Case 3 – Chapter 6: Food Safety as a Policy Issue

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Foundation: Acquisition of Knowledge and Skills

1. Access the latest ADA position paper on domestic hunger and food insecurity, world hunger, and other professional literature on food safety (links provided in the Case Study for Unit 5 – Directions):
   - Position of the American Dietetic Association: Food Insecurity and Hunger in the United States
   - Position of the American Dietetic Association: Addressing World Hunger, Malnutrition and Food Insecurity
   - Position of the American Dietetic Association: Food and Water Safety

2. Access government documents on the Internet related to food safety, such as
   - http://www.fightbac.org/ - Consumer Research Studies
   - http://fsrio.nal.usda.gov/ - Food Safety Research Information Service
   - http://www.fsis.usda.gov/- Food Safety and Inspection Services
   - http://www.cdc.gov/foodsafety - Centers for Disease Control and Prevention Food Safety Office

3. Identify why food safety is a critical issue to food distribution in a community setting. Review the above listed websites in #2 to support answers.

   Food safety is critical in preventing foodborne illnesses among individuals receiving food in the community setting. Foodborne illnesses affect millions of people each year and cost millions of dollars in health care cost (CDC and Food Safety-Winnable Battle, 2011). In 2010, 1 out of 6 Americans have gotten sick from a foodborne disease, and approximately 3,000 Americans have died (CDC-Food Safety, 2011). Preparing food in the community setting involves identifying areas in which food would most likely become contaminated, which can be during production, preparation, cooking, storing, transporting and serving, (FSIS, 2011).

   Food safety is also critical when thinking about the health of those being served. Healthy individuals can become ill from eating contaminated food, but those with compromised and weakened immune systems are at a higher risk for becoming sick from food that wasn’t prepared or handled correctly (FoodSafety.gov-Who’s at risk?, 2011). Today, foodborne pathogens are more difficult to control than in past generations, as they are evolving and becoming more resistant to standard treatments (Foodborne Illness: A Constant Challenge, year or n.d.). For example, *E.coli*, which was once known to be associated with contaminated beef, has now been found in lettuce and apple cider (Foodborne Illness: A Constant Challenge, year or n.d.). Food consumed outside of the home, such as in a food distribution setting, has an increased risk of contamination due to various persons handling the food and the food’s exposure to inconsistent
temperatures during transportation (Foodborne Illness: A Constant Challenge, year or n.d.). The Food Safety and Inspection Service recommends that consumers follow the basics for food handling to prevent the spread of foodborne illnesses. Clean hands, utensils and surfaces coming in contact with food. Separate meat from other foods to prevent cross-contamination. Cook all food to the appropriate temperature and chill food promptly after it is prepared (FSIS, 2011). These four steps can significantly reduce the opportunity for harmful bacteria and pathogens to contaminate food. Regardless of the health status of individuals receiving food in the community setting, it is important that each step, from purchasing to serving, meets food safety requirements to prevent foodborne illnesses.

Outstanding background!

4. **Outline the basic steps involved in the process of policy making—this task can vary at different levels of an organization.**

**At the National Level**

1) Define the problem and agenda setting
   a) Define the issue in which there is a significant gap between current reality and how it is desired to be done.
   b) Bring the issue to the attention of the general public.
   c) The institutional agenda—The issue gains support by interest groups, congressional committees or subcommittees and administrative agencies.

2) Formulation of alternatives
   a) Discussions of possible solutions to the issue are brought to policy makers. This typically begins at the grassroots level.

3) Policy adoption
   a) The policy tools are chosen to deal with the issue including fines, public promotion, tax breaks and public investments.
   b) Adopted by the Department of Health and Human Services (DHHS) and United States Department of Agriculture (USDA)

4) Policy implementation
   a) A policy is put into action and modified to fit the needs and wants of the implementing agencies.

5) Policy evaluation
   a) The evaluation determines whether the policy achieved goals and reached the intended audiences.
   b) Program policy is evaluated by formally and informally by citizens, news media, interest groups and administrative agencies.

6) Policy termination
   a) A policy may be terminated if public need was not met, political support was lost or the nature of the policy was changed.
   b) If policies are successful, they may expand and be redefined.

**At the State/Local Level**

1) Define the problem and agenda setting
   a) Define a local health problem in which there is a significant gap in between current reality and how it is desired to be done.
   b) After it gains attention, the issue is put on the policy agency. The issue is brought to the attention of the general public by means of media, radio, newspapers, television and internet.
   c) Gaining support by interest groups, congressional committees or subcommittees and administrative agencies helps put the issue on the institutional agenda.

