

**JACKSON COUNTY ENVIRONMENTAL PUBLIC HEALTH DIVISION  
ANNUAL REPORT  
2012**

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## INTRODUCTION

The mission of the Environmental Public Health Division (EPH) is to promote the health and safety of the community through education and enforcement of public health regulations pertaining to food, pool, and lodging facilities; public drinking water systems; and wood stoves and open burning.

EPH licenses and inspects food service facilities (restaurants, mobile units, and temporary restaurants), pools and spas, and tourist facilities (hotels/motels, recreational parks, and organizational camps) pursuant to Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), and contractual agreements with the Oregon Health Authority (OHA). In addition, EPH provides consultation and inspection services to child care centers, school food services, and other group use facilities, including county detention facilities.

Separate from the facility inspection services, public water systems are surveyed and monitored, through contract with OHA, to help ensure that safe drinking water standards are met. A contract with the Oregon Department of Environmental Quality funds the Wood Stove and Open Burning Program, which provides public education and enforces the county wood stove and open burning regulations in order to maintain compliance with federal particulate matter air pollution standards (*Note: The Wood Stove and Open Burning Program is not included in this report, as it is addressed in a separate report issued in spring*).

EPH is also involved in various “community health hazards” (term used to describe miscellaneous public health concerns). Such hazards include recreational water quality and human or pet contact with suspect rabid animals.

## LICENSING AND INSPECTIONS

The Licensing and Inspection Program (LIP) is the informal term used to describe all programs in which licensure and/or inspections are required to ensure compliance with applicable health and safety regulations. The LIP program is funded 100% by license and inspection fees. The following programs are part of LIP:

- **Food Program:** The primary goal of the Food Program is to prevent foodborne illness. An intergovernmental agreement with the OHA delegates authority to EPH to perform all licensing and inspection services for restaurants, temporary restaurants, mobile units, commissaries, warehouses, and vending machines. Food Program activities are conducted pursuant to the following statutes and rules:

ORS Chapter 624 Food Service Facilities; OAR 333 - Division 12 Procedural Rules; OAR 333 - Division 150 Food Sanitation Rule; OAR 333 - Division 157 Inspection and Licensing Procedures; OAR 333 - Division 158 Combination Food Service Facilities; OAR 333 - Division 160 Destruction of Food Unfit for Human Consumption; OAR 333 - Division 162 Mobile Units; OAR 333 - Division 175 Food Handler Training; OAR 581 - Division 051 School Food and Nutrition Services.

- **Swimming Pools/Spas:** The purpose of the Swimming Pool/Spa Program is to prevent injuries and waterborne illness. EPH is delegated authority by OHA to conduct program activities for licensing and inspection of public pools/spas pursuant to the following statutes and rules:

ORS Chapter 448 Pool Facilities; OAR 333 - Division 12 Procedural Rules; OAR 333 - Division 60 Public Swimming Pools; OAR 333 - Division 62 Public Spa Pools

- **Tourist Facilities:** The Tourist Facilities Program serves to prevent illness and injuries. EPH is delegated authority by OHA to conduct licensing and inspections of traveler’s accommodations (hotels/motels, hostels, bed and breakfasts), organizational camps, and recreation parks (RV parks, campgrounds). Program activities are conducted pursuant to the following statutes and rules:

ORS Chapter 446 Tourist Facilities; OAR 333 - Division 12 Procedural Rules; OAR 333 - Division 29 Travelers’ Accommodations Rules; OAR 333 - Division 30 Organizational Camp Rules; OAR 333 - Division 31 Construction, Operation, and Maintenance of Recreation Parks

- **Group Use:** The goal of the Group Use Program is to prevent illness and injuries. This program is distinguished from other LIP programs in that the facilities are not licensed by EPH. Inspections are conducted by EPH at the request of the facility due to the organization’s licensing body requiring inspection by the “local health department” or a Registered Environmental Health Specialist. The primary facilities involved are school food service, child care facilities (day cares and group care homes), and detention facilities.

