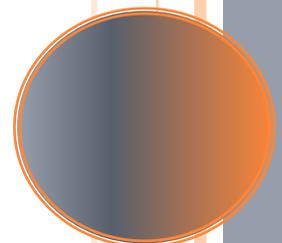


2014 ANNUAL REPORT

Jackson County Environmental Public Health



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**JACKSON COUNTY ENVIRONMENTAL PUBLIC HEALTH DIVISION
ANNUAL REPORT
2014**

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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 2014, 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 95% of inspections.
Conduct all re-inspections of food service critical violations (violations that can directly contribute to food contamination or illness) within 14 days.	116 of 122 re-inspections conducted within 14 days. The noncompliant re-inspections were extended to provide the operator ample time for equipment repair and rodent eradication. All were justified extensions.
Investigate all report of suspect foodborne illness within 24 hours of receiving the report.	46 of 46 suspect foodborne illness complaints investigated within 24 hours of reporting.

LIP Summary

There were approximately 2,300 inspections due in 2014, and staff completed 2,194 of these inspections to yield a 95% inspection rate (Figure 1 offers historic annual inspection data). There were 3.5 field FTE in the licensing and inspection programs, resulting in an average of 627 inspections conducted per field employee in 2014. *(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.)*

Figure 1

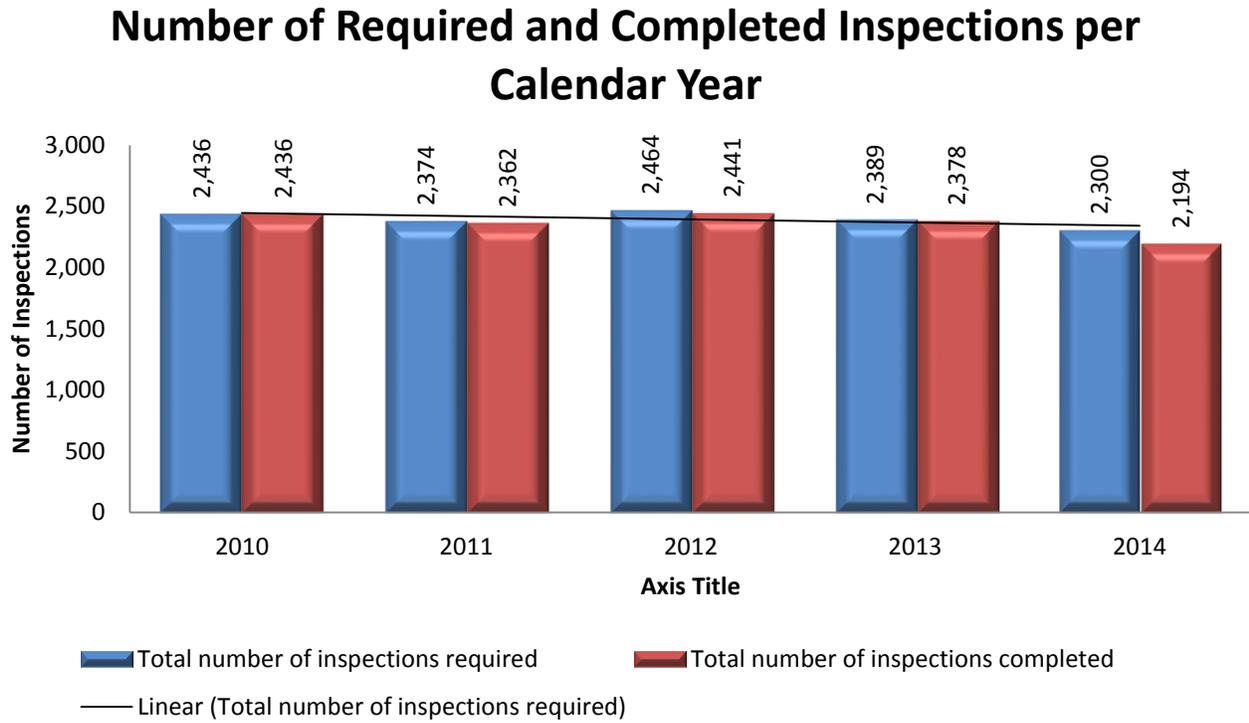
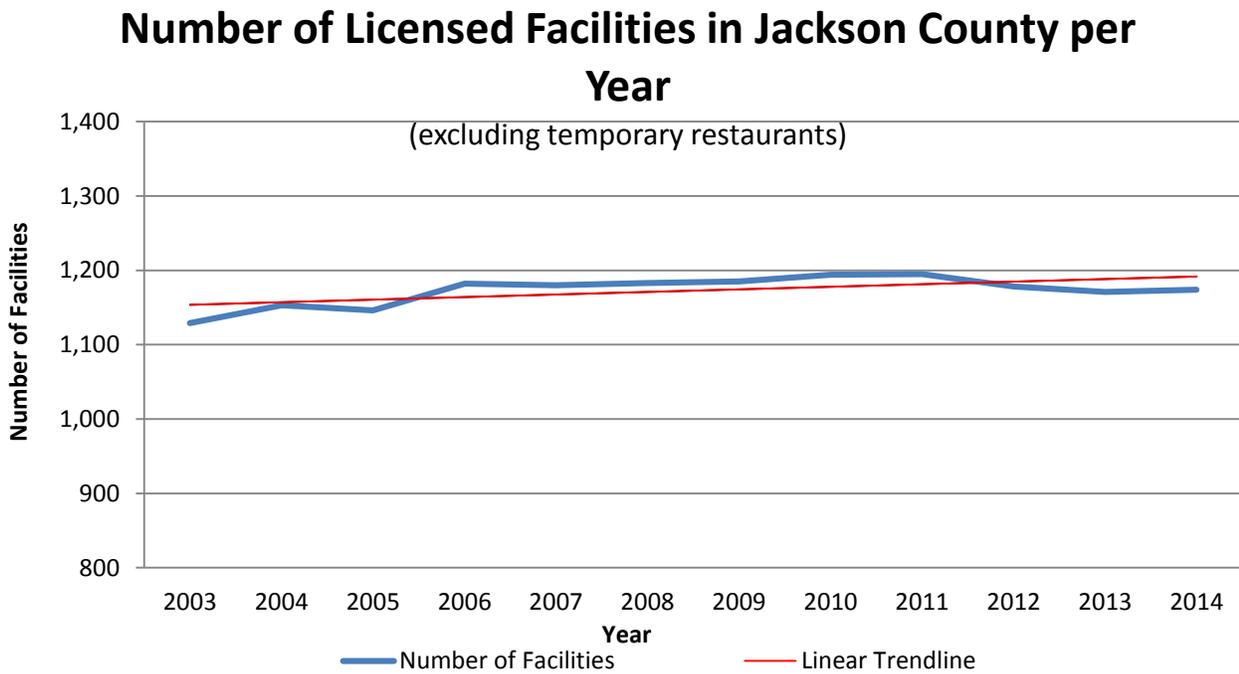


