

# Environmental Health Regulatory Food Safety Program Capacity Assessment

*Initial Assessment Results  
April 2011*

*Assessment report compiled by the  
National Environmental Health  
Association (NEHA).*



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## 1.0 Introduction

NEHA and AFDO have been asked to conduct an EH regulatory food safety program capacity assessment by 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. Having completed workforce capacity assessments for epidemiology and laboratories, there was a remaining need to do an assessment for EH personnel. Additionally, with state and local EH programs experiencing drastic budget reductions in the current economic climate, there was consensus about the urgency of completing this remaining assessment. This assessment is intended for EH and regulatory food safety managers and directors who oversee regulatory food safety programs within local, tribal, and state departments that conduct environmental investigations during foodborne disease outbreaks.

Because of the urgency to have basic information quickly, an initial assessment was created using Zoomerang. The assessment was both anecdotal and qualitative and addressed EH foodborne illness investigation capacity issues such as fewer staff/resources, less training, less capacity. NEHA, AFDO, and NACCHO disseminated the assessment to EH and food safety managers and directors. The assessment was launched March 24, 2011, and closed April 8, 2011.

NEHA announced the assessment through e-mail to its state and regional affiliates, Certified Professional in Food Safety credentialed list, CDC's EH listserv, NEHA's e-News electronic membership newsletter, and on its Web site, Facebook page, and through Twitter. AFDO directly e-mailed the assessment to its list of state food safety program managers and are encouraging everyone to complete it. NACCHO shared the assessment with its food safety distribution list, EH distribution lists, and EH advisory groups. It was also included in their EH newsletter that went out the week of April 4.

At the close of the survey, 457 individuals visited the Zoomerang assessment link with 157 completing and 30 partially completing the assessment. The following information is the feedback received through the assessment. This data is broken down into results for all assessment participants, as well as for local and state agency assessment participants. Throughout this report, data for all participants will be represented in red, whereas data for local agency participants is in blue and state agency participants is in green.

## 1.1 Assessment Results Overview

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

### Assessment Participant Characteristics

- 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.

### Administrative Capacity Impacts

- 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.

### Programmatic Capacity Impacts

- 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.

### **Trends in Program Effects**

- 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.

### **Regulatory Food Safety Program Inspection Impacts**

- 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 indicated no change, compared to 22% of state agencies.
    - Fewer inspections conducted: 26% of local agencies indicated conducting fewer inspections, compared to 44% of state agencies.
    - Increased backlog of inspections: 19% of local agencies indicated an increased backlog of inspections, compared to 32% of state agencies.
    - Unable to meet routine regulatory inspection requirements: 16% of local agencies indicated being unable to meet routine regulatory inspection requirements, compared to 32% of state agencies.



## **Regulatory Food Safety Program Capacity to Investigate and Respond to Foodborne Illness Outbreaks**

- In terms of program funding, staff size, qualifications and competency of staff, and other food safety workload expectations, over 50% of assessment participants indicated no change over the past two years.
- 41% indicated an increase in workloads from programs besides food safety.
- 22% indicated an increase in staff qualifications and competency.
- 37% indicated a decrease in staff size.
- 35% indicated a decrease in training for staff.
- 27% indicated a decrease in program funding.
- Comparing local and state agency results:
  - For the most part, the percentages for impacts to regulatory food safety program capacities to investigate and respond to foodborne illness outbreaks were similar among local and state agencies.
  - Areas where percentages differed by 10% or more were:
    - Program funding: 4% of local agencies indicated a decrease between 25 and 49%, compared to 17% of state agencies. Conversely, 3% of local agencies indicated an increase between 1 and 24%, compared to 15% of state agencies.
    - Training for staff: 26% of local agencies indicated a decrease between 1 and 24%, compared to 7% of state agencies. Furthermore, 9% of local agencies indicated an increase between 1 and 24%, compared to 22% of state agencies.
    - Increased backlog of inspections: 19% of local agencies indicated an increased backlog of inspections, compared to 32% of state agencies.

## **Anecdotal Impact Trends**

- Staff morale is low due to increased workloads and decreased salaries.
- There is less focus on educating food workers when conducting inspections. There is also less time spent providing public education and outreach.
- Most haven't experienced any major negative public health impacts due to decreased food safety program capacity, but feel that the potential for increased foodborne illness outbreaks is very likely.
- There is a sense of agencies turning inward to survive, such as trying to stay afloat by focusing on mandated work and trying to compensate for decreased training budgets by focusing on providing in-house training.

## 2.0 Please provide the following information: State, Name of jurisdiction or organization, and Job title.

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

### 2.1 State

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.

**Table 2.1.1 U.S. State Participation**

U.S. States / Territories	Local Agency Assessment Participants	State Agency Assessment Participants	Total Assessment Participants	% of Total Assessment Participants
Alabama	1	0	1	< 1%
Alaska	0	0	0	0%
Arizona	2	0	2	1%
Arkansas	2	2	2	1%
California	3	1	4	2%
Colorado	10	1	11	6%
Connecticut	3	1	4	2%
Delaware	0	0	0	0%
District of Columbia	0	0	0	0%
Florida	2	6	8	4%
Georgia	1	2	3	2%
Hawaii	0	0	0	0%
Idaho	0	1	1	< 1%
Illinois	5	0	5	3%
Indiana	5	0	5	3%
Iowa	17	1	18	10%
Kansas	0	1	1	< 1%
Kentucky	0	0	0	0%
Louisiana	0	0	0	0%
Maine	1	1	2	1%
Maryland	2	0	2	1%
Massachusetts	15	2	17	9%
Michigan	10	1	11	6%
Minnesota	2	2	4	2%
Mississippi	0	1	1	< 1%
Missouri	4	0	4	2%
Montana	0	0	0	0%

**Table 2.1.1 U.S. State Participation (Continued)**

U.S. States / Territories	Local Agency Assessment Participants	State Agency Assessment Participants	Total Assessment Participants	% of Total Assessment Participants
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 Marianas Islands	0	1	1	< 1%
Ohio	17	2	19	10%
Oklahoma	0	0	0	0%
Oregon	3	2	5	3%
Pennsylvania	3	0	3	2%
Puerto Rico	0	1	1	< 1%
Rhode Island	0	2	2	1%
South Carolina	0	1	1	< 1%
South Dakota	0	0	0	0%
Tennessee	1	0	1	< 1%
Texas	5	0	5	3%
Utah	0	0	0	0%
Vermont	0	0	0	0%
Virginia	2	4	6	3%
Washington	3	0	3	2%
West Virginia	0	1	1	< 1%
Wisconsin	2	3	5	3%
Wyoming	6	2	8	4%

## 2.2 Jurisdiction/Organization

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.

**Table 2.2.1 Assessment Participant Local and State Agency Breakdown by State**

State	Local Agency	State Agency
Alabama	<ul style="list-style-type: none"> <li>Jefferson County Health Dept</li> </ul>	
Arizona	<ul style="list-style-type: none"> <li>Mohave County</li> <li>Yuma County</li> </ul>	
Arkansas		<ul style="list-style-type: none"> <li>Arkansas Department of Health (2)</li> </ul>
California	<ul style="list-style-type: none"> <li>City and County of San Francisco</li> <li>Glenn County Environmental Health</li> <li>Public Health, Env Health</li> </ul>	<ul style="list-style-type: none"> <li>California Public Health, Food and Drug Branch</li> </ul>
Colorado	<ul style="list-style-type: none"> <li>Broomfield Public Health and Environment</li> <li>Colorado State University</li> <li>El Paso County Public Health</li> <li>Larimer County Department of Health &amp; Environment</li> <li>Las Animas/Huerfano County Health Department</li> <li>Park County</li> <li>Pueblo City-County Health Department</li> <li>Summit County</li> <li>Weld County</li> <li>Weld County Department of Public Health and Environment</li> </ul>	<ul style="list-style-type: none"> <li>Colorado Department of Public Health and Environment</li> </ul>
Connecticut	<ul style="list-style-type: none"> <li>Franklin, Lebanon &amp; Salem (2)</li> <li>Town of Manchester</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Protection</li> </ul>
Florida	<ul style="list-style-type: none"> <li>Charlotte/DeSoto Counties</li> <li>Volusia County – Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>Department of Agriculture and Consumer Services (2)</li> <li>Department of Health (3)</li> <li>Florida Department of Health – Broward County</li> </ul>
Georgia	<ul style="list-style-type: none"> <li>Forsyth County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Georgia Department of Agriculture</li> <li>Georgia Department of Community Health</li> </ul>
Illinois	<ul style="list-style-type: none"> <li>Hoffman Estates</li> <li>Lake County Health Department (2)</li> <li>McDonough County</li> <li>Vermilion County Health Dept</li> </ul>	

**Table 2.2.1 Assessment Participant Local and State Agency Breakdown by State (Continued)**

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

**Table 2.2.1 Assessment Participant Local and State Agency Breakdown by State (Continued)**

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

**Table 2.2.1 Assessment Participant Local and State Agency Breakdown by State (Continued)**

State	Local Agency	State Agency
New Mexico	<ul style="list-style-type: none"> <li>Bernalillo County</li> <li>Environment Department, Environmental Health Division</li> </ul>	<ul style="list-style-type: none"> <li>New Mexico Environment Department</li> </ul>
New York	<ul style="list-style-type: none"> <li>Madison County Health Department</li> </ul>	
North Carolina	<ul style="list-style-type: none"> <li>Alamance County Health Department</li> <li>Cabarrus County</li> <li>Craven County Health Department</li> <li>New Hanover County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Department of Environment and Natural Resources</li> </ul>
Northern Marianas Islands (U.S. Territory)		<ul style="list-style-type: none"> <li>Department of Public Health</li> </ul>
Ohio	<ul style="list-style-type: none"> <li>Cincinnati Health Department</li> <li>City of Springdale</li> <li>Cuyahoga County Board of Health</li> <li>Delaware County</li> <li>Elyria City Health District</li> <li>Henry County Health Department</li> <li>Hocking County Health Department</li> <li>Lake County General Health District</li> <li>Mahoning County District Board of Health (2)</li> <li>Marion Public Health</li> <li>Pickaway County Health Department</li> <li>Sidney-Shelby County Health Department</li> <li>Stark County Health Department</li> <li>Warren City Health Department</li> <li>Warren County Combined Health District</li> <li>Wayne County General Combined Health District</li> </ul>	<ul style="list-style-type: none"> <li>Department of Agriculture</li> <li>Ohio Department of Health</li> </ul>
Oregon	<ul style="list-style-type: none"> <li>Hood River County Health Department</li> <li>Marion County Health Department</li> <li>Multnomah County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Oregon Health Authority</li> <li>Public Health Division</li> </ul>
Pennsylvania	<ul style="list-style-type: none"> <li>Allegheny County Health Dept (2)</li> <li>Allentown Health Bureau</li> </ul>	
Puerto Rico (U.S. Territory)		<ul style="list-style-type: none"> <li>Department of Health</li> </ul>
Rhode Island		<ul style="list-style-type: none"> <li>Department of Health (2)</li> </ul>

**Table 2.2.1 Assessment Participant Local and State Agency Breakdown by State (Continued)**

<b>State</b>	<b>Local Agency</b>	<b>State Agency</b>
<b>South Carolina</b>		<ul style="list-style-type: none"> <li>• Department of Health and Environmental Control</li> </ul>
<b>Tennessee</b>	<ul style="list-style-type: none"> <li>• Metro Nashville Public Health Department</li> </ul>	
<b>Texas</b>	<ul style="list-style-type: none"> <li>• City of Burleson</li> <li>• City of Garland Health Department</li> <li>• City of Longview</li> <li>• City of Plano</li> <li>• Harris County Public Health &amp; Environmental Services</li> </ul>	
<b>Virginia</b>	<ul style="list-style-type: none"> <li>• Alexandria Health Department</li> <li>• Arlington County Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Department of Agriculture and Consumer Services (2)</li> <li>• Virginia Department of Health</li> <li>• Virginia State Health Department – Office of Environmental Health Services</li> </ul>
<b>Washington</b>	<ul style="list-style-type: none"> <li>• Clallam County</li> <li>• Kitsap County Health District</li> <li>• Mason County Public Health</li> </ul>	
<b>West Virginia</b>		<ul style="list-style-type: none"> <li>• Bureau for Public Health</li> </ul>
<b>Wisconsin</b>	<ul style="list-style-type: none"> <li>• Outagamie Count Public Health</li> <li>• Tri-County Environmental Health</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Agriculture, Trade &amp; Consumer Protection</li> <li>• State Department of Health Services (2)</li> </ul>
<b>Wyoming</b>	<ul style="list-style-type: none"> <li>• Cheyenne-Laramie County Environmental Health</li> <li>• Cheyenne-Laramie County Health Department</li> <li>• City of Casper-Natrona County Health Department (3)</li> <li>• City of Laramie</li> </ul>	<ul style="list-style-type: none"> <li>• State of Wyoming Consumer Health Services (2)</li> </ul>



## 2.3 Job Titles

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.

**Table 2.3.1 Assessment Participant Job Titles**

Position Title	Title Descriptor
Administrator (7)	Environmental (2) Environmental Health Food Division Food Safety Program Public Health (2)
Agent (4)	Health (4)
Analyst (1)	Community Health
Chief (10)	Division of Food Safety Environmental Health (2) Environmental Health Services Bureau Food and Consumer Safety Bureau Food Protection (3) Food Safety Section Program
Commissioner (2)	Health (2)
Consultant (1)	Environmental Health Program
Dietician (1)	-
Director (49)	Bureau Code Enforcement Division, Acting Division of Food Safety, Acting (2) Environmental Health (23) Environmental Health, Interim Environmental Health Regulatory Environmental Programs Food Protection (3) Health Department (4) Health (5) Health, Inspections, and Solid Waste Neighborhood Services Public Health (2) Public Health, Deputy Public Health Services, Associate

**Table 2.3.1 Assessment Participant Job Titles (Continued)**

Position Title	Title Descriptor
Environmental (1)	Assistant
Epidemiologist (2)	Environmental Regional Environmental
Head (1)	Branch
Inspector (5)	Environmental Health Food Health Public Health Senior Food, II
Leader (1)	Foods Team
Manager (39)	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)	Field
Sanitarian (12)	No descriptor (2) City (2) Environmental Health Environmental (2) Registered (2) Registered, III (2) Senior
Scientist (1)	Environmental
Specialist (20)	Environmental Health (15) Environmental Health, III Environmental Food Senior Environmental Health (2)

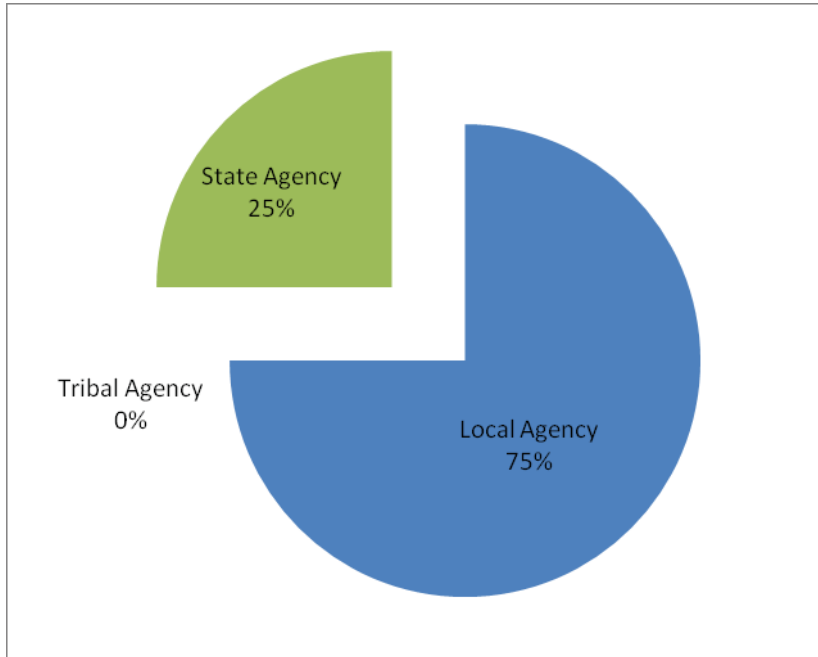
**Table 2.3.1 Assessment Participant Job Titles (Continued)**

Position Title	Title Descriptor
Supervisor (14)	No descriptor (2) Community Services Environmental Health (6) Environmental Food Safety Program Health Department Program Inspection Services Inspection
Surveyor (1)	Food, Drug, and Lodging

### 3.0 Please indicate the level of government in which you work.

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.

