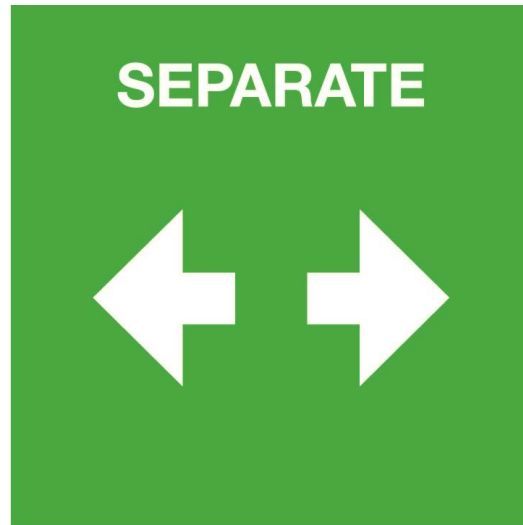


2014 Milwaukee Health Department Food Safety Report



Release Date: April 2015

Introduction

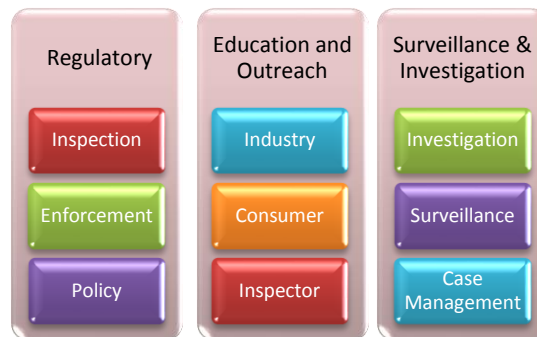
Background and Significance

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 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 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>

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	✓
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 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	✓
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	✓
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, 2012 to 2014³

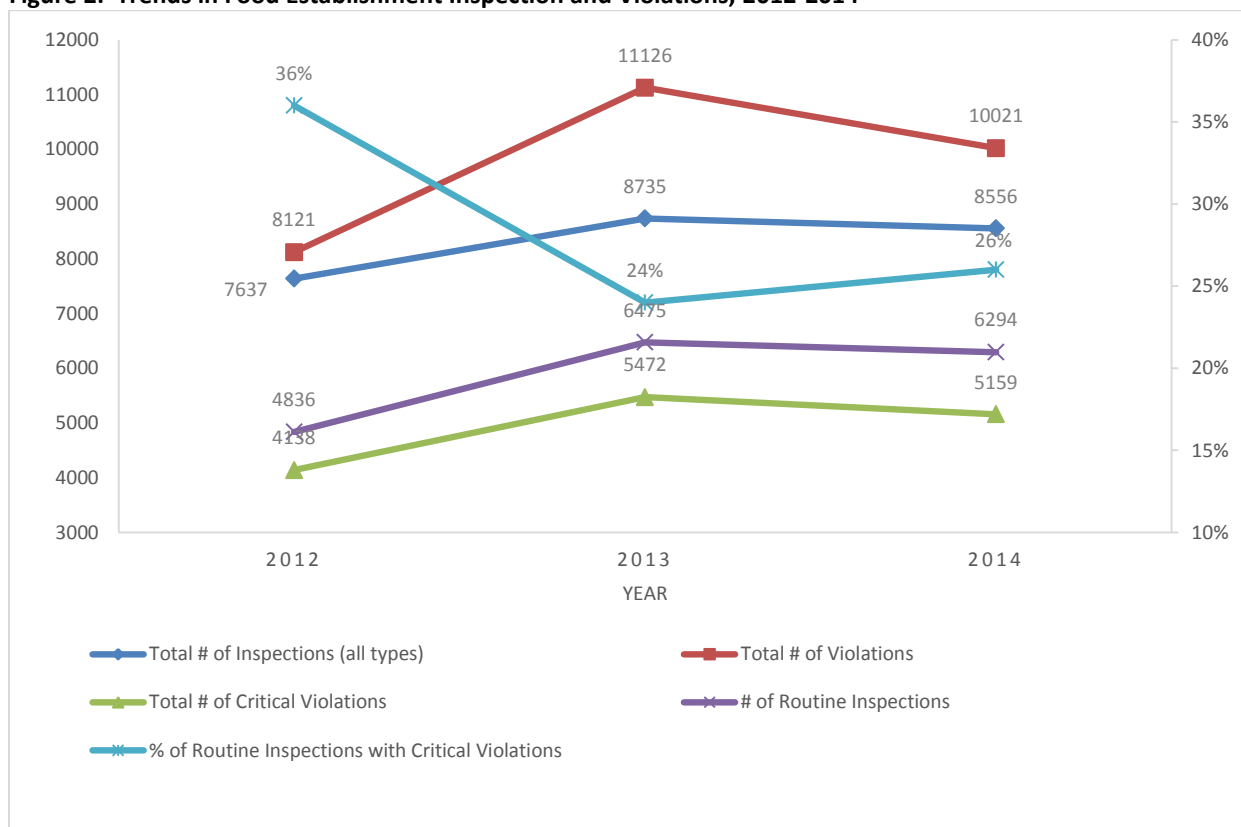
	2012	2013	2014	3 Year Average
Licenses	\$ 2,169,912	\$ 2,228,388	\$ 2,234,599	\$ 2,210,966
Inspection Fees	\$ 57,371	\$ 87,464	\$ 155,421	\$ 100,085
Total	\$ 2,227,283	\$ 2,315,852	\$ 2,390,020	\$ 2,311,052

