

North Central Health District Environmental Health Report

Key Environmental Health Indicators 2013



North Central Health District (NCHD)

This report is designed as a reference and serves as a baseline for measuring changes and improvement in the NCHD Environmental Health services that impact the health status of the citizens and visitors to our area.

2013 Message from the Director

The mission of the Department of Public Health (DPH), Environmental Health Section is to provide primary prevention through a combination of surveillance, education, enforcement, and assessment programs that identify, prevent, and abate environmental conditions adversely impacting human health. In 2005, our state Environmental Health program made a gigantic step toward that mission by initiating the development of a comprehensive Environmental Health Information System (EHIS) that allows the collection and analysis of all environmental health inspection data. My predecessor in the North Central Health District had the foresight to begin implementation of this system just a few years later in 2010.



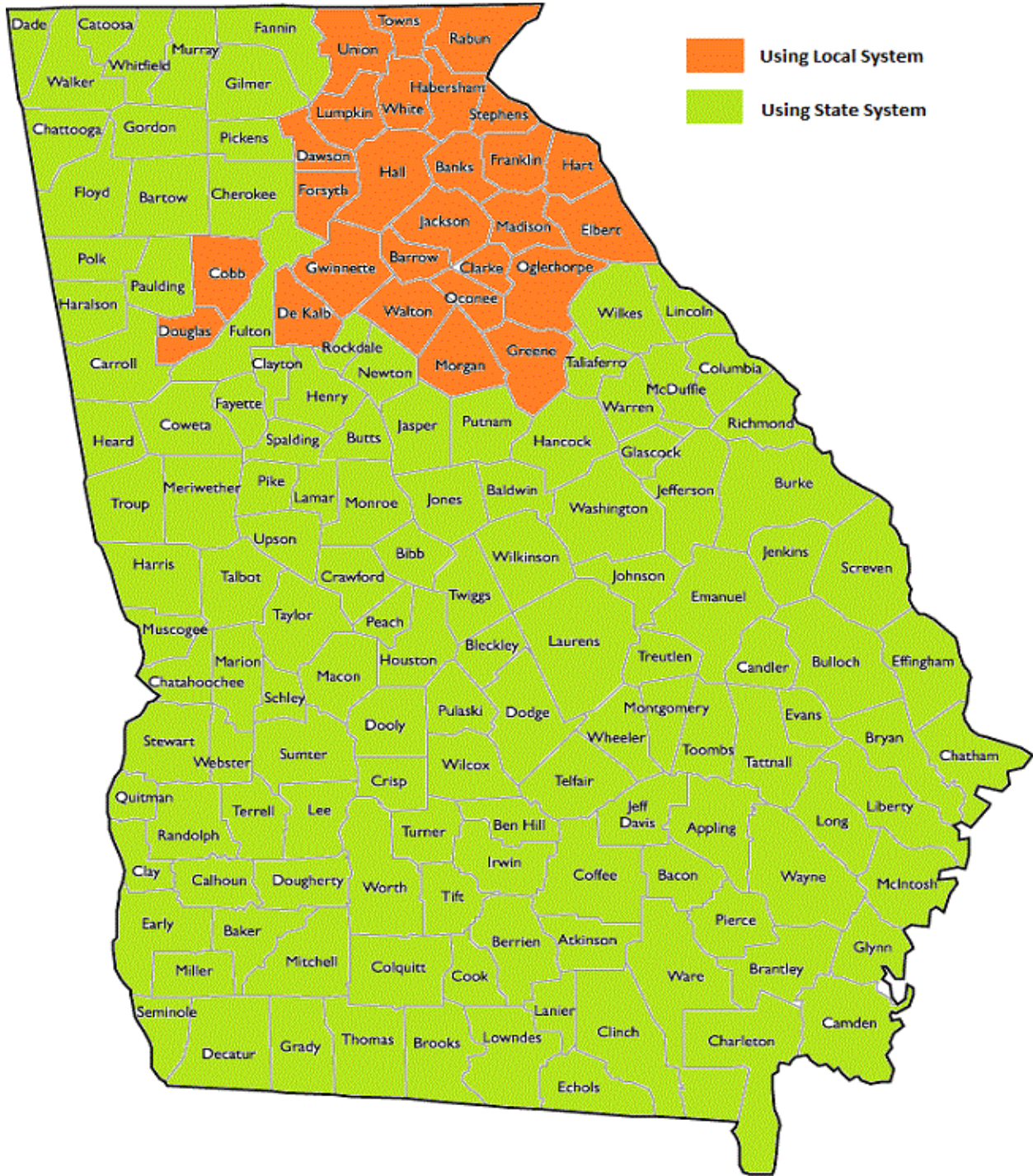
In 2013, 83% of counties statewide were utilizing EHIS and the State Environmental Health Program analyzed all of the available data to create a picture of the status of environmental health services in the State of Georgia for the 2012 calendar year. They were able to define the picture more clearly by using environmental public health indicators as defined by the Centers for Disease Control and Prevention and assessed population health status with respect to environmental factors. The indicators provided an evaluation tool to determine the impact our services have on minimizing public health risks.

The indicators used to produce the statewide report were developed after a collaboration between the Georgia DPH Environmental Health Section and eighteen District Environmental Health Sections. Together these groups conducted a statewide assessment of the Environmental Health Program utilizing the national environmental public health performance standards evaluation tool. Performance metrics were then developed that could be monitored utilizing EHIS, and the metrics served as indicators of how effective our program services were in 2012. These same performance metrics will be used in later reports to compare the effectiveness of our program services in the future.

The North Central Health District Environmental Health Section has chosen to replicate the 2012 statewide report utilizing the EHIS and information that is specific to our district only. By doing so, we are able to gain a "community environmental health profile" and better determine how to establish priorities and direct resources on a local level. This district report will also provide us with a baseline against which we can compare future improvements and growth in each of our programs. The report will help us to see our gaps and highlight our strengths across the District.

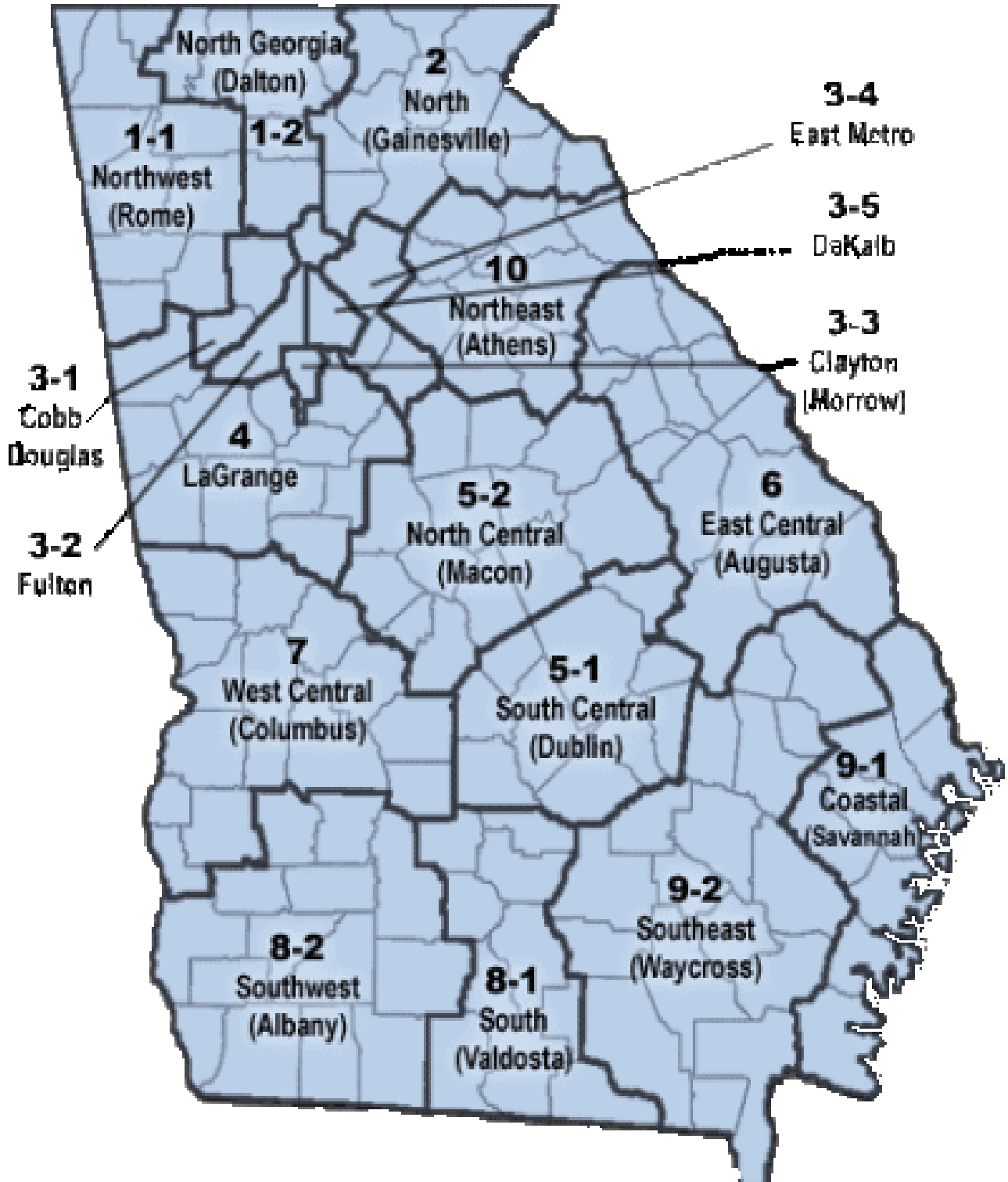
I am excited about the opportunity to take an honest look at what we have accomplished and where we need to be. I also have to say that none of the work contained in this report would have been possible without the support of Tim Callahan in our State Office, Dr. Jimmie Smith with Mercer University, and the two Mercer University interns who compiled the data and created this report, Jalisa Brown and Abraham Deng. Nothing but opportunities are in our future, and I am looking forward to the challenge of finding ways to greet each opportunity and protect the health and well-being of our community! ☺

