



# Environmental Health Report

Key Environmental Health Indicators  
2012

This report is designed to serve as a baseline for measuring changes and improvement in Environmental Health services that ultimately impact the health status of the citizens and visitors of Georgia.

## 2013 Message from the Director

The mission of the Department of Public Health, Environmental Health Program is 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 2005, the Georgia Division of Public Health (DPH), Environmental Health (EH) Branch initiated development of a comprehensive Environmental Health Information System (EHIS) to help achieve this mission. The EHIS allows the collection and analysis of all environmental health inspection data. The analysis of this data is used to publish an “Environmental Health Report” to paint a picture of the status of environmental health services in Georgia. In addition, the EHIS provides publication of this data to a central website for the public to review. This has been a long process, but with the hard work of the State and District Environmental Health Directors and County Environmental Health Specialists approximately **83** % of the counties are now utilizing the EHIS. Our goal is to have 100% of the counties utilizing the EHIS or interfacing and feeding data to the system by the end of 2013. The following report is the first step to improving our monitoring and evaluation capability.



As defined by the Centers for Disease Control and Prevention, environmental public health indicators can be used to assess population health status with respect to environmental factors. The indicators provide a means of evaluating the impact program services have on minimizing public health risks. These indicators can be used to establish a baseline for comparison; monitor trends in program services; assess program goals/objectives and provide data for surveillance activities.

The environmental health indicators in this report were developed after the DPH Environmental Health Section and the eighteen Public Health Districts collaborated to conduct a statewide assessment of the Environmental Health Program utilizing the national environmental public health performance standards instrument. The assessment results indicated areas needing the most improvement were monitoring and evaluation. A committee of State, District and County Environmental Health Specialists developed performance metrics that could be monitored utilizing the EHIS. These performance metrics will serve as indicators of the effectiveness of program services.

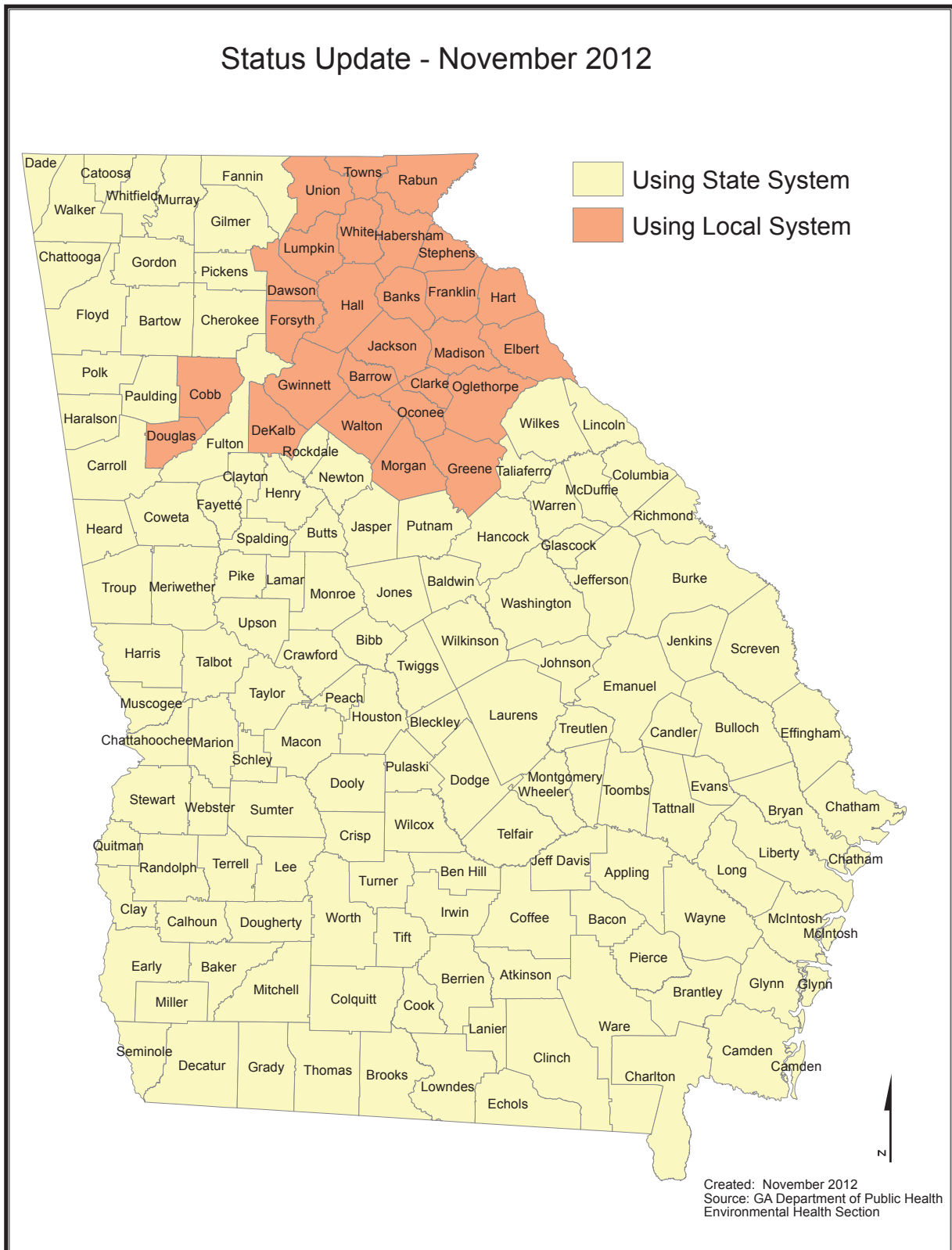
Monitoring the environmental health status of a community allows public health to effectively identify and solve community environmental health problems. The data generated from monitoring provides the state and districts an “environmental health profile”, which can be used to establish priorities, direct resources and provide a baseline against which improvements are measured. In addition, knowing the status of the community allows environmental health to proactively respond to issues that may arise and it showcases the environmental health program as a prevention based resource.

Environmental Health is a cornerstone of public health and is essential to safe and healthy communities. We hope the data from this report can be used to improve the EH program and ultimately protect the health of the citizens and visitors of Georgia.

Scott Uhlich, MCP, REHS  
Director  
Georgia Department of Public Health  
Environmental Health Section

# Environmental Health Information System

## Status Update - November 2012



Data used to develop this report is inclusive to the county health departments using the state environmental health information system.

# Food Service Program

Foodborne illness in the United States is a major cause of personal distress, preventable death, and avoidable economic burden. The Centers for Disease Control and Prevention (CDC) estimate that each year roughly 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 people die of foodborne diseases. Food can become contaminated by bacteria, viruses, chemicals or physical objects and with the threat of terrorism, it is more important than ever for public health to educate and work with operators to ensure the safety of our food supply.

Georgia requires all food service establishments to be permitted and inspected by county health departments utilizing the Department of Public Health Rules and Regulations for Food Service Establishments. **The mission of the Department of Public Health (DPH) Food Service program is to minimize food-borne related illnesses.** Environmental Health Specialists (EHS) are responsible for conducting routine risk-based inspections, providing food safety education, investigating food-borne related complaints and illnesses, and enforcing the DPH Rules and Regulations for Food Service Establishments for more than 29,000 food service establishments in the state.

