

# 2015 Food and Waterborne Illness Complaint Survey Results



Wisconsin Division of Public Health

## Analysis Finds Favorable Views for Standardized System, Database

### Special points of interest:

**Page 1:** Attitudes regarding shared database, standardized system.

**Page 2:** Breakdown of respondents, who reviews illness complaints, how is follow-up determined?

**Page 3:** Procedures, forms, and information collected. Who receives complaints, and how are they submitted and processed?

**Page 4:** Information sharing across agencies. Questions, comments, and concerns. Next steps.

The Wisconsin Division of Public Health (DPH) conducted a survey from October-November 2015, to collect information on the current practices and needs of food or waterborne illness (FWBI) complaint systems in use by local health departments (LHDs) and state agencies in Wisconsin. Unlike the Wisconsin Enteric Disease Surveillance System (WEDSS) for recording reportable illnesses in Wisconsin, there is currently no statewide standardized system for the receipt and handling of individual or group FWBI complaints submitted to state and local health departments by the public.

The survey identified a number of key findings (Figure 1). Most agencies have some protocol or policy in place to handle complaints, although information recorded

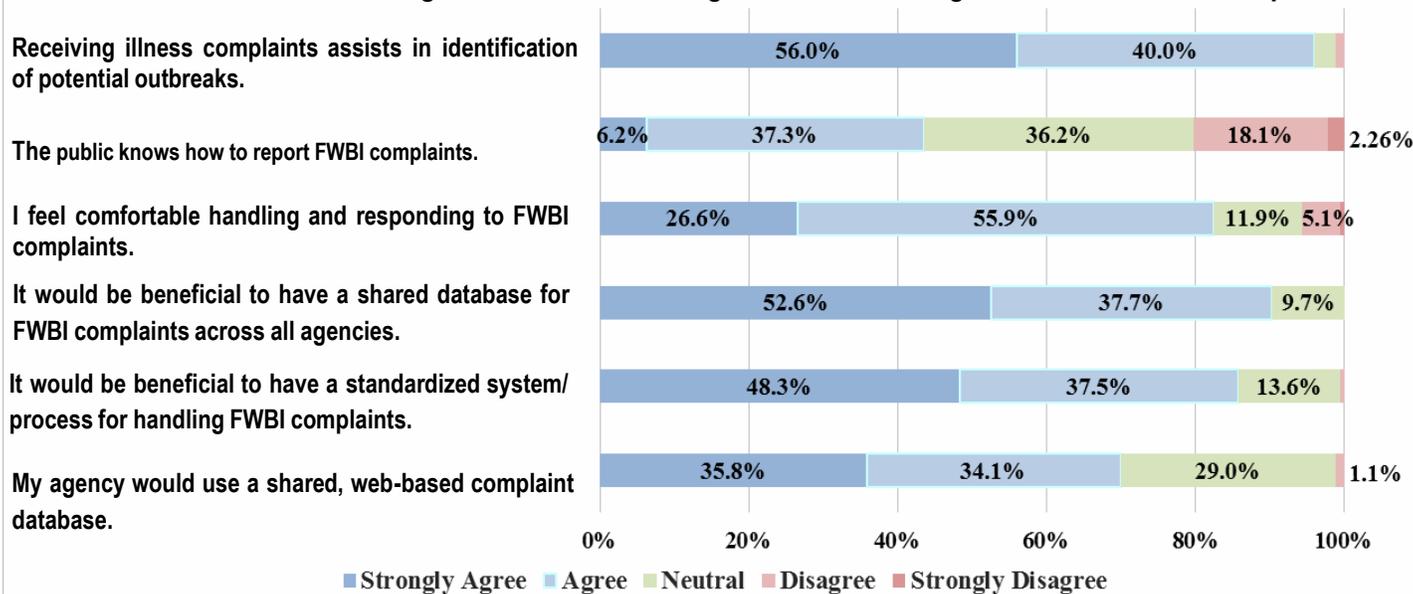
varies. Responsibilities for reviewing illness complaints and making decisions regarding the need for follow-up is evenly distributed among those who receive them, and strong coordination of efforts and information sharing exists across agencies.

