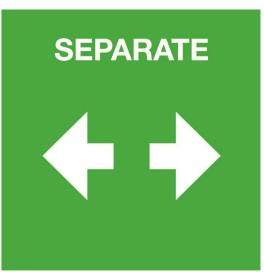


2013 Milwaukee Health Department Food Safety Report









Release Date: March 2014



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:

Figure 1: Food Safety Interventions



- 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 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

Purpose

This report is provided in accordance with Chapter 68-03 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 with 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 program.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 provide 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

2013 Milwaukee Health Department Food Safety Report



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. That 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, 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	w/
All food establishments receive a minimum of one inspection per year	V
All food peddlers receive at least one inspection per year	*
All schools receive at least two annual routine inspections	√
All retail establishments that process food and all moderate or complex restaurants receive two annual inspections	×
Enforcement	Status
All critical violations receive a re-inspection	V
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	×
Policy	Status
CEH is actively engaged in food policy at the local level	Status
·	Status V
CEH is actively engaged in food policy at the local level	Status V
CEH is actively engaged in food policy at the local level CEH is actively engaged in food policy at the state level	4
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	√ √ √ ×
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	✓✓✓××
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 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	* * * * * * * * * * * * * * * * * * *
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	* * * * * * * * * * * * * * * * * * *

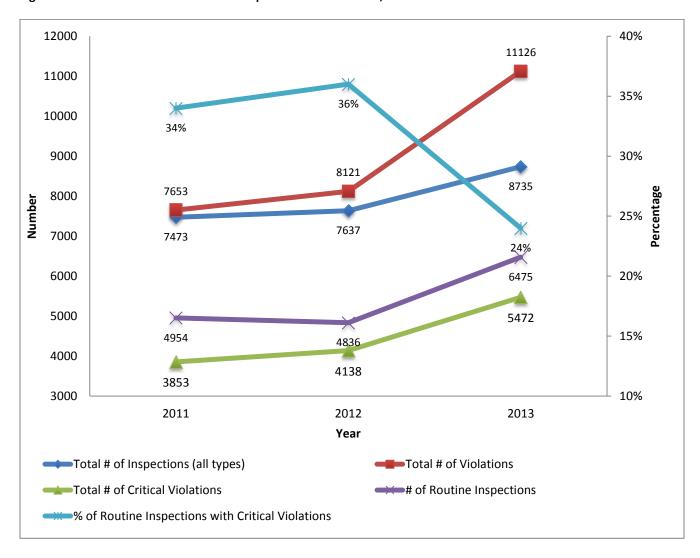
Number of restaurants	1,564
Number of additional restaurant sites	149
Number of retail food establishment	1,258
Number of schools*	310
Number of community food programs	82
Number of taverns	315
Total number of establishments requiring inspection (includes licensed and unlicensed)	3,678
*Does not include schools issued a restaurant license, only those exempt from licensure	•



Mobile and Temporary Food Establishments

Number of peddler vehicles	110
Number of peddler carts	221
Number of carried containers	13
Number of temporary food establishments	884
Number of farmers' markets	169
Total number of peddler/special event licenses	1,397
Total number of special events inspected	104

Figure 2: Trends in Food Establishment Inspection and Violations, 2011-2013





Food Establishment Inspections and Critical Violations Citywide, 2011-2013

		2011	2012	2013	3-Year Avg.
Total # of Inspections (all types)			7637	8735	7948
ons	Retail	2315	2378	2783	2492
Inspections by Type	Restaurant	4455	4484	5139	4693
lns _f	School	703	775	813	764
Total # of \	/iolations	7653	8121	11126	8967
Total # of 0	Critical Violations	3853	4138	5472	4488
# of Routin	e Inspections	4954	4836	6475	5422
#	of Routine Inspections with Critical Violations	1693	1748	1523	1655
%	of Routine Inspections with Critical Violations	34%	36%	24%	31%
	Unsafe Source	113	116	185	138
sk v	Inadequate Cooking	11	29	18	19
ons al Ri gor	Improper Hold	914	993	1303	1070
Violations Critical Ris Category	Inadequate Cooking Cost Contamination		1026	1340	1116
Si Z	Personal Hygiene	1175	1202	1603	1327
	Other	657	772	1023	817