Environmental Health Information System Status Update- May 2014



Data used to develop this report is inclusive of the county health departments using the state Environmental Health Information System. (Source: Georgia Department of Public Health)

Georgia Public Health Districts



North Central Health District (District 5-2)

The goal of the North Central Health District (District 5-2) is optimal health for all Georgians. We strive to obtain this goal through preventing disease, promoting health and protecting communities against health threats. The North Central Health District is part of the Georgia Department of Public Health and serves thirteen counties in Central Georgia: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson.

The North Central Health District prevents disease through immunization clinics, by investigating disease outbreaks, managing treatment of patients with tuberculosis, screening pregnant women for treatable and preventable diseases, and educating communities to prevent diseases like HIV.

The North Central Health District promotes health by educating communities about healthy habits like good nutrition and exercise, empowering adolescents to make healthy choices, checking senior citizens' blood pressure, encouraging men and women to be screened for cancer, and providing prenatal care to pregnant women.

The North Central Health District protects the health of communities by inspecting restaurants for safety and cleanliness, responding swiftly to health threats from natural disasters and terrorist attacks, enforcing health and safety regulations, and managing protection against West Nile virus, SARS, and pandemic flu.

Each of the 13 counties within the North Central Health District has a Health Department that is governed by a County Board of Health. The Board of Health is made up of designated community leaders. The Executive Director of each County Board of Health is the District Health Director. Each Health Department offers a number of programs and services for the residents of the county.



Georgia Department of Public Health

North Central Health District

Food Service Program



Mission: The mission of the North Central Health District (NCHD) Food Service Program is to minimize foodborne related illnesses through routine inspections.

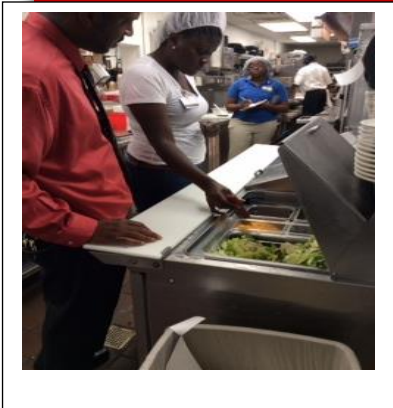
According to the Centers for Disease Control and Prevention (CDC), foodborne illness is a major cause of personal distress, preventable death, and avoidable economic burden in the United States. Annually in the United States, the CDC approximates that over 48 million people (that is 1 in 6 Americans) become ill, 128,000 need hospitalization, and 3,000 die from diseases associated with foodborne illnesses. Food contamination can result from bacteria, viruses, chemicals, physical objects, and terrorism threats. It is vitally important for public health professionals to work with and provide health education to food service operators to ensure safety of food supplies for the general public.

The Georgia Code requires county health departments to inspect and permit all food service establishments, which in turn must follow the rules and regulations of the Department of Public Health (DPH) governing Food Service establishments. The Environmental Health Specialists (EHS) within the North Central Health District (NCHD) conduct routine, risk-based inspections, provide food safety education, investigate food-related complaints and illnesses, and enforce the DPH Rules and Regulations for Food Service Establishments.

County EHS utilize the Georgia Food Code, which is based on the Food and Drug Administration (FDA) model Food Code. It was developed for a risk-based inspection process to both maximize utilization of resources and ensure a consistent science-based code throughout Georgia. The code focuses on controlling risk factors linked to foodborne illnesses. The CDC and FDA stress that the top 5 areas of priority should include improper holding, time and temperature, poor personal hygiene, contaminated equipment, and protection from contamination risk factors.

Top 4 Food Program Accomplishments from 2013-2014

1. Established the first Environmental Health Policy Manual for the District by developing policies specific to the operations of District 5-2 Environmental Health. The manual currently contains 5 policies specific to Food Service, Rabies, and Emergency Preparedness. The goal is to develop more policies throughout the upcoming year.
2. Teams were developed within each program to devise policies, best practices, and needed projects from a team perspective to allow county-level input and buy-in. Each team is chaired by a county Environmental Health Specialist, and the team accomplishes task based on needs determined by the Director of Environmental Health or by the team itself.
3. Annual in-person standardization training was established for each standardized food inspector to ensure that training they received during their initial standardization was complete and remained up-to-date with State expectations.
4. Timeliness and accuracy of reporting to the State Office via the Digital Health Department (DHD) was increased through education, training, and accountability.



The CDC has identified Norovirus as “the most common cause of acute gastroenteritis in the U.S.” The primary means of Norovirus transmission is the poor personal hygiene risk factor, which is minimized by following certain precaution measures, including employees’ health (i.e., excluding/restricting ill workers), good hygienic practices (e.g., proper hand-washing) and preventing contamination by hands with ready to eat foods.

NCHD EH Section average number of days from receipt of a food complaint to first investigation and abatement or referral:

- **Calendar Year 2012**
Average of 2.87 days to first investigation and 11.85 days to abatement or referral.
- **Calendar Year 2013**
Average of 3.19 days to first investigation and 14.68 days to abatement or

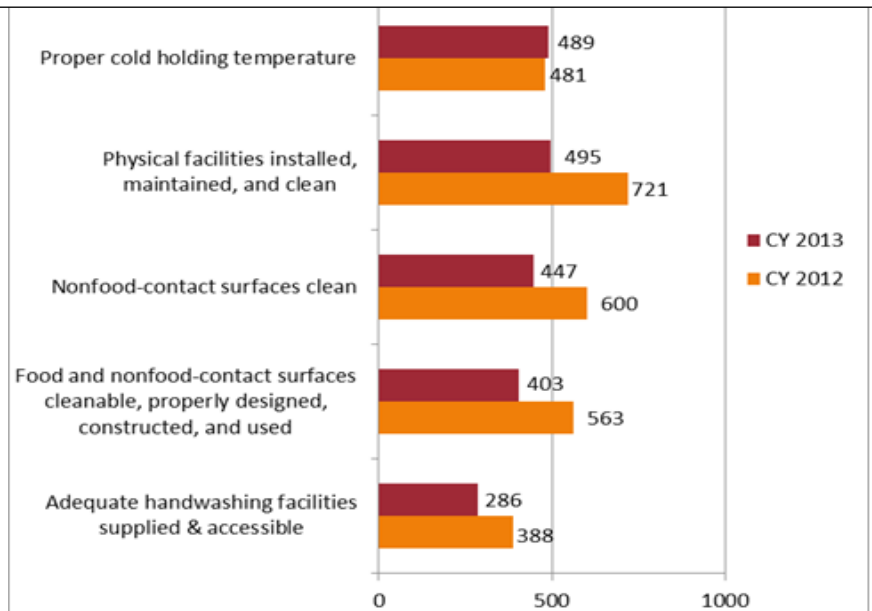
Georgia DPH Target: 10% reduction in Public Health risk factor violations cited over time.



Risk Based Inspections

The Environmental Health Specialists (EHS) across the District are standardized in food service inspections following the DPH Standardization of the United States Food and Drug Administration (FDA) Inspector training program. Our EHS are trained to perform a risk-based inspection to help minimize risk factors that pose potential threats to Public Health. The integral goal of the Environmental Health Section is to ensure the use of a practical, HACCP-based approach to evaluate food service establishments through the assessment and to ensure active managerial control of food borne illness risk factors within those service establishments.

Number of CDC –Designated Top 5 Categories of Food borne Illness Risk Factors (Recorded in EHIS Calendar Year 2012 and 2013)



Note: The graphs show a reduction in cited critical violations. It is our hope that this is a result of an emphasis on public health education of risk factors by Environmental Health staff.

On-Site Sewage Management Systems

Mission: The mission of the NCHD Environmental Health Section OSSM System Program is to minimize health problems associated with untreated human sewage through regulation and inspections of on-site sewage management systems. Environmental Health Specialists (EHS) also provide public education of on-site sewage management systems.