The Georgia Department of Public Health collaborated with the Georgia Restaurant Association and the Departments Food Service Rules Advisory Committee that represents public health, Department of Agriculture, industry and academia to adopt the Food and Drug Administration (FDA) model food code. This food code was developed for a risk based inspection process that maximizes utilization of resources and ensures a consistent science-based code throughout the State. The code focuses on controlling risk factors most likely to cause foodborne illness and a 2009 FDA study indicated priority should be placed on improper holding/time and temperature, poor personal hygiene, and contaminated equipment/protection from contamination risk factors.



## Top 5 Food Program Achievements from 2010-2012

- Georgia has the most county health departments enrolled in the FDA National Retail Food Regulatory Program Standards in the United States. These standards serve as a guide to regulatory foodservice programs and are designed to evaluate and measure the programs effectiveness.
- Launched the online Food Service Interpretation and online Design, Installation, and Construction Manuals used by Environmental Health Specialists and industry.
- Awarded an FDA grant titled “Building the Capacity of DPH Environmental Health Workforce” for 2012-2015 budget periods.
- Administered a state-wide Plan Review educational campaign to EHS throughout the state to ensure consistent application of plan review procedures.
- Developed a statewide quality assurance protocol or self-assessment procedure to assess the uniformity with which the standardized EHS conduct food service inspections.

The CDC has designated five broad categories of risk factors contributing to foodborne-related outbreaks - Improper Holding Temperatures, Inadequate Cooking, Food from Unsafe Sources, Poor Personal Hygiene, and Contaminated Equipment. These **Risk Factors** are improper practices or procedures, which have been identified by the CDC through epidemiological data as the most prevalent contributing factors of foodborne illness or injury.

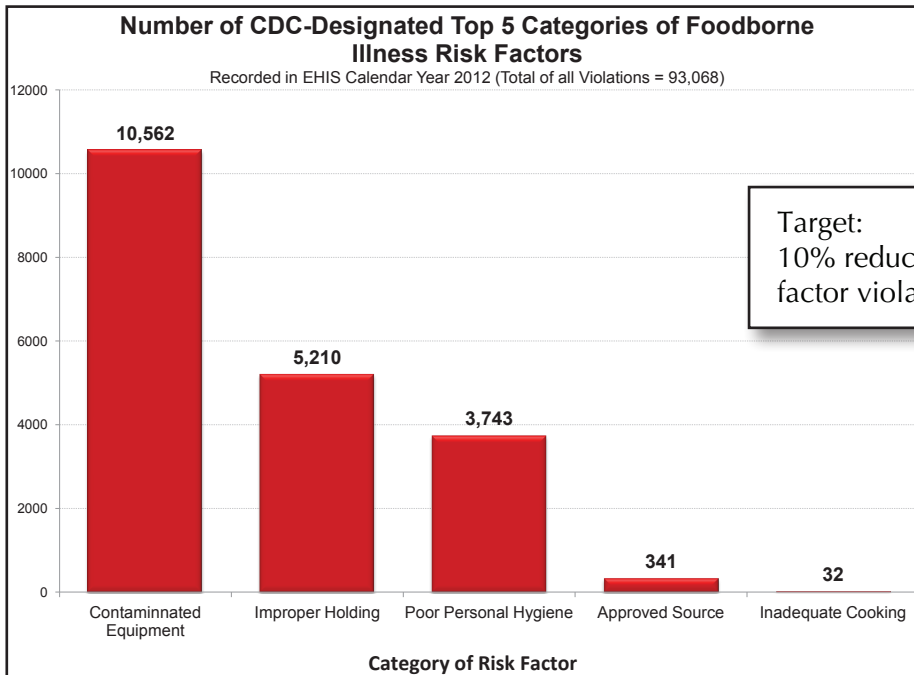
## Risk Based Inspections

Environmental Health Specialists in Georgia are standardized in food service inspections utilizing the DPH Standardization Procedures modeled from the United State Food and Drug Administration (FDA) Inspector training program and are trained to conduct a risk-based inspection focused on reducing public health risk factors. The goal of conducting proper risk based inspections is for the EHS to utilize a practical, HACCP-based approach to evaluate the food service establishment through his or her assessment of active managerial control of foodborne illness risk factors within the establishment. Since food safety management systems are designed by food service operators to best meet their own needs, the EHS uses a risk-based methodology during his or her inspections to uncover the systems used and to evaluate their effectiveness.



The CDC has identified Norovirus as “the most common cause of acute gastroenteritis in the U.S.”. The poor personal hygiene risk factor comprised of Employee Health (i.e. excluding/restricting ill workers), Good Hygienic Practices (such as proper hand washing), and Preventing Contamination by Hands (such as preventing bare hand contact with ready to eat foods) is the primary means of transmitting this illness.

**This indicator is the number of CDC designated top 5 foodborne illness risk factor violation cited.**



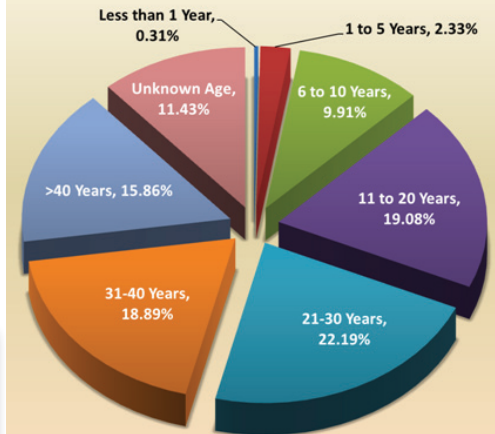
Target:  
10% reduction in Public Health risk factor violations cited overtime

# On-site Sewage Management Systems

According to the Centers for Disease Control, one of the top 10 major public health achievements in this country was the control of infectious diseases from management of wastewater. Georgia requires all onsite sewage management systems (OSSM) to be permitted and inspected by the local county health department utilizing the Department of Public Health Rules and Regulations for On-site Sewage Management Systems. **The mission of the DPH OSSM system program is to minimize health problems related to untreated human sewage** through: regulation and inspection of more than 10,000 new on-site sewage management systems installed annually; investigation and inspection of over 7,000 repairs to improperly functioning on-site sewage management systems annually; and education, training, and certification for EHS, septic tank installers, pumpers, soil scientists, geologists, and engineers involved in installing, maintaining, and repairing on-site sewage management systems. It is estimated there are over 1.5 million OSSM systems in the State. *Properly functioning OSSM systems protect state waters and supports the Georgia State Water Plan.*



Percentage by Age of Onsite Sewage System Failures Documented in EHS  
(CY 2012, 2573 total reports)



**This graph demonstrates the success of the DPH OSSM program as the majority of failures, approximately 70%, occur in systems over 20 years old, which is the life expectancy of most OSSM systems. However, to achieve public health's goal, we must have a continual effort for homeowner education of proper maintenance of OSSM systems.**

## Response time for sewage complaints

One indicator that demonstrates to the public our commitment to resolve public health complaints in a timely manner **is the average number of days from receipt of onsite sewage complaint to first investigation.** In addition, this indicator may demonstrate the need for more Environmental Health Specialists across the state or in a particular county.

