

Initial Assessment Results
April 2011



The National Environmental Health Association (NEHA) conducted this project with support from the U.S. Food and Drug Administration/Center for Food Safety and Applied Nutrition/Office of Food Defense, Communication and Emergency Response (FDA/CFSAN/OFDCER) through a contract with the Association of Public Health Laboratories (APHL). The contents are solely the responsibility of the authors and do not necessarily represent the official views of FDA or APHL.

Partners for this project included NEHA, APHL, Association of Food and Drug Officials (AFDO), the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), FDA/CFSAN/OFDCER, the Centers for Disease Control and Prevention/Coordinating Center for Infectious Diseases/National Center for Zoonotic, Vector borne, and Enteric Diseases (CDC/CCID/NCZVED) Food Safety Office, and members of the Council to Improve Foodborne Outbreak Response (CIFOR) Workgroup on workforce issues.

NEHA acknowledges the NEHA staff and partners who assisted with this project: Larry Marcum, JD, MPA, Research & Development Managing Director, NEHA; Vanessa De Arman, Food Safety Project Specialist, NEHA; Kristen Ruby, Project Specialist, NEHA; Joseph Corby, Executive Director, AFDO; Jennifer Li, MHS, Environmental Health Director, NACCHO; Abraham Kulungara, MPH, Environmental Health Director, ASTHO; John "Jack" Guzewich, RS, MPH, Environmental Health Senior Advisor, FDA/CFSAN/OFDCER; Donald Sharp, MD, DTM&H, Food Safety Office Associate Director, CDC/CCID/NCZVED; and members of the CIFOR Workgroup on workforce issues: Scott E. Holmes, Environmental Public Health Manager, Lincoln Lancaster County Health Department; Robyn M. Atkinson, PhD, HCLD, Knoxville Regional Laboratory Director, Tennessee Department of Health Laboratory Services, State Laboratory Deputy Director; Joe Russell, RS, MPH, Public Health Officer, Flathead County (MT) Health Department; Marion F. Aller, DVM, DABT, Acting Deputy Commissioner, Florida Department of Agriculture and Consumer Services; and Lauren Rosenberg, MPA, Research Analyst, Council of State and Territorial Epidemiologists.

NEHA also acknowledges all of the state and local government agencies that responded to the assessment because without their feedback and support we would have been unable to report this data and these important workforce trends.

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Provided below is an overview of results intended to highlight some main points, information, and trends obtained through the assessment.

- € 75% of assessment participants indicated working at a local government agency and 25% indicated working at a state government agency.
- € Feedback was received from 78% of U.S. states, along with feedback from two U.S. territories.
- € 66% of assessment participants indicated a job title that can be readily classified as management level.

- € In terms of staff size, staff salaries, and grant funding, about 50% of assessment participants indicated no change over the past two years.
- € Assessment participants indicated the following decreases:
 - 45% indicated a decrease in staff size
 - § 5% indicated a decrease of over half
 - § 12% indicated a decrease between 25 and 49%
 - 53% indicated a decrease in training budgets
 - § 32% indicated a decrease between 1 and 24%
 - 58% indicated a decrease in overall budgets
 - § 49% indicated a decrease between 1 and 24%
 - 59% indicated a decrease in travel budgets
 - § 15% indicated a decrease of over half
- € Assessment participants indicated the following increases:
 - 19% indicated some percentage of staff salary increases
 - 14% indicated a 1–24% increase in overall budget
- € Comparing local and state agency results:
 - For the most part, the percentages for administrative capacity impacts were similar among local and state agencies.
 - Areas where percentages differed by 10% or more were:
 - § Staff salaries: 10% of state agencies indicated an increase between 1 and 24%, compared to 21% of local agencies.
 - § Training budgets: 5% of state agencies indicated a decrease between 25 and 49%, compared to 17% of local agencies.

- € 48% or more of assessment participants indicated no change for all of the programmatic capacities listed with the highest capacities not affect being:
 - Ability to conduct environmental assessments/investigations in response to outbreaks (68%)
 - Ability to respond to food recalls (68%)
 - Ability to respond/investigate consumer foodborne illness complaints (78%)
- € 40% indicated some level of decreased ability to support government mandated services

- Furthermore, 33% indicated a decrease in services offered to retail food facilities, 32% indicated a decrease in services offered to other government programs and departments, and 37% indicated a decrease in services offered to the general public.
- € Comparing local and state agency results:
 - For the most part, the percentages for programmatic capacity impacts were similar among local and state agencies.
 - Areas where percentages differed by 10% or more were:
 - § Ability to support government mandated services: 30% of local agencies indicated a decrease between 1 and 24%, compared to 44% of state agencies.
 - § Inspection fees: 62% of local agencies indicated no change, compared to 49% of state agencies.
 - § Ability to conduct environmental assessments/investigations in response to outbreaks: 15% of state agencies indicated an increase between 1 and 24%, compared to 5% of local agencies.
 - § Ability to respond/investigate consumer foodborne illness complaints: 17% of state agencies indicated an increase between 1 and 24%, compared to 4% of local agencies.
- € Local agencies indicated a decrease in the frequency of inspections, staff sizes, and training/outreach provided to retail food facilities and the general public.
- € Local agencies indicated an increase in inspection fees, in house training of staff, and workloads.
- € State agencies indicated a decrease in the frequency of inspections and staff size.
- € 25% indicated that they were conducting more inspections while 31% indicated that they were conducting fewer inspections.
- € 20% claim they are unable to meet routine regulatory inspection requirements.
- € Comparing local and state agency results:
 - For the most part, the percentages for regulatory food safety program inspection impacts were similar among local and state agencies.
 - Areas where percentages differed by 10% or more were:
 - § No change to the number of inspections required: 40% of local agencies in

Assessment participants were required to indicate the state they work in, the jurisdiction or organization they work for, and their job title.

Overall, feedback was received from 78% of U.S. states, plus two U.S. Territories (Northern Marianas Islands and Puerto Rico). Colorado, Iowa, Massachusetts, Michigan, and Ohio had 10 or more individuals participating in this assessment. Table 1.1 shows the state breakdown of assessment participants. The table also shows the level of government each state's participants work within.

| | | | |
|----------------------|----|---|------|
| Alabama | | 0 | < 1% |
| Alaska | 0 | 0 | 0% |
| Arizona | 2 | 0 | 1% |
| Arkansas | 2 | 2 | 1% |
| California | 3 | 1 | 2% |
| Colorado | 10 | 1 | 6% |
| Connecticut | 3 | 1 | 2% |
| Delaware | 0 | 0 | 0% |
| District of Columbia | 0 | 0 | 0% |
| Florida | 2 | 6 | 4% |
| Georgia | 1 | 2 | 2% |
| Hawaii | 0 | 0 | 0% |
| Idaho | 0 | 1 | < 1% |
| Illinois | 5 | 0 | 3% |
| Indiana | | 0 | |

| | | | | |
|--------------------------|---|---|---|------|
| Nebraska | 4 | 1 | 5 | 3% |
| Nevada | 3 | 1 | 4 | 2% |
| New Hampshire | 0 | 0 | 1 | < 1% |
| New Jersey | 0 | 1 | 1 | < 1% |
| New Mexico | 2 | 1 | 3 | 2% |
| New York | 1 | 0 | 1 | < 1% |
| North Carolina | 4 | 1 | 5 | 3% |
| North Dakota | 0 | 0 | 0 | 0% |
| Northern Mariana Islands | 0 | 0 | 0 | 0% |