The NCHD Environmental Health Section adheres to the rules and regulations of the Department of Public Health, requiring local county health departments to provide permitting and inspection of On-Site Sewage Management Systems.



Response time for sewage complaints

The average number of days from receipt of an on-site complaint to the first investigation is a significant indicator that demonstrates the commitment of the county Environmental Health (EH) Section to the safety and health of the general public. In 2013, the NCHD EH Section averaged 14.08 days from the receipt of a sewage complaint to the day of the first investigation and 109.14 days to abatement or referral. Reducing the average number of days to abate a sewage complaint by 20% will increase the protection of public health and state waters.

Georgia DPH Target:

- 1. Average of 3 days to initial investigation**
- 2. Average of 55 days to abatement or referral**

NCHD EH Section is dedicated to meeting these goals.



State Averages for Calendar Year 2012

1. Average of 17.5 days to first investigation
2. Average 67.37 days to abatement or referral.

State Averages for Calendar Year 2013

1. Average of 3.46 days to first investigation.
2. Average 92.42 days to abatement or referrals.

NCHD Averages for Calendar Year 2012

1. Average of 13.49 days to first investigation.
2. Average 99.52 days to abatement or referrals.

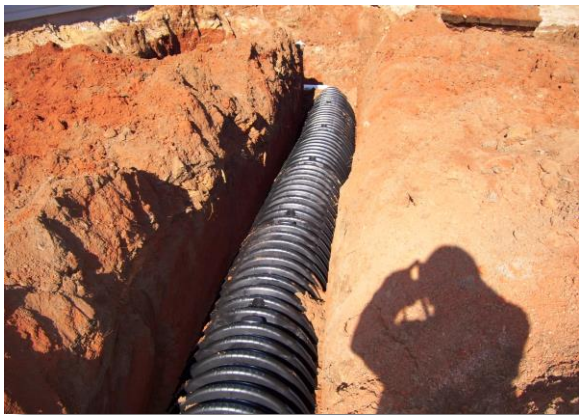
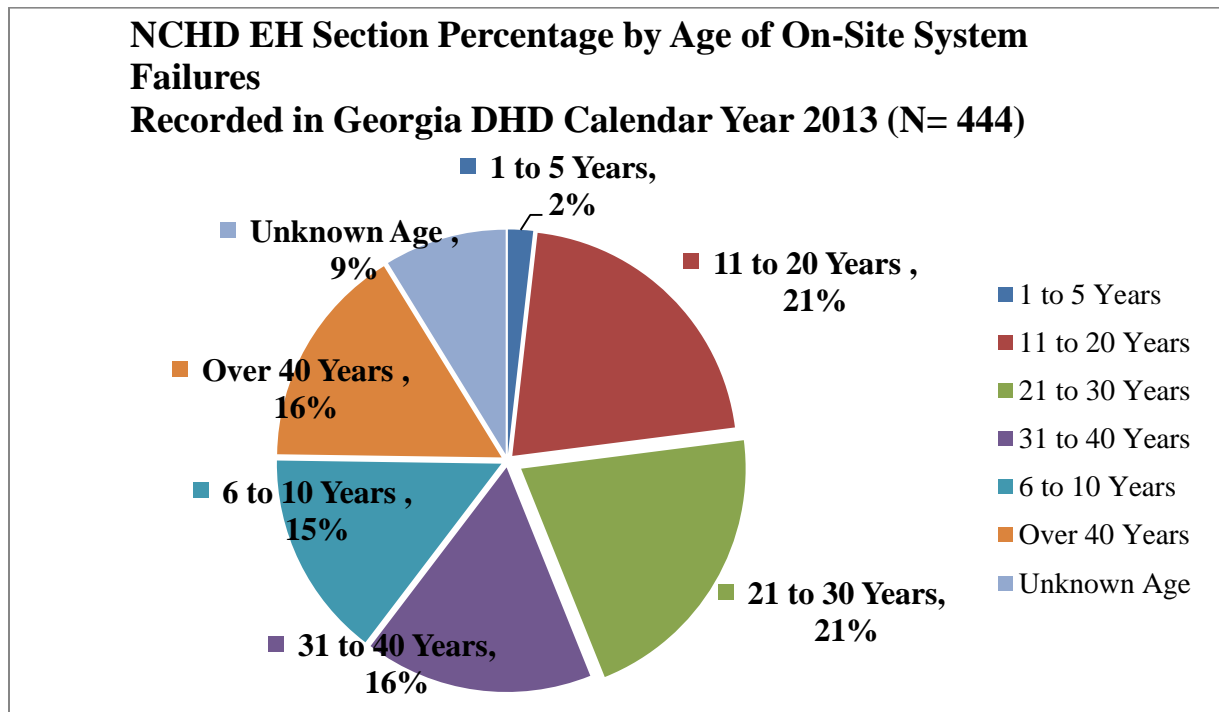
NCHD Averages for Calendar Year 2013

1. Average of 14.08 days to first investigation.
2. Average 109.14 days to abatement or referrals.

On-Site Sewage Management System Failures

Failures of OSSM systems within the first five (5) years generally indicate that the problems are linked to poor installation, lack of maintenance, inappropriate system type, and improper site evaluations and/or system abuse. It is important to know the age of systems at the time of failure to identify the potential causes linked to the failure in order to provide prompt and proper repairs.

This graph demonstrates the success of the NCHD OSSM System program as the majority of failures (approximately 53%) occur in systems over 20 years old, the life expectancy of most OSSM systems. To achieve Public Health's goal, however, the county EHS staff have a continual effort for providing education to the homeowner regarding proper maintenance of OSSM systems.

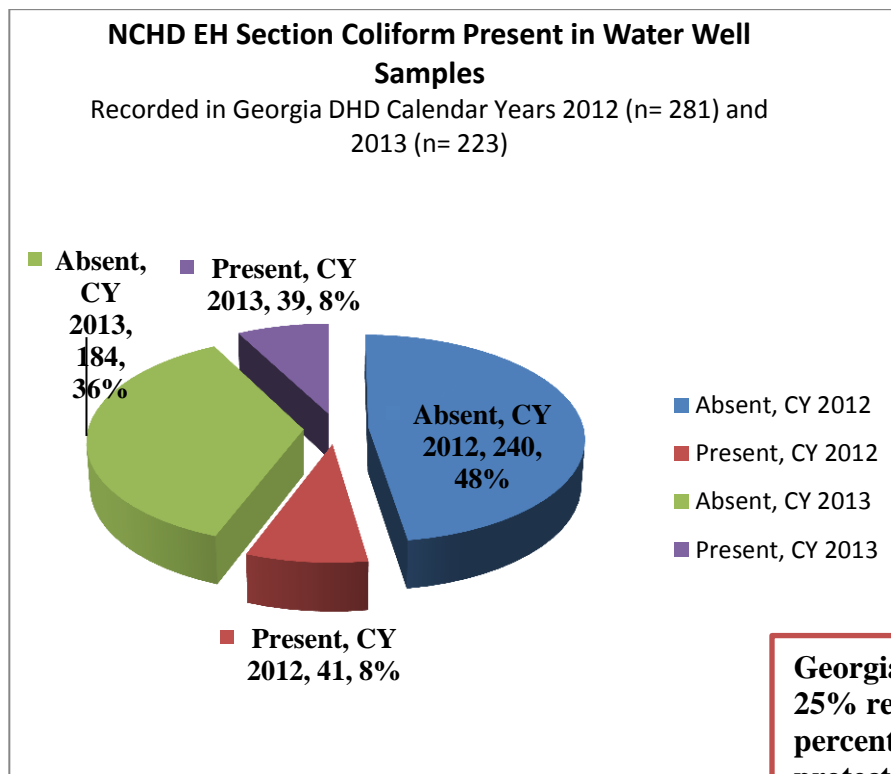


Non- Public Water Program

Mission: The mission of the NCHD Non-Public Water Supply Program is to minimize water-related illnesses through the provision of education, chlorination, sampling, and abandonment; the provision of technical assistance and support to local partners regarding enforcement of the Well Water Standards Act; and the provision of assistance in waterborne disease outbreak investigations through monitoring and assessment programs.