**Graph 3.0.1 Percent of Assessment Participants from the Different Levels of Government**



#### 4.0 For your regulatory food safety program, please indicate the degree to which the following administrative capacities have been impacted over the past two years.

Assessment participants were asked to indicate the degree of increase, decrease, or no change to certain administrative capacities using a likert scale. Table 4.0.1 shows the administrative capacities and the degrees of impact indicated by all 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.

**Table 4.0.1 Indicated Degrees of Impact to Administrative Capacities for all Assessment Participants**

Administrative Capacity	>50% decrease	25-49% decrease	1-24% decrease	No change	1-24% increase	25-49% increase	>50% increase	N/A
Staff size	5%	12%	28%	46%	4%	0%	0%	4%
Staff salaries	2%	2%	20%	55%	18%	1%	0%	2%
Overall budget	2%	7%	49%	26%	14%	0%	0%	2%
Training budget	7%	14%	32%	36%	4%	1%	1%	6%
Travel budget	15%	14%	30%	32%	2%	1%	0%	6%
Technology/ equipment budget	4%	12%	29%	43%	7%	1%	0%	5%
Grant funding	4%	4%	16%	47%	4%	1%	1%	23%

**Table 4.0.2 Indicated Degrees of Impact to Administrative Capacities for Local Agency Assessment Participants**

Administrative Capacity	>50% decrease	25-49% decrease	1-24% decrease	No change	1-24% increase	25-49% increase	>50% increase	N/A
Staff size	5%	12%	29%	48%	3%	0%	0%	3%
Staff salaries	2%	2%	18%	54%	21%	0%	0%	2%
Overall budget	2%	6%	49%	25%	16%	0%	0%	2%
Training budget	6%	17%	32%	35%	3%	1%	1%	6%
Travel budget	15%	16%	30%	31%	2%	1%	0%	5%
Technology/ equipment budget	3%	12%	29%	43%	7%	1%	0%	6%
Grant funding	3%	5%	17%	45%	3%	0%	1%	25%

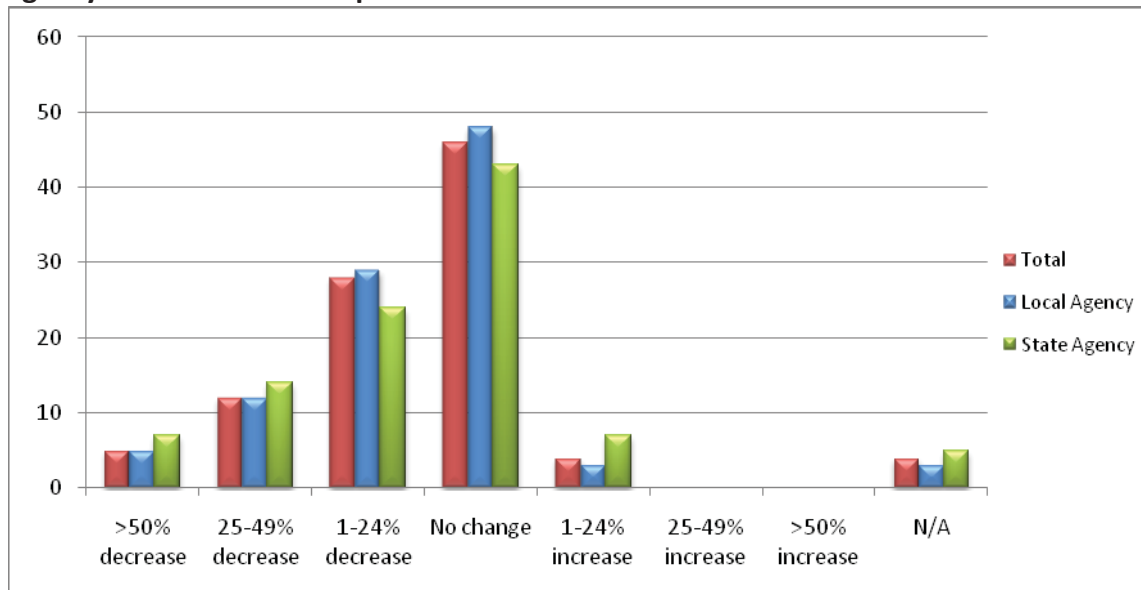
**Table 4.0.3 Indicated Degrees of Impact to Administrative Capacities for State Agency Assessment Participants**

Administrative Capacity	>50% decrease	25-49% decrease	1-24% decrease	No change	1-24% increase	25-49% increase	>50% increase	N/A
Staff size	7%	14%	24%	43%	7%	0%	0%	5%
Staff salaries	2%	0%	24%	57%	10%	5%	0%	2%
Overall budget	5%	7%	48%	31%	7%	0%	0%	2%
Training budget	7%	5%	33%	40%	5%	2%	0%	7%
Travel budget	17%	10%	29%	33%	2%	0%	0%	10%
Technology/ equipment budget	5%	12%	29%	43%	7%	0%	0%	5%
Grant funding	5%	2%	12%	52%	7%	2%	2%	17%

## 4.1 Comparison of Total and Local and State Agency Percentages

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.

**Chart 4.1.1 Staff Sizes: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



### Additional Comments

#### >50% decrease

##### Local Agency

- 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.

##### State Agency

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

#### 25-49% decrease

##### Local Agency

- 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

##### State Agency

- No vacancies are filled.
- We have lost an Administrative Assistant 1 position and program manager position. We have reconfigured to try to minimize the impact to the actual inspection program.



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

#### **1–24% decrease**

##### **Local Agency**

- 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

##### **State Agency**

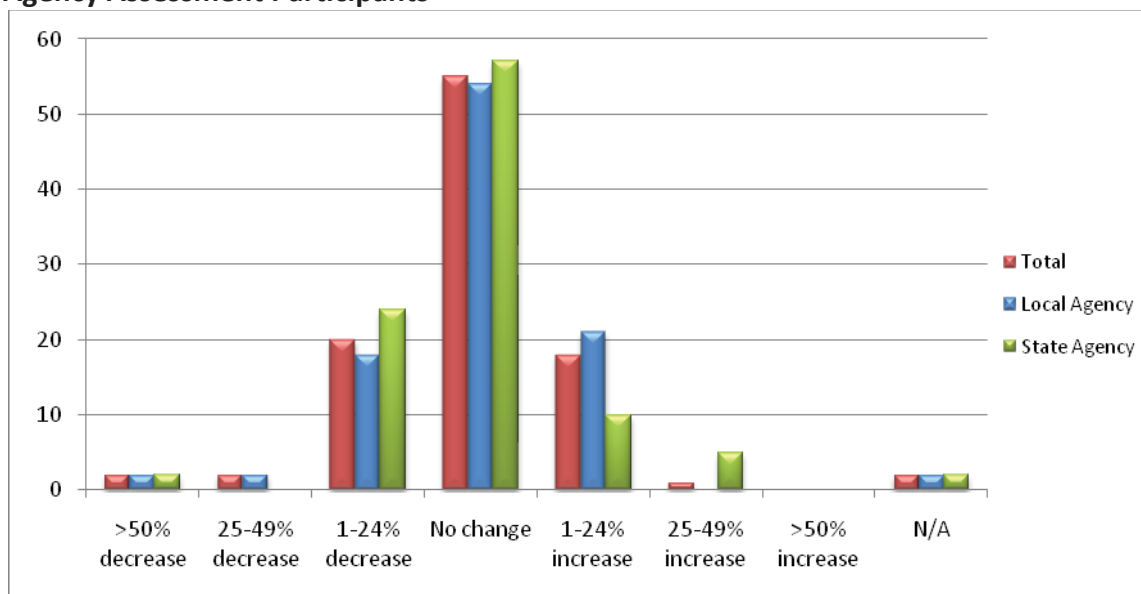
- Loss of assistant director position and delay in filling director position for 8 months

#### **No change**

##### **Local Agency**

- Increase in facilities - same staff level.
- In Fiscal year 2012 I expect a 25% reduction
- Two years ago we lost 1.0 FTE but we should get it back

**Chart 4.1.2 Staff Salaries: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **>50% decrease**

###### **Local Agency**

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

##### **1–24% decrease**

###### **Local Agency**

- 401K contributions have been eliminated
- Furlough & Health Insurance Premiums
- Wages frozen but increased employee share of Health Insurance
- Replacement of Sr staff person and freeze on management salary has decreased total salary costs
- Staff received a one merit step raise this fiscal year along with a 2% bonus. However, beginning July 1 they will have to contribute 5% to their retirement. For most it will be a slight (<3%) negative impact.
- We had to implement a salary freeze for 2009 and 2010 to avoid any layoffs.

###### **State Agency**

- Fourteen mandatory furlough days equal roughly a 5% pay decrease.
- Staff salaries were impacted by 5% over the past 2 years by furloughs and decrease of employer paid benefits.

##### **No change**

###### **Local Agency**

- I personally have only received a \$0.50 raise in the two years that I have been here.
- This is the 3rd year of frozen salaries in our county.
- ACTUAL salaries have remained unchanged for the past two years, and we expect them to stay flat for the coming Fiscal Year (2011/2012) However, as noted below, in order to achieve this, we left one position unfilled, creating a 25% reduction in Professional Field staff, and we were forced to eliminate one position in another Division.
- We had no raises in 2010 or 2011.
- Budgetary woes
- Salaries frozen for current fy 2011 and fy 2012
- No increases for 6 years
- No increase in Staff salaries for two consecutive years
- We are about to enter our second year of wage freeze

### State Agency

- 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.

### 1–24% increase

#### Local Agency

- Salaries increased by 2% for those staff still remaining.
- Cost of living and planned step increases only.

### 25–49% increase

#### Local Agency

- Contractually obligated increase through FY12
- 07/01/10, union represented staff [Environmental Health Specialists (EHS) and Office Assistants] received step

### State Agency

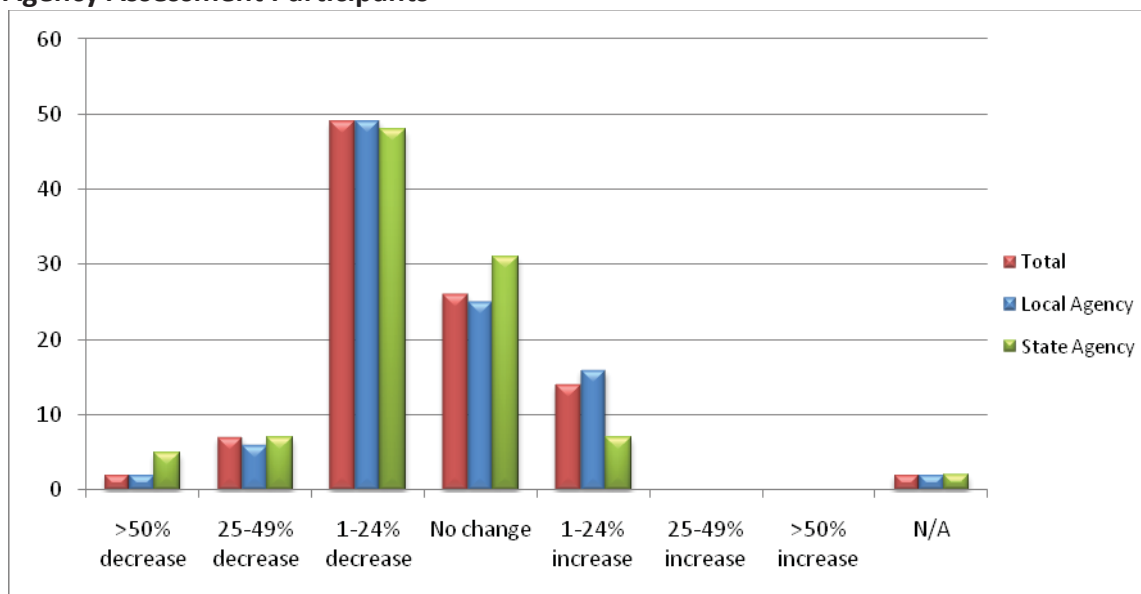
- Base salary means average \$15,000 per annual
- Field staff given 2% increase but had to take 2 days furlough.

### N/A

#### Local Agency

- 2009 hours reduced by 20% (worked 32 hr week). Staff 1 clerk, 1 Director, 2 RS. 2010 40 hour week, same staff. 2011 37.5 hr. work week Staff 1 RS/Dir. EH & 1 clerk. No increase in salary.

**Chart 4.1.3 Overall Budget: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**Local Agency**

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

**State Agency**

- 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.

**25–49% decrease**

**State Agency**

- 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

**1–24% decrease**

**Local Agency**

- Revenues are down. Some long time businesses are closing routine inspections
- Reduced total revenues by \$250,000.
- We experienced a 7% reduction in both total budget and revenues (includes state aid) since last year
- In addition to small cuts in staff compensation, money for training and travel has been sharply curtailed.

**State Agency**

- 2% reduction.

**No change**

**Local Agency**

- Over 125,000 dollars were returned to the county from our program alone
- budget kept same
- Level funded from FY11 to FY12

**1–24% increase**

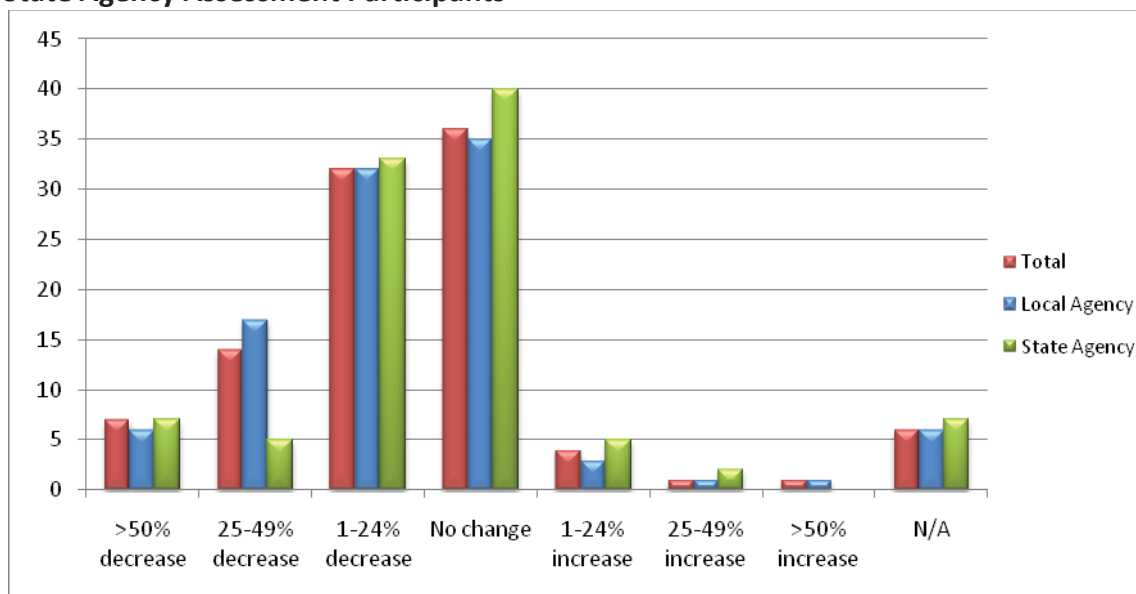
**Local Agency**

- Number of licensed facilities continues to grow slightly

**State Agency**

- 3 year grant for rapid emergency response team has supported positions within our agency

**Chart 4.1.4 Training Budget: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**Local Agency**

- It has been eliminated.
- Our training budget was decreased from \$2,800 for 2009 to \$1,000 in 2010 & 2011
- Eliminated for FY12

**State Agency**

- We have almost no training budget now. Instate training only.

