

# CEHA BULLETIN

## CEHA Update - Message From the President

The 2014-2015 Board year kicked off at the 63rd Annual Educational Symposium this April in the beautiful Napa Valley. The symposium was well attended and provided multiple continuing education and networking opportunities for attendees.

### Up and Coming This Board Year

This year CEHA and the Executive Committee are going to focus on three items:

#### 1. Improving our financial accountability

- ◆ Updating the policies and procedures to be easy to understand and reflect efficient and effective use of resources

#### 2. Expanding CEHA’s influence

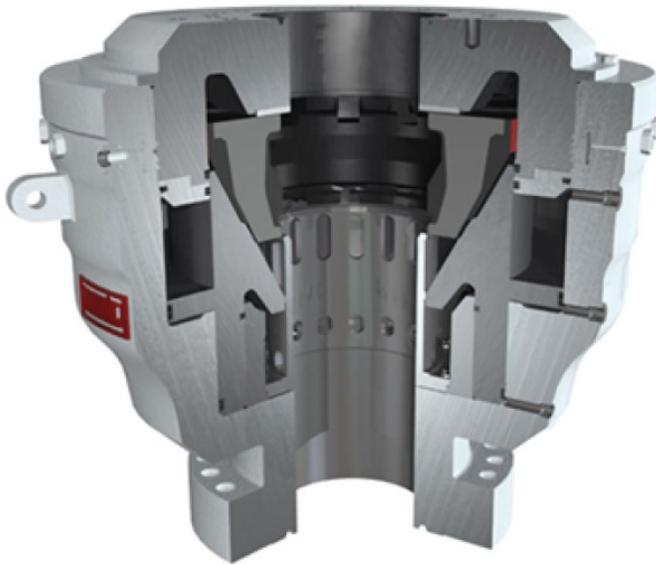
- ◆ Improve relations with similarly oriented organizations
- ◆ Encourage proactive changes to legislation and policy that enhance quality of life without compromising public health or the environment

#### 3. Enhancing services to our membership

- ◆ Improving the quality and quantity of publications
- ◆ Website revitalization, a place for members to transact organizational business, seamlessly renew membership, and register for events

*(Continued on page 15)*

2014 - 2015 Executive Committee			In This Issue	
President	Sarah Crossman	<a href="mailto:sarah.crossman@ceha.org">sarah.crossman@ceha.org</a>	Are We Really Protecting Groundwater? .....	2
President Elect	Matthew Reighter	<a href="mailto:mreighter@ochca.com">mreighter@ochca.com</a>	Cottage Foods .....	2
Vice President	Ricardo Encarnacion	<a href="mailto:encarnacionr@co.monterey.ca.us">encarnacionr@co.monterey.ca.us</a>	Theories on Adult Behavior Changes Useful in Environmental Health .....	4
Past President	Dorothy Janse	<a href="mailto:jansedm@gmail.com">jansedm@gmail.com</a>	New REHS Membership Program .....	5
Treasurer	Lauren Hatch	<a href="mailto:treasurer@ceha.org">treasurer@ceha.org</a>	Survey Results from State Health Departments on Endemic Flea-borne Typhus .....	6
Secretary	Kiki Cason	<a href="mailto:kcason@ochca.com">kcason@ochca.com</a>	Respect the “R” .....	9
			NEHA Update .....	11



Well Annular Seal Cross Section

## Are We Really Protecting Groundwater?

### Evaluating Well Seal Grouting Nebraska Gout Study

Norman Fujimoto, R.E.H.S.

For many years it was believed that if an annular seal was installed the groundwater would be safe from any contamination occurring on the surface around a well. The Nebraska Grout Study places this theory in jeopardy with information that current well grouting is not effective as we all thought. The study has found that common sealing materials do not protect the groundwater due to cracking and separation from the well casing allowing fluids to freely flow down the well column and into the groundwater. The study continues as various combinations of sealing materials are installed and evaluated as to their effectiveness preventing the entry of contaminants to the groundwater.

