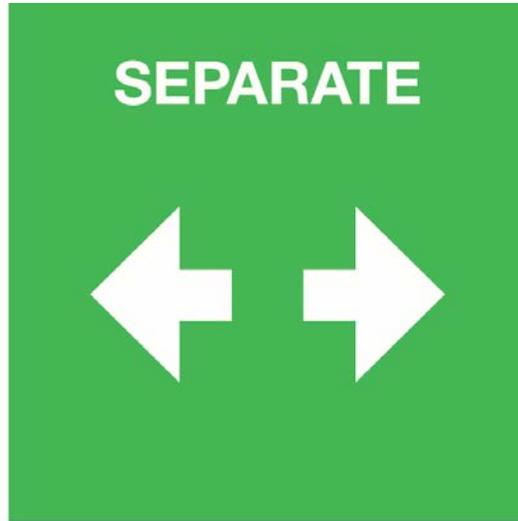


2017 City of Milwaukee Health Department Food Safety Report



Release Date: April 2018

Introduction

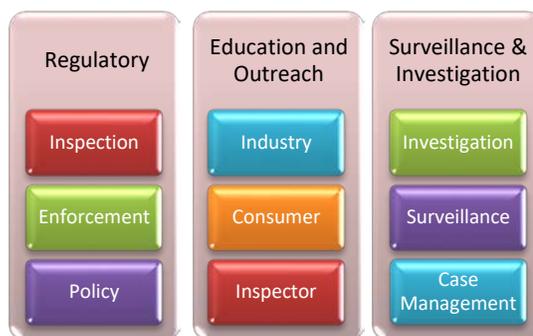
Background and Significance

Foodborne illness in the United States is a major cause of personal distress, preventable illness and death, and avoidable economic burden. CDC estimates that each year roughly one in six Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. The annual cost of foodborne illness in terms of pain and suffering, reduced productivity, and medical costs is estimated to be as much as \$77 billion. Nationwide, approximately 1,000 reported disease outbreaks are identified each year. Of the outbreaks with an identified cause, half are attributed to restaurants. However, most foodborne illnesses occur in persons who are not part of any recognized outbreaks.

Though the magnitude of the challenge of addressing foodborne illness upon initial review may seem insurmountable, potential intervention strategies have been documented as being effective in improving food safety. It is because of the scope of the issue and the availability of evidence based practices to address the issue that CDC has designated food safety as one of its key public health strategies. CDC has food safety as one of 10 winnable battles (<http://www.cdc.gov/winnablebattles/>). It is for these same reasons why the City of Milwaukee Health Department (MHD) has selected it as one of our key public health outcomes. In our efforts to improve food safety, the Department’s Consumer Environmental Health Division’s (CEH) intervention strategies can be grouped into three broad categories:

- Regulatory strategies - to assure the adoption of science-based food safety principles in retail and foodservice settings to minimize the incidence of foodborne illness
- Education and Community Outreach - to assure inspectors, operators, and consumers are adequately informed of the causes of foodborne illness and the key strategies to prevent foodborne illness
- Surveillance and Investigation - to assure the timely identification and response to foodborne illness in order to minimize morbidity and mortality

Figure 1: Food Safety Interventions



Purpose

This report is provided in accordance with Chapter 68-7-3 of the Milwaukee Code of Ordinances, which requires that the City of Milwaukee Health Department (MHD) annually report to the Common Council and Mayor on sanitary conditions in food establishments. This report is submitted in place of the annual “Compliance Report on Sanitary Conditions.” Furthermore this report supports the complaint data analysis and review requirements of FDA Voluntary National Retail Food Regulatory Program Standard No. 5: Foodborne Illness and Food Defense Preparedness and Response as well as the risk factor study requirements under Standard No. 9: Program Assessment.

The FDA Voluntary National Retail Food Regulatory Program Standards represent effective evidence-based practices for retail food regulatory programs.¹ The standards focus on the reduction of risk factors known to cause or contribute to foodborne illness and the promotion of active managerial control of these risk factors. The nine standard self-assessment tools provides a framework for evaluation of the effectiveness of food safety interventions implemented by the department.

