

USEFUL TECHNIQUES IN THE DEVELOPMENT OF A FOOD SANITATION PROGRAM¹

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In discussing the objectives of the National Council on Food Protection, Dr. Henry F. Vaughan, Dean of the School of Public Health at the University of Michigan, summed up for this and probably all groups or agencies interested in food sanitation, when he said, "The ultimate objective is to encourage people to realize the value and demand quality food, well prepared, served in a clean and sanitary manner in clean, pleasant surroundings, whether at home or any other place where food and beverages are served" (1).

Using this objective as an overall goal and a measuring stick, the Division of Sanitation of the Tulsa City-County Health Department reviewed its accomplishments in the field of sanitation in the fall of 1954. The results of this review left much to be desired if the goal was to be even approached. The usual program was being followed of regular inspections following an ordinance and code based on the 1943, USPHS Recommended Ordinance and Code for Eating and Drinking Establishments (2).

This code had been effective, and a program of higher professional standards for new sanitarians combined with in-service training for sanitarians without previous formal education in biological sciences and public health had raised our "survey" sanitation rating greatly over a four year period. However, the emphasis of this code and the inspections was, unfortunately, primarily on fixtures and construction with little emphasis on food service methods. Someone has said that a stainless steel kitchen does not keep the thumb out of the soup and implied, thereby, that only learning proper food service *habits* could do this. Obviously, thought must be given to help teach food service personnel those proper habits. But what about the goal, of encouraging people to value and demand good food service, at home as well as at the public eating place? Surely some means of

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doing this must also be encouraged. Could, perhaps, the two be combined? After two years of trial, we feel the answer is an emphatic yes. This, then, is the story of the development, primarily, of a food service training program in Tulsa and Tulsa County. In many ways not too different from many others preceding it in other communities, but one with emphasis also on community-wide education. In addition, we have described some auxiliary techniques developed to implement the accomplishments of the training program in the overall food sanitation program.

A survey made by the staff of the "Health Officers News Digest", of 218 local health departments on food service employee training programs was released in August, 1954 (3). This survey showed that an overwhelming majority of the departments conducting such programs considered them not only desirable but essential, resulting in cleaner premises and better food service practices. A considerable portion of those participating in the survey indicated the desirability of such programs being on a permanent, continuing basis.

In making plans for instituting a food service training program, two significant things were decided on as initial steps. First, a series of one-session training programs was scheduled for several convenient locations in different sections of the community for operators, managers, and supervisors of all eating and drinking establishments. Although the amount of training accomplished in these sessions was not great, they served as an excellent means of discussing the establishment of a permanent training program for all food service personnel with a very broad repre-

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sentation of the food service industry. Through persistent encouragement by the district sanitarians, over fifty percent of all eating and drinking establishments were represented. There was an almost unanimous agreement that similar but more extensive training sessions should be developed for all food service personnel and that consideration be given to making attendance compulsory.

The second initial step was incorporated in the plans for the five new district public health centers which were to be built in five Tulsa County towns. A departure was being made in these centers from the usual ones by including auditoriums which could be used as separate units from the office and clinic units. The development of these has been described in another paper by Dr. T. Paul Haney (4). The philosophy for including these auditoriums for public use was in keeping with his broad definition of public health. A further departure that tied in well with the plan for a food service training program was the provision of model kitchens adjoining the auditoriums, equipped with basic, commercial fixtures. It was anticipated that these kitchens would be used for preparing food for groups at luncheon and dinner meetings. By adding a folding door across the side adjoining the auditorium, placing the serving and warming tables on casters, and aligning the rest of the equipment in a U-shape on the other three walls, each kitchen in effect became a show room and a stage for future food service training classes.

Plans for a comprehensive, continuous training program now began. The assistance and advice of adult education and other educational personnel was enlisted as well as using the very helpful comments and suggestions gathered from the restaurant operators. The concept of compulsory training for all personnel was included, but it encountered some opposition. A committee appointed by the local restaurant association to work with the Health Department on developing an ordinance establishing the program, objected on the grounds that some personnel were already well-founded in the principles of food sanitation. These, they felt, need not attend the classes. As a means of separating or classifying the personnel, they suggested administering a written examination based on food sanitation, personal hygiene, and good food service habits. This suggestion was adopted and an ordinance was adopted in Tulsa, the principal city of the county, with eighty percent of the total population of the county.

Initially, one general examination was given all personnel, but after a trial period, similar but more specialized examinations were developed for four classifications: cooks, waitresses, bus boys and dishwashers, and fountain and tavern workers. The examination consisted of twenty-five true-false questions and twenty-five multiple choice questions. A grade of eighty percent was selected as the passing grade. Those falling below that grade were required to attend two two-hour training sessions.

At the first session, the fundamentals and practices of everyday bacteriology were discussed: what germs are, how they grow, what kills them, etc. Through the use of slides, film strips, and lectures, application was made to the individual at home and on his job in the food service industry. The second session was devoted to the importance of personal hygiene and the way in which disease is spread from person to person. Again, slides, film strips, and motion pictures were used to show the individual the application to food service and their own food service habits. The classes were on a level designed to give all workers the best information on disease prevention, safe service and preparation of food, and general sanitation, regardless of their duties about the establishment.