Assessment participants came from state and local agencies (see Section 3.0 and Graph 3.0.1 for a local versus state agency breakdown of assessment participants). Below is a list of these agencies for each state. If more than one person indicated the same agency, that number is indicated in parentheses.

| | € Jefferson County Health Dept | |
|--|---|--|
| | € Mohave County | |
| | € Yuma County | |
| | | € Arkansas Department of Health (2) |
| | € City and County of San Francisco | € California Public Health, Food and Drug Branch |
| | € Glenn County Environmental Health Public Health, Env Health | |
| | € Broomfield Public Health and Environment | € Colorado Department of Public Health and Environment |
| | € Colorado State University | |
| | € El Paso County Public Health | |
| | € Larimer County Department of Health & Environment | |
| | € Las Animas/Huerfano County Health Department | |
| | € Park County | |
| | € Pueblo City County Health Department | |
| | € Summit County | |
| | € Weld County | |
| | € Weld County Department of Public Health and Environment | |
| | € Franklin, Lebanon & Salem (2) | € Consumer Protection |
| | € Town of Manchester | |
| | € Charlotte/DeSoto Counties | € Department of Agriculture and Consumer Services (2) |
| | € Volusia County – Department of Health | € Department of Health (3) |
| | | € Florida Department of Health – Broward County |
| | € Forsyth County Health Department | € Georgia Department of Agriculture |
| | | € Georgia Department of Community Health |
| | € Hoffman Estates | |
| | € Lake County Health Department (2) | |
| | € McDonough County | |
| | € Vermilion County Health Dept | |

| | <ul style="list-style-type: none"> € Cass County € Dearborn County € Hamilton County Health Department Noblesville € Hendricks County Health Department € Tipton County | |
|--|--|--|
| | <ul style="list-style-type: none"> € ADLM Counties, Environmental Public Health € Black Hawk County Health (2) € Buena Vista € Carroll County Environmental Health € Cedar County Environmental Health & Zoning Department € Cerro Gordo County Department of Public Health € City of Ames € City of Dubuque Health Department € City of Ottumwa € Dubuque Health Services € Iowa Environmental Health Association € Lee County Health Department € Linn County Public Health € Scott County Health Department € Taylor County Environmental Health € Webster County Health Department | <ul style="list-style-type: none"> € Iowa Department of Inspections and Appeals |
| | | <ul style="list-style-type: none"> € Health Department |
| | <ul style="list-style-type: none"> € City of Bangor | <ul style="list-style-type: none"> € Department of Agriculture, Division of Quality Assurance and Regulations |
| | <ul style="list-style-type: none"> € Baltimore County Public Schools € Prince George's County Health Department | |

| | <ul style="list-style-type: none"> € Ashland € Brookline Public Health Department € City of Newton Health and Human Services Department (2) € Fairhaven Board of Health € LBOH € Merrimac Board of Health € Reading Health Division € Town of Burlington Board of Health € Town of Danvers Board of Health € Town of Harwich € Town of Natick Health Department € Town of Topsfield € Town of West Springfield € Weymouth Health Department | <ul style="list-style-type: none"> € Department of Public Health, Food and Drugs € Food Protection Program |
|--|---|--|
| | <ul style="list-style-type: none"> € Barry Eaton Health District € Berrien County Health Department € District Health Department #4 € District Health Department #10 € Genesee County Health € Ingham County Health Department € Jackson County Health Department € Kalamazoo County € Livingston County Department of Public Health € Tuscola County Health Department | <ul style="list-style-type: none"> € Michigan Department of Agriculture and Rural Development |
| | <ul style="list-style-type: none"> € City of St. Cloud € Olmsted County Public Health Services | <ul style="list-style-type: none"> € Department of Agriculture € Minnesota Department of Health |
| | | <ul style="list-style-type: none"> € Mississippi Department of Health |
| | <ul style="list-style-type: none"> € City of Joplin € St. Louis County (2) € St. Louis County Department of Health | |
| | <ul style="list-style-type: none"> € Lincoln Lancaster County Health Department (2) € Central District Health Department (2) | <ul style="list-style-type: none"> € Nebraska Department of Agriculture |
| | <ul style="list-style-type: none"> € Southern Nevada Health District (3) | <ul style="list-style-type: none"> € Nevada State Health Division, Office of Epidemiology |
| | <ul style="list-style-type: none"> € Manchester Health Department | |
| | | <ul style="list-style-type: none"> € New Jersey Department of Health |

| | | |
|--|---|---|
| | | |
| | <ul style="list-style-type: none"> € Bernalillo County € Environment Department, Environmental Health Division | <ul style="list-style-type: none"> € New Mexico Environment Department |
| | <ul style="list-style-type: none"> € Madison County Health Department | |
| | <ul style="list-style-type: none"> € [Redacted] Wamance County Health Department € Cabarrus County € Craven County Health Department € New Hanover County Health Department | <ul style="list-style-type: none"> € Department of Environment and Natural Resources |
| | <ul style="list-style-type: none"> € Jia @DAO | <ul style="list-style-type: none"> € Department of Public Health |
| | <ul style="list-style-type: none"> € Cincinnati Health Department € [Redacted] City of Springdale € Cuyahoga County | |

| | | |
|--|--|-----------------|
| | | |
| | | € Department of |

The assessment targeted management level professionals within environmental health regulatory food safety programs. Table 2.3.1 organizes job titles by position (e.g., director, manager, supervisor, etc.) and the descriptors listed for the position title. If more than one person indicated the same position and title descriptor, that number is indicated in parentheses.

Overall, 186 assessment participants provided job titles. Sixty six percent of job titles fall under the classification of management level—administrator, chief, commissioner, director, head, leader, manager, and supervisor. The other job titles, such as sanitarian, specialist, and officer, don't clearly indicate management level. However, that does not mean these individuals do not manage the food safety programs within their jurisdiction. It is just not clear as to the level of responsibility they have based solely upon their job title.

Administrator (7)

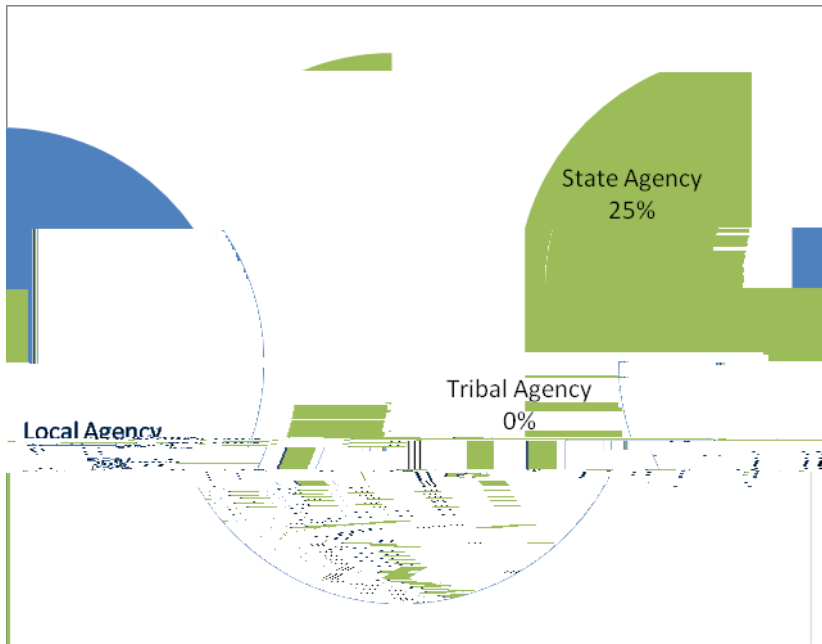
Environmental (2)
Environmental Health
Food Division
Food Safety Program

| | |
|--|---|
| Environmentalist (1) Epidemiologist (2) | Assistant Environmental Regional Environmental |
| Head (1) Inspector (5) | Branch Environmental Health Food Health Public Health Senior Food, II |
| Leader (1) Manager (39) | Foods Team No descriptor (3) Consumer Health Services Consumer Protection Division Environmental Environmental Field Services Environmental Health (8) Environmental Health Services (4) Environmental Public Health Epidemiology Food and Neighborhood Nuisances Food Processing Program Food Program (3) Food Protection Program Food Safety Program Outbreak Preparedness Program (5) Section (2) Unit |
| Representative (2) Sanitarian (12) | Field No descriptor (2) City (2) Environmental Health Environmental (2) Registered (2) Registered, III (2) Senior |
| Scientist (1) Specialist (20) | Environmental Environmental Health (15) Environmental Health, III Environmental Food Senior Environmental Health (2) |

