Certification For Food Service Managers A Survey of Current Opinion

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ABSTRACT

The current opinion of state food protection directors toward certification was determined by a survey mailed to directors in each of the 50 states and the District of Columbia. There was a 96% return rate for the survey. Results of the survey reveal that 3 states (6%) have statewide mandatory certification programs; 17 states (35%) have voluntary programs, and 20 states (42%) have local jurisdictions with certification programs. A majority of directors (68%) would like to see either a mandatory or voluntary certification program in place in their state, and 73% of the respondents feel that certification programs do improve food handling practices. Barriers to developing statewide programs include financial resources, pragmatic design of training programs in rural states, and uniform requirements for certification. Respondents' comments are used to detail the implications of these barriers.

INTRODUCTION

In 1985, the Food and Drug Administration (FDA), in conjunction with the Educational Testing Service (ETS) began offering a certification exam for foodservice managers. The examination program is the culmination of an almost 15-year effort by the FDA to carry out recommendations made at the 1971 National Conference of Food Protection. Participants at that meeting decided that the focus of sanitation training, having long been directed at the food handler, should be moved to the foodservice manager. With the redirection of training efforts, they recommended that certification testing follow training (8). There are several arguments for certification.

1. The percentage of foodborne disease outbreaks attributed to foods consumed in a restaurant or foodservice establishment has grown from 39% between 1968 and 1976 (2) to 47% between 1980 and 1982 (3,4,5).

- 2. As funding is cut back, the efficacy of regular restaurant inspections is questioned (1,7,9). "The rapidity with which food service industry is expanding has not been matched with an increase in surveillance activities by health regulatory authorities due to cuts in operational budgets and consequent manpower and other limitations . . . Conditions could be enhanced for foodborne illnesses unless a more effective sanitation management system is introduced." (10)
- 3. It is a mark of professionalism to meet criteria determined by one's peers. Lawyers take the bar examination, doctors pass boards, and public accountants become Certified Public Accountants.
- 4. The process of certification raises professional esteem and expectations.

This paper reports the findings of a survey of food certification requirements at the state level done in the fall of 1987.

METHOD

While local jurisdictions generally have their own policies governing certification, a survey of perhaps 2000 regulatory districts was not feasible with the resources available. The survey determined the food protection directors' opinions about the adequacy of certification as a tool for improving food protection practices. Recertification practices were also studied.

The survey was sent to directors of food protection in each state and the District of Columbia. Therefore, 51 surveys were mailed; 49 were returned for an initial return rate of 96%.

The survey had four parts (Figure 1). Part one determined if there was a statewide certification program, either voluntary or mandatory. If so, part 3 asked about the means and length of certification, recertification, and reciprocity. If there was no state program, respondents were questioned