2) Formulation of alternatives
   a) Discussions of possible solutions to the issue are brought to local policy makers. This typically
begins at the grassroots level.

3) Policy adoption
   a) The policy tools are chosen to deal with the issue including fines, public promotion, tax breaks and public investments.
   b) The policy is adopted by local health agencies, and local health personnel are appointed.

4) Policy implementation
   a) Local policy is put into action and modified to fit the needs of the target community.
   b) Local agencies that adopted the policy will modify it to fit their needs and resources.

5) Policy evaluation
   a) The evaluation determines whether the policy achieved goals and reached the intended audiences.
   b) Program policies are evaluated formally and informally by local citizens, news media, interest groups and administrative agencies.

6) Policy termination
   a) A policy may be terminated if public need was not met, local support was lost, or the nature of the policy was changed.
   b) If policies are successful, they may expand and be redefined.

Excellent work on this section. Very thorough with great examples.

5. On the basis of your reading of this chapter, identify components of the policy-making cycle.

The components of the policy making cycle are identified above, but what is to be noted is that the components of the policy-making cycle are not usually sequential and often overlap. Some steps are even bypassed. Descriptions of the components of the policy-making cycle are below along with components of the cycle after the policy is implemented and evaluated.

Policy-making begins with a problem that is not being addressed or has minimal support and requires that resources for the problem are available. Once this problem has gained attention from communities, local political leaders and even health care workers, it continues to gain support through means of radio and television. Today, Facebook, Twitter and blog sites are another means of communicating to the public that there is a need not being met. Very current!

Once the problem has been identified, methods to solve the problem are discussed. Policy formulation is usually done by grassroots activists who present possible solutions in a forum setting. This allows the general public to provide their opinions about whether these solutions will be beneficial or not.

Adoption of the policy by federal groups like the DDHS and USDA or local community groups follows finalizing decisions on a solution to the initial problem. When a policy is adopted, the agency that takes on this issue determines which tools will be utilized to implement the policy. Policy tools run the gamut from tax deductions and quotas to public promotion and loans.

The agencies selected to implement the policy use specific tools to reach the target population.

Policies are then evaluated by the masses to determine if they are effective and reliable in solving the initial problem. If not, they are terminated; if they are, they are refined to expand to other affected populations.

During this entire process, policy must be legitimized. Legitimizing is related more to national policy-making, and refers to citizens believing that the government has the right to govern and that what the government puts forth is legal and authoritative. In this sense, laws can institute that policies are put into
effect. At the local level, these laws may be ordinances or bylaws, while at the national level they can be considered secondary legislation or simply, a law.

Bills are issues that are presented by citizens or organizations, similar to policies and can become laws. They are either introduced to the Senate or House and go as follows:
- Bill introduced to House or Senate
- Referred to committee
- Referred to subcommittee for hearings, revision and/or approval
- Full committee action rules on whether it should be set to the floor of its chamber for approval.
- Rules committee debates and votes and offers amendments.
- Chambers vote on the bill. If they pass different bills, a conference committee between the House and the Senate develop a compromised bill.
- The bill is sent back to each individual chamber for a vote on the revised bill.
- The President vetoes or signs the bill. If the bill is signed it becomes a law. If vetoed it can become a law if both the Senate and House pass it with a 2/3 vote.

Once a bill/policy has become a law, funds must be instituted to enforce the law. Federal budgeting is October 1 – September 30, while most State budgeting follows the calendar year.

The section above is also outstanding and clearly and concisely describes the legislative process in the U.S.

References:


**Step 1: Identify Relevant Information and Uncertainties**

1. Consult experts and/or explore literature online and off-line, to create a list
of food safety issues that may arise from food distribution in a community setting.

Community food distribution sites are vulnerable to food safety issues because they frequently do not control some or all of their food ingredients or dishes from purchasing to serving. For example, if a soup kitchen serves “gleaned” or “recovered” food leftovers from another entity, such as a hospital or convention center, the soup kitchen does not have control of preparation, storage or transporting conditions (USDA, 1996). A similar situation exists even for a food pantry that distributes donated non-perishable items (Colorado Farm to Market, 2011).

Community food distribution sites are also largely staffed by volunteers, who may or may not be aware of food safety measures that should be taken when preparing and serving food. Though most sites likely require volunteers to complete some type of food safety training prior to handling food, turnover may be high and accountability of volunteers could be low (Colorado Farm to Market, 2011). The food safety issue is compounded by the fact that populations served by community sites, such as the elderly, may be immunocompromised and thus more susceptible to foodborne illnesses.