In 1999 the Nebraska Department of Health and the Nebraska Well Drillers Association, the University of Nebraska-Lincoln Conservation and Survey Division, Baroid Industrial Drilling Products, and Design Water Technologies constructed a monitoring well utilizing clear well casing. What was found that after 16 months through videoing of the well was that the seal material contained large voids and cracks that could possibly allow surface contaminants to move through the grout and into the groundwater.

In 2001 the Nebraska Grout Task Force was formed including representatives from the Nebraska Department of Health and Human Services, the Nebraska Well Drillers Association, the Conservation and Survey Division, the Nebraska Department of Environmental Quality, and industry grout suppliers Baroid, CETCO, and Wyo-Ben.

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## Cottage Foods

Vanessa Harvey, R.E.H.S. and Ryan Johnson, R.E.H.S.

As Environmental Health Specialists, we must be constantly aware of new trends in industry and be knowledgeable of how changes in legislation will affect their operations. With the passage of Assembly Bill (AB) 1616 last year, the new California Homemade Food Act, also known as the Cottage Food Law went into effect on January 1st, 2013. The Cottage Food Law allows cottage food operators to sell to the public a limited number of food items prepared or repackaged at their private-home kitchen. To reduce the risk of foodborne illness and protect public health, the law limits Cottage Food products to a State-approved list of non-potentially hazardous food. Foods allowed include, among others, baked goods without creams or custards, candy, dried fruits and pastas, fruit pies/fruit tamales, granola and trail mixes, jams and jellies, and popcorn.

The goal of the Cottage Food Law is to increase the availability of healthy, artisanal foods at local neighborhoods, and promote the local economy by reducing start-up costs for small businesses. Operators that do not have the capital necessary to rent, or construct and maintain a commercial kitchen, now have the ability to start a small food business out of their home kitchen. The new law allows Cottage Food Operators (CFOs) to have gross sales of up to \$30,000 during 2013, \$45,000 in 2014 and starting on 2015, a maximum of \$50,000 in gross annual sales per calendar year. CFOs can have family members who reside at their home help with the business, and also employ the equivalent of one full time employee outside of the family. Once CFOs exceed the allotted annual income, or employ more than one full time employee, they must move their business into an approved commercial kitchen. While CFOs must still obtain the necessary

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**M**EANWHILE...



**THE CEHA SIGNAL SHINES BRIGHTLY IN THE SAN DIEGO NIGHT SKY, SUMMONING ENVIRONMENTAL HEALTH SUPERHEROES TO JOIN FORCES ON APRIL 13<sup>TH</sup>-16<sup>TH</sup> FOR AES 2015 AT THE BAHIA RESORT. FOR MORE INFORMATION, VISIT [WWW.CEHA.ORG](http://WWW.CEHA.ORG) AND [WWW.BAHIAHOTEL.COM](http://WWW.BAHIAHOTEL.COM)**

## 2015 AES

Planning is underway for the 64th AES. It will be held in beautiful San Diego at the Bahia Resort April 13-16.



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The task force originally started with the project to study in-situ bentonite grouts over a three-year period to assess state of regulations related to minimum percent solids requirements, and to observe the grout material under varying geologic and hydrologic conditions.

For the study the task force constructed wells with different slurry grouts containing less than 20%, equal to 20%, and greater than 20% solids. The wells were constructed in three different geologic areas in Nebraska. When inspected by the task force it was found that the slurry grouts did not perform well in the unsaturated zone.

The study was expanded to include all grouts, bentonite chip and cement-based grouts, approved by the State of Nebraska. The study also expanded to include geothermal heat exchange wells. This increased the total number of test wells to 63 in 5 sites.

The most important finding is the emphasis of full interval grouting from the top to the production zone with the most critical point right above the production zone. One negative finding was that cement grouts do not bond to plastic casing. It was found that the cement ground pulled away from these casings as they cured.

The study continues today with grout reformulation changes and industry reformulation of the grout products with cost-benefit in mind. Findings from this study will have a long major effect on regulation and how sealing materials are looked at in the future with the primary goal to ensure that the best sealing material is utilized to insure that groundwater protection.



Environmental Health Specialists are Tasked with Bringing About Behavior Changes

## Theories on Adult Behavior Changes useful in Environmental Health

Aura Quecan-Naughton, M. S., R.E.H.S.