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.

Establishment Type by State Fiscal Year⁴

License Type	2013-2014
Permanent	3537
Retail Food Establishments	1227
Restaurants	1470
Restaurants - Additional Sites	146
Schools (exempt)	305
Taverns	301
Community Food Program	86
Bed and Breakfast	2
Seasonal, Temporary, or Mobile	1333
Vehicles, Carts, or Containers	294
Temporary Events	874
Seasonal or Farmers Markets	165
Total	4870

Figure 2: Trends in Food Establishment Inspection and Violations, 2012-2014



⁴ Data on license issued is by state fiscal year to allow for comparison to state level data.

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Food Establishment Inspections and Critical Violations Citywide, 2012-2014

		2012	2013	2014	3-Year Avg.
Total # of Inspections (all types)		7637	8735	8556	8309
Inspections by Type	Retail	2378	2783	2907	2689
	Restaurant	4484	5139	4869	4831
	School	775	813	780	789
Total # of Violations		8121	11126	10021	9756
Total # of Critical Violations		4138	5472	5159	4923
# of Routine Inspections		4836	6475	6294	5868
# of Routine Inspections with Critical Violations		1748	1523	1661	1664
% of Routine Inspections with Critical Violations		36%	24%	26%	29%
Violations by Critical Risk Category	Unsafe Source	116	185	164	155
	Inadequate Cooking	29	18	24	24
	Improper Hold	993	1303	1249	1182
	Cross Contamination	1026	1340	1252	1206
	Personal Hygiene	1202	1603	1502	1436
	Other	772	1023	968	854

Food Establishment Inspections and Critical Violations by Aldermanic District, 2014

2014		All Inspections			Routine Inspections			Violation by Risk Categories					
		# 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		8556	10021	5159	6294	1661	26%	164	24	1249	1252	1502	968
District	1	420	493	226	312	84	27%	6	2	31	67	72	48
	2	409	725	309	282	84	32%	14	2	65	91	90	47
	3	781	958	525	578	165	29%	12	3	129	113	164	104
	4	1225	1309	703	918	246	27%	26	3	196	152	191	135
	5	419	595	358	324	100	33%	5	4	95	82	113	59
	6	598	670	360	437	123	27%	13	3	53	75	139	77
	7	310	407	206	226	66	28%	7	1	29	70	64	35
	8	386	385	212	312	75	24%	12	0	61	43	59	37
	9	570	849	457	359	98	28%	13	3	126	113	120	82
	10	485	387	191	393	91	22%	5	0	52	47	57	30
	11	333	297	123	244	49	20%	2	0	51	21	30	19
	12	781	980	509	559	146	26%	18	0	119	106	137	129
	13	719	790	439	498	138	29%	10	2	115	133	108	71
	14	634	604	302	486	105	21%	3	1	77	85	92	44
	15	486	572	239	366	91	24%	18	0	50	54	66	51

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Food Establishment Inspections and Critical Violations by Aldermanic District, 2013

2013		All Inspections			Routine Inspections			Violation by Risk Categories					
		# 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		8735	11126	5472	6475	1523	24%	185	18	1303	1340	1603	1023
District	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
	7	317	450	194	226	58	26%	7	0	31	67	53	36
	8	414	445	226	341	70	21%	18	0	56	52	68	32
	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

