The National Environmental Health Association (NEHA) represents more than 7,000 governmental, private, academic, and uniformed services sector environmental health professionals in the U.S., its territories, and internationally. NEHA is the profession's strongest advocate for excellence in the practice of environmental health as it delivers on its mission to build, sustain, and empower an effective environmental health workforce.

Policy Statement on the Enrollment and Conformance With the Food and Drug Administration Voluntary National Retail Food Regulatory Program Standards

Adopted: October 2020 Policy Sunset: October 2023

The goal of all retail food regulatory programs is to reduce or eliminate the occurrence of illness and deaths from food produced at the retail level (Food and Drug Administration [FDA], 2020a). There are more than 3,000 state, local, tribal, and territorial governmental agencies that have the primary responsibility of regulating the retail food and food service industries in the U.S. (FDA, 2020a). The U.S. has made several strides towards national uniformity among regulatory food programs responsible for retail food protection by having states adopt the Food and Drug Administration (FDA) *Food Code* and producing widely recognized standards for regulatory food programs that administer the *Food Code* (FDA, 2019a). The FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) is a tool available for retail food regulatory programs that aids in the overarching goal of foodborne illness reduction nationwide.

The Centers for Disease Control and Prevention (CDC) estimates that foodborne illness causes approximately 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths in the U.S. each year (CDC, 2018). As of 2019, FDA reports that eight states have adopted the most recent version of the *Food Code* (FDA, 2019b). Enrollment in the Retail Program Standards can help retail food regulatory program toodborne illness and deaths in their communities by

NEHA's Policy Statement

NEHA recommends all federal, state, local, tribal, and territorial governmental agencies to enroll in the Retail Program Standards to implement current national standards that outline a process of ~> u:) ñ h • £ _ 9 n ñ £ £an£ £dmtijūous idprovement of enx me(1.k0 Tc 0 Tav 1.674 05 65 ()Tj0.0128Tc 0.012

In a key informant interview conducted by NACCHO, jurisdictions enrolled in the Retail Program Standards reported improving the quality and consistency of service provided by environmental health specialists working with retail food establishments (National Association of County and City Health Officials [NACCHO], 2014). Jurisdictions also reported that utilizing the tools provided by the Retail Program Standards, like sample documents and training materials, saved valuable time and resources (NACCHO, 2014). The guidance and foundation provided by the Retail Program Standards allows retail food safety programs to operate more efficiently while simultaneously ensuring quality improvement of services focused on reducing the occurrence of foodborne illness.

While enrollment in the Retail Program Standards is not legally mandated, NEHA encourages enrollment and conformance with all the standards. Benefits of enrollment in the Retail Program Standards include enhancing relationships with industry, improving quality and consistency of services, using existing resources more efficiently, adopting technology to keep better records of inspections, and affecting change at the state level through advocating for changes to the *Food Code* (NACCHO, 2014). Using a standardized set of guidelines for retail food regulatory programs to be built upon will ensure limited consumer exposure to risk factors associated with foodborne disease.

References

Angelo, K.M., Nisler, A.L., Hall, A.J., Brown, L.G., & Gould, L.H. (2017). Epidemiology of $\mathfrak{L}^-\tilde{\mathfrak{n}} \hookrightarrow \tilde{\mathfrak{n}} \ j^- \mathfrak{n} \bullet \tilde{\mathfrak{n}} \ \mathfrak{L}$ from disease outbreaks, United States, 1998–2013. Epidemiology and Infection, 145(3), 523–534.

Centers for Disease Control and Prevention. (2018). *Estimates of foodborne illness in the United States*. Retrieved from https://www.cdc.gov/foodborneburden/index.html

Adam Kramer, MPH, ScD, RS, H®

U.S. Public Health Service, Water, Food, and Environmental Health Services Branch Centers for Disease Control and Prevention

Glenda R. Lewis, MSPH

Director, Retail Food Protection Staff Center for Food Safety and Applied Nutrition/Office of Food Safety

Jeff Tarrant, CDR

U.S. Public Health Service

D'Ann L. Williams, MS, DrPH, LEHS