Document H

Crosswalks Between National Initiatives and the CIFOR Guidelines Toolkit

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Purpose

Several ongoing initiatives deal with emergency response capacity development or improvement of program quality and performance at local and state public health, environmental health, and food regulatory agencies. These initiatives include

- FDA Retail and Manufactured Food Regulatory Program Standards
- State or Local Public Health Accreditation Board Standards
- State or Local Public Health Performance Standards
- Epidemiology and Laboratory Capacity Grants
- FDA Rapid Response Team
- OutbreakNet Sentinel Sites Grant

Some of these initiatives address quality and performance in a more generic way (i.e., are not limited to foodborne diseases) and others focus on foodborne diseases. Some are open to all programs that wish to participate whereas others involve only programs that have submitted proposals and have been funded (e.g., FDA Rapid Response Teams). Most of these initiatives provide standards (i.e., goals) toward which participating agencies work without specifying activities required to meet the goals.

The CIFOR *Guidelines* offer concrete ways to achieve compliance with many of the standards in these other initiatives (with respect to foodborne diseases and other infectious diseases) and should be considered a resource by agencies involved in these other initiatives. As an aid, crosswalks between the standards of three of the most popular quality improvement initiatives and the Focus Areas used in the CIFOR Toolkit have been developed. The crosswalks demonstrate potential bridges between these initiatives and the CIFOR *Guidelines*.

Agencies and jurisdictions involved in these initiatives are encouraged to study the crosswalks to identify CIFOR Toolkit Focus Areas that might support agency/jurisdiction work in these other initiatives.

High-level Crosswalk Comparing the FDA Voluntary National Retail Food Regulatory Program Standards 5 with the Focus Areas in the CIFOR Guidelines Toolkit

FDA VOLUNTARY NATIONAL RETAIL FOOD REGULATORY PROGRAM STANDARDS 5	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
1. Investigative Procedures	
a. The program has written operating procedures for responding to and /or conducting investigations of foodborne illness and food-related injury*. The procedures clearly identify the roles, duties and responsibilities of program staff and how the program interacts with other relevant departments and agencies. The procedures may be contained in a single source document or in multiple documents.	– Planning and preparation: o Relationships with relevant agencies and organizations o Communications – Investigation of clusters and outbreaks o Initial steps o Epidemiologic investigation o Environmental health investigation o Laboratory investigation
b. The program maintains contact lists for individuals, departments, and agencies that may be involved in the investigation of foodborne illness, food-related injury* or contamination of food.	Planning and preparation: o Relationships with relevant agencies and organizations o Communications
c. The program maintains a written operating procedure or a Memorandum of Understanding (MOU) with the appropriate epidemiological investigation program/department to conduct foodborne illness investigations and to report findings. The operating procedure or MOU clearly identifies the roles, duties and responsibilities of each party.	– Planning and preparation: o Relationships with relevant agencies and organizations o Resources – Investigation of clusters and outbreaks o Initial steps o Epidemiologic investigation
d. The program maintains logs or databases for all complaints or referral reports from other sources alleging food-related illness, food-related injury* or intentional food contamination. The final disposition for each complaint is recorded in the log or database and is filed in or linked to the establishment record for retrieval purposes.	– Surveillance and outbreak detection: o Notification/complaint system o Pathogen-specific surveillance
e. Program procedures describe the disposition, action or follow-up and reporting required for each type of complaint or referral report.	– Surveillance and outbreak detection: o Notification/complaint system o Pathogen-specific surveillance
f. Program procedures require disposition, action or follow-up on each complaint or referral report alleging food-related illness or food-related injury* within 24 hours.	Surveillance and outbreak detection: o Notification/complaint system o Pathogen-specific surveillance – Investigation of clusters and outbreaks: Initial steps
g. The program has established procedures and guidance for collecting information on the suspect food's preparation, storage or handling during on-site investigations of food-related illness, food-related injury*, or outbreak investigations.	– Investigation of clusters and outbreaks: Environmental health investigation
h. Program procedures provide guidance for immediate notification of appropriate law enforcement agencies if at any time intentional food contamination is suspected.	– Planning and preparation: o Relationships with relevant agencies and organizations o Communication
i. Program procedures provide guidance for the notification of appropriate state and/or federal agencies when a complaint involves a product that originated outside the agency's jurisdiction or has been shipped interstate.	– Planning and preparation: o Relationships with relevant agencies and organizations o Communication – Investigation of clusters and outbreaks:

