

**2010 Conference for Food Protection
Criticality Implementation and Education Committee Final Report**

Committee Name: Criticality Implementation and Education

Council: I

Date of Report: December 4, 2009

**Submitted By:
Rick Barney and Deborah Marlow, Co-Chairs**

Committee Charges: Conference for Food Protection (CFP) Issue 2008 I-022 specified that CFP create a Criticality Implementation and Education Committee to work on the following:

1. Develop a training program, educational information and identify issues of concern to all stakeholders.
2. Recommend revised terminology based on focus group consideration. The recommended revised terms will be forwarded for review and acceptance to the Executive Board by December 2008.

Background:

During the 2008 CFP Biennial Meeting, the CFP Critical Item Committee and the FDA Criticality Workgroup separately proposed terms for a three-tiered violation system as a replacement for the two-tiered Critical and Non-critical violation designations found in previous editions of the FDA Food Code. These designations are based on a qualitative risk assessment conducted by the FDA Workgroup and reviewed by the Critical Item Committee.

Council 1 accepted Issue 2008 1-021 "Incorporation of the three tier criticality ratings". Council 1 also accepted Issue 2008 1-022 "Revisions to the Food Code Resulting from Re-designation" in which the Criticality Implementation and Education Committee was formed.

Committee Findings and Work:

The committee first met in September of 2008 and consisted of 39 members with a breakdown of 11 State Regulatory, 7 Local Regulatory, 9 Industry Food Service, 7 Industry Retail Food, 3 Federal Regulatory and 2 other. Having a December 2008 deadline, the committee proceeded quickly to propose new terms.

The following sets of terms were proposed to and from the committee.

- Essential, Sensitive, Fundamental
- Focal Point, Focal Foundation, Core
- Priority, Foundation, Core
- Class I, Class II, Class III
- Priority I, Priority II, Priority III
- High Risk, Medium Risk, Low Risk
- Red, Orange, Yellow
- Priority, Significant, Basic
- Level I, Level II, Level III
- Risk Factor (and Intervention), Critical, Good Retail Practices
- High, Med(ium), Low

- Critical, Key, Other
- Critical, Foundation, Basic
- Priority, Priority Foundation, Core

The committee also sought guidance in regard to “focal group” and learned from FDA (Dr. Jordan Lin in the Consumer Science Division) that...

1. *Focus groups and one-on-one interviews provide you with a range of opinion, not consensus. They are also good at explaining why and how people think about an issue. The Committee will then have to tease the conclusions out of the responses.*
2. *There are inherent biases in focus groups (not so much with one-on-one interviews) – some people like to talk more than others and some people are swayed by others in the group so not everyone will get equal time or provide unbiased opinions in a group.*
3. *Focus groups are usually done in person but could be done by conference call, provided certain things are done.*
 - a. *Set up an appointment when they are not rushed and give the individual the list of choices and the questions ahead of time (by e-mail, mail or drop off in person).*
 - b. *Stick closely to a scripted set of questions. We wouldn't have to be concerned about preconceived ideas or bias of the moderator in a focus group. This would also allow more than one individual to conduct interviews in different locations if they were careful to follow the questions exactly and not project their own opinion which may be biased.*
4. *The number of interviewees should be large enough to represent the divergent viewpoints in the group of stakeholders we are interested in.*
 - a. *Do we want to consider having representatives from the food service industry, retail food store industry, state agencies, local agencies, trainers?*
 - b. *Can you think of any other groups of stakeholders?*
 - c. *Dr. Lin suggested that 10-15 people be interviewed in each group.*
5. *The scripted questions should be short and very clear. Dr. Lin offered to review our proposal once it is put together. Possible questions include:*
 - a. *Rank the list of terms (provided beforehand) from #1 (most preferred) to #12 (least preferred). – We could also pare down the numbers of choices as a committee so they won't have so many to choose from.*
 - b. *Explain why you ranked the first one as #1 and the last one as #12.*
 - c. *Why did you like your top two choices?*
 - d. *How much does your top choice convey the importance or priority of that definition?*
 - e. *Can you think of any other term that would be better?*
6. *We need to have a prepared description of why we are interviewing these people for the interviewer to read.*
7. *We should put together a proposal and address the following issues:*
 - a. *Statement of the problem*
 - b. *Objectives*
 - c. *Methodology*
 - d. *Expected conclusion*

Based on this in-depth analysis of how a true focal group would and should function and due to the limited amount of time the committee had to fulfill its charge to the Executive Board by December 2008, the Committee determined to forgo an external group process and proceed using the knowledge and experiences of its committee members.

