**Department of Extension Family and Consumer Sciences**

**Quarterly Newsletter**

**OCTOBER 2015**

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**Arthritis: A Growing Health Concern for New Mexico**

Sonja Koukel, PhD
Community & Environmental Health Specialist

**Did you know?**

Arthritis facts at the national level

* There are nearly 100 types of arthritis affecting 52.5 million US adults.
* One in five American adults reports having doctor-diagnosed arthritis.
* Types of arthritis include fibromyalgia, gout, osteoarthritis, psoriatic, rheumatoid, and lupus.
* Arthritis is a chronic disease, defined as a disease that persists for a long time - 3 months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear.
* People of all ages, including children, can be affected.
* Most commonly affected are adults aged 65 and older.
* It is the most common cause of disability in adults.
* **The burden of arthritis is high across Hispanic subgroups. Nationally, an estimated 3.1 million Hispanics reported doctor-diagnosed arthritis.**
* **Osteoarthritis is more common than diabetes among adults.**

**Did you know?**

Arthritis facts at the state level

* About 383,000 adults in New Mexico suffer from arthritis (NM population approx. 2 million, 2014).
* By 2030, one-in-four New Mexicans will be 65 years and older. As the population ages, there is an expectation of increased doctor-diagnosed arthritis.
* **New Mexico is one of six states expected to have large percentage of a senior population by 2030.**
* New Mexico is a minority-majority state in terms of population with Hispanic or Latino at 47.7% (2014). As previously noted, the burden of arthritis is **high across Hispanic subgroups.**
* New Mexico’s high percentage of Hispanic population could impact the state’s rates of seniors with arthritis.

**Why is arthritis a public health concern?**

* It is a chronic disease.
* Arthritis negatively impacts:
* Physical activity.
* Quality of life - social participation activities (such as shopping, going to movies, visiting friends).
* Mental health – 1 in 3 US adults have anxiety or depression.
* The largest problem is that it discourages people to be physically active. In NM, 55% of adults with arthritis have activity limitation.
* Low physical activity is a risk factor for other chronic diseases like heart disease, diabetes, and obesity.
* By the age of 85, about 45% of US adults may develop osteoarthritis in the knees – 66% for those who are obese.

**What is recommended for people with arthritis?**

* Learn arthritis management strategies. Learning techniques to reduce pain and limitations can be beneficial. The Stanford University [Chronic Disease Self-Management Program](http://www.cdc.gov/arthritis/interventions/self_manage.htm#2) is an evidence-based strategy that is proven to improve the quality of life of people with arthritis. The program helps teach people with arthritis and other chronic conditions to manage arthritis on a day-to-day basis. The program is offered in both English and Spanish. Many NM Extension professionals are certified leaders and offer this program in their communities. [Better Choices, Better Health for Arthritis](http://www.arthritis.org/living-with-arthritis/) is a web-based version of the Arthritis Self-Management program that allows individuals to join a workshop without leaving home.
* Be active. Research has shown that physical activity decreases pain, improves function, and delays disability. Any physical activity is better than none. Aim for 30 minutes of moderate activity at least 5 days a week. For ideas check out the CDC [Physical Activity for Arthritis Fact Sheet](http://www.cdc.gov/arthritis/pa_factsheet.htm)
* Watch your weight. Maintaining a healthy weight reduces the risk of developing arthritis. A loss of just 11 pounds can decrease risk of developing knee osteoarthritis, and a modest 5% weight loss can help reduce pain and disability.
* Protect your joints. Avoid Joint injury to reduce risk of developing osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis.
* See your doctor. Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important. If you have symptoms, see your doctor and begin appropriate management of your condition.

