

**Health Priority: Existing, Emerging, and Re-emerging Communicable Diseases  
Objective 3: Foodborne and Waterborne Disease Control (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:** Reduce disease caused by reportable foodborne and waterborne pathogens.

**3a:** By 2010, the incidence of E. coli 0157.H7 infection will be 3 per 100,000 population or less.

**3b:** By 2010, the incidence of salmonellosis will be 8 per 100,000 population or less.

**3c:** By 2010, the incidence of shigellosis will be 4 per 100,000 population or less.

**3d:** By 2010, the incidence of campylobacteriosis will be 11 per 100,000 population or less.

**3e:** By 2010, the incidence of hepatitis A will be 1 per 100,000 population or less.

Long-term outcome objective updated as of: Sept 2004

E.coli, Salmonellosis, Shigellosis, Campylobacteriosis, and Hepatitis A are also Long-term Subcommittee Outcome Objectives under Environmental and Occupational Health Hazards, Objective 1: Microbial or Chemical Contamination.

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Time and effort of state and local public health staff.</p> <p>State funding of hardware, software, and management information system technical support for food inspection data collection and storage.</p> <p>State funding for startup and front-end operating costs for environmental consortia.</p>	<p>The Division of Public Health will identify all groupings of local health departments in the state with the potential to form environmental consortia, and for each identified grouping, the appropriate Division of Public Health regional office will develop a plan of encouragement and technical and financial assistance to support formation of a consortium.</p> <p>The Division of Public Health will provide the necessary technical and financial assistance to local health departments to assist them in forming and maintaining environmental consortia.</p> <p>The Division of Public Health will raise the fees it charges for state-licensed establishment inspections to the amount which actually covers the costs of</p>	<p>Division of Public Health and local health departments</p> <p>Tribes</p> <p>Wisconsin restaurant associations and member businesses</p> <p>Wisconsin Tavern League</p> <p>Local health officers, county board executives, and boards of health</p>	<p>By December 31, 2004, environmental consortia will be formed to share employment of public health sanitarians among all local health departments that do not employ at least one full-time employee (FTE) sanitarian.</p> <p>By December 31, 2004, local health departments and environmental consortia which employ a public health sanitarian will become state agents for food service establishment inspections and the frequency and scope of licensed establishment inspections will meet</p>	<p>By January 31, 2005, there will be a system and database developed to assess and document improvements in the observed performance of food handling and preparation practices in commercial establishments and in private homes.</p> <p>By June 30, 2005, the frequency and scope of licensed-establishment inspections in Wisconsin will meet or exceed national standards of practice.</p>	<p>By January 31, 2008, 100 percent of retail food service managers will have passed a Department of Health and Family Services approved examination on food safety practices.</p> <p>By January 31, 2008, a certified food manager will be present for all shifts at all licensed food service establishments, which derive more than 60 percent of their revenues from the sale of food.</p>

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<p>An adequate statutory and legal base for immunization activities. The cooperative commitment of food and beverage service operators to participate in public health activities.</p> <p>Time and effort of state and local public health staff.</p> <p>State funding of hardware, software, and management information system technical support for food inspection data collection and storage.</p> <p>State funding for startup and front-end operating costs for</p>	<p>inspections, or alternatively will subsidize the fees charged by local health departments agents for the same service so that they remain commensurate with state fees. By 2004, 70 percent of licensed food and beverage establishments in the state will be inspected and regulated by local health departments or consortia acting as agents of the state.</p> <p>Local health officers, county boards, executives and boards of health will recognize the importance of foodborne and waterborne diseases as a high priority public health threat, and will adopt plans to protect their communities.</p> <p>Local health officers, county boards, executives and boards of health in jurisdictions which do not have agent status will prepare written studies in conjunction with local members of the Wisconsin Restaurant Association and Wisconsin Tavern League on the feasibility and desirability of conducting local licensed establishment inspections.</p> <p>The Division of Public Health regional office staff will provide technical assistance to local health departments in becoming state inspection agents, including assistance in projecting staff size</p>	<p>UW Cooperative Extension</p> <p>Medical group practices and community hospitals</p> <p>Wisconsin vocational and technical college systems</p>	<p>national standards of practice.</p>		<p>By June 30, 2008, based on sampling surveys, 80 percent of respondents will indicate confidence in the safety and wholesomeness of the state's food supply.</p> <p>By January 31, 2009, achieve a 50 percent reduction from 2001 levels in morbidity of food and waterborne pathogenic illnesses from campylobacter, E. coli 0157.H7, listeria, salmonella, cyclospora, cryptosporidia, and caliciviruses.</p>

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<p>environmental consortia.</p> <p>An adequate statutory and legal base for immunization activities.</p> <p>The cooperative commitment of food and beverage service operators to participate in public health activities.</p> <p>Time and effort of state and local public health staff.</p> <p>State funding of hardware, software, and management information system technical support for food inspection data collection and storage.</p>	<p>and workload, and a fee structure sufficient to support costs.</p> <p>The Division of Public Health, in conjunction with local health departments, commercial food establishments, and academic institutions will establish and maintain either an internal or external food service manager training and certification program, a process and criteria for certification and continuing education, and a fee structure sufficient to support and recoup the costs of the certification and training activities.</p> <p>Every local health department will conduct a public educational campaign to promote food safety in the home at least twice a year.</p> <p>The Division of Health will promote and provide training in the use of recognized national inspection procedures by all local health departments and consortia with agent status.</p> <p>Every licensed food and beverage establishment in the state will receive all training and technical assistance in a timely manner which is necessary to maintain it in compliance with state laws and best foodhandling practices as part of its licensure fee, and at no additional charge to the establishment.</p>				

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<p>State funding for startup and front-end operating costs for environmental consortia.</p> <p>An adequate statutory and legal base for immunization activities.</p> <p>The cooperative commitment of food and beverage service operators to participate in public health activities.</p>	<p>Every local health department and consortia with agent status will adopt Hazard Analysis Critical Control Point (HACCP) standards for commercial food inspections.</p> <p>Every local health department and consortia acting as agents will inspect and regulate transient non-community wells.</p> <p>The Division of Public Health in conjunction with the State Laboratory of Hygiene will establish an active food and waterborne disease surveillance program in at least one general hospital and one large medical group practice in each Division of Public Health region.</p> <p>The Division of Public Health will conduct an ongoing public information campaign and provide assistance to local health departments in providing similar campaigns, emphasizing the safety, wholesomeness, palatability and public health benefits of irradiated meats and other appropriate food products.</p> <p>The Division of Public Health and the State Laboratory of Hygiene will survey laboratories serving the state to determine test methods used and referral practices adopted for gastrointestinal illness specimens.</p>				

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	<b>Activities</b>	<b>Participation/ Reach</b>	<b>Short-term 2002-2004</b>	<b>Medium-term 2005-2007</b>	<b>Long-term 2008-2010</b>
	Issue updated guidelines to all physicians and clinical laboratories on clinical diagnosis and reporting procedures for gastrointestinal and other foodborne illnesses.				