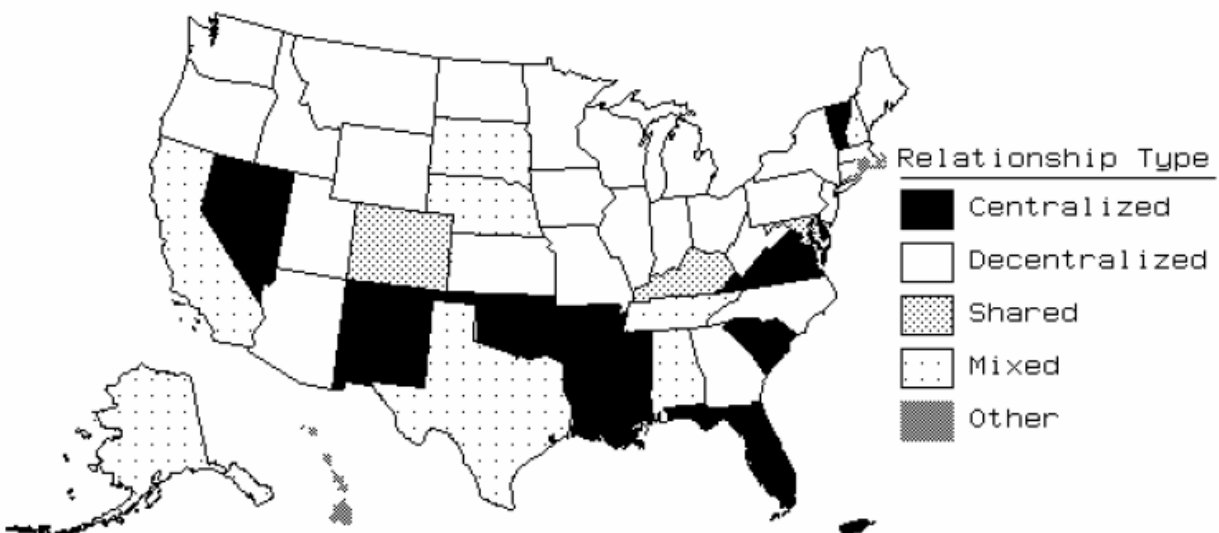


Differences in State and Local Organization: A Picture of Complexity

The Association of State and Territorial Health Officials (ASTHO) has documented how authority and program responsibilities for local public health services, and in particular food safety, are spread in diverse and complex ways across state and local agencies, including typically both health departments and agriculture departments.¹ The differences and complexity in organizational structure, authority, and roles affect how state and local agencies interact with the food safety information infrastructure. This document briefly summarizes the diversity of relationships among state and local health agencies as they relate to food safety and makes clear how difficult it is to generalize about how state and local food safety agencies are organized and function.

The National Association of City and County Health Officials (NACCHO) classifies the relationships among state and local public health agencies into four types: centralized, decentralized, mixed and shared.² In “centralized” states, local health departments are under state authority and operated by a state health agency, whereas in “decentralized” states, local governments operate local health departments. In states that have “shared” systems, local health agencies operate under the shared authority of state and local government, while, in “mixed” states, authority and program responsibilities are distributed across a mixture of state and local agencies. Figure 1 shows states by these classifications, according to the results of a 1998 NACCHO survey. This figure is offered only to illustrate the diversity of relationships across states and does not reflect changes that may have occurred since 1998.