Department of Planning, Building, & Environmental Services, Napa County, Napa, California, USA

Environmental Health Specialists have a combination of degrees, advanced public health classes, continued education credits, and regulatory field experience, in the different programs included in environmental health: chemical exposure and prevention; built environment; climate and health; and food and health (American Public Health Association, n.d.). This combined preparation provides them with the necessary tools to enforce environmental health laws, regulations and ordinances in the regulated industries. Regulatory programs in environmental health have laws or regulations' sections that stipulate when and how to take enforcement action against a facility that fails to comply with its mandates.

In addition to environmental laws and regulations, enforcement agencies use instruction during compliance inspections to bring behavior changes and facilitate a better understanding of the public health benefits and environmental compliance (May and Winter, 1999). Education for behavior modification during field compliance inspection has two unique characteristics. The food employee population is unique. It is formed by young inexperienced teenagers, foreign individuals with limited skills in the local language, and educated individuals in the food industry but with limited applied knowledge - from classroom to field work - on risky behaviors, such as poor personal hygiene and incorrect sanitation practices and foodborne illnesses (Cohen, Reichel and Schwartz, 2001). The education must take place while the employee is engaged in work related tasks and subject of observation by the specialist and the industry's person in charge. Which educational theories provide the environmental health specialist the foundation and tools to work with the regulated industry to modify

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4

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## New REHS Membership Program

Starting March 2014, all new California REHS's will be offered a free one year membership to CEHA in recognition of their accomplishment.

At the April 4, 2014 meeting the Board of the California Environmental Health Association (CEHA) voted to start the new program as a way to reach out to our new colleagues in the profession.

New REHS's will be contacted after the exam and given the opportunity to join CEHA free of charge within 120 days of the exam. This program is designed to welcome new REHS's into the profession and assist them in their professional growth by taking advantage of all CEHA has to offer.



### Cottage Foods

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registration or permit for their operations, their fees are substantially lower than those charged for a traditional retail food facility.

Before contacting the local agency to register or permit their business, CFOs must decide on the type of food items they want to sell, and how they want to sell their products. Those who want to sell their products directly to their customers, either from their homes, at swap meets, or at a farmers' market, are required to have a Class A CFO Registration. Class A CFOs are not inspected and pay a registration fee. CFOs who also would like to do indirect sales must obtain a Class B CFO Health Permit. Indirect sales are the distribution of cottage food products to another business such a grocery store or a café that will resell them. Class B CFOs receive an annual inspection from their local agency and pay a permit fee, which is likely higher than the registration fee. CFOs are required to submit their labels and a self-inspection checklist to the local environmental health agency to obtain their registration or permit. They also must properly label all foods with the words "made in a home kitchen" in a font size of 12 point or larger; The label informs the public that the product was made or repackaged in a home instead of a commercial kitchen, allowing them to make an educated purchasing decision.

Starting next January, the words "repackaged in a home kitchen" must be on the label of products that are repackaged; this change and other amendments to the Cottage Food Law are due to the passage of AB 1252, a new bill effective on January 1, 2014. AB 1252 amendments include a requirement for all CFOs to list on their labels the name of the county where the CFO is permitted or registered, and making their registration or permit available at sale points. Additionally, the bill has a provision for local regulatory water standards, requires the completion of a triennial food processor course that the California Department of Public Health will post on their website, clarifies that repackaging of food is allowed, and requires an annual registration for Class A CFOs.

The Cottage Food Law is now making us go where we have never gone before to conduct a food inspection... into a person's home kitchen. The food industry is very dynamic and the movement towards artisan, local, and fresh foods is not stopping anytime soon. More than ever, our knowledge of science and food safety must be used to educate potential cottage food operators. Many of those interested in participating in this movement have not worked in food service before and need to quickly learn and implement basic principles of food safety in their operations. As Environmental Health Specialists, our role is to guide them so the public can remain safe while enjoying the homemade jams, jellies and cookies they buy from their neighbor's cottage food operation or from the local café that carries their products.

