Integrated Food Safety
A Local Perspective

Dave Covell, R.S., MPH
Deputy Director, EPH
Cuyahoga County Board of Health
NACCHO
The Current System

• Federal
  – FDA
  – USDA
  – CDC

• States
  – Direct service at the local level
  – Oversight of locals
  – FDA and USDA contracted work

• Local Health Departments
  – Ohio’s set up
  – Penn. and other examples
Examples

- **Epidemiology**
  - 1995 Cyclospora outbreak
    - Good communication (Fed/State/Local)
    - Trace back to Guatemala
  - Peanut butter outbreak
    - Good communication
    - Complex investigation

- **Not perfect but very good coordination**
Examples

• **Recalls**
  – One way communication
  – Manpower in the field under utilized

• **Inspections**
  – Currently no real nationwide tracking system
  – CDC risk factors
International Foods

- Local markets (grocery stores & ethnic markets)
  - We are in the markets already
  - We are checking labels for approved source

- We could identify gaps in the system by determining what makes it to the shelf.

- We can communicate back up through the chain on products much like in outbreak investigations.

- This information is available now but is under utilized.
Possible Solutions

• **Current efforts**
  – 50 state workshops (90’s & 2008)
  – Partnership for Food Protection (2008 & 2010)
  – Integrated food safety system

• **National standards**
  – FDA food code
  – CIFOR outbreak investigation guidelines
  – Voluntary standards (Wholesale and Retail)
Possible Solutions

• Utilize current system
  – Can’t be cumbersome
  – Communicate effectively

• Beef up system where needed
  – Assess current capacities
  – Provide resources where needed (PHI)

• Standardize wherever possible
  – Set some uniform guidelines
  – Consistency throughout different levels allows for good data
  – We will never be robots so don’t expect it.
Questions or Comments?

Dave Covell, R.S., MPH
Deputy Director, Environmental Public Health
Cuyahoga County Board of Health
dcovell@ccbh.net
216-201-2000