Food Establishment Inspections and Critical Violations by Aldermanic District, 2013

	Food Establishment inspections and Critical Violations by Aldermanic District, 2013												
		All	Inspectio	ns	Roi	utine Inspe	ctions	Violation by Risk Categories					
201	3	# 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
Cityw	ide	8735	11126	5472	6475	1523	24%	185	18	1303	1340	1603	1023
	1	315	404	207	256	68	27%	6	1	34	69	60	37
	2	415	670	298	258	75	29%	13	1	60	81	88	55
	3	931	956	555	649	180	28%	15	1	141	118	172	108
	4	1401	1543	833	1091	232	21%	24	3	250	146	255	155
	5	481	882	448	336	102	30%	10	1	95	127	131	84
	6	448	671	328	364	101	28%	25	0	37	79	123	64
t	7	317	450	194	226	58	26%	7	0	31	67	53	36
District	8	414	445	226	341	70	21%	18	0	56	52	68	32
۵	9	493	778	372	317	84	26%	14	2	95	108	87	66
	10	476	473	234	374	96	26%	3	0	46	62	81	42
	11	393	490	220	301	53	18%	4	1	67	68	60	20
	12	814	1081	548	633	131	21%	11	3	129	120	158	127
	13	651	735	336	487	93	19%	7	0	110	94	73	52
	14	638	743	335	493	87	18%	9	1	85	73	95	72
	15	511	805	338	348	93	27%	19	4	67	76	99	73



Food Establishment Inspections and Critical Violations by Aldermanic District, 2012

		All Inspections			Ro	outine Inspe	ctions	Violation by Risk Categories					
2012	2	# of Inspections	# of Violations	# of Critical Violations	# of Routine Inspections	# of Inspections with Critical Violations	% of Inspections with Critical Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other
Citywi	ide	7637	8121	4138	4836	1748	36%	116	29	993	1026	1202	772
	1	322	281	121	204	48	24%	8	2	18	33	37	23
	2	272	248	122	173	47	27%	5	0	38	29	37	13
	3	706	907	513	444	197	44%	10	5	117	140	140	101
	4	1309	1255	638	807	303	38%	15	8	202	101	175	137
	5	499	679	338	275	134	49%	4	0	94	107	94	39
	6	692	939	468	392	181	46%	7	5	77	145	136	98
ಕ	7	318	382	196	196	68	35%	6	0	50	56	53	31
District	8	324	229	108	243	47	19%	3	1	33	20	28	23
۵	9	314	181	109	220	58	26%	4	0	31	29	33	12
	10	462	472	273	298	115	39%	10	0	47	79	108	29
	11	348	337	169	190	88	46%	1	1	43	34	67	23
	12	598	583	252	436	100	23%	14	2	54	62	69	51
	13	499	472	274	327	131	40%	2	2	77	55	81	57
	14	494	667	315	332	117	35%	14	0	70	81	69	81
	15	480	489	242	299	114	38%	13	3	42	55	75	54

Food Establishment Inspections and Critical Violations by Aldermanic District, 2011

		All	Inspectio	ns	Ro	outine Inspe	ctions		Viola	ation by	Risk Catego	ries	
201	1	# 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
Cityw	ide	7473	7653	3853	4954	1693	34%	113	11	914	983	1175	657
	1	367	472	194	259	71	27%	8	0	32	42	70	42
	2	375	491	198	227	87	38%	15	0	40	54	50	39
	3	600	528	295	420	134	32%	6	1	59	90	77	62
	4	1156	1131	583	728	274	38%	16	2	148	133	177	107
	5	509	635	354	307	142	46%	4	1	125	88	93	43
	6	513	719	297	329	126	38%	9	2	50	103	84	49
t	7	368	481	228	213	93	44%	5	0	59	61	65	38
District	8	376	266	118	257	63	25%	7	1	34	22	35	19
Δ	9	397	382	183	269	80	30%	3	0	47	66	41	26
	10	443	420	253	308	106	34%	5	0	42	61	99	46
	11	351	302	162	218	83	38%	2	1	62	25	53	19
	12	703	506	230	508	108	21%	9	0	67	44	74	36
	13	528	545	344	344	155	45%	6	2	83	81	120	52
	14	348	188	122	277	55	20%	2	0	27	35	41	17
	15	439	587	292	290	116	40%	16	1	39	78	96	62



