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Plain Language Summaries: A New EHS-Net Tool to Share Our Published Findings

Editor's Note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the *Journal*.

In this column, EHSB and guest authors from across CDC will highlight a variety of concerns, opportunities, challenges, and successes that we all share in environmental public health. EHSB's objective is to strengthen the role of state, local, and national environmental health programs and professionals to anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures for human health. The services being developed through EHSB include access to topical, relevant, and scientific information; consultation; and assistance to environmental health specialists, sanitarians, and environmental health professionals and practitioners.

The conclusions in this article are those of the author(s) and do not necessarily represent the views of the CDC.

Laura Green Brown is a behavioral scientist with the EHSB. She helps the branch's Environmental Health Specialists Network (EHS-Net) with the design and implementation of restaurant food safety studies. Pamela S. Wigington is the lead health communications specialist in the Division of Emergency and Environmental Health Services. She helps program staff identify communication priorities, implement communication strategies, and communicate with varied audiences.

The Centers for Disease Control and Prevention's (CDC's) Environmental Health Specialists Network (EHS-Net) is a collaborative network focused on understanding contributing factors to foodborne illness and improving environmental public health practice (www.cdc.gov/nceh/ehs/EHSNet/index.htm).

EHS-Net includes environmental public health and food safety professionals from CDC, Food and Drug Administration, U.S. Department of Agriculture, and six state and local health departments (California, Minnesota, New York, New York City, Rhode Island, and Tennessee). EHS-Net's composition means it is uniquely

positioned to conduct high-quality research on food safety, particularly restaurant food safety.

In its 10-plus years, EHS-Net has conducted 15 studies on restaurant food safety (www.cdc.gov/nceh/ehs/EHSNet/publications/pubs-by-citation.htm). These studies collected data on a variety of restaurant food safety topics. Topics include the following:

- food worker hand hygiene practices,
- ill food worker practices,
- restaurant egg handling practices, and
- differences between restaurants linked with outbreaks and restaurants not linked with outbreaks.

These EHS-Net studies have yielded valuable findings that can be used to improve food safety practices and policies. Examples of EHS-Net findings include the following:

- Food workers were more likely to wash their hands when they should when they were less busy and when they have had food safety training.
- More than 10% of food workers interviewed said they had worked while sick with vomiting or diarrhea.
- The high-risk practices of improper storage of eggs before cooking and pooling of eggs were commonly observed in restaurants.
- Restaurants linked with outbreaks were less likely to have certified kitchen managers on staff than restaurants not linked with outbreaks.

EHS-Net publishes results from its studies in scientific journals such as the *Journal of Food Protection* and the *Journal of Environmental Health*. Two publications based on these studies have been nominated for CDC's prestigious Charles C. Shepard Science Award (www.cdc.gov/od/science/aboutus/shepard/).

These publications are “Factors Related to Food Worker Hand Hygiene Practices” (www.cdc.gov/nceh/ehs/EHSNet/Docs/JFP_Food_Worker_Hand_Hygiene.pdf) and “Tomato Handling Practices in Restaurants” (www.cdc.gov/nceh/ehs/EHSNet/Docs/Tomato_Handling_Practices_in_Restaurants.pdf).

We also post our journal publications on the EHS-Net Web site (www.cdc.gov/nceh/ehs/EHSNet/publications/pubs-by-topic.htm).

Improved Availability

Despite these efforts to broadcast our study findings, we have felt that accessibility of our study findings was lacking. Our data and findings could be very useful to food safety professionals, but they rarely have time to read 10-page journal articles. To address this issue, we now summarize EHS-Net journal articles in plain language and post them on our Web site (www.cdc.gov/nceh/ehs/EHSNet/plain_language/index.htm) so that they are accessible to anyone who can access the Internet. The summaries contain brief descriptions of each study’s purpose, method, findings, conclusions, and recommendations.

Each summary also includes a Study Findings in Brief section that highlights the major findings of the article. We also created a printable fact sheet for each summary that focuses only on the purpose, findings, and recommendations. The summaries and fact sheets are easy to print and distribute.

As of April 2012, 11 summaries are posted on our Web site in four categories:

- Restaurant-related foodborne illness outbreaks
 - » Food safety differences between restaurants linked and not linked to outbreaks

- General public’s beliefs about gastrointestinal illness
 - » Beliefs that restaurant meals made people sick
- Restaurant food handling and food safety practices
 - » Beef grinding records kept by retail stores
 - » Factors affecting safe food preparation by food workers and managers
 - » Food worker hand washing and food preparation
 - » Food worker hand washing and restaurant factors
 - » Food workers working when they are sick
 - » How restaurants handle tomatoes
 - » How restaurants prepare eggs
- Retail food safety programs
 - » How environmental health specialists investigate outbreaks
 - » Kitchen manager certification study and food safety

We hope these summaries will be of value to you, and we would love to hear your thoughts on them. So please visit the Web site today, review our summaries, and tell us what you think! E-mail us at NVEAIS@cdc.gov with any comments, questions, or suggestions. 🐞

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What Is Plain Language?

Plain language is one way to make sure that information is accessible and understandable for its intended audiences. It is language written so those audiences can understand it the first time they read it.

Materials written in plain language are easy to understand and presented in an easy-to-read format. These materials benefit everyone. The average person receives hundreds—if not thousands—of bits of information every day. Plain language is one way to help people deal with this information.

Plain language also helps address health literacy. The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.

To improve health literacy, CDC and others can do much better in designing and presenting health information and services that people can use effectively. For more information about health literacy at CDC, visit the CDC Health Literacy Web site (www.cdc.gov/healthliteracy/).

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