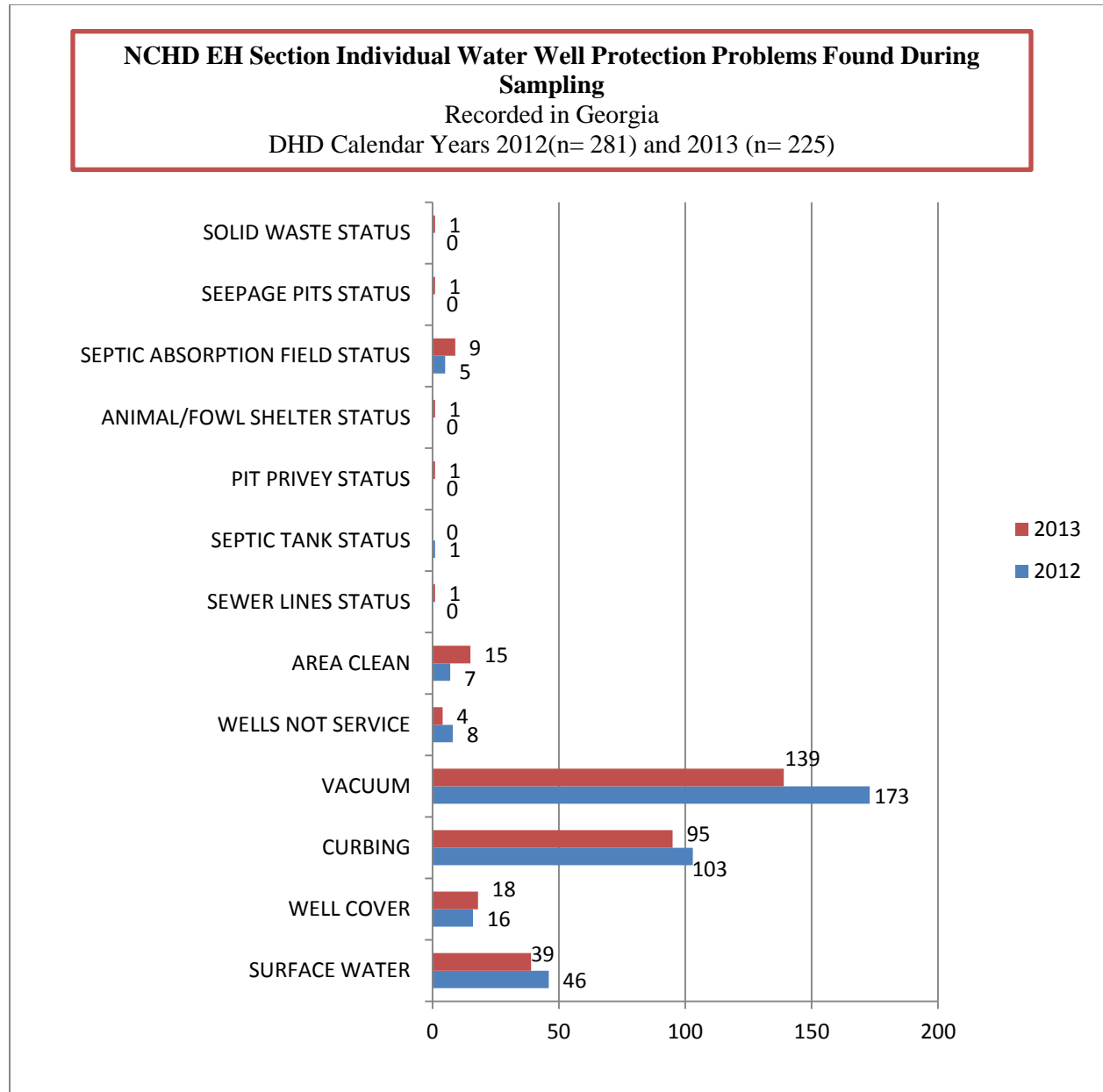


A major public health achievement in the prevention of infectious diseases is the development of standards for the proper siting, construction, and maintenance of private water systems. The NCHD Environmental Health Specialists (EHS) site well locations, provide assessments and consultations on water well issues, and take water samples to ensure the safety of a homeowner's water supply. Our staff utilizes the non-public water program tool in the Digital Health Department (DHD) to evaluate individual well water supplies. The EHS provide a completed well assessment to homeowners regarding information linked to their individual well construction, protection, and location from pollution sources. This information assists homeowners in making informed decisions regarding the protection of their water supply minimizing exposure to potential illness.



Georgia DPH Target: 25% reduction in the percentage of wellhead protection items out of compliance.

Properly constructed wells adhering to wellhead protection standards prevent contamination of drinking water from outside pollution sources. *This indicator is a measure of the number of wellhead protection items not met during a well assessment by Environmental Health staff.*



Achievements: As the graphs indicate, the NCHD EH Section has made significant achievements in Water Well protection problems through the minimization of critical violations associated with vacuum breakers, curbing around the wellhead, and protecting the well from surface water in 2013.

Recommendation: The NCHD EH Section needs to provide further homeowner education in the areas indicated as “Vacuum (breaks)” and “curbing.”

Public Swimming Pools

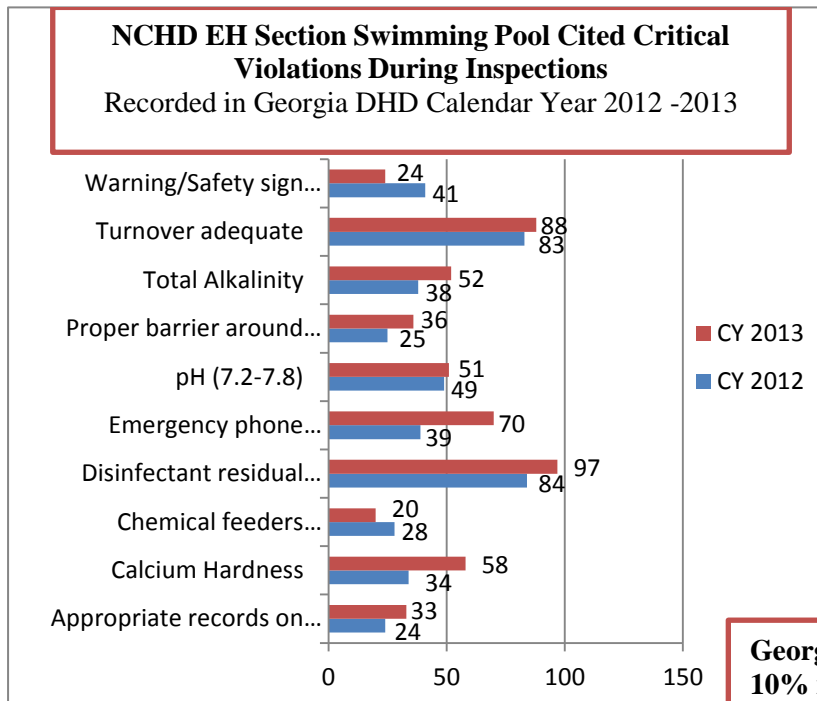
Mission: The mission of the NCHD Public Swimming Pool program is to reduce illnesses and injuries linked to contaminated or hazardous conditions in or around swimming pools through: regulation and inspection of existing swimming pools; consultation and inspection of new swimming pool construction and installation; and education and training for swimming pool operators and county environmental health specialists.



Swimming is the third most popular U.S. sport or exercise activity according to the United States Census Bureau. Swimming provides fun and exercise to people of all ages. Our staff ensures that public swimming pools and spas remain safe and clean for everyone to enjoy.

Pool Closures

The county Environmental Health Specialists (EHS) close a public pool when there are imminent or substantial health hazards identified during inspections. EHS take pool closures seriously and only as an enforcement alternative. The EHS give a permit suspension or voluntary closure as a means to protect the health and safety of residents, tourist, and guests and to protect them from health hazards or risks. **The NCHD Environmental Health Section staff cited approximately 639 critical public swimming pool violations in 2012 and 1083 violations were cited in 2013. The indicator for this period is the number of critical disinfectant residual violations cited during the swimming season.**



Georgia DPH Target:
10% reduction in disinfectant residual violations cited over time.

Public Pool Inspections

Public swimming pools must obtain an operational permit before opening. The EHS issue an operational permit for annual or seasonal use. Seasonal pools, open from April to October, must have an opening inspection, and one operational inspection during the season. The rules require pools open year-round to have three operating inspections each year. All items must be compliant before opening.

Number of Critical Swimming Pool Violations the NCHD EH Section cited:

- **Calendar Year 2012:**
There were 639 critical public swimming pool violations cited.
- **Calendar Year 2013:**
There were 1083 critical public swimming pool violations cited.

NCHD EH Section average number of days from receipt of a swimming pool complaint to first investigation and abatement or referral:

1. **Calendar Year 2012:**
Average of 3.11 days to first investigation and 90.78 days to abatement or referral.
2. **Calendar Year 2013:**
Average of 3.25 days to first investigation and 108 days to abatement or referral.

Tourist Accommodation Program

Mission: The mission of the NCHD Tourist Accommodation Program is to reduce illnesses and injuries associated with unsanitary or hazardous conditions through: regulation and inspection of tourist accommodations, complaint investigations, and provision of education and training to facilities and staff.

Tourism is the second leading industry in Georgia and provides \$34 billion in revenue. The NCHD requires all tourist accommodations to obtain a permit and post inspection reports completed by county Environmental Health Specialists (EHS). The EHS follow Georgia Department of Public Health rules and regulations to ensure the health and safety of citizens and visitors during their stay in one of our district's facilities.



Tourist Accommodation Inspections

Our Environmental Health Specialists inspect Tourist Accommodations a minimum of two times each year. A grade is assigned and corrective actions are identified that are necessary for compliance with the Georgia Department of Public Health's rules and regulations. The inspection gives the public and operator a snap shot of the overall condition of the hotel, campground, or bed and breakfast inn.