Peddler Inspections, 2011-2013

	2011	2012	2013	3-Year Avg.
Total Number of Inspection Occurrences	443	615	640	566
Total Number of Violations	346	303	326	325
Total Number of Inspections with a Critical Violation	33	65	67	55
% of Occurrences with a Critical Violation	7%	11%	10%	9%

Workforce

Number of FTEs assigned to conduct food inspections (fully staffed, all inspection types)	18
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	26
Number of standardized trainers	2

Workload/Staffing Projections

Category Projections	Operators	Multiplier*	Inspections Needed
Restaurants	1564	2.2	3441
Restaurants - Additional Sites	149	2.2	328
Retail	1258	2.2	2768
Schools	310	2.2	682
Taverns	315	1.1	347
Meal Service Sites	82	2.2	180
Peddlers - Restaurant	207	1.1	228
Peddlers - Retail	137	1.1	151
Complaints**	585	1.1	644
Farmers' Market**	169	1	169
Temporary Events**	884	1	884
Total Operators	5660	Total Inspections	9820
Total Establishments***	4022		
Establishments per Inspector FTE	223	Inspections per Inspector FTE	546
FDA goal of establishments per FTE	150	FDA goal of Inspections per FTE	280-320
Total FTEs required to meet FDA	27	Total FTEs required to meet	
standard		FDA standard	33
Existing Inspection FTE	18	Existing Inspection FTE	18
Additional FTEs needed	9	Additional FTEs needed	15

^{*}Multiplier is the number of inspections required and assumes a conservative 10% reinspeciton rate per routine inspection. It should be noted that the FDA recommends up to four inspections per year based on risk and our current reinspection rate is more than double that being used in the calculation.

^{**}Complaints, farmer's markets and temporary events are not included in number of establishments total or ratio of inspectors per establishments, however, complaints are considered when looking at the total numer of inspections and the ration of inspectors per FTE.



Policy

Members of Consumer Environmental Heatlh are engaged at the local, state and the national level in the development of policy. Activites in 2013 include:

- Collaborated with the City Clerk's office to introduce legislation to change the licensing period of food establishments
- CEH staff serve on the statewide DATCP/DHS temporary event and equpiment committees
- CEH staff serve on the National Association of City and County Health Officials Food Safety Advisory Workgroup
- CEH staff participated on a FDA inspection curriculum review committee

Education and 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 Council, 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	V
Provided at least 50 food establishment operator trainings per year	V
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	V

Consumers	Status
All retail and restaurant routine food inspections are available online	V
All consumer education materials are reviewed and updated (when required) every 36 months	×
CEH is actively involved in community sponsored forums	V
Increase the proportion of consumers who follow key food safety practices	×



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

Activity Tracking

Industry/Consumer

Number of food handler training sessions performed	58
Number of food handlers trained	

Regulatory Staff

% of inspectors with more than 18 months experience who have completed core training curriculum	100%
% of inspectors with more than 18 months experience who have completed standardization	88%
% of inspectors with less than 24 months of experience	56%
% of CEH staff with less than 24 months experience in their position	. 58%

Surveillance & Investigation

The purpose of disease surveillance and investigation is to assure 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	V
100% of foodborne illness complaints investigations are initiated within 1 business day of being	*
reported to the department	40
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	<u>**</u>



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	V
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

