



Business Plan 2006 – Division of Environmental Health - Florida Department of Health

Mission: “Promote and Protect Health”

Vision: “Healthier Floridians”

Goal: To prevent disease of environmental origin

Bureau of Community Environmental Health – FOOD AND WATERBORNE DISEASE PREPAREDNESS

Trends and Conditions:

All hazards preparedness has recently been identified as a national issue and because of this, national, state, and local government agencies are preparing to respond to various bioterrorism events and natural disasters. The State of Florida has developed a Domestic Security Task Force and Regional Domestic Security Task Forces to push preparedness to a local level. Public health preparedness has come to the forefront and federal funding from the Centers of Disease Control and Prevention has been available to assist states with the large financial burden that preparedness has created. Specifically within the Department of Health, an infrastructure has been created to ensure department efforts and money expenditures are coordinated. Within the Division of Environmental Health, a preparedness coordinator handles these functions. At the program level, Food and Waterborne Disease Program has a Food and Waterborne Disease Preparedness Coordinator to link program level projects to the Division.

Division Cost: \$72,259 (Grant funding)

Division Positions: 1

County Program Cost: *

County Positions: *

* County staffing and costs are not tracked at a statewide level

The primary focus of the Food and Waterborne Disease Program's Preparedness efforts is county health department staff. Preparing public health personnel in the State of Florida to respond to intentional contamination of food or water involves increasing staff awareness of bioterrorism issues, strengthening staff investigation skills, and ensuring staff have the necessary equipment to respond and investigate.

Measure #1 is to increase by 60% the availability of training programs and opportunities and educational resources to CHD personnel concerning food or water acts of terrorism as they relate to public health. In the past three years, the Food and Waterborne Disease Program has given several presentations on bioterrorism and food and water and presented training to a large number of CHD personnel on investigation techniques. We continue to do this on a regular basis in all regions. In objective #1, the program plans to train CHD personnel in three areas: investigation techniques, specific food and waterborne diseases, and bioterrorism as it relates to food and water. Breaking down training into these areas gives a more accurate picture of food and water training in the state. Objective #2 is to provide information on foodborne and waterborne disease acts of terrorism. The program accomplishes this through the effective use of technology and through conferences and association. Awareness level information presented in these ways to reach the largest audience possible i.e. CHD personnel, nurses, dieticians, food safety personnel, etc.

In the past three years, the Food and Waterborne Disease Program has hosted seven intentional food contamination tabletop exercises for RDSTF personnel, one intentional waterborne contamination tabletop and participated in the Statewide Foodborne Disease Tabletop at the State Emergency Operations Center. Regional environmental epidemiologists have attended RDSTF meetings to increase awareness of food and waterborne intentional contamination issues. And, foodborne outbreak investigation kits were built and sent to each CHD plus satellite offices to ensure CHD personnel had the appropriate investigation equipment. In addition, other investigation and training equipment was purchased for CHDs. Plans are underway to increase the number of waterborne disease tabletop exercises and to purchase additional equipment for CHDs when money becomes available.



Measure #2 is to implement an automated food and waterborne disease information system. The real-time, web-based database is still under production and debugging. Once completed, this consolidation would allow instantaneous, statewide visibility on food and waterborne disease complaints as they are occurring. Plans are also under way to revamp the current Interactive Bookshelf materials and create online Breeze presentations and trainings from those materials.

Short Term Objectives

By January 1, 2008:

- Begin work on converting Interactive Bookshelf materials to Breeze.
- Continue development the ICS structure for a food and waterborne outbreak.
- Begin development of materials for at-risk populations.

Long Term Objectives

By January 1, 2009:

- Begin offering training to all CHD personnel and appropriate association/academies/meetings on an ‘as requested’ basis.
- Host a ‘Statewide Food Epi Conference’ for all food epi teams which would consist of a poster session, pathogen training, how to start a collaborative outreach group on food issues in your area, presentation of food-based community projects, and how to implement ICS in an outbreak investigation.
- CDC Foodborne Illness Case Studies conducted at least once in each regional environmental epidemiology area.

By January 1, 2010:

- Continuation of training activities to include all-hazards as well as food and waterborne bioterrorism.



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Measure #1: Train a minimum of two CHD staff per CHD in foodborne and waterborne disease preparedness.

Division Strategic Plan	HP 2010	Strategy	Benchmark	Responsible Party	Target Date	Status
Provide the best Environmental Epidemiology assets	8-21: Ensure that State health departments establish training, plans, and protocols and conduct annual multi-institutional exercises to prepare for response to natural and technological disasters.	Train CHD staff in foodborne and waterborne disease preparedness.	Train CHDs in three areas that relate to intentional contamination preparedness:	Tracy Wade/ Roberta Hammond/ regional environmental epidemiologists (REEs)	December 2008	Ongoing
Provide the best Environmental Epidemiology assets	8-26: Improve the quality, utility, awareness, and use of existing information systems for environmental health.	1. Train appropriate CHD personnel on investigation methods for foodborne or waterborne disease outbreaks	Over 3 trainings have been offered	Tracy Wade/ Roberta Hammond/ regional environmental epidemiologists (REEs)	December 2008	1. Ongoing
		2. Train appropriate CHD personnel on specific foodborne or waterborne	Over 3 trainings have been offered.	Tracy Wade/ Roberta Hammond/ regional environmental	December 2008	2. Ongoing



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		diseases.		epidemiologists (REEs)		
		3. Train appropriate CHD personnel on foodborne and waterborne bioterrorism issues either through live presentations or web based or CD based applications.	Over 3 trainings have been offered.	Tracy Wade/ Roberta Hammond/ regional environmental epidemiologists (REEs)	December 2008	Ongoing
		4. Assist the REEs in training public health personnel in the CDC's Foodborne Illness Case Studies	10 REEs have given the training at least once	Tracy Wade/ Roberta Hammond/ regional environmental epidemiologists (REEs)	December 2008	Ongoing
		5. Convert all program Power Point presentations into online Breeze trainings.	2 per year	Tracy Wade/ Roberta Hammond	December 2010	In development



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Measure #2: Provide information to the general public on foodborne and waterborne disease preparedness at least 10 times per year.

