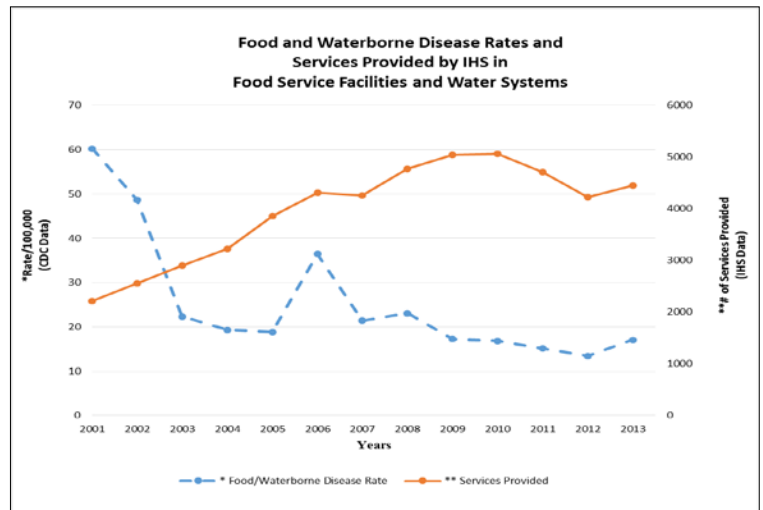


## FOOD SAFETY

The Indian Health Service, Division of Environmental Health Services (DEHS) delivers a comprehensive environmental health program to the American Indian / Alaska Native population. A major component of this program is Food Safety.

The DEHS has responsibilities for preventing foodborne illness and injury to a population of over 2 million AI/ANs. In addition, many of the tribal food service facilities (restaurants) serve a large non-Native population, and one that is vulnerable to foodborne illness and its complications. Food Safety services and activities are provided to over 560 tribes and more than 5,000 food service facilities.

The workload associated with Food Safety is 16% of the total DEHS workload; and the DEHS is only funded at 40% of our need\*. DEHS activities provided over the past several years have proven to prevent large foodborne illness outbreaks and have decreased the incidence of foodborne illness. For instance, from 2001 through 2013, as the number of services provided by IHS to food service establishments and drinking water systems increased 101% (2214/4453), the incidence of food and waterborne diseases in the U.S decreased 72% (60.2/17.06). DEHS funding is used to conduct activities to prevent and control foodborne illness.



This document describes a strategy for addressing and determining the environmental health needs of a national priority. This issue statement is formatted for flexibility and adaptability so that regional and local programs may use it to develop their own systems and strategies, while maintaining uniform methods of determining need and delivering services.

The DEHS activities revolve around the Ten Essential Services of Environmental Health:

### SERVICES

#### Environmental and Health Monitoring and Surveillance

- Enhanced Disease Surveillance Capabilities
- Enhanced Hazard Monitoring Capabilities