FDA VOLUNTARY NATIONAL RETAIL FOOD REGULATORY PROGRAM STANDARDS 5	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
	Environmental health investigation
2. Reporting Procedures	
a. Possible contributing factors to the food-related illness, food-related injury* or intentional food contamination are identified in each on-site investigation report.	– Surveillance and outbreak detection: Notification/complaint systems – Investigation of clusters and outbreaks: Environmental health investigation
b. The program shares final reports of investigations with the state epidemiologist and reports of confirmed foodborne disease outbreak*s with CDC.	– Planning and preparation: o Relationships with relevant agencies and organizations o Communications – Investigation of clusters and outbreaks o Initial steps o Epidemiologic investigation o Environmental health investigation o Laboratory investigation
3. Laboratory Support Documentation	
a. The program has a letter of understanding, written procedures, contract or MOU acknowledging, that a laboratory(s) is willing and able to provide analytical support to the jurisdiction's food program. The documentation describes the type of biological, chemical, radiological contaminants or other food adulterants that can be identified by the laboratory. The laboratory support available includes the ability to conduct environmental sample analysis, food sample analysis and clinical sample analysis.	– Planning and preparation: Necessary resources – Investigation of clusters and outbreaks: Laboratory investigation
b. The program maintains a list of alternative laboratory contacts from which assistance could be sought in the event that a food-related emergency exceeds the capability of the primary support lab(s) listed in paragraph 3.a. This list should also identify potential sources of laboratory support such as FDA, USDA, CDC, or environmental laboratories for specific analysis that cannot be performed by the jurisdiction's primary laboratory(s).	– Planning and preparation: Necessary resources – Planning and preparation: Relationship with relevant agencies and organizations – Investigation of clusters and outbreaks: Laboratory investigation
4. Trace-back Procedures	
Program management has an established procedure to address the trace-back of foods implicated in an illness, outbreak or intentional food contamination. The trace-back procedure provides for the coordinated involvement of all appropriate agencies and identifies a coordinator to guide the investigation. Trace-back reports are shared with all agencies involved and with CDC.	Investigation of clusters and outbreaks: Environmental health investigation
5. Recalls	
a. Program management has an established procedure to address the recall of foods implicated in an illness, outbreak or intentional food contamination.	– Control measures: Food recall
b. When the jurisdiction has the responsibility to request or monitor a product recall, written procedures equivalent to 21 CFR, Part 7 are followed.	– Control measures: Food recall
c. Written policies and procedures exist for verifying the	– Control measures: Food recall

FDA VOLUNTARY NATIONAL RETAIL FOOD REGULATORY PROGRAM STANDARDS 5	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
effectiveness of recall actions by firms (effectiveness checks) when requested by another agency.	
6. Media Management	
a. The program has a written policy or procedure that defines a protocol for providing information to the public regarding a foodborne illness outbreak or food safety emergency. The policy/procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol.	– Planning and preparation: Communications – Control measures: Control of secondary spread
7. Data Review and Analysis	
a. At least once per year, the program conducts a review of the data in the complaint log or database and the foodborne illness and food-related injury* investigations to identify trends and possible contributing factors that are most likely to cause foodborne illness or food-related injury*. These periodic reviews of foodborne illnesses may suggest a need for further investigations and may suggest steps for illness prevention.	– Surveillance and outbreak detection: Notification/complaint systems
b. The review is conducted with prevention in mind and focuses on, but is not limited to, the following: 1. Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* in a single establishment; 2. Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Disease Outbreaks* in the same establishment type; 3. Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* implicating the same food; 4. Foodborne Disease outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* associated with similar food preparation processes; 5. Number of confirmed foodborne disease outbreaks*; 6. Number of foodborne disease outbreaks* and suspect foodborne disease outbreaks*; 7. Contributing factors most often identified; 8. Number of complaints involving real and alleged threats of intentional food contamination; and 9. Number of complaints involving the same agent and any complaints involving unusual agents when agents are identified.0	– Surveillance and outbreak detection: Notification/complaint systems – Investigation of clusters and outbreaks: Environmental health investigation
c. In the event that there have been no food-related illness or food-related injury* outbreak investigations conducted during the twelve months prior to the data review and analysis, program management will plan and conduct a mock foodborne illness investigation to test program readiness. The mock investigation should simulate response to an actual confirmed foodborne disease outbreak* and include on-site inspection, sample	– Planning and preparation: Necessary resources – Surveillance and outbreak detection: Notification/complaint systems

FDA VOLUNTARY NATIONAL RETAIL FOOD REGULATORY PROGRAM STANDARDS 5	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
collection, and analysis. A mock investigation must be completed at least once per year when no foodborne disease outbreak* investigations occur.	