Critical Violations Cited in NCHD Tourist Accommodations:

Calendar year 2012: 413 Tourist Accommodation Violations.
Calendar year 2013: 430 Tourist Accommodation Violations.

NCHD EH Section average number of days from receipt of a Tourist Accommodation complaint to first investigation and abatement or referral:

Calendar Year 2012:

1. Average of 15.67 days to first investigation and 34.27 days to abatement or referral.

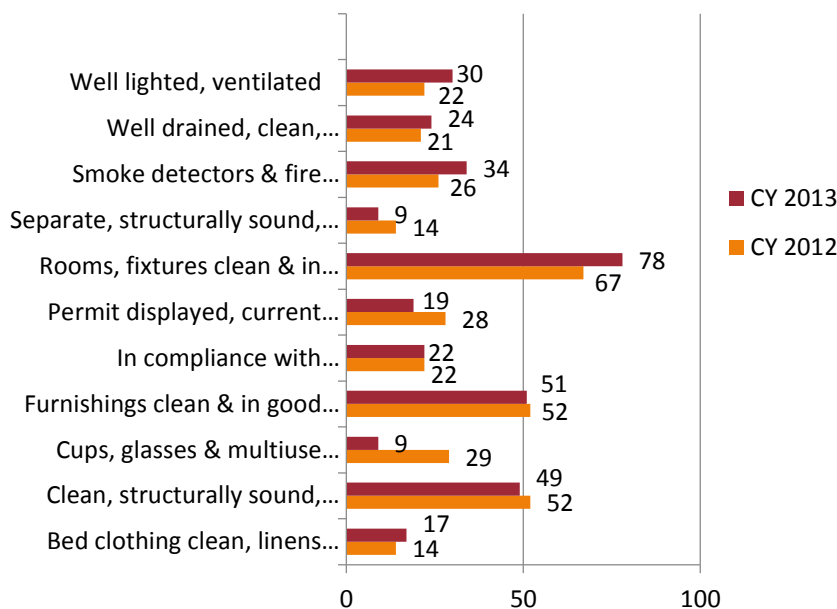
Calendar Year 2013:

1. Average of 1.07 days to first investigation and 43.35 days to abatement or referral.

Note: As the graphs indicate, the county EHS need to increase intervention strategies through public health education and compliance of residents to public health rules and regulations.

NCHD EH Section Number of Critical & Housing Tourist Accommodation Violations

Recorded in Georgia DHD Calendar Years 2012 (Total Violations=413) and 2013 (Total Violations= 430)



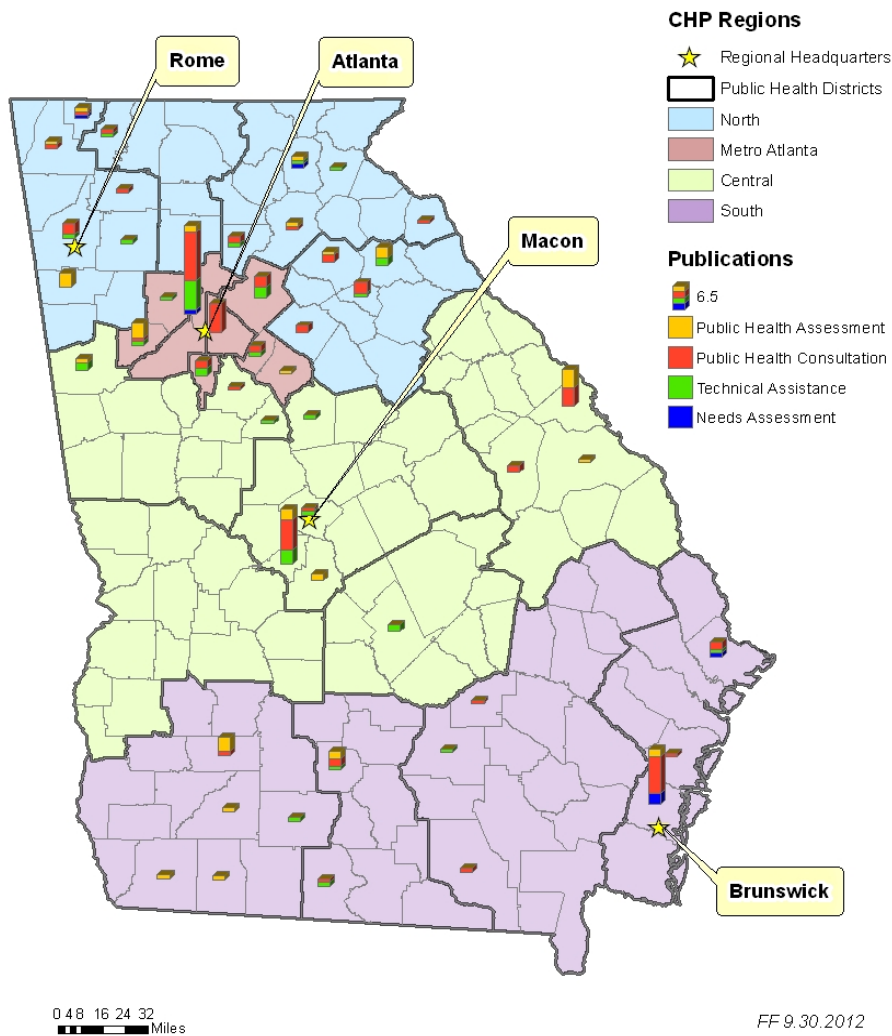
Georgia DPH Target: 20% reduction in critical and housing risk factor violations

Chemical Hazards Program

To ensure that the mission of the Georgia Department of Public Health Chemical Hazards Program (CHP) is achieved, the NCHD has a resident Environmental Health Specialist assigned to assist the State office in conducting standard public health assessments, consultations, exposure investigations, providing technical assistance, community assessments, and health education. The State CHP also provides professional training regarding prevention and health promotion activities to advance the health policy priorities of the Georgia Department of Public Health. As a whole, CHP has worked under a Cooperative Agreement with the CDC, Agency for Toxic Substance and Disease Registry (ATSDR) to conduct hazardous waste-site specific activities for 17 years.

Mission: To identify the pathways of exposure to toxic substances at hazardous waste sites and releases and to identify and implement public health interventions to reduce exposures to toxic substances at levels of health concern.

Chemical Hazards Program
Site-specific Documents 1988 - 2012



ATSDR Evaluation 2013

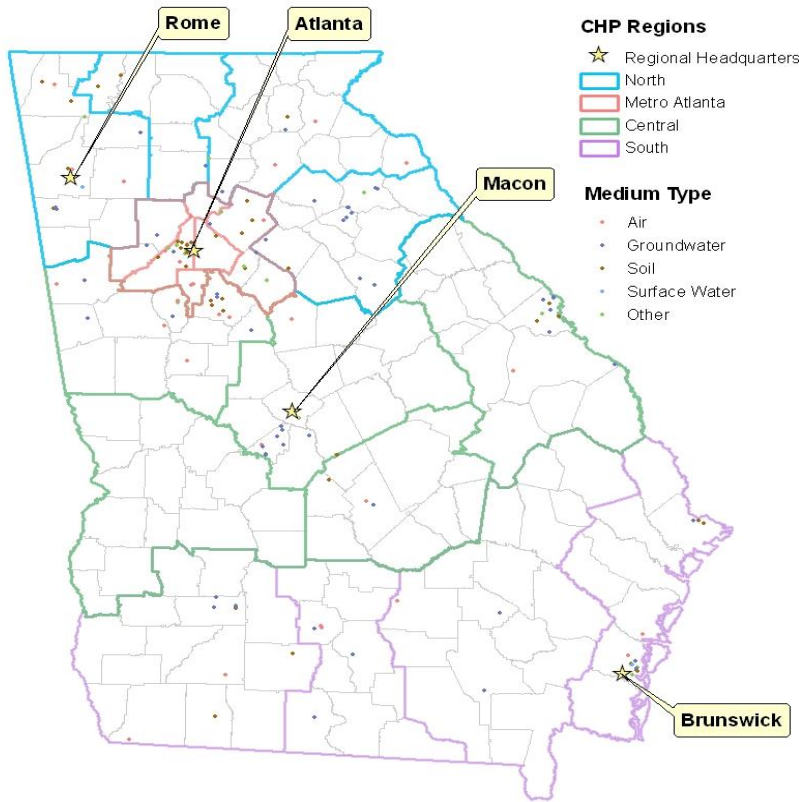
“The Georgia program continues to provide high quality efforts in environmental public health. The documents provided to fulfill the agreement are of high technical quality while remaining accessible to the non-technical public. The Georgia Program is proactive in reaching out to concerned community members and routinely volunteers to take the lead at any sites within Georgia that require evaluation.”

Indicators for this program are a measure of the:

1. Number of health consultations.
2. Number of outreach activities.
3. Number of educational materials developed and distributed.

