

CHAPTER 14

On April 7, 2017, this chapter was revised to include corrected 2020 target values for the following objectives: FS-6.1, FS-6.2, FS-6.3, FS-6.4, FS-6.5, FS-6.6, FS-6.7, FS-6.8, FS-6.9, FS-6.10. Corrections are highlighted in yellow on pages 14–9 and 14–10.

Food Safety (FS)

Lead Agencies

Food and Drug Administration Department of Agriculture

Contents

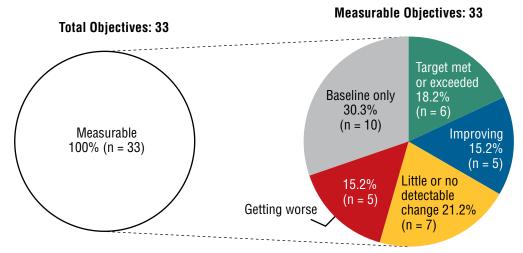
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Goal: Improve food safety and reduce foodborne illnesses.

This chapter includes objectives that monitor specific infections and diseases commonly transmitted through food, and consumer and restaurant safe food preparation practices. The Reader's Guide provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives





All 33 objectives in the Food Safety Topic Area were measurable² (Figure 14–1, Table 14–1). The midcourse status of these objectives (Table 14–2) was as follows:

- 6 objectives had met or exceeded their 2020 targets,³
- 5 objectives were improving,⁴
- 7 objectives had demonstrated little or no detectable change,⁵
- 5 objectives were getting worse,⁶ and
- 10 objectives had baseline data only.⁷

Selected Findings

Infections Caused by Pathogens Commonly Transmitted Through Food

Of the seven objectives tracking infections caused by pathogens commonly transmitted through food, one objective improved, one objective worsened, and five objectives demonstrated little or no detectable change. Data were available by sex and age for all seven objectives, but the disparities were not tested for statistical significance.

- There was little or no detectable change in *Campylobacter* species infections (FS-1.1) from 2006–2008 to 2013 (12.7 and 13.7 cases per 100,000 population, respectively) (Table 14–2).
- There was no change in *Escherichia coli (E. coli)* O157:H7 infections (FS-1.2) from 2006–2008 to 2013 (1.2 cases per 100,000 population) (Table 14–2).
- There was no change in *Listeria monocytogenes* infections (FS-1.3) from 2006–2008 to 2013 (0.3 cases per 100,000 population) (Table 14–2).
- There was little or no detectable change in Salmonella species infections (FS-1.4) from 2006–2008 to 2013 (15.0 and 15.1 cases per 100,000 population, respectively) (Table 14–2).
- Postdiarrheal hemolytic uremic syndrome in children under age 5 years (FS-1.5) decreased from 2.0 cases to 1.4 cases per 100,000 population from 2006–2008 to 2012, moving toward the 2020 target (Table 14–2).
- Vibrio species infections (FS-1.6) increased from 0.3 cases per 100,000 population in 2006–2008 to 0.5 in 2013, moving away from the baseline and 2020 target (Table 14–2).

There was no change in *Yersinia* species infections (FS-1.7) from 2006–2008 to 2013 (0.4 cases per 100,000 population) (Table 14–2).

Outbreak-associated Infections

- Three objectives monitoring infections due to Shiga toxin-producing E. coli O157, or Campylobacter, Listeria, or Salmonella species exceeded their 2020 targets between 2006–2008 and 2013. The number of infections associated with dairy products (FS-2.2) decreased from 786 to 181; infections associated with fruits and nuts (FS-2.3) decreased from 311 to 43; and infections associated with leafy vegetables (FS-2.4) decreased from 205 to 168 (Table 14–2).
- Between 2006–2008 and 2013, the number of infections due to Shiga toxin-producing *E. coli* O157, or *Campylobacter, Listeria*, or *Salmonella* species associated with poultry (FS-2.5) increased from 258 to 823, moving away from the baseline and 2020 target (Table 14–2).