**25–49% decrease**

**Local Agency**

- It is hard to get time to attend a conference now even if one pays one's own way. To attend this year's NEHA conference as a speaker I will have to take vacation days.
- Training got cut down to only CEU's required for maintaining your Sanitarian registration. Any additional training in food safety had to be put on hold.

**1–24% decrease**

**Local Agency**

- Training limited to local (in state or surrounding states within driving distances).

**State Agency**

- ALL TRAINING WERE PUT ON HOLD.

**No change**

**Local Agency**

- EHS required to obtain CEUs to meet health licensing agency registration criteria

**State Agency**

- NO actual food safety training carry out since 2005. CNMI relies on the BT program (federally funded) to assist and cover cost of preparedness training.

**25–49% increase**

**State Agency**

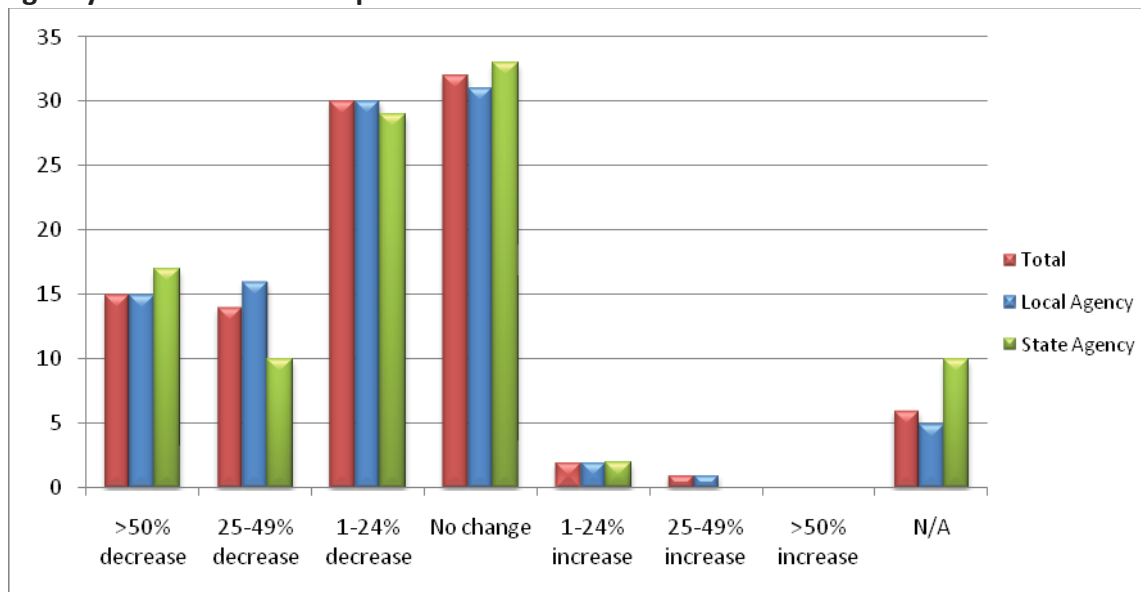
- A fee increase has allowed for increased training to allow for uniformity.

N/A

**Local Agency**

- 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.

**Chart 4.1.5 Travel Budget: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**Local Agency**

- No travel has been permitted unless covered by grant monies.
- Out of town travel is not approved unless it is required by contract or fees paid by the sponsor
- It has been eliminated.
- There is no travel budget
- No out of county travel was approved.
- Eliminated for FY12
- No out of state travel to Natl. Conferences which was strongly encouraged in the past.

**State Agency**

- Travel restriction to all locally funded TAs.

**25–49% decrease**

**Local Agency**

- Since the travel and training budget was cut, I am unable to send staff to quality training events such as NEHA's AEC
- Our travel and conference budget was decreased from \$1,500 in 2009 to <\$1,000 in 2010 / 2011

**1–24% decrease**

**Local Agency**

- No out of state travel allowed
- Training limited to local (in state or surrounding states within driving distances). Also limited to training forums conducted by Federal Agencies or those that offer inexpensive enrollment.

**State Agency**

- Only task related travel allowed, no out of state travel unless paid by someone else.

**No change**

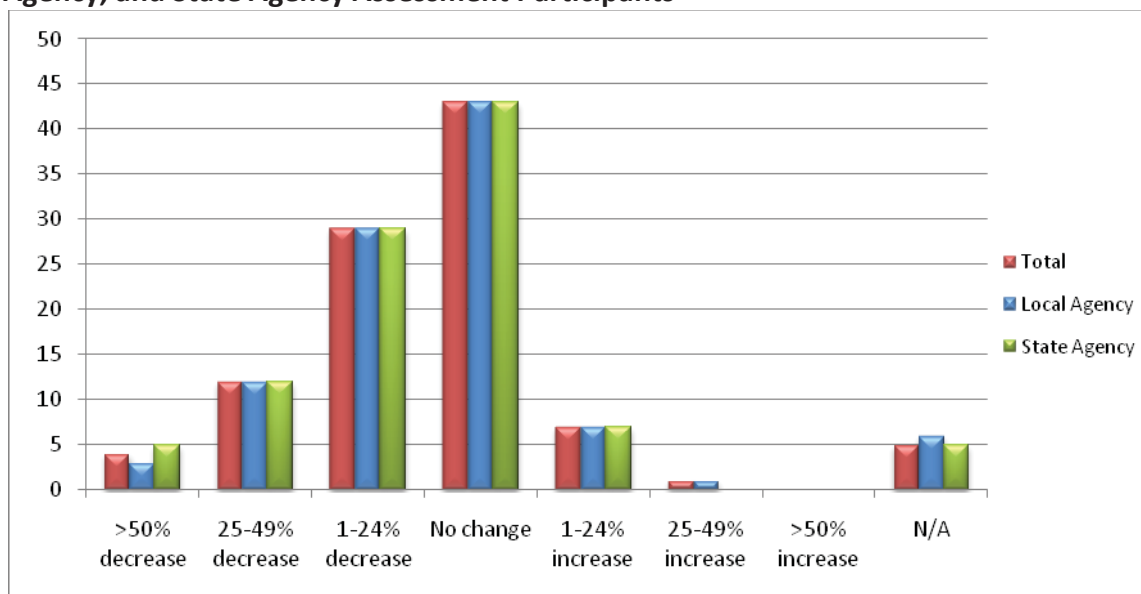
**Local Agency**

- Travel budget remains the same but we try to provide training on-site to reduce travel

**State Agency**

- While the travel budget has not been reduced, travel expenditures are less due to travel restrictions.
- While travel budget has not been reduced, travel expenditures have been less due to travel restrictions.

**Chart 4.1.6 Technology/Equipment Budget: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**Local Agency**

- Our budget for equipment and technology was eliminated in the 2010 budget year.

**State Agency**

- Only replaced when essential to completing priority task, with cheapest possible replacement item.

**25–49% decrease**

**State Agency**

- 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

**1–24% decrease**

**State Agency**

- No equipment has been given to the inspectors in many years

**No change**

**Local Agency**

- Using what we have, no upgrades or additions of new technology.

**1–24% increase**

**Local Agency**

- Replacement of hardware preparing for EH software implementation for Food program.

**State Agency**

- The same fee increase has impacted our ability to update equipment.
- grant monies from FDA

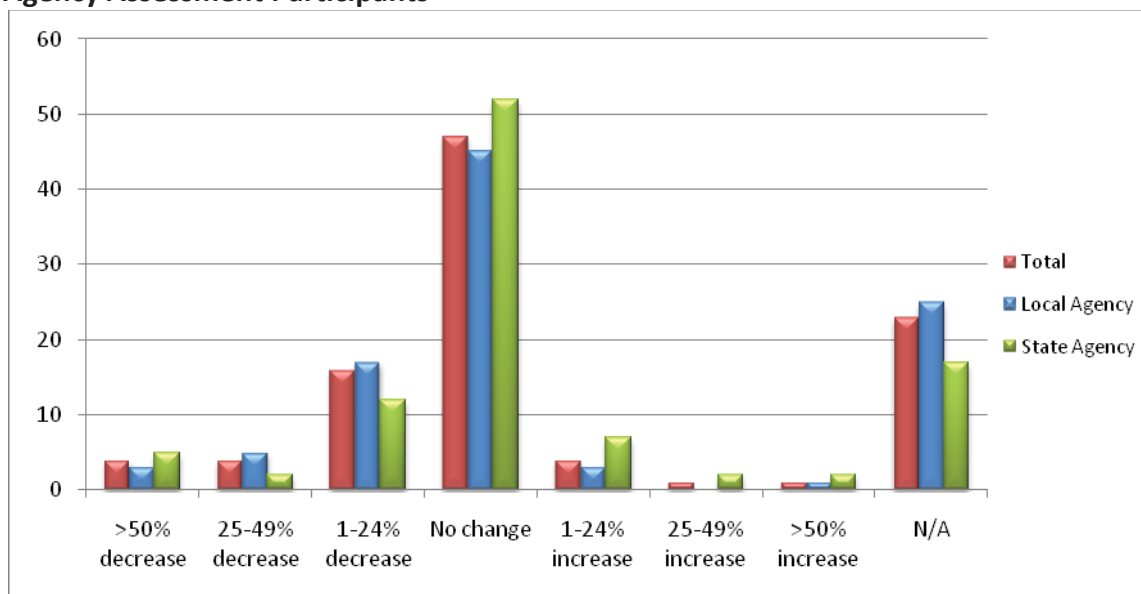
**25–49% increase**

**Local Agency**

- Our IT provider, Northrop Grumman, has sharply raised the seats charges for the IT hardware and software services they provide.



**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**

- No grant funding

**State Agency**

- WHO and SPC (regional NGOs partners) sometimes provides technical assistance and funded training in disease surveillance.

**25–49% decrease**

**Local Agency**

- 1 FTE may be lost in FY12 due to Federal Funds Reductions

**1–24% decrease**

**Local Agency**

- Our Grant & State Aid funding was reduced in the range of 1.1% to >5%

**No change**

**Local Agency**

- We receive no grant funding.
- We apply for no grants in the food safety program. All funding is from license fees.
- Did not have any grant funding for food program.
- Summer Feeding program

**State Agency**

- Able to maintain all levels of grant participation.

**N/A**

**Local Agency**

- We do not and have not had grant funding in our food program.

## 5.0 For your regulatory food safety program, please indicate the degree to which the following programmatic capacities have been impacted over the past two years.

Assessment participants were asked to indicate the degree of increase, decrease, or no change to certain programmatic capacities using a likert scale. Table 5.0.1 shows the programmatic capacities and the degrees of impact indicated by all 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.

**Table 5.0.1 Indicated Degrees of Impact to Programmatic Capacities for all Assessment Participants**

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	4%	3%	33%	49%	7%	1%	0%	3%
Services offered to retail food facilities	2%	4%	27%	52%	8%	2%	1%	4%
Services offered to other government programs and departments	2%	2%	28%	56%	6%	1%	0%	4%
Services offered to the general public	3%	6%	28%	48%	9%	1%	0%	4%
Partnerships with other groups and organizations	1%	7%	15%	58%	15%	1%	0%	4%
Quality of inspections conducted	1%	3%	19%	54%	14%	3%	2%	3%
Inspection fees	0%	2%	6%	59%	22%	2%	2%	8%
Ability to conduct environmental assessments/ investigations in response to outbreaks	1%	1%	17%	68%	7%	2%	0%	2%
Ability to respond/ investigate consumer foodborne illness complaints	1%	2%	10%	74%	7%	2%	0%	2%
Ability to respond to food recalls	2%	4%	14%	68%	4%	1%	0%	7%
Number of programs supported by your jurisdiction	2%	1%	13%	59%	15%	1%	1%	9%
Outsourcing of programs	0%	0%	2%	67%	3%	1%	1%	27%

**Table 5.0.2 Indicated Degrees of Impact to Programmatic Capacities for Local Agency Assessment Participants**

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%	3%
Services offered to retail food facilities	2%	3%	27%	53%	7%	2%	1%	3%
Services offered to other government programs and departments	2%	2%	26%	58%	7%	1%	0%	5%
Services offered to the general public	3%	4%	27%	50%	9%	1%	0%	5%
Partnerships with other groups and organizations	1%	5%	16%	60%	14%	0%	0%	5%
Quality of inspections conducted	2%	3%	17%	56%	14%	3%	2%	2%
Inspection fees	0%	1%	6%	62%	20%	3%	2%	7%
Ability to conduct environmental assessments/ investigations in response to outbreaks	1%	2%	17%	70%	5%	2%	0%	2%
Ability to respond/ investigate consumer foodborne illness complaints	0%	3%	9%	79%	4%	2%	0%	2%
Ability to respond to food recalls	2%	6%	14%	67%	3%	1%	0%	7%
Number of programs supported by your jurisdiction	2%	0%	16%	57%	15%	1%	1%	9%
Outsourcing of programs	0%	0%	2%	67%	2%	0%	0%	28%

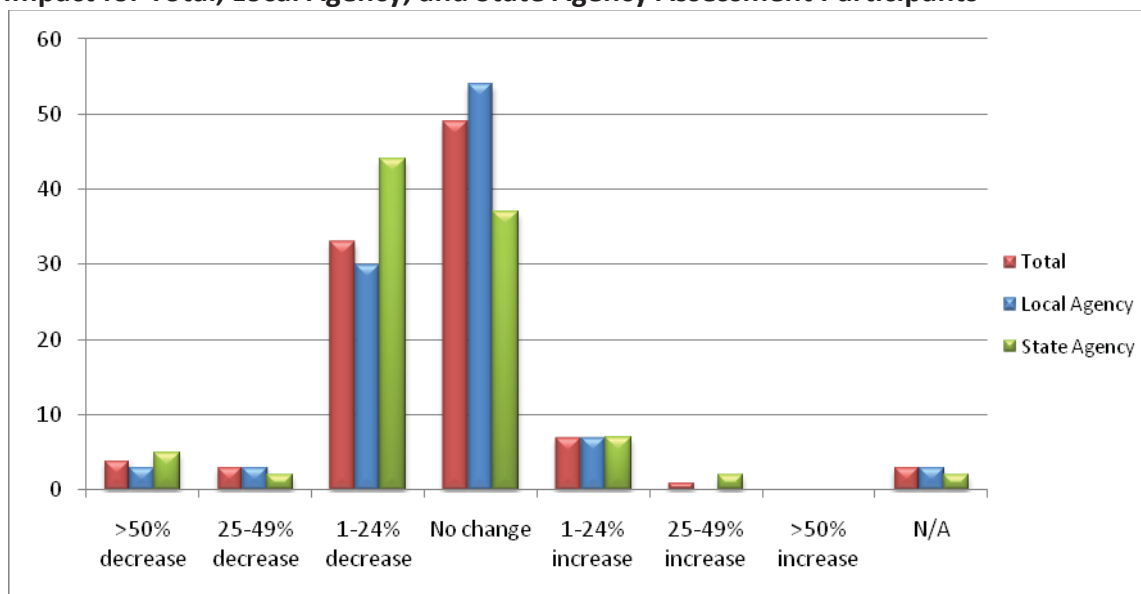
**Table 5.0.3 Indicated Degrees of Impact to Programmatic Capacities for State Agency Assessment Participants**

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	5%	2%	44%	37%	7%	2%	0%	2%
Services offered to retail food facilities	2%	5%	27%	51%	10%	0%	0%	5%
Services offered to other government programs and departments	2%	5%	34%	51%	5%	0%	0%	2%
Services offered to the general public	2%	12%	32%	41%	10%	0%	0%	2%
Partnerships with other groups and organizations	0%	12%	12%	54%	17%	2%	0%	2%
Quality of inspections conducted	0%	2%	27%	49%	15%	2%	0%	5%
Inspection fees	0%	5%	5%	49%	27%	0%	2%	10%
Ability to conduct environmental assessments/ investigations in response to outbreaks	0%	2%	17%	61%	15%	2%	0%	2%
Ability to respond/ investigate consumer foodborne illness complaints	5%	2%	12%	61%	17%	2%	0%	0%
Ability to respond to food recalls	2%	0%	12%	71%	7%	2%	0%	5%
Number of programs supported by your jurisdiction	2%	2%	5%	63%	15%	2%	2%	7%
Outsourcing of programs	0%	0%	0%	68%	5%	5%	5%	22%

## 5.1 Comparison of Total and Local and State Agency Percentages

The next set of charts (5.1.1 –5.1.12) show the percentages of assessment participants indicating the different levels of change for each programmatic 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.