# Survey Results from State Health Departments on Endemic Flea-borne Typhus

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## ABSTRACT

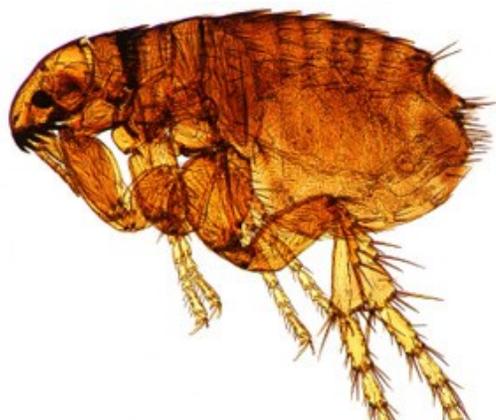
In recent years, the Orange County Vector Control District (OCVCD) has been faced with the reemergence of flea-borne typhus. In 2012 alone, 32 possible human cases of flea-borne typhus (including suspected, probable, or confirmed cases) were investigated by OCVCD's typhus program, while a total of 85 implicated typhus cases have been looked at since 2006. The program's response to human cases of disease has included case investigations, which includes the surveillance of exposure sites, and providing public education through door-to-door campaigns or flyer distribution. Specifically for case investigations, the steps taken include patient interview, environmental assessment of the exposure site, opossum trapping near the exposure site, flea collection, and testing for the presence of *Rickettsia* spp. bacteria in flea and opossum specimens. In an attempt to better evaluate and facilitate OCVCD's surveillance, response, and prevention efforts, a survey was developed to better understand the prevalence of flea-borne typhus nationally, while aiming to identify other response programs implemented in endemic areas. The results of this survey have provided invaluable information in assessing the current roles of state health departments in case investigations of flea-borne typhus, while painting an overall picture of the extent of flea-borne typhus.

## INTRODUCTION

Murine typhus, or "endemic" flea-borne typhus, was reported throughout the United States from 1919 to 1950. After that time, with the adoption of rodent control practices, the number of human cases began to significantly decline. As of 1993, the Centers for Disease Control and Prevention (CDC) no longer listed murine typhus as a national reportable disease. After a thorough review of state health department websites, it appears that several state health departments (SHD) have followed suit as many states no longer list the disease on their notifiable disease list. Recently, however, flea-borne typhus has reemerged as a public health threat in several areas of the United States. It has resurfaced through an alternative transmission cycle that involves a newly-recognized infectious agent, *Rickettsia felis*, in conjunction with the cat flea, *Ctenocephalides felis*, as the vector and opossums (*Didelphis virginiana*) and cats (*Felis catus*) as vertebrate hosts (Sorvillo et al. 1993, Azad et al. 1997, Eremeeva et al. 2012). The transmission cycle of cat fleas – opossums/cats – humans (cat flea typhus) exists in many areas of the United States, such as Southern California and Texas (Boostrom et al. 2002, Reif and Macaluso 2009), and is different from the classic murine typhus transmission cycle of rat fleas (*Xenopsylla cheopis*) – rats (*Rattus* spp.) – humans with *R. typhi* as the etiologic agent (Dyer 1944, Civen and Ngo 2009). Human cases of flea-borne typhus in the U.S. are primarily reported from Texas, Southern California, and Hawaii and, since 2000, each of these states has had increases in number of cases.

The Orange County Vector Control District (OCVCD) is tasked with preventing cases of vector-borne disease. In 2006, after a 15-year absence of human cases, flea-borne typhus returned to Orange County, California.

(Continued on page 7)



Cat Flea, *Ctenocephalides felis*

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Over the next six years, OCVCD investigated 85 suspected, probable, or confirmed cases. During the investigation process, OCVCD employed both reactive and preventative measures for the purpose of inhibiting further transmission within adjacent communities. In order to evaluate the effectiveness of the OCVCD's Typhus Program and the role of local vector control districts in addressing flea-borne typhus cases, SHDs were contacted to better understand the prevalence of flea-borne typhus in the United States. The following are the objectives of the survey:

- 1) Identify those states that list flea-borne typhus as reportable;
- 2) Assess the national distribution of flea-borne typhus cases;
- 3) Compare case definitions for identifying flea-borne typhus cases, including infectious agent, transmission cycle and antibody titer thresholds;
- 4) Determine the role of state agencies in the response, surveillance and control of flea-borne typhus;
- 5) Identify local agencies that have reported recent cases (within the last year).