Further information on Osteoporosis available on a publication that can be downloaded free: [NMSU Cooperative Extension Osteoporosis Publication](http://aces.nmsu.edu/pubs/_i/I105/welcome.html)

Resources:

Arthritis Foundation [www.arthritis.org](http://www.arthritis.org)

Centers for Disease Control and Prevention [www.cdc.gov/arthritis](http://www.cdc.gov/arthritis) and

<http://www.cdc.gov/arthritis/data_statistics/race.htm>

Chronic Disease [www.medterms.com/script/main/art.asp](http://www.medterms.com/script/main/art.asp?articlekey=33490)

NM Department of Health [www.nmhealth.org](http://www.nmhealth.org)

U.S. Census Bureau <http://quickfacts.census.gov/qfd/states/35000.html>

**The 5 Second Rule**

**How Fast Can Germs Get On Your Food?**

Contributed by

Sonja Koukel, PhD
Community & Environmental Health Specialist

Nearly everyone has heard of [The 5 Second Rule](http://biology.about.com/od/microbiology/ss/Is-the-5-Second-Rule-True-or-a-Myth.htm): If your food hits the floor but you pick it up within 5 seconds, it's safe to eat. Right? It turns out a vast majority of us believe it. Studies have shown about 90% of people admit to eating food that has fallen on the floor at some point. But is there any truth to this or is it a myth?

**Consider the Possibilities**Bacteria, viruses, and other germs are everywhere - especially on the floor where people and animals walk frequently. If you stop to think about the germs that could be waiting on the floor, the food you dropped may become a little less appetizing. But if you aren't thinking about that or you want to know the science behind the 5 second rule, it turns out researchers have actually studied it.

There is some degree of truth to the 5 second rule. The less time food spends on the floor, the fewer germs it picks up. And as you may expect, dry, hard foods pick up fewer germs than wet foods. But that doesn't mean you are safe to eat all hard, dry foods that hit the floor.

Studies have shown that even though food that spends less time on the floor picks up fewer germs, it still picks up some germs. And since germs are way too small to see, there is no one way to know if the few that ended up on your food are the kind that will make you sick or the kind that won't.

Good Germs vs. Bad Germs
As previously stated, bacteria, viruses and other germs are everywhere in our world. They are inside and outside of our bodies. Some of them exist without causing us any harm and others invade and make us sick.

There is no way to know which germs are where and when one of them will make you sick. Cold and flu viruses could be anywhere. The influenza virus (which causes the flu) can live on surfaces for up to 8 hours. Others - some that are much more dangerous - can live for days or even longer.

### Should You Risk It?Everyone's immune system is different. Those with weak or compromised immune systems (such as people with chronic illness or autoimmune disorders and those undergoing cancer treatment) are more likely to get sick. Their bodies have a harder time providing protection against germs. If you fall into one of these categories - or you are just someone who gets sick a lot - you probably shouldn't risk eating anything that has fallen on the floor.

Another thing to consider is that even if a floor looks clean, that doesn't mean it is. Germs are not visible and can be present on any surface.

Imagine eating off the mop that you cleaned the floor with. Not very appetizing, right? Even if you (or someone else) cleans regularly, germs can still be present. In the end, everyone makes their own decisions about whether to believe in the 5 second rule. A good rule to keep in mind when it comes to food is: *When in doubt, throw it out!*

Resource

Duda, K. (2015, September 23). Article available at <http://coldflu.about.com/od/prevention/fl/The-5-Second-Rule.htm?utm_content=20150930&utm_medium=email&utm_source=cn_nl&utm_campaign=livinghealthy&utm_term=Living%20Healthy%20Daily%20Newsletter>

**Introduction**

Lisa Jo Shields, PhD, LMHC

Family Life and Child Development Specialist

It is my pleasure to introduce myself as your new Family Life and Child Development Specialist. I would like to take this opportunity to share a little about who I am. Initially, I started my career as a social worker for the Department of Defense and I provided home visitation programs for military families. Because my own family spent years in the military, I have a heart for helping families facing the unique challenges of military life. Eventually, I returned to school and earned a master’s degree in family therapy and worked at a local community mental health agency. As a therapist, it is exciting to be a part of the change process within families and amazing to see what families can accomplish by working together.

Since 1999, I have been managing grants for the Department of Extension Family and Consumer Sciences through NMSU’s Strengthening Families Initiative (SFI). Together with a team of talented professionals, SFI successfully conducted evidence-based programming focusing on parenting, feeding relations, and couple relationships. Unfortunately, after 16 years of exceptional research and service delivery, it was just announced that SFI will not be refunded this year. I want to thank the SFI faculty and staff for years of service and dedication to the thousands of parents and children they helped with education and support. Although it is very difficult to say goodbye to our SFI friends and colleagues, we know that the work they accomplished will live on in families for generations to come.

