

99-08

STATEMENT OF POLICY

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

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' continued role in working with retail food establishments to ensure the safety of the food supply at the local level through education efforts, inspections, licensing, training, and technical assistance.
- Continued and improved interaction among local health departments and their state and federal counterparts to enhance the food safety system.
- Continued and 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
- The adoption of the most recent Food and Drug Administration (FDA) Model Food Code and the use of the FDA Voluntary National Retail Food Regulatory Program Standards (Program Standards) as a mechanism for continuous quality improvement for local food regulatory programs.
- Continued and enhanced local health department involvement on the Partnership for Food Protection, the Food Safety Modernization Act working groups, 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 on Paid Sick Leave Policies).
- The important local health department role in foodborne outbreak response efforts (See NACCHO's policy statement on Foodborne 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 on the Preservation of Antimicrobials for Medical Treatment of Animals).¹

Funding Local Health Department Actions to Prevent Foodborne Disease

In regards to funding 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.

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. Salmonella alone costs \$325 million annually in direct medical expenses. 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. 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). Furthermore, 52 percent of known sources of foodborne illness occur from food produced in the retail setting. 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. Local health departments' role working with local retail food establishments such as schools, restaurants, nursing homes, and grocery stores is crucial for reducing the risk of foodborne disease at the local level. According to a 2010 survey of local health departments conducted by NACCHO, 78 percent of local health departments conduct food service inspection and licensing and 76 percent of local health departments provide food safety education.

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." 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.⁹

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. Since 2005, NACCHO has seen a 12 to 18 percent decline nationally in the number of environmental health specialists, whose primary responsibilities include working with local retail food establishments to prevent foodborne outbreaks. Furthermore, in 2011, 10 percent of local health departments reduced or eliminated their food safety programs. 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 outbreaks.

References

- Centers for Disease Control and Prevention (CDC). (2010). CDC 2011 estimates of foodborne illness in the United States. Retrieved on November 1, 2012 from http://www.cdc.gov/foodborneburden/2011foodborne-estimates.html.
- 2. Centers for Disease Control and Prevention. (2011). Making food safer to eat: Reducing contamination from the farm to the tables. *Vital Signs*, June 2011. Retrieved on November 1, 2012 from http://www.cdc.gov/vitalsigns/foodsafety.
- 3. Lund, B. and O'Brien S. (2011). The occurrence and prevention of foodborne disease in vulnerable people. *Foodborne Pathogens and Disease*, 8(9). Retrieved on November 1, 2012 from http://online.liebertpub.com/doi/pdfplus/10.1089/fpd.2011.0860.
- 4. Department of Agriculture. (2006). *Let's eat out: Americans weigh taste, convenience, and nutrition*. Retrieved on November 1, 2012 from http://www.ers.usda.gov/publications/eib19/eib19.pdf.
- 5. Centers for Disease Control and Prevention. (2011). Surveillance for foodborne disease outbreaks United States 2008. *Morbidity and Mortality Weekly*, 60(35), 1197-1202. Retrieved on November 1, 2012 from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6035a3.htm.
- 6. Food and Drug Administration. (2010). *Backgrounder: FDA retail food risk factor study*. Retrieved on November 1, 2012 from http://www.fda.gov/food/foodsafety/retailfoodprotection/foodborneillnessandriskfactorreduction/retailfoodriskfactorstudies/ucm230313.htm.
- 7. National Association of County Health Officials. (2011). 2010 National Profile of Local Health Departments. Washington, DC: National Association of County and City Health Officials.
- 8. Food and Drug Administration. (2009). FDA Food Code 2009: Joint Introduction to the 2009 Food Code. Retrieved on November 1, 2012 from http://www.fda.gov/food/foodsafety/retailfoodprotection/foodcode/foodcode2009/ucm188149.htm.
- 9. Food and Drug Administration. (2011). *Voluntary National Retail Regulatory Program Standards January 2011*. Retrieved on November 1, 2012 from: http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ProgramStandards/ucm245409.htm
- 10. National Association of County Health Officials. (2011). 2010 National profile of local health departments. Washington, DC: National Association of County and City Health Officials.
- 11. National Association of County Health Officials. (2012). *Local health department job losses and program cuts: Findings from the January 2012 survey*. Retrieved on November 1, 2012 from http://www.naccho.org/topics/infrastructure/lhdbudget/upload/Research-Brief-Final.pdf.

Record of Action

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