

Your consumer education connection

The Food Safety Educator

Volume 6, No. 3, 2001

■ Social Marketing and Public Health

Conference Summary, A Case Study, Resources

As public health educators, most of us realize that we can churn out reams of information concerning safe food handling—or any other public health topic—and still not motivate consumers to change dangerous behaviors.

Social marketing is a tool for motivating behavior change. Great idea. But how does it work?

The “how-to’s” of social marketing were the topic of the 11th annual conference on Social Marketing in Public Health hosted by the University of South Florida in June 2001. The conference provided a snapshot of the basic principles of social marketing and showcased educators applying those principles.

Conference Co-Chair Dr. Carol Bryant presented an overview of social marketing and its distinctive features—one of which is that it doesn’t happen overnight. Social marketing is about establishing a long-term relationship.

When it comes to social marketing and public health, the goals are long term. Good things take time.

So how do you begin? To start the process, Bryant explained, you need to identify your audience and your behavioral objectives for that audience. In other words: “Who do you

*“You need a
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want to reach; what do you want them to do?”

Audience research is the first step in social marketing, the foundation on which everything else rests.

In a session addressing “formative” research, the Conference Co-Chair, Dr. Kelli McCormack Brown, summarized audience research this way: “You need a passionate commitment to think like the consumer does.”

To help them “think like the consumer,” social marketers—and advertisers—use a number of research tools, including quantitative research (such as databases), qualitative research (such as focus groups), one-on-one interviews, and literature searches.

With research in hand, you can segment your audience and develop appropriate messages for each segment.

Remember, said Bryant, that the audience you choose to work with first should be the audience most likely to make a change—not necessarily the audience that is most “in need.”

Once you have identified your target audience, you are ready to begin to formulate a communication

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Educators Heading to National Meeting!

In September 2002, food safety educators from around the country will be gathering for the first national meeting in 5 years. To be held in Orlando, Florida, the conference will showcase projects from around the country and update educators on research.

The conference will be sponsored by the U.S. Department of Agriculture and U.S. Department of Health and Human Services in cooperation with the Partnership for Food Safety Education. More news to come. Stay tuned.

■ A Case Study: Social Marketing and Partners

“This is something you can do, even without a lot of money—especially if you utilize partnerships.”

Now that’s an attention-grabber. The speaker was Project Manager Deborah Grischke, for the Michigan Nutrition Network at Michigan State University Extension.

During a workshop at the social marketing conference, a team of extension educators from Michigan explained how they used social marketing—and partnerships—to launch a breakfast awareness campaign called “Eat Healthy, Eat Breakfast” in a three-county region of Michigan.

The Michigan Network’s campaign experience started in 1996 with

a grant from the U.S. Department of Agriculture (USDA).

The grant specifically required the use of both partnerships and social marketing techniques, including: analyzing the audience, testing messages, selecting channels of distribution, and evaluating impact.

As Grischke related the story, their partnering efforts were so successful that at the first “partnering” meeting she looked out at a sea of more than 100 faces. All in all, they put together a network of 250 partners.

The campaign’s impressive list of partners included schools, health insurance companies, grocery stores, churches, food banks, a printing

company, a design firm, food producers, the farm bureau, and even the media itself.

As Michigan Nutrition Network Coordinator Amy Malow explained to the newly assembled partners, they were going to be a key part of the process.

Indeed, the partners voted on both the objective—increasing breakfast eating among children, teens, and adults—and the timeframe.

With the partners in place, the program coordinators embarked on a social marketing campaign using the partners in all phases of their work, including audience research, product development, and delivering the campaign.

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strategy based on what’s come to be called “The Four P’s”:

- product,
- price,
- place, and
- promotion.

Here’s what the “Four P’s” mean:

Product: What is the audience-specific “product,” the behavior you wish to change? Since social marketing is committed to delivering “products” that consumers want, your task here is to identify what benefit you can offer the consumer.

Price: What is the “price” people pay for adopting this behavior? Inconvenience, lack of peer acceptance? How can you make the benefit worth the “price” to the consumer? You are offering them an “exchange.” If they aren’t willing to adopt one behavior, might they be willing to adopt another that is less costly?

Place: Where is the appropriate place to promote the message? This means more than just identifying a

“Social marketing is a tool that integrates communication programs with policy development. The head and the hands have to work together.”

physical location, such as a school or a doctor’s office. As McCormack Brown explained, “What point in their day, in their lives, might they be most receptive to the message?” A new mom at a hospital is probably pretty interested in infant feeding tips.