High-level Crosswalk Comparing the Focus Areas in the CIFOR Guidelines Toolkit with the FDA Voluntary National Retail Food Regulatory Program Standards 5

FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT	FDA VOLUNTARY NATIONAL RETAIL FOOD REGULATORY PROGRAM STANDARDS 5
PLANNING AND PREPARATION	
Relationships with relevant agencies/organizations	1. a, b, c, h, i; 3.b; Documentation #9
Necessary resources	1.c., 3.a, 3.b, 7.c; Documentation 4
Communications	1.a, 1.b, 1.h, 1.i; 6; Documentation 8; Documentation 9
SURVEILLANCE AND OUTBREAK DETECTION	
Notification/complaint systems	1.d., 1.e., 1.f., 2.a, 7.a., 7.b., and 7.c., Documentation 1, 2, 3
Pathogen-specific surveillance	1.d, 1.e, 1.f, 3.a, 3.b,
INVESTIGATION OF CLUSTERS AND OUTBREAKS	
Initial steps	1.a, 1.c, 1.d, 1.e, 1.f
Epidemiology investigation	1.a, 1.c
Environmental health investigation	1.a,,1.g., 1.i, 2.a., 4.a; Documentation 5
Laboratory investigation	1.a, 3.a.,3.b.; Documentation 4
CONTROL MEASURES	
Control of source at implicated facility	1.h, 1.i
Food recall	5.a., 5.b., 5.c.; Documentation 6
Control of secondary spread	1.h, 1.c, 6.a

High Level Crosswalk Comparing the Local Public Health Accreditation Standards with the Focus Areas in the CIFOR Guidelines Toolkit

LOCAL PUBLIC HEALTH ACCREDITATION STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
Part A: Administrative Capacity and Governance	
Provide Infrastructure for Public Health Services Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.	– Planning and preparation: Resources – Surveillance and outbreak detection: o Notification/ complaint systems o Pathogen-specific surveillance
Provide Financial Management Systems Standard A2 B: Establish effective financial management systems.	
Define Public Health Authority Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.	Planning and preparation: Relationships with relevant agencies and organizations
Provide Orientation / Information for the Governing Entity Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.	
Part B **Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community**	
Collect and Maintain Population Health Data Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.	Surveillance and outbreak detection: o Notification/ complaint systems o Pathogen-specific surveillance
Analyze Public Health Data Standard 1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.	– Surveillance and outbreak detection: o Notification/ complaint systems o Pathogen-specific surveillance – Investigation of clusters and outbreaks: Initial steps
Use Data for Public Health Action Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.	– Investigations of clusters and outbreaks: o Initial steps: o Epidemiology investigation o Environmental health investigation o Laboratory investigation – Surveillance and outbreak detection: o Notification/ complaint systems o Pathogen-specific surveillance

LOCAL PUBLIC HEALTH ACCREDITATION STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
Domain 2: Investigate health problems and environmental public health hazards to protect the community	
Investigate Health Problems and Environmental Public Health Hazards Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.	– Planning and preparation: Relationships with relevant agencies and organizations – Planning and preparation: Resources – Surveillance and outbreak detection: o Notification/ complaint systems o Pathogen-specific surveillance – Investigations of clusters and outbreaks: o Initial steps: o Epidemiology investigation o Environmental health investigation o Laboratory investigation
Contain/Mitigate Health Problems and Environmental Public Health Hazards Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders	– Control measures: Control of source at implicated facility – Control measures: Food recall – Control measures: Control of secondary spread
Maintain Provision for Epidemiological, Laboratory, and Support Response Capacity Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.	– Planning and preparation: Resources – Planning and preparation: Relationships with relevant agencies and organizations – Investigation of clusters and outbreaks: o Epidemiology investigation o Environmental health investigation o Laboratory investigation
Maintain Policies for Communication Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.	– Planning and preparation: Communication – Planning and preparation: Relationships with relevant organizations
Domain 3: Inform and educate about public health issues and functions	
Provide Prevention and Wellness Policies, Programs, Processes, and Interventions Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.	Control measures: o Control of source at implicated facility o Food recall o Controlling secondary spread
Communicate Information on Public Health Issues and Functions Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.	– Planning and preparation: Communication – Control measures: o Control of source of implicated food o Food recall o Control of secondary spread
Domain 4: Engage with the community to identify and address health problems	
Engage the Public Health System and the Community in Identifying and Addressing Health Problems Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.	--
Engage the Community to Promote Policies to Improve the Public's Health Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.	--

