

# **Satellite Broadcast**

## **Report of the FDA Retail Food Program Database of Foodborne Illness Risk Factors**

Friday, October 27, 2000  
1:00 PM - 4:00 PM Eastern

### **BROADCAST MATERIAL FOR VIEWERS**

#### **PowerPoint Handouts**

More information on the broadcast is available at: <http://vm.cfsan.fda.gov/~dms/retrskfl.html>

# FDA Retail Food Program Database of Foodborne Illness Risk Factors



October 27, 2000

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## BACKGROUND

- FDA National Retail Food Steering Committee
- Government Performance Review Act (1993)  
*"performance plans ... measurable indicators"*

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## BACKGROUND

- Baseline focus:
  - 5 CDC-identified risk factors
  - 1997 FDA Food Code as the standard
- National Team & Healthy People 2010 agency goal
  - 25% reduction in CDC risk factors

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**GPRA BASELINE  
REPORT FORMAT**

- I. Background
- II. Introduction and Purpose
- III. Methodology
- IV. Data Reports and Discussion

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**GPRA BASELINE  
REPORT FORMAT**

- V. Field and Statistical Limitations
- VI. Recommendations for Regulatory & Industry Programs
- VII. Areas for Future Study

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**INTRODUCTION AND  
PURPOSE**

- Agency effort to change behaviors / practices related to foodborne illness
- Measure trends in regulatory & industry efforts to reduce the occurrence of FBI risk factors

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## INTRODUCTION AND PURPOSE

- Healthy People 2010
  - Food Safety Objective 10.6
- Baseline is National in Scope

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## METHODOLOGY

- Scope: 3 Industry segments / 9 facility types:
  - Institutions
    - Hospitals
    - Nursing Homes
    - Elementary Schools

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## METHODOLOGY

- Scope: 3 Industry segments / 9 facility types:
  - Restaurants
    - Fast Food
    - Full-Service

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**METHODOLOGY**

- Scope: 3 Industry segments / 9 facility types:
  - Retail Food Stores ---
    - 4 departments:**
      - Deli
      - Meat and Poultry
      - Produce
      - Seafood

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**METHODOLOGY**

- Scope:
  - 895 Inspections
  - 17,477 Observations
  - Selection of Project Locations

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**METHODOLOGY**

- Standardized Specialists conducted the inspections
- Selection of Establishments (Comparison Lists)

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## METHODOLOGY

- Confidentiality of Selected Establishments
- Observational vs. Regulatory inspections

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## BASELINE DATA COLLECTION FORM

- Foodborne Illness Risk Factors
  - Food from Unsafe Sources
  - Inadequate Cooking
  - Improper Holding/Time-Temp
  - Contaminated Equipment/Protection from Contamination
  - Poor Personal Hygiene

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## BASELINE DATA COLLECTION FORM

Baseline Data Collection Form

CDC RISK FACTORS

"CDC RISK FACTOR - FOODS FROM UNSAFE SOURCE"

FOOD SOURCE

STATUS 1. Approved Source

- A. All food from Regulated Food Processing Plants/No home prepared/canned foods.
- B. All Shellfish from NSSP listed sources. No recreationally caught shellfish received or sold.
- C. Game wild mushrooms harvested with approval of Regulatory Authority.

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## PRESENTATION OF THE DATA

- **TABLE 1** - Overall % Observable Data Items IN COMPLIANCE - 9 Facility Types

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## TABLE 1

OVERALL PERCENT (%) of Observable and Applicable Data Items found IN COMPLIANCE and the FDA Improvement Goal, by Facility Type

		1998 Baseline*	FDA Improvement Goal**
		% IN COMPLIANCE Observable Items (rounded to nearest %)	(rounded to nearest %)
Institutions	Hospital	80%	85%
	Nursing Home	82%	87%
	Elementary School	80%	85%

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## PRESENTATION OF THE DATA

- **TABLE 2** - Total % IN COMPLIANCE Observations -Risk Factors - 9 Facility Types

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**TABLE 2 – Total % IN COMPLIANCE Observations - Risk Factors**