#### Investigation

- Improved Hazard Investigation

#### Environmental Health Education

- Increase Public Awareness and Promote Health Literacy

#### Mobilization of Partnerships

- Develop Partnerships with Other Programs

#### Public Health Policy Development

- Tribal Code Development

#### Support Public Health Laws & Regulations

- Inform Tribes/Partners of Federal Laws & Regulations

#### Link People to Environmental Health Services

- Integrate with Clinical Services

#### Assure Competent Workforce

- Staff Credentialing

#### Evaluate Environmental Health Services

- Program and Project Evaluations
- Conduct Customer Satisfaction Assessments

#### Research New Insights and Innovative Solutions

- Community Based Research
- Project Funding

STRATEGY	OBJECTIVES	INDICATORS	PERFORMANCE MEASURES
<p><i>Enhanced Disease Surveillance</i></p> <p>The DEHS recently developed a web-based data system, Notifiable Disease and External Cause of Injury (NDECI) that will provide surveillance data and reports for a wide range of disease groups, including foodborne illness.</p>	<ul style="list-style-type: none"> <li>➤ Improve the current web-based disease and injury data system</li> <li>➤ Provide Training</li> </ul>	<p>Health Effects Indicator: Foodborne Illness Rates</p>	<p>Data on foodborne illness rates and disease thresholds</p> <ul style="list-style-type: none"> <li>➤ Decrease foodborne illness rates by 5% over 10 years</li> </ul>
<p><i>Enhanced Monitoring Capabilities</i></p> <p>To improve efficiency and maximize resources, the DEHS needs the capability to and monitor critical risk factors identified during these surveys so efforts can be focused on minimize risk in order to control foodborne illnesses.</p>	<ul style="list-style-type: none"> <li>➤ Implement an electronic survey capability into our Web-based Environmental Health Reporting System (WebEHRS)</li> <li>➤ Provide tablet PCs to provide on-the-spot, rapid reporting</li> </ul>	<p>Hazard Indicator: Foodborne Illness Risk Factors</p>	<p>Data on critical risk factor frequency; develop risk factor indicators to monitor over time</p> <ul style="list-style-type: none"> <li>➤ Reduce frequency by 10% over 5 years</li> </ul>
<p><i>Improved Hazard Investigation</i></p> <p>The DEHS needs the capability to provide rapid response to the increasing number of high health threat food recalls, and the readiness to respond to foodborne illness outbreaks and emergencies.</p>	<ul style="list-style-type: none"> <li>➤ Implement a fax-blast or alert network capability into WebEHRS to ensure food recall information is distributed and trace backs are completed</li> <li>➤ Provide epidemiological response kits</li> </ul>	<p>Intervention Indicator: Surveillance and Warning systems</p>	<p>Number of Warning Systems implemented</p> <ul style="list-style-type: none"> <li>➤ Assure systems implemented at 80% of IHS sites over 5 years</li> </ul>
<p><i>Increase Public Awareness and Promote Health Literacy</i></p> <p>Improve the food handler training and food sanitation courses provided to food service employees and managers.</p>	<ul style="list-style-type: none"> <li>➤ Develop a standard educational video</li> <li>➤ Distribute copies of the video to food service facilities</li> <li>➤ Implement an online training, testing, and certification program</li> </ul>	<p>Intervention Indicator: Education</p>	<p>Number of food service employees, managers trained and certified</p> <ul style="list-style-type: none"> <li>➤ Increase number trained and certified by 1% each year</li> </ul>
<p><i>Develop Partnerships with Other Programs</i></p> <p>Develop partnerships with Tribal businesses, local health jurisdictions, clinicians, county extension agents, and others stakeholders.</p>	<ul style="list-style-type: none"> <li>➤ Sponsor meetings and workshops</li> <li>➤ Attend partners' meetings and workshops</li> <li>➤ Develop partnerships/coalitions to establish Tribal-appropriate food codes</li> </ul>	<p>Intervention Indicator: Food Safety Coalitions</p>	<p>Number of meetings/workshops with stakeholder partners attended or coordinated</p> <ul style="list-style-type: none"> <li>➤ Attend or coordinate at least one meeting/workshop annually that are focused on food safety</li> </ul>
<p><i>Tribal Code Development</i></p> <p>Encourage Tribes to develop current, relevant food codes. Such public health policies are a proven intervention of foodborne illness.</p>	<ul style="list-style-type: none"> <li>➤ Conduct a comprehensive assessment of tribal food codes</li> <li>➤ Focus efforts to develop tribe-specific food codes where none exist</li> </ul>	<p>Intervention Indicator: Tribal Food Codes</p>	<p>Percentage of current, relevant tribal food codes on the books and enforced</p> <ul style="list-style-type: none"> <li>➤ Increase percentage of codes implemented by 1% each year</li> </ul>