(Source: Georgia Department of Public Health Chemical Hazards Program)

**Chemical Hazards Program
Site-specific Documents 1988 - 2012**



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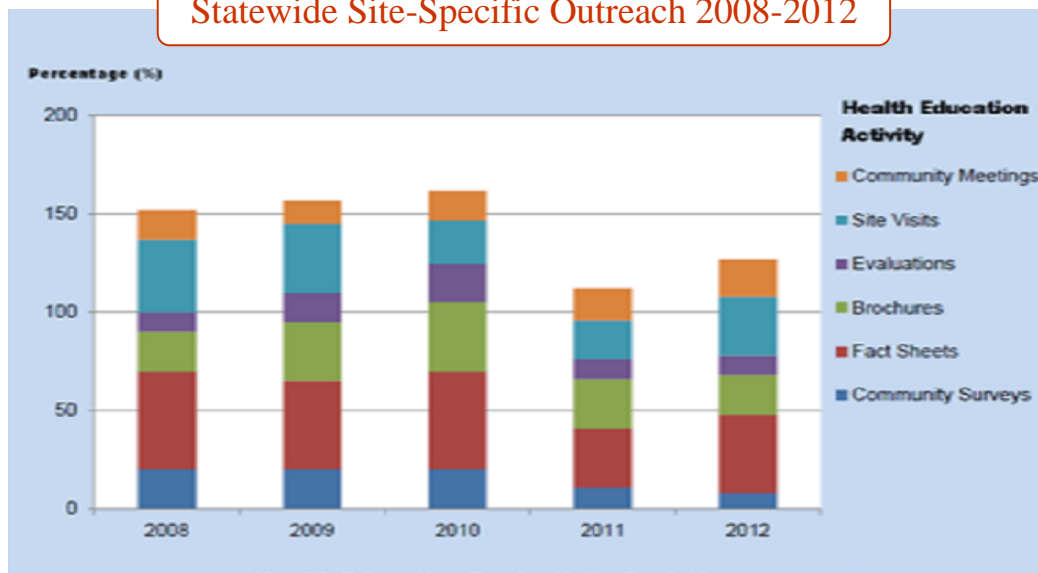
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Health Education Activities

ATSDR began investigating and publishing site-specific documents for Georgia in 1988 and the CHP was established under a Cooperative Agreement with ATSDR in 1996. The CHP is required to publish the equivalent of 6 public health consultations, public health assessments, and technical assistance reports each year. As of November 1, 2012, the CHP published 114 documents (114/16 years) or an average of 7.125 per year.

For the last five years, the CHP received a score from ATSDR of 100% for all areas of the Cooperative Agreement, and met all of the stated goals for community outreach. These include publication of the required number of written documents and community health education activities.

Statewide Site-Specific Outreach 2008-2012



Health Education Productivity Across the State Each Year
(Source: Georgia Department of Public Health Chemical Hazards Program)

Healthy Homes and Lead Poisoning Prevention

Mission: The mission of the NCHD Healthy Homes and Childhood Lead Poisoning Prevention Program is to help eliminate childhood lead poisoning in Georgia as proposed in the Healthy People 2020 objectives. Certified lead inspectors in the District provide inspections and risk assessments of potential lead exposure sources. The inspector/risk assessors ensure case management of children with elevated blood lead levels (EBLs).



The Centers for Disease Control and Prevention (CDC) reported that over 535,000 children ages 1-5 in the United States have been exposed to lead and have elevated blood lead levels (EBL) greater than 5 micrograms per deciliter (ug/dL). The CDC suggests there is no safe threshold of lead in a child's blood and amended the case management recommendations in 2012. The new "reference level" of 5 ug/dL was established in 2012 and as a result the CDC recommends public health action.

To follow the CDC's recommendations, the Georgia DPH reduced the level at which an EBL investigation occurs from 15 ug/dL to 10 ug/dL and recognized 5 ug/dL as a pre-EBL. Our District program, in conjunction with the State program, uses census data and GIS technology to identify and target high risk areas, generally pre-1978 rental housing, where children are potentially exposed to lead.

CDC has established the following indicators to evaluate the success of the Lead and Healthy Homes program:

1. **Number of Lead and Healthy Home investigations at an EBL of ≥ 10 ug/dL.**
2. **Adherence to investigation timelines as established by case management guidelines.**
3. **Number of investigations where lead hazards were identified and homes made lead safe by reducing or eliminating lead hazards.**

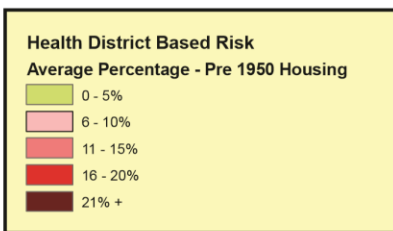
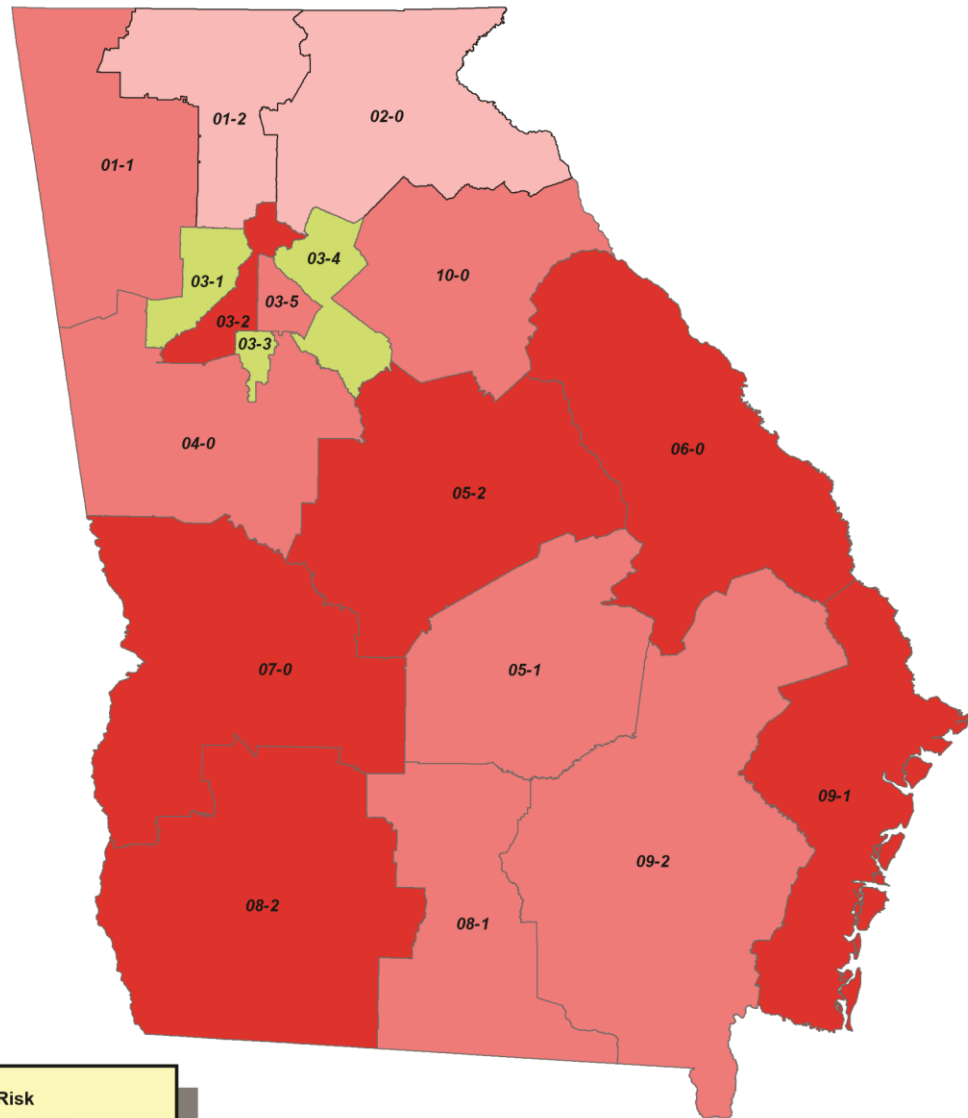
The GHHLPPP program coordinated Lead Inspection/Risk Assessment and Healthy Homes practitioner training for local Environmental Health Specialists. With the support of the 18 public health districts, Georgia's Public Health program now has 23 certified Lead Inspectors/Risk Assessors and 30 trained Healthy Home Practitioners located in health districts.