Supervisor (14)

No descriptor (2)
Community

Assessment participants were asked to indicate if they work at a local, tribal, or state government agency. Those indicating none of the above were bounced to a screen out page informing them that the survey was specifically for those working at a local, tribal, or state government agency, and thanked them for their interest in participating. Graph 3.0.1 shows the percentage of assessment participants coming from the different government agency levels.



| | | | | | | | | |
|-------------------------|----------|-----------------|-----|-----------|----------------|-----------------|---------------|-----|
| Administrative Capacity | decrease | 25 49% decrease | 1 | No change | 1 24% increase | 25 49% increase | >50% increase | N/A |
| Staff size | 7% | 14% | 24% | 43% | 7% | 0% | | 5% |
| | | | | 57% | | | | 2% |

The next set of charts (4.1.1–4.1.7) show the percentages of assessment participants indicating the different levels of change for each administrative capacity. Following the charts are comments made for each specific degree of impact. The charts also compare responses for all participants to responses from local and state agency participants.

- € 4 hour food inspector budget eliminated in 2010.
- € Effective July 1, administrative will be reduced 50%
- € Not enough staff to effectively perform job duties.
- € We share a secretary with Planning, Conservation and about 14 other small non regulatory Boards and Commissions. Additionally we were recently given duties for Veterans' Affairs with no staff increase.

- € Bureau of Environmental Health office was fully staffed @ 21 staff down to incumbent 11 staffs.

- € Personnel retiring or leaving the department have not been replaced.
- € Loss of senior staff person and increased demand on Env Director related to other programs and initiatives has effected administrative capacity
- € Lost an EH Director to budget cuts and EH Coordinator retired and was not replaced.
- € One full time inspector was laid off

- € No vacanciTf.2280TD-0003staff
XEnv

€ There are more establishments and less inspectors to achieve the goal of inspecting at least 80% of the establishments.

€ We still have the same staff of one. He has been assigned additional duties in emergency response for 4 hours per week.

€ De regionalized because food licensing fees were inadequate to maintain region. Staff reduction occurred.

€ The county had a workforce reduction and one full time inspector position was lost.

€ Permanently lost 1 of 8 field EHS positions in our Food Program (12.5%). Funding for the position was eliminated after the position became vacant.

€ Reduction based on Budgets

€ Loss of assistant director position and delay in filling director position for

Local

€ in ~

A

- € Cut 100 percent
- € We are currently on a budget freeze for salaries

- € 401K contributions have been eliminated
- € Furlough & Health Insurance

- £ For the past 4 yrs, no increases. Had 10 day furlough in 2010.
- £ Cost of life is higher and salaries are the same, all salary raise were put on hold.
- £ There were 12 furlough days without pay last year and one furlough day every two weeks this year through March. This was followed by a 3% salary increase.

Cost

€ \$8,000 per year, food inspector conduct

€ State's had austerity measures since 2005. All vacated FTEs are zero out, all expenditures are slashed since 2005. Daily operational costs barely cover expected incurred operation cost.

€ Agency wide cuts have been greater than 40% to date. Expecting at least another 6-10% cut in July.

€ We were taken away the first permits given to an establishment decreasing the budget in more than a million

€ Revenues are down.

<

- € It has been eliminated.
- € Our training budget was decreased from \$2,800 for 2009 to \$1,000
f been

- € Don't have a training budget, only allowed to attend free training that does not involve overnight stays.
- € Have no designated training budget. Free or web based training promoted.

- € Our budget for equipment and technology was eliminated in the 2010 budget year.
- € Only replaced when essential to completing priority task, with cheapest possible replacement item.
- € 2000 operating computer window would be the latest norm. Basically, ICT equipments are neither from FDA used inventory or "hand me down" from other federally funded program within department
- € No

Chart 4.1.7 Grant Funding: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants

Additional Comments

>50% decrease

Local Agency

- x No grant funding

State Agency

- x WHO and SPQ (regional INGO partners) sometimes provide technical assistance and funded training in disease surveillance.

25–49% decrease

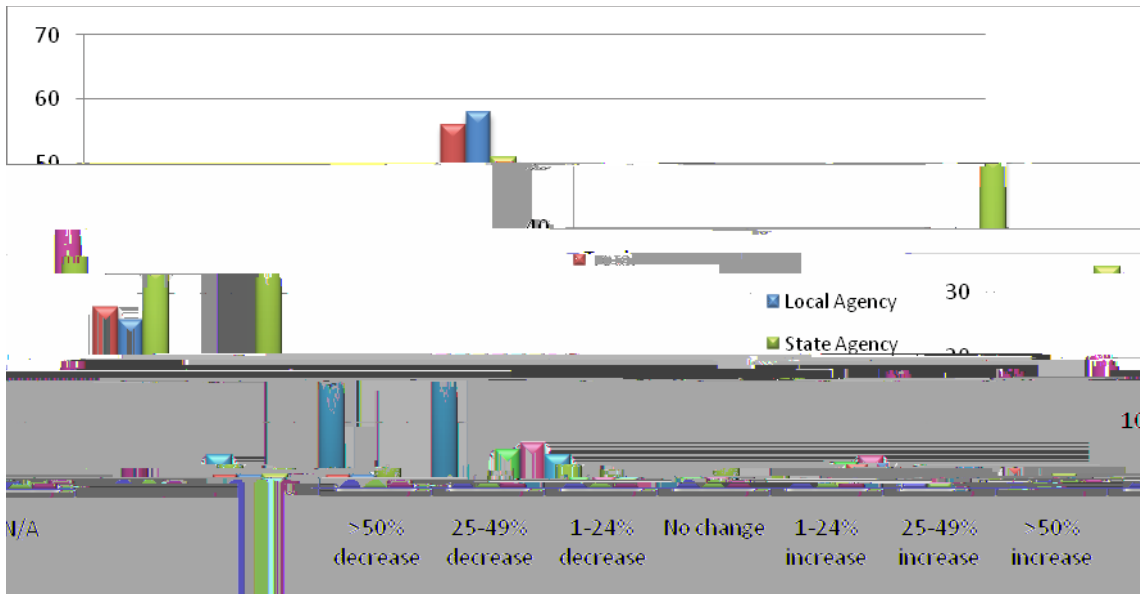
Local Agency

- x 1 FTE maybe lost in FY12 due to

| Programmatic Capacity | >50% decrease | 25-49% decrease | 1-24% decrease | No change | 1-24% increase | 25-49% increase | >50% increase | N/A |
|---|---------------|-----------------|----------------|-----------|----------------|-----------------|---------------|-----|
| Ability to support government mandated services | 3% | 3% | 30% | 54% | 7% | 0% | 0% | |

€ Very little is offered other than some group training classes.