Risk Factor	Retail Food Store - Daily		
	%	N	Total Obs
Food from Unsafe Sources	97.1	204	210
Inadequate Cooking	89.3	218	244
Improper Holding/Time-Temperature	43.3	223	515
Contaminated Equipment/Protection from Contamination	79.4	374	471
Poor Personal Hygiene	73.6	373	507
Other/Chemical	83.1	177	213

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**PRESENTATION OF THE DATA**

- **TABLES 3-11** – Individual Data Items Needing Priority Attention (32 or more OUT OF COMPLIANCE Observations for each facility type)

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**TABLE 6**

RESTAURANTS – FAST FOOD  
% OUT OF COMPLIANCE OBSERVATIONS

Industry Segment – Restaurants Facility Type – Fast Food	N	Total Observations	% OUT OF COMPLIANCE
Data Item			
RTE, PHF Date Marked After 24 Hr	41	58	71%
PHF Held Cold at 41°F (5°C) or Below	63	101	62%
Prevention of Hand Contamination	59	102	58%
Proper, Adequate Handwashing	55	103	53%
Surfaces/Utensils Clean/Sanitized	38	101	38%
Poisons/Toxics ID Store/Use Properly	36	103	35%
Good Hygienic Practices	34	104	33%

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## PRESENTATION OF THE DATA

- **FIGURES 1-31** – Visuals depicting the most significant OUT OF COMPLIANCE data items for each facility type and overall

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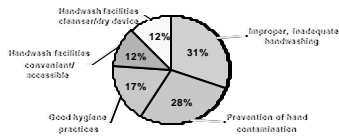
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## FIGURE 16

**POOR PERSONAL HYGIENE**  
Breakdown of the OUT OF COMPLIANCE Observations, by Data Item  
**FIGURE 16.**  
Restaurants - FULL-SERVICE



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## DATA SUMMARY

**Five practices and behaviors > 40% OOC observation rate:**

- **Cold Holding of Potentially Hazardous Food (PHF) at 41°F or below**

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**DATA SUMMARY**

**Five practices and behaviors  
> 40% OOC observation rate:**

- Ready-to-eat (RTE), PHF Date Marked after 24 hours (prepared on-site)

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**DATA SUMMARY**

**Five practices and behaviors  
> 40% OOC observation rate:**

- Commercially processed RTE, PHF Date Marked

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**DATA SUMMARY**

**Five practices and behaviors  
> 40% OOC observation rate:**

- Surfaces/Utensils Cleaned/Sanitized

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**DATA SUMMARY**

**Five practices and behaviors  
> 40% OOC observation rate:**

- Proper, Adequate Handwashing

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**DATA SUMMARY**

Three risk factors had data items with significant OUT OF COMPLIANCE Observations for 8 of the 9 facility types (the exception: seafood depts.)

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**Significantly Out of Compliance**

- Improper Holding/Time and Temperature
- Poor Personal Hygiene
- Contaminated Equipment / Protection from Contamination

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## Improper Hold/Time Temperature

### Cold Holding at 41°F

- Significant for 8 out of 9 facility types
- Responsibility for between 21% to 54% OUT OF COMPLIANCE (OOC) observations

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## Improper Hold/Time Temperature

### Date Marking RTE, PHF after 24 hours

- Significant for all facility types except schools and meat departments.

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## Improper Hold/Time Temperature

### Rapid Cooling

- Significant for full-service restaurants (56/66 = 85% OOC rate).

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## Poor Personal Hygiene

### Lack of Handwashing

- Significant in all 9 facility types
- 30% to 45% of the total personal hygiene OOC observations

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## Poor Personal Hygiene

### Bare hand contact with RTE foods

- Significant for schools and all restaurants

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## Poor Personal Hygiene

### Eating, Drinking, Sneezing, Coughing, Use of tobacco

- Significant for all restaurants

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**Poor Personal Hygiene**

Inadequate handwashing facilities

- Significant for full-service restaurants

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**Contaminated Equipment**

Failure to clean and sanitize utensils/surfaces

- Significant in all 9 facility types

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**Contaminated Equipment**

Separation of raw animal foods from RTE foods

- Significant in full-service restaurants

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## Project Limitations

- Field Limitations
  - Time of the Inspection
  - Length of the Inspection

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## Project Limitations

- Statistical Limitations

Some comparisons not supported by statistical Design

  - Region vs. Region, State vs. State

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## Project Limitations

- Statistical Limitations

Some comparisons not supported by statistical Design

  - Subcategories of Facility Types (e.g., chains of restaurants, retail food stores)

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**Statistical Power**

- Imperfect representation of U.S.

