

NEHA NEWS

**Staff Profile: Eric Fife**

I joined NEHA in 2012 as learning content producer. I work with NEHA's Entrepreneurial Zone (EZ) team members, subject-matter experts, and contractors to develop learning products in support of NEHA credential programs. One of the things I like best about my work here at NEHA is that it allows me to make use of the various skills I've

developed during my nearly 30 years in the media and professional training development fields.

After earning bachelor's degrees in journalism and French from Washington and Lee University, I began my career as a reporter/producer at an ABC-affiliated TV station in Sarasota, Florida. I later moved to Denver to attend graduate school, but was sidetracked by an offer to work on developing training materials for an upstart publishing software developer, Quark, Inc. While there, I learned a great deal about the publishing and software industries—and how to teach people about both. After years in publishing, I started getting the itch to work with video again, so I took a job as producer at an interactive media development firm. There I helped develop media-rich e-learning, market education, and employee training applications for clients as varied as Pepsico and the state of Wyoming.

Now at NEHA, I'm glad to be part of an industry of professionals who care deeply about the work they do. I'm excited to be working with the EZ team to create new products that both improve learning and strengthen NEHA's role as a leader in environmental health education.

Assessment of Foodborne Illness Outbreak Response and Investigation Capacity in U.S. Environmental Health Food Safety Regulatory Programs

Many organizations are involved in efforts to mitigate the effects of foodborne illnesses on public health. Outbreak detection, response, control measures, and prevention actions are impacted by budgets and staff capacity to manage both routine inspections and outbreak investigations. Depending on its size (i.e., number of ill people) and complexity, a foodborne illness outbreak may be investigated solely by a single local agency or may involve the collaboration of a multi-jurisdictional team of local, state, territorial, tribal, and federal agencies.

Agencies with responsibility for food safety—foodborne illness response, control, and prevention—have a variety of available resources, including personnel experience, skills, and a system to share expertise and data with partner agencies and disciplines (epi, lab, and medical staff, etc.). NEHA was asked by members of the Council to Improve Foodborne Outbreak Response (CIFOR) to conduct an assessment of the capacity of local and state agencies to undertake foodborne illness outbreak investigation and response.

Of concern were the potential impacts of ongoing budget reductions on staffing, training, outbreak response, control, and prevention activities, as well as the current status of interagency cooperation to share resources.

With the Food Safety Modernization Act (FSMA) emphasis on local, state, and federal partnerships, it is important to understand the workload of local and state agencies. In general, local agencies have oversight of retail facilities—33% of local agencies report more than 1,000 retail operations and 10% indicate more than 50 manufacturing facilities in their jurisdictions. Nearly half of state agencies (49%) report more than 10,000 retail facilities in their jurisdictions. Given the complexity of food production, the large number of retail food operations and manufacturing/processing facilities, and probable staffing decreases, CIFOR members were interested in learning the scope and impact of budget cuts over the last two years. How has the capacity of local and state regulatory food safety programs changed—specifically those programs that conduct environmental investigations during foodborne disease outbreaks?

Based on results of NEHA's initial assessment on food safety program capacity, "Environmental Health Regulatory Food Safety Program Capacity Assessment" (www.neha.org/pdf/food_safety/InitialEHRRegulatoryFoodSafetyProgramCapacityAssessment_ResultsReport_April2011.pdf), and continuing repercussions of the economy on local and state agencies, it is expected that this assessment specific to foodborne illness outbreak capacity will document a decrease in the frequency of inspections, number of staff, and training/outreach provided to retail food facilities and the general public. The purpose of this report is to evaluate the current status of resources available to local and state agencies to effectively respond to foodborne illness outbreaks.

This report is based on a total of 163 responses—123 (75%) participants identify themselves as working at local agencies and 40 (25%) at state agencies. Questions were asked on topics such as budget impacts on staffing, food safety program funding, training opportunities, outbreak detection and response capacity, capacity to implement control measures and prevention activities, interagency collaboration, and utilization of the *CIFOR: Guidelines for Foodborne Disease Outbreak Response* (www.cifor.us/documents/CIFORGuidelinesforFoodborneDiseaseOutbreakResponse.pdf). Examples of trends indicating an overall reduction in foodborne illness program capacity are as follows.

Staff Capacity

- Workforce numbers are declining and the loss of experienced environmental health professionals will be compounded by pending retirement, particularly at the local level.
- Lack of opportunity and static salaries may impact the number of people entering the environmental health workforce in the future.
- Staff reductions and turnover in local agencies have had a detrimental impact on their ability to meet routine inspection requirements, as well as to conduct comprehensive outbreak response activities.

