

Handling Food Safely at Home

September is "National Food Safety Education Month" (TM). Also, Governor Johanns has declared September "Farm-to-Table Food Safety Education Month."

Alice Henneman,
MS, RD, Extension Educator

You have a headache. You're vomiting. You have diarrhea and feel nauseated. Your doctor says it's likely you have a food-borne illness.

You start retracing in your mind all the places you've eaten recently. There was the new restaurant in town. There was the takeout food from the supermarket deli. You ate from a food stand at the athletic event last night. You ate at home.

Your home. Your kitchen. What happens in the home kitchen could be the cause of a food-borne illness or the last line of defense in preventing it.

To start you thinking about home food safety, here are:

- Survey results on food handling at home;
- A quick food quiz on handling food at home.

Surveys of Home Food Safety Practices

It's difficult to document the number of food-borne illnesses related to home food safety practices. A food-related illness could occur any time from about a half hour to a couple of weeks or more after exposure to the contaminated food. Unless a large number of people are affected, many incidences of food-borne illness go unreported.

Though we seem to be improving our home food safety practices, several surveys indicate we still have a ways to go. In recognition of growing concerns about food-borne illness, the new "Dietary Guidelines for Americans, 2000" includes a guideline on consumer food safety: Keep food safe to eat. "Healthy People, 2010," a national health promotion and disease prevention initiative, also contains a food safety component.

Audits International Survey. In late 1997, Audits International, an independent firm that specializes in food safety and food quality evaluations for restaurants, food service facilities and supermarkets, surveyed 106 households in 81 cities throughout the United States and Canada in its initial Home Food Safety Survey. In 1999, another study was conducted and data was collected from 121 households in 82 North American cities.

Performance was evaluated according to standards based on the 1997 FDA Model Food



Wash hands before and after handling food.

Code that is used to assess food safety and sanitation at restaurants. A critical violation was defined as "an issue that by itself can cause food-borne illness or injury." Some of the most frequently observed critical violations observed in 1999 included:

- cross-contamination occurrences (31 percent);
- not washing hands (29 percent); and
- improper leftover handling (29 percent).

Over six times as many households (26 percent vs. 4 percent) were considered to have achieved acceptable standards in 1999, compared to 1997.

"We are pleased the 1999 survey showed an improvement. But we must all keep in mind this is a case where some improvement is not enough. During this survey, 69% of the respondents had at least one circumstance that could lead to food-borne illness or injury," said Richard W. Daniels, President of Audits International.

It was the belief of those conducting the study that the study sample groups would do better than the general population. The studies were not stratified, random samples—participation in the study was voluntary. Study participants knew they were going to be evaluated and tended to be better educated than the general population.

American Dietetic Association (ADA)/ConAgra Surveys. A September 1999 Home Food Safety Benchmark Survey was conducted by telephone by ADA and its Foundation and the

ConAgra Foundation of 1,000 household main meal preparers. The results indicated there are gaps in consumer knowledge and practices related to home food safety. For example:

- Though 45 percent knew improper hand washing could result in food poisoning, 44 percent consistently forgot to wash their hands properly before preparing meals.

- While 78 percent recognized a failure to wash cutting boards between handling raw meats and then cutting raw vegetables could result in food poisoning, 11 percent rinsed or wiped off cutting boards without using soap.

- Though 74 percent knew food poisoning could result from eating meats and chicken not cooked to proper temperatures, only 12 percent always used a meat thermometer to



Thawing foods on the countertop is not recommended.

check doneness.

An April 2000 online survey of 2,551 United States household food preparers indicated consumers are slow to

change their food handling behavior. Though two-thirds were very aware of food safety practices when cooking food at home, 73 percent admitted they hadn't changed their food handling practices at home and/or outdoors after a food poisoning incident.

Food and Drug Administration Survey. The Food and Drug Administration (FDA) conducted a random survey of 2,001 U.S. adults February through April 1998. When compared with data collected in 1993, consumers were more aware of pathogens that are food-borne. Although the safety of reported food handling practices improved between the two surveys, many consumers still practiced risky behaviors. Some of the survey findings included:

- The percent who said they do not wash their hands with soap after handling meat decreased from 34 percent in 1993 to 24 percent in 1998.

- The percent who said they do not wash their cutting boards after cutting meat decreased from 32 percent in 1993 to 21 percent in 1998.

- Though there was a decline of 15 percentage points from 1993, 37 percent said they eat raw eggs. And 65 percent said they do not wash their hands after handling raw eggs. Twelve percent said they eat raw oysters.

- Only 2 percent of total respondents in 1998 used a thermometer to tell when hamburgers are done.

To further assess consumer food safety practices, FDA has sponsored an observational study that was designed to show consumers' food handling practices at home. The study was conducted by researchers from Utah State University. The results of the observational study being reported this year show ordinary people who are knowledgeable, who think they follow good practices, and who think of themselves as safe food preparers, are not doing as good a job as they think they are.

The same person who appropriately washes hands and counters at one point during the course of preparing a recipe, may fail to do so at another. The problem seems to be many consumers fail to consistently and diligently apply what they know about food safety to the multiple occasions that arise

See **FOOD** on page 11

In this issue...

NEBLINE articles may be reprinted without special permission if the source is acknowledged as "University of Nebraska Cooperative Extension in Lancaster County NEBLINE." If the article contains a byline, please include the author's name and title.



Horticulture

—page 2



Environmental Focus

—page 3



Farm Views

—page 4



Acres Insights

—page 5



Food & Fitness

—page 6



Family Living

—page 7



4-H & Youth

—pages 8-9



Community Focus

—page 10

Lancaster County 4-H Council
University of Nebraska
Cooperative Extension in Lancaster County
444 Cherrycreek Road • Suite A
Lincoln, Nebraska 68528-1507

CHANGE SERVICE REQUESTED

Non-Profit Organization
U.S. Postage Paid
Permit No. 537
Lincoln, Nebraska