### Targets:

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

**For 2012, the average number of days from receipt of a sewage complaint to first investigation was 17.50 days, and 67.37 days to abatement or referral.**

Reducing the average number of days to abate a sewage complaint by **20%** will result in protection of public health and state waters.

## Onsite Sewage Management System Failures

When OSSM systems fail within the first 5 years, it is generally recognized that the problems are related to poor installation, lack of maintenance, inappropriate system type, improper site evaluations and/or system abuse. It is important to know the age of systems at the time of failure and to identify the potential causes of failure, such that proper repairs can be made.

**This indicator is a measure of the percent of OSSM system failures age 5 years or less.** Preventing system failure within this age range will help protect public health and save the homeowner time and costly repairs of their OSSM system.

**For 2012, fewer than 3% of systems failed within the first 5 years.**

### Target:

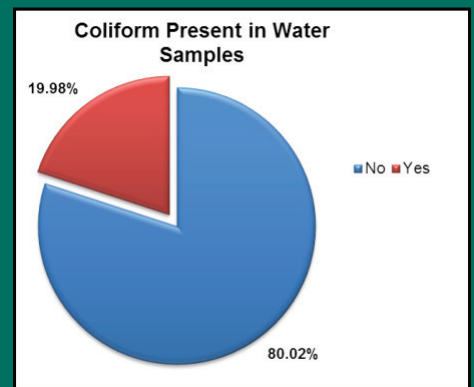
1% of systems that fail within the first five years

# Non-Public Water Program

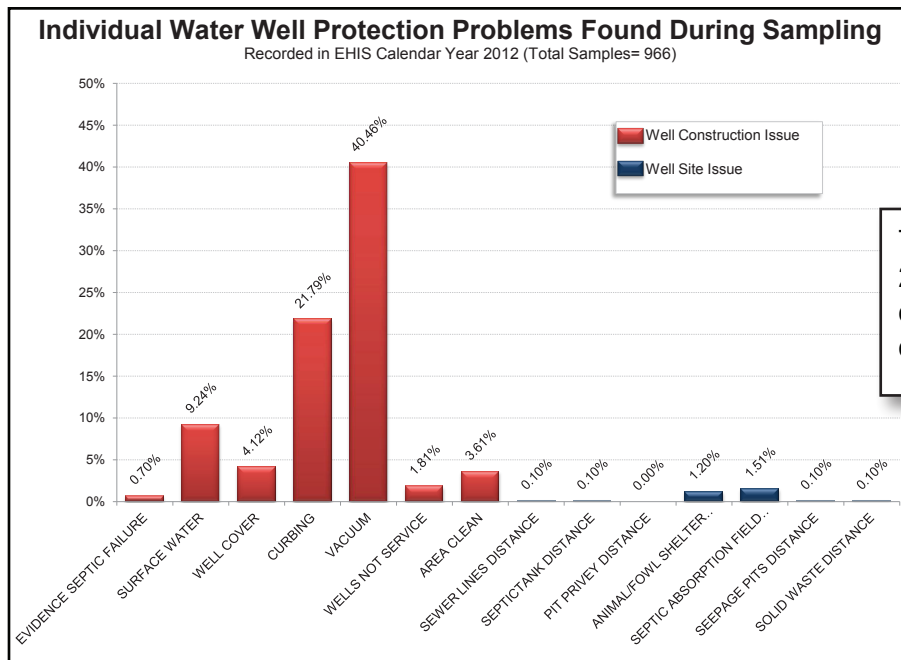
A major public health achievement in the prevention of infectious diseases is the development of standards for the proper siting, construction and maintenance of private water systems. Some people take for granted the quality of our water supply, but many countries in the world do not have the public health infrastructure in place to ensure safe, potable drinking water. Local Environmental Health Specialists provide assessment and consultation on water well issues and take water samples to ensure a homeowner's water supply is safe. **The mission of the Department of Public Health Non-Public Water Supply Program is to minimize water-related illnesses** by providing education, training and guidance related to well installation, protection, evaluation, chlorination, sampling and abandonment; providing technical assistance and support to local partners regarding enforcement of the Well Water Standards Act; and assistance in waterborne disease outbreak investigations through monitoring and assessment programs.

The non-public water program initiated development and implementation of a well assessment tool for evaluation of individual well water supplies. In addition to EHS taking a water sample, a completed well assessment tool provides the homeowner with information related to their individual well construction, protection, and location from pollution sources. This tool will assist homeowners with making informed decisions regarding the protection of their water supply, thereby reducing the potential for illness.

Properly constructed wells that adhere to wellhead protection standards prevent contamination of drinking water from outside pollution sources. **This indicator is a measure of the percent of wellhead protection items not met during the well assessment.**



**2012 Georgia Well Statistics**  
 996 = Wells sampled  
 199 = Coliform positive



**Target:**  
 25% reduction in the percentage of wellhead protection items out of compliance

# Public Swimming Pool Program

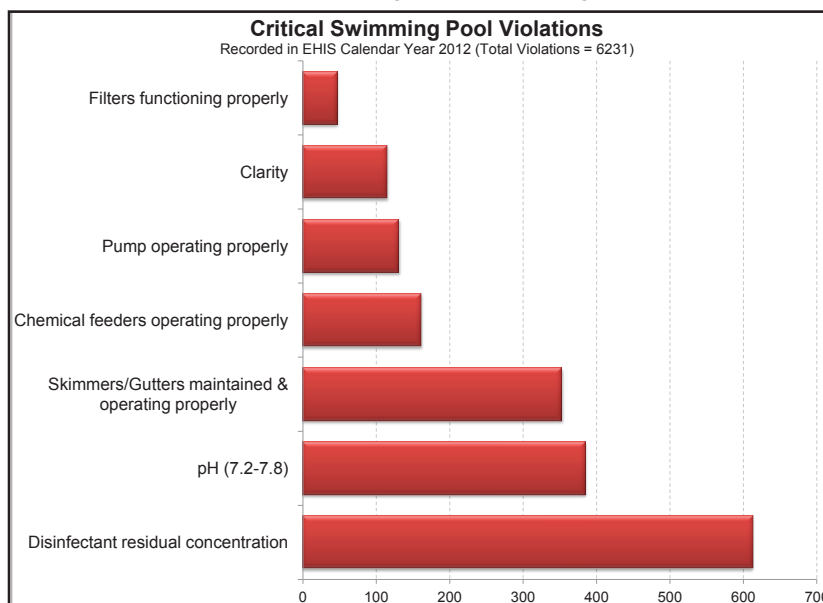
According to the United States Census Bureau, swimming is the 3rd most popular U.S. sport or exercise activity, with over 314 million visits to recreational venues annually. Swimming provides fun and exercise to all ages, but swimming pools and spas must remain safe and clean for all to enjoy. All public pools in Georgia are permitted and inspected by the local county health departments utilizing a combination of Georgia Department of Public Health or local health department rules and regulations. **The mission of the Department of Public Health Public Pool program is to minimize illnesses and injuries associated with 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 Specialist (EHS).