Antimicrobial Resistance

- Three objectives to prevent an increase in the proportion of non-typhoidal Salmonella and Campylobacter jejuni isolates from humans that are resistant to antimicrobial drugs had met their 2020 targets at the 2006–2008 baseline and either met or exceeded their targets in 2013: the proportion of isolates resistant to ceftriaxone (FS-3.2) decreased from 3.0% to 2.5%; the proportion of isolates resistant to gentamicin (FS-3.3) was constant at 2.0%; and the proportion of isolates resistant to three or more classes of antimicrobial agents (FS-3.5) decreased from 10.6% to 9.8% (Table 14–2).
- The proportion of non-typhoidal Salmonella isolates from humans with reduced susceptibility to ciprofloxacin (FS-3.1) increased from 2006–2008 (2.6%) to 2013 (3.5%), as did the proportion of Campylobacter jejuni isolates from humans resistant to erythromycin (FS-3.6: 2.0% and 2.2%), moving away from their respective baselines and 2020 targets (Table 14–2).

Allergic Reaction to Food

- The proportion of severe allergic reactions to food among persons aged 18 and over with food allergies (FS-4) decreased from 29.3% in 2006 to 21.8% in 2010, moving toward the 2020 target (Table 14–2).
 - » In 2010, there was a statistically significant disparity by age in the proportion of severe allergic reactions to food among persons aged 18 and over with food

allergies (FS-4). The disparities by sex and education were not statistically significant (Table 14–3).

Safe Food-handling Behaviors

- Between 2006 and 2010, the proportion of consumers aged 18 and over who washed their hands and surfaces often during food preparation (FS-5.1) increased from 67.2% to 72.6%, moving toward the 2020 target (Table 14–2).
 - » In 2010, there were statistically significant disparities by sex, race and ethnicity, age, education, and income in the proportion of consumers aged 18 and over who washed their hands and surfaces often during food preparation (FS-5.1) (Table 14–3).
- Between 2006 and 2010, the proportion of consumers aged 18 and over who separated (did not crosscontaminate) foods during preparation (FS-5.2) increased from 88.6% to 90.8%, moving toward the 2020 target (Table 14–2).
 - » In 2010, there were statistically significant disparities by sex, race and ethnicity, age, and income in the proportion of consumers who separated (did not cross-contaminate) foods during preparation (FS-5.2). The disparity by education was not statistically significant (Table 14–3).
- Between 2006 and 2010, the proportion of consumers aged 18 and over who cooked food to the proper temperature (FS-5.3) increased from 36.9% to 38.9%, moving toward the 2020 target (Table 14–2).
 - In 2010, there were statistically significant disparities by sex, race and ethnicity, education, and income in the proportion of consumers who cooked food to the proper temperature (FS-5.3). The disparity by age was not statistically significant (Table 14–3).
- The proportion of consumers aged 18 and over who refrigerated foods promptly (FS-5.4) decreased from 88.1% in 2006 to 83.7% in 2010, moving away from the baseline and 2020 target (Table 14–2).
 - In 2010, there were statistically significant disparities by race and ethnicity, education, and income in the proportion of consumers aged 18 and over who refrigerated foods promptly (FS-5.4). The disparities by sex and age were not statistically significant (Table 14–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: http://www.healthypeople.gov/2020/ topics-objectives/topic/food-safety
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: http://www.healthypeople. gov/2020/topics-objectives/topic/food-safety/ objectives

Select an objective, then click on the "Data Details" icon.

For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: http://www.healthypeople.gov/2020/ topics-objectives/topic/food-safety/objectives Select an objective, then click on the "Data2020" icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Food Safety Survey: https://www.healthypeople. gov/2020/data-source/food-safety-survey
- Foodborne Diseases Active Surveillance Network: http://www.cdc.gov/foodnet/index.html
- National Antimicrobial Resistance Monitoring System for Enteric Bacteria: http://www.cdc.gov/narms/
- National Outbreak Reporting System: http://www.cdc.gov/nors/
- Retail Food Risk Factor Study: http://www.fda.gov/ Food/GuidanceRegulation/RetailFoodProtection/ FoodbornellInessRiskFactorReduction/

Footnotes

¹The Technical Notes provide more information on Healthy People 2020 statistical methods and issues.

²Measurable objectives had a national baseline value.

³**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

» At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.) » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁴Improving—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁵Little or no detectable change—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁶**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁷**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

Suggested Citation

National Center for Health Statistics. Chapter 14: Food Safety. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 14–1. Food Safety Topic Area Objectives

