

**Health Priority: Environmental and Occupational Health Hazards  
Objective 1: Microbial or Chemical Contamination (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:**

By 2010, decrease the incidence of illness resulting from microbial or chemical contamination of food and drinking water.

**1a:** By 2010, reduce CDC risk factor violations for food and water by 25%, based on a 2004 baseline.

**1b:** By 2010, the incidence of E.coli 0157.H7 infection will be three per 100,000 population.

**1c:** By 2010, the incidence of Salmonellosis will be eight per 100,000 population.

**1d:** By 2010, the incidence of Shigellosis will be four per 100,000 population.

**1e:** By 2010, the incidence of Campylobacteriosis will be eleven per 100,000 population.

**1f:** By 2010, the incidence of Hepatitis A will be one per 100,000 population.

**1g:** By 2010, increase the awareness of health threats from arsenic in private water supplies, mercury in sports fish, and methemoglobinemia, by 50% in each case, over a 2002 (or future) baseline.

Long-term outcome objective updated as of: Sept 2004

NOTE: E.coli, Salmonellosis, Shigellosis, Campylobacteriosis, and Hepatitis A are also Long-term Subcommittee Outcome Objectives under Existing, Emerging, and Re-emerging Communicable Diseases, Objective 3: Foodborne and Waterborne Disease Control.

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Staff resources Government/Industry partnerships Financial resources Technology Education/training Staff training Coalition building	Sound public policy Strong coalitions Sound business practices Certified food managers Educated and knowledgeable workforce Improved training resources Multilingual training materials Consumer information and product labeling	Community Residents Health care providers Policy makers Public institutions Private/non-profit Schools Faith Communities	Education of consumers, business and industry groups and policy makers on the importance of safe and wholesome drinking water and food supplies.  Improved education for food handlers, and the well drilling and water treatment operator workforce on safe drinking water and food safety issues.	Increased analytical testing of food and drinking water supplies.  Increased number of individuals who act on adverse analytical results. Improved agricultural and industrial chemical and waste handling practices.	Reduced illness associated with food and drinking water.  Decreasing concentrations of contaminants in food and drinking water supplies.  Increased knowledge of the relationships between contaminated food and drinking water and illness.

**Health Priority: Environmental and Occupational Health Hazards  
Objective 1: Microbial or Chemical Contamination (Logic Model)**

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Laboratory analysis Comprehensive private well test for every pregnant woman Consumer information Clear messages Sound public policy Data systems Technology Facility inspections Health care provider education Decreasing per capita use of water Improved disease prevention and early intervention activities Environmental indicator data Disease surveillance Health education	Consumer education Informed consumers and health care providers Hazardous material substitution & minimization Sound waste handling practices Data collection, analysis and dissemination More frequent facility inspections and sampling Improved facility operator training Well head protection programs Safe facilities Improved chemical and waste handling practices Educated business and industry Educated and informed consumers and policy makers Educated policy makers Educated business and industry Health alerts Disease surveillance information	Home owners Industry Health agencies Tribes Federal government Laboratory staff Food Handlers Well drillers Facility operators Agricultural industry Business owners	Increased capacity among local public health departments to administer drinking water and food safety programs.	Improved data on indicators of food and water quality. Improved compliance with food and water safety regulations.	