Georgia DPH Target: Targets:

1. **100% of lead and healthy home investigations at EBL of ≥ 10 ug/dL.**
2. **100% adherence to case management investigation timelines.**
3. **100% of homes made lead safe as required by Georgia law.**

Number of children less than 6 years old screened for lead poisoning, Georgia, 2013				
		Total Number Screened	5 – 9 ug/dL	≥ 10 ug/dL
Georgia	2012	116,200	3,959	663
NCHD EH	2012	7,408	289	30
Georgia	2013	104,492	2,589	424
NCHD EH	2013	5,574	166	34

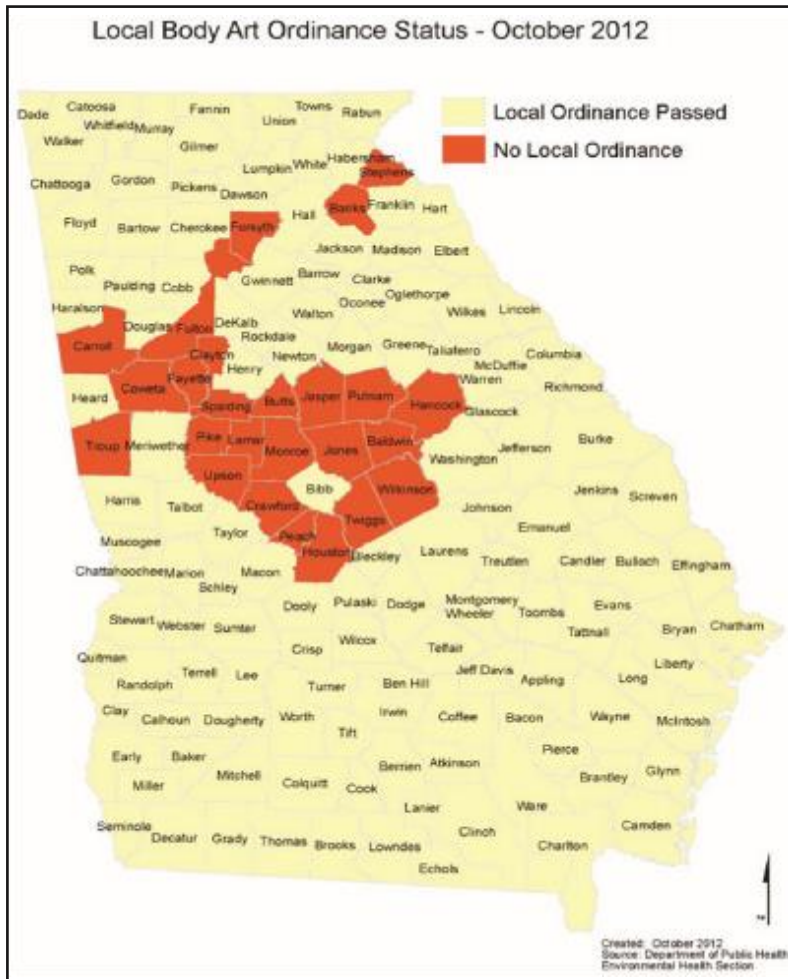
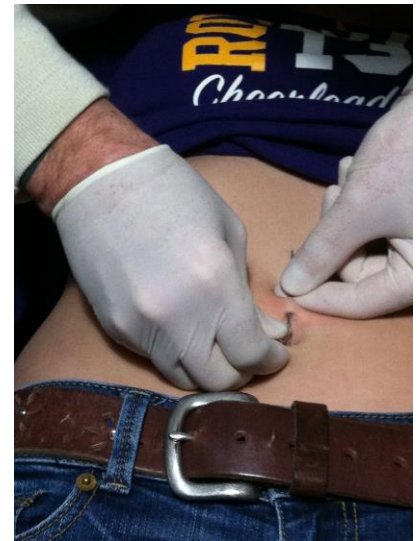
Georgia - High Risk Districts for Lead Exposure Based on Housing Age (2012)



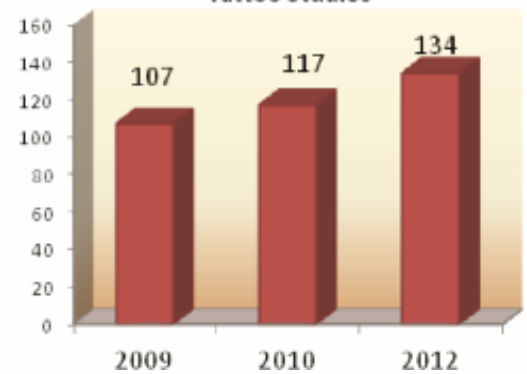
(Source: Georgia Healthy Homes and Lead Poisoning Prevention Program)

Body Art Program

Mission: The Mission of the NCHD Body Art Program is to ensure a safe environment for tattooing and body piercing by ensuring safe practices and preventing the transmission of disease within tattoo studios.



Number of Counties Regulating Tattoo Studios



OCGA 31-40 requires any person that wishes to tattoo or operate a tattoo studio to obtain a permit from the county Board of Health.

Georgia DPH Target: 100% of all county Boards of Health adopt tattoo/body art rules and regulations.

According to an article by the U.S. News and World Report, tattooing or “body art” has become one of America’s fastest growing professions with over 20,000 tattoo studios in the U.S. alone. Within our 13 counties there are sixteen (16) body art studios though several of our counties have no studios. With the popularity of body art increasing, there is a need for public health to collaborate with the tattoo and body piercing industries to ensure that the health and safety of the public is not compromised. A 2012 survey of the public health districts indicated 134 of 159 counties (84%) have body art rules and regulations adopted by the local Board of Health. Two of our 13 counties currently have some form of body art rule. To achieve the goal and mission outlined by Georgia DPH, a goal of adopting body art rules in all 13 counties is set. **The indicator for this program is a measure of the percent of county Boards of Health that adopt rules and regulations for this program.**

Animal Bites and Rabies Control

Rabies is a zoonotic disease that is most often transmitted through infected saliva that enters the body by way of an animal bite. The virus causes inflammation of the brain and is fatal once symptoms occur. County Environmental Health Specialists (EHS), animal control agencies, and epidemiology partners investigate all reported animal bites in Georgia. It is extremely important to report animal bites and seek medical attention in a timely manner if bitten by a wild or unvaccinated animal or bat to allow the potential risk of rabies to be assessed and if appropriate, rabies post-exposure prophylaxis can be administered.

Investigation of animal bites is an important Public Health program for rabies prevention and the primary responsibility is assigned to the Boards of Health (BOH) via OCGA 31-19. In many counties, the BOH has delegated this responsibility to animal control. In our District, 12 Environmental Health Sections house Rabies Control Officers. The one remaining county has delegated their rabies control responsibility to the local animal control office.

During 2013 in effort to improve reporting and investigations, the Georgia DPH Environmental Health and Epidemiology programs developed and implemented a new central and unifying rabies reporting and investigation tool that utilizes the State Electronic Notifiable Disease Surveillance System (SendSS). This surveillance system allows accurate reporting, investigation, and follow-up in cooperation with a variety of public health partners across the state, including animal control officers, hospitals, and physicians. The statistics in this report are the cumulative results of all 159 counties initiating use of the SendSS rabies reporting system as it was rolled out across the state throughout the year. Our District was slightly ahead of the State as a whole. As of September 1, 2012, all counties in the NCHD were using this new reporting system.

Indicators for this program will measure the average number of days from bite report to initial investigation of animal bite.



2013 NCHD Animal Bite Rabies Statistics

Animal/Human Investigations = 867

Animal/Animal Investigations = 66

Animals Confined = 713

Animals Euthanized = 152

Tested Specimen = 124

Positive Rabies Cases = 8 in animals

Treatment Recommended for Victims = 168



Environmental Health Complaints

Mission: To provide primary prevention through a combination of surveillance, education, enforcement, and assessment programs designed to identify, prevent, and abate environmental conditions that adversely impact human health.

In addition to disease prevention resulting from complaint investigation, Environmental Health Specialists provide communities with a substantial amount of economic contributions through maintaining sanitary conditions throughout the communities they serve. This work often preserves and improves quality of life issues like reduction of blighted properties, improved community development, and increased home maintenance.

The indicator for this program is the average number of days from receipt of any complaint to first investigation.

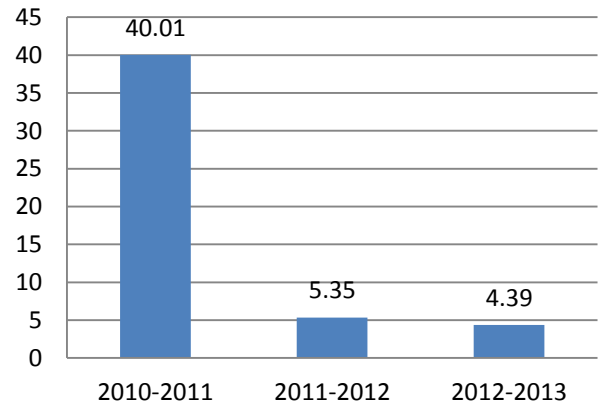
For environmental health operations, the number and type of complaints received can be an important monitoring indicator for emerging health risks to communities. In the graph below there appears to be a seasonal trend to the sewage complaints. The ability to see trends allows Environmental Health Specialists the ability to prepare and manage interventions and protect their communities from health risks.



Georgia DPH Target: 20% reduction in the number of days to complaint abatement or referral.