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Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FS-1.1	Reduce infections caused by <i>Campylobacter</i> species transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-1.2	Reduce infections caused by Shiga toxin- producing <i>Escherichia coli</i> (STEC) 0157 transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-1.3	Reduce infections caused by <i>Listeria monocytogenes</i> transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-1.4	Reduce infections caused by <i>Salmonella</i> species transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-1.5	Reduce postdiarrheal hemolytic uremic syndrome (HUS) in children under age 5 years	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-1.6	Reduce infections caused by <i>Vibrio</i> species transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-1.7	Reduce infections caused by <i>Yersinia</i> species transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID	
FS-2.1	Reduce the number of outbreak-associated infections due to Shiga toxin-producing <i>E. coli</i> 0157, or <i>Campylobacter</i> , <i>Listeria</i> , or <i>Salmonella</i> species associated with beef	National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE	
FS-2.2	Reduce the number of outbreak-associated infections due to Shiga toxin-producing <i>E. coli</i> 0157, or <i>Campylobacter</i> , <i>Listeria</i> , or <i>Salmonella</i> species associated with dairy	National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE	
FS-2.3	Reduce the number of outbreak-associated infections due to Shiga toxin-producing <i>E. coli</i> 0157, or <i>Campylobacter, Listeria</i> , or <i>Salmonella</i> species associated with fruits and nuts	National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE	
FS-2.4	Reduce the number of outbreak-associated infections due to Shiga toxin-producing <i>E. coli</i> 0157, or <i>Campylobacter</i> , <i>Listeria</i> , or <i>Salmonella</i> species associated with leafy vegetables	National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE	

Table 14–1. Food Safety Topic Area Objectives—Continued

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LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FS-2.5	Reduce the number of outbreak-associated infections due to Shiga toxin-producing <i>E. coli</i> 0157, or <i>Campylobacter, Listeria</i> , or <i>Salmonella</i> species associated with poultry	National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE	
FS-3.1	Prevent an increase in the proportion of nontyphoidal <i>Salmonella</i> isolates from humans that show reduced susceptibility to ciprofloxacin (fluoroquinolone)	National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID	
FS-3.2	Prevent an increase in the proportion of nontyphoidal <i>Salmonella</i> isolates from humans that are resistant to ceftriaxone (third-generation cephalosporin)	National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID	
FS-3.3	Prevent an increase in the proportion of nontyphoidal <i>Salmonella</i> isolates from humans that are resistant to gentamicin	National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID	
FS-3.4	Prevent an increase in the proportion of nontyphoidal <i>Salmonella</i> isolates from humans that are resistant to ampicillin	National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID	
FS-3.5	Prevent an increase in the proportion of nontyphoidal <i>Salmonella</i> isolates from humans that are resistant to three or more classes of antimicrobial agents	National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID	
FS-3.6	Prevent an increase in the proportion of <i>Campylobacter jejuni</i> isolates from humans that are resistant to erythromycin	National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID	
FS-4	Reduce severe allergic reactions to food among adults with a food allergy diagnosis	Food Safety Survey, FDA	
FS-5.1	Increase the proportion of consumers who follow the key food safety practice of "Clean: wash hands and surfaces often."	Food Safety Survey, FDA	
FS-5.2	Increase the proportion of consumers who follow the key food safety practice of "Separate: don't cross-contaminate."	Food Safety Survey, FDA	
FS-5.3	Increase the proportion of consumers who follow the key food safety practice of "Cook: cook to proper temperatures."	Food Safety Survey, FDA	

Table 14–1. Food Safety Topic Area Objectives—Continued

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table. A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FS-5.4	Increase the proportion of consumers who follow the key food safety practice of "Chill: refrigerate promptly."	Food Safety Survey, FDA	
FS-6.1	Increase the proportion of fast-food restaurants where employees practice proper handwashing	Retail Food Risk Factor Studies, CFSAN	
FS-6.2	Increase the proportion of fast-food restaurants where food employees do not contact ready-to- eat (RTE) foods with bare hands	Retail Food Risk Factor Studies, CFSAN	
FS-6.3	Increase the proportion of fast-food restaurants where food contact surfaces are properly cleaned and sanitized	Retail Food Risk Factor Studies, CFSAN	
FS-6.4	Increase the proportion of fast-food restaurants where foods requiring refrigeration are held at the proper temperature	Retail Food Risk Factor Studies, CFSAN	
FS-6.5	Increase the proportion of fast-food restaurants where foods displayed or stored hot are held at the proper temperature	Retail Food Risk Factor Studies, CFSAN	
FS-6.6	Increase the proportion of full-service restaurants where employees practice proper handwashing	Retail Food Risk Factor Studies, CFSAN	
FS-6.7	Increase the proportion of full-service restaurants where food employees do not contact RTE foods with bare hands	Retail Food Risk Factor Studies, CFSAN	
FS-6.8	Increase the proportion of full-service restaurants where food contact surfaces are properly cleaned and sanitized	Retail Food Risk Factor Studies, CFSAN	
FS-6.9	Increase the proportion of full-service restaurants where foods requiring refrigeration are held at the proper temperature	Retail Food Risk Factor Studies, CFSAN	
FS-6.10	Increase the proportion of full-service restaurants where foods displayed or stored hot are held at the proper temperature	Retail Food Risk Factor Studies, CFSAN	