The committee (taking the sets of terms proposed) narrowed the list to five preferred, then to three preferred and finally to two preferred sets of terms. The final two preferred sets were “Priority, Foundation, Core” (PFC) and “Priority I, Priority II, Priority III” (P1, P2, P3). After a final vote of the committee, we had a majority (70%) of the committee for PFC and a strong minority (30%) for P1, P2, P3. Unable to come to a consensus the committee sent to the Executive Board our work and requested acceptance of the majority opinion.

The Executive Board recognized the effort of the committee and that the focus group requirement was unrealistic based on resources (time/money) as part of the original charge. The Board had a split vote (11 yes, 8 no, 2 abstentions) to accept the majority opinion; therefore, a letter was sent to the FDA indicating that CFP has no recommendation at this time. Since the FDA received no recommendation from the CFP, they used their original terms, Priority, Priority Foundation, and Core in the 2009 Food Code.

The committee did agree that while the terminology was important, even more important was providing educational tools and processes to best explain the changes and reasons around the change to the three-tiered system of violations.

The committee began work in two areas: first, to provide a PowerPoint training tool that can be used by all stakeholders in training and education; and second, to collect and develop a list of Frequently Asked Questions (FAQs) that can be added to various web sites to better explain the changes and practical uses of the three-tier criticality system.

During discussion it was noted by the committee that Food Code Section 8.405.11 Timely Corrections had not significantly changed to reflect the change from a two-tier to a three-tier criticality system. The committee felt that specifically calling out separate and distinct time standards for the three-tier designations was consistent with the intent of the 2009 Food Code and would, in essence, make it easier to learn, train, and understand prioritizing violations and corrections in regards to risk factors.

Requested Actions:

The Criticality Implementation and Education Committee will submit four (4) issues at the 2010 Biennial Meeting based on the recommendation of the committee. The issues are:

1. Final Report from the Criticality Implementation and Education Committee.
2. Criticality Implementation and Education Committee – Criticality Training Slides. Request the PowerPoint presentation titled “Re-Designation of Food Code Provisions” be approved and placed in a downloadable format under the “Conference Developed Guidance and Documents” section of the CFP website. “Re-designation of Food Code Provisions” PowerPoint Slides and Speaker Notes are included as an attachment to the issue.
3. Criticality Implementation and Education Committee – “Frequently Asked Questions” Document
Request the Committee developed FAQ Document be forwarded to the FDA and that the FDA provide answers available for stakeholders on or before June 30, 2010. “Frequently Asked Questions” Document is included as an attachment to the issue.

4. Criticality Implementation and Education Committee - Timely Correction of Violations

Request acceptance of revised language for Food Code, Section 8.405.11 Timely Corrections that will provide separate guidance for Priority and Priority Foundation violations.

The committee would like to thank twenty public health experts from the Tulsa Health Department (Stephen Day, Mark Garvey, Tanya Harris, John Hartman, DeBrena Hilton, Diane Howland, Karla Hutton, Larry Little, Betsy Mathai, Paige Nelson, Elizabeth Nutt, Rich Peterson, Bert Plants, Nate Richardson, Travis Splawn, Frank Strozier, Debbie Watts, Rebecca Williams, Kendra Wise, and Jaymee Zabienski) for their invaluable assistance in providing feedback to the PowerPoint tool after testing it a “in real life” training mode. The committee would also like to thank two of the trainers, Ruth Hendy and Lone Wenzel, from the Texas Department of State Health Services that reviewed the slides from a trainer’s perspective and provided comments.

Finally the committee would like to recognize all its members and thank them for their services.

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Kendra Wise Tulsa Health Dept. Tulsa, Oklahoma	Jacqueline Owens Wisconsin Dept of Ag Madison, WI	Priscilla Neves MA Dept of Public Jamaica Plain, Mass.
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Recommendation for future charge;

The committee recommends that the committee be discharged because it has fulfilled its charges.

Committee Member Roster:

The member roster is presented as an attachment to this report.

Attachment:

Criticality Implementation and Education Committee Members November 2009.