Conference for Food Protection
2020 Issue Form

Issue: 2020 II-010

Council Recommendation:	Accepted as Submitted	_____	Accepted as Amended	_____	No Action	_____
Delegate Action:	Accepted	_____	Rejected	_____		

All information above the line is for conference use only.

Issue History:

This is a brand new Issue.

Title:

Local Regulator Voting Representation on the Assembly of State Delegates.

Issue you would like the Conference to consider:

Allowing local regulatory voting representation on the Assembly of State Delegates.

Public Health Significance:

- Foodborne illness in the United States is a major cause of personal distress, preventable illness and death, and avoidable economic burden;
- Most foodborne illnesses occur in persons who are not part of recognized outbreaks;
- The annual cost of foodborne illness in terms of pain and suffering, reduced productivity, and medical costs are estimated to be $10 - $83 billion;
- The Food and Drug Administration (FDA) endeavors to assist approximately 75 state and territorial agencies; however,
- More than 3,000 local departments assume the primary responsibility for preventing foodborne illness and for licensing and inspecting establishments within the retail segment of the food industry.

Recommended Solution: The Conference recommends...:

1. An amendment to Articles XVI and XVIII to the Constitution and Bylaws to allow for voting representation from local regulators on the *Assembly of State Delegates;*
2. *An amendment to* Articles XVI and XVIII to *the Constitution and Bylaws to designate two (2) local regulators from each CFP region be entitled to one (1) vote each in the Assembly;*
3. An amendment to the Constitution and Bylaws to change the name of the *Assembly of State Delegates* to *Assembly of State and Local Delegates, where required, throughout the document.*

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Supporting Attachments:

- "NACCHO STATEMENT OF POLICY Food System Safety"
- "NACCHO STATEMENT OF POLICY Foodborne Disease Outbreak Response"

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

99-08

STATEMENT OF POLICY

Food System Safety

Policy

The National Association of County and City Health Officials (NACCHO) supports the development of a science-based and fully funded food safety system. It should ensure local health department participation in all areas of food safety as a means to reduce foodborne illness with particular attention to challenges such as new and re-emerging foodborne pathogens, food safety and security issues associated with climate change retail food safety, cottage food industry, and changing demographics.

Safety in the Food System and the Role of Local Health Departments

NACCHO supports the following:

- The critical role that local health departments play as the first line of defense in preventing foodborne illness at the local level.
- Local health departments' role in working with retail food establishments at the local level to reduce foodborne illness through education efforts, inspections, licensing, training, and technical assistance.
- Effective interaction among local health departments and their state and federal counterparts to enhance the food safety system.
- Enhanced local health department workforce training to identify risks associated with purveying food to the public through active inspection and education programs.
- Policies that enhance and improve education for consumers, food handlers, retail food establishments, and other sectors of the food industry at the local level to prevent foodborne illness.
- Adoption of the most recent Food and Drug Administration (FDA) Model Food Code to promote best practices for the safety and protection of food served at retail and in food service.
- Adoption and promotion of the use of the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) as a mechanism for continuous quality improvement for local food regulatory programs.
- Local health department involvement on the Partnership for Food Protection, the Food Safety Modernization Act working groups, Conference for Food Protection, and other relevant federal advisory groups aimed at preventing foodborne disease outbreaks.
- Initiatives to prepare for the food safety and security challenges associated with climate change.
- Paid sick leave to promote health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement 11-07 Paid Sick Leave).
- Recognition of the local health department role in foodborne illness outbreak response efforts (See NACCHO's policy statement 13-07 Foodborne Disease Outbreak Response).

- Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement 12-09 Antimicrobials in Animals).
- Local and state health department reporting of data from outbreak investigations to CDC's foodborne illness outbreak surveillance systems (National Outbreak Reporting System (NORS); National Environmental Assessment Reporting System (NEARS))[1,2]

Funding Local Health Department Actions to Prevent Foodborne Disease

In funding for local health department actions to prevent foodborne disease, NACCHO:

- Supports enhanced federal, state, and local funding for local health departments to meet the basic food safety capacity and infrastructure needs for routine public health activities related to food safety education and food retail and manufacturing inspection.
- Urges Congress to appropriate funds to support activities authorized in the Food Safety Modernization Act.
- Supports increased federal and state funding for foodborne-illness research, a student education subsidy, and training for the current and future local public health workforce as effective means to protect people from disease and enhance prevention of foodborne illnesses at the local level and throughout the larger food safety system.
- Supports additional federal, state, and local funding to build and improve communications, coordination, and partnerships throughout the food safety system.
- Supports the practice of fee-for-services to ensure continued local funding for retail food inspections and recognition that the retail food industry supports these activities.
- Endorses the inspector/inspection ratio as described in the Retail Program Standard's Standard 8: Program Support and Resources.