Figure 1 Survey on Certification of Food Service Managers

| , | Ooes your state have a <u>mandatory</u> certification prog | | | | | | |
|--------------|--|------------------------|-------------------------------|---------------------------------|--|--|--|
| | Does your state have a <u>voluntary</u> certification progr | ram for foodservice | managers? | | | | |
| | f there is not a certification program at the state le | evel answer A-G. O | therwise, skip to question 4. | | | | |
| <i>J</i> . 1 | A. Do local health jurisdictions in your state have | certification program | ns? | | | | |
| | Yes No | | 1.4 | | | | |
|] | 3. What portion of your state do you estimate is so | erved by jurisdiction | s with: | 700 | | | |
| | a. mandatory certification programs b. voluntary certification programs | 0-25% | 25-50% | >50% | | | |
| | b. voluntary certification programs | 0-25% | 25-50% | >50% | | | |
| | c. no certification programs | 0-25% | 25-50% | >50% | | | |
| (| C. I want a mandatory certification program in my | | | | | | |
| | Strongly agree Agree NA | | Strongly disagree | | | | |
| | D. I want a voluntary certification program in my | | | | | | |
| | J. I want a voluntary certification program in my | Disagras | Strongly disagree | | | | |
| | Strongly agree NA | Disagree | _ Strongly disagree | | | | |
| | E. Certification programs significantly improve foo | a protection practic | 2S. | | | | |
| | Strongly agree NA | _ Disagree | _ Strongly disagree | | | | |
|] | F. Do you feel certification is best achieved by (cl | heck one): | | | | | |
| | attendance at a course? | | | | | | |
| | taking an exam? | | | | | | |
| | a course and an exam? | | | | | | |
| | other; please describe | | | | | | |
| | G. Are you familiar with the Food Protection Certi | ification Test admir | istered by the Educational 3 | Testing Service and endorsed by | | | |
| | | incation rest, admin | istered by the Educational . | | | | |
| | the FDA? | | | | | | |
| | Yes No | | | :- food protection? | | | |
| | If yes, do you feel this program is an adequate | measure of a roods | ervice manager's knowledge | in 100d protection: | | | |
| | Yes No | | | | | | |
| 4. | If you have a certification program: | | | | | | |
| | A. Certification is determined by: | | | | | | |
| | the Food Protection Certification Program ex | cam, endorsed by th | e FDA | | | | |
| | a different exam | | | | | | |
| | a course alone | | | | | | |
| | a course and an exam | | | | | | |
| | other; please describe | | | | | | |
| | other; please describe | ? | | | | | |
| | B. Who administers the certification means you us | e: | the course | the evem | | | |
| | | | the course | the exam | | | |
| | 1) state agency | | | | | | |
| | 2) local health department? | | | | | | |
| | 3) local community college? | | | | | | |
| | 4) local university? | | | | | | |
| | 5) Educational Testing Service | | | | | | |
| | 6) Educational Foundation of the NRA | | | | | | |
| | • | | | | | | |
| | 7) other C. How often must certification be renewed? | | | | | | |
| | | | | | | | |
| | D. How is certification renewed? | | | | | | |
| | Do you have certification reciprocity agreements with other states? | | | | | | |
| | Yes No | | | | | | |
| | F. Do you have reciprocity based on the Food Pro | otection Certification | Program endorsed by the I | FDA and administered by | | | |
| | Educational Testing Service? | | | | | | |
| | Yes No | | | | | | |
| | G. Certification programs significantly improve for | od protection practic | es. | | | | |
| | Strongly agree Agree NA | Dicarree | Strongly disagree | | | | |
| | Subligity agree Agree NA | Disagice | | - | | | |
| | H. I am satisfied with my state's certification prog | iaiii. Diaaaaa | Strongly disagree | | | | |
| | Strongly agree NA If not, what would you change? | Disagree | strollgly disagree | - | | | |
| | It not, what would you change? | | | - | | | |
| 5. | Please give any additional comment you have abo | ut the usefulness of | rood protection certification | programs ociow. | | | |

on the percentage of population that might be served by local mandatory or voluntary certification programs. We also asked if they would like to see a program in place in their state and if they felt such programs were effective. Part 5 elicited the directors' opinions on the usefulness of food protection certification programs.

The survey had three minor weaknesses. The first two questions apparently did not make immediately clear that statewide programs were in question. Instead, they asked: Does your state have a mandatory certification program for foodservice managers?

Does your state have a voluntary certification program forfoodservice managers?

The next question helped to clear any misunderstanding by beginning, "If there is not a certification program at the state level. . ."

When we designed the survey we did not anticipate that some states would have both voluntary programs at the state level and some mandatory local programs. Because this did occur, some respondents answered both parts 2 and part 3 of the survey which were intended to be mutually exclusive. When this did occur, data was coded for both parts.

Question 3B asked what portion of the population is served by mandatory, voluntary, or no certification programs. We directed the respondent to answer in the ranges of 0-25%, 25-50%, and greater than 50%. Reporting would have been easier had 0% and 100% been separate choices. Where it is possible to determine that no population or the entire population was served, however, that was the answer coded.

RESULTS

Seventeen states (35%) have statewide voluntary programs and 28 states (58%) have no statewide program. Twenty states (42%) reported local jurisdictions with certification programs.

While only 3 states have statewide mandatory certification programs, a total of 20 (42%) directors reported they would like to see a mandatory program in place in their state. This was determined from two questions on the survey. The first asked directors with no state level program if they wanted a mandatory certification program in their state (Table 1). The second asked directors what they would change about their current program. Five of the 17 respondents with voluntary programs already in place would prefer to have mandatory programs. None of those with mandatory programs said they would prefer a voluntary program; the only changes they suggested were in tightening the programs.