**Chart 5.1.1 Ability to Support Government Mandated Services: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**State Agency**

- CNMI prioritized food safety mandated retail outlets establishment food safety inspection. Other mandated program are not regularly schedule

**1–24% decrease**

**Local Agency**

- Staff has been reduced to 90% time in the food program.
- Loss of personnel increase work load on remaining personnel.
- We have reduced food safety program inspection frequencies slightly and dropped non-mandated programs.
- Reduced personnel resulted in prioritizing activities to offer optimum levels of support based on availability.

**State Agency**

- This will continue to decrease.
- Regulatory inspection program has experienced reduction in available work force due to both hiring restrictions and economic attrition with staff leaving for better pay opportunities.
- Due to 3 furlough days/month. No position losses

**No change**

**Local Agency**

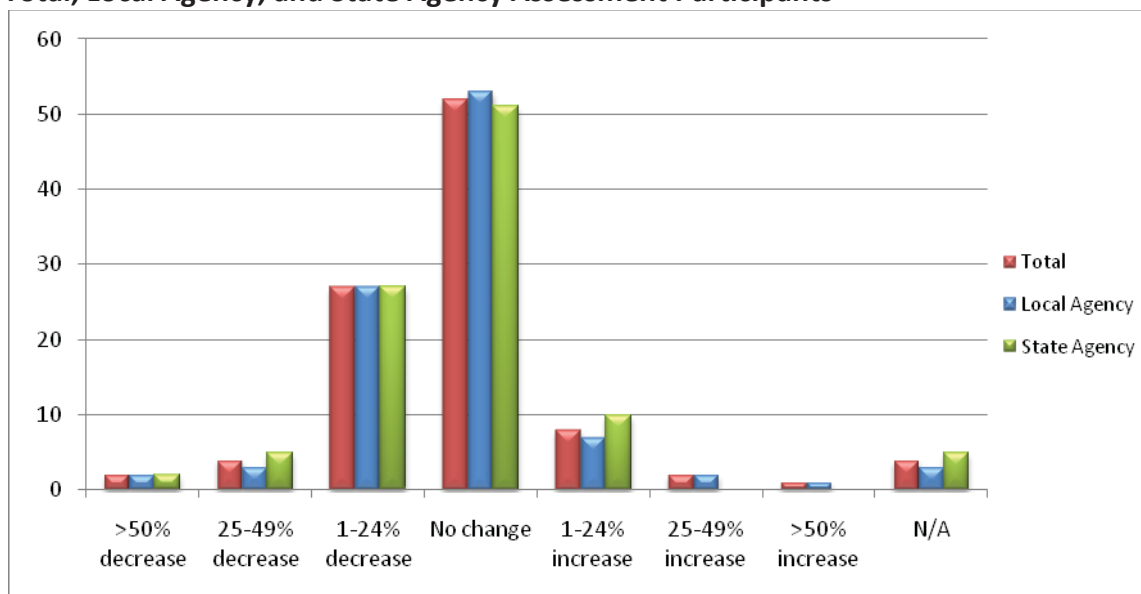
- Continues to be an area of concern.
- Our major program cuts were 5 years ago- program cut by 50%

**1–24% increase**

**Local Agency**

- Fewer staff, small geographical area to cover, more time to meet requirements

**Chart 5.1.2 Services Offered to Retail Food Facilities: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**State Agency**

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

**1–24% decrease**

**Local Agency**

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

**No change**

**Local Agency**

- We increased permit fees
- Have worked hard to maintain services to the food establishments since we have not reduced their fees. Have not increased fees either.
- In NY, retail food services and regulation are provided by Ag & Markets, DOH responsible for commercial food service establishments
- 50% cut 5 years ago

**1–24% increase**

**Local Agency**

- We are doing more food safety outreach and education with industry.
- We have increased our educational opportunities for food operations by providing food safety education (ServSafe) at a minimum price and free one on one training.

**State Agency**

- Annual basic food safety training for retail outlet (food handlers). Bi-annual establishment inspections.

**>50% increase**

**Local Agency**

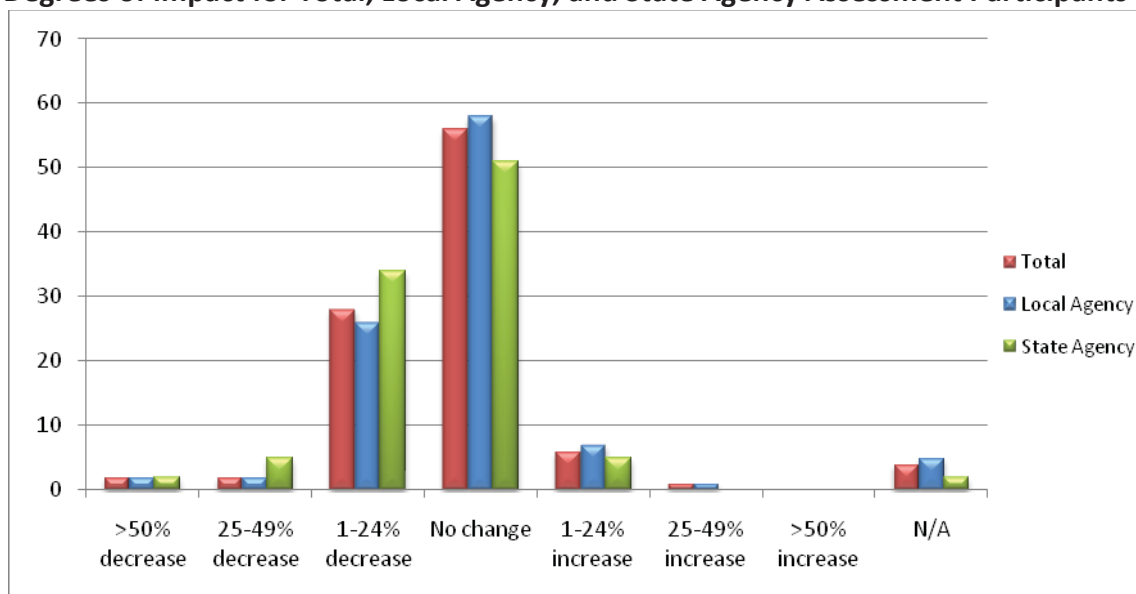
- Increased # of certified manager classes 2x

**N/A**

**State Agency**

- Handled by Local Health Departments

**Chart 5.1.3 Services Offered to Other Government Programs and Departments: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**State Agency**

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

**1–24% decrease**

**Local Agency**

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

**No change**

**Local Agency**

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

**State Agency**

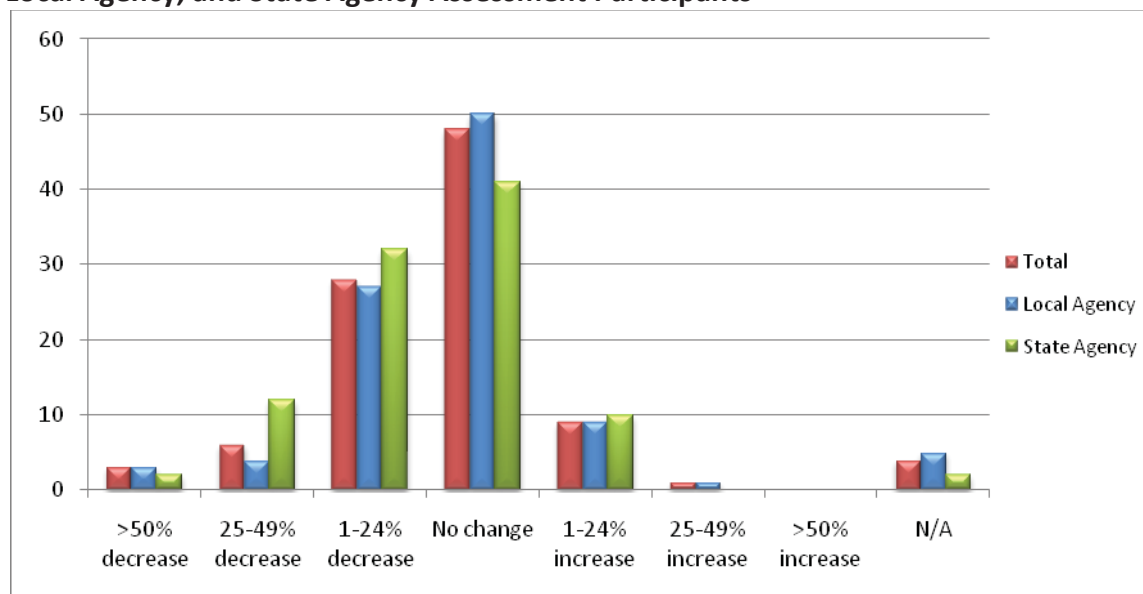
- Promotion and presentation of personal hygiene, NCDs program such as tobacco cessation, proper diet and better choices to improve lifestyle at respective gov'tal department

**1–24% increase**

**Local Agency**

- 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.

**Chart 5.1.4 Services Offered to the General Public: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **1–24% decrease**

##### **Local Agency**

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

##### **State Agency**

- We no longer provide certified food protection manager courses. Iowa State University has filled this gap.
- Decrease due to 3 furlough days/month.

##### **No change**

##### **Local Agency**

- 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.

##### **1–24% increase**

##### **Local Agency**

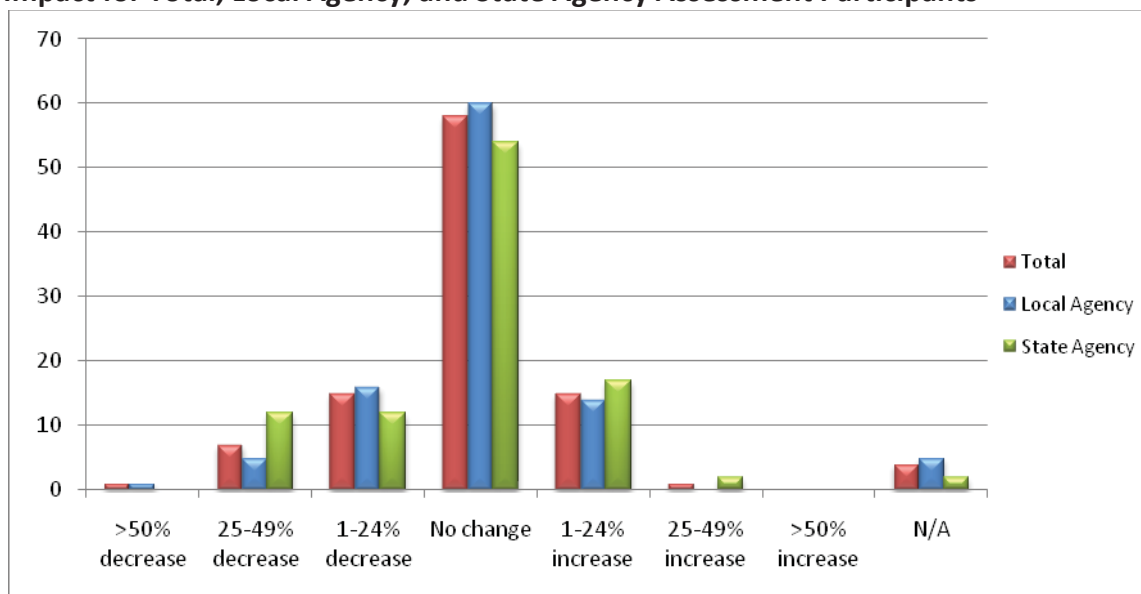
- The Environmental Division of the Stark County Health Department Food Inspection Program provides the following services to the public:
  - Inspects and regulates every type of food service and food establishment - restaurants, caterers, institutions, retail markets, mobile vendors, temporary and seasonal food facilities.
  - Investigates citizen complaints about unsafe or unsanitary conditions in food service and food establishments.
  - Investigates allegations of contaminated food and food-borne illness.
  - Provides food safety certification course and exam for basic food safety training to anyone willing to learn.
  - Offers food safety information to the public.
- Added health education component

##### **State Agency**

- Health advisory press releases on disease outbreaks, environmental issues affecting food sources and zoonotic issues affecting for food chain.



**Chart 5.1.5 Partnerships with Other Groups and Organizations: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**1–24% decrease**

**Local Agency**

- Diminished due to limited staff and time constraints. Difficult to be proactive with limited staffing.

**State Agency**

- due to 3 furlough days/month.

**No change**

**Local Agency**

- They don't have any more money than we do and are unwilling to share responsibilities.....

**State Agency**

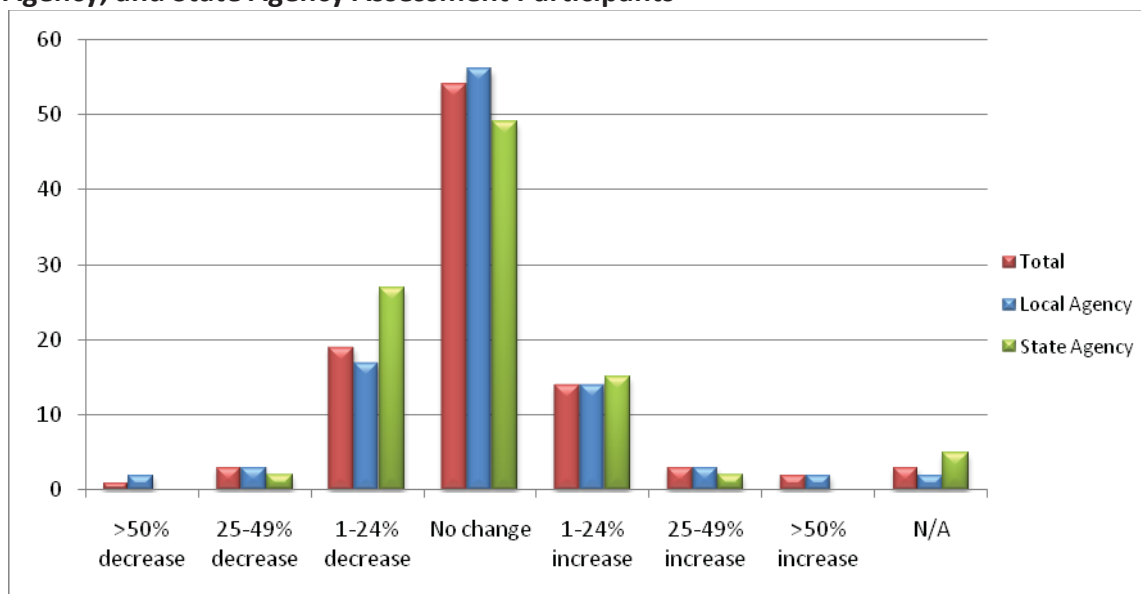
- Environmental Health program is integrated partner in promotion of NCDs programs with community. Partnership, includes Public School system, community coalitions such as Diabetes, Cancer, hotel associations.