My past career experiences have only added to my desire of becoming an Extension Specialist and encouraged me to return to school. This last May, I completed my PhD in Educational Leadership and Administration at NMSU and I am very excited to start working in my new role. Because I have worked for Extension for several years, I have had the pleasure of meeting and even working with a number of past and current county agents and staff. The relationships I have developed with folks are invaluable and I look forward to working even closer with you. As your new Specialist, my goal is to visit with you regarding the specific needs of your county and listen to your ideas. It is my hope that your suggestions will help me to generate information and programming that best meets the needs of your community and integrates well into your existing services.   I am looking forward to visiting with you and making myself available to assist in creating valuable learning within your communities.

**Contact Information:**

Dr. Lisa Jo Shields

MSC 3AE

PO Box 30003

Las Cruces, NM 88003

Office:

Gerald Thomas Hall, Rm. 311B

Phone: 575-646-3560

Cell: 575-202-7375

lshields@nmsu.edu

**What is Familism?**

Lisa Jo Shields, PhD, LMHC

Family Life and Child Development Specialist

Familism is a “cultural value which includes a strong identification and attachment of individuals with their families (nuclear and extended), and strong feelings of loyalty, reciprocity, and solidarity among members of the same family” (Triandis, Marín, Betancourt, Lisansky, & Chang, 1982, p. 398). The term familism has been characterized by family members providing and expecting tangible support when needed; being committed to maintaining close family relationships both physically and emotionally; honoring elders and protecting the family name; and valuing family obligations demonstrated by placing the family’s needs above individual needs (Lugo Steidel & Contreras, 2003). Latinos from different national origin appear to hold similar attitudes toward their families, thereby, “indicating that familism is a core characteristic in the Latino culture” (Sabogal et al., 1987, p. 397) and is believed to be the most important factor influencing the lives of Latinos (Coohey, 2001; Farris & Glenn, 1976; Inclan & Hernandez, 1992; Moore & Cuellar, 1970).

While many studies have indicated that familism is a core characteristic among Latinos (Sabogal et al., 1987), the functions of familism are numerous and cannot be viewed as one-dimensional nor should it be assumed that familism is a given among all Latinos or any other cultural or ethnic group. A clear picture of how particular groups define family and family relationships is necessary in order to understand familism within specific groups. One must always keep in mind that while exploring family life characteristics and phases, one must be cautious about using the majority culture as the norm for comparison of families from differing cultural groups. This type of comparison may serve to construct a deficit view of families from different ethnic backgrounds (McGoldrick & Shibusawa, 2012). For example, a majority of family life models include a launching transition in which young adults typically undergo a period of individuation that sets the stage for movement away from the family of origin toward a family of procreation. It appears the Latino culture may not emphasize a separation from the family system as a means of individuation on the path toward adulthood (McGoldrick & Shibusawa, 2012). This path toward adulthood allows for opportunities to provide and receive emotional support by maintaining close relationships (Knight et al., 2010). Furthermore, Latinos and non-Latinos have shown fundamental differences in how they define family and family structure. For example, Latinos may limit boundaries dividing nuclear and extended family members in comparison to non-Latino families who may make clear distinctions (Keefe et al., 1979). Among Latinos, fictive kin such as the compadrazgo system further expands familial membership with the inclusion of godparents who may be related or non-related and take on a co-parenting role (Keefe et al., 1979).