¹ FDA Voluntary National Retail Food Regulatory Program Standards
<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/ucm245409.htm>

Guiding Principles

Food safety activities conducted by the Department are guided by the 10 Essential Environmental Public Health Services, which are:

1. Monitor environmental and health status to identify and solve community environmental public health problems
2. Diagnose and investigate environmental public health problems and health hazards in the community
3. Inform, educate, and empower people about environmental public health issues
4. Mobilize community partnerships and actions to identify and solve environmental health problems
5. Develop policies and plans that support individual and community environmental public health efforts
6. Enforce laws and regulations that protect environmental public health and ensure safety
7. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable
8. Assure a competent environmental public health workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health services
10. Research for new insights and innovative solutions to environmental public health problems

Cost Effectiveness

The overall average cost per case of foodborne illness is estimated to be between \$1,068 and \$1,626.² Using the annual frequency of occurrence of foodborne illness determined by CDC of one in six people translates to approximately 99,800 cases of foodborne illness annually in the city based on 2012 U.S. Census population estimates. This places the annual estimated economic burden of foodborne illness for the city at \$106 to \$162 million per year. A 10% decrease in foodborne illness would result in a net savings of \$10 to \$16 million.

Though the potential cost savings for even a modest improvement in food safety is substantial, little data exists to establish the cost effectiveness of any one individual intervention strategy, further supporting the multifaceted intervention strategy being utilized by the department.

Regulatory

Regulatory strategies to improve food safety work to assure the adoption of science-based food safety principles in retail and foodservice settings to minimize the incidence of foodborne illness. Activities performed by the Department include plan review and pre-inspection of new or remodeled food establishments, routine annual inspection of food establishments, response to citizen complaints, and the development and implementation of policies that support food safety. Compliance and enforcement activities focus on critical risk factors, which are the risk factors known to contribute to foodborne illness. The five major risk factors are:

- Improper holding temperatures
- Inadequate cooking
- Cross contamination
- Food from unsafe sources
- Poor personal hygiene

The City Clerk's Office is a key partner in implementing regulatory controls. The City Clerk's Licensing Division issues all food dealer's permits, food peddler permits and temporary food permits while the Legislative Reference Bureau takes the lead on drafting changes to local ordinances.

² Scharff RL. Economic burden from health losses due to foodborne illness in the United States. *J Food Protect* 2012;75(1):123-31

Regulatory Performance Measures/Goals

Inspection	Status
All permanent food establishments receive an inspection prior to operating	✓
All new food establishments receive initial routine inspection within 60 days of opening	✓
All food establishments receive a minimum of one inspection per year	✓
All food peddlers receive at least one inspection per year	✓
All schools receive at least two annual inspections	✓
<hr/>	
Enforcement	Status
All critical violations receive a re-inspection	✓
All critical violations receive a re-inspection within 10 business days of the compliance deadline	✗
Less than 20% of all routine inspections have one or more critical violations upon routine inspection	✗
<hr/>	
Policy	Status
CEH is actively engaged in food policy at the local level	✓
CEH is actively engaged in food policy at the state level	✓
CEH is actively engaged in food policy at the federal/national level	✓
All CEH policies/procedures have been updated and reviewed within the past 24 months	✓
All agreements/MOUs have been updated and reviewed/resigned within the past 60 months	✗
CEH has adequate program support to meet FDA minimum inspection staffing requirements	✓
An adequate regulatory foundation is in place to support inspection, compliance and enforcement activities in food establishments	✓

Activity Tracking

Food Revenue Collected, 2015 to 2017³

	2015	2016	2017	3 year average
Licenses	\$2,299,006	\$2,318,596	2,032,717	\$ 2,216,773
Inspection Fees	209,782	\$180,625	\$166,726	\$ 185,711
Total	\$2,508,788	2,499,221	\$2,199,443	\$ 2,402,484