**1–24% increase**

**Local Agency**

- re; training and strategic planning, increased engagements with other organizations
- We are seeking more partnerships in order to stretch our resources farther.
- Partnerships include: Stark Co. Plumbing Department, Stark Co. Building Department, 17 local fire departments, 9 local sewer districts, Stark Co. Fire Inspector Assoc., Community Harvest of Stark Co., Stark Co. Board of Education, Tri-County Restaurant Assoc., Ohio Environmental Health Assoc., Assoc. of Ohio Health Commissioners, Ohio Grocers Assoc., Ohio Retail Food Safety Advisory Council
- Conducting a community health assessment

**Chart 5.1.6 Quality of Inspections Conducted: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **No change**

##### **Local Agency**

- 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

##### **State Agency**

- 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.

##### **1–24% increase**

##### **Local Agency**

- 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

##### **State Agency**

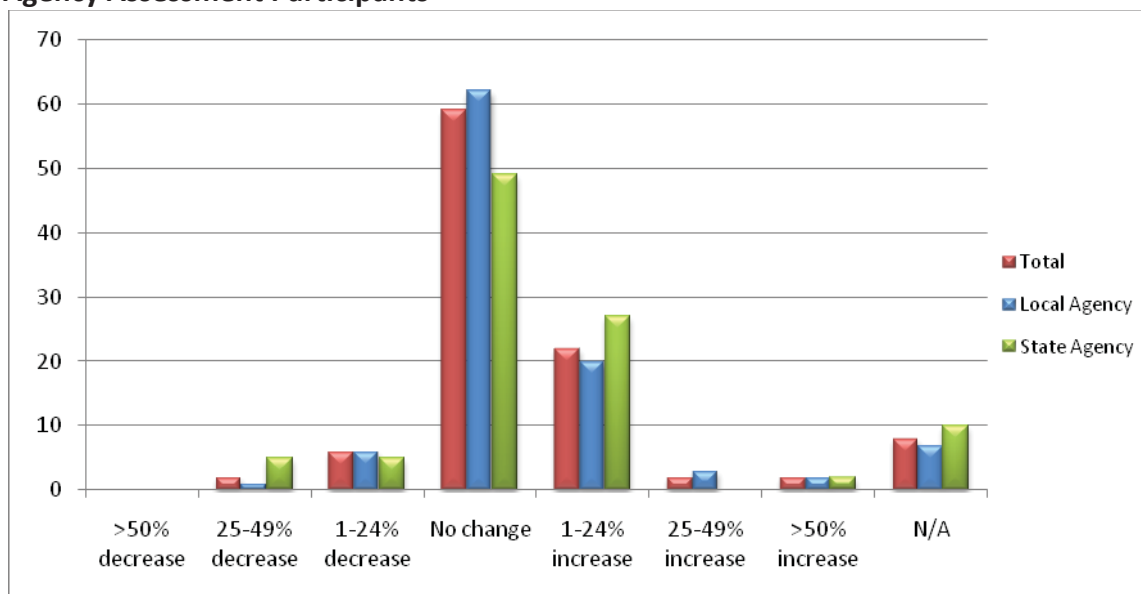
- We have great inspectors

##### **25–49% increase**

##### **Local Agency**

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

**Chart 5.1.7 Inspection Fees: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **25–49% decrease**

##### **State Agency**

- Inspection fee are nominal at best. Average permit fees is \$50. per establishment, renewal yearly basis

##### **1–24% decrease**

##### **Local Agency**

- Since 2008 state fees went from \$100 to \$285 and back down to \$40. City fees went from \$0 to \$50.

##### **No change**

##### **Local Agency**

- In NC there is no fee established at the local level
- Have remained the same for 3 years.
- Fees in Iowa are set by legislature. Fees severely inadequate.
- With a down economy, unable to increase fees to make up for lost revenue.
- There will be an increase in fees soon.
- Last increase in fee's was 5 years ago, fee's will increase in 2012
- These have stayed the same due to the salary freeze.
- There has been no increase in fees while costs continue to increase so we are operating the program at a loss each year.
- Pending increases of 10% (last increase was in 2006)
- Using the state cost methodology the fees change slightly either up or down but overall revenue has been stable
- No changes to food service license fees (restaurants, mobile food units, commissaries, vending machines, temporary restaurants) - mobile food units increased a little but commissary fee decreased.

##### **State Agency**

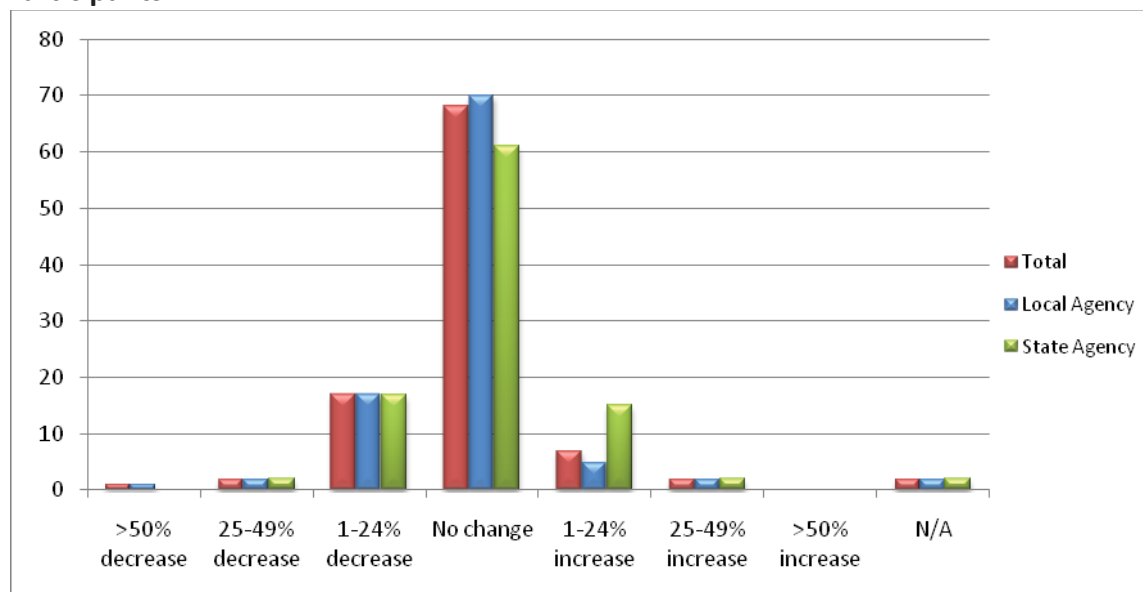
- No change and no hope of getting them changed.
- Proposed bill in 2010-11 to increase fees, governor would not allow.

##### **N/A**

##### **Local Agency**

- No inspection fees, however we now issue citations for repeat offenses with a \$50 fine--no longer have the luxury of handholding and repeat visits

**Chart 5.1.8 Ability to Conduct Environmental Assessments/Investigations in Response to Outbreaks: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **1–24% decrease**

##### **Local Agency**

- There has been a 25% decrease in staffing in the Office of Epidemiology due to unfilled vacancies.
- I think our capacity is reduced. We have lost 4 sanitarians, a coordinator and a director in one year. If we had a full blown outbreak, we would not be getting any regular work done, inspections would go over due to spend time on investigation. I only have bare minimum staff to complete inspections.
- Smaller foodborne illness complaints or institutionally associated diseases (daycares) are still investigated by our Dept. Larger events are relegated to the State
- We contract with a VNA to do disease investigations. Sometimes coordination with environmental assessment is weak

##### **No change**

##### **Local Agency**

- Primary public health function, given top priority.
- EPI training continues to be emphasized
- We have not reduced staffing/commitment to this high priority item.
- All of the food inspectors have the ability to investigate outbreaks. I did not mark a change here because we have not added any additional personnel.
- Public health risk reduction is a priority
- no change, we continue to prioritize environmental assessments/investigations - budget for investigations were reduced minimally

##### **State Agency**

- This is job one, we will drop everything to follow up on outbreak responses.

##### **1–24% increase**

##### **Local Agency**

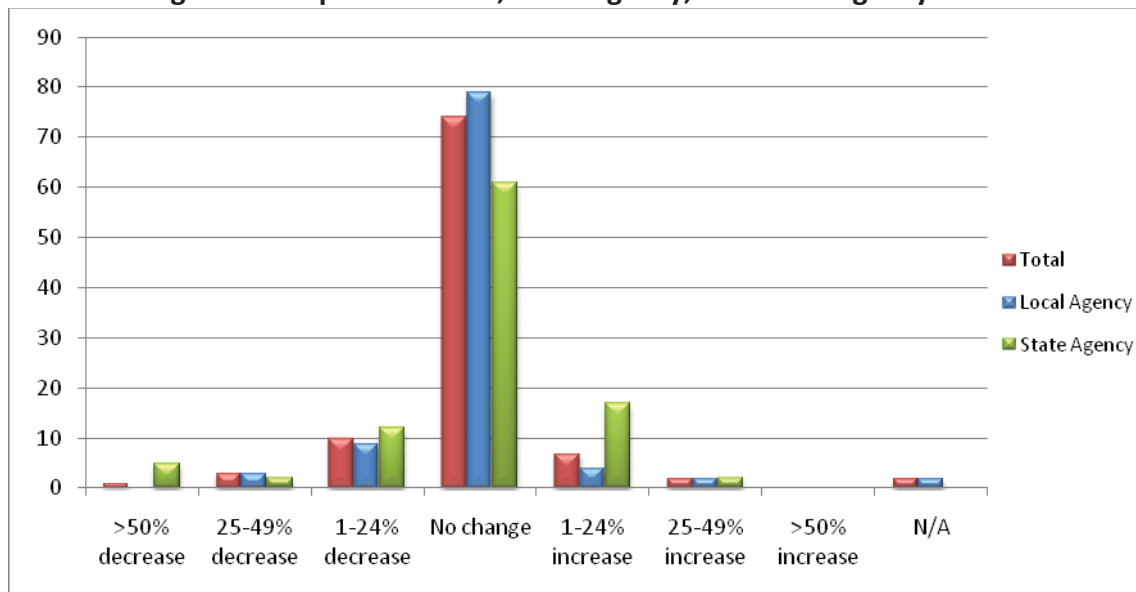
- In the event of an outbreak, our county public health, env. health and the county who handles our food inspections would work together.
- Reviewed CIFOR guidelines, updated all policies, included CIFOR guidance on env assessments, achieved compliance with FDA Standard # 5 on foodborne outbreak response

- Using the services of the epidemiologist to assist the sanitarian and nursing staff

#### State Agency

- 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.

**Chart 5.1.9 Ability to Respond/Investigate Consumer Foodborne Illness Complaints: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **>50% decrease**

##### **State Agency**

- Most follow up is done by phone now, however thanks to a grant position we are attempting to conduct enteric questionnaires with all illness complainants.
- Environmental staff are well-train to respond to Health emergency, such as disease outbreaks and/or environmental disaster

##### **No change**

##### **Local Agency**

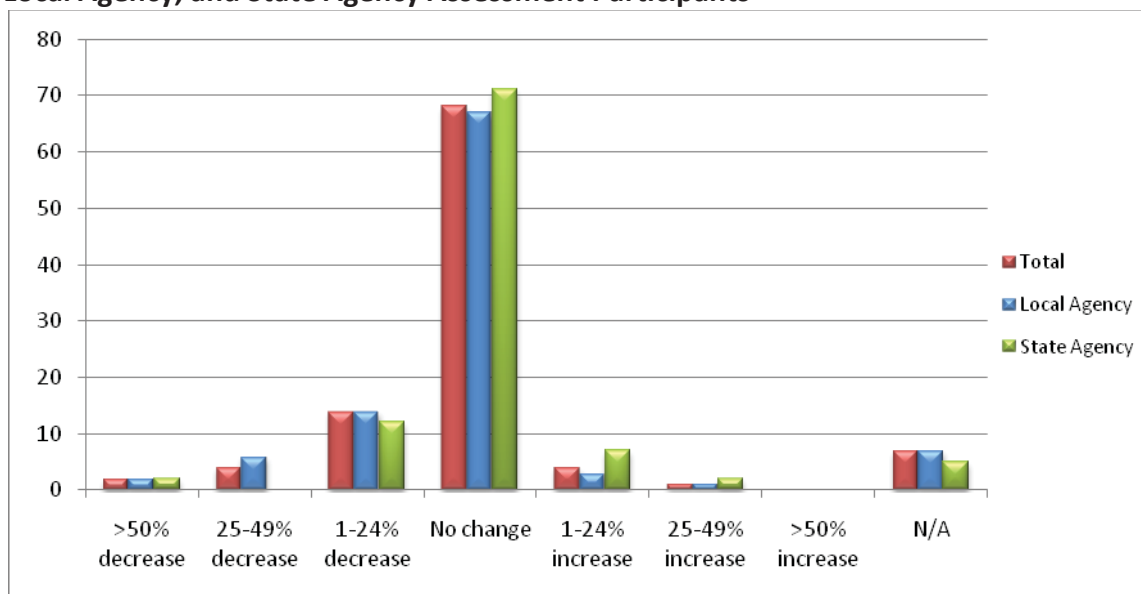
- Public health nurses assist.
- We still begin investigation within 24 hrs of receiving complaint.
- We have not reduced staffing/commitment to this high priority item.
- Public health risk reduction is a priority
- Depending on magnitude of the event.
- no change, we continue to prioritize investigation of foodborne illness complaints - budget for investigations were reduced minimally
- 50% cut 5 years ago

##### **1–24% increase**

##### **State Agency**

- Increased due to in house training.
- We have focused resources leveraging some homeland security funds to improve this system dramatically.

**Chart 5.1.10 Ability to Respond to Food Recalls: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **>50% decrease**

##### **State Agency**

- CNMI comprises of 3 inhabited islands. All food sources are either locally grown-produced or imported. Environmental staff network (email & phone) with each offices and other food regulating gov'tal agencies are in are members of the recall team and in the loop on notification of recall neither from FDA, USDA or WHO.

##### **1–24% decrease**

##### **Local Agency**

- We would not be able to respond to our State's request for local help.
- This area could be done better, but it would require additional personnel.
- change in response to notification-- electronically-no longer do site visits unless specifically requested
- Too many coming in to address all especially with reduction in staff. Do a risk assessment and address most critical.