LOCAL PUBLIC HEALTH ACCREDITATION STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
Domain 5: Develop public health policies and plans	
Establish, Promote, and Maintain Public Health Policies Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.	Control measures o Control of source at implicated facility o Control of secondary spread
Develop and Implement a Strategic Plan Standard 5.2 B: Develop and implement a health department organizational strategic plan.	--
Conduct a Community Health Improvement Planning Process Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan.	--
Maintain All Hazards/Emergency Response Plan Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).	– Planning and preparation: Relationships with relevant agencies – Planning and preparation: Communications
Domain 6: Enforce public health laws and regulations	
Maintain Up-to-Date Laws Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.	Planning and preparation: Necessary resources
Educate About Public Health Laws Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.	– Planning and preparation: Necessary resources – Control measures: o Control of source at implicated facility o Food recall
Conduct Enforcement Activities Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.	– Surveillance and outbreak detection: Notification/complaint systems – Control measures: o Control of source at implicated facility o Food recall
Domain 7: Promote strategies to improve access to healthcare services	
Assess Healthcare Capacity and Access to Healthcare Services Standard 7.1 B: Assess healthcare capacity and access to healthcare services.	--
Implement Strategies to Improve Access to Healthcare Services Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.	--
Domain 8: Maintain a competent public health workforce	
Maintain a Qualified Public Health Workforce Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.	– Planning and preparation: Necessary resources – Investigation of clusters and outbreaks: – Epidemiology investigation – Environmental health investigation – Laboratory investigation
Maintain a Competent Public Health Workforce Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.	--

LOCAL PUBLIC HEALTH ACCREDITATION STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
Domain 9: Evaluate and continuously improve processes, programs, and interventions	
Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.	– (Surveillance and outbreak detection: Pathogen-specific surveillance)
Implement Quality Improvement Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.	--
Domain 10: Contribute to and apply the evidence base of public health	
Identify and Use Evidence-Based and Promising Practices Standard 10.1 B: Identify and use evidence-based and promising practices.	Control measures: – Control of source at implicated facility – Control of secondary spread
Promote Understanding and Use of Research Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.	--

High-level Crosswalk Comparing the Focus Areas in the CIFOR Guidelines Toolkit with the Local Public Health Accreditation Standards

FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT	LOCAL PUBLIC HEALTH ACCREDITATION STANDARDS
PLANNING AND PREPARATION	
Relationships with relevant agencies/organizations	Part A: 3.1 Part B: 2.1.1, .21.4, 2.2.1, 2.3.1, 2.3.2., 2.3.4, 2.4.1, 5.4.1, 5.4.2
Necessary resources	Part A: 1.4 Part B: 2.1.2, 2.1.3, 2.1.4, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 6.1.1, 6.2.1, 8.1.3
Communications	Part B: 1.1.2, 2.1.4, 2.3.1, 2.3.3, 2.4.1, 2.4.2, 2.4.3, 2.4.4; 3.2.2, 3.2.4, 3.2.5, 5.4.1, 5.4.2
SURVEILLANCE AND OUTBREAK DETECTION	
Notification/complaint systems	Part A1.5, 3.1 Part B: 1.1.3, 1.2.1, 1.3.1;2.1.1, 2.1.5, 2.4.1, 2.4.2, 6.3.3; 6.3.4
Pathogen-specific surveillance	Part A: 1.5 Part B: 1.1.1, 1.1.2, 1.1.4, 1.2.1, 1.3.1, 2.1.1, 2.1.4, 2.1.5, 2.3.2, 2.4.2, (9.1.5)
INVESTIGATION OF CLUSTERS AND OUTBREAKS	
Initial steps	Part B: 1.2.1, 1.3.1, 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.3.1
Epidemiology investigation	Part B: 1.2.1, 1.3.1, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1,5, 2.3.1, 8.1.3
Environmental health investigation	Part B: 1.3.1, 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.3.1; 6.3.1, 6.3.3, 8.1.3
Laboratory investigation	Part B: 1.3.1, 2.1.1, 2.1.4, 2.3.2, 8.1.3
CONTROL MEASURES	
Control of source at implicated facility	Part B: 2.2.1; 3.1.1; 3.2.2;6.2.3; 6.3.1, 6.3.2, 6.3.3
Food recall	Part A: 3.1 Part B: 2.2.1, 2.2.2, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 3.1.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5, 6.2.3, 6.3.1.
Control of secondary spread	Part B: 2.1.4, 2.2.1, 2.2.2, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 3.1.1, 3.2.2, 3.2.4, 3.2.5

High-level Crosswalk Comparing the Local Public Health System Performance Standards with the Focus Areas in the CIFOR Guidelines Toolkit