Promotion: What tools will you use to promote your message? Again, these should be data-driven decisions. What does your audience research tell

you about how they learn? Do you need one-on-one interventions, Web-based information, 1-page flyers?

But the process doesn’t stop there. Once materials are drafted, they are tested with customers, refined, and finalized.

When the program is implemented, you need to have a mechanism in place to evaluate it. Are you communicating? What’s working, what’s not? As consumers and their knowledge change, how do your messages need to change?

Finally, be prepared for the long haul. Changing behavior takes time.

And keep this final point in mind. Social marketing is a mechanism for opening a dialogue. What our audiences tell us may not only be useful in shaping public education programs, but public policies as well. Social marketing is a tool that integrates communication programs with policy development. The head and the hands have to work together. •

(A Case Study ... continued from page 2)

The first step was audience research. Project coordinators put the partners to work by using them to survey their communities and begin to help gather data to better identify their target audience and appropriate messages.

Using a small army of people—including students—the Nutrition Network coordinated 10 focus groups involving 76 people. They also conducted 33 one-on-one interviews and used other techniques to collect feedback from individuals about breakfast.

For quantitative research, they turned to an existing survey mechanism, the Behavioral Risk Factor Survey. This survey is conducted yearly by many states on a variety of topics. In this case, the Nutrition Network took advantage of the survey process to add some questions on breakfast.

With their audience research information in hand, project coordinators faced a quandary. Their research findings didn't support the goals expressed by their partners.

While almost all the partners instinctively wanted to develop materials promoting breakfast for young kids, the research told them they needed to target slightly older children.

Here's why: The research showed that young kids listen to their mothers. Their moms tell them to eat breakfast, and by and large, they do.

Older teens and adults, the research showed, were also not a good target audience. They were pretty set in their ways.

The "swing audience"—the group that could be persuaded to change—were the preteens, kids from 11 to 15 years old.

"Even though the data indicated that young kids weren't the problem, our partners initially wanted to focus on them. It took some persuading, but we convinced them to go with the data—aim at the preteens," said Malow.

In addition to identifying the right audience, the Network's social marketing research also pointed the way to an appropriate approach.

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partnerships."*

Research told them that preteens would be inclined to eat breakfast if it were convenient and something they could do in companionship with their friends.

With those ideas in mind, the Michigan team kicked into high gear developing—and testing—promotional materials and identifying implementation venues.

To show kids that breakfast can be easy—and fun—the campaign decided to promote a Bag Breakfast for area schools and also highlight Grab-n-Go foods at local supermarkets.

A local grocery store chain provided design work, and developed a poster and logo, as well as Grab-n-Go shelf danglers that they placed near convenient and healthy breakfast foods in the stores.

The team kicked off the campaign with a "Bag Breakfast" at area schools during National School Breakfast Week with foods donated by partners. Seventy percent of schools in the target participated, representing more than 20,500 students.

Key campaign materials were hand-delivered to schools throughout the region, including nutrition education lessons for the classroom.

In addition to the schools, the campaign included special events for community organizations and retailers, a television Public Service Announcement that aired more than 400 times during the campaign, Grab-n-Go Breakfast Carnivals for teens at local libraries, a breakfast cookbook contest, and more.

The campaign evaluation is currently underway, but preliminary data indicate a 12% increase in breakfast eating among the target population.

In the end, Grischke explained, the partnership was key. It provided ideas, support, networks, and funding.

"We explained to the partners the broad outlines of the program, what we could do, and the money did come," Grischke said. "Because we got them engaged and gave them a buy-in, we didn't even have to beg for money."

For more information on the Michigan Nutrition Network or the "Eat Healthy, Eat Breakfast" Campaign, please call 517/432-7626. •

Social Marketing Resources

Conference Information Available Online

All of the presentations from the **11th Annual Social Marketing and Public Health Conference** are available online.

Go to: <http://publichealth.usf.edu/conted/sm01handouts.html>

The **12th Annual Conference** will be held June 19-22, 2002. To check online for registration information, go to: <http://publichealth.usf.edu/conted/>

• **Social Marketing Internet Resources:** This Web page was put together by Conference Co-Chair Kelli McCormack Brown. It includes links to organizations as well as research. Go to: http://www.hsc.usf.edu/%7Ekmbrown/Social_Marketing.htm

• **Social Marketing and Partnerships:** This Web site from Health Canada includes resources, links and tutorials. Go to: <http://www.hc-sc.gc.ca/hppb/socialmarketing/>

• **The Social Marketing Institute:** Go to: <http://www.social-marketing.org>

• **Social Marketing Listserv:** To subscribe, send an e-mail message to: LIST@LISTSERV.GEORGETOWNEDU In the body of the message write: subscribe SOC-mktg (YOUR NAME)