##### **No change**

##### **Local Agency**

- In this state most of the recall work is done by the state Department of Health.
- Recall effectiveness checks are rarely conducted; only when requested by the state health dept.
- Ag & Mkt responsibility
- Public health risk reduction is a priority
- RE: all of above. We are operating at minimum staff to deliver present service level. If anyone gets sick, we are understaffed.
- majority of food recalls are performed by state department of agriculture

##### **State Agency**

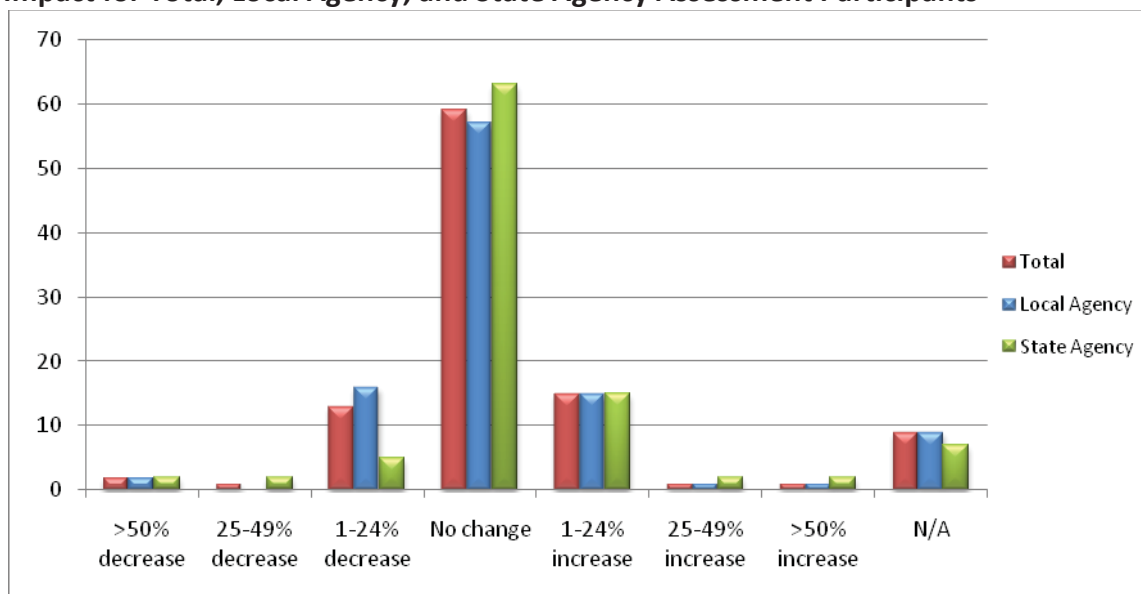
- We have never had this ability and have no mandate by law to do so.

##### **N/A**

##### **Local Agency**

- The Dept. of Agriculture handles food recalls in Virginia.

**Chart 5.1.11 Number of Programs Supported by Your Jurisdiction: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**State Agency**

- 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.

**1–24% decrease**

**Local Agency**

- 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.

**No change**

**Local Agency**

- 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.

**1–24% increase**

**Local Agency**

- 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, increased workloads in aquatic recreation and public water supply programs.
- 26 Environmental Health Programs

**>50% increase**

**Local Agency**

- 'do more with less', new regs and programs in all areas of EH continue to land in our jurisdiction--not just food

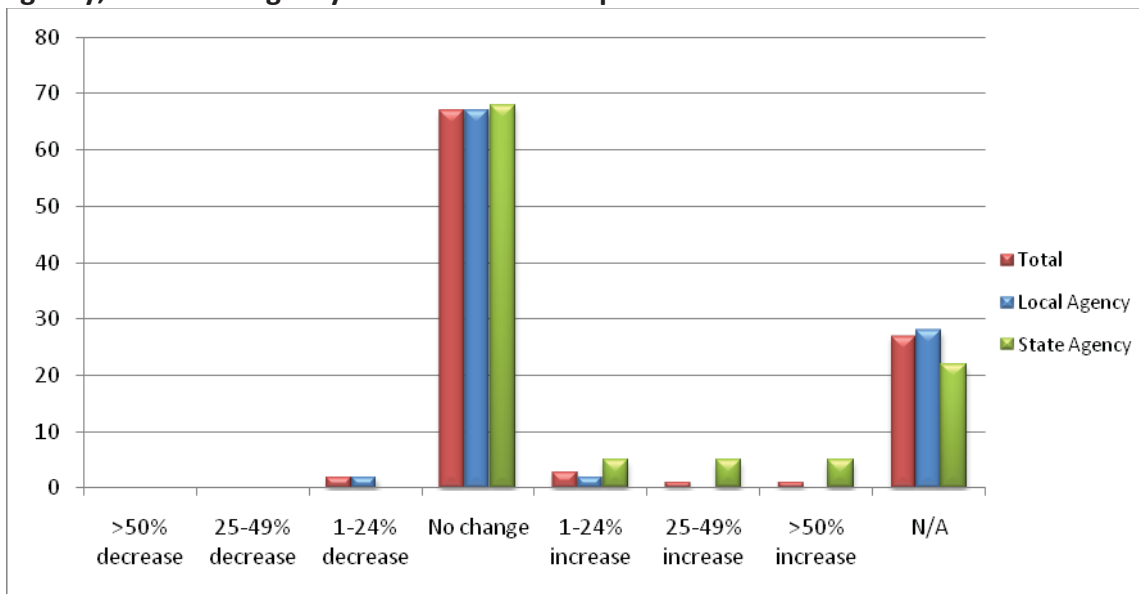
**N/A**

**State Agency**

- We are the statewide program



**Chart 5.1.12 Outsourcing of Programs: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**No change**

**Local Agency**

- 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

**1–24% increase**

**Local Agency**

- With limited staff any program function necessary like continuing education for industry is outsourced.

**>50% increase**

**State Agency**

- Appropriate funding is strictly for personnel. All others had been suspended during the austerity measure taken by the State gov't.

**6.0 If you indicated in the question above that programs have been decreased, increased, or outsourced, please identify these programs and the extent to which they have been affected.**

## **6.1 Program Effects at the Local Agency Level**

### **6.1.1 Decreases**

#### **Inspections**

- frequency of food inspections;
- Fewer itinerant food inspections
- DOH no longer inspect child care, hospitals, not for profit/churches or nursing home food service operations, now no inspections are made or are made by non-health entity.
- 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. We have used the current financial crisis to eliminate or reduce programs with low public health impact.
- Frequency of inspections will also be diminished.
- THE NUMBER OF FOOD SERVICE INSPECTIONS ARE DOWN HOWEVER WE HAVE NOT LOST OR LOWERED THE QUALITY OF THE INSPECTIONS THAT WE PERFORM

#### **Programs/Capacity**

- Reduction in quality assurance.
- Encephalitis monitoring program funding has been removed. It was a financially losing program in the past now made worse.
- Mosquito collections for west nile virus surveillance has been stopped. 16 hr servesafe training has been replaced with a 4 hour person in charge class. Changes have been made in our temporary food licensing program. Less flexibility in all programs in attempt to maintain as many services as possible with fewer people
- Programs Decreased: "Nuisance" complaints such as backyard trash complaints;
- The state mandated programs have been a challenge to fund at the same level due to budget cuts.
- Food Safety support will decrease additionally negatively impacting our ability to effectively respond to complaints, recalls and food borne illnesses
- Food, Lodging and Institutions inspections
- Food Program - quality and timeliness has decreased as staff members have decreased.
- Air Quality - response time has dramatically decreased due to low staff and equipment and supplies decrease.
- have quit inspecting mobile home parks.
- Our Mobile Home Park Program was eliminated in the last two years.
- Decrease in programs is to the extent that public health risk is not compromised but the program is lacking some elements that would make it better and more comprehensive (ie industry education, formal or one on one, staff training, and slowing of the internal quality improvement process)

- Decreases have occurred in areas that were additional activities we performed ie additional training to food establishments Dept considered signing onto the FDA retail standards program but due to resource limitations and additional department tasks
- generally across the board---we haven't necessarily eliminated factions (town political machine will not allow that to necessarily happen) we just take much longer to achieve results or required intervals are not met. Also, adopt new ways to get the job done--notify businesses by fax and email of minor patron complaints and request remediation and written response; 'empower' residents to try to find solutions by communicating to others of their complaints i.e. trash; minor housing concerns; etc before filing formal complaints with the Dept. Not outlined or condoned anywhere in the regs but you have to find different solutions and approaches in order to maintain some sort of public/env health priorities for the community as a whole. "Should I work on implementing the new beach regulations for my 30+ beaches or chase after an overflowing dumpster?" Resource allocation and community priorities.

### **Staff Size**

- Reduction in clerical staff
- program field staff decreased by 60% and frozen/non-funding of positions.
- 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
- Staff in program has decreased. We have not reduced our program. Same amount of work exists. :-)
- In 2007 there were 3 staff RS, 1 Director, 1 clerk. 2011 there is 1 RS/Dir. & 1 clerk. This has affected all environmental health programs. Our dept. has 18 EH programs, Animal bites to Water, etc.
- It is anticipated that if we have staff reductions in FY 12 we will scale back our services which are not statutorily required, such as in-service food safety training.
- We laid off one full time inspector. We have hired a per diem inspector. We only Have 1 full time inspector therefore our response time to emergencies have been diminished.

### **Staff Time**

- Employees required to furlough.

### **Training/Outreach**

- Reduced or eliminated various educational events.
- training classes, both presented and attended.
- Food Safety Classes are not going to be offered as often as planned.
- The food manager's training program has been discontinued.
- no food service classes offered, no school consumer protection in-services offered, Public information meetings
- Not be able to offer free educational material to general public
- lost ability to offer Spanish ServSafe courses

### **Travel**

- Eliminated all travel for employee training.

- have to cut the travel cost to obtain and offer trainings

#### **Response**

- Reduction in ability to respond to recalls.

### **6.1.2 Increases**

#### **Fees**

- Food Program fees increase as indicated in cost methodology used. Takes into account increasing overhead costs such as fuel, utilities, employees health insurance premium increases
- Fees went up with the consumer price index for the 2011 year
- License and inspection fees increase a small percentage annually.
- Increase in permit fees.

#### **Training/Outreach**

- As the public becomes more educated in Food Safety, their demand for services has only increased every year since I have been here. I have work for Stark Co. for 18 years.
- increased certified manager classes temporarily to meet demand. Self supporting program
- Most program increases have resulted from increased training for me. I have been in charge of the food safety program for 1.5years and had no job-related experience before taking the position.

#### **Workload**

- With existing staff we have taken on a major role with stormwater regulations.
- More areas of responsibility/inspections have been acquired.

#### **Inspections**

- We enrolled in the FDA Program Standards, and as a result, we have increase inspection frequency of more complex restaurants (better service to the public)and has improved the training and uniformity of inspections among inspectors (better inspection quality)

#### **Other**

- increase in customer waiting time and response to phone calls.
- The number of food facilities in the county has increased [but one inspector position has been eliminated.]
- There has been an increase in grant application to retain current staff.
- mobile food facilities increased significantly, caterers increased significantly

### **6.1.3 Outsourcing**

- Outsource of work is done by obtaining part time people to conduct work in program areas that cannot be taken on by current overloaded remaining staff. Mainly in the area of formal education to industry.
- Total food inspection program removed and workload sent to 1.0 FTE who handles all health related matters for municipality

- 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.

## 6.2 Program Effects at the State Agency Level

### 6.2.1 Decreases

#### **Funding**

- funding

#### **Inspections**

- 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).

#### **Programs/Capacity**

- 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 priorities. All other work has been affected adversely to some extent.
- Furlough days impact the quantity of services rendered

#### **Resources**

- resources

#### **Staff Size**

- retirements w/o filling programmatic slots
- personnel
- Lost 1 compliance manager, 1 regional manager in the dairy program, 1 regional manager in the food program, lost 3 inspectors in the food program, quality of inspection remains the same, however, service level related to frequency has decreased significantly,

### 6.2.2 Increases

#### **Complaints**

- Increased: Frequency of environmental & sanitary residual complaints.

#### **Fees**

- WV has started charging permit fees for the Retail Est. that are owned/operated by the State and inspected by State staff.

### **Training**

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

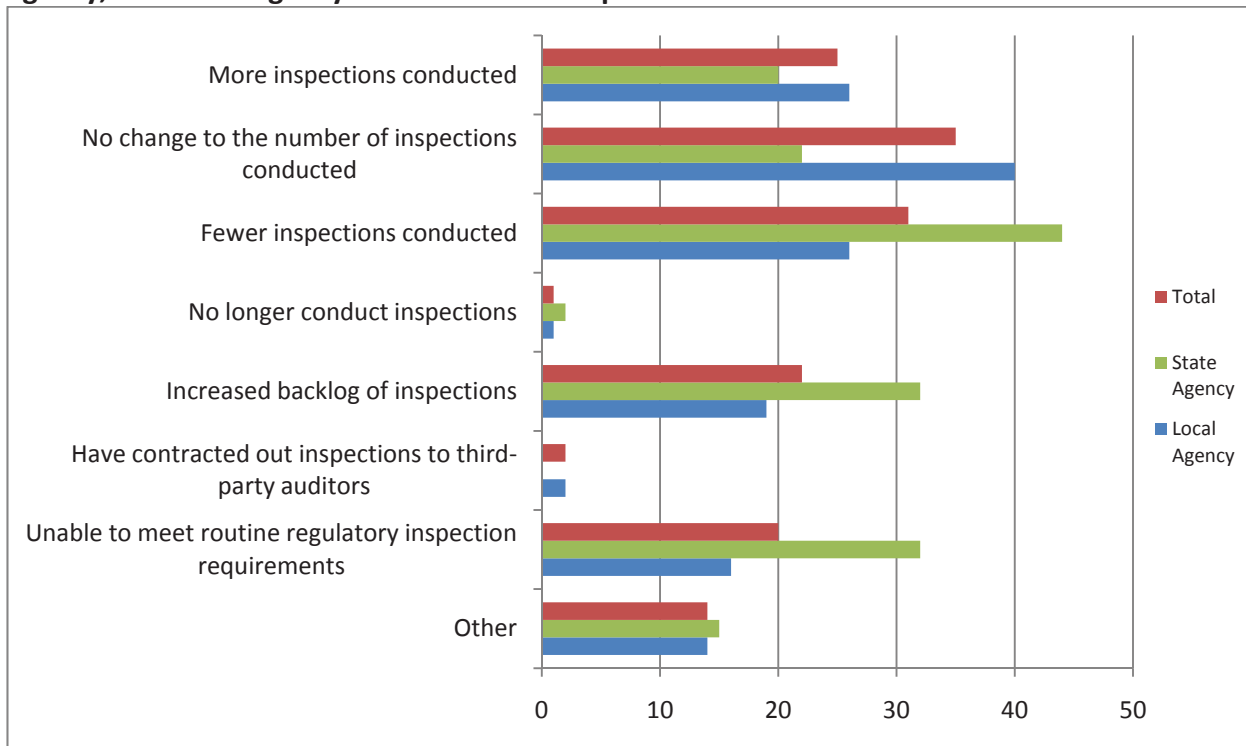
### **6.2.3 Outsourcing**

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

## 7.0 Please indicate any impacts experienced in your regulatory food safety program's inspections over the last two years. Check all that apply.

Assessment participants were asked to indicate any impacts experienced in their regulatory food safety program's inspections over the last two years. They were allowed to check all options that applied to their program.

**Chart 7.0.1 Percent of Regulatory Food Safety Program Inspection Impacts Indicated by Total, Local Agency, and State Agency Assessment Participants**



### Other Responses

#### Local Agency

- Inspections handled by another county; local public health & EH assist with investigation of outbreaks
- Only change has been more tem event weekend inspections
- We have applied new technology (dashboard tools) to help staff better identify what inspections are due
- We are not doing some of the extra things we like, such as education and outreach. Just performing the basics.
- Decrease in quality of inspections, less time/inspection
- No response/investigation to "nuisance" complaints
- More facilities to regulate
- Director has changed regs to favor industry and increased threats to public health
- Increase in food recalls
- Additional tasks within the dept are required

- Unable to meet inspection frequency timely
- Fewer inspections conducted because of fewer food facilities
- Decrease in quality inspections due to reduced staffing
- We are seeing more temporary food service activities
- Charge for additional inspections

#### State Agency

- Prioritizing workload has become more acceptable
- Fewer inspections conducted because there was a field sanitarian vacancy for 2 months
- Increase in # of FDA contracts conducted
- ODH does not conduct the inspections
- Third parties are conducting school inspections since 2006

## 8.0 Specific to your regulatory food safety program's capacity to investigate and respond to foodborne illness outbreaks, please indicate the degree to which the following have been impacted over the past two years.

