are these stakeholders' general perceptions of value for the LHD food program?</u>	Context	<ul style="list-style-type: none"> • All participants believe that there has been a “noticeable increase” in the sharing of commercial kitchens • The Work Group and Dependents see the increase linked to the economy, while the EHD staff are indecisive on the matter • All groups believe that there has been an increase in the “number of challenges” facing new businesses • But regardless of the perceived barriers, all groups felt strongly that sharing kitchens was, “worth all the effort” • The Work Group and EHD staff were positive about the importance of government regulations, while the Dependents were neutral on the issue • The Work Group and EHD group thought that the health department was doing a “good job,” while the Dependent group remained neutral • Analysis of the pre-session survey results indicate that all three groups started with the same positive evaluations for the LHD's fairness, justness, and effectiveness • The same analysis of the pre-session survey showed that the groups were similarly neutral regarding the LHD's efficiency. During post-implementation, the Work Group continued to be indecisive as to the LHD's efficiency and voiced the same neutral position regarding the SOP draft efficiency.
(Potential follow-up questions)	Q i.1	What significant changes have occurred that are affecting the local food industry within the last few years?		
	Q i.2	How might the changes be affecting the stakeholders' perceived value of Orange County's food protection program?		
	Q i.3	How are government agencies generally viewed by these stakeholders?		
	Q i.4	How is the Orange County food protection program generally viewed by these stakeholders?		
Sub Question:	ii.	<u>How does the process change the perception of value for the LHD food program by stakeholders?</u>	Process	<ul style="list-style-type: none"> • Positive exchanges during the Work Group's Second Discussion Session and related interviews firmly indicates that the participants appreciated the opportunity to participate in the process.
(Potential follow-up questions)	Q ii.1	How has the Host's participation in the SOP development affect their view of the food program?		
	Q ii.2	How has the stakeholders participation in the process affected their view of the SOP?		
Sub Question:	iii.	<u>How does the output (SOP) change the perceptions of value for the LHD food program by stakeholders?</u>	Output	<ul style="list-style-type: none"> • Participants indicated that the SOP itself was fair and that it should be effective in leveling the <i>responsibility</i> inequity that currently existed between the Hosts and their Dependents • The post-implementation Work Group continued to believe that the LHD is just and effective, and believes the same of the draft SOP • During the Work Group's Second Discussion Session and related interviews, there were positive comments regarding the SOP draft • The post-session survey results for both the Work Group and LHD staff indicates that they were in complete agreement with high positive values for all three output related questions.
(Potential follow-up questions)	Q iii.1	How useful an SOP do the Hosts think the participatory process produced?		
	Q iii.2	What are the Hosts' perceived barriers to the implementation of the SOP?		
	Q iii.3	What are the Hosts' assessment of the implementation and the SOP's effectiveness, efficiency, justness, and fairness?		
Sub Question:	iv.	<u>How does the projected outcome of the participatory process change the perception of value for the LHD food program by the Hosts and EHD staff?</u>	Projected Outcome	<ul style="list-style-type: none"> • While the Work Group's Second Discussion Session lacked any apparent clarity as to their perception of the participatory process having long-term or projected outcome value other than what had already been expressed through their comments on the SOP, there was an interview where a participant considered the potential as being positive • Survey results for a projected outcome indicated that both groups held high value for their feeling “more positive about the Health Department” because of the participation.
(Potential follow-up question)	Q iv.1	How does the Hosts' projected outcome of the cross-sector collaboration change their perception of value for the food program?		
Sub Question:	v.	<u>How could the participatory model be adjusted to more effectively change the perceptions of value for the LHD food program by stakeholders?</u>	Model	<ul style="list-style-type: none"> • Neither the Work Group's Second Discussion Session nor related interviews shed light on improvement of the model.
(Potential follow-up question)	Q v.1	How could the stakeholder participatory process otherwise be improved?		

TABLE XXVI: Triangulation Analysis

Collective Responses

The table represents a synthesis of the quantitative and qualitative outcomes that were individually examined in the previous chapter. It provides a *balcony view* of the results, allowing us to see that what each group believes in comparison to the others. Viewed this way, we note that there are group similarities and some differences, both in terms of their outward behaviors and in their internal beliefs. Presented this way, the similarities and differences may become more discernable. While participants' goals or their intentions can vary, the reasons for their differences might be inferable.

In particular, differences came to light and became clear as group and individual conversations were allowed to open and expand naturally. This level of effective communication arose because of the study's participatory process, which permitted the members of an industry stakeholder group access to the table where the policy decisions were being made.

Collectively, the groups all acknowledge that there has been in a shift in the way their local food industry creates new products as a new production sources are being developed through the sharing of kitchen facilities. By sharing resources in this manner, industry entrepreneurs once kept out of the marketplace by start-up costs, are now emerging with new food concepts that are adding to the business and cultural trends. And although the complexities of starting a business have increased (some of which may be government regulation dependent), overall the groups agree that the efforts expended are worth it.

In the midst of this, the groups agree that the LHD and its FPS program is *fair, just*, and *effective*. This is true prior the beginning of the participatory process and at its

conclusion. And while there is no measured degree of increase, there are several examples captured during the Work Group's Second Discussion Session and interviews that attest to a continued appreciation for the participatory program and the feelings for the FPS program.

Fairness

John: You're right. The question to you is do you think the SOP treats everybody fairly.

WGP4: Yeah, I think so.

WGP7: Yeah.

WGP3: Yeah.

WGP7: The rules apply to all.

Justness

John: Okay. In your opinion, do you think that the SOP does a good job of enforcing the State health laws?

WGP2: Absolutely.

John: In your opinion, do you think that the SOP does a good job of enforcing the State health laws?

WGP5: Yep.

Effectiveness

John: Here's the question I think I asked before, do you think the SOP will do a good job of helping to keep people from getting sick? In other words, keep food safe?

WGP7: Yes.

WGP4: Yes, I think it will definitely help. (agreement from others)

There were some repeated concerns about the perceived fairness of some individuals within the LHD, but overall the groups agreed that the SOP/FPS/LHD as a total entity was fair.

As for the long-term benefits of the of the participatory process, the post-implementation survey results indicated that both the Work group and LHD staff felt

“more positive about the Health Department” because of the participation. The Work Group’s Second Discussion Session participants showed an appreciation in having had the participatory process:

John: Would you do this again? Yes or no? Why or why not?

WGP2: Yes, I would because I think that it's unfair to criticize or expect changes in something if you're not willing to put the effort and the time into. In this case, I would want to help because I think it's a worthwhile cause. [Interview_WGP2]

(then, in another conversation)

WGP5: Oh yeah, I think it's brilliant that you guys are bringing in businesses, and dependents, and hosts, I think that's the best thing there is. That's the only way to make a better law is to talk to the people inside of it. [Interview_WGP5]

And, there was expressed willingness to participate in future participatory projects:

John: Do remember, you had said “hey, maybe we could have a workgroup on...”

WGP7: Whatever, another!

(extraneous conversation)

WGP4: That's for sure!

WGP3: Count me in! (other voices of agreement)

As for improvement of the participatory model, neither the Work Group nor interview participants had specific suggestions.

Group Responses

Now looking at the groups individually, this may provide us with a *deep-dive* understanding of:

- what this stakeholder group thinks of the LHD
- what their goals may be for this project
- what power exchanges may be at play
- what are the costs for them in kitchen sharing

- what they see as the benefits of it are
- and, what long-term opportunities may arise from the participatory project.

In understanding these variables about each group, we may perhaps better understand their perspectives. As health practitioners, we appreciate that having a better understanding of a group may allow us to find ways in which to build trust. Senge points to the significance of trust in our collaborative work (Senge, 2006) in reaching team goals. Therefore, as we already know from the findings of this research that these groups have a positive value for the participative efforts of the LHD, we may also find a corresponding increase in the LHD's ability to generate positive public value when we take the time to understand their perspectives and gain an increase in their trust. As one of the Work Group participants framed it:

WGP6: Yeah, and you'll notice, I said it depends on both parties, because if the other party is hostile or not trustful or whatever, it's difficult. It depends on both sides. That's where I think the best opportunity for something new to happen is in the process. That's where it all comes down. The forms are just, that's just paper, but where the real difference happens is with the process.

The Dependents

When looking at the pre-session survey results from the Dependents (see TABLES VI, IX, X, & XI), much of their responses appear to coincide with the contextual background previously discussed. In the upcoming display (TABLE XXVIII: *Dependents Overview*), the county's Dependents are comparatively young, inexperienced, and work in small groups. This fits the general profile of the county's nascent food entrepreneur looking to have their product take off and become the *next big thing*. By tracing the rise in the trend of shared kitchens and attributing it to the change in the economic conditions, Dependents may be reflecting on their own

experiences in their responses, and perhaps on those of the food entrepreneurs around them.

Being new to the food business, if not to the business world in general, it would not be surprising if their efforts in having to get various state, county, and municipal permissions to operate their new business was not an unexpected if not an unappreciated experience. So, when asked for their thoughts on government and its services, it should not be considered unusual to see that the reviews were less than positive. As an example, the Dependents believe that there has been an increase in business barriers, even though they themselves may not know this from personal experience. As to their core belief regarding the importance of government regulations, they were neutral. Whether the response was due to inexperience in the world, poor interactions with government entities, and/or their political inclinations, remains unclear.

What it does appear to indicate, however, is an opportunity for government outreach activities to engage and provide services that Dependents would value. In addition, the Dependents remained neutral as to whether the LHD was doing a good job or not. Again, there could be any number of reasons for this group reaction. And while they responded positively towards Moore's concepts of the LHD's *fairness*, *justness*, and *effectiveness*, and it might be tempting to think that the Dependents' experiences with the EHD staff has been extensive enough to have already shaped group opinions in this way, it is just as plausible that the Dependents realized that they were answering questions about a government program that regulated their business and they were being asked by a representative of that program.

Dependents
Young, ambitious, inexperienced, low power status among the three stakeholder groups
Value for LHD
Overall, holds value for the LHD, although they don't hold a positive view of government in general or its services. Neutral on the importance of government regulations
Goals
1. Want to work in Host kitchens 2. Want their own health permits
Perceived Power Exchanges
1. Money (a form of power) is owed to Host as the landlord 2. Pledge to abide by the authority of the Host (<i>Host's rules</i>) 3. Must abide by the authority of the LHD regarding their food handling activities 4. In exchange for these losses, they gain legitimate access to the free market
Anticipated Costs of Sharing a Kitchen
1. Responsible for business costs, such as paying rent to their Host, permitting, etc. 2. Loss of the autonomy they had when just working out of their home kitchens (<i>must abide by the Host's rules</i>) 3. Gaining their own permit means that they are fully responsible for their own actions (<i>loss of liability protection afforded while working under the Host's permit</i>)
Anticipated Benefits
1. Access to commercial equipment 2. No longer have to hide their activities from the LHD 3. Access to other professionals' experience 4. Obtain a certain level of legitimacy working from a commercial kitchen 5. Having their own health permit allows them to sell at preferred points-of-sale 6. Having their own health permit may reduce their liability through legitimization of their business
Opportunities as a Result of this Participatory Project
1. Opportunity for the Dependent to receive individualized assessment of their production processes by the LHD 2. Opportunity for the Dependent to provide comments about their business needs and barriers directly to the LHD (<i>providing a feedback loop</i>) 3. Opportunity to receive training and educational materials related to safe food handling procedures from the LHD

TABLE XXVII: Dependents Overview

The Hosts

The Dependents' experiences, ambitions, and attitudes are likely to influence the interpersonal interactions the Hosts have when working with their Dependents. In listening to the Hosts, we can glimpse at what some of those interactions have been like. Overall, the relationships appear to be complex. Realizing that their initial association with one another was likely to have been contractually based (landlord & renter), Hosts' discussions have also shown that it can develop in other ways, where the relationships are proving to be more than just a financial symbiosis.

At one level, it is understood that the Dependent gains from having a place to produce, while the Host gains income at little to no cost to themselves. On another level, there can be information sharing between them, wherein they learn from each other in ways that can improve one another's own business production, or the relational exchange may be feeding each other's creative resources. In their own ways, both examples are forms of power exchanges that results in an interdependency that can create a self-sustained cycle of giving-and-receiving between the two parties. In this sub-system that has come into focus during the research, it is also logical to assume that the interpersonal communications between Host and Dependent, even if they are no more than as landlord and tenant, acts as feedback loops between the two parties. Each party or relational agent is likely to express both the good and bad things about their relationship, allowing each agent the opportunity to consider modifying the current conditions that define the rules of the system of their exchange. If changes can and are made to satisfy the needs of each partnered agent, then the system can change to survive.

Other discussions from the Hosts reveal an often-encountered role the Host unhappily finds themselves assuming: parent to an errant child. These are among the most vocal complaints the Hosts were making, leaving the Host with having to chase after certain Dependents to be more responsible. As both a nuisance and the creator of unnecessary risks for the Host, some Dependents appear adolescent in their lack of consideration for others. These are the ones that drive the Host crazy and will strain the working relationship, sometimes to the point of ending the connection altogether. It's also at these points in the conversation when the Host may say how pleased they will be that the policy/SOP will help make the Dependent more responsible for their own actions. While not a cure-all, there is the perception that, in at least the actions related to food handling, the Dependent's actions will become more legally attributable to the Dependent.

In some ways, therefore, the Host's level of risk can be more readily controlled through this designation of Host vs. Dependent responsibilities. Through the shifting of responsibility, the EHD also now becomes part of a new feedback loop. There was a perceived, unresolved failure in the Host/Dependent system that could not be corrected through normal communication channels, so the introduction of the LHD as having direct oversight over the actions of the Dependent was seen by the Host to make system corrections. In parental vernacular, it could be viewed as saving the relationship through the emancipation of the child: Dependents need to be held accountable for their own misdeeds.

Hosts
Like the Dependents, the Hosts are more likely to be women that work in small groups. More like the LHD staff, they tend to be older with many more years experience in the food industry than the Dependents. As established businesses, they can be considered of medium power status among the three groups
Value for LHD
<ol style="list-style-type: none"> 1. At the pre-session stages, the Hosts held positive values for all aspects of public value, with the exception of the <i>efficiency</i> assessment. This was deemed to be an unknown without temporal data 2. The post session data showed a continued positive valuation and lack of assessment for <i>efficiency</i>, based on the same lack of data 3. There was discussion regarding fairness with regard to some staff's lack of consistency in their violation assessments (<i>particularly with regard to Plan Check issues</i>)
Goals
<ol style="list-style-type: none"> 1. Want to share their kitchen facilities for monetary gain 2. Want the potential interaction with the Dependents 3. Want the Dependents to have their own health permit as they don't want the liability/responsibility for their actions
Perceived Power Exchanges
<ol style="list-style-type: none"> 1. The Hosts may have to exercise their authority as landlords over the Dependents to modify their behaviors. As such, they exert an implied authority at all times 2. The Hosts of the Work Group shared positive exchanges in response to their being included in the SOP development 3. The Hosts shared their thoughts with the LHD regarding the SOP outline and then again at the developed draft stage
Anticipated Costs of Sharing a Kitchen
<ol style="list-style-type: none"> 1. Increased revenue stream from Dependent's rent 2. Assumption of some liability/risks in having someone other than their employee working in their kitchen facilities 3. Unknown additional risks for the Hosts
Anticipated Benefits
<ol style="list-style-type: none"> 1. Potential for information sharing with Dependent, wherein they learn from each other in ways that may improve one another's own business productions 2. The relational exchange may be feeding each other's creative resources 3. Relief from some liability/risks associated with the food handling practices of the Dependent
Opportunities as a Result of this Participatory Project
<ol style="list-style-type: none"> 1. Opportunity for the Hosts to provide comments about their business needs and barriers directly to the LHD 2. Opportunity to participate in the development of a policy that directly affected their businesses 3. Potential opportunity for the Hosts to participate in future policy development activities

TABLE XXVIII: Hosts Overview

EHD Staff

The EHD policy group staff (EHD staff) are closer to the Hosts in terms of age and years in their field. While the Hosts self-identify as being owners of their business, most of the EHD staff tend to be closer to a line-staff stage in their career. This variance and the central differences found between regulator/regulated roles, suggests that a potential lack of understanding could exist on the part of EHD staff. It is proposed that the inherent positional friction between each group's goals may make it difficult for EHD staff to fully appreciate the daily barriers that the Hosts face as business owners, resulting in an empathy deficit for their concerns.

As discussed, it may be presumed that the Host is, to a large degree, focused on the creation of product to generate revenues. Additionally, their years of experience have, doubtlessly, also given them the wisdom to understand the *good business sense* of creating foods safely, or otherwise risk a loss in profit and image from any foodborne illnesses associated with their food. The results of this research appear to affirm these presumptions. It was also seen in the data, however, that these Work Group Hosts expressed their awareness that the creation of foods safely is not just about good business practices. Hosts appeared to be very aware that foodborne illnesses can be extremely painful for someone and have the potential for being lethal. Their fear for causing harm to people was palpable.

While the study's design did not afford an opportunity to probe the perspectives of EHD staff in these areas, the researcher's extensive EHD experience will be referenced to offer perspective. It is this researcher's experience that, particularly with inexperienced EHD staff, the later presumption of a Host's moral compass is not held

universally by staff. Over the years, the attitude has been expressed by many EHD staff that food operators are only motivated by profit, and so these staff may be predisposed to approach their operators from this perspective.

Of all the inquiry results presented for both the Work Group and the EHD staff's pre-session and post-session surveys, there were few unexpected differences. One difference was the Work Group's slightly higher valuation of having the Hosts participate in the SOP development than the LHD staff valued it. When considering the question, it was (to a degree) a self-assessment for the Hosts. Contextually then, it makes sense that there might be this slight difference between the groups. If the analysis had just stopped at contrasting and comparing these survey responses alone, then it is likely that the deeper tensions between the groups might not have explored.

In the Work Group Discussions, when considering the *fairness* of the EHD staff or the SOP draft, there was a repeated sore point that came out as to how different staff could look at the same equipment or food processes and come up with, at times, remarkably different assessments. Assessments that could have significantly negative financial/resource implications for the Host. While these perspective differences expressed in the conversations may seem in some cases minor, and merely require a retooling of the EHD staff's training (better or increased staff training on the laws and policies to attain increased uniformity of inspections), the experience of this researcher suggest that a deeper issue may be represented in the response differences. Inherent differences arise because one group is the regulator and the other group are the regulated. This, as do many of the things being discussed in this research, come down to power: its application, its implication, and its appropriate use.

As in most health departments in this country, Environmental Health, or its local derivation, is in a peculiar position. While tasked with the concern of the health of its communities, its actions are primarily preventative, enacting safeguards using what Raven would categorize as *legitimate* power (Raven, 1992). Clinical public health programs, on the other hand, address an individual's disease or the safeguarding against specific diseases. A clinic's approach to population health is typically through medicines and the promotion of healthy behaviors. While on occasion, public health measures may include acts of legislation that limit an individual's access or exposure to potentially harmful things (e.g., tobacco products by minors) or their behaviors (e.g., marketing tobacco products to minors), a significant amount of public health activities focus on the persuasion of people to adopt healthy behaviors.

The Orange County Environmental Health Division, like the other state counties and handful of cities empowered by the California Department of Health Services, is mandated to protect the health of its communities by enforcement of the California Health and Safety Codes. The EHD is, in effect, a law enforcement government entity that encourages safe practices (primarily those activities of business enterprises) through persuasion techniques, but with the knowledge of all that they have the legal enforcement tools at their hand to coerce them to comply, if need be.

This power dynamic can create any number of artifices in the relationship between an LHD inspector and their food operator. The whole system and subsystems involved in compliance gaining is based on theories of power dynamics that are beyond the scope of this discussion. What can be highlighted, however, is that (in the experience of this researcher) the tenor of the food operator and regulator is often significantly

influenced by the skills and experience of the regulator. If the EHD inspector lacks a minimum understanding of the pressures, goals, and barriers that a Host operator faces, then an empathy gap is created that prevents them from being able to generate the trust needed to successfully collaborate with an operator. With this lack of understanding by the EHD staff, they lack the ability to fully forecast the multiple effects of the directives they issue to their facility operators.

Staff may issue what appears to be a simple, linear *cause-and-effect* directive: “remove the unapproved dough-roller.” The inspector issues the directive in alignment with the State Code, which they understand has been crafted into law as the result of science-based research that attributes unapproved equipment with significant risks to population health. What is often overlooked by staff is what the immediate effects will be to the operator’s business. Perhaps the equipment is critical to the food processes of this operator, and they have spent thousands of dollars purchasing it. An unexamined directive of this sort by EHD staff is likely to cause an immediate, if not visceral reaction by the operator. The operator’s livelihood has just been threatened by this government agent.

Perhaps the operator explodes, or perhaps they cry in despair. Another reaction may be one of silent frustration by the operator, impotent in the face of this government exertion of power. Whatever the case, the directive is often perceived as the act of a bully: the LHD has uncaringly wielded their power to upend their life, and among another unconsidered consequence is that the operator and EHD staff’s (if not the program’s) relationship has just hit a rock. Instead of considering the potential, multiple, and long-term effects of their decisions and instead, find a way to partner with

their operator on an issue, the staff person has likely alienated the operator, possibly even encouraging them to be disinclined to be in any way compliant, and instead shift their focus solely on seeking individual goals to survive. This disconnect, in many instances, can better be described as a failure to have connected in the first place, because of a staff's innate deficit in empathetic processing.