Figure 1: Differences in Organizational Relationships



Source: NACCHO Research Brief, 1998

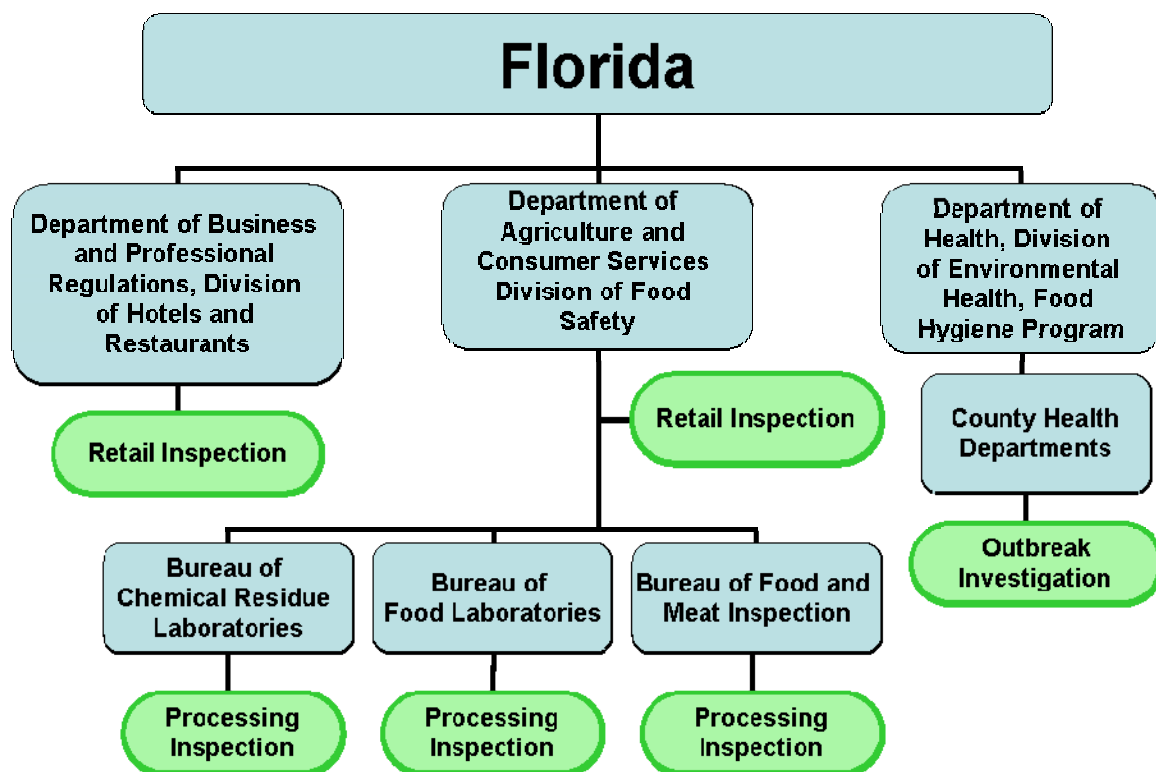
Across the board, state and local health agencies collaborate in diverse ways in responding to foodborne illness outbreaks and conducting other food safety activities. In addition, they commonly share certain inspection responsibilities with agriculture departments, as illustrated in the discussion that follows.

Centralized Systems

In states with centralized systems, the local health departments are under state authority and are operated by a state health agency or board of health. The state is in charge of licensing, inspections, and regulations. Foodborne enteric diseases are reported to the state public health agency, which then notifies the local public health agencies. During an outbreak, the state health agency is primarily responsible.¹

Florida, a centralized state, has 3 state departments in charge of food safety, as shown in Figure 2. The Division of Hotels and Restaurants in the Department of Business and Professional Regulation inspects most Florida restaurants.⁴ The Department of Agriculture and Consumer Services inspects most grocery and convenience stores.⁵ The Department of Agriculture and Consumer Services' Division of Food Safety is composed of the Bureau of Food and Meat Inspection, the Bureau of Food Laboratories and the Bureau of Chemical Residue Laboratories that work together to inspect and regulate processing plants.⁶ The Department of Health works with county health departments to investigate foodborne outbreaks.⁷

Figure 2: Centralized Example: Florida Food Safety Responsibilities



Decentralized Systems

In states with decentralized systems, the local governments operate the local health departments. Food safety responsibilities are split in this organizational structure. The local public health agencies are responsible for conducting routine inspections and providing licensure of retail food establishments. The state public health agencies are responsible for inspecting wholesale and processed foods, and adopting new food safety regulations. Foodborne enteric diseases are reported to the local public health agencies, which then notify the state public health agency. During an outbreak, the local departments have primary responsibility unless the outbreak occurs in a location that is not covered by a local public health agency, or if the local agency asks for support, the outbreak is severe, or the outbreak crosses local jurisdictions.¹