€ Ability time wise to be interactive with industry people for comprehensive education regarding food safety.



€ Very little is offered other than some group training classes.

€ Consultation and collaboration with others. Building, planning, local gov'ts is diminished due to time constraints. Demanded service only.

€ We continue to do more with less
 € 50% cut 5 years ago

€ Promotion and presentation of personal hygiene, NCDs program such as tobacco cessation, proper diet and better choices to improve lifestyle at respective gov'tal department

€ Additional inspections at schools

€ The food inspection program works very close with the Stark Co. Plumbing Program during the food service plan review process to ensure operations are properly plumbed. In addition, the food inspection program works with the 9 sewer districts in our health jurisdiction to ensure proper grease trap size, installation, and maintenance.

€ Reduce the number and level of non mandated services (complaint investigations, on site investigations etc.) based on available personnel.

€ We no longer provide certified food protection manager courses. Iowa State University has filled this gap.

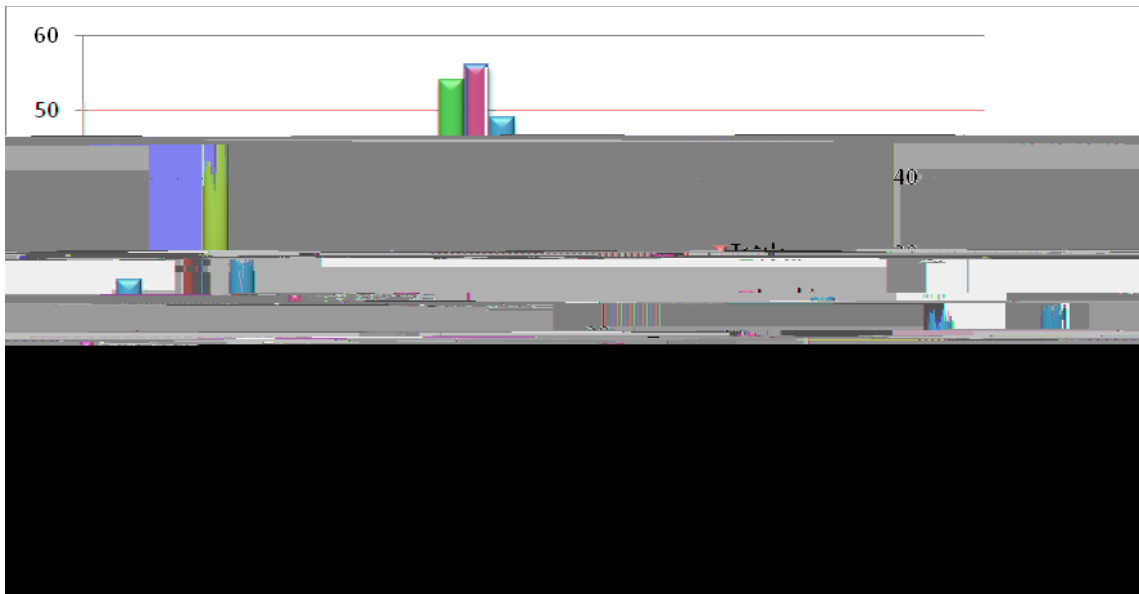
€ Decrease due to 3 furlough days/month.

€ Our department has a "dilemma" person who fields walk ins and phone calls so we have coverage even when the food staff person is not in the office for whatever reason.

€ These services were already somewhat limited.

€ Trying to keep this level of involvement in check.

€ The Environmental Division of the Stark County Health Department Food Inspection Program provides the public.



- € Working hard to maintain quality inspections. Results are posted in the local newspaper.
- € We strive to be consistent and that all inspections are conducted at high level
- € Public health risk reduction is a priority
- € We will continue to inspect according to MI law and Federal food code.
- € Only in frequency of inspections conducted however quality of services have not changed
- € We maintain our standards of quality just reach less establishments

- € We are stressing that no matter what the frequency, quality of inspections must be maintained.
- € Most of the Environmental inspections are sanitary condition assessment and NOT risk base inspection.

- € Our QA program has improved under the leadership of a new supervisor.
- € We have implemented a Quality Assurance Program for field inspections and administration.
- € Always striving to increase quality of inspections, difficult to accomplish when trying to meet state intergovernmental agreement

- € We have great inspectors

- € Significant changes allow more time to spend with each facility. We can focus on quality of inspections over quantity of inspections.

€ Inspection fees are nominal at best. Average permit fees is \$50. per

- € Using the services of the epidemiologist to assist the sanitarian and nursing staff
- € Increased due to in house training.
- € Staff are well trained respondents to environmental, disease and/or food/water/vectorborne outbreaks. CNMI is located in the tropics and geographical located within tropical disease environment and situated between mainland Asia and continental USA.

€ Most follow up is done by phone now, however thanks to a grant position we are attempting to

- € All potential issues that have adverse affect on health and wellbeing of general public, visa vi environmental issues, man made issues, biological or chemical issues.
- € We have eliminated inspection of health clubs and laundromats, reduced inspection of hotels, and begun inspecting massage therapy and personal grooming establishments only if there is a complaint.
- € Continues to be a struggle to maintain.
- € restaurants, mobile food units, mobile unit commissaries, vending machines, food service at bed and breakfast accommodations and temporary restaurants
- € Working more hours with less staff.
- € We are generalists. We work with septics, wells, complaints, food establishments, and to a lesser degree lead risk assessments.
- € Added Tanning facilities and responding to gas drilling complaints are added programs,

- € Have discussed this possibility, but no change at this time.
- € No one to outsource to, other than privatizing our Home Care Program, which will decrease overall PH staff by >50% by end 2011, and further diminish our capacity to respond to outbreaks due to loss of nursing staff
- € With
 overall

- € Our food borne investigations have been reassigned to our epidemiology program. If they determine that there is an outbreak we are then dispatched to investigate (with lag time)
- € Have stayed the same but we are seriously looking at outsourcing some of our food inspections to a consultant on an inspectional fee paid basis w/out benefits.

€ funding

- € We have had to limit the number of state inspected meat plants that want to come under inspection due to not being able to increase staffing numbers.
- € mandated inspections of none prioritized sectors
- € Reduced routine inspections of state licensed facilities.
- € Inability to fill vacant positions has resulted in a decrease in food inspections in most areas (milk, shellfish and contract inspections are still conducted according to mandates).

- € food safety, recreational programs (campgrounds, pools, tourist rooming houses)
- € food defense/emergency preparedness eliminated, shellfish reduced
- € Outbreak response capacity. no ability to implement system wide capacity
- € Mandated work and complaints are coEffect

€

€ Increased due to in house training. We now have an Enteric Disease Epidemiologist on staff who is conducting training.

€ Two counties have received delegation to conduct program activities for the retail food program.

