



NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

December 18, 2008

Recommendations of the National Association of County & City Health Officials (NACCHO) to the USDA/FDA Agency Review Teams Concerning Food Safety

NACCHO represents the nation's approximately 2860 local public health departments. These are government agencies that work every day in their communities to prevent disease, promote wellness, and protect health. They develop community partnerships and provide essential food safety services from restaurant inspections to foodborne outbreak response. Local health departments are the most knowledgeable about their community's public health needs and are the trusted source of health information at the local level. Specifically, many critical food protection functions take place at the local level. According to the 2005 National NACCHO Profile of Local Health Departments, 76 percent of local health departments conduct food service inspection and licensing, 75 percent of local health departments conduct environmental health surveillance, and 75 percent of local health departments provide food safety education. Food safety improvements and enhancements at any level must take this into account.

NACCHO supports the development of a science-based food safety system that assures local public health participation as a means to reduce foodborne illness. Enhancing the food safety system through improved infrastructure, expertise, response, funding, and policy is essential to meet the challenges of a changing economy, global food supply, new and re-emerging foodborne pathogens, changing demographics, and intentional contamination. Improving and modernizing the food safety system so that federal public health agencies and state and local governmental public health departments work effectively together, using the unique and complementary powers and capacities in each level of government to provide a seamless, efficient, and accountable system that improves health and quality of life is critical for moving FDA and USDA into the 21st century.

Building 21st Century Capacity and Infrastructure

FDA and USDA rely heavily on the food safety data gathered at the state and local levels for their decision making and priority setting. These data must be of the highest quality. The immediate problems of job loss, serious workforce shortage, and an outdated physical infrastructure in which the local public health workforce serves their communities and the technology used to serve them hinder the already struggling local public health infrastructure to gather this information. Leadership, funding, expertise, and coordination of FDA and USDA are necessary to lay the essential groundwork for a fully integrated food system.

Recommendations

- FDA and USDA should provide increased funding and support for LHDs' food safety capacity and infrastructure, including information technology and human resources. This would add to existing local support for routine food safety program activities including food safety education, food retail and manufacturing inspection, and foodborne-illness surveillance, investigation, control, and prevention.
- FDA should continue and expand its expertise and technical assistance services at a regional level to support adoption and application of the model food code. The FDA regional offices provide guidance on adopting





and enforcing the food code at the local level such as interpretation of codes and assessing risk factors and conditions.

- USDA and FDA should develop agreements and fund methods for compensation of local health departments for expenses they incur in responding to special requests and providing assistance to state and federal agencies during food recalls or foodborne illness outbreaks.
- USDA and FDA should develop surge capacity to support state and local health departments during large recalls and outbreaks that may cross jurisdictions and require specialized expertise or additional human resources. Agreements should be established among federal, state, and local agencies in advance of any incident to ensure trust, confidence, and joint responsibility.
- USDA and FDA, in coordination with CDC and other stakeholders, should establish a protocol for large, multi-jurisdictional outbreaks with a clear definition of activation and deactivation points to determine leadership, communication strategies, and coordination methods.

Establishing a 21st Century Collaboration/Communication Strategy

Foodborne illness prevention requires an integrated approach given the numerous stakeholders and jurisdictions involved in the system. The lack of a good communication strategy creates significant barriers to a seamless and consistent information flow particularly during a large outbreak. USDA and FDA need to establish an effective communication and coordination strategy among their own agencies and with all the entities in the food safety system via partnerships and technology in advance of an outbreak or recall.

Recommendations

- Increased funding from FDA and USDA to build and improve communications, coordination, and partnerships throughout the food safety system, including local and state public health departments, emergency preparedness programs (food defense), public health professional organizations such as NACCHO, the Council to Improve Foodborne Outbreak Response (CIFOR), and other federal agencies.
- FDA and USDA should establish agreements among federal, state, and local agencies to facilitate sharing of real-time data, including product information, to support rapid response and early intervention to prevent foodborne illness.

Developing the 21st Century Food Safety Workforce

An integrated and skilled workforce is essential to effective prevention and response at all levels. This includes professionals trained to identify and control risks associated with purveying food to the public and to work with those affected by foodborne illness. Training in routine and risk-based food safety activities, teamwork with various experts and stakeholders, and effective leadership are critical services that should be offered by FDA and USDA. At the local level, those who conduct food safety activities are often overburdened with multiple responsibilities that include public health services other than food safety. State and local health department staff need more consistent team training, on food safety, prevention, outbreak response, recalls, and traceability, as are described in the FDA “Gateway to Food Protection” meeting report and the USDA “Better Communications, Better Health Outcomes” summary report.

Recommendations

- Establish scholarship and loan forgiveness programs for public health professionals or students who enter into food safety programs at the state and local level.
- Establish a national program to enumerate the food safety workforce. The data from such an effort would provide an overview of the food safety workforce and identify patterns and trends that would inform priorities for developing and funding workforce “pipelines” for prospective food safety workers.



- Identify which professions are in short supply and in which jurisdictions and facilitate job recruitment and placement in local health departments through cooperative arrangements among NACCHO, USDA, and FDA.
- USDA and FDA, in collaboration with CDC and NACCHO, should also develop competencies and curricula that will equip health professionals to enter the public health workforce then implement trainings with a variety of delivery methods to help the local workforce achieve them.
- Designate existing or new training funds for local environmental public health workforce development programs.

Continuous Quality Improvement and Performance Improvement

Post-event after-action reports are rarely completed or used to improve performance in food outbreak response. There are very few opportunities to draw upon lessons learned from an outbreak or recall to integrate into existing food safety activities and prevent foodborne illness.

- FDA and USDA should fund local health departments to implement the FDA Voluntary National Retail Food Regulatory Program Standards to help state and local health departments to improve their food safety activities and prepare for accreditation.
- FDA and USDA should work with CDC/NCEH and CIFOR to integrate food safety activities and indicators into the National Environmental Public Health Performance Standards (EnvPHPS)
- FDA and USDA should develop their own continuous quality improvement process to enhance prevention and response to a foodborne illness outbreak, requiring timely after-action reviews and reports, input from stakeholders, and implementation of appropriate policy and program changes to assure accountability.

Health Equity

NACCHO supports efforts that enhance the ability of local health departments to identify and address the overarching and interrelated economic and health equity issues that influence the burden of foodborne illness. Measuring the social burden of foodborne illness on a community is difficult, but greater understanding is needed to develop and implement effective policies and strategies to make a positive impact. A report from the United Kingdom indicates a relationship between socioeconomic status and foodborne illness. Hospital admissions for gastrointestinal infections increased with increasing socioeconomic deprivation. (Olowokure, B., Hawker, J., Weinberg, J., Gill, N., & Sufi, F. (1999). Deprivation and hospital admission for infectious intestinal diseases. *Lancet*; 353, 807.) USDA and FDA should collaborate with their partners in developing and implementing a research agenda to identify the social burdens that exacerbate foodborne illness and effective interventions to reduce them.