## **METHODS**

An electronic web-based survey was developed to determine which states required reporting of flea-borne typhus cases, whether the SHD had received cases within the last 5 years, the number of cases reported to the SHD in 2010 and 2011, the case definition used for reporting cases, and the role SHDs take in the response to cases. Prior to distribution, the survey was reviewed by the California Department of Public Health and Orange County Health Care Agency to ensure clarity of the questions and content applicability. SHDs across the United States were contacted via email, and a link to the survey was provided within the email. SurveyMonkey<sup>®</sup> was used for the collection and distribution of the survey. Contact information for either state vector ecologists or state epidemiologists for each of the SHDs was collected through an extensive internet search of each department's website. If adequate contact information was not provided on the website, then calls were made to available phone numbers listed on the state website. The link remained open and active for a month to allow for data collection. After a month, follow-up calls were made to SHDs that had not responded to the survey and an additional email was provided with the link, if requested. Ninety-four percent (47/50) of SHDs completed the survey in its entirety.

## **RESULTS & DISCUSSION**

As previously mentioned, the CDC de-listed typhus from the national list of reportable diseases in 1993 and, subsequently, several SHDs followed suit as indicated by a thorough search of SHD websites, which revealed that 42% (21/50) of states listed typhus as reportable. However, of the 47 states that responded to our survey, only 15 (32%) indicated that flea-borne typhus was reportable in their state. Potentially, the three states that failed to respond to the survey accounted for a portion of the observed difference, but there would still be at least another three states that listed typhus as reportable on their website, but did not require flea-borne typhus reporting per their response to the survey. For those respondents indicating that flea-borne typhus is not reportable in their state, this signaled the end of the survey and no further information was collected for those states.

An attempt was made to better understand the extent of flea-borne typhus nationally by asking respondents if cases had been reported from 2007-2011 in their states and, more specifically, how many cases were reported in the calendar years of 2010 and 2011. Sixteen (two of which indicated in the survey that flea-borne typhus is not reportable to the SHD) of the 47 (34%) respondents indicated that they had received reports of cases from 2007 to 2011. Of those 16 states, Texas reported the highest number of cases with 135 and 286 for 2010 and 2011, respectively, which represented a 112% increase from one year to the next. Texas represents, on average, nearly 75% (421/565) of the reported cases annually in the U.S. After Texas, the number of cases reported annually dips significantly as California, Hawaii, and Ohio account for 18% (101/565), 4% (24/565), and 2% (13/565) of the reported cases, respectively, with the remaining states representing only 1% (6/565) of all cases. Table 1 provides a complete list of SHDs that reported cases in 2010 and 2011.

In an attempt to control for varying case definitions from state to state, we asked the 15 states with flea-borne typhus to report on various aspects of their case definition in order to better understand the variation that may occur without a national

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**Table 1.** Reported Human Cases of Flea-borne Typhus by State, 2010 & 2011.

		Calendar Year		Totals
		2010	2011	
Reporting State	Texas	135	286	421
	California	50	51	101
	Hawaii	10	14	24
	Ohio	7	6	13
	Illinois	1	2	3
	Michigan	1	0	1
	Wisconsin	1	0	1
	Indiana	0	1	1
Totals		205	360	565

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case definition. Respondents were asked to provide information on how flea-borne typhus is classified on their reportable disease list, the causative agent typically implicated, and the antibody titer thresholds used to establish cases. Six of the responding SHDs (40%) indicated that flea-borne (murine) typhus is listed exclusively on their reportable disease, while the remaining nine (60%) indicated that endemic (or murine) typhus is grouped with other rickettsial diseases. All of the respondents with the exception of two, who opted to skip the question, specified that *Rickettsia typhi* is a causative agent for flea-borne typhus according to their case definition. In addition to *R. typhi*, *Rickettsia felis* was identified specifically as a causative agent in the case definition by two (13.3%) of the respondents, while *Rickettsia prowazekii* was specifically identified by two (13.3%) of the respondents. Moreover, two of the respondents (13.3%) indicated that all *Rickettsia* spp. are potential causative agents for their case definition. Titer thresholds with regards to IgG or IgM reactivity for establishing a case varied among respondents as six (40%) and three (20%) identified a titer threshold of 1:64 and 1:128, respectively, while six (40%) responded “unsure/not established/failed to answer the question.”