- Mandated furlough days and other reductions in staff and budgets have led agencies to prioritize inspections and outbreak response activities.

Environmental Health Food Safety Training Opportunities

- More training opportunities are available for state personnel than for local agency personnel, although local agencies report a greater need.
- State-agency-sponsored training opportunities play an important role in ensuring foodborne illness outbreak response training.

Outbreak Detection and Response Capacity

- Both local and state agencies report discipline-specific staffing needs to meet outbreak response requirements.
- Overall local agencies report a lack of staff time to investigate foodborne illness outbreaks with little or no overtime available. This would lead to the need to assign additional workloads during foodborne illness outbreaks.

Capacity to Implement Control Measures and Prevention Activities

- Both local and state agencies with responsibility in that area are able to handle facility closures adequately; however, a lack of capacity exists to implement other, more long-term control measures, such as trace backs, recalls, and embargoes.
- Local agencies with responsibilities in that area indicated a broad range of training needs for staff not currently trained in foodborne illness outbreak response tasks and control measures.

Interagency Collaborations and Cooperation

- Local agencies are less able to handle outbreaks, have less staff time available for investigation, and may require more assistance from state and federal partners on larger outbreaks.
- Most local and state agencies have either a written or informal memorandum of understanding with other agencies to provide information and expertise during an outbreak; however, 23% of local agencies have no partnering agreements.

Budget Impacts on Staffing and Food Safety Program Funding

- Local agency programs are supported by license fees and general county funds, and both funding sources are static or decreasing.
- Few local agencies are recipients of grant opportunities to fund food safety programs.
- Local agency foodborne illness response responsibilities and capacity are rarely used in budget planning.

Outbreaks of foodborne illness can have severe and even deadly consequences. Therefore, it is critical for public health to have the capacity to detect, respond to, and control exposure to foodborne pathogens to prevent or minimize the occurrence of disease and its economic consequences. Foodborne illness outbreaks occur “unexpectedly” and are often variable with respect to type of pathogen, mode of transmission, and extent of exposure. Therefore, they can be challenging to adequately plan for, requiring

flexibility and a mechanism for “surge capacity” response. Unfortunately, this can be problematic when sufficient numbers of adequately experienced and trained staff are not available at the local, state, or federal levels and when other duties, for example routine inspections, generate revenue for a departmental budget.


State and local food safety programs and the professionals who staff these agencies are an integral and essential part of the nation’s food safety and foodborne illness response capability. With the passage of FSMA the systemic importance of state and local programs has never been more apparent. As FSMA moves us toward the critically important goal of building a truly integrated national food safety system, the assessment of state and local capacity becomes a strategic necessity. Estimates place the number of retail food establishments in the U.S. at a minimum of at least one million outlets. Clearly, the various federal agencies tasked with food safety responsibilities are unprepared to provide regulatory oversight over this vast number of establishments. Moreover, as regulatory models stress the need for risk-based inspections that are founded on scientifically accepted consensus standards, the need for state and local involvement becomes even more apparent. Without a robust state and local program capacity, there is simply no practical way to assess, regulate, provide surveillance, or implement any effective prevention model.

It is from this framework that NEHA began this assessment of the state and local food safety workforce, such an essential part of the national food safety capability. It is imperative to examine and document the impact the national economic recession has had on this segment of the environmental/public health workforce. The results of this study should be of concern to anyone seeking to understand the disproportional impact the economy has had on the food safety workforce and the resulting implications for the national food safety system.

NEHA would like to emphasize that this report is a picture of the current situation. It hopes the information provided will be a valuable resource for future prioritizing, planning, and budgeting at the local, state, and federal level.

NEHA conducted this project with support from the Food and Drug Administration (FDA)/Center for Food Safety and Applied Nutrition/Office of Food Defense, Communication and Emergency Response through a contract with the Association of Public Health Laboratories (APHL). The contents are solely the responsibility of the authors and do not necessarily represent the official views of FDA or APHL.

Thank you to the partners who contributed to this project: the Association of Food and Drug Officials, the Association of State and Territorial Health Officials, and the National Association of County and City Health Officials.

To learn more and with greater detail, please see the full report, “Assessment of Foodborne Illness Outbreak Response and Investigation Capacity in U.S. Environmental Health Food Safety Regulatory Programs” (www.neha.org/pdf/NEHA_FBIOutbreakCapacityAssessment_ResultsReport.pdf). 

Copyright of Journal of Environmental Health is the property of National Environmental Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.