## LIP Targets

In 2012, there were three primary targets in the LIP program. Target data are monitored and reviewed during monthly staff meetings. The targets and associated outcomes are represented in Table 1 below.

**Table 1: Annual LIP Target Data**

Target	Outcome
Achieve at least 95% of required inspections.	Achieved 99% of inspections.
Conduct all reinspections of food service critical violations (violations that can directly contribute to food contamination or illness) within 14 days.	63 of 64 reinspections conducted within 14 days. The one noncompliant reinspection was reviewed and corrective action taken.
Investigate all report of suspect foodborne illness within 24 hours of receiving the report.	44 of 44 suspect foodborne illness complaints investigated within 24 hours of receipt.

## LIP Summary

There were approximately 2,464 inspections due in 2012, and staff completed 2,441 of these inspections to yield a 99% inspection rate (Figure 1 offers historic annual inspection data). There were 3.95 field FTE in the licensing and inspection programs, resulting in an average of 618 inspections conducted per field employee in 2012. *(Note: There are about 50 more inspections of traveler’s accommodations due in even-numbered years, as they are inspected every two years, and the inspections are not distributed evenly among years. Also, some facilities that were previously categorized as “annual” in our inspection system were changed to “semi-annual” per requirement from OHA, which adds to the number of inspections due. Normalizing for these factors would result in approximately the same number of required inspections for 2011 and 2012).*