Additionally, food banks and other community food distribution sites are subjected to the same food safety recalls and outbreaks that affect the rest of the country, but perhaps to a greater degree than the average consumer. For example, with the salmonella outbreak in peanut products during 2009, one food bank estimated its losses at 2,000 to 20,000 pounds of products (Aleccia, 2009). Community sites may be less equipped than grocery stores, or other groups with more monetary resources, to track products and effectively recall these items. Excellent! Here are some other ideas, too:

- Large amount of food prepared under rushed circumstances may cause problems in food safety, such as hot foods not being allowed to properly cool.
- The need to serve a large amount of people quickly may result in unsafe practices, such as new food items being added to a dish that already has food in it.

### 2. Explain how commodity-based food distribution—of both raw and prepared food—can violate food safety parameters.

Commodity foods are typically foods that are grown/raised in large quantities by many farmers, and often combined into finished or partially finished products (such as ground beef burgers). These commodities, as raw, processed or prepared foods, are then shipped all over the country to a variety of sites such as schools and food pantries (USDA, 2011). Because commodity foods are compiled from a variety of farms, travel a variety of distances, and are served in numerous settings, it is difficult to control the food safety parameters for each step of the process.

In particular, temperature is a concern to maintaining appropriate food safety of commodities such as meat, poultry and eggs. The Food Safety and Inspection Service (FSIS) notes that there are a number of hazard points during processing and transportation which would put the "cold-chain," or the continuation of appropriate refrigeration temperatures, in danger (FSIS, 2003).

Ideally, a HACCP program to protect commodity foods would be utilized to ensure food safety parameters would not be violated. However, such a program would be difficult to implement because no one entity controls enough of the process to identify all of the critical hazard points and implement safety programs for these points. Good!

References:
Step 2: Interpret Information

1. With the goal of distributing food to hungry individuals, and to ensure that food safety is an integral component of any food distribution plan, include a description of food safety measures that are required. If applicable, prioritize the measures.

Food safety needs to be a priority in any food distribution plan, especially when that food will be given to food banks and shelters to feed the hungry. Food must be accepted only from reputable sources good!, which will ensure that the food has been properly handled until the time of donation. Food safety measures will differ depending on the state of the food. Raw foods, prepared foods, and shelf-stable foods all have different conditions that must be followed in order to keep them safe for consumption.

Raw foods need to be transported and stored at a proper temperature to prevent growth of microorganisms. Refrigerated items should be stored at 41°F or lower, while frozen items need to be stored at 0°F or lower (ServSafe Coursebook, 2004). They also need to be separated from and stored below prepared food products to prevent cross-contamination. Raw foods should be used on a first-in, first-out system to ensure that older foods are being consumed first (ServSafe Coursebook, 2004). Raw foods need to be cooked to the appropriate temperature so pathogens are killed. Please refer to the graphic below.


Prepared foods also have certain measures which must be followed in order to maintain a safe product. Hot foods must be held at 135°F or higher, while cold foods must be held below 41°F and the temperature should be checked at least every four hours (ServSafe Coursebook, 2004). Hot foods must be properly cooled in shallow containers to prevent foods from being in the temperature danger zone (41°F-135°F) for more than 4 hours (ServSafe Coursebook, 2004). If prepared foods are improperly cooked, held, or cooled, they must be discarded.

Dry foods are the most common types of foods that will be encountered in a community food distribution program. They include shelf-stable foods like canned soups/vegetables, cereal, peanut butter, beans, rice,
and packaged foods. In large distribution centers, volunteer groups will break down bulk packages of food and then sort and repackage food into boxes for donation to smaller community food banks and shelters (Food Bank for New York City). To maintain the quality of this food, dry storage areas should be kept at the appropriate temperature (50-70 ºF) and humidity (50-60%) levels (ServSafe Coursebook, 2004). Storerooms should be clean, well ventilated, and well lighted. Food should be stored away from walls and at least 6 inches off the ground to allow for ventilation (ServSafe Coursebook, 2004). Foods past the expiration date should be discarded.

Particularly for foods that have been prepared or frozen, it is necessary to identify when the food was initially prepared, if it was frozen, and when it is expected to expire. Expiration date assumptions should also be included in the plan. For example, after being cooked, prepared food that has been properly stored must be served or discarded within 3 days. Finally, the a food distribution plan would need to include an inventory and stock rotation system, such as first in, first out (FIFO), to ensure food remains safe for consumption.