## Pool Closures

The local county health department closes a public pool when there are imminent or substantial health hazards found during an inspection. The act of closing a pool is an enforcement option that is not taken lightly by an EHS. A permit suspension or voluntary closure immediately protects the health and safety of any resident, tourist or guest from exposure to the hazard or health risk. **In 2012, Environmental Health Specialists cited approximately 1,805 critical violations that indicated a need for pool closures.** Pool closures protect the health and safety of patrons and visitors. Violations that may result in a substantial health hazard such as an illness, injury or death are identified as critical. These items require an immediate action to be taken to reduce the hazard.

Operators not maintaining an adequate amount of disinfectant in the pool water is the most commonly cited critical violation. Disinfectants kill and reduce disease causing microorganisms like viruses, bacteria and parasites in the pool water.

**The indicator for this period is the number of critical disinfectant residual violations cited during the swimming season.**



## Public Pool Inspections

Public swimming pools must obtain an operational permit before opening. Local health departments issue an operational permit for annual or seasonal use. Seasonal pools, open April to October, must have an opening inspection and one operational inspection during the season. The Department rules require pools open year round to have two inspections each year, plus the opening inspection. All items must be compliant before opening. In 2012, there were approximately 8,850 pools permitted with 13,658 inspections conducted by local Environmental Health Specialists.

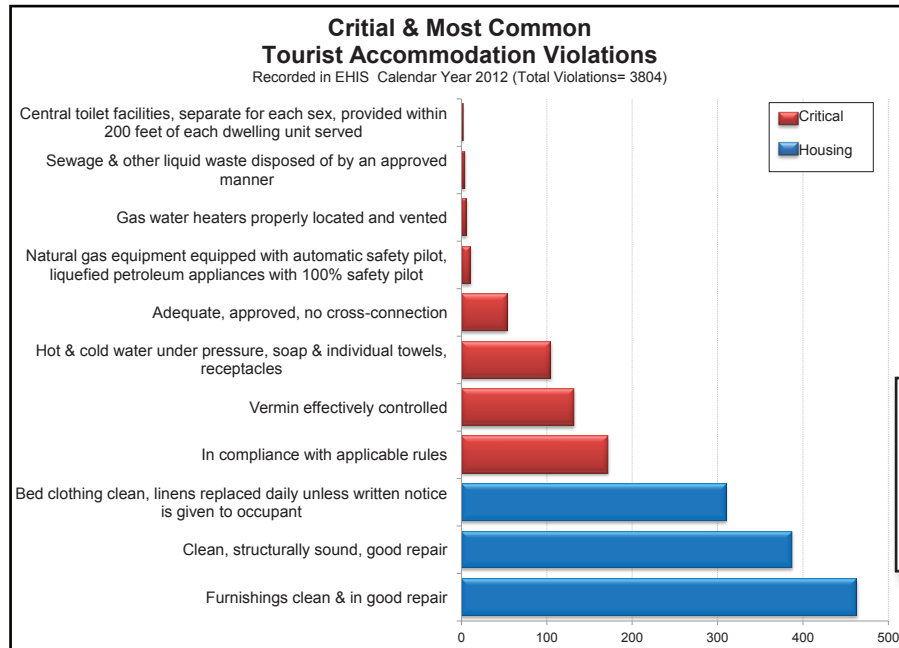
Target:  
10% reduction in disinfectant residual violations cited over time



# Tourist Accommodation Program

Tourism in Georgia is the second leading industry in the state, earning \$34 billion in revenue. Millions of people visit our state for its national and state parks, urban centers, historic sites, beautiful mountains and scenic coast. Georgia requires all tourist accommodations to obtain a permit and post inspection reports completed by the local county health department Environmental Health Specialists. The Department of Public Health (DPH) develops and maintains rules and regulations to ensure that the health and safety of its citizens and visitors are protected during their stay in a facility. **The mission of the DPH Tourist Accommodation program is to minimize illnesses and injuries associated with insanitary or hazardous conditions through:** regulation and inspection of tourist accommodations, investigation of complaints, and education and training.

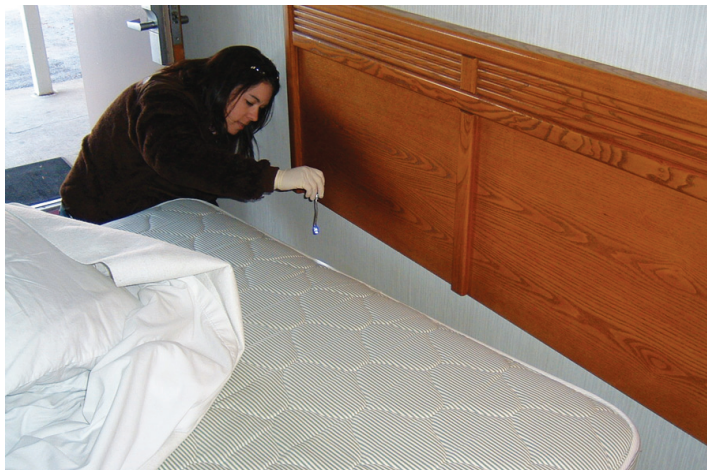
**The indicator for this program is the number of critical and housing public health risk factor violations cited.**



## Tourist Accommodation Inspections

Environmental Health Specialists inspect Tourist Accommodations a minimum of two times a year. Local EHS assign a grade and identify corrective actions necessary for compliance with the Department of Public Health's rules and regulations. This inspection gives the public and operator a snap shot of the overall condition of the hotel, campground or bed and breakfast inn. *During this report period, there were 2,502 permitted tourist facilities in Georgia and EHS conducted 4,500 compliance inspections.*

Target:  
20% reduction in critical and housing risk factor violations cited overtime