Figure 1

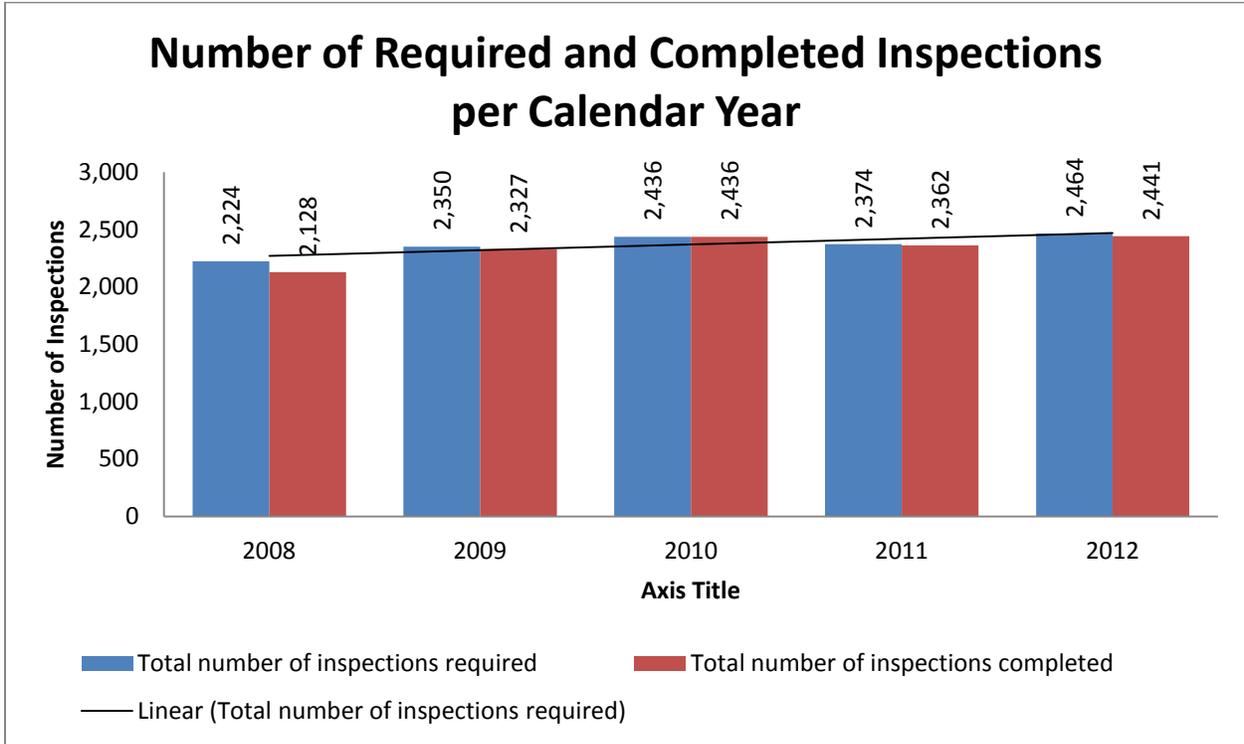
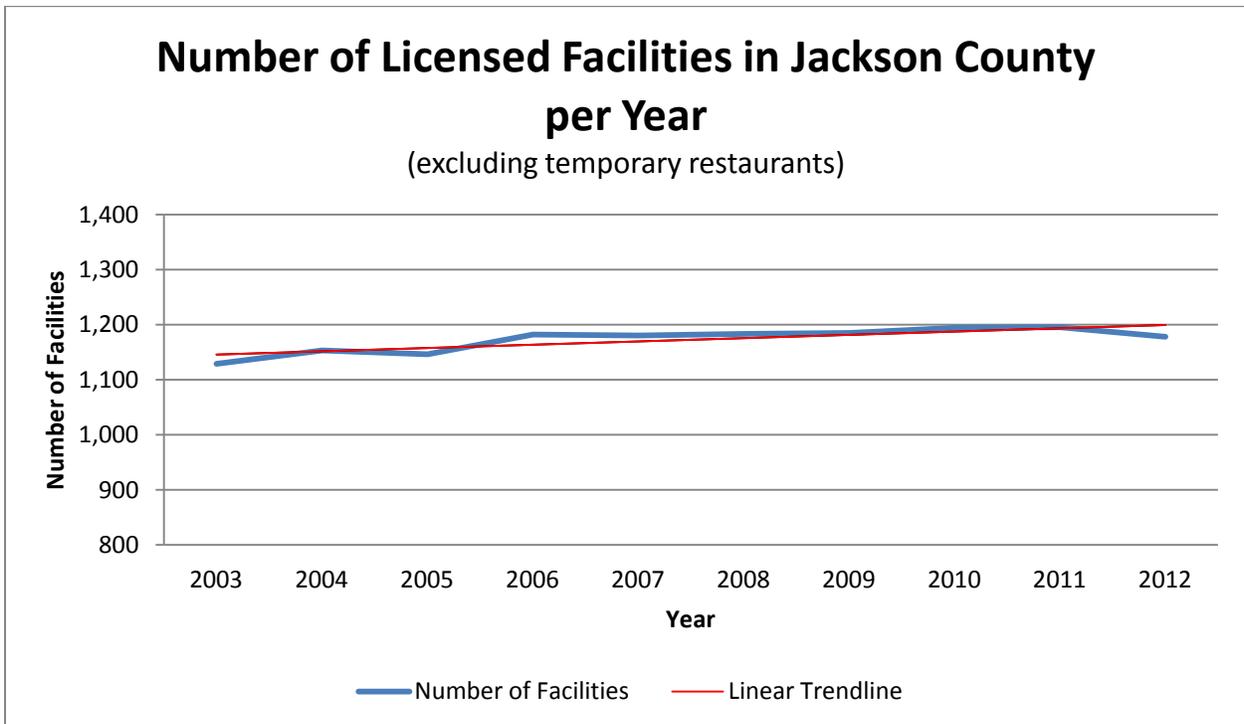


Figure 2



In respect to the number of licensed facilities per total FTE (including supervisor and clerical), in 2012 Jackson County had 224 licensed facilities per FTE (excluding temporary restaurants). This facility to FTE ratio was the largest among comparable counties (Clackamas, Deschutes, Lane, Marion, and Washington), demonstrating a comparatively high workload. (Note: For other counties, only data from 2011 was available via the 2011 State Licensed Facilities Report).