Great job on this section. Here are some ways to prioritize:

- **#1 priority:** HACCP standards should be established.
- **#2 priority:** Volunteers should be trained in small groups by professionals on food safety; if applicable, volunteers should be Servsafe certified.
- **#3 priority:** An abundance of clean utensils and gloves should be available.
- **#4 priority:** Adequate cooking and storing space should be available.
- **#5 priority:** Adequate time for food preparation, cooling, and transport should be allotted.
- **#6 priority:** Proper transportation of food should be provided.
- **#7 priority:** A rough estimate on how many people will be receiving food should be gotten ahead of time to ensure the proper quantity of food can be prepared and ready ahead of time.

References


**Step 3: Draw and Implement Conclusions**

1. Prepare a written policy for food distribution.

**Food Distribution Policy**

This policy has been established for the collection, storage and distribution of perishable and non-perishable leftover and surplus food items by the college foods laboratory to local food pantries and soup kitchens.

**Liability**

The College is protected as a good faith food donor under the Emerson Good Samaritan Food Donation Act of 1996. The Act is designed to protect donors who provide food, in good faith, and encourages donation of needed foods and protect donors. The Act promotes food recovery by limiting the liability of
donors to instances of gross negligence or intentional misconduct. The Act additionally provides that in the absence of gross negligence or intentional misconduct, persons, gleaners, and nonprofit organizations shall not be subject to civil or criminal liability arising from the nature, age, packaging, or condition of apparently wholesome food or apparently fit grocery products received as donations.

The College shall only donate to food banks that protect their donors by offering liability protections, including: strict standards of warehouse operation, proper storage and handling procedures, complete product tracking and recall capabilities, accurate and timely receipting.

Accordingly, when choosing a recipient, the College should determine the following:

- Is the program affiliated with a national hunger organization?
- Has the program formally trained its staff in proper food safety and handling techniques, such as the Educational Foundation’s SERVSAFE program?
- Are the staff members handling and picking up the food certified food handlers?
- Are restaurants in the community also donors to the program?
- Does the program restrict prepared food donations to commercial vendors?
- Does the facility have adequate storage space, including refrigerators and freezers?
- Has the facility passed all local and state health and safety inspections?
- Does the program carry adequate liability insurance?

**Food handling**

When donating canned and dry packaged foods, the College shall:

- Maintain such items in a dry storage area kept at 50-70 °F and humidity levels between 50-60%
- Examine packaging for tears, holes, dents and broken seals
- Look for signs of infestation and spoilage
- Remove any accumulated dust or debris from the exterior
- Discard any opened packages, spoiled or partially used products.

When donating produce, the College shall:

- Keep refrigerated items cold (41 degrees Fahrenheit or below) at all times
- Examine the items for any signs of decay, spoilage, mold or odors
- Store separately from and below prepared food products to prevent cross-contamination.
- Discard any cut items that have not been kept refrigerated.

When donating potentially hazardous items, the College shall:

- Never donate items that have been cooked, cooled and reheated
- Keep refrigerated items below 41 degrees Fahrenheit at all times
- Keep frozen items at 0 degrees Fahrenheit or lower
- Examine the items for signs of decay, spoilage and odors
- Check the expiration dates
- Discard any items past the expiration date
- Mark thawed items so they will not be refrozen
- Discard items that have been thawed and refrozen
- Discard any opened packages or partially used products.

When donating prepared foods, the College shall:

- Avoid dishes containing potentially hazardous foods that have been heated, chilled and reheated
• Store dishes in shallow, one-use recyclable aluminum pans or clear-plastic food-grade bags
• Package donations in smaller containers, such as shallow pans, rather than larger ones so that recipients can maintain the food's temperature and prepare only the amounts that will be consumed at one sitting
• Time label and date all containers so that their contents can be identified and used in a safe manner
• Keep hot dishes to be consumed immediately at 140 degrees Fahrenheit or above
• Never add warm leftovers to a container of chilled or frozen food
• Discard any food items that may have been handled by anyone except College staff.

Foods not suitable for donation because of safety concerns include:
• Home canned, vacuum-packed or pickled foods
• Perishable foods past a "use by" date, unless frozen
• Foods in soiled containers, sharply dented/rusty cans, or opened/torn containers
• Unpasteurized milk
• Foods with an "off" odor; spoiled foods; foods that have been temperature abused
• Foods prepared, cooked, cooled, or reheated at home (except for baked goods).

Food storage and handling in general:
• Storerooms shall be clean, well-ventilated, and well-lighted.
• Food shall be stored away from walls and at least 6 inches off the ground to allow for ventilation.
• Potentially hazardous foods have been kept under continuous temperature control above 140°F or below 45°F during handling, storage, and transport, except for a maximum of two hours during preparation.
• Foods have been protected from contamination during handling and storage by intact original commercial packaging or sanitary food-grade containers.
• Foods have been handled and transported in separate containers as needed to prevent potential cross-contamination between ready-to-eat and non ready-to-eat foods.