Lastly, we looked to better understand the role that SHDs take in the response and investigation of flea-borne cases nationally by asking respondents to identify the different activities implemented by the SHD and available literature they may provide to either assist local agencies or the public. All of the respondents indicated that they performed some form of data collection and consolidation of cases in preparation for year-end totals and/or reviews. Additionally, several SHDs indicated that they perform some form of active response through case investigations (73.3%), public outreach or notification (56.7%), or surveillance or follow-up activities (20.0%). Conversely, only four respondents (26.7%) stated that they have developed educational materials to promote public awareness of flea-borne typhus. Of the four SHDs that have developed materials, all of them provide the material electronically, while only one provides hard copies of the material on a regular basis.

## CONCLUSION

Although 37% of SHDs (16/47) indicated receiving reports of flea-borne typhus cases within the last 5 years, only 9% (4/47) of SHDs have developed educational materials for public outreach and/or to aid local health departments in response efforts. In addition, the lack of comparable case definitions from state-to-state, whether it's the difference in titer thresholds or implicated causative agent, makes comparisons of case counts difficult. Therefore, given the recent increase in flea-borne typhus cases in certain areas of the U.S. and the changing ecology of the vectors involved in the transmission cycle, additional surveillance may help better elucidate the etiologic agent(s), specific vectors, and hosts involved, while providing evidence for a comprehensive case definition.

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## NEHA Conference

Would you like to rub elbows with Environmental Health Specialists from all over the world and broaden your perspectives on environmental health issues? You will have that opportunity next July, right here in our own backyard.

The 13th World Congress on Environmental Health ([neha2014aec.org](http://neha2014aec.org)) will be presented by the International Federation of Environmental Health (IFEH) [www.ifeh.org](http://www.ifeh.org) in conjunction with the National Environmental Health Association ([www.neha.org](http://www.neha.org)) July 7-10, 2014, in Las Vegas. The NEHA/IFEH event will be held at The Cosmopolitan Hotel—a luxurious hotel overlooking the Las Vegas strip! Discounted room rates will be available starting at \$139 USD per night plus taxes and fees.

This unique event will highlight environmental health issues and solutions from around the world! Don't be left out!



## Respect the “R”

Michael Cervantes, REHS

Do you remember the first time that you heard of Environmental Health or a Registered Environmental Health Specialist (REHS)? Did you even know what it meant? Many of us stumbled across this very interesting profession by accident, maybe in search of an alternative profession in case medical school didn't pan out; such was the case for me. In college, the more upper division courses I took that involved environmental health concepts, the more I became pulled into this fascinating profession. I'd like to share some of my thoughts and experiences as to why I respect the “R” (REHS).

I remember during my internship senior year in college, which allowed me to shadow a number of registered environmental health specialists in Santa Clara County. I was amazed at the diversity of programs under the roof of environmental health. To come across a career, which inspected areas in food, land use, hazardous materials, solid waste and many others and still be called one profession was very intriguing. How could you get bored! Did I mention that you were also out in the field most of the time! Hey, now that didn't even seem like working. Could this be true? Here was a job where your office was the world and you were constantly engaging with people, I was very much interested. I do remember the moment when I knew in my heart this was the profession I had to be in. I had just questioned a specialist how does an operator know who you are when you are about to inspect a place. He replied, “I show them my picture I.D.” I looked at his laminated County issued I.D., smirked and told him, “Anybody can make a copy of that.” He glanced at his I.D. acknowledging the possibility, then reached into his back pocket and exclaimed, “Well, then you show them this!” As if in slow motion, he revealed a worn black-leathered wallet and with a flick of his wrist, the wallet flipped open exposing what was hidden beneath it. A gold seven-starred badge appeared, which shone brilliantly as the sunlight struck its reflective surface. Needless to say I sat there with my mouth open for what seemed a long time, my eyes mesmerized by the flashes of light dancing from the star's shiny surface. At that moment, I had a feeling that I would one day obtain one of my very own. From that moment, this golden piece of metal symbolized what to me was my ultimate job, a profession that I've learned to respect.