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
1. Monitor health status to identify community health problems.	
1.1 Population-Based Community Health Profile	--
1.2 Current Technology to Manage and Communicate Population Health Data	--
1.3 Maintenance of Population Health Registries	--
2. Diagnose and investigate health problems and health hazards in the community.	
2.1 Identification and Surveillance of Health Threats	– Surveillance and outbreak detection: o Pathogen-specific surveillance o Notification/ complaint systems
2.2 Investigation and Response to Public Health Threats and Emergencies	– Planning and preparation: o Relationships with relevant agencies/organizations o Necessary resources – Surveillance and outbreak detection: o Pathogen-specific surveillance o Notification/ complaint systems – Investigation of clusters and outbreaks: o Epidemiology Investigation o Environmental health investigation o Laboratory investigation
2.3 Laboratory Support for Investigation of Health Threats	– Planning and preparation: o Relationships with relevant agencies/organizations o Necessary resources – Investigation of Clusters and Outbreaks: Laboratory investigation
3. Inform, educate, and empower people about health issues.	
3.1 Health Education and Promotion	
3.2 Health Communication	– Planning and preparation: o Relationships with relevant agencies/organizations o Necessary resources o Communications – Control measures o Control of source at implicated facility o Food recall o Control of secondary spread
3.3 Risk Communication	– Planning and preparation: o Relationships with relevant agencies and organizations o Necessary resources o Communications – Control measures: o Food recall o Control of secondary spread

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
4. Mobilize community partnerships to identify and solve health problems.	
4.1 Constituency Development	Planning and preparation: Relationships with relevant agencies and organizations
4.2 Community Partnerships	--
5. Develop policies and plans that support individual and community health efforts.	
5.1 Governmental Presence at the Local Level	
5.2 Public Health Policy Development	
5.3 Community Health Improvement Process and Strategic Planning	Surveillance and outbreak detection: Notification/ complaint systems
5.4 Plan for Public Health Emergencies	Planning and preparation: Communications
6. Enforce laws and regulations that protect health and ensure safety.	
6.1 Review and Evaluation of Laws, Regulations, and Ordinances	– Planning and preparation: Necessary resources – Control measures: o Control of source at implicated facility o Food recall
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	– Control measures: o Food recall o Control of secondary spread
6.3 Enforcement of Laws, Regulations, and Ordinances	– Planning and preparation o Relationships with relevant agencies/organizations o Communications – Surveillance and outbreak detection: Notification/complaint systems – Control measures: o Control of source at implicated facility o Food recall
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	
7.1 Identification of Personal Health Service Needs of Populations	--
7.2 Assuring the Linkage of People to Personal Health Services	--
8. Assure a competent public health and personal health care workforce.	
8.1 Workforce Assessment, Planning, and Development	Planning and preparation: Resources
8.2 Public Health Workforce Standards	Planning and preparation: Resources
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	Planning and preparation: Resources
8.4 Public Health Leadership Development	--
9. Evaluate the effectiveness, accessibility, and quality of personal and population based health services.	
9.1 Evaluation of Population- Based Health Services	–
9.2 Evaluation of Personal Health Services	--
9.3 Evaluation of the Local Public Health System	--

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE STANDARDS	FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT
10. Research for new insights and innovative solutions to health problems.	
10.1 Fostering Innovation	Control measures o Control of source at implicated facility o Control of secondary spread
10.2 Linkage with Institutions of Higher Learning and/or Research	Control measures o Control of source at implicated facility o Control of secondary spread
10.3 Capacity to Initiate or Participate in Research	Control measures o Control of source at implicated facility o Control of secondary spread

High-level Crosswalk Comparing the Focus Areas in the CIFOR Guidelines Toolkit with the Local Public Health System Performance Standards

FOCUS AREAS FOR CIFOR GUIDELINES TOOLKIT	LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE STANDARDS
PLANNING AND PREPARATION	
Relationships with relevant agencies/organizations	2.2, 2.3, 3.3, 3.2, 4.1, 6.3
Necessary resources	2.2, 2.3, 3.2, 3.3, 6.1, 8.1, 8.2, 8.3
Communications	2.1, 3.2 3.3, 5.4, 6.3
SURVEILLANCE AND OUTBREAK DETECTION	
Notification/complaint systems	2.1, 2.2, 5.3, 6.3
Pathogen-specific surveillance	2.1, 2.2
INVESTIGATION OF CLUSTERS AND OUTBREAKS	
Initial steps	2.1, 2.2
Epidemiology investigation	2.1, 2.2
Environmental health investigation	2.1, 2.2, 6.3
Laboratory investigation	2.1, 2.3, 10.2
CONTROL MEASURES	
Control of source at implicated facility	3.2, 6.1, 6.3
Food recall	3.2, 3.3, 6.1, 6.3
Control of secondary spread	2.1, 3.2, 3.3