• **The Journal of Health Communication:** This scholarly, peer-reviewed quarterly presents the latest development in the field of health communication including research in social marketing. Go to: <http://www.aed.org/JHealthCom/>

• **The Qualitative Research Consultants Association:** This not-for-profit professional organization is devoted to increasing the use of qualitative research among marketers, including those involved in social marketing. Go to: <http://www.qrca.org/>

• **Social Marketing Library:** The library includes articles on various aspects of social marketing, both for beginners and those who already work in the field. Go to: <http://www.social-marketing.com/library.html>

• **Social Marketing—Novartis:** Take a free, short online course in social marketing, provided by the Novartis Foundation for Sustainable Development. Go to: http://www.foundation.novartis.com/social_marketing.htm

• **The Centre for Social Marketing:** The Centre studies the “marketing of social issues and the social issues of marketing,” including the applicability of marketing principles and practice to the solution of social and health problems. Go to: <http://www.csm.strath.ac.uk/>

Are You Ready?

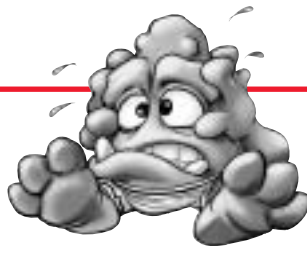
Speaking at a social marketing conference in 1998, Canadian social marketer Francois Lagarde challenged educators to be ready for the future:

“Technology is transforming the geographically based notion of the community to one of a community of

interests....In social marketing, we will have to do more than simply place what we have on paper on the Internet.

“Leaders of social change will have to adapt to an interactive world where social dynamics are modified by information technology. People who are not open to dialog and willing to accept profound changes to their practices will not succeed.”

■ Takin' On BAC!...



The Fight BAC!TM Web site now has a new feature—a page called “It’s Working: Success Story of the Month.”

Here’s excerpts from a report from Gina Nicholson with the Mansfield-Richland County Health Department in Ohio:

As Gina Nicholson writes, convincing her county health education department in Ohio to take on National Food Safety Education MonthSM was a piece of cake—at first.

After a brainstorming session, “creative juices were flowing so I immediately began the concept and development process...” she reports. At the next planning meeting, however, the department began “experiencing what I call buyer’s remorse,” Nicholson said.

The Mansfield-Richland county health office was understaff. “Their hesitance to become deeply involved was understandable,” Nicholson said. But her enthusiasm was also undeniable—her director approved the project.

With no budgeted monies, creativity and resourcefulness were key—along with educational materials and support from the Fight BAC!TM campaign.

Nicholson began building partnerships within the community and with corporate companies. “I was overwhelmed at the positive response that I received. This was a message that industry was wanting to support,” she said.

Kroger Co. , a chain of grocery stores, had been working with the Fight BAC!^(TM) program since it started and they were eager to partner with the local health department.

Kroger provided Nicholson with brochures, stickers, the elementary school curriculum and video, a BAC! puppet, and the life-size BAC! costumed character.

As Nicholson reports, they had high expectations set for the National Food Safety Education MonthSM in September. One dilemma, how to accomplish all of these goals in just 1 month?

The county’s health education manager had the answer: why not spread the program out through the entire year? Great concept!

With the entire year to work with, Nicholson and the staff knew they could accomplish their goals .

Their public kickoff in September was a senior health fair at a local mall. It featured local chefs preparing their favorite dish while explaining food safety tips—as the full-size BAC! character roamed the mall accompanied by staff handing out Fight BAC!TM materials.

Nicholson rewrote the classroom puppet skit in the BAC! “Presenter’s Guide” and transformed it into a skit for an assembly stage featuring the life-size BAC! character. Nicholson promoted the assembly skit along with Fight BAC!TM curriculum and handwashing materials in a mass mailing to preschools and elementary schools in the county.

The response was overwhelming, Nicholson reported. School nurses were the leaders in scheduling the school assemblies. “The children loved—and hated—BAC!,” Nicholson said. “The program contained lots of energy and crowd participation. The teachers followed up the assembly by incorporating the Fight BAC!TM curriculum in their classroom.

But Nicholson wasn’t done with BAC! yet. For Memorial Day, a staff sanitarian developed a hamburger cooking demonstration to be presented at local supermarkets. “The word was out,” said Nicholson. They were receiving invitations to be featured on local radio and news

programs to discuss the Fight BAC!TM food safety campaign.

Over a 6-month period, the county health department participated in four health fairs, four senior community presentations, two radio programs, two TV news segments, and 15 school presentations. Nicholson estimates that their campaign reached more than 112,300 people.