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.

**Table 8.0.1 Indicated Degrees of Impact to Regulatory Food Safety Program Capacity to Investigate and Respond to Foodborne Illness Outbreaks for all 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%



**Table 8.0.2 Indicated Degrees of Impact to Regulatory Food Safety Program Capacity to Investigate and Respond to Foodborne Illness Outbreaks for Local 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%	23%	64%	3%	1%	0%	4%
Staff size	3%	4%	31%	54%	3%	1%	0%	3%
Training for staff	3%	11%	26%	47%	9%	1%	0%	3%
Qualifications and competency of staff	2%	2%	8%	66%	18%	2%	0%	3%
Other food safety workload expectations	1%	2%	9%	52%	29%	3%	0%	4%
Other workload expectations	3%	3%	9%	44%	31%	9%	0%	3%

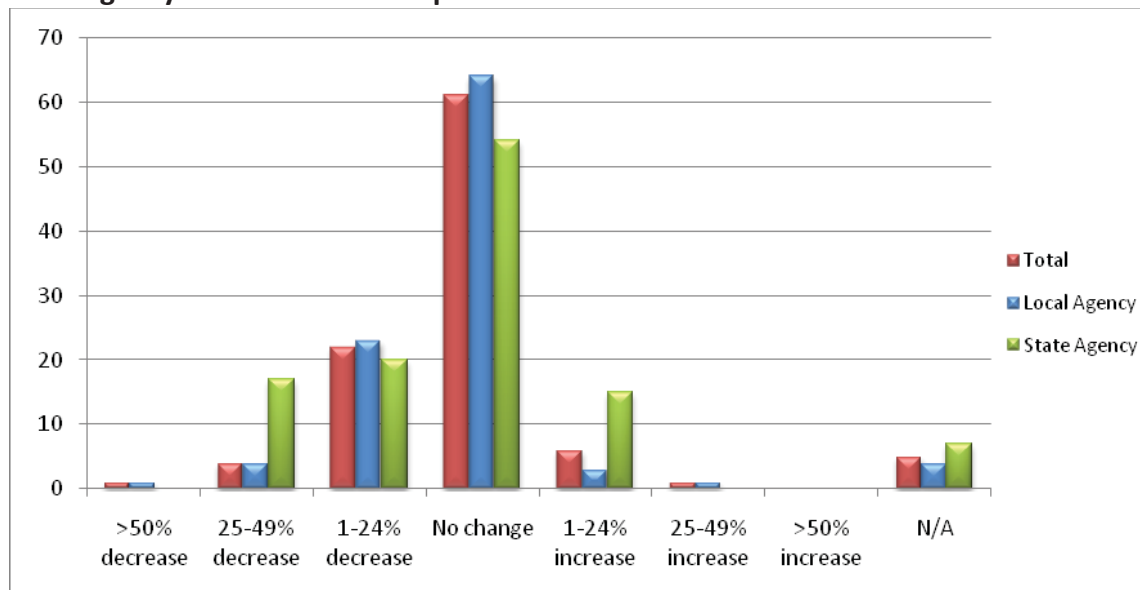
**Table 8.0.3 Indicated Degrees of Impact to Regulatory Food Safety Program Capacity to Investigate and Respond to Foodborne Illness Outbreaks for State Agency Assessment Participants**

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	0%	17%	20%	54%	15%	0%	0%	7%
Staff size	0%	7%	24%	51%	10%	2%	0%	5%
Training for staff	2%	10%	7%	49%	22%	2%	2%	5%
Qualifications and competency of staff	0%	0%	7%	63%	24%	2%	0%	2%
Other food safety workload expectations	0%	7%	2%	56%	24%	2%	2%	5%
Other workload expectations	2%	2%	5%	41%	41%	2%	0%	5%

## 8.1 Comparison of Total and Local and State Agency Percentages

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.

**Chart 8.1.1 Program Funding: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



### Additional Comments

#### 1–24% decrease

##### Local Agency

- 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

#### No change

##### Local Agency

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

#### 1–24% increase

##### State Agency

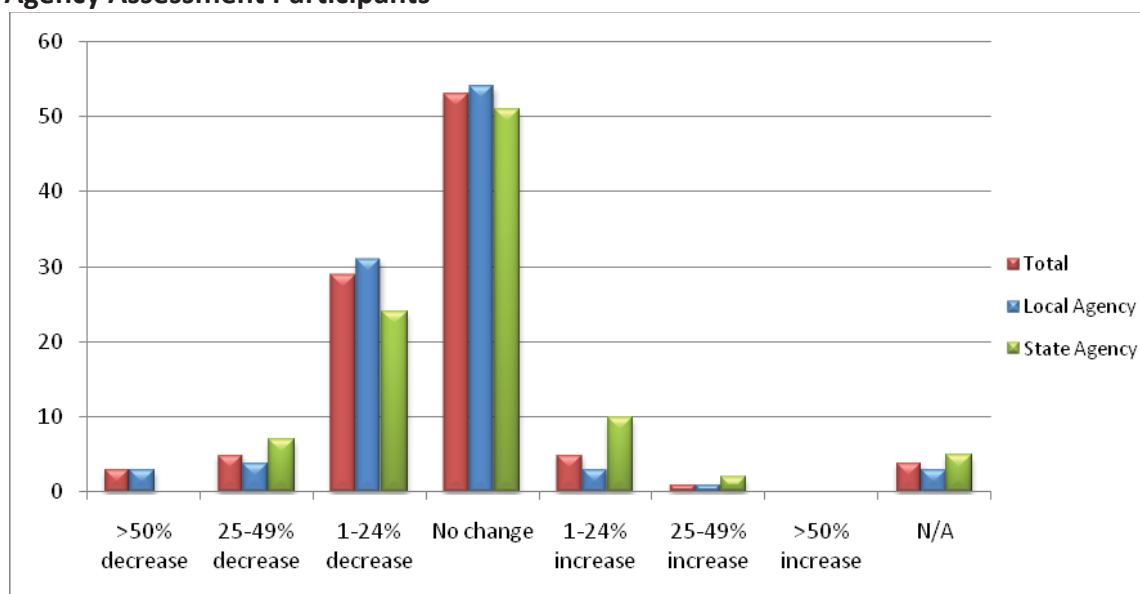
- received an FDA RRT grant. State funding has decreased significantly.

#### N/A

##### Local Agency

- 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.

**Chart 8.1.2 Staff Size: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**25–49% decrease**

**Local Agency**

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

**1–24% decrease**

**Local Agency**

- 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.

**No change**

**Local Agency**

- Same staff #'s, experience diminished due to loss of sr sanitarian
- 50% cut 5 years ago

**State Agency**

- there will be four retirements this year out of a staff of 15. The ability to fill all these positions may prove difficult, although have so far been able to replace all positions, so are hopeful

**1–24% increase**

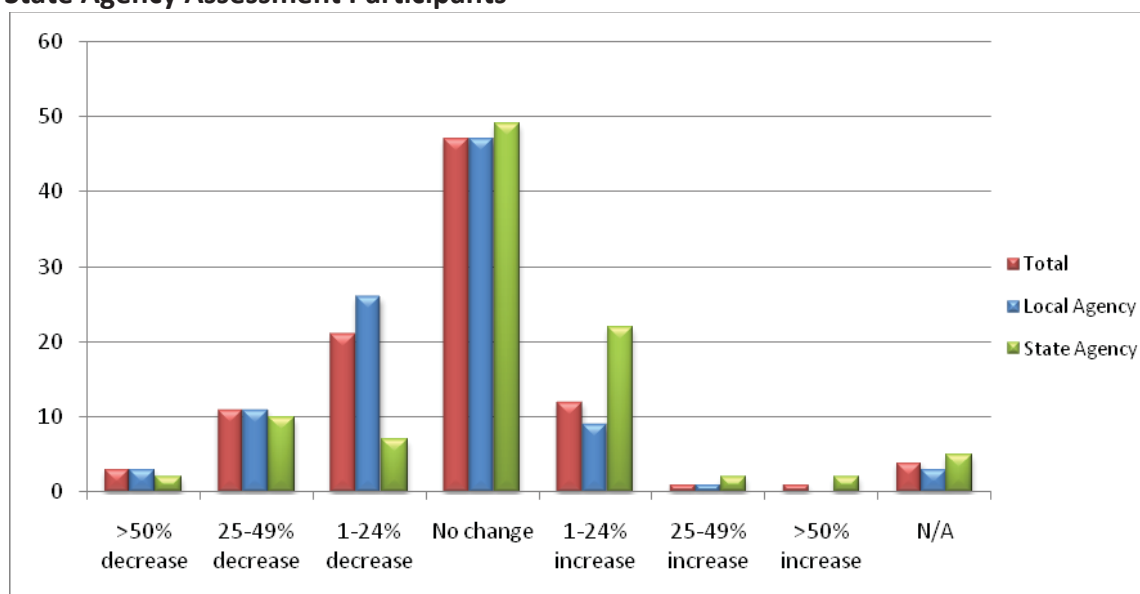
**Local Agency**

- The staff included a full time sanitarian with a contracted part time food inspector from another county originally. Then the county hired me as a part-time assistant sanitarian and gave me the entire food program. Now I am full time, so even though the staff number stayed the same, the time commitment to the program increased.

**State Agency**

- Hired 3 rapid response team members. However, managers for the food program have decreased.

**Chart 8.1.3 Training for Staff: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**Local Agency**

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

**25–49% decrease**

**Local Agency**

- Cannot afford to accommodate the need.

**1–24% decrease**

**Local Agency**

- No training budget, can still attend free training.
- Funding for continuing education is very scarce.

**No change**

**Local Agency**

- Able to take advantage of State training, but local training budget diminished

**State Agency**

- training has actually increased not by us but by the increased opportunities for free training offered by FDA

**1–24% increase**

**Local Agency**

- Several very recent trainings, including EPI Ready and a DHS course on food preparedness have helped.
- Planned
- Most of it is on the job.

**State Agency**

- In house training.

**>50% increase**

**State Agency**

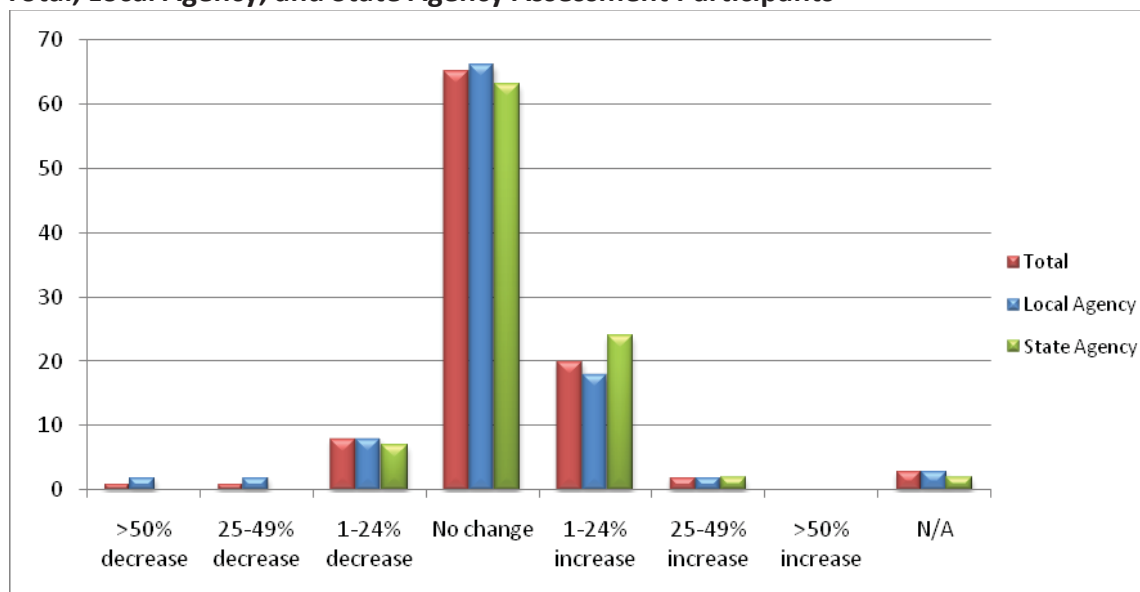
- Due to an increase in licensing fees and an increased focus on training we have been able to increase the training provided to inspectors.

N/A

**State Agency**

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

**Chart 8.1.4 Qualifications and Competency of Staff: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**25–49% decrease**

**Local Agency**

- 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

**1–24% decrease**

**Local Agency**

- New staff hired to replace exiting staff

**State Agency**

- 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 change**

**Local Agency**

- no significant change
- Had to fight to get NEHA certification. We trained ourselves.
- Public Health risk reduction is a priority

**1–24% increase**

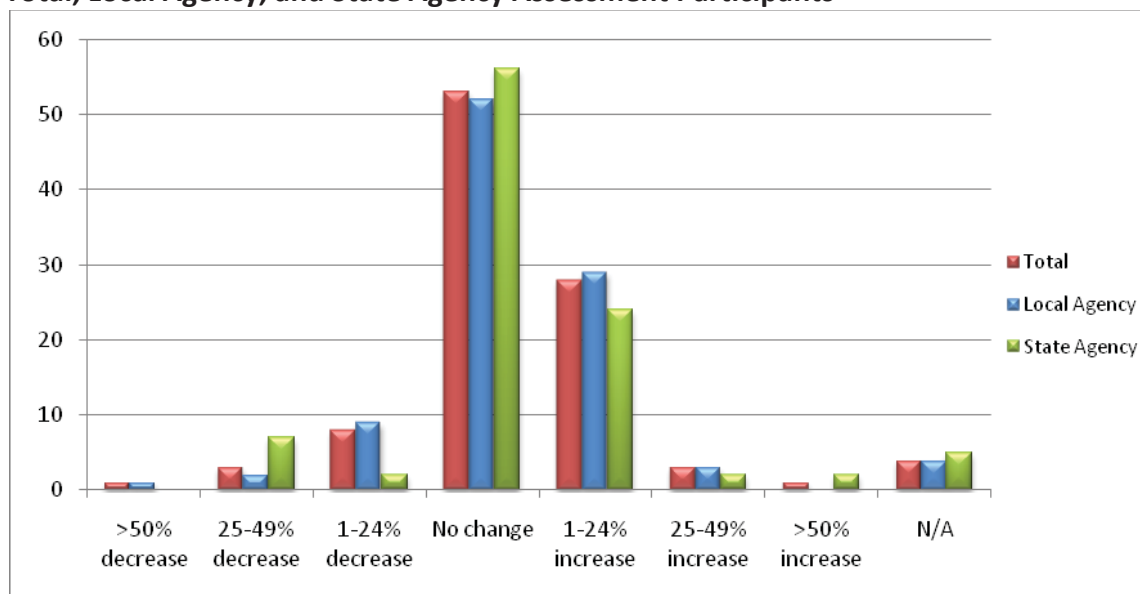
**Local Agency**

- change of personnel with more advanced qualifications

**State Agency**

- In house training

**Chart 8.1.5 Other Food Safety Workload Expectations: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



**Additional Comments**

**>50% decrease**

**Local Agency**

- Newly enacted Law prohibits inspection of any non-profit food operation.:

**1-24% decrease**

**Local Agency**

- 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.

**1-24% increase**

**Local Agency**

- 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

**State Agency**

- With the new Food Bill as well as requirements for Manufactured Food Program standards, workload my increase
- In some areas of the state, facility workloads assigned to staff are exceeding 300 facilities per person.