Division Strategic Plan	HP 2010	Strategy	Benchmark	Responsible Party	Target Date	Status
Be the best communicators and educators.	8-6: Reduce waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems.	Provide information on foodborne and waterborne disease preparedness.	Posters or presentations presented at five association or conference meetings to educate health personnel outside of the CHDs on the food and waterborne disease program including intentional contamination issues. Distribute magnets, information cards, posters, and promotional items to the public	Tracy Wade/Sandy Heatherly	December 2008	Done: 1. Palm Beach CHD (January 2006) 2. DOH Mangers Meeting (February 2006) 3. Pasco CHD New Employee Training (March 2006) 4. CPO Pool Inspector Training (April 2006) 5. Dept. of Corrections (April 2006) 6. Dept. of Corrections (April 2006) 7. Dept. of Corrections (May 2006) 8. NEHA (June 2006) 9. Dept. of Corrections (June 2006) 10. Pinellas CHD New Employee Training (June 2006) 11. FEHA (August 2006) 12. Pasco CHD New Employee Training (September 2006) 13. Bureau of Epi (September 2006) 14. Collier CHD (December 2006)



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						15. Okaloosa CHD- multiple organizations (December 2006) 16. Posters are circulating throughout CHDs as informational displays. Spent \$9,253.57 in 2006 on promotional items for distribution and will order more as need arises.
Promote and support training and innovation.	8-26: Improve the quality, utility, awareness, and use of existing information systems for environmental health.	<ul style="list-style-type: none"> Expand the current food and waterborne disease section website to include intentional contamination information. 	Website presence expanded.	Tracy Wade	December 2008	Converting presentations into online Breeze trainings.
Support community outreach	11-4: Increase the proportion of health-related World Wide Web sites that disclose information that can be used to assess the quality of the site.	- Maintain each web page	Updates completed	Tracy Wade	December 2008	Ongoing
		<ul style="list-style-type: none"> Develop statewide handwashing campaign 	Work with senior groups and Girl Scouts, Boy Scouts to develop badges or training modules on handwashing. Explore grant opportunities for handwashing training for the aged population.	Tracy Wade	December 2008	Girl Scouts did not respond to repeated contacts. Boy Scouts already have a similar program. This program needs rethinking.



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Measure #3: Train members of the seven RDSTFs in responding to intentional contamination of food or water at least once in each region.

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Promote and support training and innovation.	8-21: Ensure that State health departments establish training, plans, and protocols and conduct annual multi-institutional exercises to prepare for response to natural and technological disasters.	Host food and waterborne disease preparedness table-top exercises in all seven RDSTF regions.	Tabletop exercises have been held in all seven RDSTF regions- food and water.	Tracy Wade	December 2008	8 exercises completed in six regions. Food: RDSTF 1 on July 12, 2002 RDSTF 1 on January 7, 2003. RDSTF 6 on April 8, 2004 RDSTF 7 on May 20, 2004 RDSTF 5 on June 13, 2005 RDSTF 4 on July 15, 2005 RDSTF 3 on August 5, 2005 Water: RDSTF 1 January 18, 2002 Completed work on steering committee for FL Food Defense Statewide Tabletop with various other agencies (DOACS was lead). (February 2006)
		Create waterborne disease preparedness tabletop exercises.	Trainings developed.	Tracy Wade	December 2007	Develop Waterborne TTX . Work with Bureau of Water, DEP, etc. To be presented in 2008 due to funding.



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Measure #4: Replenish CHD investigation kits and supplies and update investigation equipment annually.

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Provide the best Environmental Epidemiology assets.	8-6: Reduce waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems.	Maintain investigation kits and supplies. Provide investigation equipment. Facilitate reminders to CHDs to sterilize and update expired materials.	Provide 50% of equipment and supplies on the CHD wish list.	Tracy Wade/Sandy Heatherly	December 2008	Each CHD has been issued Water Investigation kits and Foodborne Disease investigations kits (2003). Equipment and supplies from the kits are used periodically and must be replenished. Also, there is additional items CHDs would like to have on hand. No \$ spent in 2006.
Provide the best Environmental Epidemiology assets.	10-1: Reduce infections caused by key foodborne pathogens.	<ul style="list-style-type: none"> Identify funding source(s) 	Funding sources identified	Tracy Wade	Ongoing	Ongoing
Provide the best Environmental Epidemiology assets.	10-2: Reduce outbreaks of infections caused by key foodborne bacteria.	<ul style="list-style-type: none"> Order needed supplies, purchase, and distribute to staff. 	Supplies acquired and distributed to staff.	Tracy Wade	Pending funding	Ongoing