Regarding transport of donated foods:
• Food to be donated will be transported to food distribution site(s) three times per week by either a) volunteer dietetic club students or b) site employees or volunteers.
• Vehicles used for transportation will be clean and free of clutter. Food will be stored during transport in clean plastic bins or boxes that have not contained raw foods.
• Date/time logs (and if applicable, temperature logs) will be kept for all transported foods, including name and affiliation of transporting individual.
• Distance of the food distribution site shall not be greater than 1 hour traveling distance from the College unless a) food is shelf stable at room temperature (i.e. dry goods) and has not been prepared or b) the site arranges for pickup of prepared foods in a refrigerated vehicle.

Additional measures, the College shall:
• Contact the local health department and determine what laws exist that govern donated prepared and perishable foods and be compliant.
• Determine if the hunger programs under consideration have also met all health and safety regulations.
• Document all efforts to ensure that the items donated are safe.
  o At the time of transfer, the College staff should record the food’s temperature, condition and history.
• Be aware of where the food is destined and how it will be stored and handled until it is consumed.
• Document its own food-safety-training efforts with its staff.
  o Consider providing employees with additional training geared specifically for food recovery.
• In addition to determining that recipient programs carry liability insurance that includes donated food, programs should provide the College with a “hold harmless” agreement, offering protection from losses or damages in the case of a lawsuit against the program.

Outstanding! The above should be used to establish critical control points and set up a HCCAP program for the foods lab.

References:


Step 4: Engage in Continuous Improvement

1. Identify limitations of the new policy; consider budget implications to the department; and determine how the dietetics club could be involved.

The new policy addresses situations for donating food to programs affiliated with national hunger organizations. While this would likely include most soup kitchens or food pantries, it may eliminate small, grassroots food assistance programs. Another limitation is that although the school can try to follow what happens to the food after it's donated, the College program’s students or personnel won't actually know how the food is handled and its ultimate destination.

The department budget would be impacted by the additional personnel time needed for oversight of the food donations. Excellent point. There may be need for increased refrigerator storage capacity for foods that may otherwise have been disposed of after preparation (such as foods prepared primarily for the process of preparation). Approved single-use shallow aluminum pans (The National Restaurant Association and the USDA, 1997) would need to be purchased. If the plan is to generate greater quantities of foods than have historically been prepared as part of class foods laboratory activities, additional funding would be required to purchase these ingredients.

The dietetics club could be involved in various aspects of the food donation program such as the following:

• Assuring documentation of ServSafe training for all dietetics students preparing food to be donated good!
• Contacting potential community program recipients to verify their own affiliations, policies, insurance, food storage and food handling safety practices as required by the policy
• Contacting the local health department to inquire about local regulations that may affect food donations good!
• Volunteering to cover all staffing time needed for arranging donation pick-ups
• Contacting campus and community media to disseminate the news about the program
• Establishing campus and community donation channels to support the program
• Identifying and communicating with campuses affiliated with the Campus Kitchens Project (The Campus Kitchens Project, n.d.) to consider expanding the project to a larger campus initiative.

2. Devise an implementation plan or procedure for the new policy to make sure all faculty teaching food courses are aware of the food distribution guidelines.

The “Food Distribution Policy” will be presented to and reviewed by the Nutrition Department at a faculty meeting. Once any recommended alterations to the policy are made and it is approved as a Department Policy, all Department faculty will receive a copy of the approved document. Faculty teaching food courses will be convened by the Department Chair to a mandatory meeting to review details of the policy and assign a faculty overseer to this student-directed program. Good answer. Ideally, a general outline of the policy could be made into and poster and put up in all food labs.

3. Identify three indicators to assess whether the food being distributed is appropriate and usable to the community.

A dietetics student project could assess food preferences of the population served by the community food assistance program/s that would potentially receive donated foods.

A periodic survey could be distributed to the community program recipient/s of the food donations to inquire regarding the temperature, packaging, quality, usefulness and client reception of the foods donated by the College. Excellent!

After obtaining required permission from the community food assistance program, a subjective observation could be made by a dietetics student at the date and time that the program would be passing along the food donated by the College to inquire to individuals regarding their satisfaction with foods received.

You also might want to quiz students to see if they understand the policies and procedures before they begin their volunteer service.

References:


Outstanding research, thought, and organization went into this report. You addressed all of the important points and then some.

Congratulations on a job well done Team 1!

Dr. Patsy