As an Environmental Health Specialist working in the State of California, their educational background has been in the *hard* sciences, primarily to enable their comprehension of the chemical and biological threats that are posed by the processes and by-products of the state's industries. Typically, these businesses are regulated by the various programs of Environmental Health as determined by the restrictions called out in the California Health & Safety. These codes, it may be presumed, have also been based in science and reflect the various levels of perceived risk that the people of the state are willing to endure without legal intervention either by the California Department of Public Health or local Environmental Health programs.

What the results of this research are suggesting and is confirmed by the multiple years of experience of this researcher, is that while the EHD staff may be trained sufficiently to recognize environmental risks and to effect directives to minimize or eliminate risks, they appear to lack the social skills needed to adequately effect those changes. Given that changes, particularly in the case of the Food and Pool Services program being considered in this research, are driven by acts of interpersonal persuasion techniques, then it may be speculated that the skills and experience within the hard sciences alone are insufficient. EHD staff, therefore, would be lacking in the people skills needed to affect the relationship building that their work requires of them.

LHD Staff
The LHD staff are more similar to the Hosts than to the Dependents. However, the LHD staff were more likely to be at the field level in comparison to the Hosts' make-up of mid to executive level management. This difference could pose contrasts in perspectives regarding business needs vs. public health concerns. As representatives of the regulatory business overseeing both the Dependent and Host, the LHD staff can be considered as having a high power status among the three groups
Value for LHD
As with the Hosts at both the pre-session and post-session stages, the LHD staff held positive values for all aspects of public value, with the exception of the <i>efficiency</i> assessment. This was deemed to be an unknown without temporal data
Goals
<ol style="list-style-type: none"> 1. Want to develop an SOP that fairly and effectively addresses the permitting of food businesses sharing permitted kitchen facilities 2. Want the feedback of the Host stakeholders during the SOP's development stages
Perceived Power Exchanges
<ol style="list-style-type: none"> 1. The LHD staff share their power of policy implementation with the Hosts, but only through a participatory (non-decision making) level 2. In turn, the Hosts share their responses to the SOP development, creating a feedback loop that allows for corrections/modifications to the SOP 3. Through the facilitator, the LHD share their thoughts/explanations as to the Hosts' voiced concerns regarding issues such as inequities in assessments by different EHD inspectors.
Anticipated Costs of Sharing a Kitchen
<ol style="list-style-type: none"> 1. As the practice of sharing food facilities by different businesses was not specifically addressed in the California Health & Safety Code, and would require a good deal of program resources to develop the SOP 2. The concept of power sharing using a participatory model in the development of the SOP was an untested practice for the EHD, and could have had political implications (<i>it was a risk for the EHD</i>)
Anticipated Benefits
<ol style="list-style-type: none"> 1. Potential for information sharing with Hosts & Dependents wherein they learn from each other in ways that may improve one another's own business processes 2. The relational exchange may be building trust and foundation for long-term relationship building.
Opportunities as a Result of this Participatory Project
<ol style="list-style-type: none"> 1. EHD staff had the opportunity to learn about one of their stakeholder groups' business needs, and what they perceive as potential barriers to their business that the SOP addressed adequately/not adequately/or not at all 2. EHD staff had the opportunity to exchange ideas as a group to another group, in place of the daily one-to-one exchanges. The advantage being that group exchanges could be more capable of expressing group norms rather than individual perspectives 3. EHD staff may have set the stage for the possibility of further kinds of stakeholder collaborations as both sides recognize the benefits

TABLE XXXIX: LHD Staff Overview

In summary, a technical review of the results indicates that the participatory inclusion of the Hosts in the SOP development, limited in the process as it was, created constructive feelings by the three stakeholder groups. Essentially, the process created positive public value for the SOP and the EHD, and by implication the Orange County Health Care Agency. In addition, the process has allowed the researcher to gather data on the three groups that may prove useful in future collaborative work between them. The convergence of data results suggests that by identifying certain group beliefs and attitudes that potential insight maybe gained with regards to building group trust. In building the trust, the LHD may improve their collaborative efforts and correspondingly increase their ability to generate positive public value.

Significant Themes

Three recurring themes emerged during analysis of the discussions and interviews: *risk, power, and trust*. There is a natural bond between the three that can be allusive in their associations with one another, as the interdependence between one agent to the next can change as the variables of their environment do. As an example, the legitimate power held by the regulator can be exercised in such a way (non-coercively) as to decrease the perceived level of risk for an operator, enabling the operator to generate trust towards the regulator: the regulator has demonstrated good intentions, they demonstrate an awareness of what the operator's concerns are, and the regulator (noticeably) strives to be fair, etc. On the other hand, as this research has shown, a regulator's power can be exerted in ways that ultimately increase the perception of risk-taking by an operator, and consequently having the levels of trust between operator and regulator suffer. Without intending to assign either positive or negative

values to how power is exerted, risks taken, or trust given, these relational change agents need to be purposefully considered by public health regulators.

As a leading Norwegian philosopher at the Oslo University College, Harald Grimen was known for his work on trust, distrust, and rational disagreement in philosophy and science. In an article reflecting on physician-patient relations and trust, Grimen gets to the heart of the issue when he states that among health professionals in general, that there is a “strange lack of discussion of power.”

A philosopher reflecting on this situation is led to ask a question that, is probably unanswerable in general terms: Why do not professionals in public discuss power differentials inherent in their work? And what are the consequences of this lack of public discussion? Health professionals (e.g., physicians, nurses, psychologists, physiotherapists, and rehabilitation specialists) are socialized to see themselves as beneficial helpers and not as powerful gatekeepers or controllers. And they are beneficial helpers. But they are also gatekeepers and controllers. Differentials in knowledge and opportunities of control are, moreover, essential to what it means to be a professional. A modern society could not function without uneven distribution of knowledge and control. Professionals are there because they are assumed to have superior knowledge in an area, for example, medicine or law. (Grimen, 2009)

In both this research and the literature on the components of interpersonal development, risk-taking appears to allow for trust, suggesting that just these two alone are fundamental to a functioning relationship. Starting with risk, there are, perhaps, as many definitions for the term as there are its potential applications, which is to say that it often means different things when referenced in different situations. During the coding of data, the term was utilized *whenever there is a direct mention of an action or concept that creates or has the potential for creating a risk or danger to an individual or group*. For this discussion, the definition will be expanded, with the intended purpose of limiting its use to the context of interpersonal relationships. A broad, negative-based

definition is being implied when the term is conceived as *the perception that the actions of someone or something poses an unknown potential for personal harm or loss*. This speaks to the uncertainty found in the relationships between two or more people or groups.

Grimen offers guidance as to the likely bonds between *trust, risk and power* within the public health professional-to-patient relationships:

Beneficial power is necessary to get work done. But trust also creates the structural conditions for power, which need not be beneficial. I call these connections the "nexus of trust, risk, and power." This nexus is found in all interaction between laypeople and professionals. But it can have different forms, dependent on the tasks of the professionals and the institutional settings in which the interaction takes place. (Grimen, 2009)

As Grimen suggests here, positions of power can directly influence the levels of trust between the groups. In a regulatory and industry relationship, developing trust inherently contains risk issues. Trusting a food facility operator to comply with health laws on their own volition, takes a certain amount of risk on the part of the regulator. Similarly, talking openly and honestly about your food operations with a regulator assumes a certain amount of risk on the part of the operator.

These barriers to trust are important to be able recognize and consider in regulator and industry operator exchanges. This study proposes no universal tenets to be applied in the generation of trust between a public health regulator and their stakeholders. Instead, the researcher suggests that organizational and individual skill-building techniques in the art/craft of relationship building requires our further exploration as regulatory health practitioners.

Model Revision

When considering the results of this research, further reflection has been given to the original research model. The illustration of cross-sector collaboration (the participatory process) found within the public value crucible, submits a linear flow of policy implementation, while suggesting there are some degrees of influence by and upon participating stakeholders (regulated industry, the media, and the LHD staff). As a reminder, the regulated industry stakeholders consist of both the Hosts and Dependents. This detail of the original model is shown below:

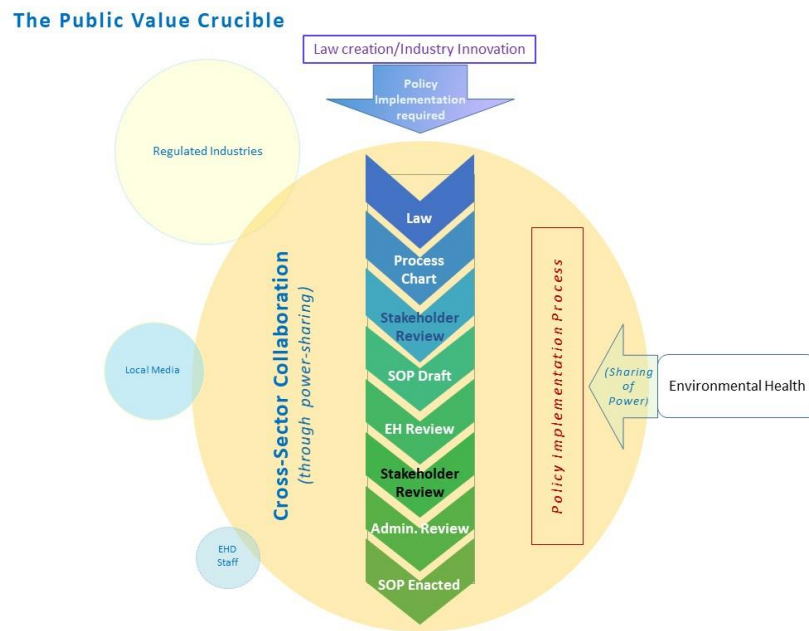


Figure 15: Public value creation through stakeholder participation/detail

While the figure suggests pathways of the implementation process and potential influencers on the process, it remains elusive as to the group power exchanges that are moving the process to an eventual SOP output. The research results and their interpretations offer no clear explanation in this area, except to note that forms of

power sharing exist and are likely to be exerting an effect on the overall process. As an example, the intentional inclusion of the Hosts in the implementation process exemplifies a form of power sharing that occurred on the part of the EHD with the Working Group. But when the Hosts return the favor by sharing their knowledge, beliefs, and opinions (knowledge sharing) during their feedback, first on the SOP process chart and then again on the SOP draft, this also is a form of power sharing.

While the mechanisms of the reciprocal power sharing (or power exchange) are not fully explored in this research, there is evidence of their occurrence. The themes of trust, risk, and power recur throughout the data and imply an association in these exchanges. The seemingly simple act of the Host stakeholder showing up to a Work Group Discussions, can be interpreted as a risk taken. Somewhere during the meeting there develops trust and more risk is taken to allow the individual to share their thoughts, sharing the power of their knowledge with the group:

WGP2: No and I think too there's a lot of lessons to be learned that I would rather watch somebody else make that mistake and learn from their mistakes and by typically we've brought in start-ups or they're small businesses so to some extent we can help them, but I watch a lot of what they do and I learn a lot from them. You know not always the good but sometimes the bad. So, I think in that regard there's benefit to the host as well.

John: Hm. Okay.

WGP7: To learn from their mistakes? Is that what you said.

WGP2: Mm-hmm (affirmative) or even their successes.

John: Have others seen that too?

WGP4: Mm-hmm (multiple group affirmatives)

WGP4: Yeah. I have a guy who's an IT wiz. Gives me so many pointers on the little things like Amazon and stuff like that.

These examples are illustrations of the dynamics that can occur during various power exchanges. They are not presented as absolutes, but rather as potential pathways, meant to show that any number of unrecognized ebbs and flows of power

could be occurring within the larger sphere of *cross-sector collaboration*. Subtle in the variations and directions of flow, they may be unpredictable and even unnoticed. As they are part of the process system occurring within the public health's complex adaptive system, they are not unexpected. It is understood that characteristics of a larger complex system, which is regularly unpredictable, may be similarly present in its subsystems.

It is also important that the power flows of this discussion be viewed as potential feedback loops. As communication exchanges between two or more parties, there may be information being shared that can serve to make corrections or alterations in the system. In the instance of this SOP, we can see it in the following exchange:

- WGP4: Why isn't there a host um approval form or something that needs to be out first before you even get a packet? If you want, if you want to go to, if you want to go rent a kitchen space, you need to get an approval from that host.*
- WGP2: Yeah I think I agree. I think that stuff needs to be first. Before they can apply for something they need to get an approval from a licensed, from a permitted facility because I've had that same problem with, in particular, farmer's market people. They heard from somebody who knows somebody who rented from me five years ago that you can just put this permit number and boom. Now get a permit. I won't know about it until the very end. So, to me, it would seem a waste of your time...*
- WGP4: And their time.*

Here is an example where the experience of the Hosts has helped to significantly alter the SOP to prevent frauds from occurring. The Hosts are letting the LHD know (through the PI) that if they just change the SOP process order of the forms that they can prevent Dependents from pretending to be sharing a kitchen, when in fact they are not. This is vital information that the EHD staff had not considered, but because the Hosts have experienced it first hand, they were able to make a correction in the system during the participatory process. Feedback loops in any system, particularly within the

social exchange system that is occurring here, enables it to make needed corrections before or even during system failures, and so it helps to make the system stronger by making it more adaptable than a static system.

With these concepts in mind, perhaps a more suggestive illustration of the power exchange dynamics occurring in this study can be expressed in the following diagram. The inclusion of vector force lines is meant to be suggestive of various elements of power exertions that could be occurring.

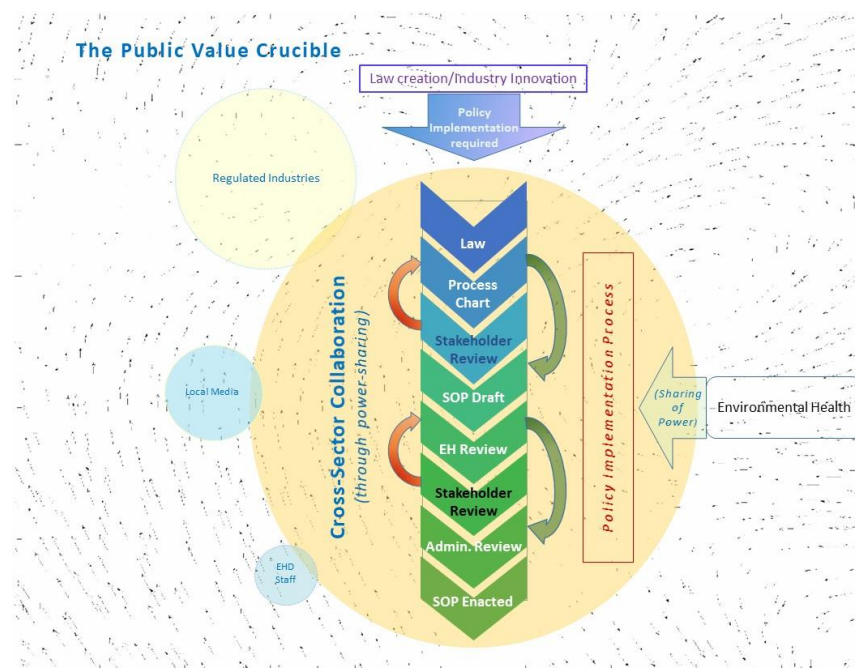


Figure 16: Public value creation through stakeholder participation/ revised detail

As public health practioners, we should be considering what social and political power flows may be present during our stakeholder exchanges, and how they may be exerting an influence. And with this modification, the model should be considered of as a guide for other regulatory health programs in their attempts at implementing policies through a participatory process.

Research Implications

Importance of the Research

To begin with, there is intrinsic value in a public health organization's ability to create value for itself in the eyes of its stakeholders. Unvalued services can quickly become discontinued or restricted services, particularly during periods of limited resources. As to the question of whether this can be scaled up to create positive valuations beyond the seven Hosts to the majority members of a Host stakeholder group, may require retrospective research as to that group's perceived valuations on the SOP's *effectiveness*, *fairness*, and *justness*. For the moment, this research points the way by showing that, at least at this initial level, given these limitations, that positive valuations were in evidence. That outcome alone has encouraging implications.

Another point of importance is that this research, through its design, reflects realistic conditions. Not only was it conducted in real-time and subject to actual conditions that occur in real life (e.g., changes in Host availabilities causing changes in data collection methods, administrative changes in the EHD requiring delays in research approval process, etc.), but the size of the participant group was small. A Work Group size, by necessity, needs to be limited to remain functional. The group of seven is not an unrealistic size to form for the purpose of conducting participatory policy implementation. So, while for data interpretation purposes a small group is difficult to analyze for generalizability purposes, this research indicates that results can still be determined and that they are notable.

In looking at the results from the surveys, a careful, step-by-step attempt was made to show that while normal parametric analysis methods would not prove useful, that nonparametric methods could still be employed. The analysis was completed, and it showed that, at least in this instance, there were little differences between the groups in most responses. Most of the time, all groups held positive valuations for the various components (e.g., product, process, etc.). In those instances when there were differences, those differences could be reasonably deduced as being tied to their differences in being either a regulator or a member of the regulated group. Had there been greater variances between the groups, the analysis methods would have revealed them, and the convergence of analysis may then have produced different conclusions. The point here is that even under less than ideal statistical conditions, even when there were challenges that needed to be adapted to, that the research model allowed for data collection and analysis.

It is anticipated that the research findings may not only add to the body of knowledge both for this particular LHD, but there are implications to be gleaned for other local regulatory health departments. The following sections will now elaborate on some of these implications.

Conceptual Recommendations

There have been several points to suggest to the program administrators, such as considering the potential rewards of collaboration, at any level, with their stakeholders. The addition of another's expertise and experience does not have to be extensive to add valuable perspectives to their program decisions. Research continues to show that

changes at the policy level has the capacity for effecting the greatest change in the condition of public health.

Health promotion interventions that directly address behavioural risks can, at best, support policy to promote health and, at worse, maintain inequalities in society. This is because behaviour change approaches have little impact on the broader conditions that create poor health, especially for vulnerable people such as migrants, low socio-economic and indigenous groups. Behaviour change approaches are better implemented as part of a wider, comprehensive policy framework and not as a single intervention that relies on top-down, communication strategies to target a specific disease or behavior. (Laverack, 2017)

If the implications from this research are that stakeholder participation in the development of public policy can create governance exchanges that are better tailored to the needs and acceptance of its community, then attention should be focused here. And while what the research suggests may be positive *first steps*, but there is no recipe approach being suggested. Instead the Orange County EHD will have many suggestions made to it as to what it should consider as a follow-up to this collaborative effort. Before making those suggestions, however, the researcher recognizes that the EHD administration needs to be in a position receptive to any next steps. As an example, the research's SOP still has not been fully implemented due to conflicting priorities, political complexities, and other uncontrolled influences. When the researcher believes the time is appropriate, he will approach the administration to garner support on the following:

- Appreciate the potential: consider the potential benefits to the organization of collaboration, at any level, with their stakeholders
- Deepen existing relationships: continue the working relationships with the Work Group participants. These hosts have already indicated their willingness to

interact with the LHD staff, and may continue to provide invaluable insights and feedback

- Prepare staff for community outreach: promote stakeholder relationship building at all staff levels and support provide training
- Include facility operators in root-cause analysis: consider addressing the *lack of enforcement uniformity* discussed during the research through another collaborative project. Having specific examples discussed may allow the conversation to reveal the complexities that are present for both the regulator attempting to enforce non-adaptive regulations to ever-changing situations in the field and provide insight to EHD staff as to the repercussions that their non-uniform decision creates for their operators.

While the following are additional suggestions being made to the Orange County administrators as findings from this research, because stakeholder collaborations are also in line with the standards of public health accreditation (i.e., PHAB), these findings become pertinent to *all other local regulatory health programs*. Specific take-aways to consider include:

- Community engagement as a compliance tool: all too often, regulatory public health programs consider their roles of compliance-seeking as a top-down process. This research and those of others indicate that a collaborative governance approach may have both short-term and long-term compliance benefits through stakeholder partnerships

- Awareness of power dynamics: the regulator/regulated power dynamics occurring between their stakeholders should be explored and recognized by regulatory health programs. The application of power by program staff, the implications that are associated with the use of power, and the different ways that power can be expressed to be most effective, should be better understood by EHD staff
- Power-sharing as a tool: the concept of power sharing as a persuasion and community engagement tool should be considered by regulatory health programs. Existing participatory governance research may be useful in suggesting ways in which a program considers their approach when addressing a *wicked problem* in their community
- Staff preparedness: regulatory health staff need exposure to adaptive leadership training. While *hard* science backgrounds are essential to the training of a health inspector, exposure to the *soft* sciences (psychology, sociology, economics, etc.) is fundamental to an individual's ability to effectively develop relationships with their operators based on mutual trust and respect. A matured sense of empathy is more likely to assure that regulatory staff will understand the value of listening and asking the probing questions needed for them to more fully understand the pressures, goals, and barriers that their operators face. Without understanding their operator more fully than as a two-dimensional caricature, effective channels of communication can never be assured, and compliance will remain a function of expressed power, which produces fear and mistrust of the LHD.