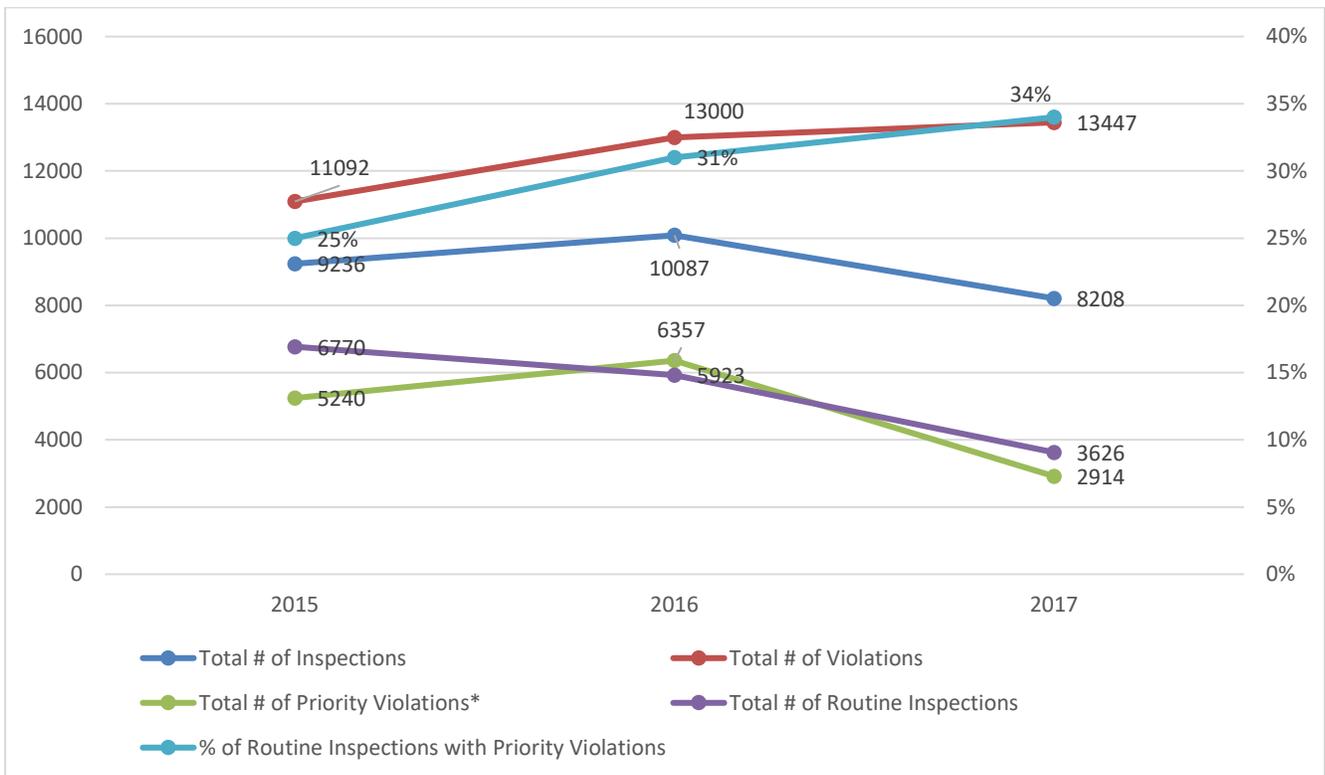
³ Revenue collected by calendar year for both the Health Department and the City Clerk’s Office related to food establishments. License fees are collected by the City Clerk’s Office. Inspection fees are collected by the Health Department.

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Establishment Type

License Type	2017
Permanent	2716
Retail Food Establishments	868
Restaurants	1328
Schools (exempt)	272
Additional Sites	169
Community Food Program (exempt)	75
Bed and Breakfast	4
Seasonal, Temporary, or Mobile	657
Base, Vehicles, Carts, or Containers	316
Temporary Events	341
Total	3373

Figure 2: Trends in Food Establishment Inspection and Violations, 2014-2017



- Beginning in January 2017 inspectors began using new software (Health Space) to document inspections. This software is compliant with State reporting requirement and divides inspections by 3 categories instead of two (Priority, Priority Foundation, and Core vs. Critical and Noncritical). You will notice that the number of priority violation identified has decreased, this is a result of the change in categorizations. The old 'critical' category combined both priority and some priority foundation violations. This new way of recording is accurate. You will see the overall number of violations identified is similar to what was identified in 2016.

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- The percent of routine inspections that have one or more critical violation has increased from 31% to 34% in 2017. We have increased our community outreach and trainings offered to help operators gain compliance. We have also implemented the food sanitation grading system which offers an incentive for operators to gain compliance.
- The number of routine inspection has declined in 2017 which was expected. With the new inspection software came accurate report writing. Per our agent contract with DATCP there are certain recording measures that were not taken in our old system and we must adhere to in the new system. Report generation takes significantly longer, but it is compliant with state standards and we were able to meet our requirement of inspection frequency per DATCP. Additionally we had a strong focus on community outreach and training rather than completing additional routine inspections that were not required.

