II. INTRODUCTION

A. Background

The U.S. Food and Drug Administration (FDA) is responsible for setting standards for safe production of foods and advising state and local governments on food safety standards for institutional food service establishments, restaurants, retail food stores and other food establishments. Adoption of the FDA Food Code at the state, local and tribal level has been a keystone in the effort to promote greater uniformity.

North Carolina's "Rules Governing the Sanitation of Food Establishments," were initially adopted in 1976, and based on the 1976 "Food Service Sanitation Manual Including a Model Food Service Sanitation Ordinance." In 2009, Wake County conducted an assessment of North Carolina rules as compared to the 2005 FDA Food Code. At that time, North Carolina rules addressed 3 of the 11 key public health interventions and controls for risk factors that contribute to foodborne illness. In addition, the general retail practices of North Carolina rules were 46% compliant with Good Retail Practices of the 2005 FDA Food Code. In 2012, the State of North Carolina adopted new rules based on the 2009 FDA Food Code. The 2012 NC Food Code addresses 8 of the 11 key public health intervention/risk factor categories and is 96% compliant with the Good Retail Practices of the 2013 FDA Food Code. The reduction in risk factors may be attributed to the improvement in regulatory foundation.

Wake County enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards (Program Standards) in February 2008, and currently meets 6 of the 9 standards. Through its involvement with the Program Standards, Wake County is focusing more on identifying and correcting risk factors during routine inspections.

Wake County conducted a baseline risk factor study in 2010. A follow up risk factor study was completed in 2015. The factors surveyed in each risk factor study included:

- Food from unsafe sources
- Inadequate cooking
- Improper holding temperatures
- Contaminated equipment
- Poor personal hygiene

Data for the 2010 baseline study was obtained from 458 total inspections of institutional food service establishments, restaurants and retail food stores, consisting of 8,861 observations. Data for the 2015 Risk Factor Study was obtained from 447 total inspections of institutional food service establishments, restaurants and retail food stores, consisting of 8,596

observations. This report is provided to regulators and industry to focus greater attention on out-of-compliance risk factors.

B. Purpose

The purpose of the Wake County 2015 Risk Factor Study is to compare 2015 data to the 2010 baseline study so that industry and regulatory agencies can measure behavioral changes that directly relate to foodborne illness. In addition, the study is comparable to the national risk factor data.

The 2015 Wake County Risk Factor Study serves two purposes:

- 1. To identify risk factors most in need of priority attention and develop strategies to reduce their occurrence.
- 2. To evaluate trends over time and determine whether progress is being made toward reducing the occurrence of foodborne illness risk factors.

Based on the design and sample size, the Wake County 2015 study results are valid for comparison with Wake County's 2010 baseline study and previous national studies on the "Occurrence of Foodborne Illness Risk Factors."

C. Study Design and Objectives

This study contains nine separate reports of data analyses, one for each of the nine different facility types. The target industry segments for this project are institutional foodservice, restaurants, and retail food stores. Of the nine facility types, three were associated with institutional foodservice – hospitals, nursing homes, and elementary schools (K-5). The restaurant industry segment was comprised of two facility types – fast food and full service. Four facility types were departments of retail food stores and independent specialty operations related to deli, meat and poultry, seafood, and produce.

The objective of this study is designed to improve food preparation practices and employee behaviors within institutional food service establishments, restaurants, and food stores.