The following are training and skillset goals that are suggested for regulatory health staff practitioners in preparation for their role as adaptive leaders working in participatory stakeholder projects. While there are many leadership skills that may be called on, this researcher found the following proved invaluable during this research:

- Maintaining Adaptability
- Thinking Inclusively
- Being Relational
- Being Risk Tolerant

Maintaining Adaptability

This project was a visceral example of the need to remain flexible with those changes that are beyond the practitioner's control. As research in real-time, the researcher found that as a parade of unexpected changes emerged, that he was required to utilize his critical thinking skills in recognizing the significance of each changes, and then modifying his project plans to accommodate them.

One example was the shift in the planned participation of a stakeholder in the First Work Group Discussion, who could not make the meeting in time, leaving the investigator to decide if they should be allowed to participate in the next discussion. Following that change and adaption in plans, as the time for the Second Work Group Discussion came near, developing circumstances ultimately prevented three of the remaining seven participants from being able to attend. Through a quick evaluation of

the options, interviews were scheduled for these participants so that their comments could be incorporated into the datasets.

From this adaptation, several advantages and disadvantages were observed in the data. The overall reflection by the investigator points to perceived benefits of having this mixed data collection approach (discussion groups and interviews). And a recommendation can be made for other qualitative data investigators to consider be aware of such alternatives, and even to consider this hybridized method as part of their original model's design.

An example would be when a practitioner is planning the needs assessment portion of a community-based project where there was presumed divergency of opinions among groups. One potential benefit might be the likelihood of hearing normative values expressed within a group discussion setting, while individual needs might be more likely expressed during the one-on-one conversations of an interview.

Thinking Inclusively

Central to the results of this research are the benefits that may be realized through the inclusion of stakeholders in significant policy development. Even if the inclusion is limited to public comments, there is value generated for varying groups in a process that allows for stakeholders to *have a say without necessarily having their way* (ref: *candid conversation memo*). Particularly in a regulatory-based public service setting, such as a food safety program, there may be a variety of factors from needs of self-expression as a means for coping with powerlessness (Wilstrom, 2005), to a participant's perception of self-preservation (e.g., their business) that need to be

recognized by the regulator. The perceived benefits of this collaboration in the research are:

- creating policy that is more responsive and flexible to the needs of industry
- creating participant buy-in to help increase industry acceptance
- potentially fending off political interference
- and building relationships for future collaborative events.

Being Relational

One of the more significant benefits to have resulted from this project was a more organizationally-based creation of communication channels between regulator and industry. While individual inspectors have successfully built mutually-valued interpersonal relationships, these relationships have not (by and large) been cultivated at an organizational level. Because of the approach taken by the researcher during this project (transparency, effective listening, openness, emotional intelligence, etc.), relationships were developed that have created opportunities for lines of ongoing communication that can act as industry feedback loops. In recognizing that food program is a complex system, these feedback loops can act to signal both the positive and negative consequences of the program's actions (e.g., policy changes), providing the program administrators with the data they will need to more strategically consider their options for modifying program system rules.

Being Risk Tolerant

The original design of the research positioned the researcher as an outside observer, facilitating without involvement in the Work Group discussions or participant

interviews. However, things changed along the way. While there is not a readily discernable, single pivot point in the research that can be identified, it is likely that there were multiple occurrences of interpersonal exchanges between the researcher and the participants that transformed the nature of their relationships and their interactions during their interactions.

While the researcher's intention was to sustain objectivity during the study, he nonetheless came to the table with two hats: researcher and regulator. Inherent with the research was the researcher's intention to explain the SOP (policy) in detail to the participants, its intention, the reasoning for its structure, and the laws that related to it. Clearly, the researcher came from the offices of the Environmental Health Division (LHD). To transition over to a noncommittal role of discussion facilitator and response gatherer was bound to be fraught with the possibility of role confusion.

What the researcher suggests is that his many years' experience with the LHD and his accrued skills in emotional intelligence worked against his desire to maintain objectivity. Essentially, in spending time with the participants, already knowing many of their goals and aware of their business barriers, the understanding for the lives of the participants developed into a level of empathy that drew the facilitator into what at times could be accurately described as co-participant. The researcher wasn't just guiding the discussions but was himself at times adding responses to and comments on the discussion in an emotional and otherwise subjective manner. Some might say the facilitator went native.

The net result of this personalization of the researcher's facilitator role is believed to have generally increased the level of trust between him and the participants. This

increase of trust felt towards the researcher by participants is believed to have opened the conversation between them and allowed for more honest accounts of EHD system failures (e.g., lack of consistency), while adding to the accounts of system successes (e.g., appreciates the SOP taking some of their responsibilities off their plate). By developing a trust-based relationship, there is the opportunity for changing the perceived power dynamics as well. Instead of merely operating under a legitimate power (as an enforcement agent), relationships may become more flexible, allowing for the perception of LHD staff also holding expert power. Such a shift could change the relationship from being primarily fear-based to one of mutual respect. The relationships could be more conducive to collaboration, which offers a level of participatory governance wherein oversight of the well-being of the community becomes more communal. This shift in the system may be a *phase transition*, which may dramatically affect outputs in indeterminant ways, but have been positioned to provide mutually beneficial outcomes.

Admittedly, the researcher recognizes that much of this transition occurred unconsciously or at least unintentionally. Some of the personalized interactions, however, were done purposefully. An example will be given with one interview participant where the researcher was in the middle of the interview and believed that there was an opportunity presenting itself that was important and should probably be explored. While not recognized fully during this participant's exchanges of the First Work Group Discussion, during the ensuing interview session it became obvious that the participant was being very open and honest in her responses. She would answer an

inquiry with much more detail than might be considered necessary and appeared to enjoy the exchange as between colleagues.

At that moment, the researcher went beyond the scripted role and engaged in personal inquiries of the participant and responded with their own personal anecdotes and expressed opinions. The intention on the part of the researcher was to continue to develop what he perceived was a deepening of *trust* between himself and the participant. The result, the researcher believes, was a level of trust that took the conversation to a much-heightened level. Essentially, the researcher believes that he was being perceived by the participant in a role outside of the ever-present regulator authority, and much closer to one of collaborator. There were specific statements made by the participant towards the end of their interview that would appear to substantiate this (*ref: Changing the relationship memo*).

While specifically addressed to regulatory health staff of Orange County, it may be presumed that these suggestions have merit for any practioners working within a regulatory public health setting. Taking a wider view, there may be lessons learned regarding the general creation of public value that is valuable for other programs with public health. Those programs will need to consider if or how they may be appropriate. There may also be implications for the general body of knowledge surrounding complex adaptive systems. This will doubtlessly come through the review of the research by other practioners who will, hopefully, consider its strengths and illuminate its weaknesses so that improvements can be made.

Leadership Significance

When considering the role that the researcher played in this investigation, many hats were in use during its design, implementation, and the analysis of its results. As public health practitioners, we may not be fully appreciating those many skills and experiences we have acquired in life, in the classroom, and in our daily work lives. Until we are placed into a project of significant complexity where we are called upon to facilitate groups, hold open and honest dialogues in interviews, and reflect upon the meanings of what was said and what the context was when it was said, then it may be that we have lacked the opportunity to fully appreciate our own leadership skills. The following are the most salient leadership insights that the researcher has gleaned from conducting this research:

Leading from the Middle

Numerous treatises have espoused that leadership is not the sole realm of an organization's executive management team. There are countless case studies, wherein a staff member coming from all levels of organizational authority, has lead their teams forward to do great things. This researcher is suggesting that, while perhaps no great new product line has been introduced, no significant cost-savings methodology was discovered, that the work of this study is still important. This research suggests that regulatory health staff working at all levels should be encouraged to participate in an ongoing process of organizational reflection with an eye towards improving its systems.

As already inferred, regulatory health is different in its approach to contributing towards community health. Power remains at the background, if not the backbone of the EHD programs. And while the research model suggests that the power flow comes

to the organization through the top, executive management levels, the truth is that the exertion of this power may be more directly felt by community stakeholders at the mid and line-level staff levels. Lipsky's *Street-Level Bureaucracy* details how this occurs, citing examples of mid-level staff who routinely (if not daily) play significant leadership roles their organization's attempts to address their *wicked problems*. (Lipsky, 2010)

Issues, or what staff like to refer to as "fires," come up many times a day for those conducting the field activities of the EHD. For those issues that demand it (often those with the overtly political ramifications), the issue is passed upward towards the administrative offices to address. But for most, even those that might be considered "beyond a staff's paygrade," the issues are handled by an individual line or supervisory staff. There are times when the collective wisdom of other staff is called upon to add perspectives, but whether it is for expediency or for countless other reasons, most issues are handled *locally* within the EHD.

Senge comments on this top-management-only approach that many organizations have held on to.

That message is that the only people with power to bring about change are those at the top of the hierarchy, not those further down. This represents a profound and tragic confusion. First, it declares that all others are not leaders and have little power to bring about change. Second, it oversimplifies a much more complex and important subject, how to understand the diverse roles of leaders at many levels and how to develop networks of leaders capable of sustaining deep change. (Senge, 2006)

In developing our future public health leaders, it should be remembered that we are all potential leaders, that we only lack (perhaps) some skills, permission, and the issue. As those who have already taken a leadership role, it is our responsibility to ensure that

the others receive those skills, are given the permission to act, and then are guided to a suitable issue where they have the necessary feedback to succeed.

Power Sharing as a Regulatory Health Tool

The creation of public value through cross-section participation (see Figure 11) illustrates what this researcher believed would occur when stakeholders were invited to participate in the policy implementation process of a regulatory health program. In what might normally have been an internally developed standard operating procedure (SOP), the research looked at the effects of allowing a stakeholder group to voice its perspectives during stages of the SOP development.

As the illustration suggests on a broader scale, the system of American public health governance relies on a cycle of *power sharing* that occurs between the public, their elected representatives, and the agencies providing public health services. (Hyde & Shortell, 2012) In brief, the public holds the voting power and places representatives into positions of *rational-legal* authority. Representatives then create laws that limit or define the powers of individuals, groups, and business entities. Public agencies, formed by the representatives, are then empowered to manage the implementation of these laws. If laws and their enactment are to the public's liking, then (according to Moore), *public value* is assigned to them. This *value*, over time, is considered in aggregate and the public once again assigns its elective power to representatives, and the power cycle begins again.

The Orange County Environmental Health Division (EHD) resides within the County's Health Care Agency. As part of this action research, members of a key stakeholder group were invited to provide comments during the implementation of a

policy regulating the sharing of permitted commercial kitchens. As a deviation from the Division's normally internal boundaried SOP development, EHD's inclusion of this stakeholder group is viewed as a form of power sharing through inclusionary methods. While not a collaboration with this group, as they held no decision-making authority, the participatory process limits the sharing of power to the provision of feedback to the Division policy makers. Comments were made on the policy by the stakeholder group at different stages of the policy's development. These comments were then considered by the EHD policy makers, allowing for the potential of shaping the SOP's final form. There were, in fact, instances where specific changes were made to the SOP because of stakeholder comments.

Power sharing between public agencies and its stakeholders is not a new concept. Public health agencies regularly seek to form community collaborations when addressing local health concerns such as immunization drives, alcohol and drug abuse prevention campaigns, and assessing the mental health needs of the community's underserved. But, because the county's EHD is part of a regulatory branch of the Agency, collaboration between stakeholders and the Division's programs rarely occur. Advisory councils, such as the Food Sanitation Advisory Council (FSAC), exist where the EHD consults with a council on regulatory issues. FSAC, however, holds non-voting membership positions only in this and similar to other industry councils like it, serving only in a participatory role.

Research appears to confirm a widely held belief that business communities dominate the interest groups most actively lobbying US policy makers. (Wilson, 2012) And while Orange County is a business-friendly environment, its elected officials and

appointed government agencies are sensitive to its citizen's desire that there be a strict distance between industry and the government services that regulate them. Local sentiment dictates that the public's interest is best safeguarded when the business community's influence on government representatives and its regulatory agencies is restrained. Case in point, both State and local conflict-of-interest regulations were developed to ensure that *the fox never guards the henhouse*. In addition, media and citizen-group "watchdogs" regularly scrutinize county government activities, and their reminders for improvements in government transparency is heard often.

The question that this research presents is whether there is usefulness in this method of creating regulatory health policy other than in this one instance. In the literature, there is some similarity to an approach that has had success more broadly within the general arena of public policy development, in an approach known as participatory governance. According to Yishai, the principles of participatory governance include:

(1) a focus on specific, tangible problems where governance structures are geared to concrete concerns; (2) the involvement of ordinary, non-professional people affected by these problems; and (3) deliberative solutions to problems. (Yishai, 2012)

While participatory governance also supposes that all participants have at least some degree of decision-making authority, this model does not fit all needs for stakeholder collaborations. In the instance of the policy development of this research, there is a *wicked problem* (the sharing of commercial kitchens) that needs industry stakeholder perspectives to ensure that layered issues have been adequately addressed. As was previously outlined, however, there is a pervasive level of skepticism in the

county regarding regulatory-industry collaborations. At the very least, there needs to be absolute transparency throughout the process.

For this reason, the limited power sharing methods employed for this research, is a variant of participatory governance. As a subset method, it allows stakeholders *a say*, while not promising them *their way*. The method still allows for the exchange of ideas, voiced objections, brainstorming, stated goals, and other keystones of inter-group communication, but without the stigma that it might be creating regulatory policy that unduly favors the interests of those business entities that the policy would regulate. As a method of initial success in permeating the silo walls of regulatory health programs, it is proposed that this method of participatory governance could prove useful when other wicked/complex problems arise that could benefit from having policy forged in the presence of multiple-perspectives.

Participatory Action Research

As previously discussed, this research was conducted as an action research case study. More precisely, it was participatory action research as the genesis for the study started when two community stakeholders (the Hosts, and separately the Dependents) approached the EHD and requested that a policy be developed to address the new industry trend of sharing commercial kitchens.

As a subset of action research, participatory action research (PAR) was the chosen model as it would deal directly with a change in policy where stakeholders would have a voice. In general, “the purpose of all action research is to impart social change, with a specific action (or actions) as the ultimate goal.” (MacDonald, 2012) But with PAR, it is primarily “a qualitative research methodology that fosters collaboration among

participants and researchers.” What this researcher found during the process, is that he soon would be more than a simple observer or facilitator to the Work Group (Hosts) discussions. The social contexts that were being expressed by the Host participants (e.g., their feelings and views) changed participant exchanges and soon the participants were requiring more from the researcher. As an EHD staff with many years’ experience and working at a perceived management level within the EHD, he found himself frequently being asked by the other participants to join in the conversation. Group members would ask that he comment on, give explanations for, and at times just listen to their frustrations concerning the actions and positions being taken by the EHD. At these points, the role of the researcher became active participant.

The reader may have noticed in the transcripts (referenced within Chapter IV) that the researcher’s role as a facilitator became more of an active participant in the discussion. This is not a common role for researchers working within a traditional work group where the facilitator is more of an outside observer who asks questions but does not respond to them. The role shift in this study was not accidental; it reflects the function of the researcher and facilitator as participant-observer. The facilitator is seen as an active participant by the group members and does not try to deny or hide their departmental role. Rather, by acknowledging their own position, they can open the space for candid discussions of the regulator/regulated relationship. This method of conducting discussion groups fits within a Participatory Action Research methodology.

Not a traditional social or scientific method of research, PAR “moves social inquiry from a linear cause and effect perspective, to a participatory framework that considers the contexts of people’s lives.” (MacDonald, 2012) It also allows for a flattening of

power differences between participants that allows for an inclusive, collaborative group consciousness to occur. (Brydon-Miller, 2009) The researcher found both to be true. While most times maintaining a position of facilitator, guiding the group through the document review process or a group discussion, there were several times when one or more participants would take the discussion elsewhere and ask the investigator questions as a representative of the EHD. There were also times during interviews, most notably with one participant (WGP6) where the discussion appeared to go far from the original subject matter, often touching the philosophic realm and even times where personal values were being exchanged. While being aware of the seemingly unconventional nature of these diverted conversations, the interviewer also knew that they were important to have. Participants comments appeared to be more candid and free-flowing when these conversations would go off-script. He also found that participants' opinions were less filtered, and that relational bonding appeared to be occurring. By the end of the conversations, participants seemed more trustful and willing to contribute openly, and in so doing, the researcher felt that true collaborative work was being done.

While not suitable, perhaps, for most research investigations, the researcher believes that this approach worked well within a mixed methods approach towards the exploration of the stakeholder participation in the implementation of a public health policy. Perhaps it is because the policy resides within a complex system, or perhaps simply because it involved stakeholder participation, but whatever the cause, the framework allowed for the honest exchanges needed for these community members to

have the opportunity to have their voices, and perhaps their motives behind their opinions, to be heard.

From this research, several specific and generalized suggestions have been made to improve the social skillsets and broaden the perspectives of regulatory health staff. In principle, these have transferable implications, not suggested solely for application by the staff of Orange County Environmental Health, but for consideration by other public health practitioners. The researcher recommends the following as tools-of-the-trade in participatory action research:

- *Self-awareness*: be emotionally self-aware; have a realistic assessment of your strengths and weaknesses; and learn to be comfortable with your decisions
- *Social awareness*: strive to be empathetic; suspend unfounded judgement of others; learn about and appreciate other community groups, being sensitive to what they value; and continuously practice being emotionally sensitive to others
- *Develop effective communication skills*: learn how to listen effectively so that you can respond to others accordingly; read, listen, and watch those whose communication skills you admire; and then practice, practice, practice.

Research Limitations

As participatory action research working within a complex adaptive system, the value of the work does not rely on its reproducibility. In fact, it is assumed that because the system is itself unpredictable due to its composition of interacting, independent constituents whose behaviors are in adaptive flux, that the research could not be predictably reproduced. Instead, it is suggested that the value of the work lies in what

it may suggest are effective pathways for crafting influences on the public health system.

Beyond the inherent design limitations of participatory action research, there were several structural issues that could additionally limit its usefulness:

- Given the resource limitations of the research's format (most specifically: time), the only stakeholder group outside of the EHD to fully "participate" were the Hosts. While the Dependent group was included within the study, their participation was limited to a pre-session survey. A more inclusive approach that included other stakeholder groups and their levels of participation, could change the interaction dynamics captured in the Discussion Sessions and interviews. Other issues could have arisen from additional group participation to overshadow the discussions, perhaps changing the direction of inquiry and conclusions drawn by the researcher
- Due to issues beyond the researcher's control, several of the Work Group participants were unable to make the scheduled Second Session. While their comments were captured in subsequent individual interviews, the change in group dynamics could have influenced what evolved during the Second Session. While the researcher believes that there were benefits to this split data collection approach, it was nonetheless an unplanned change in the collection method, and could have affected the research results
- While attempts were made to limit researcher bias during the coding of the group session and interview transcripts with the inclusion of a second coder, it is recognized that having a second coder helps, but does not eliminate bias. Without

absolutes in this process, things such as the interpretation of what a code may mean, its assignment to or removal from a text passage could be dependent upon such things as a coder's skill of interpretation and persuasion. Such variables could add to differences in data interpretation

- Perhaps the greatest threat to the reliability of any research results is the researcher themselves. Researcher predispositions or biases can change things such as what is looked for and what is ignored, it can shape the conversation of data analysis to fit the researcher's preferred narrative. It has already been discussed that the researcher's role changed from a facilitator to one of an active participant. This change implies that an according shift from objectivity to subjectivity during the data collection period occurred.
- As discussed in Chapter III, the researcher had a long-term working relationship with one of the Work Group participants (WGP2). While the researcher remained sensitive to the possibility of being influenced because of that relationship, the response bias in this instance is not likely to be fully accounted for in this research.

Aware of these changes, however, the researcher included processes with the intention of reducing these distortions. Researcher memos were created following each session and interviews to aid in putting the discussions into perspective. In reading and rereading the texts, the researcher attempted to view the individual and group comments from both the *dance floor* (considering the immediate context of the conversations) and the *balcony* (looking for the larger patterns and associations that conversations contributed to). Respondent validation was conducted during the group sessions and interviews through the researcher's use of *teach-back* summaries to confirm the concepts

being discussed. In addition, two member-checks were performed with Work Group participants to confirm several of the key concepts.

The data collection method of triangulation can also provide error reduction in data analysis. Having variously tiered perspectives gathered helps to produce data that was gathered without undue influence by the researcher, either through their presence or bias. Survey data is less susceptible to researcher bias or reactivity. However, much of the research assertions arose from in-depth analysis of the qualitative results. Patton speaks to this dilemma of mixing *hard* and *soft* data:

This issue carries mixed messages because, on the one hand, rigorous data collection and analytic procedures, like triangulation, are aimed at substantiating the validity of the data and minimizing inquirer biases; on the other hand, the interpretative and constructivist perspectives remind us that data from humans and about humans inevitably represent some degree of perspective rather than absolute truth. Getting close enough to the situation observed to experience it firsthand means that researchers can learn from their experiences, thereby generating personal insights, but that closeness makes their objectivity suspect (Patton, 2002).

All research has limitations, and the preceding points to the most obvious sources in this study. Recognizing them now allows the discussion to consider what forward pathways should be considered next.