In Minnesota there are currently 40 counties and 16 cities that are in charge of their locality's food safety responsibilities, while the Minnesota Department of Health assists the remaining counties.² The separation of responsibilities is shown in Figure 3, while Figure 4 shows the spread of state and local responsibilities geographically. The Minnesota Department of Agriculture inspects grocery stores while the local agencies inspect retail food stores.⁸ Outbreak investigations are run by the local agencies but are assisted by the Minnesota Department of Health.⁹

Figure 3: Decentralized Example: Minnesota Food Safety Responsibilities

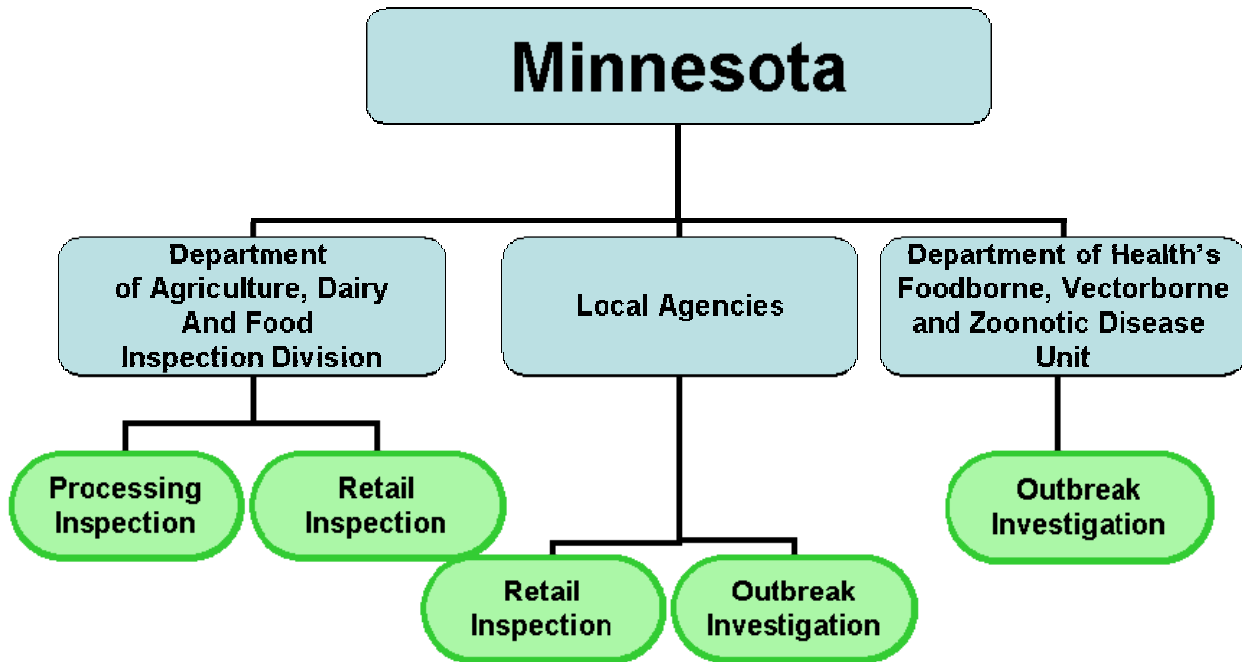
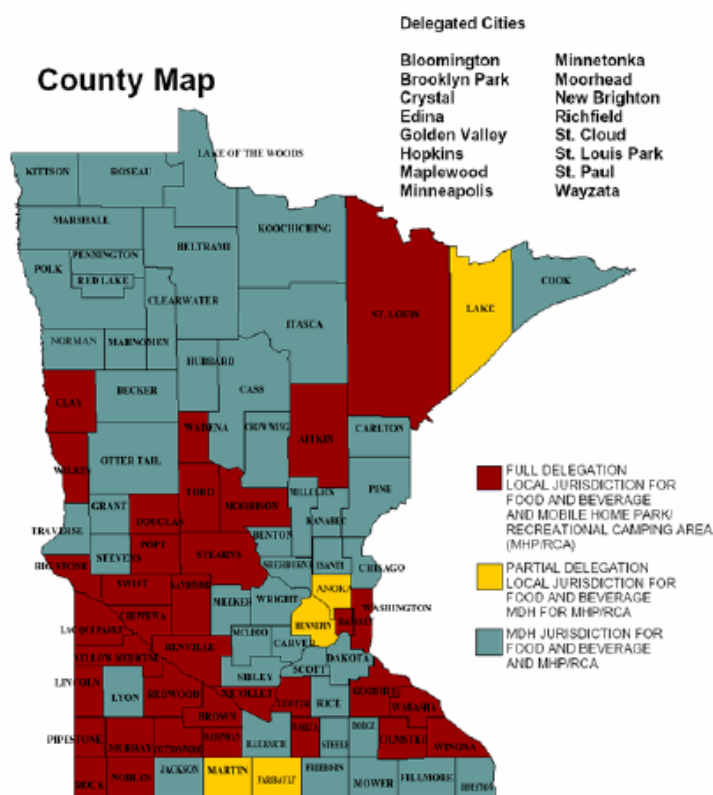