Average Number of Days to First Investigation



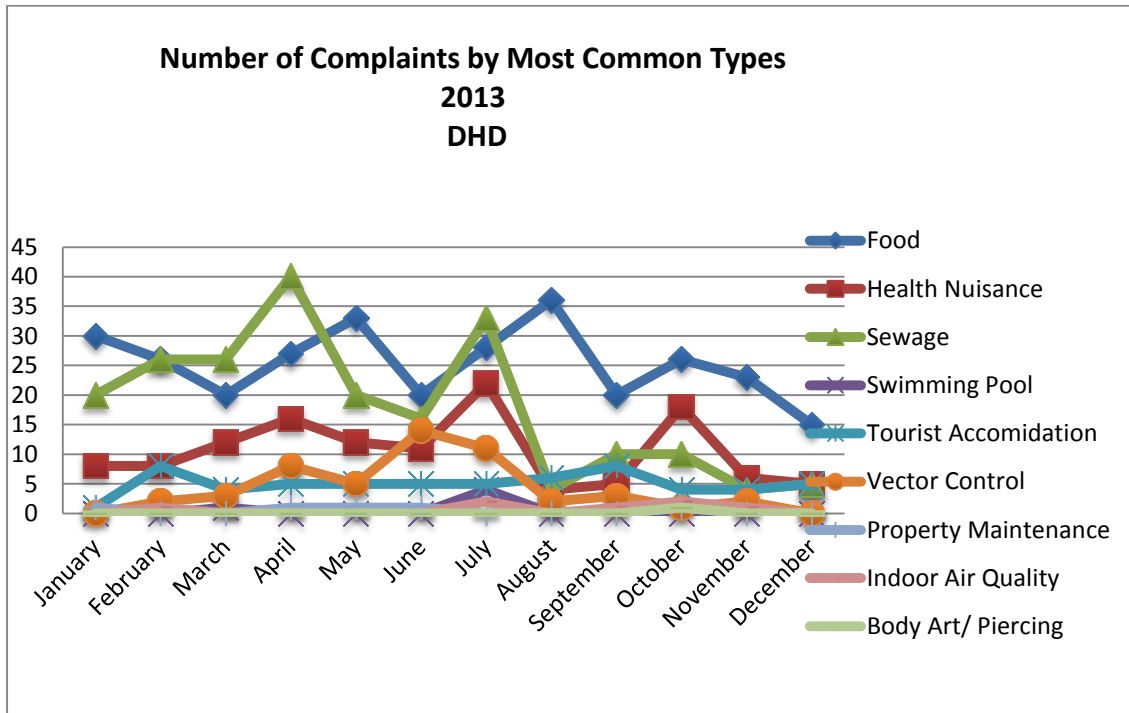
Source: North Central Health

Average Number of Days to First Investigation

Response time for all received complaints is one indicator that demonstrates public health's capacity to respond and abate health hazards in a timely manner. This indicator may demonstrate the need for more Environmental Health Specialist across the State or various counties.

Programs:

- Public Swimming Pool, Spa, and Recreational Water Parks
- On-Site Sewage Management Systems
- Food Service
- Tourist Accommodations
- Childhood lead Poisoning Prevention
- Non-Public Water
- Chemical Hazards
- Tanning Facilities
- Tattoo Studios
- Rabies Control
- Vector borne disease
- Indoor air quality
- Mass gatherings
- Emergency Preparedness
- Solid waste
- Other EH programs

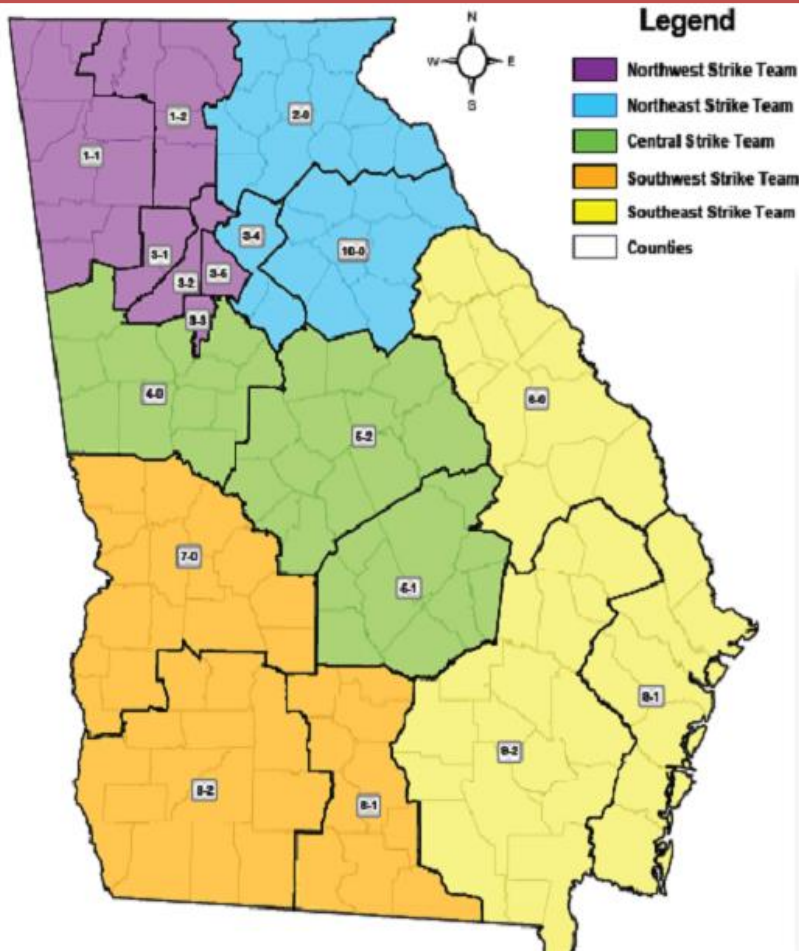


This graph demonstrates a trend line for the top 7 complaints by program type. The graph peaks coincide with specific events, time of year, or seasonal trends.

Environmental Health Emergency Preparedness

During times of emergencies or natural disasters, Environmental Health is called upon to ensure that basic public health needs of a community are met. This may involve assessing the public health needs in the community, ensuring the safety of water and food supplies, inspecting shelters, vector control, assessing waste water system and solid waste issues. Environmental Health Specialists are required to maintain FEMA credentials and are trained on the Environmental Health Emergency Response Plan. One new initiative is creating Environmental Health Strike Teams that can rapidly respond to emergencies upon request

Georgia Environmental Health Emergency Preparedness Strike Teams, February 2013



2011-2012 Statewide EH Emergency Preparedness Accomplishments

- Developed 5 EH strike team regions and recruited 77 EHS to establish 2 response teams per region.
- Hired an EH Emergency Planner in 2011 to coordinate EH EP.
- Developed standardized SOPs and SOGs for strike teams.
- Provided initial training to 5 out of 5 regions (100% of the state).

2013 Statewide Goals

- 100% of all EHS attend CDC EHTER training, OSHA Hazmat training, and participation in Environmental Health exercises. Purchase and deliver all equipment.

Georgia DPH Target:

1. Establish Environmental Health Strike Team Regions and provide training.
2. Recruit Environmental Health Specialist for two teams in each region.
3. Hire Environmental Emergency Preparedness planner.
4. Write Environmental Health Strike team Standard Operating Procedure and provide training to all regions.

Georgia Public Health Environmental Health Specialist

Protecting the health of all Georgians every day and saving tax dollars.

North Central Health District Workforce

- **Diverse team of thirty-three (33) Environmental Health Specialists servicing thirteen, central Georgia counties**
- **Eleven (11) specialists hold Registered Environmental Health Specialist (REHS) credential**

Required Credentials:

- B.S. degree in Environmental Health or biological, physical, or natural science.
- 27 semester hours of Laboratory Science (e.g., Chemistry, Biology, Geology, Physics).
- Certification in food service, onsite sewage management systems, and swimming pools.
- Food and Drug Administration (FDA) standardized on Food Code.

Impact of Losing Environmental Health Specialists

- Decrease in frequency of inspection of regulated facilities (2-4 inspections/facility/year).
- Loss of health and safety programs that keep communities healthy.
- Loss of emergency preparedness response.
- Increase in food-borne illness, such as salmonella and E.Coli.
- Decrease of surface and ground water quality.
- Property value decrease due to environmental conditions and hazards not corrected.
- Decline in attendance and productivity at work and at school.
- Decrease in tourism dollars.

Action Needed

- Competitive salaries
- Salary recognition for graduate degrees and national registration
- Progressive career ladder
- Funding for leadership training to ready current EHS for workforce development and advancement

What EHS Do

College educated county based resource, investigating, assessing, and eliminating environmental conditions harmful to citizens and visitors of Georgia.

- Permit and inspect restaurants
- Permit and inspect septic tank systems
- Permit and inspect tourist accommodations
- Permit and inspect public swimming pools, spas and recreational water parks
- Permit and inspect body art studios
- Provide health and safety programs for
 - Non- Public water wells
 - Mosquito, Rabies, and Vector Control