Assessment participants were asked to indicate the degree of increase, decrease, or no change to their regulatory food safety program's capacity to investigate and respond to foodborne illness outbreaks using a likert scale. The following table shows all of the capacities and the degrees of impact indicated by assessment participants. The number in each box is the percent of the total participants selecting that option. The next two tables show this information specific to local and state agency assessment participants.

| Regulatory Food Safety Program Capacity | >50% decrease | 25-49% decrease | 1-24% decrease | No change | 1-24% increase | 25-49% increase | >50% increase | N/A |
|---|---------------|-----------------|----------------|-----------|----------------|-----------------|---------------|-----|
| Program funding | 1% | 4% | 22% | 61% | 6% | 1% | 0% | 5% |
| Staff size | 3% | 5% | 29% | 53% | 5% | 1% | 0% | 4% |
| Training for staff | 3% | 11% | 21% | 47% | 12% | 1% | 1% | 4% |
| Qualifications and competency of staff | 1% | 1% | 8% | 65% | 20% | 2% | 0% | 3% |
| Other food safety workload expectations | 1% | 3% | 8% | 53% | 28% | 3% | 1% | 4% |
| Other workload expectations | 3% | 3% | 8% | 43% | 34% | 7% | 0% | 4% |

The next set of charts (8.1.1–8.1.6) show the percentages of assessment participants indicating the different levels of change for each capacity. Following the charts are comments made for each specific degree of impact. The charts also compare responses for all participants to responses from local and state agency participants.



- € budget for foodborne illness was slightly reduced
- € Costs go up, but license fees stayed the same.
- € One less field EHS in the food program.
- € In training funds only

- € 50% cut 5 years ago
- € Revenue stays the same and costs continue to increase.
- € no funding

- € received an FDA RRT grant. State funding has decreased significantly.

- € We still respond to all complaints regarding possible food borne illnesses. Detailed interview with person ill, inspection of facility, collect food for testing is possible.

€ Staff size reduced but geographical region reduced 2200 facilities down to 350.

€ We lost one full time inspector and a part time inspector that worked with swimming pools and wells.

€ One less field EHS in the food program.

€ chronic turnover due to low wages.

€ Less staff same amount program requirements.

€ Same staff #'s, experience diminished due to loss of sr sanitarian

€ 50% cut 5 years ago

€ there will be four retirements this year out of a staff of 15. The ability to fill all these positions may prove

2 ~-046's, these decrease

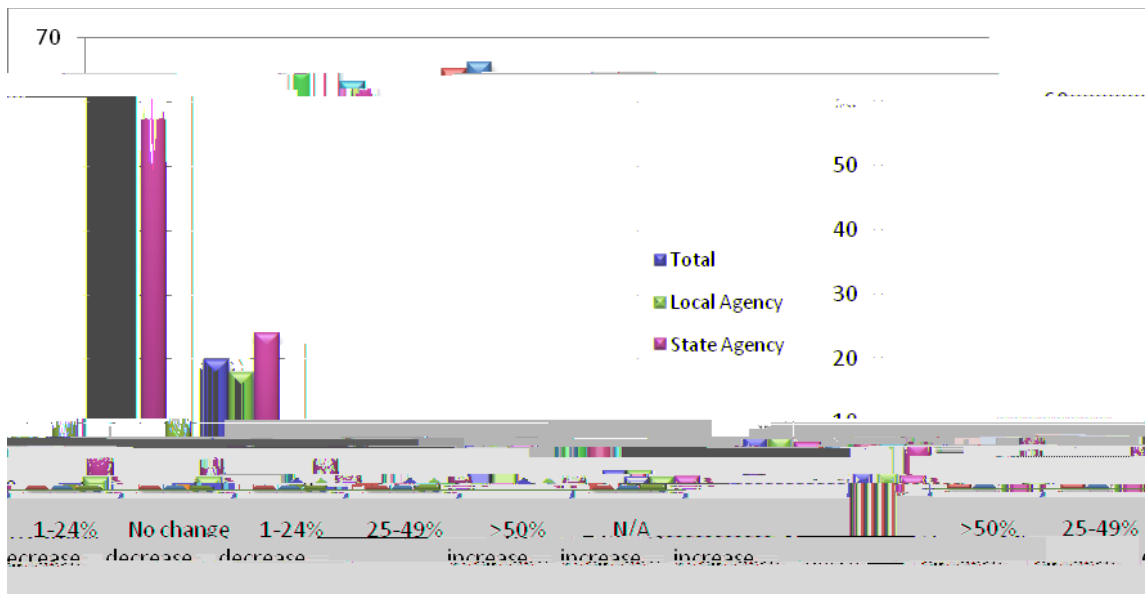
€ Same ability ° #i - g

€ there has been no training for new employees in how to respond to a food borne investigation

€ Cannot afford to accommodate the need.

< there

€ Training aside from Federal sources all has to be in house



- € There is a huge turnaround of inspectors. Of 17 inspectors 8 have under 3 yrs of experience. Of those 8, 4 have under 1 yr of experience
- € New staff hired to replace exiting staff
- € with four of our Senior staff retiring, including Director of Program, we will be losing a lot of our experienced staff. Difficult to replace with highly trained staff due to small salary increase for the higher level positions.
- € Not all the current staff has attended an Epi Ready course or Managing Retail Food Safety course.
- € no significant change
- € Had to fight to get NEHA certification. We trained ourselves.
- € Public Health risk reduction is a priority
- € change of personnel with more advanced qualifications
- € In house training

- € Newly enacted Law prohibits inspection of any non profit food operation.:''
- € State added new Food Safety laws, no funding, but regulatory requirement to enforce
- € Reduced inspection frequency by approximately 17%.
- € Reduction in the number of temporary food safety inspections due to legislative laws enacted to reduce govt. involvement.
- € meet minimum inspection requirements, sacrifice quality time in facility.
- € Increase in the public demand for food safety training. Good for the department as it increases revenues.
- € increase in recalls
- € Expectations always increase, especially related to quality control. Our goal is to conduct investigations rapidly and accurately.
- € Doing more ServSafe training
- € Expected to do more with less.
- € Increased involvement with temporary food service events due to expanding farmers markets and less Ag & Mkt involvement
- € Expanded food safety education, which requires extra time.
- € Demand from the public to assure food is safe
- € Not every food establishment was being inspected 2x/yr before I was hired. Now they are and I am trying to provide more food safety training to managers and employees.
- € Added new regulations: Trans Fat restrictions, Allergy notification training requirements
- € With the new Food Bill as well as requirements for Manufactured Food Program

It has been made clear to the inspectors that numbers of inspections conducted in

- € No change at this time, may look at outsourcing and temp event inspections that are out of the regular work time.
- € workload expectations remain the same ~~have~~ change

- € Additional tax dollars provided to local food inspection program. By deregionalizing, allows to local tax investment into the food program. Where in the past, local tax dollars could NOT be used for regional program.
- € Budgeting and staffing have

- € When frequency of inspections decreases, performance decreases (especially when the time between inspections exceeds 6 months).
- € ESTABLISHMENTS HAVE ACTUALLY CALLED OUR OFFICE WONDERING WHY THEY HAVE NOT BEEN INSPECTED LATELY ALSO INSPECTIONS HAVE SHOWN SLIPPAGE IN SANITARY STANDARDS ON SOME OF THE ESTABLISHMENTS

- € Moral is weak and discouraging.
- € Our staff person is stretched to the maximum. We have no additional capacity to cover vacations or other time off. When auditing the work of the food program I am finding mistakes like I have never seen before. I am very concerned about staff burn out in all of our programs. We have been told to do more with less for so long. We are starting to see the results of our attempts to keep doing everything without the

None of these questions dealt with how much the county tax payers are adding to the program. Aayers

- € Our general approach has been to increase use of risk based scheduling and inspection approaches, maintain all federally contracted work, emergency response, etc. and take any resource reductions in routine inspection reductions. We currently don't do about 4,000 inspections annually, even though we run a reduced inspection schedule of 6/18/24 mo. for our 3 risk levels.
- € WV is enrolled in the Voluntary Retail Food Standards. More frequent inspections are being conducted due to risk ranking of the state owned/operated and inspected facilities.
- € Moral is very low when all the gov't employee pay status is affected.
- € In the past Environmental staff, Epidemiology staff and Nursing staff worked individually. We have use CIFOR to develop and train our staff in house.