One respondent from a state with a voluntary program noted that "voluntary doesn't work." He did not suggest that the program become mandatory or be done away with, but we might assume he would prefer a mandatory program. Another director from a state with a voluntary program said he was dissatisfied with the program and would

change it to a "statewide certification program." Since he reported one county in his state to have a mandatory program, we might assume that this director meant he would like to see a mandatory program in place. Making these assumptions, those desirous of a mandatory program becomes 22 (45.9%).

Only one of the directors wanting to change from a voluntary to a mandatory program gave any reasons for wanting to do so, and even his comments were contradictory. "[The] voluntary approach means you get the ones that need it the least and not getting (sic) the ones that need it the most. Training is needed and wanted - too much emphasis on certification and not enough on how to deliver and what to deliver - there are masses that need training turnover is more of a problem than worrying about recertification." He also noted that while a mandatory program is desirable, "[the] need has not been documented." To support his position, he stated there were only 2 documented foodborne illness outbreaks in his state in 1986. Another state director without a statewide program, who responded that he would strongly agree to a mandatory program, sent a letter bemoaning the fact that in spite of two large salmonella outbreaks occurring simultaneously with the legislative debate, a proposal for statewide mandatory certification had been recently struck down.

Generally, those who did not want a mandatory program said so either because they would prefer a voluntary program or because they do not believe that certification programs are effective. Of the 14 who did not want a mandatory program in their state, 13 did want a voluntary program (Table 1). Of the same 14, 7 felt certification programs "significantly improve food protection practices"; 6 felt it did not and had no opinion. While overall, 35 (73%) of the respondents felt that certification programs did improve practices, there were some strong dissenting voices.

TABLE 1. Director's wanting mandatory versus voluntary state-

I want a mandatory certification program in my state. I want a voluntary certification program in my state.

| | Strongly Agree | Agree | Don't know | Disagree | Strongly Disagree |
|-----------|-------------------|-------|------------|----------|----------------------|
| Mandatory | 8 | 8 | 4 | 13 | 1 |
| Voluntary | 5 | 13 | 7 | 6 | 2 |
| Total | 13 | 21 | 11 | 19 | 3 |

TABLE 2. Certification programs significantly improve food protection practices.

| Strongly Agree | Agree | Don't know | Disagree | Strongly Disagree |
|-------------------|-------|------------|----------|----------------------|
| 8 | 27 | 3 | 7 | 0 |

The respondent who strongly rejected the idea of a mandatory program noted that in his state they had tried different training programs over the years with little success. Managers did not seem to be motivated to put good practices into effect, and until motivation exists, any certification program will fail to change practices. Another respondent agreed. "I don't feel our current teaching methods are resulting in many corrective actions taken by managers. I feel they know the answers but they (the managers) are not following through." A director from a state that recently decided to keep their voluntary program from becoming mandatory, noted that "education of the industry personnel has the potential for improving food protection practices in the industry but is no guarantee that improvement will happen. The education provided not only must inform the students about the prevention of foodborne illness, but must convince them that it is important for operating their business. Until the industry wants to practice safe food handling techniques, education will not do much to improve the current situation." Noting the same problem of motivation, another respondent said that reinforcement through on-site education by inspectors would improve the effectiveness of certification programs, and that subsequent inspections have to follow-up on what was taught. Another suggestion for motivating managers and making certification programs more credible is to include decertification, retraining, and retesting as part of the program.

Motivation is a problem. Many texts on restaurant management will quote good sanitation as being appealing to customers and note the potential fallout from lawsuits when contaminated food is served and an outbreak of foodborne disease is the result. In research on the economic losses from foodborne diseases resulting from food service establishments, Todd found that the cost to the restaurant for business lost ranged from \$10,000 to \$228,000 (8). The problem is that many foodborne illnesses go unreported and cannot be attributed to a specific eating establishment. Hauschild and Bryan (6) reported that the median ratio of estimated cases of foodborne diseases to initially reported cases was 25:1. Therefore, the odds of a restaurant manager being 'caught' in serving unsafe foods is unnaturally low. This obviously limits the motivation for learning and implementing the details of safe food handling practices.