Food Establishment Inspections and Critical Violations Citywide, 2015-2017

		2015	2016	2017	3-Year Avg.
Total # of Inspections (all types)		9,236	10,087	8,208	9177
Total # of Violations		11,092	13,000	13,447	12,504
Total # of Priority Violations		5,240	6,357	2,914	4,833
Total # of Priority Foundation Violations		N/A	N/A	3,064	N/A
# of Routine Inspections		6,770	5,923	3,626	5,440
# of Routine Inspections with Critical Violations		1,783	1,848	1,217	1,616
% of Routine Inspections with Critical Violations		26%	31%	34%	30%
Violations by Critical Risk Category	Unsafe Source	150	177	268	198
	Inadequate Cooking	20	25	40	28
	Improper Hold	1,444	1,528	1,676	1,549
	Cross Contamination	1,293	1,616	1,287	1,399
	Personal Hygiene	1,456	1,771	1,374	1,534
	Other	877	1,240	1,167	1,095

- Added row for newly documented Priority Foundation Violations

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Food Establishment Inspections and Critical Violations by Aldermanic District, 2017

2017	All Inspections				Routine Inspections			Violation by Risk Categories						
	# of Establishments	# of Inspections	# of Violations	# of Priority Violations	# of Routine Inspections	# with Priority Violations	% with Priority Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other	
Citywide	2843	8208	13,447	2,914	3,626	1,217	34%	268	40	1676	1287	1374	1167	
District	1	154	506	858	154	165	58	35%	22	2	79	71	78	80
	2	126	563	824	179	137	64	47%	20	0	90	86	76	63
	3	300	635	1676	286	300	131	44%	33	7	194	122	117	142
	4	507	556	1775	432	575	205	36%	17	255	255	162	205	156
	5	136	532	685	142	150	60	40%	9	0	83	84	56	60
	6	181	456	1251	316	224	113	50%	18	12	131	136	141	169
	7	102	635	562	118	101	41	41%	14	1	49	54	63	50
	8	149	560	758	147	164	56	34%	29	1	95	72	75	55
	9	90	474	521	110	161	57	35%	12	3	69	62	63	31
	10	211	411	775	157	251	59	24%	13	3	103	57	64	50
	11	109	597	228	16	142	10	7%	1	0	12	12	36	8
	12	248	775	1414	325	401	105	26%	44	2	170	125	166	143
	13	219	417	716	190	245	94	38%	4	0	139	105	92	47
	14	201	423	525	139	244	63	26%	14	2	96	59	62	54
	15	152	509	777	149	212	64	30%	18	0	77	68	64	55
DATCP	142	179	102	54	154	37	24%	0	2	34	12	16	4	

- DATCP refers to DATCP licensed mobile or temporary events that operated in the City of Milwaukee and were inspected.

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Food Establishment Inspections and Critical Violations by Aldermanic District, 2016

2016	All Inspections				Routine Inspections			Violation by Risk Categories						
	# of Permanent Establishments	# of Inspections	# of Violations	# of Critical Violations	# of Routine Inspections	# with Critical Violations	% with Critical Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other	
Citywide	2843	10087	13000	6465	5923	1848	31%	177	25	1528	1616	1771	1240	
District	1	137	540	775	386	305	106	35%	15	1	95	104	111	60
	2	133	508	659	271	267	82	31%	9	1	66	84	67	44
	3	268	1006	1984	914	567	210	37%	26	3	195	227	231	232
	4	507	1561	1839	857	939	290	31%	23	2	263	201	219	149
	5	136	473	704	347	285	95	33%	3	0	97	98	86	63
	6	181	814	1429	806	484	188	39%	23	8	122	209	264	180
	7	102	470	654	308	224	69	31%	12	0	62	72	97	65
	8	149	466	492	200	294	84	29%	8	0	48	39	62	43
	9	90	564	674	359	337	113	34%	5	2	95	104	94	59
	10	211	556	538	253	421	99	24%	5	2	57	55	81	53
	11	109	332	247	139	206	51	25%	2	0	25	44	54	14
	12	248	920	1080	519	489	147	30%	23	1	133	125	134	103
	13	219	743	595	332	419	122	29%	4	0	96	94	86	52
	14	201	553	528	293	354	91	26%	5	3	92	69	73	51
	15	152	581	802	373	332	101	30%	14	2	82	91	112	72