2012		All Inspections			Routine Inspections			Violation by Risk Categories					
		# 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
Citywide		7637	8121	4138	4836	1748	36%	116	29	993	1026	1202	772
District	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
	7	318	382	196	196	68	35%	6	0	50	56	53	31
	8	324	229	108	243	47	19%	3	1	33	20	28	23
	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

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Food Establishment Inspections and Critical Violations by Aldermanic District, 2011

2011		All Inspections			Routine Inspections			Violation by Risk Categories					
		# 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		7473	7653	3853	4954	1693	34%	113	11	914	983	1175	657
District	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
	7	368	481	228	213	93	44%	5	0	59	61	65	38
	8	376	266	118	257	63	25%	7	1	34	22	35	19
	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, 2012-2014

	2012	2013	2014	3-Year Avg.
Total Number of Inspection Occurrences	615	640	537	597
Total Number of Violations	303	326	256	295
Total Number of Inspections with a Critical Violation	65	67	72	68
% of Occurrences with a Critical Violation	11%	10%	13%	11%

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

Inspectional Capacity versus Inspectional Workload

Establishment Type	Number of Establishments	Number of Annual Inspections Required					
		Current Practice ⁵		Minimum Required ⁶		Proposed Risk Based Model ⁷	
Restaurants	1470	1838		1617		2102	
Restaurants - Additional Sites	146	183		161		209	
Retail	1227	1534		1350		1755	
Schools	305	763		641		641	
Taverns	301	376		331		430	
Community Food Programs	86	108		95		181	
Peddlers	294	368		323		323	
Complaints	815	1019		897		897	
Temporary/Seasonal Events	1039	1039		1039		1039	
Total	5683	7225		6452		7576	
Inspection FTEs		18		18		18	
Ratio		401		358		421	
FDA Staffing Goal		320	280	320	280	320	280
Required FTE		23	26	20	23	24	27
Additional FTE Needed		5	8	2	5	6	9

⁵ 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 25% 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.

⁶ 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.

⁷ Proposed risk based model is based upon schools and high risk establishments 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. The proposed model increases the emphasis on conducting full inspections while reducing re-inspections to only the most significant.

Policy

Members of Consumer Environmental Health are engaged at the local, state and the national level in the development of policy. Activities in 2014 include:

- The development and adoption of comprehensive revisions to Chapter 68 Food Licensing in the Milwaukee Code of Ordinances;
- CEH staff serving on various MATC curriculum planning committees;
- CEH staff serving on the statewide DATCP/DHS temporary event and equipment committees;
- CEH staff serving on the National Association of City and County Health Officials (NACCHO) Food Safety Advisory Workgroup and on the Council to Improve Foodborne Illness Response (CIFOR); and
- CEH staff participating on Conference for Food Protection (CFP) workgroups.

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 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	✗

Inspectors	Status
100% of inspectors with 18 or months of experience have completed the FDA core food inspection curriculum	✓
100% of inspectors with 18 or months of experience 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	✓
100% of inspectors with 18 or months of experience have taken a retail HACCP course within the past 5 years	✓
<20% of inspectors have less than 24 months of experience in food inspection	✗

Activity Tracking

Industry/Consumer

Number of food handler training sessions performed.....	167
Number of food handlers trained	1,484

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	100%
% of inspectors with less than 24 months of experience	38%
% of CEH staff with less than 24 months experience in their position.....	32%

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	✓
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, 2012 to 2014

Type of Complaint	2012	2013	2014	3-Year Average
Foreign Object	20	25	21	22
Illness	73	84	73	77
Labeling	3	7	3	4
Quality/Unwholesome Food	99	124	118	114
Facility Cleanliness	77	111	84	91
Pests/Vermin	41	42	86	56
Other/ Miscellaneous ⁸	44	128	343	172
Facility Repairs	3	8	24	12
Garbage/Litter	31	37	35	34
Personal Hygiene	36	19	28	28
Total Food Complaints	427	585	815	622

Cases of Enteric Disease, 2012 to 2014⁹

Cases Reported	2012	2013	2014	Three Year Average	Estimated # of Cases Per Case Reported ¹⁰	Total Estimated Cases 2014	Total Estimated Cases Three Year Average
Campylobacter	52	55	64	57.0	30	1,984	1,767.0
E. coli 0157	8	11	10	9.7	26	270	261.0
Listeria	1	2	3	2.0	2	9	6.0
Salmonella	84	69	80	77.7	29	2,400	2,330.0
Vibrio	0	1	0	0.3	142	0	47.7
Yersinia	0	2	1	1.0	123	124	124.0

⁸ In 2014, MHD implemented the practice of entering delinquent license renewals as complaints for the purposes of activity tracking resulting in the large increase in other complaints and total complaints.