What's Ahead

To address the question of “now what,” the previous discussion of the research’s limitations was needed to point out the inherent weaknesses of the research as an effort to view it realistically as an indicator of result reliability. Going forward with this work first means that it needs to be clear that this effort was preliminary. As noted, it is hoped that others may review the research, look to (in some way) duplicate it, and test it for its

failings so that it can be improved upon or even discounted. Such is the nature of our work.

I would suggest, however, that this is only a portion of the calculus needed to be addressed. If this approach, in whatever form of participatory governance, is to take its next step forward in the regulatory health agencies of our local health departments, that a significant change in organizational mindset must first occur. It has been pointed out in this work that this participatory approach to compliance gaining by public health programs is in alignment with the thinking behind alignment efforts, such as found in the standards of the PHAB. In becoming a more effective, fair, and just public health system, at both the local as well as the unified national levels, that our silos need to come down. In this instance, our programs need to more thoroughly engage with those that it regulates as well as those that it serves on the larger platform. New norms of engagement will require the embrace of leadership at every level to become effective. And this organizational change is likely to take time, but it requires that it becomes part of the discussions of how our public health agencies learn and serve its communities in the future.

Summary

Taken in aggregate, this research's triangulated data appears to answer in the affirmative: *employing a stakeholder participatory approach to a local health department's policy implementation process, can create public value.* As is common with mixed data collection methods, however, it comes with caveats. Most obvious is

whether the assertion of value generation is true outside of this singular example, this point in time, this place in time, and given this small representative sample of participants. In other words, is this approach generalizable to other local public health agencies?

As always, that is a question best left to be approached by other researchers to test for. Fortunately, this question may not be the more important issue to consider from this research. While knowing if you can improve a public agency's image in the minds of those it provides services to by giving them (at least some of them) voice in the manner and means in which the service is performed is important for us to know, should it not be even more important for us to ask questions, such as *why?* Why is an act of inclusion, such as examined here, able to change group perspectives? How do we think this works? These are bigger questions and perhaps the ones that need to be explored first before this researcher makes further explorations into stakeholder participation in policy development.

Much discussion and many propositions have arisen from this work for the researcher. Working within a regulatory health setting may offer some yet unexplored ground for better understanding public health systems, particularly as it involves the processes at work during power sharing activities. If light can be shed on relationship dynamics that influences one health program's efforts, then it may be useful for many programs and their efforts.

In addition, this study has afforded the researcher hands-on experience in conducting discussion group facilitation and participatory action research. These are invaluable tools that will be shared and employed again as the researcher continues to

probe the complex adaptive systems and seek ways in which to improve its systems through stakeholder inclusion.

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Appendices

<u>Listing of Appendices</u>		<u>Page</u>
Appendix A:	Provisional Code Book	235
Appendix B:	Work Plan/GANTT Chart	246
Appendix C:	Consent and Demographic Survey / Work Group	247
Appendix D:	Work Group Guide / 1 st Session	249
Appendix E:	Work Group Guide / 2nd Session	254
Appendix F:	Survey / Work Group / Pre-Session	257
Appendix G:	Survey / Work Group / Post-Session	260
Appendix H:	Consent and Demographic Survey / Dependent Participant	263
Appendix I:	Survey / Dependent Operator Participant	265
Appendix J:	Document Review Guide	268
Appendix K:	Consent and Demographic Survey / EHD Staff Participant	272
Appendix L:	Survey / EHD Staff Participant / Pre-Collaboration	274
Appendix M:	Survey / EHD Staff Participant / Post Collaboration	277
Appendix N:	Participant Recruitment Scripts	280
Appendix O:	Survey Responses	282
Appendix P:	Pre-Implementation Survey	283
Appendix Q:	Post-Implementation Survey	286
Appendix R:	Work Group's Second Discussion Session & Interviews	288
Appendix S:	Domain Analysis	294
Appendix T:	IRB Exemption	295
Appendix U:	Curriculum vitae	297

Appendix A: Provisional Code Book

Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
1	Stakeholders	Stake.RI.SFF Host	Regulated Industry SFF Host	<p><i>Stakeholders will be those representational individuals or entities who have been identified as having the most immediate concern regarding the effects of the policy.</i></p> <hr/> <p>A Shared Food Facility (SFF) is a business arrangement where an approved food facility shares specific structural facilities, equipment, and/or utensils with another independently owned food-related entity.</p> <p>A SFF host is a permitted wholesale or retail food operation occurring from a permanent facility ("brick and mortar") where the owner/operator is the main tenant and is responsible for the overall facility, including all communal food processing equipment and utensils (e.g., stoves, strainers, etc.). Incubator host facilities (those that don't make food themselves, but are hosts to Dependent Facilities) are also required to hold an approved health permit as a Host food facility even though they are not making food products themselves. The permitted facility may serve as a "host" for other food service businesses, depending upon the structural and operational needs of the additional entities. NOTE: The Work Group is comprised solely of SFF Hosts.</p> <p>SFF Host members will be selected from a group of SFF Hosts that have been identified by LHD staff, who are knowledgeable as to those operators already in existence.</p>	<p>Stake.RI.SFF Host= Stakeholder family, Regulated Industry parent, Shared Food Facility Host member.</p> <p>The code will be utilized whenever there is a direct mention of an SFF Host. The mention is not limited to the term <i>SFF Host</i> only, but may be related terms such as <i>owner</i>, <i>operator</i>, or any other term or phrase where it is understood that the reference is to an individual, group, or category of SFF Host(s).</p>	<p>i. What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?</p> <p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iii. How does the product from the cross-sector collaboration (the SOP) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>v. How could the collaboration model be adjusted to more effectively change the perceptions of public value from the LHD and the food program by stakeholders?</p>
2		Stake.RI.SFF Dep	Regulated Industry SFF Dependent	<p>A SFF dependent is a permitted wholesale or retail food operation that prepares, transports, stores and/or serves food from a Host Facility. Examples of a Dependent Food Facility (Dependent Facility) operator include: a caterer that prepares food in advance of public and/or private events; a manufacturer that produces low volumes of specialty food products to sell primarily to retail outlets; or a start-up business that intends to sell food products at community events such as festivals or in association with Certified Farmer's Markets (CFMs). The sharing of food facilities, equipment, and/or utensils must be approved by this EH, with responsibilities between the facilities being well defined.</p> <p>SFF Dependent members will be selected from a group of SFF Hosts that have been identified by LHD staff, who are knowledgeable as to those operators already in existence.</p>	<p>Stake.RI.SFF Dependent= Stakeholder family, Regulated Industry parent, Shared Food Facility Dependent member.</p> <p>The code will be utilized whenever there is a direct mention of an SFF Dependent. The mention is not limited to the term <i>SFF Dependent</i> only, but may be related terms such as <i>renter</i>, <i>lessee</i>, <i>tenant</i>, or any other term or phrase where it is understood that the reference is to an individual, group, or category of SFF Dependent(s).</p>	<p>i. What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?</p> <p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p>
3		Stake.RI.Other	Other Regulated Industry	<p><i>This representative is not planned for in this study, but has been accounted for in the event that their inclusion is believed to be critical to the process. The position would also be from among the Regulated Industry, and who would participate in collaboration process at the same level as that of the SFF Hosts and SFF Dependents.</i></p>	N/A	N/A

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4		Stake.LHD.Staff	LHD Program Staff	<p><i>The Environmental Health Division of Orange County, California is the site subject and shall be referred to as the Local Health Department (LHD) for the purposes of this study. The administration players in this project, will include program technical advisory staff, supervisors, managers, and the Division Director. Supervisors and staff will be selected in accordance with the normal policy committee assignment procedures of the Food and Pool Safety program, and as determined by the Program Managers.</i></p> <p>The LHD Program staff have been identified as the main author of the implemented policy, to be known in this proposal as the standard operating procedure (SOP).</p>	<p>Stake.LHD.Staff= Stakeholder family, Local Health Department parent, staff level member.</p> <p>The code will be utilized whenever there is a direct mention of LHD Program Staff. The mention is not limited to the term <i>LHD Program Staff</i> only, but may be related terms such as <i>inspector</i>, <i>staff</i>, <i>supervisor</i>, <i>manager</i>, or any other term or phrase where it is understood that the reference is to an individual, group, or category of LHD Program Staff.</p>	<p>i. What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?</p> <p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iii. How does the product from the cross-sector collaboration (the SOP) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>v. How could the collaboration model be adjusted to more effectively change the perceptions of public value from the LHD and the food program by stakeholders?</p>
5		Stake.LHD.Admin	LHD Administrator	<p>The Environmental Director is the Chief Administrator of the Environmental Health Division, and will serve as the LHD administrator in this study.</p>	<p>Stake.LHD.Admin= Stakeholder family, Local Health Department parent, administrator level member.</p> <p>The code will be utilized whenever there is a direct mention of the EH Director.</p>	<p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iii. How does the product from the cross-sector collaboration (the SOP) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>v. How could the collaboration model be adjusted to more effectively change the perceptions of public value from the LHD and the food program by stakeholders?</p>
6		Stake.LHD.Other	Other LHD employees	<p>This representative is not planned for in this study, but has been accounted for in the event that their inclusion is believed to be critical to the process. The position would also be from among the LHD staff, and who would participate in collaboration process at the same level as that of either the LHD Staff or the LHD Administrator.</p>	N/A	N/A

Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
7		Stake.CL	Community Leader	<p>General member of the local food industry likely to be affected by the policy. While not necessarily a member of the regulated industry stakeholders, this community leader is an individual who has been recognized as having comprehensive and/or unique knowledge regarding the county's artisan food community.</p> <p>These individuals will be identified during the Regulated Industries members' first focus group.</p>	<p>Stake.CL= Stakeholder family, Community Leader member.</p> <p>The code will be utilized whenever there is a direct mention of the specifically selected Community Leaders of this study. The mention is not limited to the term <i>Community Leaders</i> only, but may be any term or phrase where it is understood that the reference is to an individual or the group of Community Leaders.</p>	<p>i. What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?</p> <p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p>
8		Stake.AI	Associated Industry	<p>Not necessarily in the local food business, the associated industry stakeholder representatives have businesses that are likely to be directly affected either by the presence or absence of the regulated businesses of this study.</p> <p>Identified by the Community Leaders group.</p>	<p>Stake.AI= Stakeholder family, Associated Industry member.</p> <p>The code will be utilized whenever there is a direct mention of the specifically selected Associated Industries stakeholders of this study. The mention is not limited to the term <i>Associated Industries</i> stakeholders only, but may be any term or phrase where it is understood that the reference is to an individual or the group of Associated Industries stakeholders.</p>	<p>i. What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?</p> <p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p>
9		Stake.Consumers	Consumers	<p>The consumers are patrons of the Regulated Industry stakeholders or other stakeholder groups.</p> <p>Random selection of participants at food venue sites identified during the first Regulated Industry focus group</p>	<p>Stake.Consumers= Stakeholder family, Consumers member.</p> <p>The code will be utilized whenever there is a direct mention of the Consumers stakeholder category of this study. The mention is not limited to the term <i>Consumers</i> only, but may be related terms such as <i>public</i>, <i>patron</i>, <i>consumer</i>, or any term or phrase where it is understood that the reference is to an individual or the group of the Consumers stakeholder category.</p>	<p>i. What are the general stakeholder perceptions of public value from the LHD and the food program prior to the policy implementation?</p>
10		Stake.Political Agent	Political Agent	<p>In this study, the political agent represents the perspectives of the locally elected officials who oversee the budget and actions of the LHD. In Orange County, this local governing board is called the Board of Supervisors (BOS) and consists of five (5) district elected representatives. Because the PI of this study is on the staff of the LHD at the program level, he is restricted from making contact with the Board members either directly or indirectly. As such, a high-level administrator from the County's Chief Executive Officer's (CEO) staff will act as surrogate for the purposes of this research. While the CEO is not an elected position (and therefore not a political position), it is a position that is appointed by the Board members and directly reports to the Board on administrative issues.</p>	<p>Stake.Political Agent= Stakeholder family, Political Agent member.</p> <p>The code will be utilized whenever there is a direct mention of the selected political agent, members of the CEO's office, or members of the BOS, individually or collectively.</p>	<p>ii. How does the cross-sector collaboration process (the SOP implementation) change the stakeholders' perceptions of public value from the LHD and program?</p> <p>iv. How does the projected outcome from the cross-sector collaboration (effect on business climate) change the stakeholders' perceptions of public value from the LHD and program?</p>

Provisional Code Guide

#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
11	Relationship	Relationship.Trust	Trust	<p>For the purposes of this Family Code category, relationship can be viewed in the context of the social relationships that exist between individuals, groups, and institutions and other individuals, groups, and institutions. Most directly affecting the relationships being researched in this study are the concepts of trust, power, collaboration, and compliant.</p> <hr/> <p>Trust will be loosely understood to mean <i>having confidence in someone or something</i>. For the purposes of this research, it will refer to feelings and beliefs of individuals and/or groups with respect to other individuals and groups. While the intent is to capture the state of relationship that occurs between individuals and/or groups associated with the development and implementation of this Standard Operating Procedures (SOP), there may be instances where the term <i>trust</i> is used to describe other conditions and/or feelings about the LHD.</p>	<p>Relationship.Trust= Relationship family, Trust member.</p> <p>The code will be utilized whenever there is a direct mention of trust. The mention is not limited to the term <i>trust</i> only, but may be related terms such as <i>believe in</i>, <i>confidence in</i>, or any other term or phrase where it is understood that the reference is to the relationship between any of the study's individual stakeholders or stakeholder group(s).</p>	Potentially, all sub-questions
12		Relationship.Power	Power	<p>Power will be loosely understood to mean having the ability to take independent actions that may affect others. For the purposes of this research, it will refer to the investigative, enforcement or other actions that the LHD is normally authorized to carry out. While the intent is to capture the workings of the Food and Pool Safety (FPS) staff, there may be instances where the term <i>power</i> is used to describe other actions taken by the LHD.</p>	<p>Relationship.Power= Relationship family, Power member.</p> <p>The code will be utilized whenever there is a direct mention of power. The mention is not limited to the term <i>power</i> only, but may be related terms such as <i>authority</i>, <i>control</i>, <i>right</i>, <i>ability</i> or any other term or phrase where it is understood that the reference is to any of the study's individual stakeholder or stakeholder group(s).</p>	Potentially, all sub-questions
13		Relationship.Collab	Collaborate	<p>Collaborate will be loosely understood to mean to be working, willingly with another individual or group on a single or multiple task(s). For the purposes of this research, it will refer to the interactions of stakeholders that occur/occurred as a result of the formation and implementation of the Shared Food Facility (SFF) SOP.</p>	<p>Relationship.Collab= Relationship family, Collaborate member.</p> <p>The code will be utilized whenever there is a direct mention of collaboration. The mention is not limited to the term <i>collaboration</i> only, but may be related terms such as <i>partnership</i>, <i>participation</i>, <i>joint effort</i>, <i>association</i> or any other term or phrase where it is understood that the reference is to the relationship between any of the study's individual stakeholders or stakeholder group(s).</p>	Potentially, all sub-questions

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#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
14		Relationship.Compli	Compliant	<p>Compliant will be loosely understood to mean to be in conformance, cooperation, or to obey. For the purposes of this research, it will refer to food businesses being in conformance with the California Health and Safety, Orange County FPS program's SOPs, and/or other FPS directives.</p>	<p>Relationship.Compli= Relationship family, Compliant member.</p> <p>The code will be utilized whenever there is a direct mention of compliant. The mention is not limited to the term <i>compliant</i> only, but may be related terms such as <i>obeys</i>, <i>complaisant</i>, <i>cooperative</i> or any other term or phrase where it is understood that the reference is to the relationship between any of the study's individual stakeholders and the LHD.</p>	Potentially, all sub-questions
15		Relationship.Other	Other Relationship	Other, as yet undefined, conditions and/or feelings that expresses authority.	N/A	N/A
16	Public Value	PV.Effect	Effectiveness	<p><i>For the purposes of this study, public value (PV) shall be known as the cumulative perception of the LHD's stakeholders of value held for the LHD, most specifically for the FPS program. Four core criteria will be used to assess this metric: effectiveness, efficiency, justness, and fairness.</i></p> <p>Effectiveness will be loosely understood to refer to the SOP, the FPS program, and/or the LHD, and whether or not it is believed to be effective. In other words, do the stakeholders think that it works?</p>	<p>PV.Effect= Public Value family, Effectiveness member.</p> <p>The code will be utilized whenever there is a direct mention of effectiveness of the SOP, the FPS program, and/or the LHD. The mention is not limited to the term <i>effectiveness</i> only, but may be any term or phrase where it is understood that the reference is to the ability of the SOP, the FPS program, and/or the LHD.</p>	Potentially, all sub-questions
17		PV.Effcy	Efficiency	<p>Efficiency will be loosely understood to refer to the SOP, the FPS program, and/or the LHD, and whether or not it is believed to be efficient. In other words, do the stakeholders think that it is cost effective?</p>	<p>PV.Effcy= Public Value family, Efficiency member.</p> <p>The code will be utilized whenever there is a direct mention of efficiency of the SOP, the FPS program, and/or the LHD. The mention is not limited to the term <i>efficiency</i> only, but may be any term or phrase where it is understood that the reference is to the cost effectiveness of the SOP, the FPS program, and/or the LHD.</p>	Potentially, all sub-questions

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#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
18		PV.Just	Justness	Justness will be loosely understood to refer to the SOP, the FPS program, and/or the LHD, and whether or not it is believed to conform to fact or rule. In other words, do the stakeholders think that it is lawful?	<p>PV.Just= Public Value family, Justness member.</p> <p>The code will be utilized whenever there is a direct mention of justness of the SOP, the FPS program, and/or the LHD. The mention is not limited to the term <i>justness</i> only, but may be any term or phrase where it is understood that the reference is to the lawfulness of the SOP, the FPS program, and/or the LHD.</p>	Potentially, all sub-questions
19		PV.Fair	Fairness	Fairness will be loosely understood to refer to the SOP, the FPS program, and/or the LHD, and whether or not it is believed to be free from bias or unevenness. In other words, do the stakeholders think that there was a level playing field?	<p>PV.Fair= Public Value family, Fairness member.</p> <p>The code will be utilized whenever there is a direct mention of fairness of the SOP, the FPS program, and/or the LHD. The mention is not limited to the term <i>fairness</i> only, but may be any term or phrase where it is understood that the reference is to the "level playing field" of the SOP, the FPS program, and/or the LHD.</p>	Potentially, all sub-questions
20		PV.Other	Other PV Criteria	Some other, as yet undetermined, metric.	N/A	N/A
21	Barriers	Barr.Intrin.Pdigm	Intrinsic Paradigm Shift	<p><i>Barriers are those issues identified as potential risks to the proposed study that need to be addressed during research. They have been subcategorized as an intrinsic barriers (internal issues) and extrinsic barriers (external issues). Notes that justness as an intrinsic barrier was identified, but is already coded under the public value family of codes. Trust was identified as an extrinsic barrier, but has already been coded under the relationship family of codes. Public value was identified as an extrinsic barrier, but has already been addressed by the inclusion of the public value family of codes.</i></p> <p>Paradigm shift refers to the implementation process, which is a shift in the procedural paradigm for administration and staff. Such change can be viewed negatively as a needless disruption.</p>	<p>Barr.Intrin.Pdigm= Barrier family, Intrinsic parent, Paradigm Shift member.</p> <p>The code will be utilized whenever there is a direct mention of paradigm shift of the SOP development process. The mention is not limited to the term <i>paradigm shift</i> only, but may be any term or phrase where it is understood that the reference is to the implementation process as a procedural change.</p>	Potentially, all sub-questions

Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
22		Barr.Intrin.QI skills	Intrinsic QI Skills	QI skills refers to the Quality Improvement skillsets that will need to be learned by LHD staff.	Barr.Intrin.QI skills= Barrier family, Intrinsic parent, QI Skills member. The code will be utilized whenever there is a direct mention of QI skills of the FPS staff. The mention is not limited to the term <i>QI skills</i> only, but may be any term or phrase where it is understood that the reference is to the Quality Improvement skillsets that will need to be learned or was employed by LHD staff.	Potentially, all sub-questions
23		Barr.Intrin.Collab skills	Intrinsic Collaboration Skills	Collaboration skills refers to the lack of cross-sector collaboration experience amongst staff.	Barr.Intrin.Collab= Barrier family, Intrinsic parent, Collaboration Skills member. The code will be utilized whenever there is a direct mention of collaboration skills of the FPS staff by LHD staff. The mention is not limited to the term <i>collaboration skills</i> only, but may be any term or phrase where it is understood that the reference is to the collaboration skills or collaboration experience as perceived by the LHD staff.	Potentially, all sub-questions
24		Barr.Intrin.Other	Other Intrinsic Barriers	As of yet, unidentified intrinsic barriers.	N/A	N/A
25		Barr.Extrin.Adapt	Extrinsic Desire for Adaptiveness	Desire for Adaptiveness refers to the food industries' and the public's desire for public policies to catch-up with market innovations.	Barr.Extrin.Adapt= Barrier family, Extrinsic parent, Desire for Adaptiveness member. The code will be utilized whenever there is a direct mention of desire for adaptiveness on the part of FPS or the LHD. The mention is not limited to the term <i>desire for adaptiveness</i> only, but may be any term or phrase where it is understood that the reference is to the ability of FPS or the LHD to more readily respond to the shifts in business trends or models.	Potentially, all sub-questions

Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
26		Barr.Extrin.Over Reg	Extrinsic Over-Regulation	Over-regulation refers to the presumed political and public intolerance to "over-regulation."	<p>Barr.Extrin.Over Reg= Barrier family, Extrinsic parent, Over-Regulation member.</p> <p>The code will be utilized whenever there is a direct mention of over-regulation on the part of FPS or the LHD. The mention is not limited to the term <i>over-regulation</i> only, but may be any term or phrase where it is understood that the reference is to the tendency of FPS or the LHD to create or promote needless regulation, particularly those that may potentially impede business endeavors.</p>	Potentially, all sub-questions
27		Barr.Extrin.Other	Other Extrinsic Barriers	As of yet, unidentified extrinsic barriers.	N/A	N/A
28	Perception Filter	Perception.Beliefs	Beliefs	<p>Perception Filters: As individuals and members of groups, we all have our own beliefs, attitudes, and values that we have developed throughout the course of our lives that have been formed by our own knowledge and experience, and from those whom we trust. These can act as filters or lens in the way we view ourselves and others.</p> <hr/> <p>Beliefs shall be loosely categorized as <i>what one holds true</i>.</p>	<p>Perception.Beliefs= Perception Filter family, Beliefs member.</p> <p>The code will be utilized whenever there is a direct mention of belief regarding FPS, program, or the LHD. The mention is not limited to the term <i>belief</i> only, but may be any term or phrase where a stakeholder comments on what they hold true regarding the SOP, program, and/or LHD.</p>	Potentially, all sub-questions
29		Perception.Attitudes	Attitudes	<p>Attitudes shall be loosely categorized as <i>preferred behaviors based upon feelings and beliefs</i>.</p>	<p>Perception.Attitude= Perception Filter family, Attitudes member.</p> <p>The code will be utilized whenever there is a direct mention of attitude regarding FPS, program, or the LHD. The mention is not limited to the term <i>attitude</i> only, but may be any term or phrase where a stakeholder comments on their preferred behaviors towards the SOP, program, and/or LHD based upon their feelings and beliefs.</p>	Potentially, all sub-questions

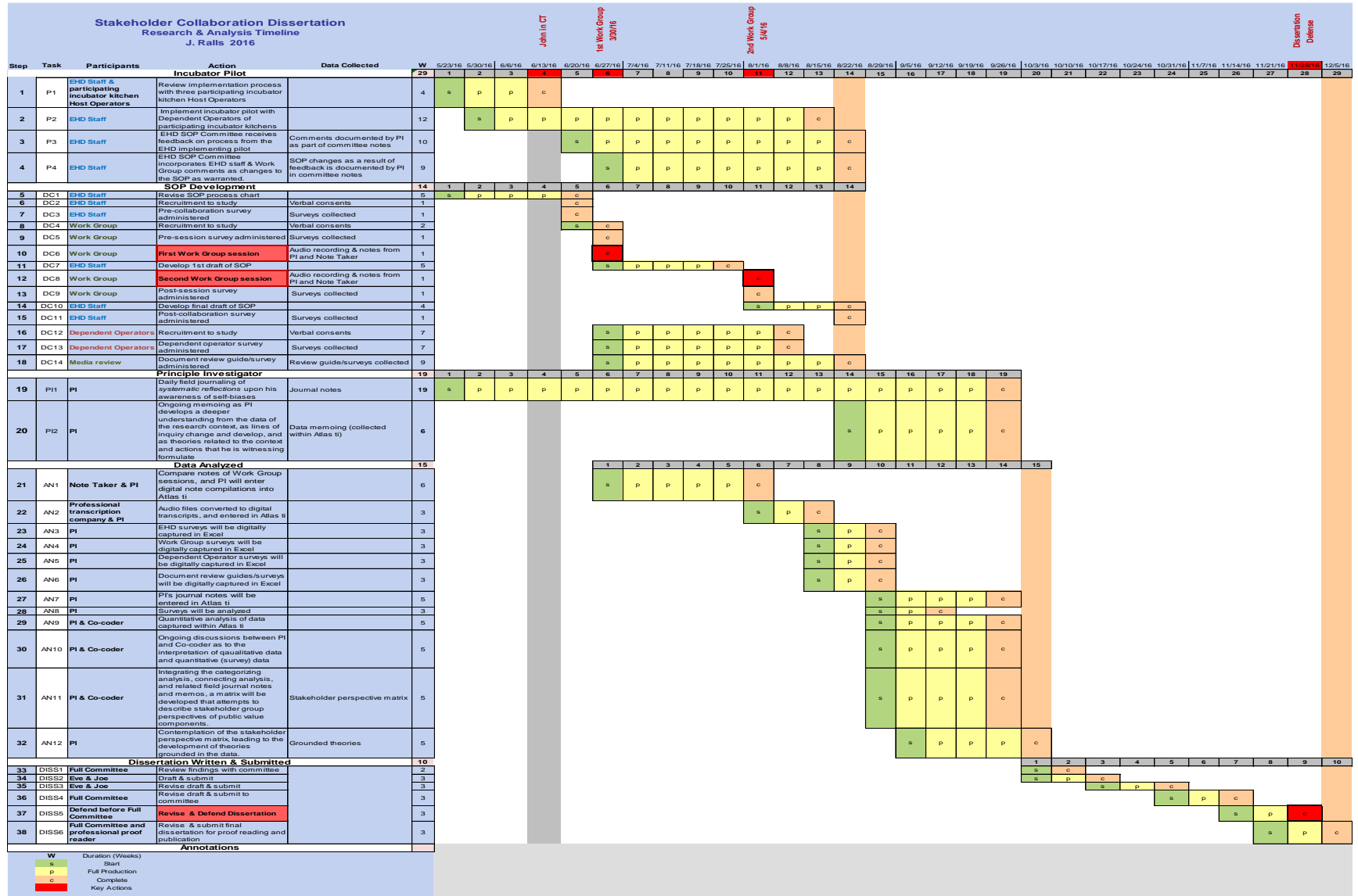
Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
30		Perception.Values	Values	<p>Values shall be loosely categorized as <i>those attitudes that are strongly held</i>.</p>	<p>Perception.Values= Perception Filter family, Values member.</p> <p>The code will be utilized whenever there is a direct mention of values regarding FPS, program, or the LHD. The mention is not limited to the term <i>value</i> only, but may be any term or phrase where a stakeholder comments on their strongly held attitudes towards the SOP, program, and/or LHD.</p>	Potentially, all sub-questions
31		Perception.Other	Other Perception Filters	As of yet, unidentified perception filters.	N/A	N/A
32	(Emergent) Business Challenges	E.BizChall.Capital	Capital Startup Costs	<p>Business challenges is an emergent code that addresses the challenges of a new or expanding business.</p> <hr/> <p>Capital startup costs are those general costs associated with starting or expanding a business.</p>	<p>E.BizChall.Capital= An emergent family & code, Business Challenges family, Capital Startup Costs member.</p> <p>The code will be utilized whenever there is a direct mention of capital regarding the starting or expanding of a business. The mention is not limited to the term capital only, but may be any term or phrase where a stakeholder comments on the money it takes to start or expand a business.</p>	Potentially, all sub-questions
33		E.BizChall.Facility	Permitted Facility	<p>Permitted facility refers to an approved, a permitted food facility where publicly distributed foods must be made.</p>	<p>E.BizChall.Facility= An emergent family & code, Business Challenges family, Permitted Facility member.</p> <p>The code will be utilized whenever there is a direct mention of a permitted facility regarding the starting or expanding of a business. The mention is not limited to the term permitted facility only, but may be any term or phrase where a stakeholder comments on the need or lack of site where foods may be legally produced.</p>	Potentially, all sub-questions

Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
34		E.BizChall.Mktg	<i>Marketing</i>	Marketing refers to the general business methodologies associated with starting or expanding a business that include, but are not limited to activities such as product planning, product testing, packaging, advertising.	E.BizChall.Mktg= An emergent family & code, Business Challenges family, Marketing member. The code will be utilized whenever there is a direct mention of marketing regarding the starting or expanding of a business. The mention is not limited to the term marketing only, but may be any term or phrase where a stakeholder comments on the planning and promoting of their product to be successful.	Potentially, all sub-questions
35		E.BizChall.Bureau	<i>Bureaucracy</i>	Bureaucracy refers to government regulations, restrictions, or protocols that affect a business.	E.BizChall.Capital= An emergent family & code, Business Challenges family, Bureaucracy member. The code will be utilized whenever there is a direct mention of bureaucracy regarding the starting or expanding of a business. The mention is not limited to the term bureaucracy only, but may be any term or phrase where a stakeholder comments on the government regulations, restrictions, and/or protocols it takes to start, expand, or run a business.	Potentially, all sub-questions
36	<i>(Emergent) Trend Pressures</i>	E.Trend.Entneur	<i>Entrepreneur</i>	Trend pressures is an emergent code that addresses those forces driving new trends. - Entrepreneur are those individuals or groups of people associated with starting, exploring, or an early adopter of a trend.	E.Trend.Entneur= An emergent family & code, Trend Pressures family, Entrepreneur member. The code will be utilized whenever there is a direct mention of entrepreneur regarding the starting or expanding of a business. The mention is not limited to the term entrepreneur only, but may be any term or phrase where a stakeholder comments on the food operator(s) who is/are or hope to start, explore, or become an early adopter of a trend.	Potentially, all sub-questions

Provisional Code Guide						
#	Family	Code Name	Full Code Name	Code Family Defined & Code Definition	Code Name Defined & Inclusion Criteria	Link to Research Sub-Questions
37		E.Trend.Public	Public Interest	For the purposes of this study, public interest will refer to those groups of people who show an interesting trying, buying, and/or learning more about a particular food, type of food, or food trend. They may be seen as early adopters and are, therefore, exerting pressure on the food industry to supply these foods.	E.Trend.Public= An emergent family & code, Trend Pressures family, Public Interest member. The code will be utilized whenever there is a direct mention of public interest regarding the starting or expanding of a business. The mention is not limited to the term public interest only, but may be any term or phrase where a stakeholder comments on the public/consumers who are interested in experiencing certain foods or adopting a food trend.	Potentially, all sub-questions

AI	Associated industries
BOS	Board of Supervisors
CEO	Chief Operating
CFM	Certified farmers' market
CL	Community leader
LHD	Local health department
LHD Administrator	Environmental Health Director
LHD Staff	Local health department staff
RI	Regulated Industry
SFF	Shared Food Facility
SFF Dependent	Shared Food Facility Dependent
SFF Host	Shared Food Facility Host
SOP	Standard operating procedure

Appendix B: Work Plan/GANTT Chart



Appendix C: Consent and Demographic Survey / Work Group

Study Title: Shared Food Facility SOP Collaboration
Researcher: John Ralls, MPH, REHS
Sponsor: University of Illinois at Chicago & Orange County Public Health Services
Participation Agreement: To participate in three surveys and two Work Group (focus group) sessions. The first survey (demographics) will immediately follow this consent form. The remaining surveys and sessions will be completed on or before March 31, 2016.

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose: To better understand the usefulness of *stakeholder collaboration* activities during the implementation of a policy (state law) into the Orange County, California Environmental Health Division's standard operation procedure (SOP).

Procedures: To participate in **three surveys and two Work Group discussions** regarding the development of a Standard Operating Procedure (SOP) that addresses the sharing of commercial kitchen facilities between a permitted facility operator and those operators seeking to rent/share the use of those facilities.

Duration: Each survey will take approximately 5 to 10 minutes to complete, and each Work Group is scheduled to take approximately 90 minutes.

Confidentiality: Efforts will be made to keep your study-related information confidential. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

Participant Rights: You may leave the study at any time. If you decide to stop participating in the study, there will be no repercussions to you, and it not affect your future relationship with Public Health Services.

Contacts & Questions: For questions, concerns, or complaints about the study you may contact John Ralls at (714) 433-6110 or at jralls2@uic.edu.

Consent: I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed Name of Participant

Signature of Participant

Date

Assigned Participant number: _____

I have explained the research to the participant before requesting the signature above. A copy of this form has been given to the participant or his/her representative.

John Ralls
Printed Name of Researcher

Signature of Researcher

Date

Demographic Survey

As with all information collected in this research, the following personal information will remain confidential and will be secured using methods approved by the University of Illinois at Chicago, and the Orange County Public Health Services of California.

Please select the answers that best describes your current status.

1. Which of the following age groups do you belong to?

- ☐ 18 to 30 years of age
- ☐ 31 to 40 years
- ☐ 41 to 50 years
- ☐ 51 to 60 years
- ☐ Above 60 years

2. Which of the following categories best describes your primary place of employment?

- ☐ Public services (e.g., government, or another non-profit organization)
- ☐ Private industry (i.e., a commercial/for profit business)
- ☐ Other (i.e., an enterprise that you do not believe fits either of these other two categories)

3. Approximately, how many employees in total do you think work at your primary place of employment?

- ☐ Less than 10 people in total
- ☐ From 10 to 25 people
- ☐ More than 25, but no more than 50
- ☐ More than 50, but no more than 100
- ☐ More than 100, but no more than 500
- ☐ More than 500

4. Approximately, how many total years have you worked in this field of employment?

- ☐ No more than 2 years
- ☐ More than 2, but no more than 5 years
- ☐ More than 5, but no more than 10 years
- ☐ More than 10 years

5. What gender are you?

- ☐ Female
- ☐ Male

6. What best describes your position within your primary place of employment?

- ☐ Executive Administrator/Owner/Partner
- ☐ Mid-Level Administrator/Manager
- ☐ Front-Line Administrator/Supervisor
- ☐ Technical Staff
- ☐ Front-Line Staff
- ☐ Other Position

Appendix D: Work Group Guide/ First Session

Work Group Questions & Probes

Participant #'s: _____ Date: _____

Title: Shared Food Facility SOP Collaboration / 1st FG Time: _____

Org: University of Illinois at Chicago & Orange County Interv. Site: _____

Public Health Services

Interviewer: John Ralls, MPH, REHS Version: 1.5

Well, I want to thank everyone again for taking the time today to meet for this Work Group. Let me start the session by stating that my name is John Ralls, and that I will be moderating this Work Group on behalf of the Environmental Health Division of the Orange County Public Health Services department. The Environmental Health Division, as I am sure you are aware of, houses the Food and Pool Safety program, which oversees the county's food safety inspection program.

In response to the growing desire of the county's entrepreneurial individuals and groups who would like to start or modify their food ventures to address new food concepts, but who also lack the required commercial kitchen facilities to do so, the Food program is hoping to develop specific facility and operational requirements to address their needs. In particular, the program has been reviewing the existing California Health and Safety Codes that regulate food safety, and while there is no direct mention of a "sharing" arrangement of commercial kitchen facilities, Environmental Health believes that there are provisions in the Code that can be used to guide the development of some needed requirements.

To date, the Program has developed a step-by-step plan that will cover the various components that the Division believes will be needed to successfully ensure the safety of food being sold or otherwise distributed to the public under this structure of facility sharing. This "plan" has been roughly captured in a process chart, and will be used to guide the development of a Standard Operating Procedure, which, essentially, is a local version of a program policy. The Plan is the product of many hours of consideration by Environmental Health staff, and it references the state Health & Safety Code in an effort to minimize any food safety risks to the public. While those staff working on this Procedure have many years of experience in the field, the Division realizes that this may not be enough. Because this Procedure will be addressing an arrangement that is particularly complicated and unique, it is believed that the development of the Procedure would benefit from the inclusion of the perspectives of the very businesses that it is looking to regulate. That is the reason for your participation today. You represent one of the two major food-related industry groups that the Division believes are likely to be most affected by these new requirements: those who currently have a commercial kitchen that is permitted by Environmental Health. The other group are those who do not hold the permit for, but would like access to use these permitted facilities. While this second group (the Dependents) perspectives

are important and will be sampled through a survey, it is recognized that as the permitted facility owners (the Hosts) your group has the most at stake in this arrangement as they own kitchen facilities. Because of this, you have been asked to assist the Food program in this collaborative effort.

Today will be the first of two Work Group sessions that will look at the Standard Operating Procedure, or SOP, for Shared Food facilities at two different stages in its development. Today's session will review the current draft of the process chart that was discussed. The purpose will be to give the Division feedback on the general outline of the proposed SOP. We hope to hear your opinions as to completeness of the plan. We want to know if something has been left out or if something has been put into the plan that you think is not necessary. It will not be the intention of this session to defend or fully explain every aspect of the process, but it can be discussed in generalities. If there are specific issues that you wish to have addressed after the session, please feel free to contact me at the email address on my business card that I have provided you. While we may not be able to fully satisfy your concerns even then, it is our hope to give you as much of the reasoning behind our decisions as we can.

Your answers to today's discussion topics are very important to us and are greatly valued. Suggestions and concerns will be reviewed by staff and, when possible, changes will be made to the Plan so that it makes the resulting SOP work. That is important to us, as I am sure it is important to all of you. While we all want to safeguard the health of our customers, we also want to develop an SOP that is doable. Our goal is to approach this SOP so that both the process and the resulting SOP is:

1. **Fair:** that is, that there is a level playing field in the SOP for everyone wishing to share the facilities of a pre-existing food facility. The SOP needs to treat everyone the same
2. **Just:** the SOP needs to follow the law, it can't be in conflict with it. So, the SOP must do a good job of enforcing the state health laws
3. **Effective:** the SOP must also do a good job of keeping people from getting sick. It needs to work
4. And finally, it needs to be **Efficient:** the SOP must be cost effective so that it uses both industry and public resources wisely.

So, those will be goal of both sessions. The first session will look at the draft Plan, and then the second session will review the draft of the actual SOP. This second session is where you will have a final look at the written requirements and be able to see if they fit the categories of **fairness, justness, effectiveness, and efficiency**. By the way, there are copies of the definitions of these terms that I just read you at each of your seats for referencing during our two Work Group sessions. Following the second Work Group, the SOP draft and your comments will go back one more time to the SOP committee to make last minute changes before it goes on to the Environmental Health Director for a final review and roll-out to the field staff.

Before we begin recording the session, I am not too certain that we all know each other. If you are ok with it, let's have everyone please tell us your first name, and the name of the company or organization that you are associated with. Then, while it is likely very silly, I am asking that you tell us where your favorite vacation place is, or (if you prefer) something else about yourself that the others are not likely to know! I'll start. Again, my name is John, and I work in the Food and Pool Safety program of Environmental Health. One of my favorite places to vacation is in Wellfleet, Massachusetts, which is in Cape Cod. So, can you go next for us? (*Person on my left*). (*After everyone has given their name, point to Anthony, and say:*) So that you know, Anthony is

here today to help me take notes. As I will be kind of busy moderating, I may not get all of the important points written down, and so I've asked for his help.

As working members of county's food industry, you offer unique perspectives that, as I have already mentioned, our program staff greatly value, and they appreciate that you are willing to share these perspectives with them. I am looking forward to hearing your comments today on the SOP's process chart, and that will be the focus of our discussion. But first, there are some housekeeping issues to be taken care of:

- I want to remind everyone that participation today is voluntary and that no one is required to answer any questions if they are uncomfortable doing so.
- The session is being recorded, and even though we may be using each other's names as we talk, everything being said here will remain anonymous. We want everyone to feel free about expressing their opinions.
- Feel free to talk with one another after the session about topics, but please keep it amongst yourselves. Until the whole process is over, we would appreciate if we could keep the conversations just within this Work Group. When it is all over, please feel free to discuss this with whomever you wish. Everyone agree?
- If you would, please go ahead and turn off your cellphones, not just to vibrate. We want to be respectful of everyone's time by keeping the focus on our task at hand. Thank you!
- It's also good to remember that we want everyone's opinions. So, I would ask that only one person at a time speaks. You have paper and a pen in front of you, so if you get an idea while someone else is talking, please write it down and then wait for an opportunity to bring up your idea. Also, people may want to respond to something that was just said, so if your idea is completely different, then hold onto to it until the natural back and forth discussion comes to a lull.
- I know that you don't need reminding of this, but *courtesy* with each other is just expected. If someone says something that you don't like or agree with, then please refrain from saying something like "you're wrong," or "that's stupid." As you might imagine, that tends not to keep the conversation constructive or on track.
- Along the same line, it is important for us to hear everyone's ideas and opinions. There are no "right" or "wrong" answers to these questions, just individual ideas, experiences and opinions, which are all valuable.
- Do try to stay on the topic. I am here to help with that if it looks like we are getting a bit off point or are getting short on time.

That's all I have for ground rules. Does anyone else have some others that we should be including?

It is ok if we begin?

(Turn on the recorder)

Questions & Probes

So, before we get to work on the process chart, let's get a little background on what your experiences have been so far to date, working in the food business inside Orange County.