Aside from some growth in 2003 to 2006, the number of licensed facilities (excluding temporary restaurants) has remained relatively flat over the past ten years at just less than 1,200 facilities (see Table 2 and Figure 2). A slight decline in facilities was realized in 2012. The extent to which the recent economic recession has contributed to this trend is unknown; although since 2008 restaurant plan reviews (new or remodel) have slowed, averaging approximately 38 per year. This is significantly less than the historic average of approximately 50 plan reviews per calendar year prior to 2008. Plan review activity is associated with annual growth in the local restaurant industry.

Interestingly, there has been an average of about 19 new mobile unit plan reviews annually since 2008, yet many of these new units ceased operation, resulting in an increase of only 16 mobile units since 2008. Mobile units can be an appealing business enterprise due to their relatively low start up cost and overhead, in addition to the allure of self employment. However, it appears the supply has been exceeding the demand, resulting in closure of many mobile units.

The number of temporary restaurants in 2012 was about 50 fewer than in 2011. This decline is attributed to a change in temporary restaurant regulations that allows for 90-day seasonal and 30-day intermittent licenses for growers markets and other ongoing events, rather than issuing multiple single-event temporary licenses.

**Table 2: Historic Licensed Facility Numbers**

<b>Facility Type</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Restaurants</b>	614	636	637	629	629	631	636	636
<b>Mobile Units</b>	88	92	94	84	92	96	104	100
<b>Commissaries</b>	9	8	8	11	13	15	11	13
<b>Warehouses</b>	17	19	17	13	13	12	12	11
<b>Vending</b>	3	3	3	2	2	1	1	1
<b>Pools/Spas</b>	199	208	212	214	211	212	205	200
<b>Tourist Accommodations</b>	140	140	135	142	138	138	135	132
<b>Bed and Breakfasts</b>	32	33	30	30	30	29	29	27
<b>Recreational Parks</b>	35	34	35	34	34	33	33	32
<b>Organizational Camps</b>	9	9	9	8	7	8	7	6
<b>Benevolent Restaurants</b>	nd	nd	nd	16	16	19	22	20
<b>Totals</b>	<b>1,146</b>	<b>1,182</b>	<b>1,180</b>	<b>1,183</b>	<b>1,185</b>	<b>1,194</b>	<b>1,195</b>	<b>1,178</b>
<b>Temporary Restaurants (non-benevolent)</b>	nd	nd	170	202	220	219	223	184
<b>Temporary Restaurants (benevolent)</b>	nd	nd	146	145	152	152	153	140
<b>Temp Restaurants Total</b>	369	350	316	347	372	371	376	324

In 2012, there were no restaurants that received a “Failed to Comply” inspection score (see Table 3 for historic data). This is unusual, and may be partially attributed to Oregon’s adoption of the 2009 FDA Food Code. This new food code changed the scoring system in that violations that don’t directly contribute to foodborne illness (“core items”) do not count against the inspection score. The previous food code counted all violations against the inspection score.

Four restaurants were closed voluntarily: two for beginning operation without appropriate licensing; one for sewage backup and improper plumbing cross connection issues; and one for water samples testing positive for *E. coli* bacteria. Facilities are allowed to reopen after the issues that prompted closure are resolved. No facilities were closed by summary closure notices (i.e., following prescriptive legal procedure, as opposed to the operator voluntarily closing).

**Table 3: Historic Restaurant Failure to Comply and Closures**

Year	2005	2006	2007	2008	2009	2010	2011	2012
<b>Failure to Comply</b>	13	9	6	1	2	2	4	0
<b>Closures</b>	1	1	0	0	0	1	1	4

In 2012 there were 138 total facility complaints received (Table 4), which is comparable to recent years, but less than historical complaint numbers. The economic recession caused some reduction in restaurant patronage, which may have contributed to the decrease in complaints. Most complaints involve unsanitary conditions (real and perceived). Such general complaints of unsanitary conditions are investigated and resolved.

**Table 4: Historic Licensed Facility Complaint Data (vast majority are food service facility complaints)**

Year	2005	2006	2007	2008	2009	2010	2011	2012
<b>Total Facility Complaints</b>	214	223	183	189	134	148	141	138

In respect to public pools and spas, of the 279 inspections, 41 resulted in temporary closure, commonly due to insufficient levels of chlorine disinfectant (Table 5). The facilities are allowed to reopen as soon as their water chemistry meets the appropriate parameters.