Earning the title was not going to be easy; first I had to pass the intimidating REHS  
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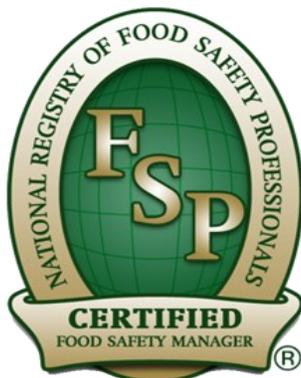
employees' behaviors? In this essay, two theories for behavior change will be presented which can be used as the foundation for educational tools that could be used along compliance inspections .

One theory that is useful in environmental health for behavior modification is Health Action Process Approach (HAPA). Sanetti, Kratochwill, and Long (2013) state that the HAPA is based on the creation of an intrinsic motivation in the recipient on the educational information shared that will trigger an "explicit" intent to change his or her behavior. This motivation must be of such degree that it will subsequently create a wish to change the behavior and maintain the new behavior. The authors elaborate that the motivational phase primarily needs lots of expectations (from co-workers and the facility's person in charge) for the desired behavior and trust in the employee that he or she can implement the new behavior. Sanetti et al. (2013), however, postulate that presenting the existence of a problem [or, why the need for behavior modification] is not a sufficient motivation for behavior change. Once the recipient is intrinsically motivated to change the behavior, Sanetti et al. (2013) state that action plans need to be created [by both the field inspector and the facility' person in charge] to promote the initiation of the desired behavior. This must be followed by identifying and addressing possible barriers for the maintenance of the new behavior, and encouraging self-regulation strategies to maintain the desired behavior. Both the field inspector and the facilities' person in charge can team up and create a plan to motivate employees for behavior modification and maintenance of the acquired behavior.



Another important theory for behavioral change is Community-Based Social Marketing (CBSM). Mckenzie-Mohr (2000) states that this theory combines principles from psychology and social marketing and includes several steps: "carefully selecting the activity to be promoted; identifying the barriers to the activity; designing a strategy to overcome these barriers, piloting the strategy [...]; and [...] evaluating the impact of the program." This theory focuses on the community and not on the individual of that community. The behavior to be promoted, Mckenzie-Mohr (2000) states, it is crucial to separate those behaviors that occur rarely or repetitive. This classification is needed because each behavior requires a different amount of effort to change the unwanted behavior and to maintain the desired behavior. In addition, the author states that identification of the barriers, either personal (such as culture or language), organizational (such as business' rules), or community (such as support for recycling programs) need to be identified, researched and addressed in the implementation of any successful program for changes in behavior. The United States Food and Drug Administration (FDA) developed a tool that illustrates this theory. Regulated food facilities are notorious for employing a work force that has poor reading skills in either their mother language or English. In addition, the labor force has minimal science knowledge. Based on the research done by the FDA, it was determined that the majority of the food employees are "oral culture learners" (US Food Drug Administration, n.d.). In order to remove the barrier of poor understanding of the concepts taught by field environmental health specialist, the FDA created story boards, in different languages, which can be used to change undesirable behaviors to desired behaviors such as proper hand washing in regulated food facilities (US Food and Drug Administration, n.d.). The story boards eliminate the barriers of language, reading skills and lack of science knowledge.

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## National Registry of Food Safety Professionals

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## NEHA Update

Marcy A. Barnett, R.E.H.S.,  
R.E.A.