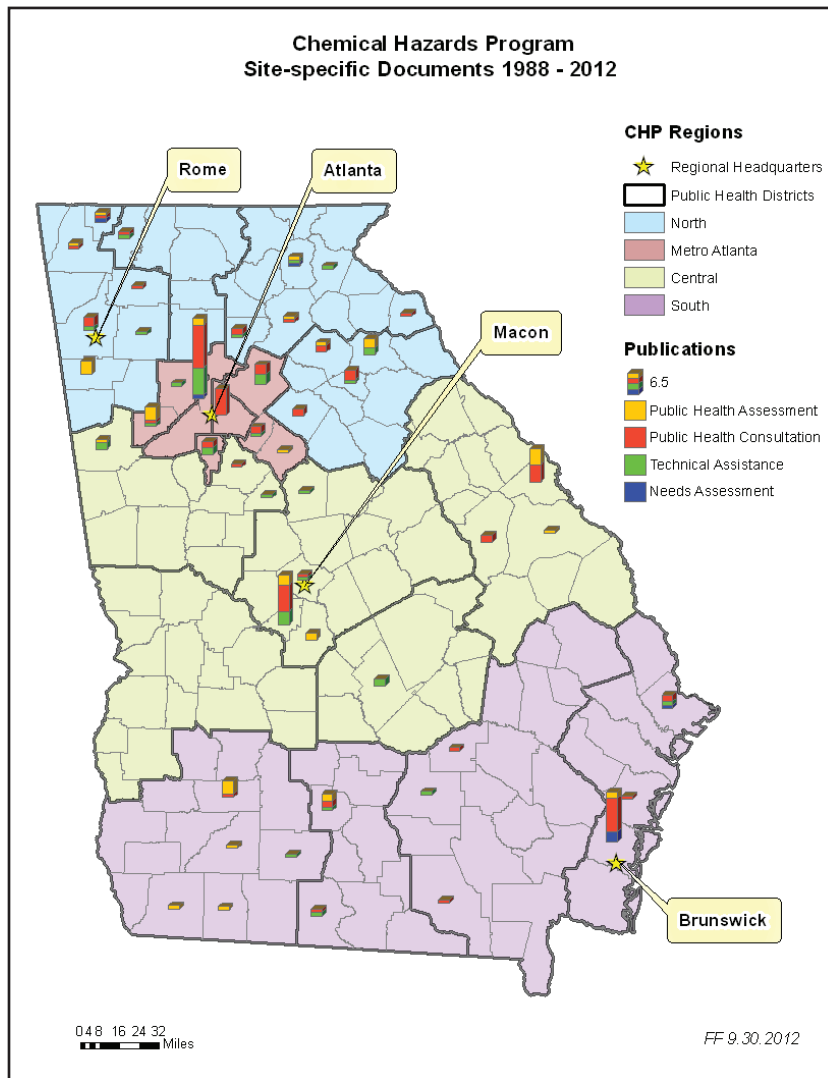


# Chemical Hazards Program

The mission of the Georgia Department of Public Health Chemical Hazards Program (CHP) is to:

1. Identify pathways of exposure to toxic substances at hazardous waste sites and releases, and
2. Identify and implement public health interventions to reduce exposures to toxic substances at levels of health concern.

To achieve these goals, CHP staff conducts public health assessments and consultations, exposure investigations, technical assistance, community assessments and health education. CHP also provides professional training and prevention/health promotion activities to advance the health policy priorities of the Georgia Department of Public Health. CHP has worked under a Cooperative Agreement with the Centers for Disease Control, Agency for Toxic Substance and Disease Registry (ATSDR) to conduct hazardous waste site-specific activities for 17 years.

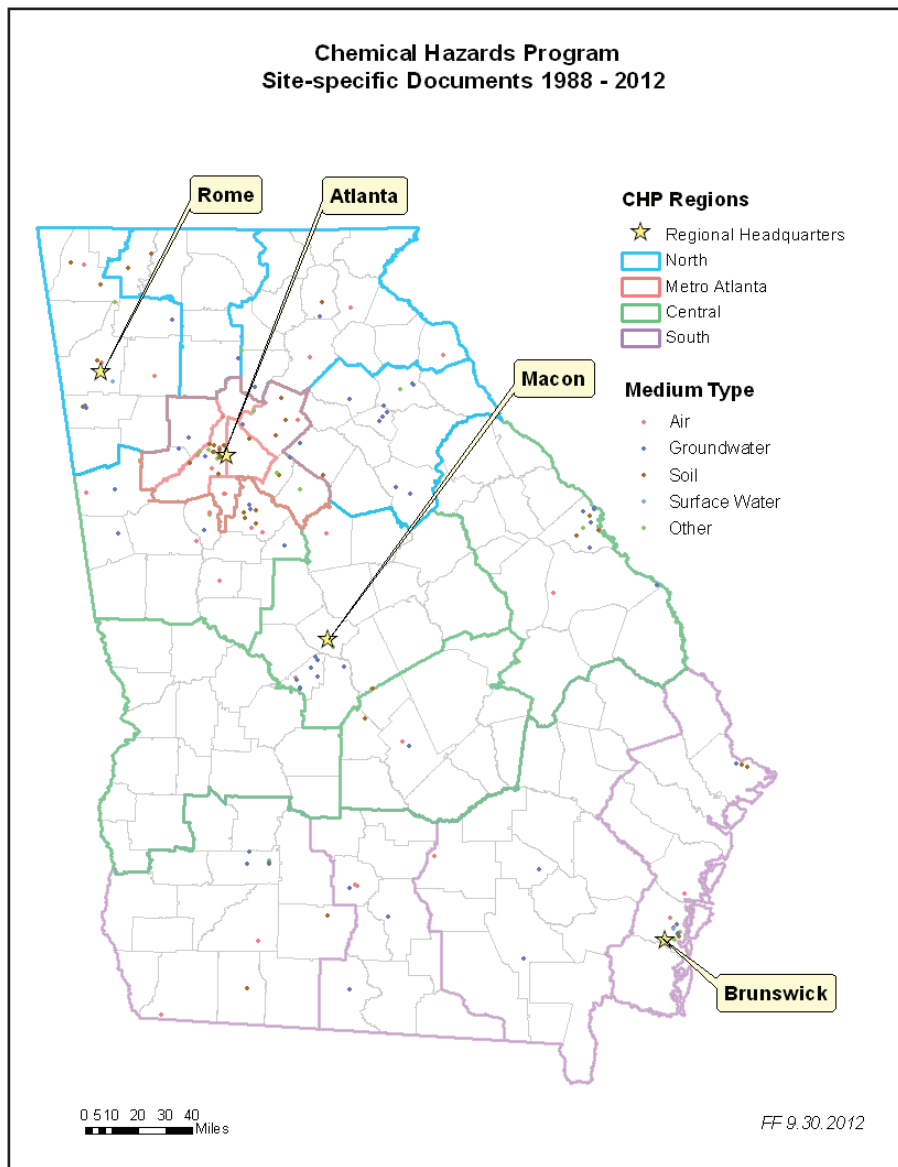


## ATSDR Evaluation 2012

*“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:

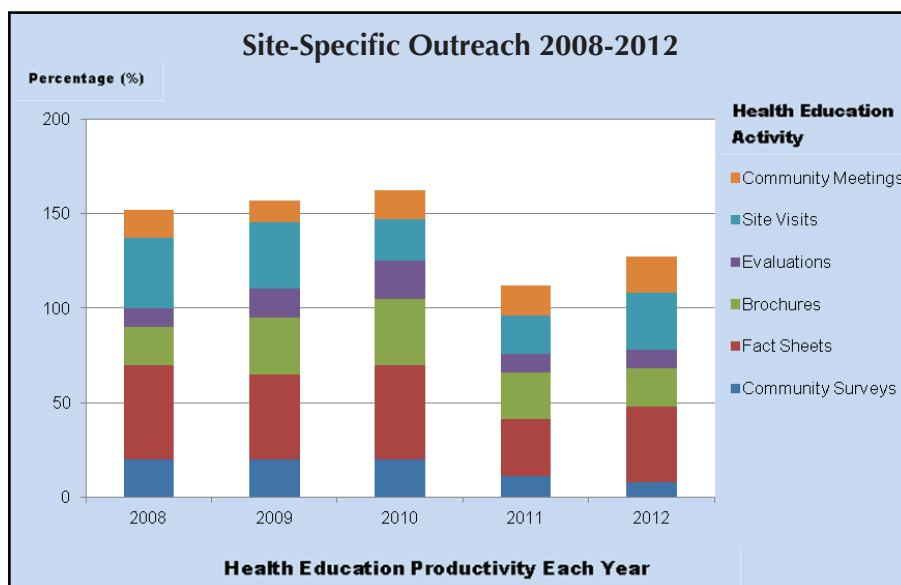
- 1) Number of health consultations
- 2) Number of outreach activities
- 3) Number of educational materials developed and distributed



## Health Education Activities

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

For the last five years, CHP received an evaluation 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.