In addition, attitudes among state and local agents are generally favorable to the development of a standardized system and database for handling FWBI complaints, though some concerns were raised. Over 90% of respondents either agreed or strongly agreed that it would be beneficial to have a shared database for FWBI complaints across all agencies that receive them. Additionally, 85% of respondents agreed that it would be beneficial to have a standardized

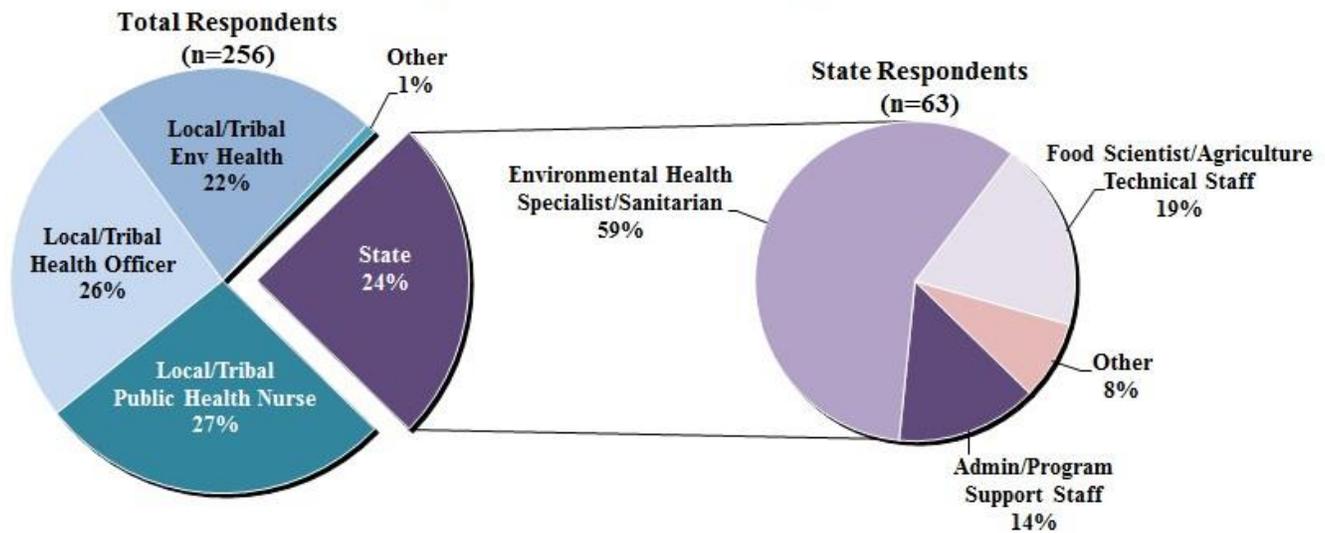
system/process for handling these complaints. Additionally, nearly 70% of respondents stated that they would use a shared, web-based database for the handling of FWBI complaints submitted by the public.

Respondents expressed less confidence in the public's knowledge of how to report FWBI complaints. Nearly 20% of respondents disagreed that the public knows how to report complaints to their agency, and another 36% remained neutral.

**Figure 1: Attitudes Among State and Local Agents Towards FWBI Complaints**



**Figure 2: Breakdown of Respondents**



**Who Responded?**

In total, **256 respondents completed the survey**. There were 193 respondents who identified as having local/tribal (76%) affiliation and 63 respondents who identified as having state (24%) affiliation (Figure 2). local/tribal responses were received from 82 of a possible 97 jurisdictions, **a response rate of 84.5%**. Local/tribal respondents identified primarily

in one of three roles: public health nurse (36%), health officer (34%), and environmental health (EH) (29%). State respondents came from the Department of Agriculture, Trade, and Consumer Protection (DATCP, 59%) or the Department of Health Services (DHS, 38%). State respondents consisted primarily of EH specialists/sanitariums (59%).