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Food Establishment Inspections and Critical Violations by Aldermanic District, 2015

2015	All Inspections			Routine Inspections				Violation by Risk Categories						
	# of Permanent Establishments	# of Inspections	# of Violations	# of Critical Violations	# of Routine Inspections	# with Critical Violations	% with Critical Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other	
Citywide	3,392	9236	11092	5240	6770	1783	26%	150	20	1444	1293	1456	877	
District	1	144	510	587	256	366	95	26%	12	2	66	68	63	45
	2	142	438	636	290	304	90	30%	11	1	64	87	76	51
	3	302	790	926	520	611	181	30%	14	2	120	134	147	103
	4	580	1498	1801	842	1143	300	26%	21	4	240	171	250	156
	5	148	390	594	330	302	94	31%	1	0	92	104	84	49
	6	233	652	717	367	429	117	27%	10	3	97	90	110	57
	7	124	418	573	269	260	79	30%	9	0	56	77	75	52
	8	234	441	421	196	366	98	28%	11	1	78	33	54	19
	9	148	469	566	290	319	79	25%	3	0	91	70	70	56
	10	219	444	337	146	364	67	18%	6	2	49	40	36	13
	11	114	365	447	198	261	63	24%	4	1	68	42	45	38
	12	335	962	1080	509	704	185	26%	18	1	153	104	146	87
	13	239	711	928	444	489	146	30%	13	2	124	129	103	73
	14	234	612	724	350	499	120	24%	2	1	90	97	127	33
	15	189	509	746	228	341	67	19%	15	0	54	47	68	44
	OT*	7	27	6	5	12	2	16%	0	0	2	0	2	1

* OT district is designated for out of town operators who hold City of Milwaukee Temporary Event or Peddler licenses

Peddler Inspections, 2015-2017

	2015	2016	2017	3-Year Avg.
Total Number of Inspection Occurrences	658	463	408	510
Total Number of Violations	343	330	475	383
Total Number of Inspections with a Critical Violation	101	80	64	82
% of Occurrences with a Critical Violation	15%	17%	16%	16%

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Workforce

Number of FTEs assigned to conduct food inspections (fully staffed, all inspection types)	19
Number of FTEs assigned to conduct weights and measures inspections	3
Number of FTEs involved in technical support, management and administrative support.....	5
Total number of FTEs in CEH	27
Number of standardized trainers.....	4

Inspectional Capacity versus Inspectional Workload

Establishment Type	Number of Establishments	Number of Annual Inspections Required			
		Current Practice ⁴		Minimum Required ⁵	
Restaurants	1328	1780		1461	
Additional Sites	169	227		186	
Retail	868	1164		955	
Schools	272	729		599	
Community Food Programs	75	100		83	
Peddlers	316	424		348	
Complaints	577	774		635	
Temporary/Seasonal Events	341	457		375	
Total	4,391	5,653		4,640	
Inspection FTEs		19		19	
Ratio		298		245	
FDA Staffing Goal		320	280	320	280
Required FTE		18	21	15	17
Additional FTE Needed		0	2	0	0

Policy

Members of Consumer Environmental Health are engaged at the local, state and the national level in the development of policy. Activities in 2017 include:

- CEH staff serving on various MATC curriculum planning committees;
- CEH staff serving on the statewide DATCP temporary event and equipment committees;
- CEH staff serving on the City of Milwaukee Food Council;
- CEH staff serving on the Southeast Wisconsin Food Safety Task Force;
- CEH staff serving on WALHDAB subcommittees;
- CEH staff participating on Conference for Food Protection (CFP) workgroups.

⁴ Number of inspections required for current practice is based upon schools receiving two routine inspections per year and all other establishments inspected once per year. It also assumes that 34% of establishments will have one or more critical violations requiring a re-inspection. This reflects the minimum routine inspection frequency along with MHD's current practice to re-inspect all critical violations found regardless of the operator's ability to initially correct the violation at the time of inspection.