STRATEGY	OBJECTIVES	INDICATORS	PERFORMANCE MEASURES
<p><i>Inform Tribes/Partners of Federal Laws &amp; Regulations</i></p> <p>Federal laws regarding food safety should be communicated to ensure Tribal food service institutions and businesses are operating in a safe manner.</p>	<ul style="list-style-type: none"> <li>➤ Conduct comprehensive assessment of tribal codes/infrastructure</li> <li>➤ Ensure Tribal food service institutions (healthcare, school, Head Start, etc.) are aware of FDA and USDA food safety requirements</li> </ul>	<p>Intervention Indicator: Education</p>	<p>Number of Tribal food service institutions who have incorporated FDA and USDA regulations into practice</p> <ul style="list-style-type: none"> <li>➤ Ensure 100% are aware of Federal regulations</li> </ul>
<p><i>Integrate with Clinical Services</i></p> <p>Communicate disease surveillance and survey findings with Tribes, clinicians and State/County health departments and align practices and protocols with these partners. Ensure the community is linked to environmental health services through clinical services.</p>	<ul style="list-style-type: none"> <li>➤ Ensure that clinicians provide written referrals to the environmental health services department in response to an illness with suspected environmental etiology in the home.</li> <li>➤ Develop Standard Operating Procedure for Food Borne Illness Investigation</li> </ul>	<p>Intervention Indicator: Referral Program</p>	<p>Percentage of foodborne illness cases referred to environmental health services</p> <p>Determine baseline rate of referrals</p> <ul style="list-style-type: none"> <li>➤ Increase referrals by 40% over 5 years</li> </ul>
<p><i>Staff Credentialing</i></p> <p>Assure the environmental health workforce is trained and equipped for using the data systems, generating statistical analyses and reports, standardizing surveyors, and field epidemiological investigation.</p>	<ul style="list-style-type: none"> <li>➤ Provide a comprehensive training program in food safety</li> </ul>	<p>Intervention Indicator: Workforce Credentials</p>	<p>Percentage of the workforce that is adequately trained and equipped</p> <ul style="list-style-type: none"> <li>➤ Assure 95% of the workforce is trained and equipped to respond to outbreaks and public health emergencies</li> </ul>
<p><i>Program and Project Evaluations</i></p> <p>Develop tools &amp; procedures to assess the effectiveness, accessibility and quality of services delivered to our customers.</p>	<ul style="list-style-type: none"> <li>➤ Provide comprehensive evaluation of EH services</li> </ul>	<p>Intervention Indicator: Program Standards and Best Practices</p>	<p>Percentage of EH programs that provide comprehensive services</p> <ul style="list-style-type: none"> <li>➤ Increase percentage of programs that provide services by 1% each year</li> </ul>
<p><i>Conduct Customer Satisfaction Assessments</i></p> <p>Gauge the perception and opinion of the level, type, and quality of environmental health services</p>	<ul style="list-style-type: none"> <li>➤ Develop local or Area standardized assessment methodology</li> <li>➤ Complete surveys of stakeholders and residents that measure the satisfaction with the services of the environmental health program</li> </ul>	<p>Intervention Indicator: Program Assessment</p>	<p>Assessment results</p> <ul style="list-style-type: none"> <li>➤ 100% of Area programs conduct tri-annual assessment</li> <li>➤ Results improve each three-year cycle by 10%</li> </ul>

STRATEGY	OBJECTIVES	INDICATORS	PERFORMANCE MEASURES
<p style="text-align: center;"><i>Community Based Research</i></p> <p>Develop systematic approach for identifying new methods in dealing with food safety issues</p>	<ul style="list-style-type: none"> <li>➤ Seek innovations in food safety</li> </ul>	<p>Intervention Indicator: Research Best Practices</p>	<p>Number of research project affiliations</p> <ul style="list-style-type: none"> <li>➤ Conduct at least one research project to test and verify intervention strategies thought to improve health</li> </ul>
<p style="text-align: center;"><i>Project Funding</i></p> <p>Ensure tribal entities are competitive in receiving grants</p>	<ul style="list-style-type: none"> <li>➤ Assist tribal entities in procuring funding to translate research into practice</li> </ul>	<p>Intervention Indicator: Program and Policy Best Practices</p>	<p>Number of tribes or tribal programs that receive funding</p> <ul style="list-style-type: none"> <li>➤ Assist tribal entity in successful receipt of food safety funding every 5 years</li> </ul>

ESTIMATED COST	
Equipment	\$2000/tablet PC * 150 personnel = \$300,000
	\$10,000/Area for epidemiological response kits = \$120,000
Training	\$100,000/Area for training = \$1,200,000
Supplies and Materials	\$10/CD-ROM * 15,000 facilities = \$150,000
Personnel / Services	\$25,000 for NDECI
	\$20,000 for WebEHRS
	\$50,000 for culturally appropriate video development
	\$10,000 to develop an online educational program
	\$80,000/Area to conduct assessments and develop food codes = \$960,000
<b>TOTAL</b>	<b>\$2,915,000</b>