“I encourage health departments, especially environmental health food safety sanitarians, to participate in the Fight BAC!TM food safety campaign,” Nicholson concludes. “It guarantees a successful program resulting in positive public relations. As a health inspector, the positive feedback was very rewarding.” •

■ Coming This Fall— A New Food Safety Education Database

Stories and projects like Nicholson’s will be part of a new electronic database coming to you later in 2001. The database is being developed by the U.S. Department of Agriculture’s Food Safety and Inspection Service and the Partnership for Food Safety Education with support from the USDA/FDA Foodborne Illness Education Information Center.

The database will be called “The Food Safety Education Stories, Strategies, and Solutions Database.” It will be a searchable source to let you see how colleagues across the country are solving problems and energizing food safety education.

Plus, you’ll be able to log on and add your information to this brand new landmark database by going to:

- <http://www.fightbac.org>
- <http://www.nal.usda.gov/fnic/foodborne> •

News from CDC for Food Safety Educators

Updates on food safety issues from the Centers for Disease Control and Prevention (CDC) are more accessible than ever through their food safety site: <http://www.cdc.gov/foodsafety>

By clicking on the “Publications and articles” link, you have immediate access to newly published information.

Four articles from recent issues of *Emerging Infectious Diseases*— excerpted on the following pages— are great examples of the type of information you can find.

Saving Lives, Saving Health: Food Irradiation

Foodborne illness and deaths could be reduced by as much as 25 percent by irradiating just half of poultry, ground beef, pork, and processed meats, according to Robert V. Tauxe, chief of the foodborne and diarrheal diseases branch of the Centers for Disease Control and Prevention (CDC).

Tauxe’s comments were originally delivered at the 2000 Emerging Infectious Disease Conference. A summary of his presentation, titled “Food Safety and Irradiation— Protecting the Public from Foodborne Infections,” was published in *Emerging Infectious Diseases*, Vol. 7, No. 3, June 2001.

Tauxe estimated that this health benefit would mean preventing 350 deaths, 6,000 catastrophic illnesses, and 900,000 infections each year.

In addition, Tauxe noted that this estimate does not account for the benefits of using irradiation to treat other foods, such as fresh produce, that can also be a source of infection.

Studies over the past several years have indicated that 50 percent of consumers are ready to buy irradiated foods and that the rate of acceptance can increase to as much as 80 to 90 percent if customers understand that irradiation reduces harmful bacteria in food.

Tauxe notes that, “Just as in the early days of milk pasteurization and retort canning, several concerns about this technology have been expressed. Some may ask whether irradiated food is safe to eat. The safety of irradiated food has been studied for 4 decades, making it the most intensively assessed of any food safety process.”

Observing that others object to the technology on the grounds that it might allow sanitation standards to slip, Tauxe suggests that we follow the solution employed in pasteurizing milk: establish sanitation standards as a prerequisite to the new technology.

“Instituting pretreatment standards and meat grading would ensure that meat would be clean enough to irradiate,” he says.

Tauxe also adds that “defined standards and norms for the process of irradiation could enhance general acceptance of this technology, and it would benefit the food industry to begin developing them.”

The CDC, along with “the World Health Organization and many other health organizations, welcome the use of food irradiation as an important technology that can protect the public against foodborne diseases,” Tauxe concludes.

To read the article, go to: http://www.cdc.gov/ncidod/eid/vol7no3_supp/tauxe.htm

For other resources on irradiation, check out:

- USDA/FDA Foodborne Illness

Education Information Center, <http://www.nal.usda.gov/fnic/foodborne>

- Q&A, CDC, <http://www.cdc.gov/ncidod/dbmd/diseaseinfo/foodirradiation.htm>

- Q&A, Food Safety and Inspection Service, http://www.fsis.usda.gov/oa/pubs/qa_irrad.htm •

Antibacterial Products Causing Concern

In the mid-1990’s, only a few dozen household products’ labels advertised their antibacterial properties. Today, there are more than 700 available, ranging from cleansers, soaps, dishwashing detergents, and even toothbrushes, sheets, and towels.

The result? According to Dr. Stuart Levy of Tufts University School of Medicine, there is growing concern that these antibacterial products will promote the growth of more antibiotic-resistant pathogens—and may even hinder people’s normal immune systems.



Dr. Levy presented these findings at the 2000 Emerging Infectious Diseases Conference. “Antibacterial Household Products: Cause for Concern,” was published in *Emerging Infectious Diseases*, Vol. 7, No. 3, June 2001.