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\checkmark	Target met or exceeded ^{2,3}	Improving ^{4,5}	Little or no detectable cha	ange ^{6–10}	Getting wor	rse ^{11,12}	Baseline only ¹	3	nformational ¹⁴
		Objective Description		Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
0	FS-1.1 Campyl commonly thro	<i>lobacter</i> species infections tr bugh food (per 100,000 popu	ansmitted Ilation)	12.7 (2006–2008)	13.7 (2013)	8.5		7.9%	
	^o FS-1.2 <i>Escheri</i> transmitted thr	<i>chia coli</i> 0157:H7 infections ough food (per 100,000 pop	commonly ulation)	1.2 (2006–2008)	1.2 (2013)	0.6		0.0%	
0	^o FS-1.3 <i>Listeria</i> transmitted thr	<i>monocytogenes</i> infections o ough food (per 100,000 pop	commonly ulation)	0.3 (2006–2008)	0.3 (2013)	0.2		0.0%	
0	FS-1.4 Salmon through food (p	<i>ella</i> species infections comn per 100,000 population)	nonly transmitted	15.0 (2006–2008)	15.1 (2013)	11.4		0.7%	
-}		rrheal hemolytic uremic syn age 5 years (per 100,000 po		2.0 (2006–2008)	1.4 (2012)	1.0	60.0%		
		pecies infections transmitted per 100,000 population)	d commonly	0.3 (2006–2008)	0.5 (2013)	0.2		66.7%	
	⁰ FS-1.7 <i>Yersinia</i> (per 100,000 p	a species infections transmit opulation)	ted through food	0.4 (2006–2008)	0.4 (2013)	0.3		0.0%	
0	FS-2.1 Infectio 0157, or <i>Camp</i> associated with	ns due to Shiga toxin-produ <i>ylobacter, Listeria</i> , or <i>Salmc</i> 1 beef (number)	cing <i>E. coli</i> nella species	200 (2006–2008)	210 (2013)	180		5.0%	
\checkmark	0157, or <i>Camp</i>	ns due to Shiga toxin-produ <i>ylobacter, Listeria</i> , or <i>Salmc</i> 1 dairy (number)		786 (2006–2008)	181 (2013)	707	765.8%		
\checkmark	0157, or <i>Camp</i>	ns due to Shiga toxin-produ <i>ylobacter, Listeria,</i> or <i>Salmc</i> n fruits and nuts (number)	cing <i>E. coli</i> nella species	311 (2006–2008)	43 (2013)	280	864.5%		
\checkmark	0157, or <i>Camp</i>	ns due to Shiga toxin-produ <i>nylobacter, Listeria,</i> or <i>Salmo</i> 1 leafy vegetables (number)		205 (2006–2008)	168 (2013)	185	185.0%		
	0157, or <i>Camp</i>	ns due to Shiga toxin-produ <i>ylobacter, Listeria</i> , or <i>Salmc</i> 1 poultry (number)		258 (2006–2008)	823 (2013)	232		219.0%	
		phoidal <i>Salmonella</i> from hun ptibility to ciprofloxacin (fluo ates)		2.6% (2006–2008)	3.5% (2013)	2.6%		34.6%	
✓		phoidal <i>Salmonella</i> from hun rd-generation cephalosporin ates)		3.0% (2006–2008)	2.5% (2013)	3.0%			

Table 14–2. Midcourse Progress for Measurable¹ Food Safety Topic Area Objectives

Table 14–2. Midcourse Progress for Measurable¹ Food Safety Topic Area Objectives—Continued