One director, with no opinion about a certification program in his state, suggested someone study the effectiveness of certification programs. "Such programs [certification programs] are not proven ones - greatest need is a scientific study (studies) that would demonstrate that knowledge of food protection either lowers the incidence of foodborne infections or raises sanitation levels. [We] cannot justify time and costs of such programs without such information." Only one respondent did not want either a mandatory or voluntary program. He gave no reason for his opinion.

Respondents often mentioned money as a deterrent for certification programs. From the simple comment "need

time and money!" we can gather that budgets are tight and certification programs are burdensome. In their comments, five states noted funding to be a problem. Illinois is hoping to add fee-based certification to reduce the costliness of its mandatory program. In some states, the state restaurant association is a partner in certification programs. The voluntary program established in 1987 in Tennessee is jointly sponsored by the state and the Tennessee Restaurant Association. In Indiana, the Indiana Restaurant Association and local community colleges administer the certification programs.

The ruralism of a state affected its outlook on certification. Arkansas reported that "due to current politics, economics, and a predominantly rural state, a coordinated state program is not foreseen in the near future." The director from Wyoming explained that he has only 6 counties with local health programs. The state inspector is responsible for the other two-thirds of the state. "Sparse population and distances between towns would lend major problems with mandatory certification." He added that there is no state restaurant association. It was not clear why this is important. It is possible that the lack of a state restaurant association denies them of a partner in conducting a certification program or that relationships with restaurant managers are easier without an organized opposition. These same conditions of rurality create special problems for Alaska. The director there observed that there would need to be correspondence courses and exams offered as an option to attended ones.

Local Programs

We did not survey local jurisdictions directly, but we did ask state directors if there were mandatory or voluntary certification programs at the local level and what portion of the population was served by jurisdictions with these programs. Twenty states reported local jurisdictions with mandatory or voluntary programs. Table 3 shows the number of respondents reporting populations covered by mandatory, voluntary, and no certification programs. Note that only 16 states (33.33%) report no active certification programs. Two states claiming to have statewide voluntary certification programs reported that only 25% of the state's population may be covered by these programs.

TABLE 3. Percent of Population in Each State Covered by the Different Programs.

| | 0% | 1-25% | 26-50% | 51-99% | 100% | missing or not recorded |
|------------|----|-------|--------|--------|------|----------------------------|
| Mandatory | 19 | 15 | 1 | 0 | 3 | 10 |
| Voluntary | 21 | 10 | 1 | 5 | 2 | 9 |
| No program | 8 | 1 | 1 | 10 | 16 | 12 |

The respondents were very generous in sharing information about the local jurisdictions and their programs. Their comments on these are worth noting. First, there is disagreement among some of the states as to who should be trained and certified. Arizona has several county health departments which offer a food handling course required for all foodservice employees. The state director noted that "with the great turnover in the food industry it would be more effective to train/certify mangers, and they in turn the staff." The respondent for Idaho however, stated that "training and certification should be for all levels of employee; not just the manager - to be effective." San Diego County in California and some local health departments in Utah have requirements for training and/or permits for food handlers. In San Diego, managers are certified permanently, but handlers have to be recertified every 3 years. Illinois is seeking to strengthen its mandatory program for managers by adding a parallel program for food handlers.

Washington reported that the most successful of its local programs refunds 60% of the food establishment license fee when certified managers are present on all shifts and inspection scores are less than 20 demerits. This provides incentive for certification and incentive to practice the newly acquired knowledge. Illinois is planning to strengthen its program by adding a requirement for at least one certified supervisor present on each shift.

The Certification Programs

Where no statewide program existed, we asked respondents what they felt was the best way to achieve certification. A course and exam was the preferred method, with 86% choosing it. Only one state thought course alone was sufficient; however, this state representative added that continuing education, presumably as part of inspections, was an effective method of training as well. The respondent for Missouri felt that "if a person's training and experience allows them to pass satisfactorily a recognized test such as ETS, a training course is not necessary." Another respondent suggested a field component was important to any certification effort.