Additional roles were food scientist/agriculture technical staff (19%), and admin/program staff (14%). Respondents selecting “Other” (8%) included public health roles in microbiology and nursing, as well as supervisory and managerial roles.

**How does your agency determine which FWBI complaints require follow-up?**

**“This is where we could benefit from some guidance.”**

**Procedure for Reviewing Complaints**

The positions held by individuals who are responsible for *reviewing* complaints and making a decision on whether to conduct a follow-up investigation varied across state and local agencies.

Among respondents who work at state agencies, EH specialists/sanitariums are primarily responsible for reviewing complaints (59% of responses). At the local level, responses varied depending on whether the agency does its own environmental response (agent) or coordinates with a state environmental agent (non-agent). Within agent local health departments, decision-making is split evenly among public health nurses

(37% of responses), EH specialists/sanitariums (37%), and health officers (25%). Within non-agent LHDs, health officers play a more prominent role in decision-making (51%). Public health nurses (34%) and EH Specialists/Sanitariums (14%) are also involved in decision-making within non-agent LHDs.

When asked how each agency determines which food or waterborne illness complaints require additional follow-up, a wide range of protocols were reported. Many agencies base the decision on the number of ill persons, following up on two or more cases of similar illness with common exposures among persons in separate households. Other

respondents said that their agency makes these decisions on a case-by-case basis, while others reported they will consult with state officials to determine if an outbreak is likely. Many respondents indicated that all complaints receive some level of follow-up.

This heterogeneity of procedures for reviewing complaints among state and local agents demonstrates an opportunity to implement a more standardized process to ensure that FWBI complaints are handled in a consistent manner across all of Wisconsin.

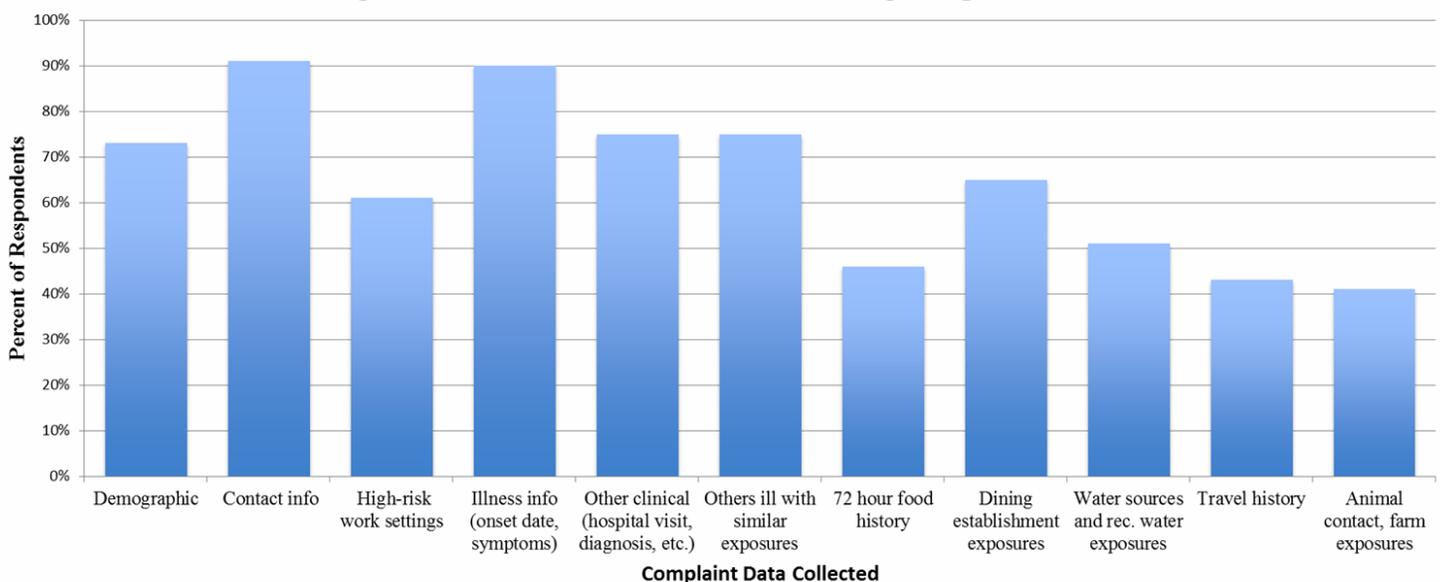
## Complaint Procedures, Forms, and Information Collected