Target m exceeded		Little or no detectable cha	ange ^{6–10}	Getting wor	Se ^{11,12}	Baseline only	13	nformational ¹⁴
	Objective Description		Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
	Non-typhoidal <i>Salmonella</i> from huma cin (percent of isolates)	ans resistant to	2.0% (2006–2008)	2.0% (2013)	2.0%			
FS-3.4 ampicill	Non-typhoidal <i>Salmonella</i> from huma in (percent of isolates)	ans resistant to	10.0% (2006–2008)	10.4% (2013)	10.0%		4.0%	
	Non-typhoidal <i>Salmonella</i> from huma es of antimicrobial agents (percent c		10.6% (2006–2008)	9.8% (2013)	10.6%			
	<i>Campylobacter jejuni</i> from humans ro nycin (percent of isolates)	esistant to	2.0% (2006–2008)	2.2% (2013)	2.0%		10.0%	
	vere allergic reaction to foods amonç ergies (percent, 18+ years)	g adults with	29.3% (2006)	21.8% (2010)	21.0%	90.4%		Yes
	Consumers who wash hands and sur ood preparation (percent, 18+ years)		67.2% (2006)	72.6% (2010)	74.0%	79.4%		Yes
	Consumers who separate (don't cros uring food preparation (percent, 18+		88.6% (2006)	90.8% (2010)	92.0%	64.7%		Yes
	Consumers who cook food to proper ;, 18+ years)	temperatures	36.9% (2006)	38.9% (2010)	76.0%	5.1%		Yes
	Consumers who refrigerate foods pro ;, 18+ years)	omptly	88.1% (2006)	83.7% (2010)	91.1%		5.0%	Yes
	Fast-food restaurants where employe nandwashing (percent)	ees practice	61.2% (2008)		<mark>61.4%</mark>			
¹³ FS-6.2 contact	Fast-food restaurants where employe ready-to-eat foods with bare hands (ees do not percent)	73.7% (2008)		<mark>73.9%</mark>			
	Fast-food restaurants where food cor verly cleaned and sanitized (percent)	ntact surfaces	58.3% (2008)		<mark>58.5%</mark>			
	Fast-food restaurants where foods ar ited (percent)	e properly	32.0% (2008)		<mark>32.2%</mark>			
	Fast-food restaurants where hot food per temperature (percent)	ls are held at	71.3% (2008)		<mark>71.5%</mark>			
	Full-service restaurants where emplo nandwashing (percent)	yees practice	24.2% (2008)		<mark>24.4%</mark>			
	Full-service restaurants where emplo ready-to-eat foods with bare hands (53.7% (2008)		<mark>53.9%</mark>			

LEGEND						
Target met or exceeded ^{2,3} Improving ^{4,5} Little or no detectable chan	nge ^{6–10}	Getting wors	Se ^{11,12}	Baseline only	¹³ Ir	nformational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
¹³ FS-6.8 Full-service restaurants where food contact surfaces are properly cleaned and sanitized (percent)	36.5% (2008)		<mark>36.7%</mark>			
¹³ FS-6.9 Full-service restaurants where foods requiring refrigeration are held at the proper temperature (percent)	28.1% (2008)		<mark>28.3%</mark>			
¹³ FS-6.10 Full-service restaurants where hot foods are held at the proper temperature (percent)	60.2% (2008)		<mark>60.4%</mark>			

Table 14–2. Midcourse Progress for Measurable¹ Food Safety Topic Area Objectives—Continued

Table 14–2. Midcourse Progress for Measurable¹ Food Safety Topic Area Objectives—Continued

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.

FOOTNOTES

¹Measurable objectives had a national baseline value.

Target met or exceeded:

²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant. ⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant. ⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline. ¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³Baseline only: The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴Informational: A target was not set for this objective, so progress toward target attainment could not be assessed.

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

Percentage of targeted change achieved =
$$\frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

Magnitude of percentage _	Midcourse value – Baseline value ×	100
change from baseline	Baseline value	100

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURCES

- FS-1.1 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.2 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.3 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.4 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.5 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.6 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.7 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-2.1 National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE
- FS-2.2 National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE
- FS-2.3 National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE
- FS-2.4 National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE
- FS-2.5 National Outbreak Reporting System (NORS), CDC/NCEZID and CSTE
- FS-3.1 National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID
- FS-3.2 National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID
- FS-3.3 National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID
- FS-3.4 National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID
- FS-3.5 National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID
- FS-3.6 National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS), CDC/NCEZID
- FS-4 Food Safety Survey, FDA
- FS-5.1 Food Safety Survey, FDA
- FS-5.2 Food Safety Survey, FDA
- FS-5.3 Food Safety Survey, FDA
- FS-5.4 Food Safety Survey, FDA
- FS-6.1 Retail Food Risk Factor Studies, CFSAN FS-6.2 Retail Food Risk Factor Studies, CFSAN
- FS-6.2 Retail Food Risk Factor Studies, CFSAN FS-6.3 Retail Food Risk Factor Studies, CFSAN
- FS-6.4 Retail Food Risk Factor Studies, CFSAN
- FS-6.5 Retail Food Risk Factor Studies, CFSAN
- FS-6.6 Retail Food Risk Factor Studies, CFSAN
- FS-6.7 Retail Food Risk Factor Studies, CFSAN
- FS-6.8 Retail Food Risk Factor Studies, CFSAN
- FS-6.9 Retail Food Risk Factor Studies, CFSAN
- FS-6.10 Retail Food Risk Factor Studies, CFSAN

