**Example Relevance Screening Form**

|  |  |  |
| --- | --- | --- |
| **Question** | **Options** | **Definitions/additional notes** |
| 1. Does the citation describe primary research that investigates the effect of an intervention to improve the food safety knowledge, attitudes, and/or behavioursof food handlers at retail and food service? | * Yes * No | *Food safety knowledge, attitudes, and behaviours:*  Includes knowledge, attitudes, and behaviours (self-reported or observed), as well as behavioural intentions and any other psychosocial construct (e.g. self-efficacy) related (but not limited to) any of the following topics:   * personal hygiene (e.g. hand-washing); * preventing cross contamination (e.g. separate cutting boards for raw/cooked meat); * adequate cooking of food (e.g. use of thermometers to check doneness); * time-temperature control (e.g. prompt cooling / adequate reheating of food);   **Food safety inspection scores or infractions and microbial contamination outcomes will also be included** as a secondary outcome of interest. Review scope only includes **food handling at retail / food service**, related to prevention of **microbial hazards**.  *Food handlers:*  Includes food premise employees, workers, managers, caterers, butchers, and others who handle and prepare food at retail / food service. **Exclude studies on consumers who prepare food at home. Also exclude studies conducting at the farm/pre-harvest and processing levels.**  *Intervention:*  Includes training classes, courses and curricula, educational materials (e.g. posters, brochures), and any other intervention to improve food safety knowledge, attitudes, and behaviours among food handlers.  *Include*   * Any primary research studies evaluating an intervention should be included at this stage * Include all publication dates and types, including grey literature * Studies where you “can’t tell” the relevance and suspect it could be relevant   *Exclude*   * Studies conducted on consumers or on food handlers at points in the food chain other than retail/food service (e.g. processing) * Studies with no intervention evaluated * Research related to non-microbial hazards (e.g. food allergies). * Review articles |

**Abstracts for Relevance Screening Test**

**ID = 1**

Contemp Clin Trials . 2018 Jan;64:139-151.

doi: 10.1016/j.cct.2017.10.012. Epub 2017 Oct 24.

**Promoting healthy home environments and lifestyles in families with preschool children: HomeStyles, a randomized controlled trial**

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* PMID: **29079392**
* DOI: [10.1016/j.cct.2017.10.012](https://doi.org/10.1016/j.cct.2017.10.012)

**Abstract**

The purpose of the HomeStyles randomized controlled trial was to determine the effect of participation in the HomeStyles intervention vs an attention control condition on the weight-related aspects of the home environment and lifestyle behavioral practices of families with preschool children. Parents of preschool children (n=489) were systematically randomized to experimental or attention control group after completing the baseline survey. Baseline and post surveys comprehensively assessed study outcomes using a socio-ecological approach incorporating valid, reliable intrapersonal (e.g., diet, activity), interpersonal (e.g., family meal frequency), and environmental measures (e.g., home media environment), and self-reported parent and child measured heights and weights. For all outcome measures, paired t-tests compared within group differences over time and ANCOVA, controlling for baseline scores and prognostic variables (e.g., parent sex), determined differences in post survey scores between groups. The final analytical sample (N=172; age 32.34±5.71SD; 58% White; 93% female) completed baseline and post surveys. The experimental group families had improved family meal and diet-related behaviors, and self-efficacy for food-related childhood obesity-protective practices. Household food supplies changed little, except for less availability of salty/fatty snacks. Within group effects indicated the control group also experienced some improvements, however these were few in number. ANCOVA revealed the experimental group parents had greater physical activity, reduced screentime, improved family mealtime behaviors, and increased self-efficacy for childhood obesity-protective behaviors and cognitions compared to the control group at post survey, though effect sizes were small. The HomeStyles program for families with preschool children promoted improvements in an array of obesity-preventive behaviors.

**Keywords:** Healthy; Home environment; Intervention; Lifestyles; Parents; Preschool children.

**ID = 2**

Public Health . 2017 Dec;153:25-35.

doi: 10.1016/j.puhe.2017.06.017. Epub 2017 Aug 17.

**An assessment of food safety information provision for UK chemotherapy patients to reduce the risk of foodborne infection**

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* DOI: [10.1016/j.puhe.2017.06.017](https://doi.org/10.1016/j.puhe.2017.06.017)

**Abstract**

**Objectives:** Given the increased risk of foodborne infection to cancer patients receiving chemotherapy treatment, and the risk of listeriosis reportedly five-times greater to this immunocompromised patient group, there is a need to ensure the implementation of domestic food safety practices among chemotherapy patients and their family caregivers. However, information regarding the adequacy of resources to inform and enable patients to implement domestic food safety practices to reduce the risk of foodborne infection is limited. Consequently, this study aimed to evaluate the provision of food safety information available to UK chemotherapy patients.