Figure 2



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 thru 2014. The extent to which the recent economic recession has contributed to this trend is unknown; although since 2009 restaurant plan reviews (new or remodel) have slowed, averaging approximately 35 per year. This is significantly less than the historic average of approximately 50 plan reviews per calendar year prior to 2009. 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 2009, yet many of these new units ceased operation, resulting in an increase of only 9 mobile units since 2009. Mobile units can be an appealing business enterprise due to their relatively low startup 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 2014 was about 34 fewer than in 2013. 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, and also the use of licensed mobile food units at events rather than temporary food booths.

Table 2: Historic Licensed Facility Numbers

Facility Type	2006	2007	2008	2009	2010	2011	2012	2013	2014
Restaurants	636	637	629	629	631	636	636	645	640
Mobile Units	92	94	84	92	96	104	100	91	101
Commissaries	8	8	11	13	15	11	13	11	10
Warehouses	19	17	13	13	12	12	11	11	12
Vending	3	3	2	2	1	1	1	1	1
Pools/Spas	208	212	214	211	212	205	200	201	206
Tourist Accommodations	140	135	142	138	138	135	132	127	125
Bed and Breakfasts	33	30	30	30	29	29	27	28	23
Recreational Parks	34	35	34	34	33	33	32	30	31
Organizational Camps	9	9	8	7	8	7	6	6	5
Benevolent Restaurants	nd	nd	16	16	19	22	20	20	20
Totals	1,182	1,180	1,183	1,185	1,194	1,195	1,178	1,171	1,174
Temporary Restaurants (non-benevolent)	nd	170	202	220	219	223	184	202	180
Temporary Restaurants (benevolent)	nd	146	145	152	152	153	140	140	128
Temp Restaurants Total	350	316	347	372	371	376	324	342	308

In 2014, there were two restaurants that received a “Failed to Comply” inspection score (see Table 3 for historic data). This looks to be back on average from 2012 when we adopted the new food code and facilities were not getting double point deductions for repeat Priority and Priority Foundation violations. Two restaurants voluntarily closed in 2014 due to imminent health hazards, but were re-opened when health hazards were corrected.

Table 3: Historic Restaurant Failure to Comply and Closures

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Failure to Comply	9	6	1	2	2	4	0	3	2
Closures	1	0	0	0	1	1	4	0	2

In 2014 there were 161 total facility complaints received (Table 4), which is 21 more complaints than what we saw last year. This could be due to the improving economy and the increased number of people going out to eat. 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	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Facility Complaints	223	183	189	134	148	141	138	140	161

In respect to public pools and spas, of the 244 inspections, 37 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	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of Closures	nd	nd	nd	28	24	35	41	36	37

In addition to the licensed facility inspections, Environmental Public Health staff conducted 197 total inspections of child care facilities, school food service, and other group use facilities (Table 6). There was an increase of 10 daycare facility inspections this year. This could be due to the fact that the private Environmental Health Specialist conducting contract daycare inspections in our area recently retired, leaving Jackson County Environmental Public Health the only agency to conduct inspections.