Table 14–3. Midcourse Health Disparities¹ for Population-based Food Safety Topic Area Objectives

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND																														
At the midcourse data point Group with (least adver		t favo	orable				up wit st adv		least rate	favora	able				e avai ve the							the	e data	not a were d, or r	statis	tically	/ unre		o becai e, not	use
														Char	acteris	stics	and G	roups												
	_		Sex				Rac	e and	d Ethn	icity					Age					Ed	lucati	on ⁴				Fa	mily I	ncom	1e ⁵	
Population-based Objectives	:	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Aged less than 18 years	Aged 18–44 years	Aged 45–64 years	Aged 65 years and over	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³
FS-1.1 <i>Campylobacter</i> species infections transmitted commonly through food (per 100,000 population) (2			1.	.276†													1.055†													
FS-1.2 <i>Escherichia coli</i> 0157:H7 infections common transmitted through food (per 100,000 population) (2				.275†													2.671†													
FS-1.3 <i>Listeria monocytogenes</i> infections commonly transmitted through food (per 100,000 population) (2			1.	.020†													10.011†													
FS-1.4 <i>Salmonella</i> species infections commonly transmitted through food (per 100,000 population) (2)	2013)		1.	.058†													1.600†													
FS-1.5 Postdiarrheal hemolytic uremic syndrome in children under age 5 years (per 100,000 population) (2012)				.002†																										
FS-1.6 <i>Vibrio</i> species infections transmitted common through food (per 100,000 population) (2013)	nly		2	.112†													3.850†													
FS-1.7 <i>Yersinia</i> species infections transmitted throug food (per 100,000 population) (2013)	gh			.202†													2.399†													
FS-4 Severe allergic reaction to foods among adults food allergies (percent, 18+ years) (2010)	with			.609													1.943*							1.366						

Table 14–3. Midcourse Health Disparities¹ for Population-based Food Safety Topic Area Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND																													
At the midcourse data point Group with the m (least adverse) ra		vorab	le			ıp witl st adv			favora	able						, but t est or					th	e data		statis	sticall	y unre	group eliable		JSe
													Char	acteri	stics	and G	roups	3											
		Sex				Rac	e and	Ethni	city					Age					Ed	lucati	on ⁴				Fa	amily	Incom	e ⁵	
Population-based Objectives	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Aged less than 18 years	Aged 18-44 years	Aged 45–64 years	Aged 65 years and over	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³
FS-5.1 Consumers who wash hands and surfaces often during food preparation (percent, 18+ years) (2010)			1.157*								1.082*					1.070*							1.108*						1.108*
FS-5.2 Consumers who separate (don't cross-contaminate foods during food preparation (percent, 18+ years) (2010)			1.149*								1.047*					1.039*							1.025						1.037*
FS-5.3 Consumers who cook food to proper temperatures (percent, 18+ years) (2010)			1.066*								1.257*					1.050							1.150*						1.225*
FS-5.4 Consumers who refrigerate foods promptly (percent, 18+ years) (2010)			1.006								1.138*					1.026							1.064*						1.084*

Table 14–3. Midcourse Health Disparities¹ for Population-based Food Safety Topic Area Objectives—Continued

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of disparities.

FOOTNOTES

¹Health disparities were assessed among population groups within specified demographic

characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a , where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b . ⁴Unless otherwise footnoted, data do not include persons under age 25 years.

⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

FOOTNOTES—Continue

[†]The summary disparity ratio was not tested for statistical significance because standard errors of the data were not available or normality on the natural logarithm scale could not be assumed. ^{*}The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

DATA SOURCES

- FS-1.1 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.2 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.3 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.4 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.5 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.6 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-1.7 Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
- FS-4 Food Safety Survey, FDA
- FS-5.1 Food Safety Survey, FDA
- FS-5.2 Food Safety Survey, FDA
- FS-5.3 Food Safety Survey, FDA
- FS-5.4 Food Safety Survey, FDA