**Study design:** In-depth semi-structured interviews and content analysis of online patient information resources.

**Methods:** Interviews with patients and family caregivers (n = 15) were conducted to explore food-related experiences during chemotherapy treatment. Online food-related information resources for chemotherapy patients (n = 45) were obtained from 35 of 154 National Health Service chemotherapy providers in England, Scotland, and Wales, the Department of Health (DoH) and three of 184 identified UK cancer charities. Identified food-related information resources were reviewed using a content-analysis approach to assess the inclusion of food safety information for chemotherapy patients.

**Results:** In-depth interviews established that many patients indicated awareness of immunosuppression during treatment. Although patients reported practicing caution to reduce the risk of communicable diseases by avoiding crowded spaces/public transport, food safety was reported to be of minimal concern during treatment and the risk of foodborne infection was often underestimated. The review of online food-related patient information resources established that many resources failed to highlight the increased risk of foodborne infection and emphasize the importance of food safety for patients during chemotherapy treatment. Considerable information gaps exist, particularly in relation to listeriosis prevention practices. Cumulatively, information was inconsistent, insufficient, and varied between resources.

**Conclusion:** The study has identified the need for an effective, standardized food safety resource specifically targeting chemotherapy patients and family caregivers. Such intervention is essential to assist efforts in reducing the risks associated with foodborne infection among chemotherapy patients.

**Keywords:** Behavior; Chemotherapy; Food safety; Foodborne infection; Information; Patients.

**ID = 3**

J Environ Health. 2004 May;66(9):15-20, 37; quiz 21-2.

**Engaging food service workers in behavioral-change partnerships**

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* PMID: **15137345**

**Abstract**

When food inspectors pay educational visits to food service establishments, the goal is prevention. For that reason, such visits form a valuable component in local-government programs to improve food safety. The efficacy of educational programs can be measurably improved by the application of behavioral-change theory. The study reported here was conducted with the cooperation of Key Arena Sportservice, a large sports arena in downtown Seattle, Washington. The facility serves 1.2 million customers per year through 40 individual food service operations staffed by approximately 250 workers. Analysis of facility inspection reports for the period 1998 through 2001 identified three key types of violation. Problematic food preparation processes were analyzed and modified through the application of behavioral-change theory. Food safety inspection reports were used to detect and evaluate changes in behavior. Results from the study appear to support the authors' hypothesis, which was that sustainable improvements in food safety, as measured by food service inspection scores, can be achieved through the systematic application of behavioral-change theory in active partnership with industry.

**ID = 4**

Food Res Int . 2017 Oct;100(Pt 1):53-62.

doi: 10.1016/j.foodres.2017.07.042. Epub 2017 Jul 21.

**Knowledge, attitudes and practices of food handlers in food safety: An integrative review**

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* DOI: [10.1016/j.foodres.2017.07.042](https://doi.org/10.1016/j.foodres.2017.07.042)

**Abstract**

This study presents an overview of the relationship between knowledge, attitudes and practices (KAP) of food handlers with training in food safety, in addition to proposing reflections on the training of food handlers, considering its responsibility for food safety and health of consumers. The review was based on the integrative method. The descriptors used were: (food handler), (knowledge, attitudes and practice) and (training). Six databases were searched, 253 articles were consulted and 36 original articles were included. Fifty per cent of the articles pointed that there was no proper translation of knowledge into attitudes/practices or attitudes into practices after training. Knowledge, attitudes and practices of food handlers are important for identifying how efficient training in food safety is allowing prioritize actions in planning training. The evaluation of KAP is the first step to understand the food handler's point of view. After this evaluation other diagnostic strategies become necessary to enhance this understanding.

**Keywords:** Diagnostic strategies; Food handlers; Food safety; Foodborne disease; Training.

**ID = 5**

Nutr Res Pract . 2010 Feb;4(1):58-68.

doi: 10.4162/nrp.2010.4.1.58. Epub 2010 Feb 24.

**Evaluation of the food safety training for food handlers in restaurant operations**

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* PMCID: [PMC2830416](http://www.ncbi.nlm.nih.gov/pmc/articles/pmc2830416/)
* DOI: [10.4162/nrp.2010.4.1.58](https://doi.org/10.4162/nrp.2010.4.1.58)

**Abstract**

This study examined the extent of improvement of food safety knowledge and practices of employee through food safety training. Employee knowledge and practice for food safety were evaluated before and after the food safety training program. The training program and questionnaires for evaluating employee knowledge and practices concerning food safety, and a checklist for determining food safety performance of restaurants were developed. Data were analyzed using the SPSS program. Twelve restaurants participated in this study. We split them into two groups: the intervention group with training, and the control group without food safety training. Employee knowledge of the intervention group also showed a significant improvement in their score, increasing from 49.3 before the training to 66.6 after training. But in terms of employee practices and the sanitation performance, there were no significant increases after the training. From these results, we recommended that the more job-specific and hand-on training materials for restaurant employees should be developed and more continuous implementation of the food safety training and integration of employee appraisal program with the outcome of safety training were needed.

**Keywords:** Restaurants; effectiveness of the food safety training; hygiene knowledge; hygiene practice; on-site safety inspection.