While most respondents (84%) reported their agency has a written protocol or policy in place for receipt of FWBI complaints from the public, substantial variation existed in the data collection instrument/form used and in the information routinely collected. Fifty percent of respondents reported their agency

uses a structured form to collect information from a complainant. Another 24% of respondents use an informal, open-ended form to collect information, and 17% of respondents do not have a standard form for collection of this information. When taking complaint calls, respondents mentioned a variety of information

that is typically collected. While over 90% collect specific information on the illness (including onset dates and symptoms) and contact information, less than half collect a 72-hour food history, travel history, and information regarding animal and farm exposures.

**Figure 3: Information Collected When Taking Complaint Calls**



## Receipt of Complaints and Frequency of Review

Respondents were generally unsure of the number of complaints their agency receives and how often they are reviewed.

Thirty-two percent of respondents were uncertain of the number of FWBI complaints that their agency receives in a given time frame. Forty-four percent of respondents said their agencies receive less than one FWBI complaint per month, on average. An additional 19% of respondents reported they receive a few complaints per month, and only 4% of respondents receive a few complaints per week or more frequently.

The majority of respondents (57%) review FWBI reports as they are received rather than at regularly defined intervals, though 34% also expressed uncertainty with this measure.

When asked to identify all individuals who typically receive complaints within their organization, respondents highlighted three key roles: public health nurses (67%), EH specialists/sanitarians (61%), and health officers (43%).

The methods in which complaints are submitted and recorded varied across

agencies as well. Complaints are primarily received via phone call (90%), and email (60%). Methods for recording complaints include internal electronic databases (35%), shared databases with other agencies (20%), and physical/paper copies only (21%).

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**“[The] ability of consumers to report illness via an online survey has increased the number of foodborne illness reports significantly.”**

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## Interagency Collaboration During the Past Year

Sharing of complaint information exists across agencies as well. Seventy-nine percent of respondents said they receive public reports of possible food or waterborne illness from other state or local agencies, and 87% share complaint information with other jurisdictions if they are named in a complaint. Fifty-seven percent of respondents reported collaborating

with another state or local agency during the past year on a public FWBI complaint. When asked to list agencies collaborated with in the past year, a variety of responses were received. State agencies such as DHS, DPH, Department of Natural Resources, and DATCP were mentioned by a number of

respondents, as well as a variety of LHDs including Milwaukee, Jefferson, Kenosha, and Ozaukee Health Departments. In addition, respondents identified working across state boundaries as well. Minnesota and Michigan topped this list.

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**“[I would] prefer to use WEDSS vs. having another system to log into.”**

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### Questions or Concerns Regarding the Development of a Shared Database and Standardized Food or Waterborne Illness Complaint System

A common request among respondents was that any additional complaint monitoring system be incorporated into an existing database. There were two databases that were suggested by a number of respondents: WEDSS and HealthSpace. WEDSS was suggested by 20 respondents, 17 of whom were Public Health Nurses or

Health Officers, and three identified as Environmental Health staff. Another eight respondents suggested using HealthSpace, six of whom were in Environmental Health and two who identified as Public Health Officers. Additional concerns that were raised were the ease of use/access of the system, as well as the need to include only meaningful information and avoid

duplicate data entry within the database. Concerns regarding security/confidentiality, implementation costs, and extensive data entry were raised. Multiple respondents expressed a need for additional training on any new database as well.

### Next Steps

As a result of these survey findings, a few next steps were identified for this project. DPH will work with WEDSS technical staff to explore the feasibility of incorporating a shared system for

reporting FWBI complaints into WEDSS. DPH will also collaborate with state and local agents to develop written protocols with best practices for illness complaint management.

