

May 31, 2022

I would like to submit testimony as a proponent of SB 338 on behalf of the Delaware Public Health District. I am currently a Registered Environmental Health Specialist, REHS, 3 with over 23 years of experience. My current role at the DPHD is education and outreach specialist, specifically providing Certified Food Manager Training to operators. I have attended specialized training offered by the FDA regarding risk-based inspections and have spent countless hours in online training offered by the FDA.

I have been through numerous program evaluations throughout my career. My experience prior to the change in survey methodology has been mostly positive. I had always passed assessments by both ODA and ODH staff. Once the new evaluation system was implemented, I was informed that I did not receive a passing score in my evaluation with the Ohio Department of Agriculture in 2017. In fact, all the most-senior staff at DPHD at the time were all given scores less than what was deemed acceptable to pass.

At the DPHD our approach has always been to educate the operator/staff about why we want them to follow the food code, not just pointing out violations. Our experience has been that with this approach, when an operator has an issue, they call the REHS for support/guidance because they see us as a partner in the protection of our public. The DPHD staff have always focused on areas that have the most risk that inherently contribute directly to potential foodborne illness. With the recent change in methodology, the focus of the surveyors was to find the most violations.

I was evaluated on 2 facilities in one day. I spent approximately **3 hours** at the first location inspecting a gas station convenience store that prepared deli sandwiches. I was so focused on catching every little detailed violation so that my evaluator would not score higher than me, it quickly became laborious and exhausting. By the time I went to my second facility, my focus was diminished, and I simply wanted to find the most at-risk problems and move on. My evaluator observed more violations than I, as he was focused on general cleanliness features in the store.

I do not fault the evaluator. It is easy to see cleanliness or maintenance problems in a facility when you do not have to be actively engaged in dialogue with an operator. I have found myself in similar situations when I am internally evaluating new hires on their abilities to inspect facilities for compliance.

I agree there needs to be a means to fairly assess knowledge of inspectors to attempt to reduce the number of foodborne outbreaks. However, the current methodology has not produced the desired results. Instead, it forces inspectors to behave in an overly-authoritarian manner during survey, thus creating animosity between inspectors and operators and also between inspectors and survey staff.

I would propose that ODH and ODA focus on educating and standardizing one staff member in each local health district to the FDA standard as both state agencies have done. I would assume that this would require an inspector from each local health district to conduct multiple inspections in multiple establishments to be able to achieve a level of standardization. These local health district inspectors would then be able to train the remaining staff in their health districts. This approach would most likely achieve a higher level of food safety than evaluating local health district level inspectors once every 3 or five years to a standard that they do not have access to prior to survey evaluation.

The current system also rewards health districts with poor performance and poor enforcement of the model food code. Inspectors are evaluated on a percentage of the identified violations. An inspector

passes if they identify 80% or greater of the violations identified by the state surveyor. A local health inspector has a greater chance of passing the survey if an establishment has a greater number of violations. If for example an establishment has 20 violations the local inspector would have to identify at least 16 violations. If an establishment has 4 violations the local inspector would fail if they missed any of the violations. Now ask yourself which establishment you would feel more comfortable eating at with your family.

Solving issues in foodborne-illness reduction does not solely rely on the inspectors' abilities to identify every violation in a facility, but to distinguish between violations that are a direct threat to health and safety and those that are due to lack of maintenance. Education must be the foundation for a successful reduction in foodborne illness since most facilities are only inspected twice annually. Education is only openly accepted when there is a trusting relationship between inspectors and operators and that relationship is compromised when we are forced to inspect facilities under current methodology.

Thank you for your time and attention in this matter.

Respectfully,

Shannon Self, B.S., REHS