While the public has been bombarded with antibacterial products, Dr. Levy says, “Bacteria are not about to succumb to this deluge...”

Dr. Levy notes that antibacterial substances added to household cleaning products are similar to antibiotics. Overuse of these products can produce bacteria that are resistant to antibiotics.

“No current data demonstrate any health benefits from having antibacterial-containing cleansers in a healthy household,” Dr. Levy says.

In addition, Dr. Levy says, “Besides resistance, the antibacterial craze has another potential consequence.” He reports a link between “too much hygiene” and increased allergies. Dr. Levy notes one expert who “has likened the immune system to the brain. You have to exercise it, that is, expose it to the right antigenic information so that it matures correctly. Excessive hygiene, therefore, may interfere with the normal maturation of the immune system...”

Dr. Levy concludes, “We exist in the bacterial world....Unfortunately, we believe that we can rid ourselves of bacteria when, in fact, we cannot. Instead, we should ‘make peace’ with them. Although we need to control pathogens when they cause disease, we do not have to engage in a full-fledged ‘war’ against the microbial world.”

To read the article, go to: http://www.cdc.gov/ncidod/eid/vol7no3_supp/levy.htm •

■ Age and Illness: The Need to Know More

People over 65 face special risks of infectious diseases, especially in hospitals and other health care settings.

But not enough is known about the magnitude and diversity of these infections—or effective prevention and control.

Larry James Strausbaugh of the Veterans’ Administration Medical Center in Portland, Oregon, addresses this issue in an article titled “Emerging Health Care-Associated Infections in the Geriatric Population,” *Emerging Infectious Diseases*, Vol. 7, No 2, Mar-Apr 2001.

As Strausbaugh notes, even when it comes to identifying the susceptible populations, there is debate.

“Cutoffs of 50, 60, 65, and 70 years, none entirely satisfactory, have been used to identify the elderly. These differing cutoffs reflect the limitations of using chronological age as a marker...”

As Strausbaugh notes, health varies greatly from individual to individual. At the same time, the “elderly have defective host defenses that compromise their ability to ward off infectious agents.” A multitude of chronic illnesses, which may accompany age, can further weaken immune systems, along with certain medications.

One clear indicator of the increased susceptibility of older people, Strausbaugh reports, is their increased rate of hospital-related infections.

Strausbaugh also points to other possible risk factors for healthy retirees, including increased foreign travel, visits to physicians (and possible exposure to contagious diseases), and frequent use of food services and prepared foods, “which may carry some risk for transmitting



foodborne diseases.”

Overall, he concludes that the risk factors for older people need more study, especially in new health care settings.

While nursing homes have been identified as settings experiencing increased rates of infectious diseases, Strausbaugh adds that little is known about the transmission of infectious diseases in other health-care settings, including retirement communities, assisted living facilities, and foster and group homes.

Surveillance in these less conventional care settings, he says, “is a necessary first step in evaluating potential hazards.”

As health care continues to move beyond the hospital walls, Strausbaugh concludes, infection control practitioners will need to identify strategies for preventing infections in these new health care settings.

To read the entire article, go to: <http://www.cdc.gov/ncidod/eid/vol7no2/strausbaugh.htm> •

■ Help for Seniors

In case you haven't seen it, this publication, "To Your Health! Food Safety for Seniors," does a great job of helping seniors put food safety into action—where ever they live, at home or in a retirement community.