Figure 4: Minnesota State and Local Delegation of Public Health Responsibilities



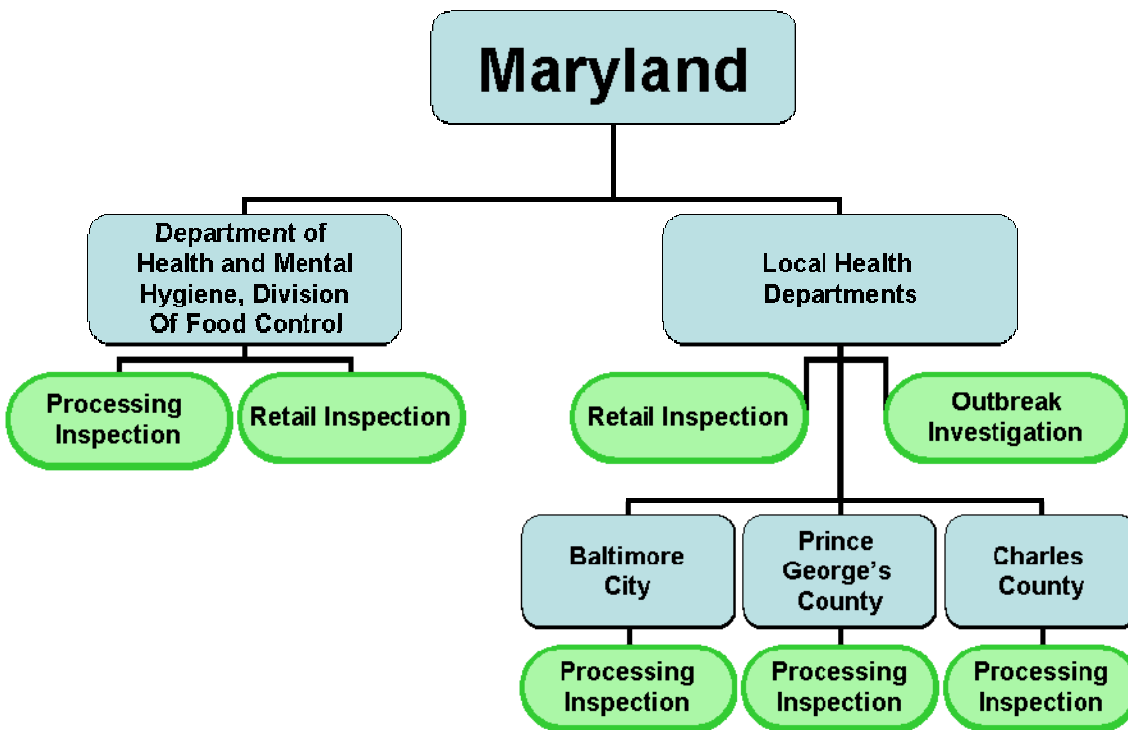
Source: Minnesota Department of Health

Shared Systems

States that operate under shared authority distribute responsibility among state and local agencies depending on resources and outbreak characteristics. In these states, the local health departments are under the authorities of both the state health agency and the local government and/or board of health. Foodborne enteric diseases are reported to the local public health agencies, which then notify the state public health agency.¹