**Table 5: Historic Pool and Spa Temporary Closures**

Year	2005	2006	2007	2008	2009	2010	2011	2012
<b>Number of Closures</b>	3	nd	nd	nd	28	24	35	41

In addition to the licensed facility inspections, Environmental Public Health staff conducted 184 total inspections of child care facilities, school food service, and other group use facilities (Table 6). Fewer child care inspections have been requested in recent years. While the reason for this decline is not certain, it may be due to day cares closing in recent years and day cares contracting with individual inspectors for services, rather than using Jackson County Environmental Public Health staff.

**Table 6: Historic Non-Licensed Facility Inspections**

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Day Care, School Food Service, and Group Use Inspections</b>	192	197	195	202	205	204	196	184

### **Illness and Outbreak Investigations**

Forty-four of the aforementioned 138 complaints were reports of illness thought to be associated with a restaurant. During the past three years the annual number of foodborne illness complaints has averaged 55. Because a large portion of the population associates gastroenteritis with the last meal they consumed, illnesses are often attributed to restaurants. In reality, seldom are illnesses caused by the suspect facility. In addition, viral gastroenteritis (typically norovirus) circulates throughout the world each year and causes much of the illness mistakenly attributed to restaurants. All reports of illness are investigated, foodborne illness education is provided, and the facility is notified of the complaint.

Of the 44 reports of suspect illness complaints, eight of the investigations were initially identified as a suspect outbreak (broadly defined as two or more non-householders who develop the same clinical illness after eating at the same place). Upon further investigation, four of the potential outbreaks revealed that the parties involved likely had other contacts or relationships with one another aside from the suspect meal (these commonly involved extended families or friends with previous contact). In such circumstances, the complainant is provided education about foodborne illness, the food service facility is notified, and food safety is discussed. Because there may be other sources of illness aside from the food service facility (including person-to-person transmission), full outbreak investigations are not conducted when the parties involved have other epidemiological relationships aside from eating at the facility.

Four investigations were confirmed as being foodborne outbreaks: two norovirus outbreaks with 29 total known cases; one *E. coli* outbreak with four known cases; and one outbreak with three suspect cases of an unconfirmed agent (symptom profile compatible with *Clostridium perfringens*).

### **FOOD HANDLER TRAINING**

EPH operates a Food Handler Training Program in order to reduce foodborne illness by promoting workers knowledge of basic food safety principles. The program activities are conducted pursuant to the following statutes and rules:

ORS Chapter 624 Food Service Facilities; OAR 333 - Division 12 Procedural Rules; OAR 333 - Division 175 Food Handler Training

### **Food Handler Training Targets**

Jackson County EPH is committed to offering food handler testing in-office. As such, the target of the food handler training is to offer food handler training in-office during all days the EPH office is open. In 2012, live-proctored food handler tests were offered in-office 252 days.

### **Food Handler Summary**

All food service workers in Oregon are required to obtain a Food Handler Certificate by passing a 20 question Oregon Food Handler Examination with score of 75% or greater. Food service workers in Jackson County can take the test at the EPH office during business hours. They may also elect to take the training online at their convenience, which is becoming increasingly popular. However, there are various food handler websites that aren't associated with Jackson County. The total number of cards issues has remained fairly steady in recent years (Table 7). In 2012 there were 0.55 FTE dedicated to this program.

**Table 7: Historic Food Handler Certificate Information**

Year	2005	2006	2007	2008	2009	2010	2011	2012
<b>Cards Issued via Live Proctor*</b>	4,023	3,301	1,679	2,043	1,234	1,358	1,358	1,391
<b>Cards Issued Online</b>	nd	nd	2,062	2,761	3,771	4,123	4,208	4,020
<b>Total Cards Issued</b>	4,023	3,301	3,741	4,804	5,005	5,481	5,564	5,411

\*Includes examinations given on-site, off-site by ServSafe-certified staff, and re-issued cards.