You are currently previewing this survey. No responses will be recorded.

Environmental Health Regulatory Food Safety Program Capacity Assessment

Thank you for taking the time to participate in this assessment.

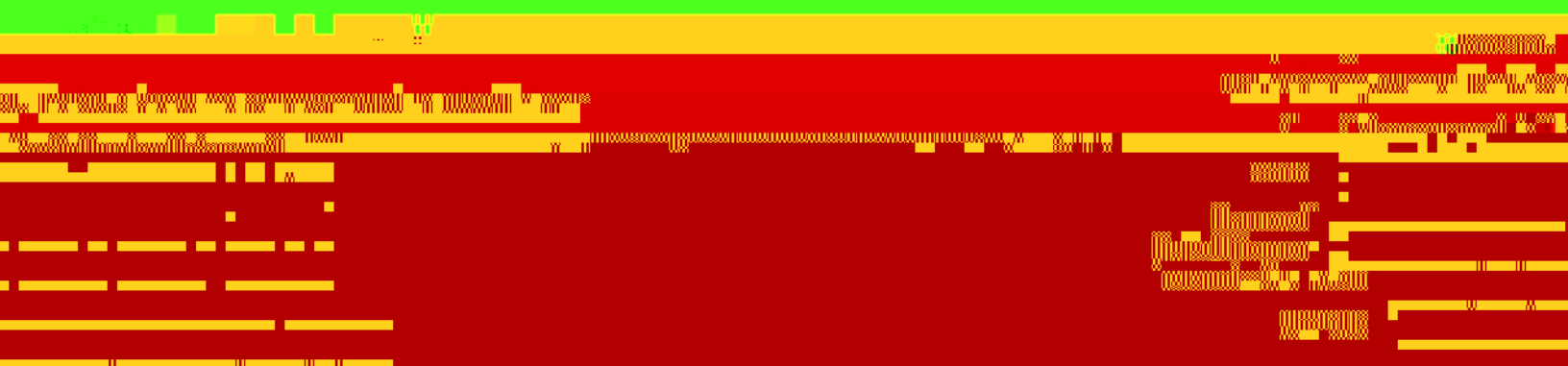
The National Environmental Health Association, along with the Association of Food and Drug Officials, have been asked to conduct an environmental health (EH) regulatory food safety program capacity assessment by the Council to Improve Foodborne Outbreak Response (CIFOR).

CIFOR members are interested in knowing what impacts budget cuts may be having on the capacity of local and state regulatory food safety programs—and specifically on those programs that conduct environmental investigations during foodborne disease outbreaks. This assessment is intended for EH and regulatory food safety managers and directors who oversee programs within local, tribal, and state government agencies that conduct environmental investigations during foodborne disease outbreaks.

Thank you again for taking the time to participate in this assessment. Your participation is essential and appreciated. The assessment consists of 11 questions that should take about 15-25 minutes to complete. NEHA will be happy to share a summary of the results to those who complete the assessment.

The assessment will close Friday, April 8, 2011.

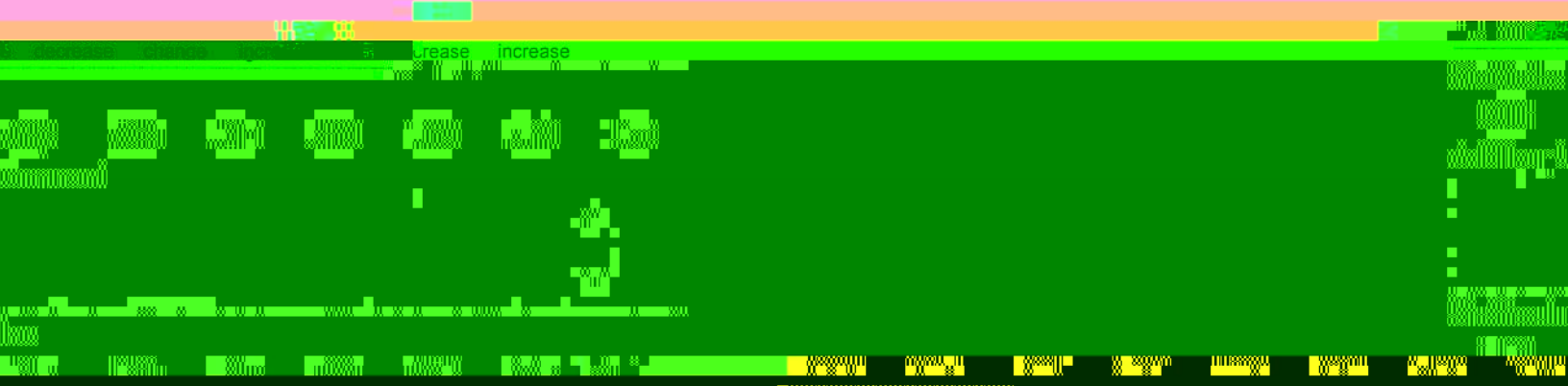
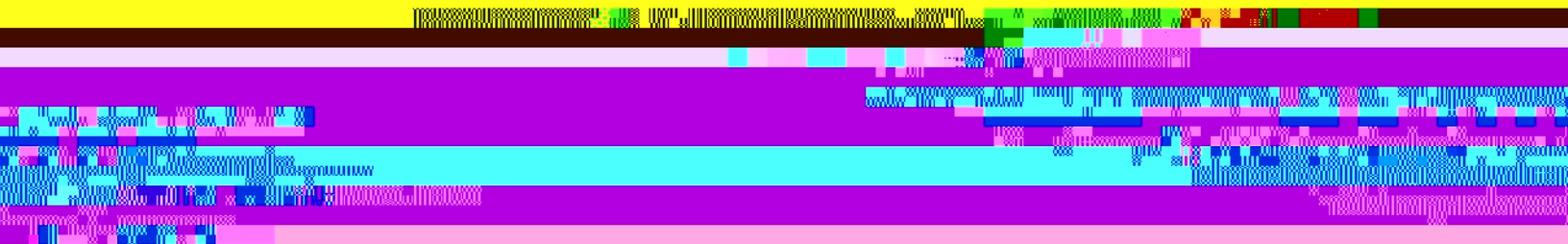
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RESEARCH