Maryland is an example of a state with a shared system, as shown in Figure 5. In Maryland, The Department of Health and Mental Hygiene’s (DHMH) Division of Food Control is responsible for inspection of food processing facilities except in the local jurisdictions of Baltimore City, Prince George’s County and Charles County.¹⁰ Most local agencies are responsible for retail inspection, but the DHMH supports retail inspections by playing a role in enforcement, training and policy making.¹¹ Similarly, local health departments are responsible for foodborne outbreak investigation but receive assistance from the DHMH as needed.¹²

Figure 5: Shared Example: Maryland Food Safety Responsibilities

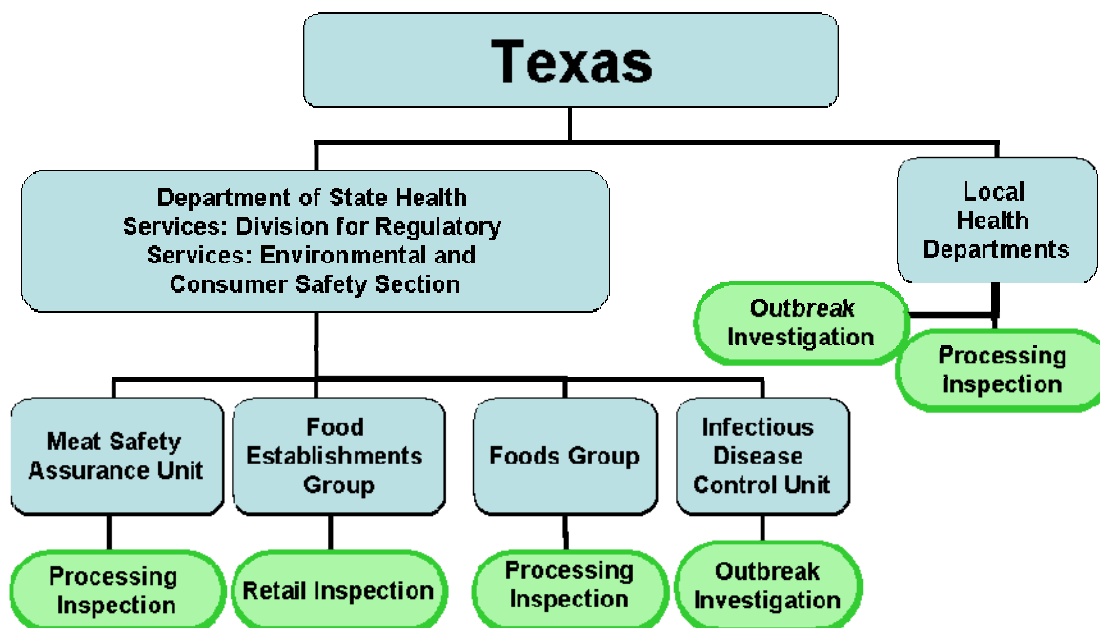


Mixed Systems

Lastly, in states with mixed systems, authority and program responsibilities are distributed in diverse ways, though the large local health agencies in a state typically have greater responsibility for food safety activities within their jurisdictions, while smaller local agencies may rely more on the assistance of state agencies.¹

For example, in Texas, the Houston Department of Health and Human Services is in charge of all of the retail inspections in Houston but the Food Establishments Group in the Texas Department of State Health Services' Environmental and Consumer Safety Section assists smaller health departments with their retail inspections.¹³ The Meat Safety Assurance Unit and the Foods Group of the Department of State Health Services are responsible for processing inspections.¹⁴ The Infectious Disease Control Unit of the Texas Department of State Health Services works with local health departments to investigate foodborne outbreaks.¹⁵

Figure 6: Mixed Example: Texas Food Safety Responsibilities



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