## **DRINKING WATER PROGRAM**

The primary goal of the Drinking Water Program is to prevent illness from public drinking water sources. An intergovernmental agreement with the Oregon Health Authority Drinking Water Program delegates authority to EPH to perform services for subject public drinking water systems. Activities are conducted pursuant to the following statutes and rules:

ORS Chapter 448 Water and Sewage Systems; OAR 333 - Division 61 Public Water Systems

EPH provides water system surveys, monitoring, and compliance activities for 221 public drinking water systems in Jackson County that provide clean water to approximately 23,000 citizens. There were 0.8 field FTE (1.0 total FTE) dedicated to this program in 2012. (*Note: Water systems that serve more than 3,300 people are monitored by the State of Oregon Drinking Water Program staff, not Jackson County EPH staff.*)

Public water systems are classified by the following definitions:

- **Community Water System:** A water system which has at least 15 service connections or which supplies drinking water to 25 or more of the same people year-round in their residences. Examples are cities, towns, subdivisions, mobile home parks, and the like.
- **Nontransient Noncommunity Water System:** A water system which supplies water to 25 or more of the same people at least six months per year in places other than their residences. Examples include schools, hospitals, and work places.
- **Transient Noncommunity Water System:** A water system which provides water in a place such as a restaurant or campground where people do not remain for long periods of time.
- **State Regulated Water System:** Water systems which provide water to small residential communities between four and 14 connections, or serves from ten to 24 persons a day at least 60 days a year, or is licensed by the Health Division or delegate county health department but is not a Transient Water System.

## **Drinking Water Targets**

The following targets were monitored monthly to ensure systems were being surveyed as needed and that *E. coli* alerts were responded to in a timely fashion. *E. coli* alerts were targeted due to the potential for acute and severe illness, as opposed to chronic health issues that may result from long-term ingestion of other contaminants.

**Table 8: Annual Drinking Water Program Target Data**

<b>Targets</b>	<b>Outcome</b>
Conduct all required public water system surveys.	41 of 41 of required surveys were conducted.
Respond to <i>E. coli</i> positive water sample alerts within 24 hours of notification.	8 of 8 <i>E. coli</i> alerts were responded to within 24 hours.

### **Drinking Water Summary**

Water system surveys are performed every three to five years. The surveys are a comprehensive on-site review of the ability to provide drinking water to the public that is safe for human consumption, according to eight specific components: source of supply, treatment, storage, distribution, pumping, monitoring, management and operations, and operator certification.

Forty-one drinking water systems were surveyed in 2012. In addition to the system surveys, staff responded to 178 alerts (also included in these alerts were notifications regarding water quality samples of concern even if corrective action isn't required). When a water sample exceeds the maximum contaminant level (MCL) or other designated threshold, an alert is issued by the Oregon Drinking Water Program to EPH for follow up with the system operator. Additionally, the water system operators are often notified by the water laboratory that conducted the analysis. EPH staff provides consultation to the subject water system operator regarding appropriate corrective action, including follow-up sampling protocol, as necessary.

### **COMMUNITY HEALTH HAZARDS**

“Community health hazards” is a term used to describe the miscellaneous public health concerns that involve EPH. Activities in this area are funded by a small amount of General Fund. No FTE are formally dedicated to this program. The funding is applied on a discretionary basis depending on the need.

**Harmful Blue-green Algae Blooms:** The Oregon Health Authority’s Harmful Algae Bloom Surveillance (HABS) program is the lead agency concerning blooms. Locally, EPH is often involved in answering questions from the public and media about the blooms. When a bloom is detected, a health advisory is issued by Oregon Health Authority’s Harmful Algae Bloom Surveillance (HABS) program for the water body until tests show the bloom is below the established threshold considered safe.