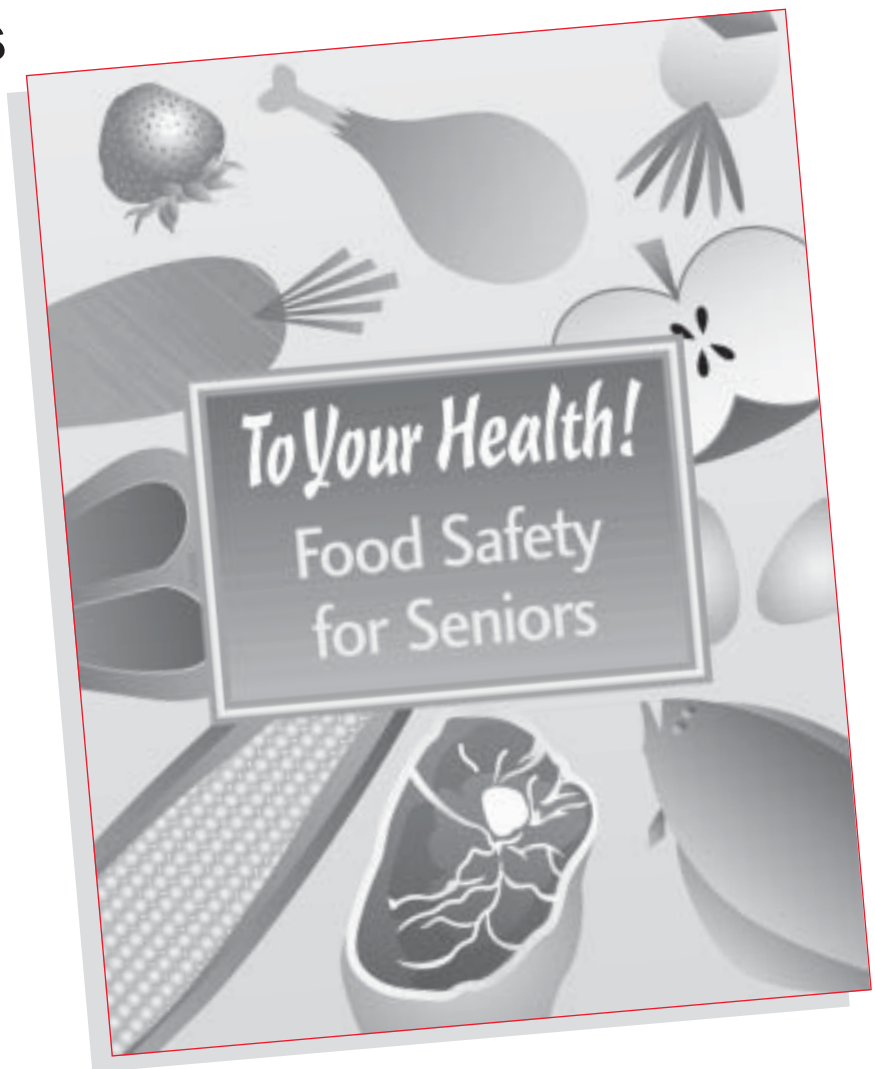
The publication covers safe food handling at home by focusing on the four basic food safety messages—clean, separate, cook, and chill.

In an "eating out" section, seniors are reminded about safe handling of leftovers and some of the problems that can occur when taking food home from senior centers or restaurants.

The 17-page publication is printed in large type—14 points—and four colors. It includes a home food storage guide and cooking temperature chart.

The publication can be downloaded from the web. Go to: <http://www.foodsafety.gov/~fsg/sr2.html>

Single copies of the publication are also available. Write:
Federal Consumer Information Center
Item #596H
Pueblo, CO 81009 •



■ Resources for Food Service

"Food Safety: Taking Care of Business" provides training resources for retail and foodservice establishments. As the publication notes, good training for employees "is the foundation upon which your whole operation is built."

To help businesses out, the brochure provides a guide to food safety information and training materials specifically designed for retail and foodservice.

These resources include industry and government Web sites; foodservice certification programs; and a database of distance learning, on-line courses, and curricula.

There's even a Web site that features food safety fact sheets and signs in 13 foreign languages.

The publication was produced jointly by federal food safety agencies and the Food Safety Training and Education Alliance (<http://www.fstea.org>).

If you're in foodservice, it's a "must have." Plus there's space at the end of the brochure for you to add the name of your organization and customize it for your use.

You can access it on the Web. Go to: <http://www.fsis.usda.gov/oa/pubs/fstea.pdf> •



■ Pregnant Women Want to Hear From Physicians About Listeriosis



New research confirms that many pregnant women don't know some important facts about food safety.

Focus group research with pregnant women revealed that participants were "concerned and surprised" to learn of the risks of foodborne illness and wanted to learn more—especially from their doctors.

The research showed that the pregnant women didn't know that:

- *Listeria monocytogenes* can cause serious harm to their unborn child, even result in fetal miscarriage or death of a newborn infant.
- Pregnant women are 20 times more likely to get sick from this bacteria than other healthy adults.

Participants reported that their obstetrician or health care provider does not generally provide information on food safety.

At the same time, they felt that obstetricians were the best avenue for relaying this information. "Every pregnant woman needs to get [a] brochure at her first visit," said one participant.

The research was conducted for the Food Safety and Inspection Service (FSIS) in the form of nationwide focus groups. A summary of the report, titled "Listeriosis Food Safety Messages and Delivery Mechanisms for Pregnant Women," is available online. Go to: <http://www.fsis.usda.gov/oa/research/research.htm>

In response to this research, FSIS is working in conjunction with other federal agencies and the International Food Information Council to develop a new publication concerning listeriosis which will be distributed through doctors' offices.

The publication is expected to be available by the end of the year. (Stay tuned, we'll showcase the publication in the next issue.)