- FG-Q1 To start, who can tell me what some of the benefits are of sharing kitchen facilities? (Ask for examples) *[Context]*
- FG-Q2 What are some of the downsides of sharing? (Ask for examples) *[Context]*
- FG-Q3 What's it like, working with the Orange County Food program? *[Sub-Question i]*
- FG-Q4 Is it a hassle? If so, how? (Ask for examples) *[Sub-Question i]*
- FG-Q5 What might make the experience better or easier? (Ask for examples) *[Sub-Question i]*

Ok, let's take a look at the draft process chart, which you will find in the folder in front of you. I will read through the chart and try to explain its different parts and, in general terms, some of the reasons behind the steps as they are outlined. Please write down any questions that you have, and when I finish going through the steps, I will try to address your questions one at a time. Remember, we will not be going into a full explanation of the laws involved and their origin, but rather, I will try to keep to broad-stroke explanations as to why a certain step has been included in the process.

(Once the SOP process chart and any initial questions have been addressed, start the discussion with the following questions)

- FG-Q6 Looking at the process chart, what do you think works and what may not work, and why? *[Context, Sub-Question i, ii, iii, v]*
- FG-Q7 In what way do you think this SOP may affect the industry either positively or negatively? *[Context, Sub-Question i, ii, iii, v]*
- FG-Q8 While the idea of sharing commercial kitchen space may not be new, the way that it has taken off in the last few years does seem to be new and different. Can you give me a few names of people in Orange County that you think have a good handle on the food scene in this county, and could also give Environmental Health staff a good overview of how the shared kitchen arrangements have been working out? *[Community Leaders identified]*
- FG-Q9 Is there anything else that you would like to add to our discussion today? *[Context, Sub-Question i, ii, iii, v]*

Ok, that's all of the questions for today's session. Are we missing anything, or is there anything else that you would like to add to our discussion?

Well, that was terrific! Again, I would like to thank you so much for your time. Do you have any questions that I can help answer?

Ok then, this concludes the first Work Group session. Thank you!

(End of the session).

Appendix E: Work Group Guide / 2nd Session

Work Group Questions & Probes

Participant #'s: _____ Date: _____

Title: Shared Food Facility SOP Collaboration / 2nd FG Time: _____

Org: University of Illinois at Chicago & Orange County Interv. Site: _____

Public Health Services

Interviewer: John Ralls, MPH, REHS Version: 1.5

Well, I want to thank everyone again for taking the time today to meet for our second Work Group session. I'm sure that everyone knows by now, but let me go ahead and state that my name is John Ralls, and that I will be moderating this second and final Work Group on behalf of the Environmental Health Division of the Orange County Public Health Services department.

As we talked about during the first session, the goal of today will be to look at the draft SOP that you should all have received a copy of last week. Just as in the first session, we will not be going over the details of the SOP in terms of the laws or their reasons. Instead, we will be look at the SOP in terms of it outlining the various processes that are in play. We already discussed that there are many moving parts to the relationships that occur during the sharing of these food facilities. We will want try to look at the processes dispassionately in terms of whether they meet the criteria that we outlined during the first session. Specifically, has this collaboration process been and is the resulting SOP *fair, just, effective, and efficient*?

As before, there are some housekeeping issues to be taken care of before we begin:

- I want to remind everyone that participation today is voluntary and that no one is required to answer any questions if they are uncomfortable doing so.
- The session is being recorded, and even though we may be using each other's names as we talk, everything being said here will remain anonymous. We want everyone to feel free about expressing their opinions.
- Feel free to talk with one another after the session about topics, but please keep it amongst yourselves. Until the whole process is over, we would appreciate if we could

keep the conversations just within this Work Group. When it is all over, please feel free to discuss this with whomever you wish. Everyone agree?

- If you would, please go ahead and turn off your cellphones, not just to vibrate. We want to be respectful of everyone's time by keeping the focus on our task at hand. Thank you!
- It's also good to remember that we want everyone's opinions. So, I would ask that only one person at a time speaks. You have paper and a pen in front of you, so if you get an idea while someone else is talking, please write it down and then wait for an opportunity to bring up your idea. Also, people may want to respond to something that was just said, so if your idea is completely different, then hold onto to it until the natural back and forth discussion comes to a lull.
- I know that you don't need reminding of this, but *courtesy* with each other is just expected. If someone says something that you don't like or agree with, then please refrain from saying something like "you're wrong," or "that's stupid." As you might imagine, that tends not to keep the conversation constructive or on track.
- Along the same line, it is important for us to hear everyone's ideas and opinions. There are no "right" or "wrong" answers to these questions, just individual ideas, experiences and opinions, which are all valuable.
- Do try to stay on the topic. I am here to help with that if it looks like we are getting a bit off point or are getting short on time.

That's all I have for ground rules. Does anyone else have some others that we should be including?

It is ok if we begin?

(Turn on the recorder)

Questions & Probes

Everyone was given a copy of the draft SOP in advance to review. We will assume that everyone has had the opportunity to read through it prior to our session today.

- FG-Q10 Looking at the **SOP** draft, what do you think works and what may not work, and why? *[Sub-Question iv]*
- FG-Q11 In what way do you think this **SOP** may affect the industry either positively or negatively? *[Sub-Question iv]*
- FG-Q12 In your opinion, do you think that the **SOP** treats everyone the same? Do you think the SOP is fair? *[Sub-Question iv: fairness]*
- FG-Q13 In your opinion, do you think that the **SOP** does a good job of enforcing the state health laws? *[Sub-Question iv: justness]*
- FG-Q14 Do you think that the **SOP** will do a good job of keeping people from getting sick? *[Sub-Question iv: effectiveness]*

- FG-Q15 Do you think that the **SOP** will be cost effective, that it will use industry and public resources wisely? *[Sub-Question iv: efficiency]*
- FG-Q16 In your opinion, do you think that the **Health Department** is cost effective, that it uses industry and public resources wisely? *[Sub-Question ii: efficiency]*
- FG-Q17 Do you think that because food businesses have been able to give some feedback on the SOP as it was developed, that the **SOP** might, in some way, work better than if they hadn't been included the process?
[Sub-Question iii]
- FG-Q18 Is there anything else that you would like to add to our discussion today?
[Context, Sub-Questions i, ii, iii, v]

This was great! This concludes the Work Group sessions. Just to remind you, you will receive an internet-based survey soon that will complete our work. We would appreciate it if you could respond to that in the next few days. Thank you again for your participation!

(End of the session).

Appendix F: Survey / Work Group / Pre-Session

SFF Work Group / Pre-Session Survey

Participant#: _____

Interviewer: John Ralls, MPH / UIC DrPH student

Version: 1.5

Well, I want to thank you again for taking the time to answer this survey. Just to remind you, the following questions will focus on the **Shared Food Facility** businesses that currently operate in Orange County, California. The survey is being conducted now, before the two Working Group sessions that are coming up, in order to better understand your current thoughts and opinions about this food industry, the health department, and government regulations in general. Your answers today, as in all of our sessions, will remain anonymous. That is, while the researcher may know who you are, this information will never be released to anyone or any organization. Your help in this collaboration is greatly appreciated and valued because of the experience you bring to these discussions.

One thing should be explained before we begin. For the purposes of this survey, when the term **Health Department** is used, we are really talking about the **Food and Pool Safety** program. The Department has lots of different programs in it, but we are just talking about the program that regulates the food businesses in Orange County.

So thanks again, and let's get started. The survey should take about 5 to 10 minutes to complete.

Survey Questions

S.WG-Q1. In your opinion, over the last few years in Orange County, do you think there has been a noticeable increase in the **number of foods businesses that are sharing kitchens?**
[Context]

1. It's really not a noticeable increase
2. It's somewhat of an increase
3. It's pretty much an increase
4. It's very much an increase
5. It's an extreme increase

S.WG-Q2. If you think there has been an increase, how likely do you think **it's because of the economy?**
[Context]

1. As I said before, it's really not a noticeable increase
2. It's not at all likely due to the economy

3. It's probably not due to the economy
4. Perhaps it's due to the economy
5. Yes, it's likely due to the economy
6. It's absolutely due to the economy
7. I'm not sure

S.WG-Q3. In your experience, does it seem like ***there has been an increase in the number of challenges*** that new businesses face getting off the ground?

[Context, Sub-Question i]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.WG-Q4. In general, how important do you think ***most*** of our government regulations are?

[Context, Sub-Question i]

1. They're not very important
2. They're somewhat important
3. They're pretty important
4. They're very important
5. They're extremely important

S.WG-Q5. What about the Health Department, ***do you think they've been doing a good job?***

[Sub-Question i]

1. Not at all
2. Probably not
3. Perhaps they have
4. Yes, they have
5. Absolutely, they have

S.WG-Q6. In your opinion, do health department staff treat everyone the same? ***Are they fair?***

[Sub-Question i: fairness]

1. No, never fairly
2. Rarely are they fair
3. Sometimes they are
4. They are usually fair
5. They are always fair

S.WG-Q7. Do you think the food inspectors are doing a good job of ***enforcing the state health laws?***

[Sub-Question i: justness]

1. No, they never seem to do a good job of enforcing the laws
2. Rarely seem to
3. Sometimes they do

4. They usually do
5. They always do

S.WG-Q8. Do you think that the health department is doing a good job of keeping people from getting sick? [Sub-Question i: effectiveness]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.WG-Q9. Do you think that the health department is cost effective, that it uses industry and public resources wisely?? [Sub-Question i: efficiency]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.WG-Q10. In considering the advantages and disadvantages of running a Shared Food Facility, **do you think it's worth all the effort?** [Context]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

That's it, thanks! This concludes the pre- Work Group survey.

Please remember to put this survey in with the envelope along with your consent form and demographic survey, which you will bring with you to the first Work Group session.

Appendix G: Survey / Work Group / Post-Session

SFF Work Group / Post-Session Survey

Participant#: _____

Interviewer: John Ralls, MPH / UIC DrPH student

Version: 1.5

So, this is the final part. You've taken a survey before the Work Group sessions and you have now finished participating in the two *face-to-face* Work Group sessions. Before we can say that the collaboration is finished, however, we need to cover just a few more questions.

Just a reminder before we begin. For the purposes of this survey, when the term **Health Department** is used, we are really talking about the **Food and Pool Safety** program. The Department has lots of different programs in it, but we are just talking about the program that regulates the food businesses in the County.

Let's get started. Like the first one, this survey should take about 5 to 10 minutes to complete.

Survey Questions

S.WG-Q11. What do you think of the idea of food businesses (like yourself) giving feedback on policy development to the Health Department? ***Was this a good idea?***

[Sub-Question iii]

1. It's really not a good idea
2. It's somewhat of a good idea
3. It's a pretty good idea
4. It's a very good idea
5. It's an excellent idea

S.WG-Q12. What do you think the reaction of other operators would be, ***the ones who are renting out time*** in their kitchens? How do you think they would answer the question about it being a good idea or not? [Sub-Question iii]

1. They would probably say that it's really ***not a good idea***
2. They would probably say that it's ***somewhat of a good idea***
3. They would probably say that it's ***a pretty good idea***
4. They would probably say that it's ***a very good idea***
5. They would probably say that it's ***an excellent idea***

- S.WG-Q13. What about ***the other operators who do the renting (the kitchen owners)***? How do you think they would answer the question about it being a good idea or not? [Sub-Question iii]
1. They would probably say that it's really ***not a good idea***
 2. They would probably say that it's ***somewhat of a good idea***
 3. They would probably say that it's ***a pretty good idea***
 4. They would probably say that it's ***a very good idea***
 5. They would probably say that it's ***an excellent idea***
- S.WG-Q14. Do you think that this collaboration process has produced a ***useful*** policy (SOP)? [Sub-Question iii, iv]
6. The SOP is not very useful
 7. It is somewhat useful
 8. It is pretty useful
 9. It is very useful
 10. It is extremely useful
- S.WG-Q15. How ***likely*** is it that the SOP ***may have benefited from this collaboration that you participated in?*** [Sub-Question iii, iv]
6. Not at all likely
 7. Probably not likely
 8. Perhaps
 9. Yes, it is likely
 10. Absolutely, it is likely
- S.WG-Q16. Thinking back on the first session where you commented on the process chart and participated in the brainstorming session to identify barriers, do you think it was ***important to have been a part of that process?*** [Sub-Question iii]
1. It really wasn't that important
 2. It was somewhat important
 3. It was pretty important
 4. It was very important
 5. It was extremely important
- S.WG-Q17. ***How likely*** is it that because you helped to work on it, that ***you now feel more positive about the SOP than if you hadn't participated?*** [Sub-Question ii, iii, iv]
6. Not at all likely
 7. Probably not
 8. Perhaps
 9. Yes, likely
 10. Absolutely likely

S.WG-Q18. How about the Health Department? ***How likely*** is it that because you helped to work on the SOP, that ***you now feel more positive about the Health Department?*** [Sub-Question ii]

1. Not at all likely
2. Probably not
3. Perhaps
4. Yes, likely
5. Absolutely likely

S.WG-Q19. How about the collaboration process itself? Do you think that ***it needs any major changes to improve it?*** [Sub-Question iii, v]

6. Definitely not
7. No
8. Perhaps
9. Yes
10. Absolutely yes

S.WG-Q20. What level of change, if it has at all, has your helping to work on this SOP ***increased the health department's value*** in your eyes? [Sub-Question ii]

6. Absolutely no improvement in value
7. Not really an improvement in value
8. Perhaps some improvement in value
9. Yes, some improvement in value
10. Absolutely some improvement in value

That's it, thanks! We appreciate all the time that you have put into this project with us. If you have any questions about this work or would like to learn about the outcome of this research, please feel free to contact me (John Ralls) at (714) 433-6110, and I would be glad to keep you up to date on how it all turns out!

This concludes the survey and your participation.

Appendix H: Consent and Demographic Survey / Dependent Participant

Study Title: Shared Food Facility SOP Collaboration
Researcher: John Ralls, MPH, REHS
Sponsor: University of Illinois at Chicago & Orange County Public Health Services
Participation Agreement: To participate in two surveys. The first survey (demographics) will immediately follow this consent form. The second survey will be completed on or before March 31, 2016.

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose: To better understand the usefulness of *stakeholder collaboration* activities during the implementation of a policy (state law) into the Orange County, California Environmental Health Division's standard operation procedure (SOP).

Procedures: To participate in **two surveys** regarding the development of a Standard Operating Procedure (SOP) that addresses the sharing of commercial kitchen facilities between a permitted facility operator and those operators seeking to rent/share the use of those facilities.

Duration: Each survey will take approximately 5 to 10 minutes to complete, and each Work Group is scheduled to take approximately 90 minutes.

Confidentiality: Efforts will be made to keep your study-related information confidential. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

Participant Rights: You may leave the study at any time. If you decide to stop participating in the study, there will be no repercussions to you, and it not affect your future relationship with Public Health Services.

Contacts & Questions: For questions, concerns, or complaints about the study you may contact John Ralls at (714) 433-6110 or at jralls2@uic.edu.

Consent: I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed Name of Participant

Signature of Participant

Date

Assigned Participant number: _____

I have explained the research to the participant before requesting the signature above. A copy of this form has been given to the participant or his/her representative.

John Ralls

Printed Name of Researcher

Signature of Researcher

Date

Demographic Survey

As with all information collected in this research, the following personal information will remain confidential and will be secured using methods approved by the University of Illinois at Chicago, and the Orange County Public Health Services of California.

Please select the answers that best describes your current status.

1. Which of the following age groups do you belong to?

- ☐ 18 to 30 years of age
- ☐ 31 to 40 years
- ☐ 41 to 50 years
- ☐ 51 to 60 years
- ☐ Above 60 years

2. Which of the following categories best describes your primary place of employment?

- ☐ Public services (e.g., government, or another non-profit organization)
- ☐ Private industry (i.e., a commercial/for profit business)
- ☐ Other (i.e., an enterprise that you do not believe fits either of these other two categories)

3. Approximately, how many employees in total do you think work at your primary place of employment?

- ☐ Less than 10 people in total
- ☐ From 10 to 25 people
- ☐ More than 25, but no more than 50
- ☐ More than 50, but no more than 100
- ☐ More than 100, but no more than 500
- ☐ More than 500

4. Approximately, how many total years have you worked in this field of employment?

- ☐ No more than 2 years
- ☐ More than 2, but no more than 5 years
- ☐ More than 5, but no more than 10 years
- ☐ More than 10 years

5. What gender are you?

- ☐ Female
- ☐ Male

6. What best describes your position within your primary place of employment?

- ☐ Executive Administrator/Owner/Partner
- ☐ Mid-Level Administrator/Manager
- ☐ Front-Line Administrator/Supervisor
- ☐ Technical Staff
- ☐ Front-Line Staff
- ☐ Other Position

Appendix I: Survey / Dependent Operator Participant

SFF Dependent Survey

Participant#: _____
Interviewer: John Ralls, MPH / UIC DrPH student

Date: _____
Version: 1.5

Well, I want to thank you again for taking the time to answer this survey. Just to remind you, the following questions will focus on the **Shared Food Facility** businesses that currently operate in Orange County, California. The survey is being conducted in order to better understand your current thoughts and opinions about this food industry, the health department, and government regulations in general. Your answers today will remain anonymous. That is, while the researcher may know who you are, this information will never be released to anyone or any organization. Your help in this collaboration is greatly appreciated and valued because of the experience you bring to these discussions.

One thing should be explained before we begin. For the purposes of this survey, when the term **Health Department** is used, we are really talking about the **Food and Pool Safety** program. The Department has lots of different programs in it, but we are just talking about the program that regulates the food businesses in Orange County.

So thanks again, and let's get started. The survey should take about 5 to 10 minutes to complete.

Survey Questions

S.Dep-Q1. In your opinion, over the last few years in Orange County, do you think there has been a noticeable increase in the **number of foods businesses that are sharing kitchens?**
[Context]

1. It's really not a noticeable increase
2. It's somewhat of an increase
3. It's pretty much an increase
4. It's very much an increase
5. It's an extreme increase

S.Dep-Q2. If you think there has been an increase, how likely do you think **it's because of the economy?**
[Context]

1. As I said before, it's really not a noticeable increase
2. It's not at all likely due to the economy
3. It's probably not due to the economy
4. Perhaps it's due to the economy
5. Yes, it's likely due to the economy
6. It's absolutely due to the economy
7. I'm not sure

- S.Dep-Q3. In your experience, does it seem like ***there has been an increase in the number of challenges*** that new businesses face getting off the ground?
[Context, Sub-Question i]
1. Definitely not
 2. No
 3. Perhaps
 4. Yes
 5. Absolutely yes
- S.Dep-Q4. In general, how important do you think ***most*** of our government regulations are?
[Context, Sub-Question i]
1. They're not very important
 2. They're somewhat important
 3. They're pretty important
 4. They're very important
 5. They're extremely important
- S.Dep-Q5. What about the Health Department, ***do you think they've been doing a good job?***
[Sub-Question i]
1. Not at all
 2. Probably not
 3. Perhaps they have
 4. Yes, they have
 5. Absolutely, they have
- S.Dep-Q6. In your opinion, do health department staff treat everyone the same? ***Are they fair?***
[Sub-Question i: fairness]
1. No, never fairly
 2. Rarely are they fair
 3. Sometimes they are
 4. They are usually fair
 5. They are always fair
- S.Dep-Q7. Do you think the food inspectors are doing a good job of ***enforcing the state health laws?***
[Sub-Question i: justness]
1. No, they never seem to do a good job of enforcing the laws
 2. Rarely seem to
 3. Sometimes they do
 4. They usually do
 5. They always do
- S.Dep-Q8. Do you think that the health department is doing a good job of keeping people from getting sick?
[Sub-Question i: effectiveness]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.Dep-Q9. Do you think that the health department is cost effective, that it uses industry and public resources wisely?? *[Sub-Question i: efficiency]*

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.Dep-Q10. In considering the advantages and disadvantages of running a Shared Food Facility, **do you think it's worth all the effort?** *[Context]*

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

That's it, thanks! This concludes the pre- Work Group survey.

Please remember to put this survey in with the envelope along with your consent form and demographic survey.

Appendix J: Document review Guide

Document Review Guide

Document #: _____ Review Date: _____
Source Type: _____ Title: _____
Source Site: _____ Author(s): _____
Org: University of Illinois at Chicago & Orange County
Public Health Services
Reviewer: John Ralls, MPH, REHS Version: 1.5

The following guide will be used to review documents (i.e., digital text, printed text, video files, and audio files) gathered from those established media channels that regularly cover the Orange County food industry.

DocReview-Q1. Reasons this document was included in the review.

DocReview-Q2. Abstract or synopsis of document.