Researchers have found that adaptive cultural norms are prevalent among Latino and other minority families. These adapted norms evolved due to historical forces and current societal demands and involve goals, values, and attitudes that are different from the dominant culture (García Coll et al., 1996). Among ethnic minority groups, family cultural patterns are a part of the family ecology which reflects the way a family system interacts with societal systems (Harrison et al., 1990). These specific cultural characteristics differentiate minority families from mainstream families which have resulted in profound variations in family processes (Garcia Coll et al., 1996). Moreover, these cultural characteristics serve the overall goal of family members developing attitudes, beliefs, and competencies that help them successfully participate in the society in which they live (Cauce & Domenech-Rodriguez, 2002). According to Sabogal et al. (1987), familism among Latinos is the result of the interaction between environmental influences and personal choices. Many children in Latino families are raised to believe that family obligations and relationships are the foundation for both their family and societal roles (Fuligini, Tseng, & Lam, 1999). Familism has been suggested to be one of the most important values transmitted across generations (Inclan & Hernandez, 1992; Sabogal et al., 1987; Umaña-Taylor & Guimond, 2010).

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**Cooling Down with Diabetes**

Cassandra Vanderpool, MS, RDN, LD

Extension Diabetes Coordinator

As the weather cools down, people with diabetes need to prepare to take extra care of themselves. Blood glucose (sugar) levels tend to rise during the cold months of the year. Various factors are involved, such as changes in eating, less physical activity, and sickness. Follow these recommendations to help prevent major health problems.

**Eat Balanced Meals**

People usually eat more when temperatures are cooler. Our bodies do burn more calories for warmth when it is cold, but be aware of portion sizes to prevent overeating. Plan meals ahead of time to make sure they are balanced with fruits and vegetables, lean protein and dairy, and whole grains. Drink plenty of water or other beverages with no calories.

Also have a plan when attending gatherings where there will be food. If you would like to have dessert or another food that is high in carbohydrates, plan for it as one (or sometimes two, depending on the food) of your carbohydrate servings. Help keep portion sizes of high carbohydrate foods smaller by filling most of your plate with salad or other low carbohydrate vegetables and lean protein first.

Wait at least 20 minutes before getting seconds to allow your brain to receive the signals that tell it whether you are still hungry. Sit away from foods and visit with friends and family or suggest that you all go for a walk. If you still feel hungry after time has passed, eat more low carbohydrate vegetables.

**Plan Physical Activity**

Cold weather may keep you indoors more. Decide how you will stay active. Participating in community fitness classes, going to a gym, or walking inside malls are popular options during the winter. If you prefer to stay at home, you might consider walking up and down stairs if you have them, doing exercise videos, playing electronic fitness games, doing leg and arm lifts while watching TV or listening to music, and doing more vigorous housework (i.e., that requires stretching, bending, and lifting weight) each day.

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It is a good idea to do something active for at least 15 minutes after eating.

Sometimes people have a hard time motivating themselves to get up and do something active. Pushing yourself to start is often all it takes. Commit to exercise for 10 minutes. You may stop after 10 minutes if you want to, but most people find they are feeling good and finish their workout.

**Prevent Sickness**

Colds and flu are more common in colder seasons, so take steps to prevent sickness now. Wash your hands often, especially before eating and when you have been in public. Get a flu shot. Take care of your body by eating healthy and getting enough physical activity and sleep.

People with diabetes should have a sick day plan. When you are sick, it is harder to keep blood glucose within the normal range. Life-threatening conditions may develop if high blood glucose and ketones are ignored. Talk with your doctor or diabetes educator about your sick day plan. It should include when you will call your diabetes team (make sure you know how to reach them at night or on weekends or holidays), how often to test blood glucose and urine ketones, what medications to take, and how to eat when you are sick.

The American Diabetes Association (ADA) recommends contacting your diabetes team if:

* You've been sick or have had a fever for a couple of days and aren't getting better
* You've been vomiting or having diarrhea for more than 6 hours
* You have moderate to large amounts of ketones in your urine
* Your glucose levels are higher than 240 even though you've taken the extra insulin your sick-day plan calls for
* You take pills for your diabetes and your blood glucose level climbs to more than 240 before meals and stays there for more than 24 hours
* You have symptoms that might signal ketoacidosis or dehydration or some other serious condition (for example, your chest hurts, you are having trouble breathing, your breath smells fruity, or your lips or tongue are dry and cracked)
* You aren't certain what to do to take care of yourself

As soon as you become sick, start keeping a written record of the following:

* Medications taken – when and how much
* Whether you can eat and keep food down
* Weight lost
* Temperature
* Blood glucose levels
	+ People with type 1 diabetes may need to test every four hours
	+ People with type 2 diabetes may need to test four times a day
* Urine ketones
	+ People with type 1 diabetes may need to test every four hours
	+ People with type 2 diabetes may only need to test if blood glucose is higher than 300

Continue taking diabetes medications when you are sick, even if you are throwing up. To treat higher blood glucose levels, people with type 1 diabetes may need to take extra insulin. It may be sufficient for people with type 2 diabetes to continue to take their pills, or they may need to use insulin for a short time. If you want to take extra medications for sickness, tell the pharmacist you have diabetes and ask for recommendations and how the medications might affect your blood glucose levels.

Your sick day plan also needs to include foods to eat if you are not able to eat your normal meals. Prepare by stocking some foods that are easier to digest (e.g., regular gelatin, crackers, soups, applesauce, and beverages that contain carbohydrates). The ADA suggests aiming for 50 grams of carbohydrate every three to four hours. Make sure to drink plenty of liquids with no calories also.

**Take Care of Your Skin**

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While general recommendations for cold weather are to wear layers and to cover your head and hands when outside, people with diabetes need to take extra steps to care for their bodies. Winter weather and high blood glucose contribute to dry skin, which may lead to cracks, especially on the feet. Eat healthy and drink plenty of water. Keep your skin clean, dry, and moisturized. Avoid soaking skin in water or other fluids. Wear warm socks that fit and comfortable shoes (check for foreign objects that might damage your feet before putting them on). Check your feet regularly and report potential problems to your doctor. You may see your feet better if you use a mirror.

Protect your skin from extreme temperatures. High blood glucose damages nerves and the circulation. People with diabetes may not feel how hot something is and burn themselves. Avoid most heating pads, hot water bottles, and electric blankets. Some heating pads have been designed for people with diabetes that maintain a constant, safe temperature. When showering, use your elbow to check the water temperature.

**Be Aware of Depression**

Shorter winter days and the stress of the holidays may lower your spirits. Eating healthy, being physically active, and doing things with others may help your mental health, but some people do these things and still struggle with depression. Talk with your health care provider if you are experiencing these symptoms:

* Persistent sad, anxious, or "empty" mood
* Feelings of hopelessness or pessimism
* Feelings of guilt, worthlessness, helplessness
* Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
* Decreased energy, fatigue, being "slowed down"
* Difficulty concentrating, remembering, making decisions
* Insomnia, early-morning awakening, or oversleeping
* Appetite and/or weight changes
* Thoughts of death or suicide, or suicide attempts
* Restlessness, irritability

**Keep Testing Supplies and Medications at the Right Temperature**

Check your glucometer, test strips, and oral medications for the recommended storage temperature. If you are going out and need to take them with you, keep them close to your body so they stay warm. People who take insulin usually store it in the refrigerator. Keeping insulin between 36 to 46 degrees F maintains its potency longer.

If you are traveling, keep insulin on your person or in your carry-on bag. Trunks and cargo holds may expose insulin to damaging temperature extremes. If it freezes, it should be discarded, even after thawing. Insulated cooling cases are available to store insulin on the go but may be unnecessary for short trips. Insulin manufacturers say a vial of insulin can be kept at room temperature (less than 86 degrees F) for up to 28 days. If you use an insulin pen, store it at room temperature once it is in use. Check the package insert for storage life, as it varies between insulin pens from one week to one month.

Many people report that insulin injections are more comfortable when the insulin is at room temperature. However, do not place insulin where it is exposed to light or high temperatures. Avoid keeping it next to heat sources, in vehicles, and on windowsills or ledges.

Resources:

American Diabetes Association. When You’re Sick. June 5, 2015. Available at <http://www.diabetes.org/living-with-diabetes/treatment-and-care/whos-on-your-health-care-team/when-youre-sick.html>, accessed October 6, 2015.