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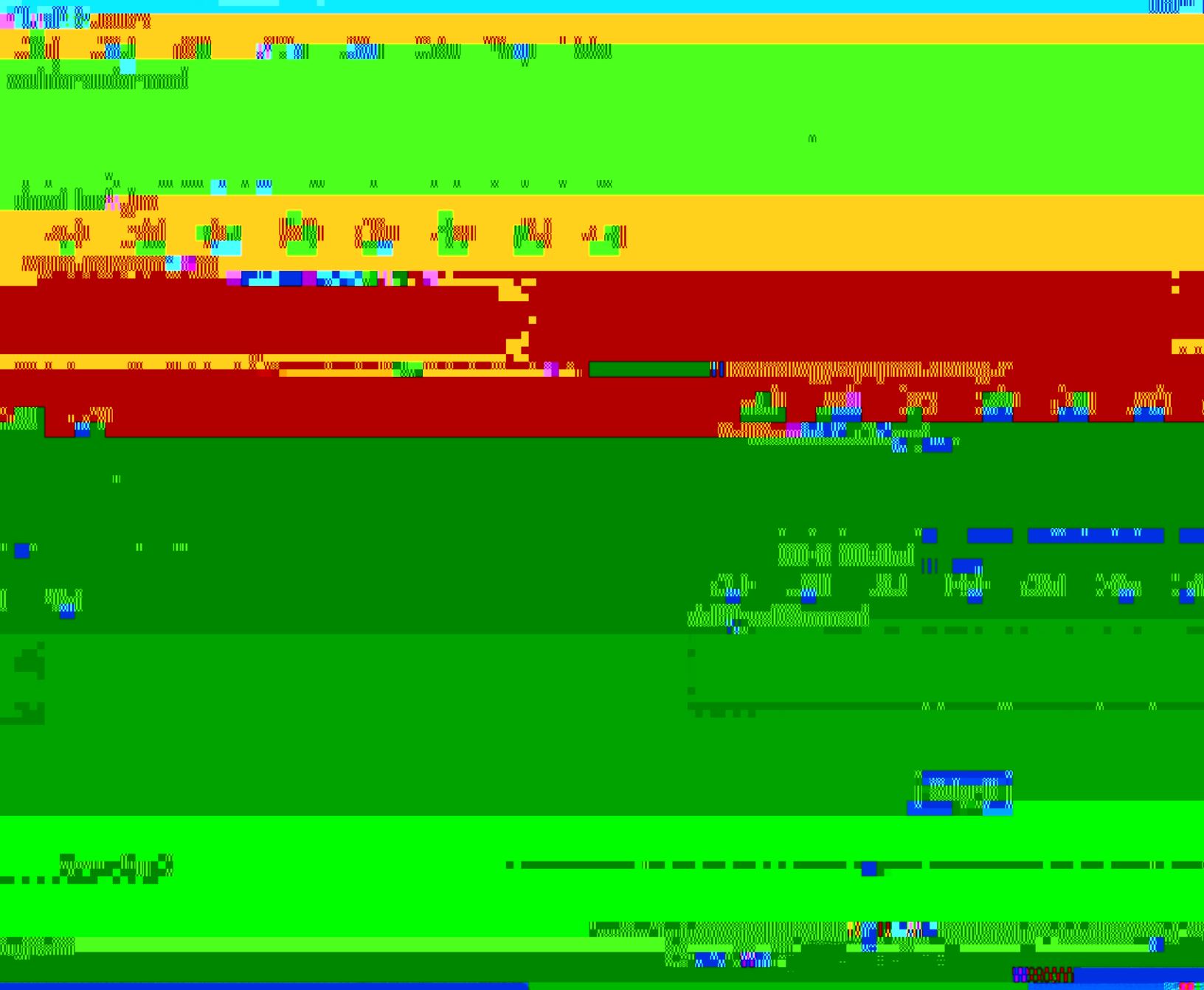
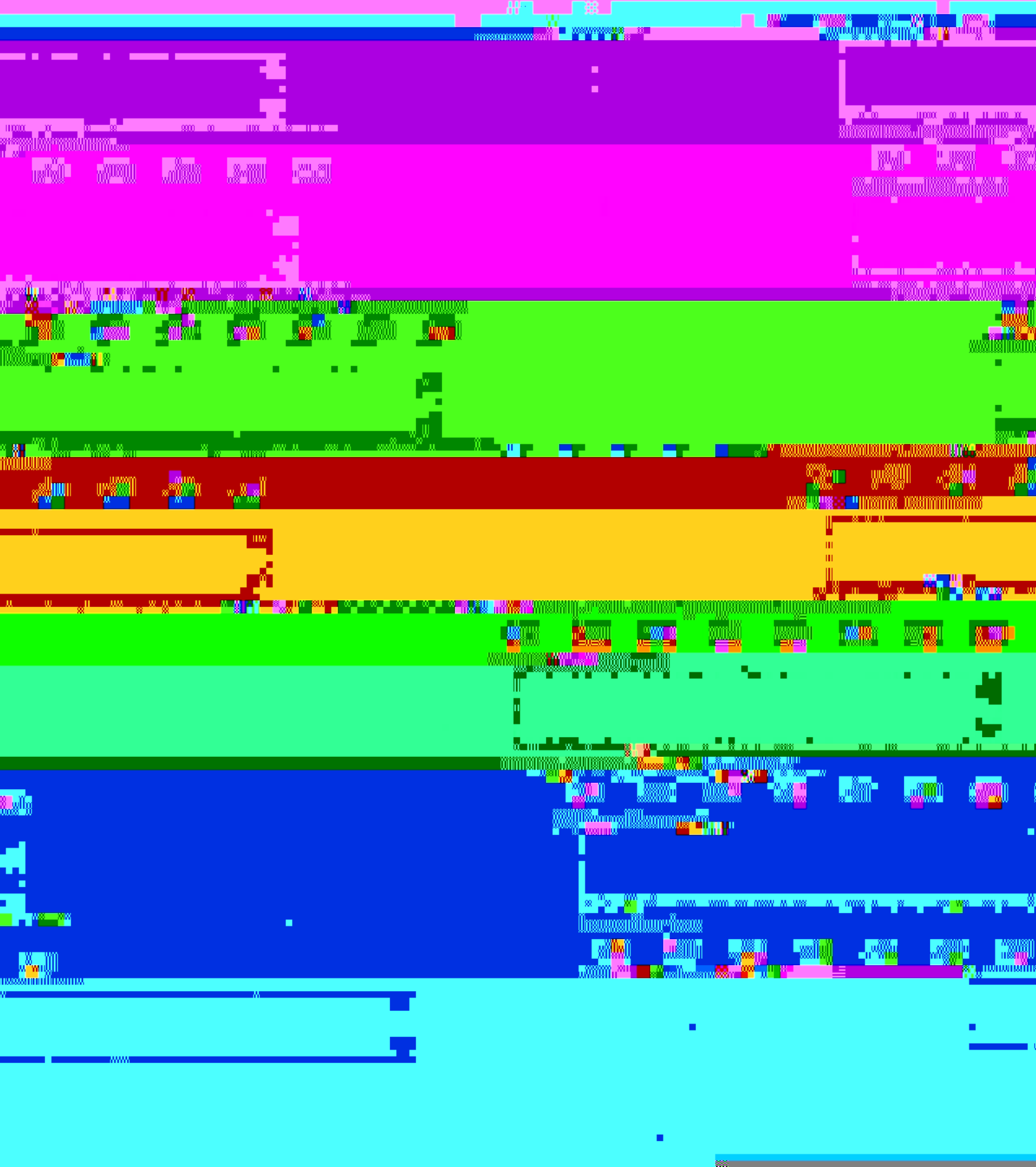


Figure 1. (A) Number of cases and deaths in the United States from 1999 to 2007. (B) Number of cases and deaths in the United States from 1999 to 2007, by state. (C) Number of cases and deaths in the United States from 1999 to 2007, by age group. (D) Number of cases and deaths in the United States from 1999 to 2007, by sex. (E) Number of cases and deaths in the United States from 1999 to 2007, by race/ethnicity. (F) Number of cases and deaths in the United States from 1999 to 2007, by education level. (G) Number of cases and deaths in the United States from 1999 to 2007, by income level. (H) Number of cases and deaths in the United States from 1999 to 2007, by occupation. (I) Number of cases and deaths in the United States from 1999 to 2007, by marital status. (J) Number of cases and deaths in the United States from 1999 to 2007, by religion. (K) Number of cases and deaths in the United States from 1999 to 2007, by political affiliation. (L) Number of cases and deaths in the United States from 1999 to 2007, by health insurance status. (M) Number of cases and deaths in the United States from 1999 to 2007, by household size. (N) Number of cases and deaths in the United States from 1999 to 2007, by household type. (O) Number of cases and deaths in the United States from 1999 to 2007, by household income. (P) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (Q) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (R) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (S) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (T) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (U) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (V) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (W) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (X) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (Y) Number of cases and deaths in the United States from 1999 to 2007, by household size and income. (Z) Number of cases and deaths in the United States from 1999 to 2007, by household size and income.