DocReview-Q3. In reviewing the document, does it suggest that over the last few years in Orange County, that there has been a noticeable increase in the ***number of foods businesses that are sharing kitchens?*** [Context]

It suggests that there is:

1. Not a noticeable increase
2. Somewhat of an increase
3. Pretty much an increase
4. Very much an increase
5. An extreme increase
6. (There is no significant reference in the document)

DocReview-Q4. In reviewing the document, if it does suggest that there has been an increase, does it suggest that ***it's because of the economy?*** [Context]

It suggests that there is:

1. Not a noticeable increase
2. Not at all likely due to the economy
3. Probably not due to the economy

4. Perhaps it's due to the economy
5. Yes, it's likely due to the economy
6. It's absolutely due to the economy
7. It is not clear
8. (There is no significant reference in the document)

DocReview-Q5. In reviewing the document, does it suggest that ***there has been an increase in the number of challenges*** that new businesses face getting off the ground?
[Context, Sub-Question i]

It suggests that there is:

1. Definitely not an increase
2. No increase
3. Perhaps an increase
4. Yes, an increase
5. Absolutely yes, an increase
6. (No significant reference in the document)

DocReview-Q6. In reviewing the document, does it suggest that ***most*** of our government regulations are: [Context, Sub-Question i]

1. Not very important
2. Somewhat important
3. Pretty important
4. Very important
5. Extremely important
6. (No significant reference in the document)

DocReview-Q7. What about the Health Department? In reviewing the document, does it suggest that ***they've been doing a good job?*** [Sub-Question i]

It suggests that it has:

1. Not been doing a good job at all
2. Probably not been doing a good job
3. Perhaps they have been doing a good job
4. Yes, they have been doing a good job
5. Absolutely, they have been doing a good job
6. (No significant reference in the document)

DocReview-Q8. In reviewing the document, does it suggest that the health department staff treat everyone the same? ***Are they fair?*** [Sub-Question i: fairness]

It suggests that:

1. No, they are never fair
2. Rarely are they fair

3. Sometimes they are
4. They are usually fair
5. They are always fair
6. (No significant reference in the document)

DocReview-Q9. In reviewing the document, does it suggest that the food inspectors are doing a good job of **enforcing the state health laws**?
[Sub-Question i: justness]

It suggests that:

1. No, they never seem to do a good job of enforcing the laws
2. Rarely seem to
3. Sometimes they do
4. They usually do
5. They always do
6. (No significant reference in the document)

DocReview-Q10. In reviewing the document, does it suggest that the health department is doing a good job of keeping people from getting sick?
[Sub-Question i: effectiveness]

It suggests that:

1. They definitely do not
2. No, they do not
3. That perhaps they do
4. Yes, that they do
5. Absolutely yes, they do
6. (No significant reference in the document)

DocReview-Q11. In reviewing the document, does it suggest that the health department is cost effective, that it uses industry and public resources wisely?
[Sub-Question i: efficiency]

It suggests that:

1. It definitely does not
2. No, it does not
3. Perhaps it does
4. Yes, it does
5. Absolutely yes, it does
6. (No significant reference in the document)

DocReview-Q12. In reviewing the document, is there anything else of significance mentioned that relates to the **health department** in relation to the Shared Food Facilities?
[Context]

Synopsis:

DocReview-Q13. In reviewing the document, is there anything else of significance mentioned that relates to the ***local conditions*** of Orange County's Shared Food Facilities?
[Context]

Synopsis:

Appendix K: Consent and Demographic Survey / EHD Staff Participant

Study Title: Shared Food Facility SOP Collaboration
Researcher: John Ralls, MPH, REHS
Sponsor: University of Illinois at Chicago & Orange County Public Health Services
Participation Agreement: To participate in three surveys. The first survey (demographics) will immediately follow this consent form. The remaining two surveys will be completed on or before March 31, 2016.

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose: To better understand the usefulness of *stakeholder collaboration* activities during the implementation of a policy (state law) into the Orange County, California Environmental Health Division's standard operation procedure (SOP).

Procedures: To participate in three surveys regarding the development of a **Standard Operating Procedure (SOP) that addresses the sharing of commercial kitchen facilities between a permitted facility operator and those operators seeking to rent/share the use of those facilities.**

Duration: Each survey will take approximately 5 to 10 minutes to complete, and each Work Group is scheduled to take approximately 90 minutes.

Confidentiality: Efforts will be made to keep your study-related information confidential. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

Participant Rights: You may leave the study at any time. If you decide to stop participating in the study, there will be no repercussions to you, and it not affect your future relationship with Public Health Services.

Contacts & Questions: For questions, concerns, or complaints about the study you may contact John Ralls at (714) 433-6110 or at jralls2@uic.edu.

Consent: I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed Name of Participant

Signature of Participant

Date

Assigned Participant number: _____

I have explained the research to the participant before requesting the signature above. A copy of this form has been given to the participant or his/her representative.

John Ralls

Printed Name of Researcher

Signature of Researcher

Date

Demographic Survey

As with all information collected in this research, the following personal information will remain confidential and will be secured using methods approved by the University of Illinois at Chicago, and the Orange County Public Health Services of California.

Please select the answers that best describes your current status.

1. Which of the following age groups do you belong to?

- ☐ 18 to 30 years of age
- ☐ 31 to 40 years
- ☐ 41 to 50 years
- ☐ 51 to 60 years
- ☐ Above 60 years

2. Which of the following categories best describes your primary place of employment?

- ☐ Public services (e.g., government, or another non-profit organization)
- ☐ Private industry (i.e., a commercial/for profit business)
- ☐ Other (i.e., an enterprise that you do not believe fits either of these other two categories)

3. Approximately, how many employees in total do you think work at your primary place of employment?

- ☐ Less than 10 people in total
- ☐ From 10 to 25 people
- ☐ More than 25, but no more than 50
- ☐ More than 50, but no more than 100
- ☐ More than 100, but no more than 500
- ☐ More than 500

4. Approximately, how many total years have you worked in this field of employment?

- ☐ No more than 2 years
- ☐ More than 2, but no more than 5 years
- ☐ More than 5, but no more than 10 years
- ☐ More than 10 years

5. What gender are you?

- ☐ Female
- ☐ Male

6. What best describes your position within your primary place of employment?

- ☐ Executive Administrator/Owner/Partner
- ☐ Mid-Level Administrator/Manager
- ☐ Front-Line Administrator/Supervisor
- ☐ Technical Staff
- ☐ Front-Line Staff
- ☐ Other Position

Appendix L: Survey / EHD Staff / Pre-Collaboration

EHD Staff / Pre-Collaboration Survey

Participant#: _____
Interviewer: John Ralls, MPH / UIC DrPH student

Date: _____
Version: 2.0

Well, I want to thank you again for taking the time to answer this survey. Just to remind you, the following questions will focus on the **Shared Food Facility** (SFF) businesses that currently operate in Orange County, California. The survey is being conducted now, before the SFF SOP is fully developed, in order to better understand your current thoughts and opinions about this food industry, the health department, and government regulations in general. Your answers today, as in all of our sessions, will remain anonymous. That is, while the researcher may know who you are, this information will never be released to anyone or any organization. Your help in this collaboration is greatly appreciated and valued because of the experience you bring to these discussions.

One thing should be explained before we begin. For the purposes of this survey, when the term **Health Department** is used, we are really talking about the **Food and Pool Safety** program. The Department has lots of different programs in it, but we are just talking about the program that regulates the food businesses in Orange County.

So thanks again, and let's get started. The survey should take about 5 to 10 minutes to complete.

Survey Questions

S.EHD.S-Q1. In your opinion, over the last few years in Orange County, do you think there has been a noticeable increase in the **number of foods businesses that are sharing kitchens?**
[Context]

1. It's really not a noticeable increase
2. It's somewhat of an increase
3. It's pretty much an increase
4. It's very much an increase
5. It's an extreme increase

S.EHD.S-Q2. If you think there has been an increase, how likely do you think **it's because of the economy?**
[Context]

1. As I said before, it's really not a noticeable increase
2. It's not at all likely due to the economy
3. It's probably not due to the economy
4. Perhaps it's due to the economy
5. Yes, it's likely due to the economy
6. It's absolutely due to the economy
7. I'm not sure

S.EHD.S-Q3. In your experience, does it seem like ***there has been an increase in the number of challenges*** that new businesses face getting off the ground?

[Context, Sub-Question i]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.EHD.S-Q4. In general, how important do you think ***most*** of our government regulations are?

[Context, Sub-Question i]

1. They're not very important
2. They're somewhat important
3. They're pretty important
4. They're very important
5. They're extremely important

S.EHD.S-Q5. What about the Health Department, ***do you think they've been doing a good job?***

[Sub-Question i]

1. Not at all
2. Probably not
3. Perhaps they have
4. Yes, they have
5. Absolutely, they have

S.EHD.S-Q6. In your opinion, do health department staff treat everyone the same? ***Are they fair?***

[Sub-Question i: fairness]

1. No, never fairly
2. Rarely are they fair
3. Sometimes they are
4. They are usually fair
5. They are always fair

S.EHD.S-Q7. Do you think the food inspectors are doing a good job of ***enforcing the state health laws?***

[Sub-Question i: justness]

1. No, they never seem to do a good job of enforcing the laws
2. Rarely seem to
3. Sometimes they do
4. They usually do
5. They always do

S.EHD.S-Q8. Do you think that the health department is doing a good job of keeping people from getting sick?

[Sub-Question i: effectiveness]

1. Definitely not
2. No

3. Perhaps
4. Yes
5. Absolutely yes

S.EHD.S-Q9. Do you think that the health department is cost effective, that it uses industry and public resources wisely?? [Sub-Question i: efficiency]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.EHD.S-Q10. In considering the advantages and disadvantages of running a Shared Food Facility, **do you think it's worth all the effort?** [Context]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

That's it, thanks! This concludes the pre-collaboration survey.

Please remember to put this survey in with the envelope along with your consent form and demographic survey.

Appendix M: Survey / EHD Staff / Post-Collaboration

EHD Staff / Post-Collaboration Survey

Participant#: _____
Interviewer: John Ralls, MPH / UIC DrPH student

Date: _____
Version: 2.0

So, this is the final part. You've taken a survey before the collaboration process and now that you have now finished working on the SFF SOP, we would like your final opinions on some of the things that have occurred.

Just a reminder before we begin. For the purposes of this survey, when the term **Health Department** is used, we are really talking about the **Food and Pool Safety** program. The Department has lots of different programs in it, but we are just talking about the program that regulates the food businesses in the County.

Let's get started. Like the first one, this survey should take about 5 to 10 minutes to complete.

Survey Questions

S.EHD.S-Q11. What do you think of the idea of food businesses giving feedback on policy development to the Health Department? ***Was this a good idea?***

[Sub-Question iii]

1. It's really not a good idea
2. It's somewhat of a good idea
3. It's a pretty good idea
4. It's a very good idea
5. It's an excellent idea

S.EHD.S-Q12. What do you think the reaction of Dependent operators would be, ***the ones who are renting out time*** in their kitchens? How do you think they would answer the question about it being a good idea or not? [Sub-Question iii]

1. They would probably say that it's really ***not a good idea***
2. They would probably say that it's ***somewhat of a good idea***
3. They would probably say that it's ***a pretty good idea***
4. They would probably say that it's ***a very good idea***
5. They would probably say that it's ***an excellent idea***

S.EHD.S-Q13. What about ***the Host operators who do the renting (the kitchen owners)***? How do you think they would answer the question about it being a good idea or not? [Sub-Question iii]

1. They would probably say that it's really ***not a good idea***
2. They would probably say that it's ***somewhat of a good idea***

3. They would probably say that it's ***a pretty good idea***
4. They would probably say that it's ***a very good idea***
5. They would probably say that it's ***an excellent idea***

S.EHD.S-Q14. Do you think that this collaboration process has produced a ***useful*** policy (SOP)?
[Sub-Question iii, iv]

1. The SOP is not very useful
2. It is somewhat useful
3. It is pretty useful
4. It is very useful
5. It is extremely useful

S.EHD.S-Q15. How ***likely*** is it that the SOP ***may have benefited from this collaboration that you participated in?*** [Sub-Question iii, iv]

1. Not at all likely
2. Probably not likely
3. Perhaps
4. Yes, it is likely
5. Absolutely, it is likely

S.EHD.S-Q16. Thinking back on the first session where you commented on the process chart and participated in the brainstorming session to identify barriers, do you think it was ***important to have been a part of that process?***
[Sub-Question iii]

1. It really wasn't that important
2. It was somewhat important
3. It was pretty important
4. It was very important
5. It was extremely important

S.EHD.S-Q17. ***How likely*** is it that because you helped to work on it, that ***you now feel more positive about the SOP than if you hadn't participated?***
[Sub-Question ii, iii, iv]

1. Not at all likely
2. Probably not
3. Perhaps
4. Yes, likely
5. Absolutely likely

S.EHD.S-Q18. How about the Health Department? ***How likely*** is it that because you helped to work on the SOP, that ***you now feel more positive about the Health Department?***[Sub-Question ii]

1. Not at all likely

2. Probably not
3. Perhaps
4. Yes, likely
5. Absolutely likely

S.EHD.S-Q19. How about the collaboration process itself? Do you think that ***it needs any major changes to improve it?*** [Sub-Question iii, v]

1. Definitely not
2. No
3. Perhaps
4. Yes
5. Absolutely yes

S.EHD.S-Q20. What level of change, if it has at all, has your helping to work on this SOP ***increased the health department's value*** in your eyes? [Sub-Question ii]

1. Absolutely no improvement in value
2. Not really an improvement in value
3. Perhaps some improvement in value
4. Yes, some improvement in value
5. Absolutely some improvement in value

That's it, thanks! We appreciate all the time that you have put into this project with us. If you have any questions about this work or would like to learn about the outcome of this research, please feel free to contact me (John Ralls) at (714) 433-6110, and I would be glad to keep you up to date on how it all turns out!

This concludes the survey and your participation.

Appendix N: Participant Recruitment Scripts

Study Title: Shared Food Facility SOP Collaboration
Researcher: John Ralls, MPH, REHS
Sponsor: University of Illinois at Chicago & Orange County Public Health Services

Recruitee: Work Group (Host food facility operators) participant

- Hello, is this _____?
- Great! I'm John Ralls and I work with the Food and Pool Safety program of the Orange County health department. As you probably know, the health department regulates the commercial production and sales of food in Orange County. I'm calling you because one of our health inspectors has suggested that you might be interested in working on a special project we've just started. Essentially, we are getting ready to develop a policy that will address the production and sales of those foods that are currently taking place by food operators who don't have a health permit of their own, but are working inside of an approved, permitted kitchen in the county. You probably know them as incubator or shared kitchens that rent or lease out their facilities for this kind of activity.
- District health inspector staff in the program have identified your business as one of these incubators kitchens, and we would be very interested in having your help by commenting on the policy that will regulate these operations. Because you operate a shared kitchen operation, we believe that you may have a unique perspective on how it works, which could help the health department develop a better policy than if we just did it on our own.
- Your commitment of time is likely to be about two hours in total, stretched out over two different days. You and a few other operators would meet as a group at our office and would comment on a draft plan to develop the policy. That should take about 45 minutes to an hour. A month or two later, we would meet again and then you would be able to comment on the draft of the policy before it went to our director for final approval.
- Does this sound like something that you would be willing to participate in?
- (If yes) Terrific, I can answer any questions that you might have about it, but I would also mention that because this is such a new approach for the health department in the way we have developed policies in the past, that it will be conducted as a research project. Your name will not be used, that is, you will remain anonymous, but I will be asking questions and taking notes and audio taping the sessions so that we can look at everything we talked about later on to see what worked and what didn't. Ok?
- Do you have any questions? (Details about consent/demographic survey that will be mailed out will be discussed next, along with tentative meeting date for first Work Group session.)

Recruitee:

Dependent Food Facility Operator participant

- Hello, is this_____?
- Great! I'm John Ralls and I work with the Food and Pool Safety program of the Orange County health department. As you probably know, the health department regulates the commercial production and sales of food in Orange County. I'm calling you because one of our health inspectors has suggested that you might be interested in working on a special project we've just started. Essentially, we are getting ready to develop a policy that will address the production and sales of those foods that are currently taking place by food operators who don't have a health permit of their own, but are working inside of an approved, permitted kitchen in the county. You probably know them as incubator or shared kitchens that rent or lease out their facilities for this kind of activity.
- District health inspector staff in the program have identified your business as one of those food producers who use and incubators kitchen, and we would be very interested in having your help by commenting on the policy that will regulate these operations. Because of your knowledge of the shared food facility arrangements in Orange County, the department believes that you may be able to help it understand some things better as it prepares to develop a policy that will regulate this practice in the coming months.
- Your commitment of time is likely to be about 15 minutes in total, as it will be a relatively short survey.
- Does this sound like something that you would be willing to participate in?
- (If yes) Terrific, I can answer any questions that you might have about it, but I would also mention that because this is such a new approach for the health department in the way we have developed policies in the past, that it will be conducted as a research project. Your name will not be used, that is, you will remain anonymous. Ok?
- Do you have any questions? (Details about consent/demographic and main survey that will be mailed out will be discussed

Appendix O: Survey Responses

	Variable	1	2	3	4	5	
DS1	<i>Age range</i>	18 to 30 years of age	31 to 40 years	41 to 50 years	51 to 60 years	Above 60 years	Variable Mean
WG		1	2	3	2	0	2.86
Dep		16	16	1	0	0	1.55
EHD		1	2	3	2	0	2.86

Appendix O-1: Age range

	Variable	1	2	3	
DS2	<i>Type of employment</i>	Public services (e.g., government, or another non-profit organization)	Private industry (i.e., a commercial/for profit business)	Other (i.e., an enterprise that you do not believe fits either of these other two categories)	Variable Mean
WG		0	7	0	2.00
Dep		0	32	1	2.03
EHD		7	0	0	1.00

Appendix O-2: Type of employment

	Variable	1	2	3	4	5	6	
DS3	<i>Number of people at place of employment</i>	Less than 10 people in total	From 10 to 25 people	More than 25, but no more than 50	More than 50, but no more than 100	More than 100, but no more than 500	More than 500	Variable Mean
WG		5	1	1	0	0	0	1.43
Dep		22	6	2	3	0	0	1.58
EHD		0	0	0	3	3	1	4.71

Appendix O-3: Employee count

	Variable	1	2	3	4	
DS4	<i>Number of years in the field</i>	No more than 2 years	More than 2, but no more than 5 years	More than 5, but no more than 10 years	More than 10 years	Variable Mean
WG		0	2	3	2	3.00
Dep		22	5	3	3	1.61
EHD		1	0	2	4	3.29

Appendix O-4: Years in field

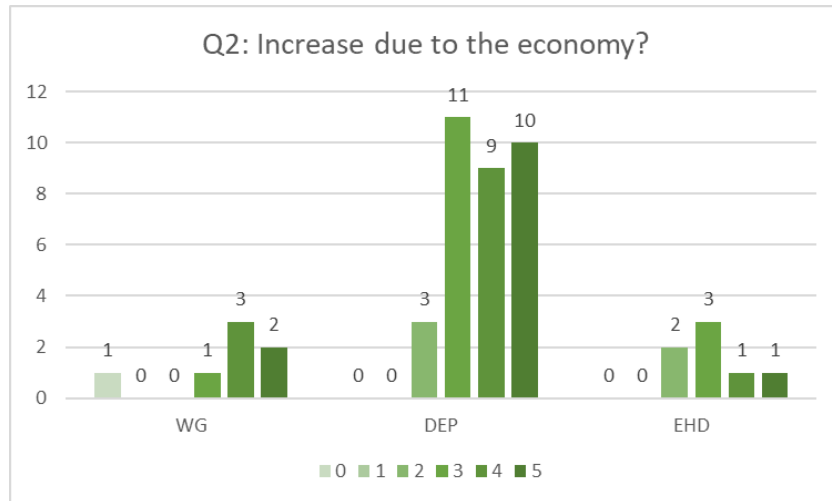
	Variable	1	2	
DS5	<i>Gender</i>	Female	Male	Variable Mean
WG		5	2	1.29
Dep		21	12	1.36
EHD		4	3	1.43

Appendix O-5: Gender

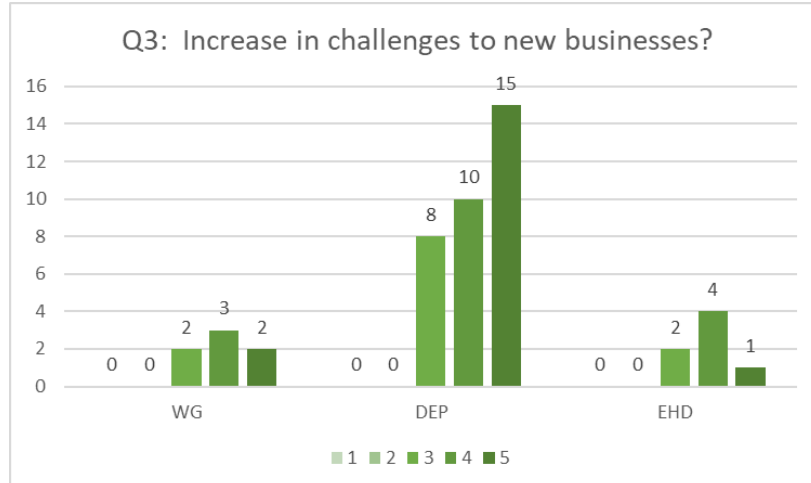
	Variable	1	2	3	4	5	6	
DS6	<i>Position at place of employment</i>	Executive Administrator / Owner/Partner	Mid-Level Administrator / Manager	Front-Line Administrator / Supervisor	Technical Staff	Front-Line Staff	Other Position	Variable Mean
WG		6	0	0	0	0	1	1.71
Dep				4	1	24	4	4.85
EHD		0	1	2	0	4	0	4.00