Table 6: Historic Non-Licensed Facility Inspections

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Day Care, School Food Service, and Group Use Inspections	197	195	202	205	204	196	184	190	197

Illness and Outbreak Investigations

Forty-five of the aforementioned 161 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 47. 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 45 reports of suspect illness complaints, three of the investigations were initially identified as a suspect outbreak (broadly defined as two or more non-households who develop the same clinical illness after eating at the same place). Upon further investigation, all three 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.

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 Testing

All food handler training is offered on-line through a contract with Lane County. Food handlers can visit orfoodhandlers.com to take the exam, then pay the \$10 fee and print your card. Cards are valid for 3 years and are accepted in any county in the state of Oregon.

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 a score of 75% or greater. As of January 1, 2015 the only option for Jackson County residents to obtain a food handlers card is through our on-line testing site or other competing on-line testing sites. The steady decline of people taking in-office food handler testing and the increasing number of on-line testing attributed to the decision of strictly offering testing on-line. We will be able to reduce FTE in this program and lower overall cost with this decision. The total number of cards issued has remained fairly steady in recent years (Table 7).

Table 7: Historic Food Handler Certificate Information

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cards Issued via Live Proctor*	3,301	1,679	2,043	1,234	1,358	1,358	1,391	1,185	1305
Cards Issued Online	nd	2,062	2,761	3,771	4,123	4,208	4,020	3,140	3302
Total Cards Issued	3,301	3,741	4,804	5,005	5,481	5,564	5,411	4,325	4,607

*Includes examinations given on-site, off-site by Serv Safe-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 2014. *(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.
- **Non-transient Non-community 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 Non-community 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 manner. *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

Targets	Outcome
Conduct all required public water system surveys.	40 of 40 of required surveys were conducted.
Respond to <i>E. coli</i> positive water sample alerts within 24 hours of notification.	6 of 6 <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 drinking water systems were surveyed in 2014. In addition to the system surveys, staff responded to 161 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 one Jackson County water body in 2014 (Lost Creek Lake). 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 10 advisories issued in 2014.

The HABS program was funded by a federal grant from the Centers for Disease Control (CDC), Funding for the HABS program ended as of September 30, 2013, and many program functions are no longer available. However, the Oregon Health Authority (OHA) will continue to collect and review information on harmful algae blooms and to inform the public through the issuing and lifting of advisories when water sampling data warrants.

DISCUSSION

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. This past year we were able to decrease some FTE enabling us to not have to raise operator fees.

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 2014 AND LOOKING AHEAD

Licensed Inspection Program: Although we attained our goal of at least 95% completion of required inspections in LIP in 2014, we always strive for 100% completion. The 2014 lower percentage was a direct result of staff shortage. We had a well-respected long time Environmental Health Specialist (EHS) retire after 36 years of service to Jackson County in January 2014, but are still lucky enough to have him working on a part-time basis. We were not fully staffed for at least half a year, and had somewhat of a difficult time recruiting a qualified EHS, but finally found and hired someone in October 2014.

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: In 2013-2014 a group was formed consisting of organizational camp owners, operators and governmental officials to re-write definitions in the Oregon Revised Statutes pertaining to organizational camps. The group has agreed upon new language and is working with Oregon legislation to get it passed.

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 with correction when significant deficiencies are identified on system surveys. 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.

Government Entities: The 2013 Oregon Legislature passed Senate Bill 631 to require government entities that serve food to the public to be licensed by the local health department. This new provision in ORS 624 became effective January 1, 2014. Senate Bill 631 was passed in response to a Norovirus outbreak at the Oregon Zoo, which is run by Metro, a regional government body in the Portland Metropolitan Area. The Legislature enacted SB 631 to address the fact that the Zoo and other government entities were exempt from food service licensing and inspection requirements.

Pools and Spas: The Public Swimming Pool Rules (Oregon Administrative Rules in chapter 333, division 60) and Public Spa Pool Rules (Oregon Administrative Rules in chapter 333, division 62) were recently amended, specifically to clarify closure criteria for pool operators. The new rules became effective September 1, 2014. The proposed rules help address the concerns of public pool and spa license holders and operators concerning when a pool or spa should be closed because of an immediate danger to the health and safety of the public and bathers.

Food Handler Cards: We saw a slight increase in food handler card revenue in 2014 from 2013. Per contractual agreement, Jackson County EPH receives a portion of revenue when Jackson County residents get their cards through www.orfoodhandlers.com. This amount increased this year from \$6.00 per card back up to \$8.00. 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. Because of the steady decline of in-office food handler testing numbers and the increase in on-line testing we have eliminated one of our full-time food handler office assistants and will be utilizing strictly on-line testing effective January 1, 2015.

Recheck Inspections of Licensed Restaurant 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 13%. As part of quality improvement, recheck rates were monitored in 2013 and 2014 in an effort to increase recheck inspection rates towards 40%, which is the rate allowed when establishing fees per OAR 333-012-0053. The results of this improvement project brought recheck rates up to approximately 34% in 2013 and 30% in 2014. 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.