been impacted

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------|-----------------|----------------|-----------|----------------|-----------------|---------------|-----|
| decrease | 25-49% decrease | 1-24% decrease | No change | 1-24% increase | 25-49% increase | >50% increase | N/A |
| Ability | 3 | 3 | 3 | 3 | 3 | 3 | 3 |



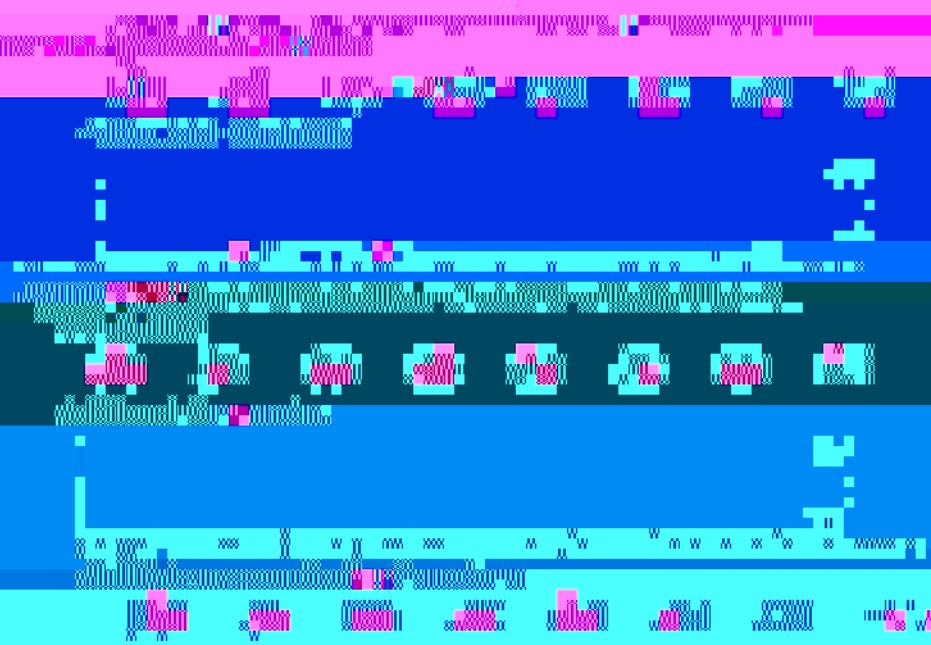


Figure 1: Roadway Cross-section

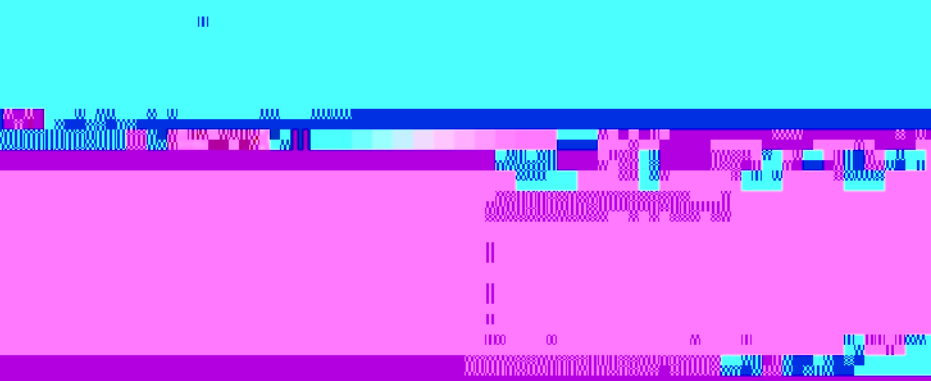


Figure 2: Roadway Cross-section

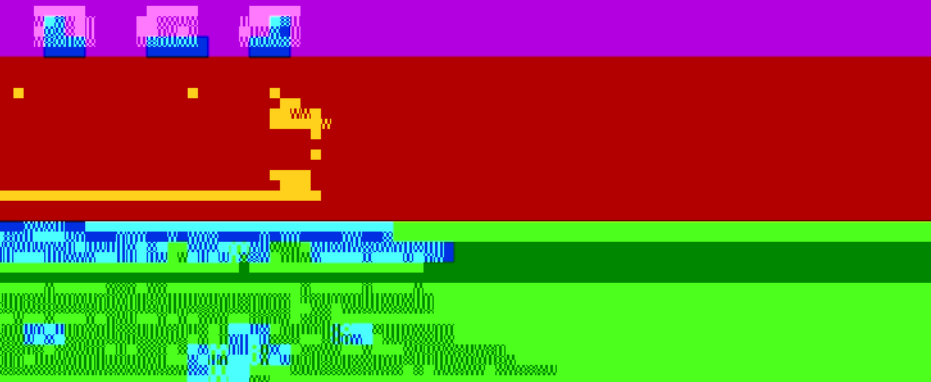


Figure 3: Roadway Cross-section

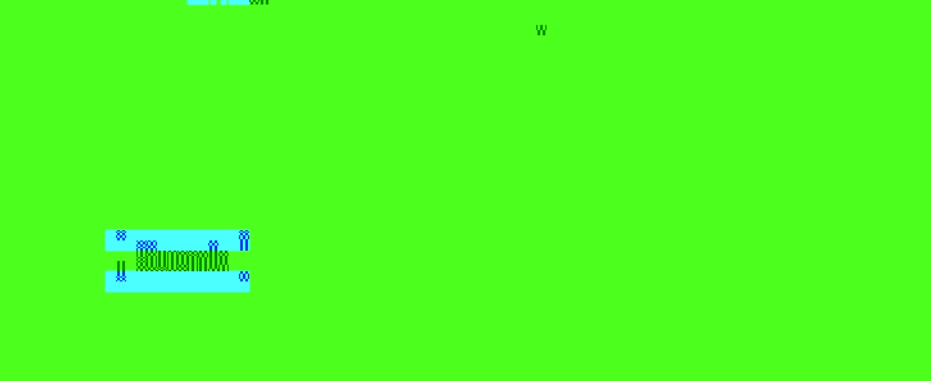


Figure 4: Roadway Cross-section

Figure 5: Roadway Cross-section

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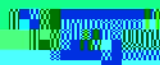
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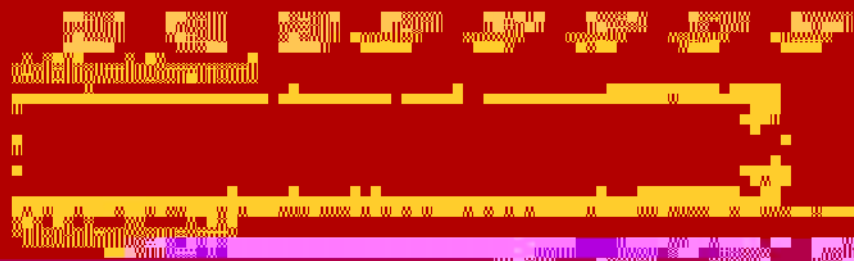


Figure 1: [Illegible text]

