Program Report Card: Food Safety Program (Department of Consumer Protection)
UPDATED: NUMBERS IN RED ARE FROM FY 7/1/2009 – 6/30/2010

Quality of Life Result:
The goal is to establish a risk based food safety program by employing a uniform basis for measuring and improving the performance of packaged food from production to retail sale. The adoption and implementation of the FDA Program Standards will help direct regulatory activities at reducing the risk factors contributing to food borne illness. As a result the safety and security of the Connecticut food supply will improve.

Contribution to Result:

- Target and reduce the CDC identified risk factors that have an impact on food borne disease
- Promote the adoption of good practices by both DCP and the industry by trying to promote a less adversarial process through uniformity, outreach and training
- Reduce subjectivity in inspection through training and uniform practices

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Partners: USDA, FDA, CT DPH, CT Agriculture, & Industry

Performance Measure 1:
Establish a baseline of risk factors related to food borne illness. The baseline will be composed of CT generated on the CDC identified risk factors for food borne illness
% Baseline = Observed/Total Inspections * 100

Approved Source/ Records

Baseline = 31/2604 *100 = 2%

Poor Personnel Hygiene (Personal Cleanliness, Keeping sick people away from food)
Baseline = 469/2604 *100 = 18%

Contaminated Equipment/Preventing Contamination (Minimize cross contamination, e.g., raw from cooked)

Baseline = 387/2604 * 100 = 15%

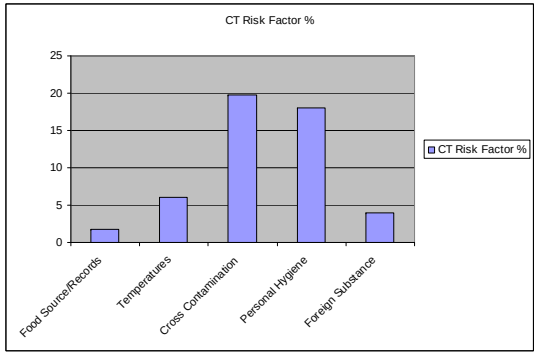
Inadequate Cooking and proper time and temperature for food holding (Promoting adequate cook and holding times particularly for critical foods such as ground beef - E. coli and eggs – Salmonella

Baseline = 127/2604 * 100 = 5%

Foreign Substance Handling
Baseline 73/2604*100 = 3%

Story behind the baseline:
According to the CDC an estimated 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths each year may be associated with microorganisms in food. Hospitalizations due to foodborne illnesses are estimated to cost over $3 billion each year. The FDA estimates the cost of lost productivity is estimated at between $20 billion and $40 billion each year. In addition to acute illness, some microorganisms can cause delayed or chronic illness. Food borne chemical contaminants may cause chronic rather than acute problems, and specific

estimates of their impact on health and the economy are not available.



Proposed actions to turn the curve:
This measure seeks to establish baseline risk factors that can serve to target resources at and reduce the incidence of those risk factors implicated in food borne illness. The correlation of the occurrence of food borne illness risk factors with the actual incidence of human illness is not part of this measure

Performance Measure 2:

Develop and Conduct Workshops on relevant topics and promote attendance from industry

Story behind the baseline: The adversarial element of an inspection program can be counter productive to initiating and promoting good practices within the regulated industry. Inspections are a "Snap Shot" of the establishment the timing of which does not always coincide with critical procedures that should be observed
Inspections are finite. The length of time devoted to an inspection is not sufficient to fully observe and document a practice. Therefore internalized practices are desirable a sort of self promotion within the industry of acceptable practices.

This is counteracted by having the program interact with consumers and industry by supporting or actively participating in meetings such as task force, workshops or advisory committees. Topics at such outreach efforts may include food defense, investigation strategies and regulatory requirements. Representative from industry, consumers, academia as well as our State and local partners are to be invited.

Proposed actions to turn the curve:

Development of relevant workshops and educational sessions to reach out to industry and consumers, documentation of those meeting and course evaluations' will be collected and analyzed.

Two multi-day training sessions were organized in the last year. The first was a three day "Food Borne Illness Investigation" course, held on May 25 to May 27, 2010. Numerous local health dept personnel attended.

The second course was a "Special Processes at Retail" course. Numerous local health personnel attended as well as representatives from industry.

Performance Measure 3:

Design and track training of DCP inspectors in selected areas

- Prevailing statutes, regulations,
- Public Health Principles
- Food Defense Awareness
- Communication Skills
- Microbiology
- Epidemiology
- Basics of HACCP
- Basic Labeling
- Control of Allergens
- Sampling Techniques and prep

Story behind the baseline:
A key limitation in any inspection program is subjectivity, both on the part of the inspector and on the operator of the establishment e.g., the act of the

inspection itself changes normal operational procedures. Uniform and consistent training of the inspector will seek to mitigate subjectivity. The operator will thus be encouraged to prep for the inspection rather than the inspector.

Proposed actions to turn the curve:
Development of model training curriculum for the inspector including documentation and field standardization of the inspection process.

A model curriculum has been adapted from the State of Michigan and is being implemented.