STANDARD 9 – PROGRAM ASSESSMENT

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STANDARD 9 – PROGRAM ASSESSMENT

This Standard applies to the process used to measure the success of a jurisdiction's program in reducing the occurrence of foodborne illness RISK FACTORS to enhance food safety and public health in the community.

Requirement Summary

Program management must ensure that:

1. A RISK FACTOR STUDY on the occurrence of the five foodborne illness RISK FACTORS is conducted and repeated at least once every 60 months to measure trends in the occurrence of the RISK FACTORS;

2. An analysis is made of the data collected and a report on the outcomes and conclusions of the RISK FACTOR STUDY is written; and

3. A targeted INTERVENTION STRATEGY designed to address the occurrence of the RISK FACTORS identified in their RISK FACTOR STUDY is implemented and the effectiveness of such strategy is evaluated by subsequent RISK FACTOR STUDIES or other similar tools.

Description of Requirement

To achieve the criteria of Standard 9, a jurisdiction must ensure that:

A. A RISK FACTOR STUDY and a written report on the occurrence of the five foodborne illness RISK FACTORS, including the quantitative results, must be completed. A RISK FACTOR STUDY serves two purposes:

   1. To identify RISK FACTORS most in need of priority attention to develop strategies to reduce their occurrence.

   2. To evaluate trends over time to determine whether progress is being made toward reducing the occurrence of foodborne illness RISK FACTORS. A trend analysis requires at least three data points and cannot be derived using a single point in time. The jurisdiction must assess trends at their third and subsequent RISK FACTOR studies using their quantitative findings.

B. The RISK FACTOR STUDY includes all facility categories under regulation by the jurisdiction.

   It is recommended that a jurisdiction's first RISK FACTOR STUDY be conducted as soon as possible following its first SELF-ASSESSMENT, before programmatic changes are made. There is value in using the first study to establish a BASELINE SURVEY against which future performance can be measured. Program improvements and changes may then be reflected in subsequent studies.

C. The RISK FACTOR STUDY information is to be updated at least once every 60 months to measure trends specific to the occurrence of the five (5) foodborne illness RISK FACTORS.

The data collection and analysis may occur at various times over the 60-month period, as long as all facility categories under regulation are included in the 60-month cycle. The 60-month study update is required to maintain achievement of Standard 9. The subsequent studies and reports indicate if there has been a net change in the occurrence of the RISK FACTORS.

The four (4) facility categories are:
1. Health Care;
2. Schools (K-12);
3. Restaurants;
4. Retail Food Stores.

D. A jurisdiction may use ROUTINE INSPECTION data or may conduct a separate data collection in completing a RISK FACTOR STUDY. A data collection instrument similar to the FDA Model Data Collection Form using the IN, OUT, NA, and NO convention, is required.
Failure to use this convention skews the data toward either IN compliance or OUT of compliance. The FDA data collection instrument is not intended as an inspection form. However, jurisdictions that have developed an inspection form using the IN, OUT, NA and NO convention may use that inspection form as a data collection instrument.
If the jurisdiction uses a different form, the data may be difficult to compare with the data from the *FDA National Foodborne Illness Risk Factor Studies* or with data from other jurisdictions.

E. A jurisdiction must ensure that a targeted INTERVENTION STRATEGY designed to address the occurrence of the RISK FACTOR(S) identified in their RISK FACTOR STUDY is implemented and the effectiveness is evaluated by subsequent RISK FACTOR STUDIES or other similar tools. Jurisdictions are encouraged to incorporate various types of interventions such as code changes, educational and training activities, enforcement, and compliance strategies, etc. The purpose of the INTERVENTION STRATEGY is to attempt to affect improvement in reducing priority RISK FACTOR(S) occurrence rates between measurement intervals and assess their effectiveness.

Outcome

The desired outcome of this Standard is to enable managers to measure their program against national criteria and to demonstrate improvement in food safety. The process identifies PROGRAM ELEMENTS that may require improvement or be deserving of recognition.

Documentation

The QUALITY RECORDS required for this standard include:

1. Study reports on the occurrence of RISK FACTORS and FOOD CODE INTERVENTIONS identified in their RISK FACTOR STUDY,
2. Data collection tools or inspection sheets used for the data collection,
3. Documentation that each facility category regulated by the jurisdiction is included during the 60-month cycle,
4. Documentation of performed interventions, actions or activities designed to improve the control of RISK FACTORS,
5. Documentation that the effectiveness of performed interventions is evaluated.