⁹ City of Milwaukee enteric disease cases from Wisconsin Public Health Information Network, Analysis, Visualization, and Reporting (AVR), on April 17, 2015. Please note that data are provisional and subject to change.

¹⁰ FoodNet Progress Report <http://www.cdc.gov/foodnet/data/trends/trends-2012-progress.html>

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Incidence of Enteric Disease, 2012 to 2014

Incidence per 100,000 Population ¹¹	2012	2013	2014	Three Year Average	2013 National Rate ¹²	2020 Target ¹³	Status ¹⁴
Campylobacter	8.7	9.2	10.8	9.6	13.8	8.5	✗
E. coli 0157	1.3	1.8	1.7	1.6	1.2	0.6	✗
Listeria	0.2	0.3	0.5	0.3	0.26	0.2	✗
Salmonella	14.1	11.6	13.4	13.1	15.19	11.4	✗
Vibrio	0.0	0.2	0.0	0.1	0.51	0.2	✓
Yersinia	0.0	0.3	0.2	0.2	0.36	0.3	✓

CIFOR Team Investigation, 2012 to 2014

	2012	2013	2014	Three Year Average
Investigations	5	4	2	4

Food Sampling Program, 2014

	Deli	Frozen Dessert	Beef	Total
# of establishments sampled	32	64	55	151
# of samples tested	65	306	88	459
# of high counts	0	101	6	107
% of samples with high counts	0%	33%	7%	23%

Key Accomplishments/Opportunities

Key accomplishments for 2014:

- Completed a major revision of the Chapter 68 of the Milwaukee Code of Ordinances to address the missing elements required for meeting the FDA regulatory foundation standard, including plan review, enforcement and inspection;
- Recruited and hired 2 Environmental Health Specialists and 1 Environmental Health Supervisor;
- Developed and implemented a new procedure for Health Department review of new food license applications; and
- Completed more than 8500 inspections and addressed more than 10,000 food safety violations.

¹¹ Incidence calculated using 2010 U.S. Census Population data.

¹² CDC MMWR Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food -- Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2006-2013
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6315a3.htm>

¹³ Food Safety, Healthy People 2020

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

¹⁴ Based on comparison between 2014 City of Milwaukee incidence with 2020 target.

Key activities planned in 2015 to enhance food safety and to meet key performance goals include:

- Review and revise chapters 65, 69 to 72 of the Milwaukee Code of Ordinances;
- Complete the configuration and initiate implementation of Accela/land management as a replacement for CHILI for utilization as an electronic inspection system;
- Validate licensing and inspection date imported into Review and validate establishment licensing data in Accela /land management to assure all establishments properly;
- Revise all inspection and enforcement procedures based upon process changes implemented to accommodate Accela/land management;
- Implement standardized inspection protocol for all routine food inspections using FDA model procedures;
- Increase the number of CEH staff who are state standardized or who possess professional certifications (either RS or CP-FS);
- Re-evaluate the frequency and timing of inspection / re-inspection to relation to foodborne illness risk and inspectional capacity post Accela/land management implementation;
- Achieve greater transparency on when and how the department inspects;
- Increase communication with operators through the development of an operator newsletter and operator feedback surveys;
- Engage operators and consumers in the continued development of a food establishment grading system aligned with functional capabilities of Accela /land management;
- Assess consumer food safety knowledge and begin to identify potential interventions to address gaps identified;
- Convene the Food Safety Advisor Committee to systematically integrate consumers and operators into the development of food safety policy;
- Advocate for sufficient resources (position authority, funding for equipment and training) to meet FDA program standard 9;
- Obtain approval for career ladder system for EHS Coordinators and Supervisors; and
- Actively participate on the Local Business Action Team to refine licensing issuance / modification process to increase efficiency and improve customer service.