The focus groups were conducted in four different locations around the country and involved a total of 63 participants, with approximately 8 women in each group.

The research was designed to explore several issues:

- pregnant women's knowledge concerning food safety risks,
- the effectiveness of current FSIS food safety messages concerning listeriosis, and
- effective delivery mechanisms for this information.

In evaluating a current FSIS publication titled "Listeriosis and Food Safety Tips," participants found the brochure easy to understand and informative. But they also had a number of suggestions:

- develop a brochure specifically targeted to pregnant women, as opposed to all the "at risk" populations;
- clearly present information on risks, including the number of illnesses and deaths as well as the risk of miscarriage and stillbirth; and
- clarify how contamination occurs and the "how to's" of prevention. •



Fight BAC!™ Partnership Honored by USDA

The Partnership for Food Safety Education, sponsor of the Fight BAC!™ campaign, was presented a Group Honor Award by U.S. Department of Agriculture Secretary Ann Veneman “for significant accomplishments in creating and developing a unique public/private partnership that represents an unprecedented effort to teach consumers about food safety.”

Partnership members are diverse and include industry organizations, consumer groups, and federal agencies. To read more, go to: <http://www.fightbac.org/press/index.cfm> •

Parasites: Facts for Educators and Public Health

Two new educational tools are perfect companions—one is a fact sheet for food safety educators on parasites, the other is a new CD-ROM designed to help health officials identify and diagnose illnesses caused by foodborne parasites.

“Parasites and Foodborne Illness,” written by the Food Safety and Inspection Service, provides background for consumers about the types of parasites that can be found in food and water, the illnesses they cause, and prevention tips. Go to: <http://www.fsis.usda.gov/oa/pubs/parasite.htm>

The Centers for Disease Control and Prevention includes a Division of Parasitic Diseases. Their Web site, and a new CD-ROM, are invaluable resources for public health.

The CD-ROM is designed to provide diagnostic information to people without Internet access. It includes seven diagnostic manuals, high-quality images, as well as an interactive quiz with over 140 questions. The CD-ROM is available for free. Contact:

DPDx—Centers for Disease Control and Prevention MS-F13
4770 Buford Highway N.E.
Atlanta, Georgia 30341-3724

To reach the CDC Division of Parasitic Diseases Web site, go to: <http://www.dpd.cdc.gov/dpdx/>

At the site you’ll find background on parasites and parasitic diseases, an image library, diagnostic procedures and assistance, and training announcements. •

Food—and Employees From Around the World

Today’s food—and today’s food service employees—come from all over the world.

Cindy Roberts, information specialist from the USDA/FDA Foodborne Information Education Center, reports that a number of Web sites provide food safety information in languages other than English.

A good place to start is <http://www.foodsafety.gov/~fsg/fsglang.html>

This federal Web page includes materials for consumers produced by the Partnership for Food Safety Education, as well as materials for food service.

This Web page also links to a number of state Web sites that can also be a remarkable source of foreign language materials.

Iowa, for instance, has produced fact sheets and signs for food service establishments in French, Korean, Bosnian, Spanish, Italian, Japanese, German, Vietnamese, Laotian, Chinese, and Russian. Go to: <http://www.profoodsafety.org>

Finally, don’t forget to research training materials and videos through the USDA/FDA Food Safety Training and Educational Materials Database at <http://www.nal.usda.gov/foodborne/wais.shtml> •

Cooperative Extension: Great “Know-It-All’s”

Cooperative Extension gives the phrase “know- it- all” new meaning—because they **do** know it all. Cooperative extension has information for all kinds of needs, from dealing with carpenter bees to raising sheep to food safety.

Many cooperative extension/university Web sites are devoted to food safety.

Here’s **just a few** identified by Information Specialist Cindy Roberts of the USDA/FDA Foodborne Illness Education Information Center:

- University of California Davis FoodSafe Programs, <http://foodsafe.ucdavis.edu/homepage.html>
- Iowa State University Extension Food Safety Project, <http://www.exnet.iastate.edu/Pages/families/fs/homepage.html>
- Kansas State University Cooperative Extension Service Food Safety, <http://www.oznet.ksu.edu/foodsafety/#K-State>
- Michigan State University Extension Food Safety Homepage, <http://foodsafe.fshn.msu.edu/main.html>
- North Carolina State University Cooperative Extension Service Food Safety Web Site, <http://www.ces.ncsu.edu/depts/foodsci/agentinfo/index.html>
- Penn State University Food Safety, <http://foodsafety.cas.psu.edu/>
- University of Rhode Island, <http://www.uri.edu/ce/ceec/foodsafety.html>

And, another great resource on Cooperative Extension: <http://www.ift.org/divisions/extension/index.html>

Finally, don’t forget to check materials through the USDA/FDA Foodborne Illness Education Information Center: <http://www.nal.usda.foodborne>.