**25–49% increase**

**Local Agency**

- It has been made clear to the inspectors that numbers of inspections conducted in a day are far more important than conducting a quality inspection. We are expected to conduct 4 inspections a day, regardless of the size or scope of the facility

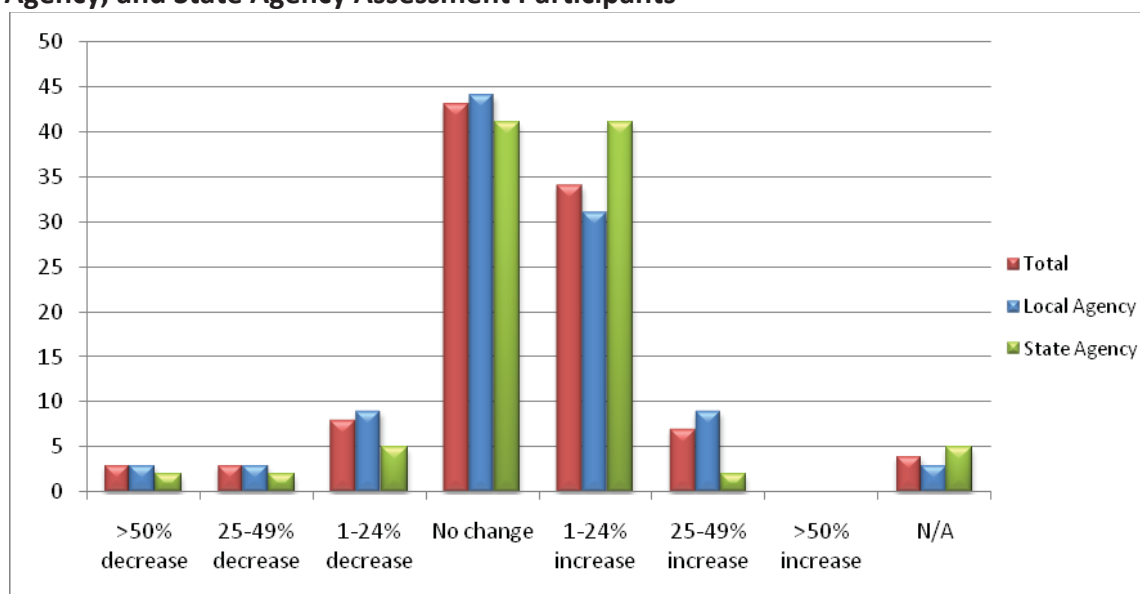
**N/A**

**Local Agency**

- I don't oversee other food safety work



**Chart 8.1.6 Other Workload Expectations: Percent of Indicated Degrees of Impact for Total, Local Agency, and State Agency Assessment Participants**



#### **Additional Comments**

##### **No change**

##### **Local Agency**

- No change at this time, may look at outsourcing weekend and temp event inspections that are out of the regular work time.
- workload expectations remain the same because we have reduced # of staff as we have lost inspection programs.

##### **State Agency**

- We have instituted a renewed emphasis in quality over quantity.

##### **1–24% increase**

##### **Local Agency**

- Enforcement of the Non-smokers Protection Act and the Dogs of Pation Act.
- Charged with enforcing new unfunded NC smoking in public places prohibition.
- Stormwater, lead paint, universal waste...
- Additional programs that are contributing to increased workloads include public water supply, tanning facilities, radiological programs, emergency response program mandates, gas well development

##### **State Agency**

- More staff are cross trained for Onsite Wastewater and Vector control. More are working in multiple counties so travel time is increasing, productivity is dropping.

##### **25–49% increase**

##### **Local Agency**

- 50% cut 5 years ago

##### **>50% increase**

##### **Local Agency**

- Acceptance of federal grants for Emergency Preparedness have greatly increased required staff training, drills and exercises, which in turn reduces staff availability for traditional work.
- Addition of community wellness program and changes in other rules require additional involvement by staff away from food

## **9.0 Please describe any anecdotal examples in your community of negative health impacts or consequences resulting from budget cuts.**

### **9.1 Local Agency Comments**

#### **Budgetary Impacts**

- 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 been flat the last 3 years, but we have had a steady increase in the number of food operations. The EH Division has lost 1 FTE, but was not in our food program. 2011 EH Budget decreased ~4.0%, 2012 budget to decrease another ~4%.
- Our food licensing fees have increased at a very high rate to an almost preposterously expensive level.

#### **Continuing Education**

- Cut's in training budgets impede our ability to secure even basic training need's of staff

#### **No Impacts**

- Unlike other divisions in the department, my division has been spared cuts.
- have not cut budget at this time, although currently there is potential for cuts in near future
- We haven't had any significant budget cuts for most EH programs. They are fee driven and if costs go up or down, so do fees.
- none, gratefully

#### **Potential Impacts**

- increase potential for food borne illnesses, reduction in ability to respond to emergencies
- Consequences are related to potential foodborne illness events may increase.

#### **Program/Capacity Impacts**

- Considering inspections every 2 years for low risk establishments
- Less inspections
- The number of mandatory inspections are not being completed in a timely manner.
- Increases in number of Food establishments and reduction in management capacity reduces the capacity of the Department to work with Food Establishments to address violations and
- develop strategies to reduce the factors that influence food borne illnesses
- Reduced inspection frequencies, increased complaints
- decreased availability and equipment necessary to perform essential job functions and inspections
- Hospitals, child care and nursing homes are basically self inspecting since the agencies responsible have little to no training in food hygiene and foodborne illness investigation. Churches and not-for-profits are not inspected by anyone anymore so it is the wild, wild west for temporary events.
- Fewer itinerant food inspections and less opportunities for training of employees working at itinerant events.

- 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

### **Staff Impacts**

- 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 necessary resources, fortunately it has not been in the form of an illness outbreak yet.
- We are experiencing a hiring freeze. All request to fill have to be submitted to the County Executive's Office for approval. Strong justifications have to be provided before an approval is granted. While we are waiting for approval, inspections fall behind.
- Staff morale reduced due to lower raises than desired; they work harder to pick up work due to reduced size of work force
- To date, none but each year the increase in temporary events, mostly nights and weekends, is straining staff.
- Dedicated clerical staff hours have been cut from 18 to 14 per week. As a result, availability for citizen assistance and records maintenance are reduced exponentially.

### **Training/Outreach Impacts**

- Resources for training and outreach programs have been cut.
- We have been fortunate that illnesses have not increased, as we are spending less time in each operation. In addition, it is not really possible to provide as much general information to the community on not only food safety issues but for all programs
- We cannot spend time educating food workers during inspections. In and out. With less time we see more violations. We focus more on civil penalties earlier w/ lack of time to educate.
- Unable to provide public, school cafeteria worker and food service facility food safety education at previous levels.
- lack of public outreach programs to educate local business owners related to food safety.
- Less public services
- WE used to offer training courses for food handlers and certified managers. We no longer have the staff for training endeavors.
- Trained workers do not know safe temps.

## 9.2 State Agency Comments

### Budgetary Impacts

- We have not experienced budget cuts, however our local public health partners that conduct the majority of retail food inspections are experiencing a number of budgetary impacts that have resulted in measurable consequences.

### Legislation Impacts

- The legislature keeps re-introducing a raw milk bill.

### No Impacts

- Thus far none has shown up because the impacts hasn't taken effect. Too early to determine
- we have not seen extreme cuts as of yet. We have had to be more careful in our justifications of out of state travel, but have been able to utilize contract funds for this with proper justification

### Program/Capacity Impacts

- As the result of a recent salmonellosis outbreak, it was found pastry shells were being stored in used egg boxes. Bakeries have been a lower priority for inspections due to staffing and the relative risk for outbreaks. Serious hazards were identified as a result of this investigation. Lower risk facilities can become high risk when they are not evaluated on a regular basis.
- We now no longer inspection Food events such as cook-offs.
- Some counties now have no permanently assigned staff. Service delivery in those counties are on a once or twice a week basis. Complaints that do not involve illness are generally investigated at the next routine inspection (sometimes months later).
- Bureau had to suspend all inspection and community education activities and events pertaining to promotion of good environmental practices and prevention of vectorborne diseases within the community. Reduction of normal workhours from 80 biweekly to 64 h
- Reduced number of inspections in some, not all areas of the state.
- the amount of interventions has decreased making monitoring more difficult.
- Nothing to report at this time. However, inspectional frequency has decreased significantly.

### Staff Impacts

- Reduced staff time and availability is responding to and investigating foodborne disease outbreaks. The majority of staff time is in conducting routine inspections.

## **10.0 If you would like to elaborate on any answers you gave previously in this assessment, please reference the question and add your comment here.**

### **10.1 Local Agency Comments**

#### **Budgetary Issues/Funding**

- None of these questions dealt with how much the county tax payers are adding to the program. As both our Board of Health and our Board of Supervisors feel this is an important program to keep local, they have allowed us to keep the program as it was suppose to be conducted. The County taxpayer is covering the additional expense of the programs.
- Our inspection and licensing program is 100% fee funded, so effects of budget cut might not directly impact the inspections, however, budget cuts may have an effect on employee salaries and benefits and in the long run, it might have a negative effect due to the quality of employees.
- The direct costs of our program are funded about 75% with local fees and 25% local general fund (city and county taxes).
- Although signs the recession is over are welcome, we are moving into our worst budget in 30 years. This has been a common occurance over my time with local government- the worst budget years are when the private sector is well into recovery.
- We have recently obtained a grant that will pay for addition training to further strengthen our Outbreak Response Team.
- Majority of budget issues at this time has caused for a stagnation of training, services, staffing, and quality. However most services have been able to remain uncut at this time. Last years budget was partially supported by "food staff" conducting H1N1 pandemic work.
- We are extremely concerned that anticipated Federal and State budget cuts will result in staff reductions at the local level and will adversely impact services.

#### **Continuing Education**

- it is truly a negative to keep staff from attending traiings that require an overnight stay if that training is really beneficial to the overall program and staff's development. however, that has been a policy here even in non-budget crisis times...the administration is nonsupportive of these types of activities.

#### **Capacity**

- Public health needs to be placed as highly as fire and law enforcement in its importance to the citizens we serve. Once people start to die it is too late to adjust. We had to lay off all of our young people, new to the profession, as we took budget cuts. Our food program was not effected because it is supported by fees and the staff person was a long time employee. The support for public health programs has to come from local, state and federal levels. Citizens want us to enforce the rules and they want to be safe when they eat out. We can't provide this protection without resources and support.
- Food Protection in Arkansas has felt little impact from the recession due to the fact that it is under a state umbrella and funded out of General Revenue.
- We have not experienced an outbreak since the reduction in staff.

- It is getting worse with our leaders in Tallahassee being demonstratively anti- regulation so we are on the cutting block for losing many more programs and staff in the next year.

#### **Fees**

- We have been increasing our fees about 3% per year over the past six years.

#### **Staff**

- The main issue for us is that we are a small department to begin with. At peak we had 3 persons to conduct all programs not just food. When one person was not replaced upon retirement it increased workload on remaining staff by 1/3 each - with two persons there is no depth, no backup if a person calls in ill or on vacation it leaves 1 person - also puts a damper on training
- Due to the poor pay there is a high turnaround in our department. This has resulted in newer, less experienced inspectors that are not as well trained

#### **Training/Outreach**

- We have modified our food handler training, providing it online as an option, which has resulted in some freeing up of health educator time to focus on other food safety issues.

#### **Workload**

- Due to the increase in workload resulting from decreased staffing, it is very difficult to get outbreak reports written in a timely manner.
- We have added wells and swimming pools to our list on the environmental workload with the part-time inspector leaving.

#### **Other**

- In addition to program reductions due to budget cuts, we have been fighting for the past four years against a persistent attempt to allow unregulated sales of home-made foods, including backyard-butchered meats ! This has taken a lot of time that could have been used for other, more traditional activities.
- Not specifically related to any one question- our county is well funded due to increase in oil and gas exploration, so are programs have been relatively stable over the last two years. We had one staff member leave and the position wasn't refilled, but otherwise it has been stable.

## 10.2 State Agency Comments

### Inspections

- 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.

### Staff

- Moral is very low when all the gov't employee pay status is affected.

### Other

- In the past Environmental staff, Epidemiology staff and Nursing staff worked individually. We have use CIFOR to develop and train our staff in house.

## 11.0 Appendix

### 11.1 Zoomerang Survey Tool

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.**

[Start Survey!](#)



## Environmental Health Regulatory Food Safety Program Capacity Assessment

1 \* Please provide the following information:

State

Name of jurisdiction or organization

Job title

2 \* Please indicate the level of government in which you work:

- ☐ Local agency (city, county, district, etc.)
- ☐ Tribal agency
- ☐ State agency
- ☐ None of the above

Submit

Survey Page 1

## Environmental Health Regulatory Food Safety Program Capacity Assessment

3 \* For your regulatory food safety program, please indicate the degree to which the following *administrative capacities* have been impacted over the past two years.

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

Staff size

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

Staff salaries

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Overall budget**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Training budget**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Travel budget**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Technology/equipment budget**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Grant funding**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

Submit

Survey Page 2

## Environmental Health Regulatory Food Safety Program Capacity Assessment

- 4 \* For your regulatory food safety program, please indicate the degree to which the following *programmatic capacities* have been impacted over the past two years.

1 >50% decrease	2 25-49% decrease	3 1-24% decrease	4 No change	5 1-24% increase	6 25-49% increase	7 >50% increase	N/A
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**Ability to support government mandated services**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Services offered to retail food facilities**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Services offered to other government programs and departments**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Services offered to the general public**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Partnerships with other groups and organizations**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Quality of inspections conducted**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Inspection fees**

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

Additional Comment

**Ability to conduct environmental assessments/investigations in response to outbreaks**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Ability to respond/investigate consumer foodborne illness complaints**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Ability to respond to food recalls**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Number of programs supported by your jurisdiction**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

**Outsourcing of programs**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Additional Comment

- 5 If you indicated in the question above that programs have been decreased, increased, or outsourced, please identify these programs and the extent in which they have been affected.

Submit

Survey Page 3

## Environmental Health Regulatory Food Safety Program Capacity Assessment

- 6 \* Please indicate any impacts experienced in your regulatory food safety program's inspections over the last two years. Check all that apply.

- ☐ More inspections conducted  
☐ No change to the number of inspections conducted  
☐ Fewer inspections conducted  
☐ No longer conduct inspections  
☐ Increased backlog of inspections  
☐ Have contracted out inspections to third-party auditors  
☐ Unable to meet routine regulatory inspection requirements  
☐ Other, please specify:

Survey Page 4

## Environmental Health Regulatory Food Safety Program Capacity Assessment

- 7 \* Specific to your regulatory food safety program's *capacity to investigate and respond to foodborne illness outbreaks*, please indicate the degree to which the following have been impacted over the past two years.

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

### Program funding

☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ N/A

Additional Comment

Staff size



1 2 3 4 5 6 7

Additional Comment

**Training for staff**

1 2 3 4 5 6 7

Additional Comment

**Qualifications and competency of staff**

1 2 3 4 5 6 7

Additional Comment

**Other food safety workload expectations**

1 2 3 4 5 6 7

Additional Comment

**Other workload expectations**

1 2 3 4 5 6 7

Additional Comment

Submit

Survey Page 5

**Environmental Health Regulatory Food Safety Program  
Capacity Assessment**

- 8 Please describe any anecdotal examples in your community of negative health impacts or consequences resulting from budget cuts.

- 9 If you would like to elaborate on any answer you gave previously in this assessment, please reference the question and add your comment here.



- 10 If you are interested in providing more detailed information regarding your jurisdiction and budget cut impacts, please provide your name and e-mail address below.



- 11 If you are interested in receiving a summary of the results from this assessment, please provide your name and e-mail address below.



Submit

Survey Page 6