During the first eight months, eighty percent of the 3,600 persons taking the tests passed. By categories, there was a range from 48 percent passing for bus boys and dishwashers to 91 percent for waitresses. Two things were done as a result of this analysis. First, examinations were modified somewhat to strengthen the waitresses and cooks tests, to try to take out ambiguities, and to simplify wording that tended to make them I.Q. tests. Secondly, an effort was made to increase the percentage attending the classes of instruction. Persons attending often came to classes with a defensive attitude — "They were being *made* to attend." They had failed the test and were being singled out as "dumb heads" by their fellow workers. Invariably, after attending, they were pleased by the course, by what they had learned, and were proud of their new-found information which they happily paraded back at their place of work. They were gently urged to encourage others to attend, even though they had *passed*.

Concurrently with the establishment of the training program, a monthly sanitation news letter was instituted. This was mimeographed, single page, legal size and was sent to every eating and drinking establishment. Initially it was used to explain the purpose and operation of the food service training program,

including the monthly schedule of classes. Almost immediately, however, it became the accepted means of communication between the Health Department and the restaurant industry. When it was discovered that some persons taking the written tests could not read, or perhaps only very poorly, the "Newsletter" invited them to go to classes without taking the examination, if they desired. Not only those who were semi-literate, but many others made nervous by the thought of taking a test accepted this invitation passed on to them by the operator receiving the "Newsletter". When someone inquired if their sister "could just sit in on the second session of the class" because she had enjoyed the first session so much, the "Newsletter" again invited as many as desired to attend and to bring their friends if they wished. Attendance picked up! The reputation of the classes as interesting and something that would be helpful to everyone began to become established.

Since the initial start, the "Newsletter" has also served as a medium for passing on new information from the literature, for introducing new phases of the food sanitation program, and for timely suggestions on sanitation. The local newspaper early had used the "Newsletter" as a source of information to be passed on to the general public as news about this program. Now they began to base feature stories of general interest and information on items appearing in the newsletter. These articles were successful. After all, everyone ate food; everyone was interested in food sanitation! Perhaps work toward a goal of persons valuing and demanding good food service could be carried on successfully with the training program, as had been hoped.

Several areas were explored to help in this direction. Radio and television stations were contacted, and they were encouraging. The Health Department acquired a motion picture camera and short action shots of the classes appeared in the television newscasts, together with an explanation of what they were for and how they operated. Several community groups became interested and asked for adaptations of the material to be presented before them — business women's groups, senior Boy Scouts, nursing groups, Civil Defense wardens, etc. The Health Officers News Digest's folders entitled "Sanitation Follies" were found to be especially useful as the basis of discussion with such groups.

Increased information and awareness of germs and their transmission in our food service personnel group had led to reinstating routine swabbing of

utensils in all establishments as a teaching device. Proper utensil sanitization and use of single service containers was being stressed. Dissatisfaction with the usual inspection report for eating and drinking establishments had led to the development of a check list of *methods* to supplement the regular one covering construction and facilities. When an opportunity to put on a thirty minute television program occurred, we were ready to tell the story of our food sanitation program as it affected the individual. This show was one of a series dealing with medical problems, entitled "House Call", and a good viewer rating had been established. Our presentation included scenes of waitresses using *poor* techniques followed by the *correct* method of setting tables, clearing tables, serving butter, and serving ice in a water glass; of cooks sneezing on the job and remembering to wash their hands at handwashing facilities conveniently located in the kitchen next to the cooking center; of sanitarians taking swab tests and the laboratory processing the swabs; and of a portion of our training classes using some of the slides utilized in our second session.

We had a good response. Many comments were made indicating we had increased the individual's awareness of food sanitation, of food service methods. To supplement this in our food sanitation program, the check list and accompanying code on food service methods was used at least once in each establishment. Since many of the items required observation at different times of the day (as during preparation, cooking, and then serving a meal) the partially completed check sheet with accompanying code was left with each operator to be completed by the time of the next regular inspection. Thus, for the first time in many cases, we had self-inspection being carried on. Continuation of such self-inspection has been encouraged by the district sanitarians, for it engendered a feeling of cooperation and teamwork between the operator and the sanitarian. Each district sanitarian keeps a small loose leaf notebook containing, on a separate sheet for each establishment, a summary of several previous monthly inspections and utensil swab counts. Most operators are anxious to see how their record stands, whether they have corrected violations noted on previous inspection, and what will go into the notebook as comments from the present inspection.

Currently, the food service training program has been operating in the City of Tulsa two years. Because of a high rate of turnover in food service personnel, the proportion of persons not passing the test

has remained about the same - one out of five. The number of persons attending classes, however, is closer to two out of five. Special sessions of the classes are given, on request, at larger restaurants, school cafeterias, church kitchens, hospital kitchens, and private club kitchens. The manager of the establishment guarantees a minimum of ten in attendance and usually sees that all of his employees attend. Food processors, such as bakeries, and food manufacturers have been included in the training. A second, continuing class has been set up for workers' convenience in a district health center in the negro district. In three outlying county towns, classes are being held in the new health center auditoriums and kitchens. These classes include *all* food service personnel, including grocery store workers, for at least part of the instruction. A fourth county town is presently considering a similar suggested ordinance establishing food service training.

And so, today, the Food Service Training Program has served to stimulate an awareness and a concern

for proper food service in a substantial segment of the population of this community. It is hoped that through continued community-wide contacts in the newspaper, television and through the school curriculum this awareness and concern will grow. For it has been truthfully said that a successful enforcement program cannot long exist without the understanding and the support of the community.

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