New USDA Web Site Gives Access to Food Safety Research

The Internet transports us into a new age of information sharing—and this new Web site (<http://www.nal.usda.gov/fsrio>) is a great example.

Sponsored by the U.S. Department of Agriculture, this Web site provides a database of nearly 500 food safety research projects dating from 1998 to the present.

The database includes research done or funded by USDA’s Agricultural Research Service; Cooperative State Research, Education and Extension Service; the Food Safety Consortium; and the U.S. Department of Health and Human Services’ Food and Drug Administration.

The Web site also includes program information, food safety news, and more than 100 links to Web-based food safety research information.

Interested in Risk Analysis?

The Web-based Food Safety Risk Analysis Clearinghouse (<http://www.foodriskclearinghouse.umd.edu/>) is designed to assist professionals involved with the many aspects of risk analysis as it relates to food safety.

It not only provides information on risk analysis projects, it also provides tutorials and access to databases.

The Clearinghouse is sponsored by the Joint Institute for Food Safety and Nutrition, a joint venture between the Food and Drug Administration and the University of Maryland.

You Suspect an Outbreak—Now What?

The Centers for Disease Control and Prevention (CDC) has a number of tools to help health officials investigating foodborne illness outbreaks.

Their Web-based information includes an Outbreak Investigation Tool Kit containing:

- guidelines for confirming foodborne disease outbreaks,
- guidelines for specimen collection,
- great tutorials based on real-life investigations, and
- Epidemiology information software.

The site also includes links to outbreak reports and publications. Future developments for the site will include an electronic reporting system for health departments as well as a database.

Go to: <http://www.cdc.gov/ncidod/dbmd/outbreak/>

New E-Newsletter From FDA

The Food and Drug Administration (FDA) is launching a new electronic newsletter called “FDA-DSFL,” short hand for “dietary supplement food labeling.” The newsletter is devoted to covering nutrition, dietary supplements, and labeling.

The newsletter will cover both regulatory actions as well as news regarding educational materials.

To subscribe, send an email message to LISTSERV@VM.CFSAN.FDA.GOV Leave the subject line blank and enter the message SUBSCRIBE FDA-DSFL YOUR NAME (substitute your first and last name).

How To Keep in Touch With Food Safety Education Information

The Food Safety Educator

This free quarterly newsletter reports on new food safety educational programs and materials as well as emerging science concerning food safety risks. It is distributed to nearly 10,000 educators throughout the country, including public health offices, extension educators, industry, and consumer groups.

To subscribe: provide your full name, organization name, & mailing address.

- Write to: USDA/FSIS/Food Safety Education, Room 2944-South Building, 1400 Independence Ave., SW, Washington, DC 20250-3700
- Or fax your request to: (202) 720-9063
- Or e-mail your request to: fsis.outreach@usda.gov
- The newsletter is also available on the FSIS Web site: <http://www.fsis.usda.gov/oa/educator/educator.htm>



The *Food Safety Educator* is produced by the Food Safety Education Staff, Food Safety and Inspection Service, U.S. Department of Agriculture

Please feel free to e-mail comments or suggestions—fsis.outreach@usda.gov

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On the Web

- USDA/Food Safety and Inspection Service
<http://www.fsis.usda.gov>
- Thermy™ Web page
<http://www.fsis.usda.gov/thermy>
- FightBAC!™
<http://www.fightbac.org>
- Gateway to Government Food Safety Information
<http://www.foodsafety.gov>
- FDA/Center for Food Safety and Applied Nutrition
<http://www.cfsan.fda.gov>
- USDA/FDA Foodborne Illness Education Information Center
<http://www.nal.usda.gov/fnic/foodborne>
- Centers for Disease Control and Prevention
<http://www.cdc.gov/foodsafety>

Other Resources

EdNet—a monthly electronic newsletter for food safety educators. To subscribe, send an e-mail message to: Listserv@foodsafety.gov Send the message: Subscribe EDNET-L firstname lastname

foodsafesafe—an online electronic discussion group. To join, go to: <http://www.nal.usda.gov/fnic/foodborne>

Toll-free—USDA's Meat and Poultry Hotline 1-800-535-4555, for the hearing-impaired (TTY) 1-800-256-7072

Food and Drug Administration's Outreach and Information Center 1-888-SAFEFOOD