⁵ Minimum required is based upon schools receiving two routine inspections per year and all other establishments inspected once per year. Re-inspection would be done upon the next routine inspection except for critical violations the operator is unable to correct onsite equating to a 10% re-inspection rate. This reflects the minimum routine inspection and the minimum re-inspection requirement permitted.

Education and Community Outreach

The purpose of education and outreach is to assure inspectors, operators, and consumers are adequately informed of the causes of foodborne illness and the key strategies to prevent foodborne illness. External education and outreach activities currently conducted by the Department include posting of inspection reports online, development and distribution of fact sheets and guidelines for operators, participation on the Food Safety Advisory Committee, and operator training sessions. Internal education activities include the development and implementation of a structured curriculum for new inspectors, adopting the FDA procedures for retail food inspector standardization and quality assurance.

CEH has two key partners in implementing education and outreach activities, the Health Department’s Communications and Graphics section which assists with website and educational material development as well as media issues, and ITMD which maintains the online inspection portal.

Education and Outreach Performance Measures/Goals

Industry	Status
An actively engaged food safety advisory committee that meets at least annually to review and discuss food safety policy	
CEH is actively involved in industry sponsored forums	
Provided at least 50 food establishment operator trainings per year	
Provided training to at least 250 operators per year	
All operator education materials are reviewed and updated (when required) every 36 months	
Implemented strategies to increase food safety awareness	
Consumers	Status
All retail and restaurant routine food inspections are available online	
All consumer education materials are reviewed and updated (when required) every 36 months	
CEH is actively involved in community sponsored forums	
Increase the proportion of consumers who follow key food safety practices	

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Inspectors	Status
100% of EHS with 18 months of experience have completed the FDA core food inspection curriculum	
100% of EHS with 18 months of experience have completed standardization	
100% of EHS, coordinators and supervisors receive 16 hours of relevant continuing education per year	
100% of EHS with 18 months of experience have taken a retail HACCP course within the past 5 years	
<20% of EHS have less than 24 months of experience in food inspection	

Activity Tracking

Industry/Consumer

Number of food handler training sessions performed.....	341
Number of food handlers trained	1,463
Operator consultations surrounded around the food sanitation grading system.....	768

Regulatory Staff

% of EHS with more than 18 months experience who have completed core training curriculum	100%
% of EHS with more than 18 months experience who have completed standardization	100%
% of EHS with less than 24 months of experience	32%
% of CEH staff with less than 24 months experience in their position.....	45%

Surveillance & Investigation

The purpose of disease surveillance and investigation is to ensure the timely identification and response to foodborne illness in order to minimize morbidity and mortality. Interventions include the investigation of all cases of reportable enteric disease, the investigation of all outbreaks or potential outbreaks, the evaluation of communicable disease, inspection and complaint investigation findings to identify trends and evaluate program performance and the testing of clinical and food samples to identify foodborne disease or food contamination. Enteric diseases are bacterial or viral infections that enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with vomit or feces. Enteric diseases are the causative agents of foodborne illness.

Key partners in the surveillance and investigation include the MHD Public Health Laboratory which conducts analysis of clinical, environmental and food samples and MHD Communicable Disease (CD) Program which investigates reportable disease. Members from CEH, CD, and the Lab all serve on the Department’s Outbreak Response Team/Foodborne Illness Workgroup.

Surveillance and Investigation Performance Measures/Goals

Investigation	Status
100% of foodborne illness complaints are investigated, the final disposition for each complaint is obtained and tracked	
100% of foodborne illness complaints investigations are initiated within 1 business day of being reported to the department	
The department has an active functioning multidisciplinary outbreak team with defined roles and responsibilities and written policies and procedures reviewed in the previous 24 months	

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Surveillance	
Incidence of key enteric disease is at or below the Healthy People 2020 target	
An annual review of communicable disease, inspection and complaint data is performed to identify trends and possible risk factors related to food safety and foodborne illness	
An active retail food sampling program is in place to identify bacterial contamination in high risk foods	

Case Management	Status
100% of reportable cases of enteric disease in Milwaukee residents are investigated	
Investigation of cases of reportable enteric disease are initiated within 2 business days of report to the department	
100% of food handlers who are either cases of enteric disease or contacts to cases of enteric diseases are evaluated to determine if work restrictions and/or clinical testing is required	