# Healthy Homes and Lead Poisoning Prevention

The mission of the Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP), in keeping with the proposed Healthy People 2020 objectives, is to eliminate childhood lead poisoning in Georgia. GHHLPPP partners with the 18 public health districts to ensure case management of children with elevated blood lead levels (EBL) and advises EHS certified as Lead Inspector/Risk Assessors on environmental inspections and risk assessment of potential lead exposure sources.

According to the Centers for Disease Control (CDC), over 250,000 children ages 1-5, in the United States, have been exposed to lead and have elevated blood lead levels (EBL) greater than 10 micrograms per deciliter (ug/dL). New research recognized by CDC suggests there is no safe threshold of lead in a child's blood. In 2012, CDC amended their case management recommendations and established a new "reference level" of 5 ug/dL.

In keeping with CDC recommendations, the Georgia Department of Public Health reduced the EBL environmental investigation level from 15 ug/dL to 10 ug/dL and recognized 5 ug/dL as a pre-EBL. The GHHLPPP program is working with the 18 public health districts utilizing census data and GIS technology to identify and target high risk areas, generally pre-1978 rental housing, where children are potentially being exposed to lead. This important step will protect the health of many children, but increases the workload of Certified Lead Inspector/Risk Assessors at a time of reduced federal funding.

**CDC has established indicators to evaluate the success of the Lead and Healthy Homes program. The following indicators will be tracked to evaluate the program:**

- 1) Number of Lead and Healthy Home investigations at an EBL of  $\geq 10$  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



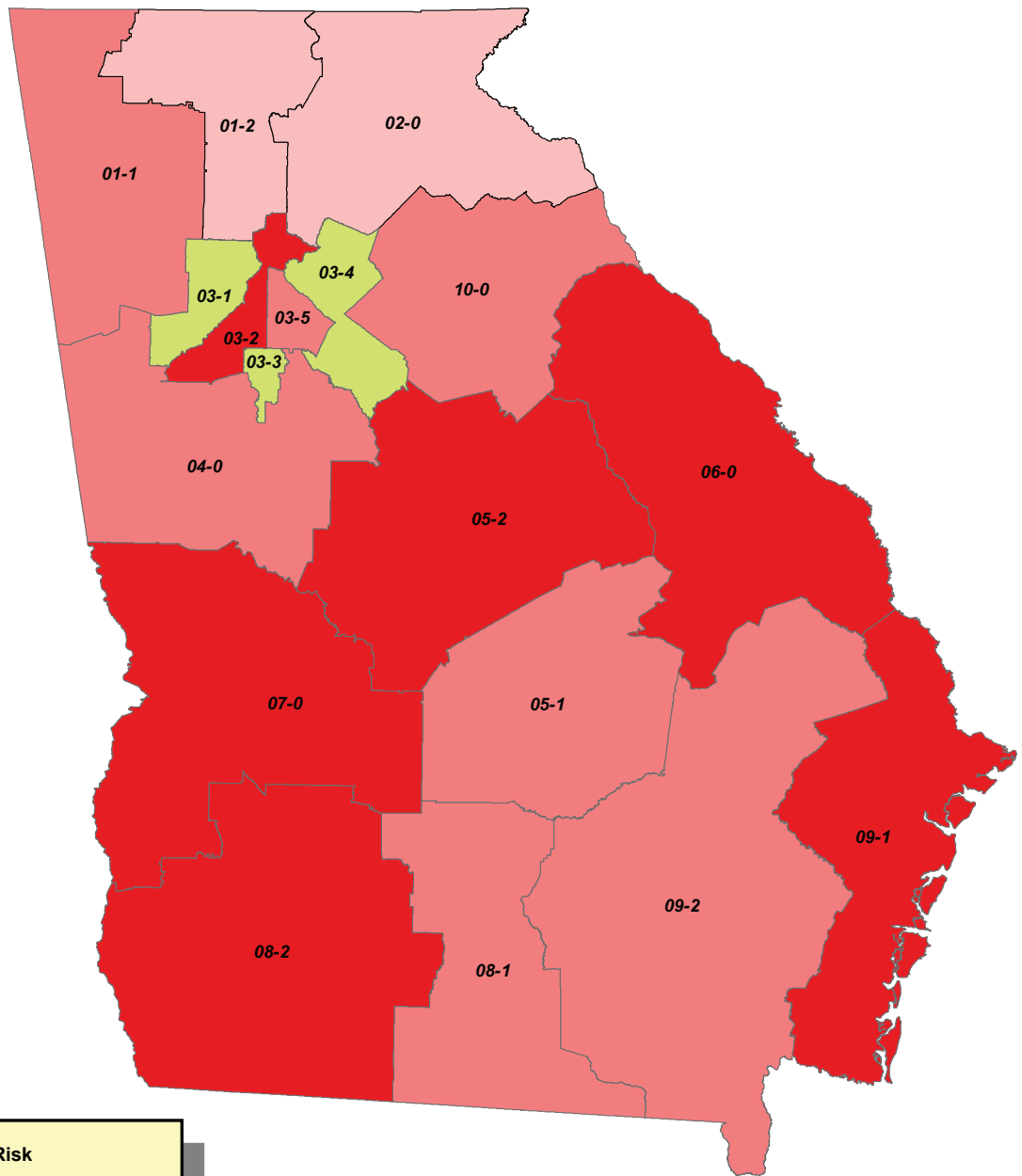
The GHHLPPP program coordinated Lead Inspection/Risk Assessment and Healthy Homes practitioner training for local Environmental Health Specialists. With the support of the 18 public health districts, Georgia's Public Health program now has 23 certified Lead Inspectors/Risk Assessors and 30 trained Healthy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

Target:

- 1) 100% of lead and healthy home investigations at EBL of  $\geq 10$  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, 2012			
State	Total Number Screened	5 – 9 ug/dL	$\geq 10$ ug/dL
Georgia	116,200	3,959	663

