ABSTRACT

The purpose of the Food Safety Support for the Elderly Project was to expand the capacity of existing nutrition delivery systems for low-income elderly in the District of Columbia in order to reduce the risk factors associated with food borne illness and to increase the food handler’s compliance with food safety principles and Hazard Analysis and Critical Control Points (HACCP). The subjects included 9 nutritionists, 48 food handlers, and 762 elderly residents from 36 congregate meal program sites of the DC Office on Aging. The 9 nutritionists were trained using the National Restaurant Association Education Foundation’s SERVSAFE Certification program. Upon completion of the training, the nutritionists trained the food handlers and the food handlers provided food safety education to the elderly participants. Training materials were developed including transparencies, handouts and brochures. The findings showed the post-test scores were highly significant when compared to the pre-test scores for all groups of participants. The nutritionists’ national exam scores were also highly significant when compared to the pre-test and post-test scores. Follow-up post-test scores indicated retention of knowledge; however, the scores were not significantly different from the immediate post-test scores.

Purpose
To increase compliance with food safety principles among nutritionists, food handlers and low-income elderly in the District of Columbia.

NUTRITIONIST SCORES
Pre-Test, Immediate Post-Test, and Follow-Up Post Test Based on 100%

<table>
<thead>
<tr>
<th>Name</th>
<th>Pre Test Score</th>
<th>Immediate Post Test Score</th>
<th>Follow-Up Post Test Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60</td>
<td>83</td>
<td>88</td>
</tr>
<tr>
<td>2</td>
<td>68</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>3</td>
<td>66</td>
<td>89</td>
<td>91</td>
</tr>
<tr>
<td>4</td>
<td>45</td>
<td>83</td>
<td>81</td>
</tr>
<tr>
<td>5</td>
<td>47</td>
<td>91</td>
<td>-**</td>
</tr>
<tr>
<td>6</td>
<td>62</td>
<td>89</td>
<td>83</td>
</tr>
<tr>
<td>7</td>
<td>47</td>
<td>73</td>
<td>86</td>
</tr>
<tr>
<td>8</td>
<td>53</td>
<td>71</td>
<td>81</td>
</tr>
<tr>
<td>9</td>
<td>-*</td>
<td>83</td>
<td>86</td>
</tr>
</tbody>
</table>

N=9
Mean for Pre-Test: 56
Mean for Immediate Post Test: 84
Mean for Follow-Up Post Test: 86

* Did not take the Pre Test
**Did not take the Follow-Up Post Test

Subjects
The subjects included 9 nutritionists from 9 congregate meal program sites, 48 food handlers from 49 congregate meal program sites, and 762 elderly residents from 39 congregate meal program sites of the DC Office on Aging.

Objectives
1. To establish an advisory committee to assist in the planning, implementation, and evaluation of the project.
2. To provide training and food sanitation certification for nutritionists who supervise food service workers.
3. To develop educational materials for nutritionists to train food handlers and elderly consumers on food safety.
4. To develop easy to read food safety education materials for elderly consumers.

**Methods and Procedures**

1. Training needs for nutritionists, food handlers and elderly participants were identified.
2. Training materials were developed for the food handlers and elderly participants. Training materials were previously provided for the nutritionists.
3. Fact Sheets and brochures were developed and combined into one brochure titled “Food Safety and Hazard Analysis Critical Control Points (HACCP): The Home Version”.
4. Training sites were identified and utilized throughout the project. The nutritionists were trained at the headquarters of the D.C. Office on Aging, 441 Fourth Street, NW, Room 940.
5. Upon completion of the nutritionist training, the nutritionists reviewed materials for the food service workers and modified the materials in order to provide a more effective training.

**Conclusion**

The Nutritionists were required to complete a national certification examination, while the food handlers and elderly participants were tested with a modified version of the national examination. Additionally, the nutritionist group included individuals trained in nutrition and two were registered dietitians. As demonstrated by the findings of the study, the Food Safety Support for the Elderly project was successful in increasing compliance with food safety principles and Hazard Analysis and Critical Control Points (HACCP). The results from inferential statistics (t-test analysis) showed that the post test scores were highly significant in every training group. The results showed the Elderly participants in Group #1 (N=36 Sites) and Elderly participants in Group #2 (N=31 Sites), the Food Handlers in groups #1 (N=49 Sites) and Food Handlers in Group #2 (N= 38 Sites) scored highly significantly different from the pre-test to the post-test (p<0.000; p<0.002; p<0.001; p<0.000; p<0.000). The mean pre-test scores indicated that there was a limited knowledge of proper food handling among every training group, except food handlers who had previously engaged in food handler training (food handlers #1). Findings of the study imply that more programs need to be created to increase the number of food service workers who are properly handling food and the number of low-income elderly District residents who practice food safety. It is even more important to increase food safety support for the elderly because the elderly population is steadily increasing.

**Acknowledgements**

The authors wish to thank Paulette Helman, Nutritionist, and the District of Columbia Office on Aging for their support in the implementation of this project.

**References**


Funds were provided by Department of Health and Human Services (DHHS)/Child and Family Services (CFS)/Child Family & Nutrition (CFN)/Grant #90ENO340/01

In cooperation with the U.S. Department of Agriculture and District of Columbia Government, Cooperative Extension Service and Agricultural Experiment Station programs and employment opportunities are available to all people regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.