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**FDA Implements New Food Safety Regulations**

Nancy Flores, PhD

Food Technology Extension Specialist

The FDA Food Safety Modernization Act (FSMA) Preventive Controls for Human Food rule (also known as HAR-PC) is now final, and compliance dates for some businesses begin in September 2016. Compliance dates for food manufacturing or processing businesses are staggered over several years:

* **Very small businesses** (averaging less than $1 million per year (adjusted for inflation) in both annual sales of human food plus the market value of human food manufactured, processed, packed, or held without sale): Three years, except for records to support its status as a very small business (January 1, 2016).
* **Businesses subject to the Pasteurized Milk Ordinance**(compliance dates extended to allow time for changes to the PMO safety standards that incorporate the requirements of this preventive controls rule): Three years
* **Small businesses** (a business with fewer than 500 full-time equivalent employees): Two years
* **All other businesses**: One year (September 2016)

**Key Requirements of HAR-PC and clarifications:**

1. **Food processing facilities must establish and implement a food safety system that includes an analysis of hazards and risk-based preventive controls:**
* **Hazard analysis**: The first step is hazard identification, which must consider known or reasonably foreseeable, intentional or naturally occurring hazards, classified as biological, chemical, and physical hazards that affect the safety of the food.
* **Preventive controls**: A preventive control will be minimize or prevent a hazard. They include process, food allergen, and sanitation controls, as well as supply-chain controls and a recall plan.
* **Oversight and management of preventive controls**. The final rule provides flexibility in the steps needed to ensure that preventive controls are effective and to correct problems that may arise. Controls are managed through proper **Monitoring, Corrective Actions and Verification procedures.**
* Product testing and environmental monitoring are possible verification activities but are only required as appropriate to the food, facility, nature of the preventive control.
1. **The definition of a ‘farm’ is clarified to cover two types of farm operations. Operations defined as farms are not subject to the preventive controls rule. However,** Primary Production and Secondary Activities Farms with produce are covered by the **Produce Safety Rule** will be required to comply with that rule.
* **Primary Production Farm**: This is an operation under one management in one general, but not necessarily contiguous, location devoted to the growing of crops, the harvesting of crops, the raising of animals (including seafood), or any combination of these activities. This kind of farm can pack or hold raw agricultural commodities such as fresh produce and may conduct certain manufacturing/processing activities, such as dehydrating grapes to produce raisins and packaging and labeling raisins.
* **Secondary Activities Farm**: This is an operation not located on the Primary Production Farm that is devoted to harvesting, packing and/or holding raw agricultural commodities. It must be majority owned by the Primary Production Farm that supplies the majority of the raw agricultural commodities harvested, packed, or held by the Secondary Activities Farm.
1. **Supply-chain program is more flexible, with separate compliance dates established.**
* The rule mandates that a processing facility have a risk-based supply chain program for those raw material and other ingredients for which it has identified a hazard requiring a supply-chain applied control.
* Food facilities are responsible for ensuring that these foods are received only from approved suppliers, or on a temporary basis from unapproved suppliers whose materials are subject to verification activities before being accepted for use.
* A facility will not be required to implement a preventive control when an identified hazard will be controlled by a subsequent entity such as a customer or other processor.
* Another entity in the supply chain, such as a broker or distributor, can conduct supplier verification activities, but the receiving facility must review and assess that entity’s documentation of the verification of control of the hazard.
* Separate compliance dates have been established for the supply-chain program provisions so that a food facility will not be required to comply with the supply-chain program provisions before its supplier is required to comply with the preventive controls for human food rule or the produce safety rule.
1. **Current Good Manufacturing Practices (CGMPs) are updated and clarified.**
* The final rule does not include nonbinding provisions, which are more appropriate for guidance.
* Management is required to ensure that all employees who manufacture, process, pack or hold food are qualified to perform their assigned duties.
* Such employees must have the necessary combination of education, training, and/or experience necessary to manufacture, process, pack, or hold clean and safe food. Individuals must receive training in the principles of food hygiene and food safety, including the importance of employee health and hygiene.
* GMPs for allergen cross-contact is now explicit in the regulatory text.

For more detail on the new regulations please review information at:

<http://www.fda.gov/Food/GuidanceRegulation/FSMA/ucm334115.htm> .