Among the 18 states that do have certification programs, 11 (61%) use the course/exam method. Six of these respondents specified the NIFI course (now the Educational Foundation of the NRA) as the one they use. Eight (44.4%) offer the ETS examination; two offer only a course. In Michigan, certification is achieved through the NIFI program and a state exam on state requirements. Nebraska checked the 'other' box and added that they send a slide/script program with their test upon request. Seventeen of the 18 states with programs responded to the questions about the administration of the courses and examinations used in certification (Table 4). Note that one state identified ETS as administering a course. This is incorrect since, of course, ETS only administers the test.

Local community colleges are most frequently involved with training, less frequently with testing. Apparently there was some confusion over the term 'administer'. From the

TABLE 4. Who Administers the Courses and Exams.

| | Course | Exam |
|----------------------------|--|--|
| State Agency | 7 | 7 |
| Local Health Dej | partment 7 | 5 |
| Local Community | y College 10 | 5 |
| Local University | 5 | 2 |
| ETS | 1 | 7 |
| Education Found of the NRA | ation 2 | 4 |
| Other: | 6 | 3 |
| | (2) Private industry Indiana Restaurant Assoc. Vocational Schools IEHA City of Chicago | Private industry Indiana Restaurant Assoc. City of Chicago |

answers we could not clearly determine if the courses were really not followed by an examination through which certification could be achieved or whether the examination offered originated through the state or local agency.

Most states have not addressed certification renewal. Only 3 of the 17 states with certification programs have a specified certification period. Nebraska seeks annual recertification in its voluntary program; the mandatory programs include provisions for no renewal, three year renewal, and 5 year renewal. Four voluntary programs have provisions for recertification, usually retaking the course/examination. Illinois has a 5 year certification period. To renew, the candidate simply fills out an application and waits for approval. This process is now under review.

In spite of the FDA's efforts to encourage agreements for reciprocity, there are few reciprocal agreements evidenced in this survey. However, one has to remember that local jurisdictions were not covered by the survey and that they may have their own agreements with each other. Only four states affirmed reciprocity agreements. However, when asked specifically if they had reciprocity based on the ETS examination, four others answered yes. Therefore, the total number of states participating in reciprocity is 8 (44.4%). Seven of these recognize the ETS examination. Two, Illinois and Ohio, will recognize the certificate from ETS only when the candidate has documented proof of attendance at a training course.

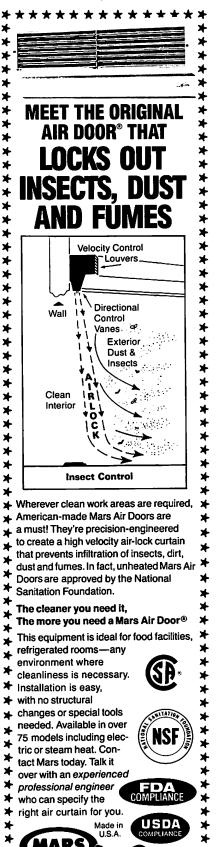
The respondent from Illinois generously shared more information about that state's program, and some of the points are important for our consideration and unique to Illinois. They are seeking several changes to the current program. First, they want to develop standards of sponsorship for instructors to discourage 'freelance' instructors. Second, they are examining approval and evaluation guidelines for instructor and course content. By placing stricter controls on who teaches and what is taught, they can be sure that knowledge presented in the class is geared toward relevant food protection practices.

CONCLUSIONS

Although their effectiveness has not been scientifically proven, we believe that certification programs do have a positive effect on safe food handling practices, and would argue that if nothing else, by lending a vestige of professionalism to the restaurant manager, certification can improve food safety. The survey revealed that state directors responsible for retail food safety find certification programs attractive and desirable, and realize they are not a miracle cure. Real problems with certification include motivating managers and food handlers to change their practices once training and certification have been received; finding the financial resources for the programs; determining a pragmatic way to conduct the programs in rural states; locating qualified teachers for the educational component; and making knowledge achieved for certification in one state carry over to the next. States are working through these problems and are moving toward statewide certification programs. We believe that certification is an important prerequisite for safe food in our restaurants. By at least requiring the manager to be initially trained and tested in food protection and sanitation, the environmental health specialist and the manager can work from a common base of knowledge and understanding of what is expected. By certifying the manager as early in his education as possible, we can develop a pool of managers who are providing the consumer with a safer meal. Today there is a significant risk of foodborne disease that does not have to exist.

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