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**Statistical Power**

- Precision of percentages for each facility type

(the more observaitons, the greater the reliability in the data)

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**Precision of Percentages**

Table 1. +/-2 to 3 percentage points

- 4200 Possible Compliance Observations
- 2420 Obs. Made - Full-Service Restaurants
- 1540 Obs. Made - Meat & Poultry Departments

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## Precision of Percentages

Table 2. +/-4 to 8 percentage points

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## STATISTICAL POWER

- Good for trends, e.g. GPRA
- Good for relative importance of changes for each facility type

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## RECOMMENDATIONS for REGULATORY

- Self-Assess Program effectiveness  
*FDA's Recommended National Retail Food Program Standards*
- Adopt uniform regulatory standard - FDA Food Code

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**RECOMMENDATIONS  
for REGULATORY**

- Use risk-based inspection methodology
- Provide flexible work schedules

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**RECOMMENDATIONS  
for REGULATORY**

- Properly train and equip field personnel
- Document compliance determination (IN; OUT; N.O.; N.A.)

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**RECOMMENDATIONS  
for REGULATORY**

- Take appropriate corrective action (Risk Control Plans)
- Establish own jurisdictional baseline

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**RECOMMENDATIONS  
for INDUSTRY**

- Develop and implement Standard Operating Procedures (SOPs) to address FBI risk factors

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**RECOMMENDATIONS  
for INDUSTRY**

- Provide employees with specific training and equipment to implement the SOPs

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**RECOMMENDATIONS  
for INDUSTRY**

- Incorporate critical limits and measurable standards for control of FBI risk factors in SOPs

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**RECOMMENDATIONS  
for INDUSTRY**

- Establish monitoring procedures that focus on critical processes and practices

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**RECOMMENDATIONS  
for INDUSTRY**

- Identify methods to routinely assess the effectiveness of the SOPs

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**RECOMMENDATIONS  
for INDUSTRY**

**ACTIVE MANAGERIAL  
CONTROL OF FOODBORNE  
ILLNESS RISK FACTORS**

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## FDA Intervention Strategies

- Support implementation of *FDA's Recommended National Retail Food Regulatory Program Standards (Standards)*

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## FDA Intervention Strategies

- State Food Safety Task Forces Forces
  - Implement & participate in
  - Includes regulators, industry, consumers, academia, and others

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## FDA Intervention Strategies

- Expand standardization of local health jurisdiction personnel through work with States

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## FDA Intervention Strategies

- Support regulatory agencies in adopting the FDA Food Code

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## FDA Intervention Strategies

- Complete risk-based standardization of regulatory officials in application of the FDA Food Code

(2 Officials / Agency / Jurisdiction by end of FY 2002)

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## FDA Intervention Strategies

- Review Report with industry and consumer groups
- Develop strategies for addressing areas of noncompliance and consumer protection

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## FDA Intervention Strategies

- Continue to educate consumers through the Agency's hotline and the Fight BAC!™ campaign.

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## FDA Intervention Strategies

- Assess need for Food Code standardization for personnel in agencies serving highly susceptible populations.

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## FDA Intervention Strategies

- Develop work plan initiatives to meet this need (Federal Food Safety Coalition).

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## FDA Intervention Strategies

- Provide technical support for regulatory initiatives designed to enhance the application of the principles of HACCP at the retail level (Standard #3 - Risk Control Plans and HACCP Principles at Retail Manual)

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## FDA Intervention Strategies

- Assess retail food processes and procedures related to targeted high priority items (e.g., egg safety; Listeria risk assessment; raw seed sprouts; unpasteurized juice)

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## FDA Intervention Strategies

- Expand to other Industry segments or sub-categories (e.g., day care; secondary schools; temporary food establishments)

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**AREAS FOR  
FUTURE STUDY**

- Examine more closely items that had a high OOC% , but low number of observations (e.g., cooking, cooling)

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**AREAS FOR  
FUTURE STUDY**

- Assess the impact of retail food initiatives (e.g., egg safety; Listeria risk management; raw seed sprouts)

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