Activity Tracking

Complaint Investigations, 2015 to 2017

Type of Complaint	2015	2016	2017	3-Year Average
Foreign Object	31	9	15	18
Illness	72	66	77	72
Labeling	4	3	2	3
Quality/Unwholesome Food	124	95	77	99
Facility Cleanliness	122	85	84	97
Pests/Vermin	72	67	77	72
Other/ Miscellaneous ⁶	519	184	193	299
Facility Repairs	19	21	11	17
Personal Hygiene	23	26	26	25
Total Food Complaints	1013	598	577	736

Cases of Enteric Disease, 2015 to 2017⁷

Cases Reported	2015	2016	2017	Three Year Average	Estimated # of Cases Per Case Reported ⁸	Total Estimated Cases 2017	Total Estimated Cases Three Year Average
Campylobacter	48	45	62	52	29.3	1,922	1,612
E. coli 0157	8	16	7	10	26.1	189	270
Listeria	3	1	1	2	2.1	3	5
Salmonella	77	77	75	77	29.3	2,250	2,300
Vibrio	1	1	4	2	142.4	572	286
Yersinia	1	1	2	1	122.8	248	165

⁷ City of Milwaukee enteric disease cases from Wisconsin Public Health Information Network, Analysis, Visualization, and Reporting (AVR), on March 21, 2017. Please note that data are provisional and subject to change.

⁸ FoodNet Progress Report <http://www.cdc.gov/foodnet/data/trends/trends-2012-progress.html>

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Incidence of Enteric Disease, 2015 to 2017

Incidence per 100,000 Population ⁹	2015	2016	2017	Three Year Average	2017 National Rate ¹⁰	2020 Target ¹¹	Status ¹²
Campylobacter	8.1	7.5	10.4	8.7	19.2	8.5	✗
E. coli 0157	1.3	2.7	1.2	1.7	4.2	0.6	✗
Listeria	0.5	0.2	0.2	0.3	0.3	0.2	✓
Salmonella	12.9	12.9	12.6	12.8	16.0	11.4	✗
Vibrio	0.2	0.2	0.7	0.4	0.7	0.2	✗
Yersinia	0.2	0.2	0.3	0.2	1.0	0.3	✓

CIFOR Team Investigation, 2015 to 2017

	2015	2016	2017	Three Year Average
Investigations	1	1	2	1.3

Food Sampling Program, 2017

	Deli	Frozen Dessert	Beef	Sm. Fish	Total
# of establishments sampled	36	48	60	4	144
# of samples tested	49	182	77	4	308
# of high counts	0	59	1	0	60
% of samples with high counts	0%	32%	1%	0%	19%

Key Accomplishments/Opportunities

Key accomplishments for 2017:

- Completed the development and implementation of the Food Establishment Grading System;
- Continued working toward meeting the 9 FDA Standards, verified conformance with Standards 2 and 7;
- Completed customization of new inspection software and converted from the old Chili system to the new Health Space system;
- Speaker at the Wisconsin Environmental Health Annual Conference re: Food Sanitation Grading
- Distributed the first issues of the Operator Newsletter;
- Completed Phase I of the FDA Risk Factor Study (field exercise)
- Received our onsite DATCP assessment – meet requirements;
- Recruited and hired 2 Environmental Health Specialists (EHS);
- Completed more than 8,000 inspections and addressed more than 13,400 food safety violations;

⁹ Incidence calculated using 2010 U.S. Census Population data.

¹⁰ CDC FoodNet 2017 Preliminary Data: Tables and Figures <https://www.cdc.gov/doodnet/reports/prelim-data-2017.html>

¹¹ Food Safety, Healthy People 2020

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=14>

¹² Based on comparison between 2017 City of Milwaukee incidence with 2020 target.

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Key activities planned in 2018 to enhance food safety and to meet key performance goals include:

- Complete Phase II and Phase III of the FDA Risk Factor Study (data entry, analysis and intervention)
- Request Verification of Standards 4 and 5
- Continue to work toward Standards 1,3,6,8, and 9
- Participate as a panelist and the annual Council for Food Protection Conference re: FDA Retail Food Program Standards
- Develop a peer to peer inspection program
- Offer mobile and temporary event operators information sessions before the season (March 01, 05, 19, 20)
- Conduct a midyear evaluation of the food establishment grading system.
- Assess consumer food safety knowledge and begin to identify potential interventions to address gaps identified;