Justification

Foodborne illness in the United States is estimated to cause 48 million cases of illness, over 128,000 hospitalizations, and 3,000 deaths each year.[3] Salmonella alone costs $365 million annually in direct medical expenses.[4] While everyone is susceptible to foodborne disease, 60 million Americans are especially vulnerable to foodborne illness. These populations include children, pregnant women, people with disabilities, the elderly, and individuals with compromised immune systems. [5] Preventing foodborne illness remains one of public health's greatest challenges.

Protecting food safety in the retail setting is an important component of any food safety system. About a third of all meals are eaten outside of the home, meaning that almost half of all consumer food expenditures go toward food made in the retail setting (restaurants, delis, etc).[6] Furthermore, 53% of known sources of foodborne illness occur from food produced in the retail setting.[7] Critical risk factors such as poor personal hygiene, improper food handling, and contaminated food surfaces and equipment remain a significant problem in the retail setting and affect the safety of food at the local level.[8] It is crucial that local health departments work with local retail food establishments such as schools, restaurants, nursing homes, and grocery stores to reduce the risk of foodborne disease at the local level. According to a 2013 survey of local health departments conducted by NACCHO, 78% of local health departments conduct food service inspection and licensing and 72% of local health departments provide food safety education.[9]

Paid sick leave for food service workers and health department inspection staff could help to limit the spread of foodborne disease in retail food establishments. For example, the CDC found that infected food workers transmitted 70% of foodborne noroviruses.[10] According to the Department of Labor, 75% of hospitality and food service workers do not have paid sick leave.[11] In a survey conducted of food workers, nearly 90% responded that they went to work sick. Of those who went to work sick, 45% said they worked because they could not afford to lose pay.[12]

In order to work effectively with retail food establishments, local health departments need a legal framework that is cognizant of local independence, fully funds the work they do, and enables them to apply "practical, science-based guidance and enforceable provisions for mitigating risk factors known to cause foodborne illness."[13] The FDA Food Code provides a model that state and local governments can adopt to ensure that their licensing and inspections programs are utilizing the most up-to-date, scientific approaches to guide their food regulatory program requirements. Furthermore, as local health departments strive for excellence within their food regulatory programs, the FDA Program Standards provides a continuous quality improvement mechanism that local health departments can implement. The FDA Retail Program Standards recommend a staffing level of one full-time equivalent (FTE) devoted to food for every 280 – 320 inspections performed. Inspections for purposes of this calculation include routine inspections, re-inspections, complaint investigations, outbreak investigations, compliance follow-up inspections, risk assessment reviews, process reviews, variance process reviews and other direct establishment contact time such as on-site training.[14]

Even as local health departments seek to prevent foodborne disease and protect the public from foodborne illness, funding and resource allocation has been declining nationally. In a study conducted in 2012, NACCHO found that nearly 3 out of 10 local health departments experienced a reduction of their environmental health staff. Food safety services were reduced or eliminated by the largest percentage by 12.8% of local health departments.[15] These cuts come despite that many local health departments lack sufficient funding to meet the resource and staffing levels recommended by the FDA Program Standards. Federal funds allocated to local health departments for food safety have been modest. Increased financial support from federal, state, and local governments is necessary to help local health departments continue and further enhance their efforts to prevent foodborne disease outbreaks.

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Record of Action

Proposed by NACCHO Food Safety Workgroup
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Updated March 2008
Updated May 2013
Updated October 2016

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

13-07

STATEMENT OF POLICY

Foodborne Disease Outbreak Response

Policy

The National Association of County and City Health Officials (NACCHO) supports building local health department foodborne disease surveillance, investigation, and control capacities to promote and improve evidence-based public health practice that reduces foodborne disease.

Foodborne Disease Outbreak Response

NACCHO supports the following:

- Ongoing interaction and involvement among local health departments and state and federal agencies to respond rapidly and effectively to multi-jurisdictional and multi-state outbreaks and recalls.
- A team approach to foodborne outbreak response that fully engages epidemiology, environmental health, laboratory, public health nursing, agriculture departments and other food regulatory agencies and allows for participation from emergency response and industry, as appropriate.
- Enhanced local health department workforce training around surveillance, investigation, and response activities, including cross-training of staff.
- Policies that enhance federal, state, and local laboratory capacity for testing clinical, food, and environmental specimens to identify and respond quickly to foodborne disease outbreaks.
- Local health department representation on national food safety and response initiatives that enhance or impact the ability of local health departments to conduct food safety response activities, such as the Council to Improve Foodborne Outbreak Response, Conference for Food Protection, and the Partnership for Food Protection.
- Training for public health students to fulfill surge capacity interviewing needs during an outbreak.
- Policies and training that enhance healthcare providers' ability to properly diagnose and report incidents of foodborne disease.
- A coordinated communication response for keeping the public well-informed and the message consistent in the event of a multijurisdictional outbreak.
- Paid sick leave because it promotes health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement 11-07 Paid Sick Leave).
- Preventive action along the farm-to-fork continuum aimed at improving the safety of the food system (see NACCHO's policy statement 99-08 Food System Safety).

- Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement 12-09 Antimicrobials in Animals).
- Policies and training that support local and state health department reporting of data from outbreak investigations to CDC's foodborne illness outbreak surveillance systems (National Outbreak Reporting System (NORS); National Environmental Assessment Reporting System (NEARS)).[1,2]

Foodborne Disease Response Funding

In funding for foodborne disease response, NACCHO:

- Supports the development of methods for reimbursement from federal and state governments to local health departments for special requests and assistance during foodborne disease outbreaks and recalls.
- Supports enhanced federal, state, and local funding for local health departments' food safety capacity and infrastructure and for routine public health activities related to foodborne-illness surveillance, investigation, and control.
- Supports additional federal, state, and local funding to build and improve communication, coordination, and partnerships to improve foodborne disease outbreak response (for example federal agencies, state and local health departments, emergency preparedness programs, food industry, consumers, and public health professional organizations).
- Urges Congress to appropriate funds authorized in the Food Safety Modernization Act for activities related to foodborne disease outbreak response.
- Endorses the inspector/inspection ratio as described in the FDA Voluntary National Retail Food Regulatory Program Standards' (Retail Program Standards) Standard 8: Program Support and Resources.

Justification

The extent of the problem is difficult to accurately define because foodborne disease incidence in general is probably under-reported. However, foodborne illness in the United States is estimated to cause 48 million cases of illness, over 128,000 hospitalizations, and 3,000 deaths each year.[3] A specific pathogen cause can be identified in only 20 percent of the [48 million] cases (9.4 million illnesses). In the cases when a pathogen can be identified, over 90 percent of these cases are caused by only 15 pathogens. According to a report from the United States Department of Agriculture/Economic Research Service, foodborne illnesses pose an annual economic burden of over $15.5 billion.[4] Foodborne illness remains a major threat to public health and local health departments serve as the frontline defense against foodborne disease outbreaks.

Foodborne illnesses are diseases or infections caused by consuming contaminated food or drink. While single cases of foodborne illness are common, the true number of foodborne outbreaks is not known because of underreporting and or misdiagnosis. The proportion of cases of foodborne illness reported to public health authorities can depend on the severity of the case, medical provider and consumer reporting rates to health officials, and surveillance capacity at the state and local levels.[5] Improving consumer education, strengthening reporting requirements, and building local health department capacity to respond to foodborne disease outbreaks will continue to be critical to reducing the impact of foodborne illness.

Each reported case of foodborne illness is identified, investigated, and controlled primarily at the local and state levels. State and local governments investigate the majority of foodborne illnesses and are responsible for sampling food products for contamination during an outbreak investigation.[6] According to the CDC, of the 4,163 foodborne outbreaks in 2010–2014, 120 (or about 3%) were multistate.[7] The first steps taken by local and state health departments are critical to preventing and responding to foodborne illness in the United States. Furthermore, coordinating foodborne surveillance, investigations, and control efforts between the local, state, and federal levels is crucial because a disproportionate amount of outbreak-associated hospitalization and death are attributed to multistate foodborne outbreaks compared with single state outbreaks in the United States. Multistate foodborne outbreaks cause 11% of outbreak – associated illnesses, 34% of hospitalizations, and 56% of deaths.[7]

Paid sick leave for food service workers and health department inspection staff could help limit the spread of foodborne disease in retail food establishments. For example, the CDC found that infected food workers transmitted 70 percent of foodborne noroviruses.[8] According to the Department of Labor, 75 percent of hospitality and food service workers do not have paid sick leave.[9] In a survey conducted of food workers, nearly 90 percent responded that they went to work sick. Of those who went to work sick, 45 percent said they worked because they could not afford to lose the pay.[10]

According to a 2013 survey of local health departments conducted by NACCHO, 78 percent of local health departments conduct environmental health surveillance. Since September 2010, 25 percent of local health departments responded to a major foodborne disease outbreak. [11] Expanding resources at the local level may prevent potential foodborne outbreaks and control the spread of illness. In 2012, seven percent of local health departments reduced or eliminated their food safety programs and their epidemiology and surveillance programs.[12]Federal funds allocated to local health departments for food safety have been modest. Increased financial support is necessary to help local health departments continue to further enhance their surveillance, investigation, and control of foodborne disease outbreaks. In addition, the FDA Retail Program Standards recommend a staffing level of one full-time equivalent devoted to food for every 280 – 320 inspections performed. Inspections for purposes of this calculation include routine inspections, re-inspections, complaint investigations, outbreak investigations, compliance follow-up inspections, risk assessment reviews, process reviews, variance process reviews and other direct establishment contact time such as on-site training.[13]

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Record of Action

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