Only two blue-green algae blooms were identified in two Jackson County water bodies in 2012 (Lost Creek Lake and Jackson Creek), compared to three in 2011 and six in 2010. In 2012, HABS initiated a toxin based monitoring program (TBM), which allows for advisories to be issued when toxins exceed acceptable thresholds, rather than issuing advisories based on cell counts of potentially harmful blue-green algae. The purpose of TBM is to determine actual health risks rather than potential health risks from blooms. Statewide, there were 11 advisories issued, with nine potential advisories avoided by using TBM (no advisories were avoided in Jackson County by using TBM).

The HABS program is funded by a federal grant from the Centers for Disease Control (CDC), which will end September 30, 2013. This is a concern both locally and statewide, as local funding to address harmful algae blooms is often limited or nonexistent, yet there are significant potential health risks, public concerns, financial implications for businesses associated with lakes, and media attention regarding blooms.

**Animal Bites/Rabies Prevention:** In addition to providing rabies consultation to citizens that have been bitten by dogs and cats, EPH also provides investigation and rabies consultation when people or pets may have had contact with suspect rabid animals, typically bats. This service has a substantial return on investment for the public when human exposure occurs in that 1) rabies is a fatal illness, and 2) rabies post-exposure prophylaxis (rabies shots) is expensive and often unwarranted.

The August 31, 2010 edition of the *CD Summary* reported the average direct costs of a suspected human rabies exposure was \$2,564 based on a southern California study. The biologics are expensive and requires at least four visits to a healthcare provider. In contrast, the total direct cost of shipping and testing an animal specimen at the Oregon Veterinary Diagnostic Laboratory is approximately \$100 (\$70 for testing and about \$30 for shipping). If there is known human exposure to a suspect rabid animal, Oregon State Public Health Lab will perform the test and incur the costs. Submitting the animal for rabies testing may preclude the expense and burden of a person receiving post-exposure rabies shots.

In respect to unvaccinated pet contact with a suspect rabid animal, the pet must be euthanized or immediately vaccinated and quarantined for six months (usually confined at home), making testing of the wild animal an appealing alternative when available.

In 2012, EPH provided investigation/consultation in 75 cases involving pets or people: 49 cases involving bats, five raccoons, six foxes, and 15 involving other wild animals and cats (5 cats, 6 foxes, 4 mice/rats, 1 mole, 1 goat, and 1 cow). EPH also provides consultation with Jackson County Animal Care and Control for numerous other cat and dog bite cases when there are potential rabies concerns.

As part of rabies prevention efforts, a total of 38 mammal specimens (26 bats; 7 cats; 3 foxes; 1 raccoon; 1 cow) were submitted by EPH to laboratories for rabies analysis due to possible human or pet contact with suspect rabid animals (compared to 41 in 2011). Of the specimens submitted, one bat and one fox were found to be rabid. This was the first rabid fox found in Jackson County since 1994, while recently there have been multiple rabid foxes in neighboring Josephine County. Historically, one to four bats are found to be rabid in Jackson County per calendar year (approximately 10% of bats submitted for testing).

**West Nile Virus:** It is noteworthy that in October 2012, EPH submitted a crow to be tested for West Nile Virus (WNV), which was found to have the disease. This was the first positive WNV test in Jackson County since 2008. Typically, Jackson County Vector Control District handles specimen testing for WNV, but EPH facilitated testing in this instance because Vector Control's services were unavailable at the time the dead bird was reported.

## **DISCUSSION**

While current staffing level is adequate to meet requirements and targets in most core programs, any reduction in FTE will likely result in falling short of our contractual and delegated obligations. EPH staff provides specialized services to many businesses and organizations, emphasizing the importance of maintaining a highly qualified, well trained, and professional staff to maximize the effectiveness of the

services to the community. Because the licensing and inspection programs are fee-based, it is imperative for EPH to maintain fees that are adequate to cover associated program costs. This is particularly difficult as EPH costs continue to rise.

While EPH receives a modest contribution of General Fund to address community health hazards, there is inadequate funding to fully address the multitude of citizen concerns regarding various local community health hazards, such as rabies prevention, blue-green algae, recreational water quality, and indoor air quality, among other environmental public health hazards.