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



**Health District Based Risk**  
Average Percentage - Pre 1950 Housing

- 0 - 5%
- 6 - 10%
- 11 - 15%
- 16 - 20%
- 21% +



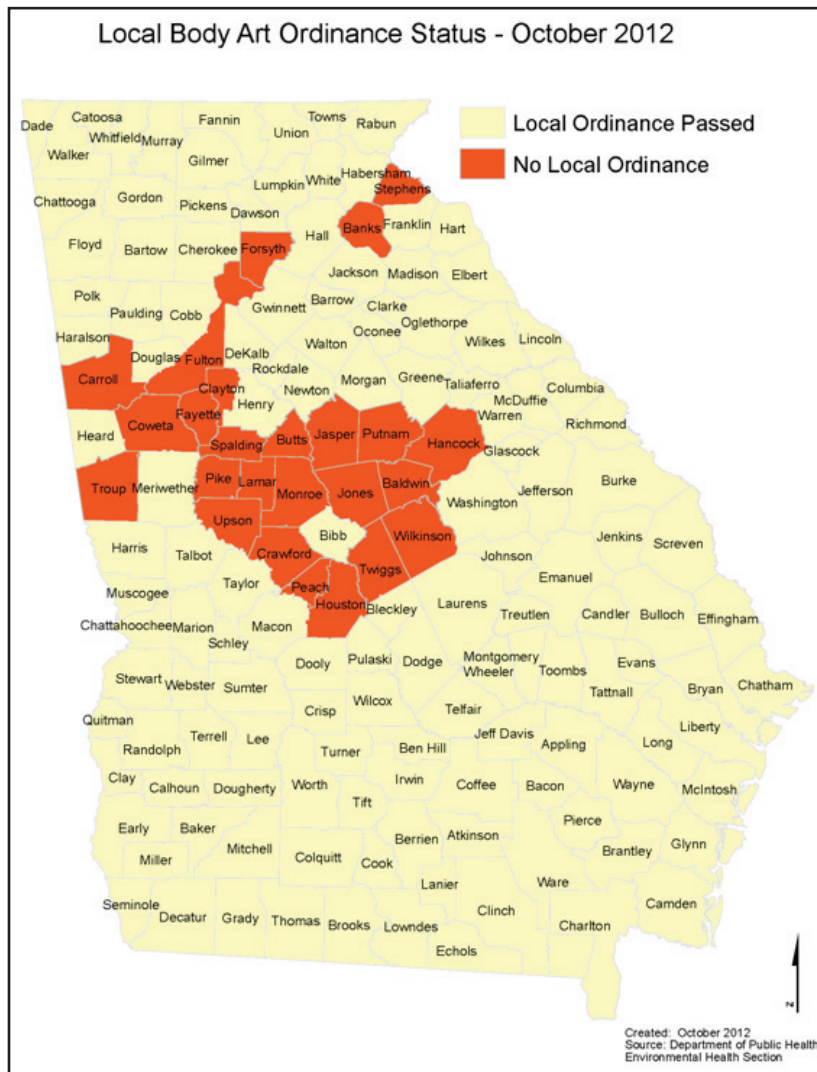
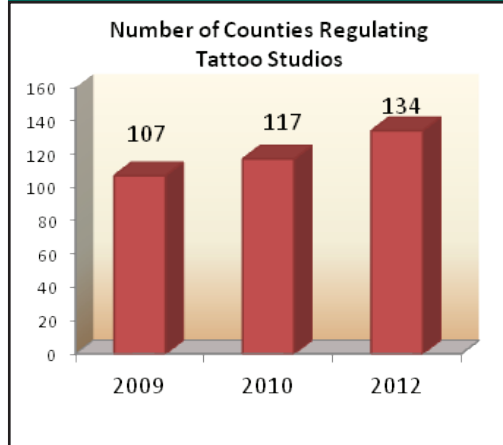
# Tattoo Studios Program

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 United States alone. With the popularity of tattooing increasing, there is a need for public health to partner with the tattoo industry to ensure the health and safety of the tattoo artist and the public receiving the tattoo.

**The mission of the Department of Public Health Tattoo Studio Program is to ensure a safe environment for tattooing, ensure safe industry practices and prevent the transmission of disease in tattoo studios.** In order to achieve this mission, the DPH set a goal for all local health departments to adopt tattoo rules and regulations with guidance from the DPH.

*A 2012 survey of the public health districts indicated 134 of 159 counties (84%) have tattoo rules and regulations adopted by the local Board of Health.*

**The indicator for this program is a measure of the percent of county Boards of Health that adopt rules and regulations for this program.**



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

**Target:  
100% of all county Boards of Health adopt rules and regulations**

# 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, 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 so the potential risk of rabies can 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 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.

During 2012 in an effort to improve reporting and investigations, the 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 the variety of public health partners across the state, including animal control officers, hospitals, and physicians. The statistics in this report are 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. **As of January 1, 2013, all counties in Georgia use this new reporting system.**

**Indicators for this program will measure the average number of days from bite report to initial investigation of animal bite (Calendar year 2012 – 5.25 days as recorded in SendSS)**



*OCGA 31-19-5 requires all dogs and cats in Georgia to be vaccinated for Rabies*

## 2012 Georgia Animal Bite and Rabies Statistics\*

3,949 = Animal/Human Investigations

1,228 = Animal/Animal Investigations

2,850 = Animals Confined

966 = Animals Euthanized

774 = Tested Specimens

172 = Positive Rabies Cases

473 = Treatment Recommended for Victim

95 = Rabies Clinics

\* Due to incremental roll out of SendSS across the state through 2012, not all counties are represented for all months in these statistics

**Target:  
2 day average investigation time**

# Environmental Health Complaints

## Mission:

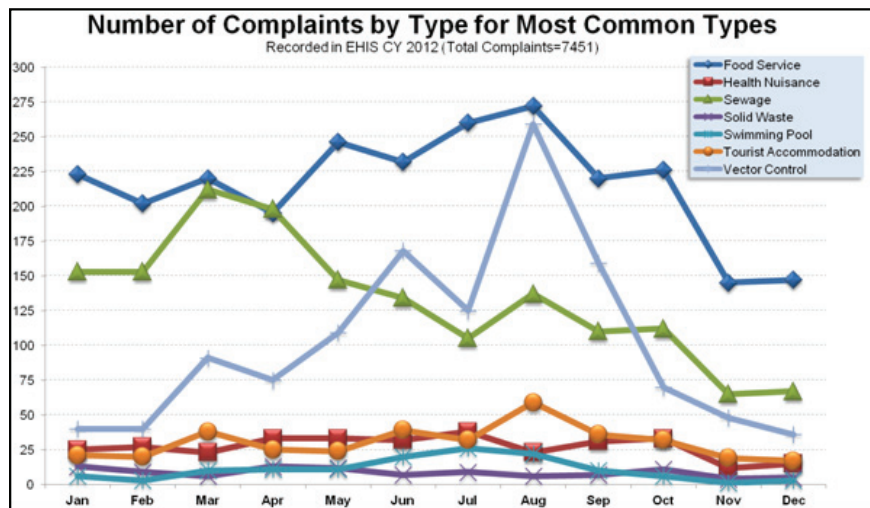
Environmental Health provides primary prevention through a combination of surveillance, education, enforcement, and assessment programs designed to identify, prevent and abate environmental conditions that adversely impact human health. In addition to the disease prevention resulting from complaint investigations, Environmental Health Specialists provide communities a substantial economic contribution by 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.