Appendix O-6: Employee position

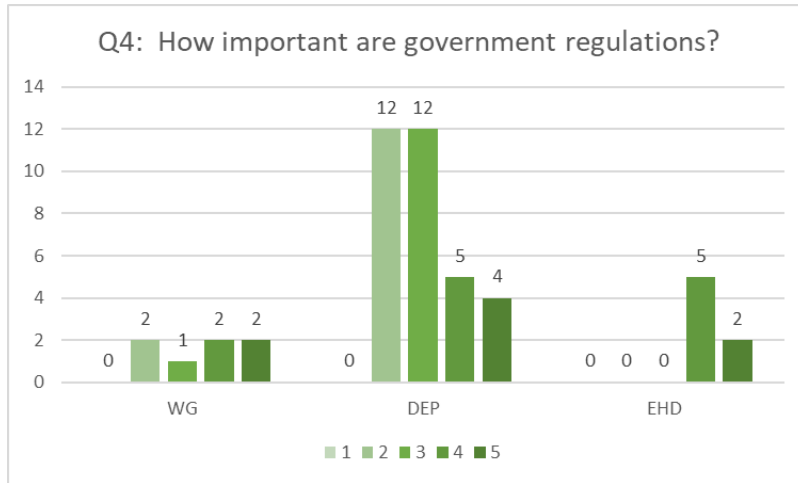
Appendix P: Pre-Implementation Survey



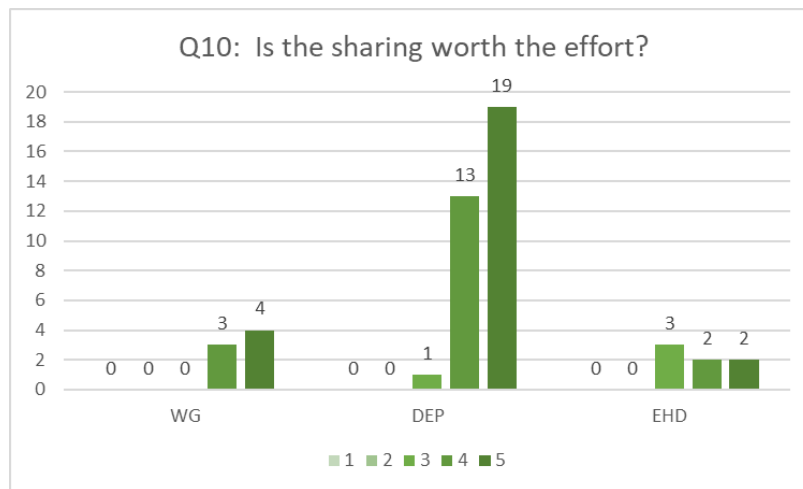
Appendix P-1: Influence of economy



Appendix P-2: Increase in challenges



Appendix P-3: Importance of regulations



Appendix P-4: Worth the effort

Q4	
DEP	EHD
2	4
5	4
3	5
4	5
3	4
4	4
2	4
3	
5	
2	
2	
3	
3	
2	
2	
3	
2	
3	
3	
2	
3	
3	
5	
4	
4	
3	
2	
2	
3	
2	
4	
2	
5	

HC3:G671 : a ≠ b
Sample sizes: m = 33, n = 7
Exact p-value: **0.0021476585**

Q4	
WG	DEP
4	2
4	5
2	3
5	4
3	3
2	4
5	2
	3
	5
	2
	2
	3
	3
	2
	2
	3
	2
	3
	3
	2
	3
	3
	5
	4
	4
	3
	2
	2
	3
	2
	4
	2
	5

H1 : a ≠ b
Sample sizes: m = 7, n = 33
Exact p-value: 0.30224946

Q5	
WG	EHD
3	4
5	3
3	4
3	4
3	5
4	4
5	5

H1 : a ≠ b
Sample sizes: m = 7, n = 7
Exact p-value: 0.28321677

Q5	
DEP	EHD
3	4
4	3
3	4
3	4
3	5
3	4
3	5
3	
4	
3	
3	
4	
3	
3	
3	
4	
3	
3	
3	
3	
4	
3	
3	
3	
3	
4	
3	
5	

H1 : a ≠ b
Sample sizes: m = 33, n = 7
Exact p-value: **0.0035896578**

Appendix P-5: Wilcoxon-Mann-Whitney test results

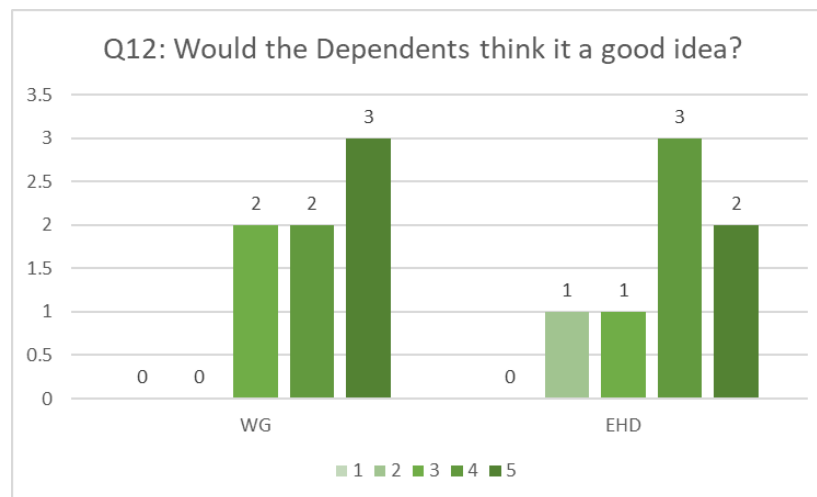
Appendix Q Post-Implementation Survey

Post-Session Survey Results											
Question #	Question	Value= 1		Value= 2		Value= 3		Value= 4		Value= 5	
		WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)	WG (N=7)	EHD (N=7)
Q11	What do you think of the idea of food businesses giving feedback on policy development to the Health Department? <i>Was this a good idea?</i>	0	0	0	0	0	1 (14.3%)	0	3 (42.9%)	7 (100%)	3 (42.9%)
Q12	What do you think the reaction of Dependent operators would be, <i>the ones who are renting out time</i> in their kitchens? How do you think they would answer the question about it being a good idea or not?	0	0	0	1 (14.3%)	2 (28.6%)	1 (14.3%)	2 (28.6%)	3 (42.9%)	3 (42.9%)	2 (28.6%)
Q13	What about <i>the Host operators who do the renting (the kitchen owners)?</i> How do you think they would answer the question about it being a good idea or not?	0	0	0	1 (14.3%)	0	0	3 (42.9%)	1 (14.3%)	4 (57%)	5 (71.4%)
Q14	Do you think that this collaboration process has produced a <i>useful</i> policy (SOP)?	0	0	0	0	0	1 (14.3%)	1 (14.3%)	5 (71.4%)	6 (85.7%)	1 (14.3%)
Q15	How <i>likely</i> is it that the SOP <i>may have benefited from this collaboration that you participated in?</i>	0	0	0	0	0	0	3 (42.9%)	3 (42.9%)	4 (57%)	4 (57%)
Q16	Thinking back on the first session where you commented on the process chart and participated in the brainstorming session to identify barriers, do you think it was <i>important to have been a part of that process?</i>	0	0	0	0	0	0	3 (42.9%)	3 (42.9%)	4 (57%)	4 (57%)
Q17	<i>How likely</i> is it that because you helped to work on it, that <i>you now feel more positive about the SOP than if you hadn't participated?</i>	0	0	0	0	1 (14.3%)	0	0	3 (42.9%)	6 (85.7%)	4 (57%)
Q18	How about the Health Department? <i>How likely</i> is it that because you helped to work on the SOP, that <i>you now feel more positive about the Health Department?</i>	0	0	0	0	0	1 (14.3%)	1 (14.3%)	4 (57%)	6 (85.7%)	2 (28.6%)
Q19	How about the collaboration process itself? Do you think that <i>it needs any major changes to improve it?</i>	0	0	0	3 (42.9%)	3 (42.9%)	3 (42.9%)	3 (42.9%)	1 (14.3%)	1 (14.3%)	0
Q20	What level of change, if it has at all, has your helping to work on this SOP <i>increased the health department's value</i> in your eyes?	0	0	1 (14.3%)	0	0	2 (28.6%)	1 (14.3%)	3 (42.9%)	5 (71.4%)	2 (28.6%)

WG- Work Group

EHD- Environmental Health policy staff

Appendix Q-1: Post-Session survey results



Appendix Q-2: Post-Session / Q12

Q14		H1: a≠b Sample sizes: m=7, n=7 Exact p-value: 0.025058275
<i>WG</i>	<i>EHD</i>	
5	4	
5	3	
5	5	
5	4	
5	4	
4	4	
5	4	

Q19		H1: a≠b Sample sizes: m=7, n=7 Exact p-value: 0.06585082
<i>WG</i>	<i>EHD</i>	
2	3	
2	2	
2	3	
3	4	
1	4	
3	4	
3	3	

Appendix Q-2: Wilcoxon-Mann-Whitney test results

Appendix R Work Group's Second Discussion Session and Interviews

Appendix R-1

WGP2 Interview

WGP2: *I believe it's fair.*
John: *The SOP you think is fair to both groups?*
WGP2: *Yes.*



WGP5 Interview

WGP5: *Yeah.*
John: *You think so.*
WGP5: *Mm-hmm (affirmative).*
John: *Okay. That's sort of what we just talked about too, that it may be a larger burden for the dependent coming out, but I'm not saying that because you're a dependent you have less rights.*
WGP5: *Right. Yeah, I think it's fair.*
John: *Okay.*
WGP5: *Yeah, for both sides.*



WGP6 Interview

WGP6: *I don't like to use the word fair. I just have an issue with that because fair is impossible to define. I hear that word thrown around all the time and I remember my kids saying, that's not fair, and I never knew how to... because each one had a different perception of what's fair. I do believe that your second thing that you said is true.*
John: *How about equally?*
WGP6: *I would say it's straightforward and transparent.*
John: *Ok. I'll take that.*
WGP6: *With that, everyone has an equal opportunity to engage in the process, and the process is pretty straightforward and transparent.*

John: Equal opportunity, I'll pick up on that, thanks.
WGP6: I have no idea what people think is fair.
John: It's subjective, I agree.
WGP6: I try to avoid that, because it's a trap.

Appendix R-2

WGP2 Interview

John: Okay. In your opinion, do you think that the SOP does a good job of enforcing the State health laws?
WGP2: Absolutely.



WGP5 Interview

John: In your opinion, do you think that the SOP does a good job of enforcing the State health laws?
WGP5: Yep.



WGP6 Interview

John: In your opinion, do you think the SOP does a good job enforcing the State health laws?
WGP6: I think the SOP is going to raise consciousness about the State health laws because I got involved in the State health laws very early because I knew from day one I wanted to do wholesale and you guys, from day one, directed me there and from the very beginning, I was working with the State. But as people come in here and I ask them, "Are you planning on getting a processed food permit at the State level?" They're like, "What's that? When do I need it, why do I need it?"

It doesn't seem to be, there's a lot of folks out there producing food that don't have any consciousness about when and how they need to do that, so it's a great opportunity to raise consciousness on that. That's good.

Appendix R-3

WGP2 Interview

John: Do you think the SOP will do a good job of keeping people from getting sick then?
WGP2: Yes.



WGP5 Interview

John: Yep, okay. Do you think the SOP will do a good job of keeping people from getting sick, so that's what we just talked about.
WGP5: Yeah, yeah.
John: Do you think that the health department's regular facility inspections are important then, that they might actually help prevent foodborne illness?
WGP5: Yeah, absolutely.

Even though the participant had given a definitive response to the question, the timing seemed right and I followed up with a secondary question that got more directly to the issue of the effectiveness of the department. The participant didn't miss a beat and responded positively again. I recall that this participant had not been an active participant during the first session and had even left a little early towards the end of that session. As I was uncertain as to his opinion of the department,

perhaps even the government in general, I decided that it was appropriate to further explore his opinions in this area. Having him in this one-on-one interview setting had appeared to make him more expressive, and so immediately preceding the SOP *effectiveness* question and immediately after the *justness* of the SOP question, I asked him the following question:

John: Okay. Do you think health laws are important, and if so how come?
WGP5: Yeah, I mean, it's you're dealing with people's safety, lives. You can die from food poisoning.



WGP6 Interview

With a similar freedom to explore this third participant's opinion within the framework of the individual interview, the following question & response conversation followed immediately after the previous SOP's *justness* question:

John: Do you think that health laws are important?
WGP6: Yes.
John: Straight and simple, good. Do you think the SOP will do a good job of keeping people from getting sick?
WGP6: From poor health laws, yes. From getting sick due to inappropriate food production, food handling, yes.
John: Do you think the health department, their inspections, do you think they're important? Do you think that, in some way, they may help prevent or minimize illnesses?
WGP6: Yes.

Appendix R-4

WGP2 Interview

John: In your opinion, do you think that the health department is cost effective? That it uses industry and public resources wisely?

WGP2: *I think there is room for improvement in the area that we have already discussed. For example, just the notifying business. Aside from that, I don't know that I can legitimately answer that question. I think everything is transitional. As a whole, I think it's an effective department.*

John: *Maybe this question will help you delve into it a little bit more. Overall, do you think you're getting good value from the money that you spent on your health permit with regards to the services that you receive back from the department?*

WGP2: *Yes and no.*

John: *Explain when you say ...*

WGP2: *Yes, because I've had the benefit of having some phenomenal inspectors, EHD8 being one, who took the time to explain and did things like that. I've had a situation where the inspector did absolutely nothing but come in, didn't even say hello and walked out. In that regard, again, that's where that community is not there. I think that's an individual basis. I say no if we are looking at an individual, but as a whole? Yes.*



WGP5 Interview

John: *Do you think the SOP will be cost effective, that it uses industry and public resources wisely?*

WGP5: *Not as far as cost for me, you mean just as like the county costs, or for me and the dependent?*

John: *You pay for a permit, do you think the money's that go into that are being used effectively for the services you get in return?*

WGP5: *Yeah, yeah, I mean, in there you guys should have a lot more money coming in from this change, right?*

John: *More money yes, obviously.*

WGP5: *For more work.*

John: *Obviously more inspections to be done.*

WGP5: *Yep.*

The participant was then unclear as to what the cost of the Dependents' permit would be, and he had incorrectly assumed that it would be the same as what he was paying as a Host. He had concerns with the cost being too high. With this issue being

resolved, he seemed to be relieved about costs, but I felt his answer about cost effectiveness remained unsettled.



WGP6 Interview

John: Do you think the SOP will be cost effective, that it'll use industry and public resources wisely?

WGP6: I have no idea, I hope so.

Appendix S Domain Analysis

WGP1: *Our facility instructors are great.*

WGP4: *I've never had a bad inspector.* [Work Group's First Discussion Session]

*

WGP4: *No. I'm just saying our facility inspectors always been great. We've always had the same one the last four years. EHD5 and...*

WGP3: *Yeah. EHD5's awesome.* [Work Group's First Discussion Session]

*

WGP6: *But it wasn't my inspector. My inspector's awesome.*

WGP2: *But on a positive we had an inspector EHD8 for almost two years at one point and she was.(positive cross-talk comments about the inspector) yeah right, anybody who knows EHD8, because...*

John: *Does anyone want to see pictures or her baby? She just gave birth 2 days ago.*

WGP2: *Really! **Oh she, she really believed and acted as a partner. She had a clear job. She knew that her job was to come in and tell us what we're doing wrong but you were able to ask questions. You could call her, um she would respond to emails.** I've had you know previous inspectors that you just couldn't get ahold of which I think is how I met you the first time but I-*

WGP1: *Same with little EHD9.* [Work Group's First Discussion Session]

*

WGP2: ***There are some that are exceptional at what to do and she's one of them and it makes our job easier to know that we have somebody,** I mean as he said, our, we don't want to make anybody sick more than you don't want anybody to get sick. It's, it's our reputation. It's our business. So, but I think very often the inspectors have a different mentality when they come in. It's as if they're it's almost them against us and that shouldn't be how it is.* [Work Group's First Discussion Session]

Appendix T IRB Exemption

UNIVERSITY OF ILLINOIS AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Exemption Granted

March 24, 2016

John Ralls
Public Health
DrPH Program in Leadership
26382 Via Lara
Mission Viejo, CA 92691
Phone: (949) 859-4068

RE: Research Protocol # 2016-0236
“Policy Implementation using Cross-Sector Collaboration: Creating Public Value at the Public Health Program Level”

Sponsors: None

Dear Mr. Ralls:

Your Claim of Exemption was reviewed on March 21, 2016 and it was determined that your research meets the criteria for exemption. You may now begin your research.

Exemption Period: March 21, 2016 – March 21, 2019
Performance Site: UIC
Subject Population: Adult (18+ years) subjects only
Number of Subjects: 50

The specific exemption category under 45 CFR 46.101(b) is:
(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note the Review History of this submission:

Receipt Date	Submission Type	Review Process	Review Date	Review Action
02/26/2016	Initial Review	Exempt	03/09/2016	Modifications Required
03/16/2016	Response to Modifications	Exempt	03/21/2016	Approved

You are reminded that investigators whose research involving human subjects is determined to be exempt from the federal regulations for the protection of human subjects still have responsibilities

for the ethical conduct of the research under state law and UIC policy. Please be aware of the following UIC policies and responsibilities for investigators:

1. Amendments You are responsible for reporting any amendments to your research protocol that may affect the determination of the exemption and may result in your research no longer being eligible for the exemption that has been granted.
2. Record Keeping You are responsible for maintaining a copy all research related records in a secure location in the event future verification is necessary, at a minimum these documents include: the research protocol, the claim of exemption application, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to subjects, or any other pertinent documents.
3. Final Report When you have completed work on your research protocol, you should submit a final report to the Office for Protection of Research Subjects (OPRS).
4. Information for Human Subjects UIC Policy requires investigators to provide information about the research protocol to subjects and to obtain their permission prior to their participating in the research. The information about the research should be presented to subjects as detailed in the research protocol and claim of exemption application utilizing the approved recruitment and consent process and documents.

Please be sure to use your research protocol number (2016-0236) on any documents or correspondence with the IRB concerning your research protocol.

OPRS does not send hard copies via campus mail of protocol-related correspondence to investigators, research staff and Department Heads. For more information, please refer to the following: <http://research.uic.edu/node/4117>

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the OPRS office at (312) 996-1711 or me at (312) 355-2908. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Charles W. Hoehne
Assistant Director, IRB #7
Office for the Protection of Research Subjects

cc: Eve C. Pinsker (faculty sponsor), Public Health, M/C 923

VITA

JOHN RALLS, MPH, REHS

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Mission Viejo, CA 92691
949 575-9710
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EDUCATION

University of Illinois at Chicago
Dr.P.H. in Leadership (c) / Fall of 2018
Dissertation: Policy Implementation using a Stakeholder
Participatory Process: *Creating Public Value at the Public Health Program Level*

California State University- Fullerton, Fullerton, CA
M.P.H. in Health Promotion / 2008
Thesis: Tailoring Health Messages to a Vietnamese American Community

Fairleigh Dickinson University, Madison, New Jersey
B.S. in Biology / 1976

RESEARCH INTERESTS

Adaptive leadership, complex adaptive systems, collaborative governance, health communication, public policy, network analysis, and underserved populations.

COMMITTEE WORK

Orange County Health Care Agency, Santa Ana, CA / 2009 – Present

- Public Health Services Quality Improvement Committee
- Public Health Services Health Equity Committee
- Public Health Services Professional Development Committee
- Orange County GIS Steering Committee

COMMUNITY AND VOLUNTEER SERVICE

Community HealthComm / 1991 – Present
Founder

AWARDS

- The Golden Can Award, *Second Harvest Food Bank of Orange County* awarded to Community HealthComm / 2010
- Environmental Health Specialist of the Year, *California Environmental Health Association* / 2006
- Food Incentive Grant, *U.S. Food & Drug Agency* awarded for a community-based participatory project / 2003 – 2006

PROFESSIONAL CERTIFICATION

Registered Environmental Health Specialist, #5457, CA DHS

PUBLIC HEALTH PRACTICE EXPERIENCE

Orange County Health Care Agency, Santa Ana, CA / 1996 – Present

Supervising Environmental Health Specialist

Supervise regulatory field staff and develop policies relating to the oversight of community stakeholders that are either engaged in retail food operations, or affect the public recreational waters of the county.

Orange County Health Care Agency, Santa Ana, CA / 1990 – 1996

Food Specialist / Environmental Health Specialist II

Train regulatory field staff, develop program policies, act as liaison between State and Federal agencies, and provide technical research for administrators in the Food Protection Program.

Orange County Health Care Agency, Santa Ana, CA / 1987 – 1990

District Inspector / Environmental Health Specialist I

Conduct State-mandated assurance inspections and respond to public complaints of community businesses and residents that: are engaged in food preparation and distribution; own or affect public recreational waters; and/or are involved in substandard housing issues Orange County.

Retail / Wholesale Sales & Marketing

For twenty-eight years, I held a number of positions in sales and management positions in New York City and in Orange County, CA.

PUBLICATIONS AND PAPERS

Scombroid fish poisoning: Underreporting and prevention among noncommercial recreational fishers. West J Med. 1992 December; 157(6): 645–647.

MEMBERSHIPS

American Public Health Association

- Public Health Education Health Promotion Section
- Health Communication Working Group
- Steering Committee Member / HP2020 Subcommittee Chair

California Environmental Health Association