## **REFLECTING ON 2012 AND LOOKING AHEAD**

**Wood Stove and Open Burning:** The Wood Stove and Open Burning program is addressed in a separate report, as most of the work in the program is typically conducted between October and May. However, it is worth mentioning that funding for this program via grant from the Department of Environmental Quality (DEQ) was reduced by half in recent years, which is not adequate to fund the appropriate FTE level to respond to public complaints in the field. Such cuts not only directly affect the level of service provided within the program, but also have a ripple effect throughout EPH, as staff work needs to be reallocated to other programs or FTEs reduced.

**Organizational Camp Rules:** The organizational camp rules (OAR 333 - Division 30) were modified in 2012 and the changes became effective January 25, 2013. The EPH Division Manager was part of the advisory committee that was formed by OHA to revise the rules. These changes occurred at the request of the organizational camp operators to address responsibility and accountability for contract and rental operations, as well as eliminating rules that were considered unwieldy and unreasonably difficult to comply with.

**Drinking Water Program Funding:** Funding for Jackson County's Drinking Water Program is currently remaining flat, while the workload has increased due to the implementation of the Ground Water Rule. The Ground Water rule requires EPH to follow up for correction when significant deficiencies are identified on system surveys. Because the funding is not adequate to support sufficient FTE to accomplish the workload, the program will focus on prioritizing core activities that provide the most benefit to public health, such as conducting water system surveys and responding to alerts. With costs increasing locally, and budgetary concerns at the federal and state level, it is unknown how the local program will be affected in the long run.

**Adoption of 2009 FDA Food Code:** Effective September 4, 2012, Oregon adopted the 2009 FDA Food Code. During the past year, staff has been providing information regarding these changes to food service operators in an effort to minimize problems in this transition. There are some changes in these rules which continue to require additional time to inform and educate food service operators. These changes include requiring an employee illness policy; refrigeration of cut leafy greens and tomatoes; addressing allergens; and consumer advisories for raw or undercooked foods from animals.

**Temporary Restaurant Rule Changes:** Effective March 1, 2012, Oregon statutes and rules pertaining to temporary restaurants were modified. Much of these changes involved better accommodating temporary restaurants at grower's markets. However, the changes also affect benevolent temporary restaurants, such as little league baseball concession stands. Such operations are now required to be inspected, whereas a consultation was sufficient under previous rules. Many such concessions prepare hamburgers and chicken using raw product, which presents potential foodborne illness risks. These new

rules are intended to help prevent foodborne illness by providing additional oversight and education via the inspection process.

**Food Handler Cards:** Food handler certification program revenue declined in 2012, while our costs have increased. The decline in revenue is largely due to food handler cards being offered online in a competitive marketplace and a decrease in online revenue sharing. Per contractual agreement, Jackson County EPH receives a portion of revenue when Jackson County residents get their cards through [www.orfoodhandlers.com](http://www.orfoodhandlers.com). However, this revenue sharing amount has decreased in recent years. It is also noteworthy that food handler certificate fees have been capped at \$10.00 by statute for more than ten years. Historically, this revenue has provided funding to support our front office assistants in administering not only the food handler program, but assisting in the LIP program. A reduction in food handler revenue requires moving FTE into the LIP program in order to maintain the same level of administrative support and customer service for the LIP program.

**Recheck Inspections of Licensed Facilities:** Recheck inspections are performed to ensure significant deficiencies are corrected or verify that corrective actions are being properly maintained. An internal review of recent recheck rates revealed EPH inspection rates to be approximately 5%. As part of quality improvement, recheck rates will be monitored in 2013 in an effort to increase recheck inspection rates towards 40%, which is the rate allowed when establishing fees per OAR 333-012-0053. Recheck inspections are an integral part of licensing and inspection programs, as it puts emphasis on maintaining corrective actions for deficiencies that could lead to illness or injury. It also provides balance to the annual targets by tempering the focus on the number of inspections conducted. Monitoring the number of inspections alone, without adequate quality assurance components, can unintentionally contribute to rushed or abbreviated inspections.