Type of Complaint	2011	2012	2013	3-Year Average
Foreign Object	3	20	25	16
Illness	44	73	84	67
Labeling	6	3	7	5
Quality/Unwholesome Food	58	99	124	94
Facility Cleanliness	49	77	111	79
Pests/Vermin	27	41	42	37
Other/ Miscellaneous	25	44	128	66
Facility Repairs	3	3	8	5
Garbage/Litter	17	31	37	43
Personal Hygiene	25	36	19	27
Total Food Complaints	257	427	585	423

Cases of Enteric Disease

Cases Reported	2011	2012	2013	Three Year Average	Estimated # of Cases Per Case Reported ³	Total Estimated Cases 2013	Total Estimated Cases Three Year Average
Campylobacter	49	52	57	52.6	30	1710	1578
E. coli 0157	16	8	11	11.6	26	286	302
Listeria	1	1	2	1.3	2	4	2.6
Salmonella	66	84	69	73	29	2001	2117
Vibrio	0	0	1	0.3	142	142	43
Yersinia	3	0	2	1.6	123	246	197

³ FoodNet Progress Report http://www.cdc.gov/foodnet/data/trends/trends-2012-progress.html



Incidence of Enteric Disease

Incidence per 100,000 Population	2011	2012	2013	Three Year Average	2012 National Rate	2020 Target ⁴	Status
Campylobacter	8.2	8.7	9.6	8.8	14.3	8.5	×
E. coli 0157	2.7	1.3	1.8	2.0	1.12	0.6	×
Listeria	0.2	0.2	0.3	0.2	0.25	0.2	×
Salmonella	11.1	14.1	11.6	12.3	16.42	11.4	×
Vibrio	0.0	0.0	0.2	0.1	0.41	0.2	₹
Yersinia	0.5	0.0	0.3	0.3	0.33	0.3	√

CIFOR Team Investigation

	2011	2012	2013	Three Year Average
Investigation s	3	5	4	4

Food Sampling Program

	Deli	Frozen Dessert	Beef	Total
# of establishments sampled	61	67	59	187
# of samples tested	34	340	106	480
# of high counts	0	114	5	119
% of samples with high counts	0%	34%	5%	25%

Key Accomplishments/Opportunities

Key food safety accomplishments for 2013:

- Development and implementation of a career ladder to assist in inspector recruitment and retention as well as drive inspector competency and performance
- Increased inspector quality and consistency by implementing an inspector quality assurance and standardization programs.
- Integrated standardization and quality assurance into inspector performance evaluation
- Obtained a 14% increase in food inspections performed between 2012 and 2013
- Introduced legislation at the state level to amend license period of food establishments so that expiration dates would be staggered versus all on the same date

Key activities planned in 2014 to enhance food safety and to meet key performance goals include:

- Collaborate on resolutions to reorganize and update Milwaukee ordinances related to the licensing and regulation of food establishments
- Propose updates to the ordinances that will address missing elements required for meeting the FDA regulatory foundation standard, including plan review, enforcement and inspection
- Develop and pilot updated compliance and enforcement policies and procedures
- Develop and pilot a more robust plan review process to include equipment and operational changes, rather than solely focusing on remodeling and new construction (pending an update to the ordinance)

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

⁴ Food Safety, Healthy People 2020



2013 Milwaukee Health Department Food Safety Report

- Establish a food safety and policy advisory group to systematically integrate consumers and operators into the development of food safety policy
- Develop of a food establishment grading system in order to translate the complex food establishment inspection report into something easily understood and interpreted by consumers
- Adopt the Lagan system for intake of all complaints
- Complete recruitment of vacant Environmental Health Supervisor and Environmental Health Specialist positions
- Advocate for position authority for adequate program staffing beginning with an additional Environmental Health Coordinator to assist with inspection, grading and enforcement activities
- Complete the initial configuration of Accela /land management as a replacement for CHILi for utilization as an electronic inspection system
- Expand community outreach/education for consumers and operators, including participation in meetings and events in collaboration with members of the Common Council
- Complete the review and updating of existing community and industry education materials and complete a gap analysis to identify additional resources needed
- Develop and implement a career ladder system for EHS coordinators and supervisors