## Programs:

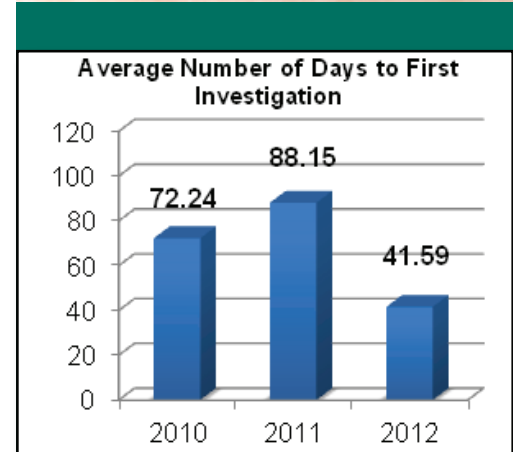
- Public Swimming Pool, Spa and Recreational Water Parks
- On-Site Sewage Management Systems
- Food Service
- Tourist Accommodations
- Childhood Lead Poisoning Prevention
- Non-Public Water
- Chemical Hazards
- Tanning Facilities
- Tattoo Studios
- Rabies Control
- Vector Borne Disease
- Indoor Air Quality
- Mass Gatherings
- Emergency Preparedness
- Solid Waste
- Other EH Programs

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, and a substantial increase in vector related complaints. The ability to see trends allows Environmental Health Specialists the ability to prepare and manage interventions and protect their communities from health risks.



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.



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 Specialists across the state or in a particular county.

For 2012, the average number of days from receipt of any complaint to first investigation was 41.59 days, and 60.06 days to abatement or referral.

Reducing the average number of days to investigate and abate complaints will result in protection of public health.

**Target:**  
20% reduction in the number of days to complaint abatement or referral



# 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.

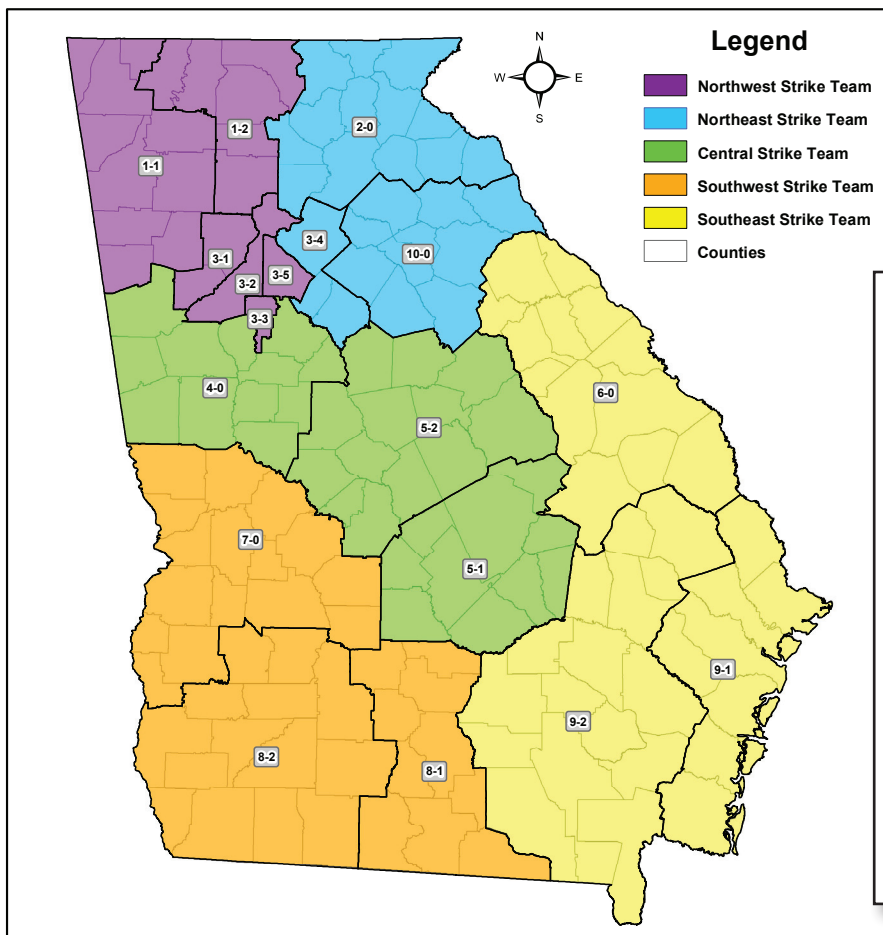
## 2011-12 EH Emergency Preparedness Accomplishments

- Developed five (5) EH Strike team regions and recruited 77 EHS to establish two (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, or 100% of State.

## 2013 Goals:

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

### Georgia Environmental Health Emergency Preparedness Strike Teams, February 2013



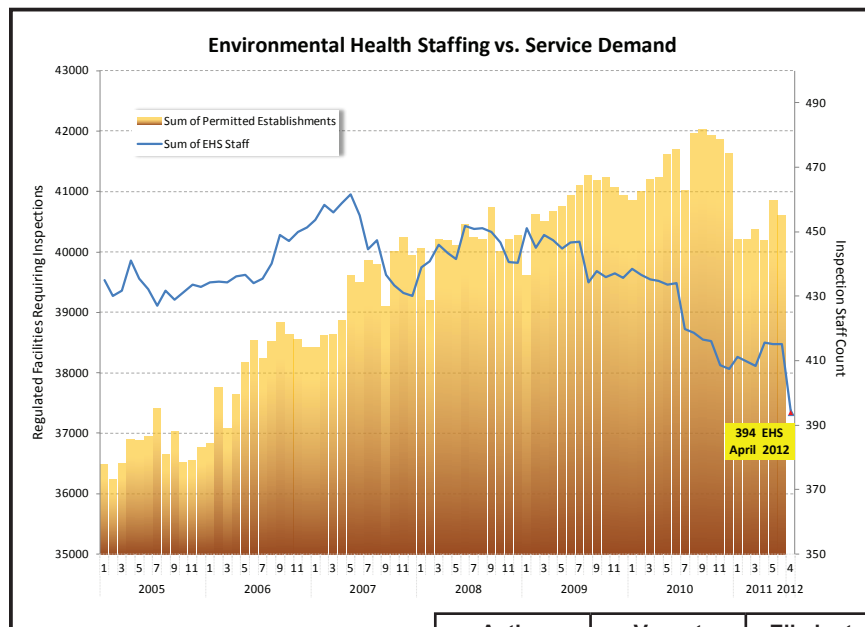
### Target:

- 1) Establish Environmental Health Strike Team Regions and provide training
- 2) Recruit Environmental Health Specialists for 2 teams in each region
- 3) Hire Environmental Health Emergency Preparedness planner
- 4) Write Environmental Health Strike team Standard Operating Procedures and provide training to all regions

# Georgia Public Health Environmental Health Specialist

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

## The Workforce



Active	Vacant	Eliminated
394	32	17

### 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 & Drug Administration (FDA) standardized on Food Code

**Turnover Rate: 10.3% Vacancy Rate: 8.2%**  
**Starting Salary: \$26,672 (\$32,220 S.E. Avg.)**

### Impact of Losing Environmental Health Specialists

- Decrease in frequency of inspection of regulated facilities (1.8 inspections/facility/year)
- Loss of health and safety programs that keep communities healthy
- Loss of emergency preparedness response
- Increase in food borne illnesses, 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 replacing retiring leadership

## 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 tattoo studios
- Provide health and safety programs for:
  - Non-Public Water Wells
  - Mosquito and Rabies Control
  - Vector-borne disease
  - Chemical Hazards
  - Childhood Lead Poisoning Prevention
  - Indoor Air Quality
  - Beach Water Monitoring
  - Public Institutions



*Georgia Department of Public Health*

Division of Health Protection  
Environmental Health Section