NEHA Regional Vice  
President

Some CEHA members may be unaware that the National Environmental Health Association (NEHA) began in California, where it was incorporated as the National Association of Sanitarians (NAS) in 1937. In 1957, NAS moved to Denver, Colorado to better represent national interests and in 1969, NAS became known as NEHA. There were uncertain times in the late 20th century as NEHA struggled to find its footing in the shifting landscape of professional associations. But through it all, NEHA stayed true to its mission -- the advancement of the environmental health professional. NEHA accomplished this by focusing on its core products: professional credentialing, publication of the *Journal of Environmental Health*, and the Annual Education Conference.

Today, NEHA has a \$7 million annual budget, almost 5,000 members, and a staff of about 35. In addition to its core products, NEHA has developed partnerships and enterprises with organizations and industry that have expanded its influence across the broad spectrum of environmental health, furthering member

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Field environmental health specialists are tasked with enforcement of environmental health rules and regulations and using education to change the labor force's undesirable behaviors. Because of the uniqueness of the target population and the location and time where the education processes takes place, today's environmental health specialists must be creative in bring lasting change in behaviors, in the regulated industry. It is a must for public enforcement agencies and academic public health programs to provide the necessary tools to its employees and students. The understanding of theories of human behavior changes, such as HAPA and CBSM can be the foundation for the creation of tools that can bring behavior changes in the labor force of regulated facilities if the priority of compliance is through education instead of through enforcement.

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state exam. How do you study for an exam that covers a diverse subject range such as environmental health? But for those that pass this right of passage, the coveted title of "Registered Environmental Health Specialist" is bestowed. A special title indeed, to me this was meaningful because, the State of California, recognized me as one of a select number of individuals to bear this title. A profession recognized and respected for having a standard level of knowledge in the fields of its discipline within the practice of public health protection. How many REHS' remember their emotions the moment they opened that letter from the State? How many still remember their REHS number? (By the way mine is 6159, funny how you remember these things) This REHS number doesn't get used that often and I had often asked myself why I remember that and not my driver's license number. Maybe because at the time I received my letter, I was the six thousand, one hundred and fifty-ninth person in California to bear the title of REHS. It made me feel special and honored to be a part of a special group of individuals who were responsible for protecting the public health of the citizens of California, another reason to respect the "R".



Out in the field, the REHS is both feared and awed. Many times the look on many faces as the REHS walks into a facility for inspection is akin to children being caught doing something wrong, to many others the expression is that of respect for helping them understand the complexities of being compliant and how that benefits their business. To the public, we are met with gratitude for practicing public health protection and yet others are just amazed at what we do and how do they become a REHS. Society has given the REHS much authority to exercise public health protection. Our profession must constantly uphold this trust society gives us; it is a trust that must never be taken for granted. I know that at times the public doesn't seem to recognize or realize that we are serving them. Some even give us a difficult time, (I'm sure everyone has a story they remember) but I've spoken to many REHS' and there is one idea that is common among them. For the hundreds of misunderstood, grumpy, conniving, whining, stubborn, (fill in your pet peeve emotion) people that REHS' deal with, all it takes is that one out of five-hundredth person to say, "I'm so glad that there is someone like you, doing what you do to protect the public" and it reminds us all of why we are in this wonderful profession. To get that one "Thank You" from someone who understands why we do what we do is someone who also respects the "R".

Our line of work much like any other professional profession must always stay on top of the current trends. Our environment is one that is very dynamic and to have a static mentality doesn't make sense. The REHS' who really appreciate the "R", are those that continually raise the bar in our profession. They are the ones that do their job and then some. They give their 100% and continually give more. These REHS' are my inspiration for the simple fact that they challenge themselves to be better and to make our profession excel because they believe in it. To those REHS' who are already burnt out or are almost at that point, hang in there, take a break, but don't stop believing that you are making a difference. Take the time to talk your peers and reminisce about your successful stories in your career. Recall those times that you did make a difference. Those success stories have been an inspiration to me and will be to many of our younger REHS'. When you get a chance, read the CEHA Code of Ethics it really has meaning. I'd like to share a paragraph, "That I shall continuously work to raise the standards of health to the highest attainable levels because the enjoyment of health

**OCTOBER 16, 2014**  
**1 DAY EDUCATIONAL UPDATE**

**OCTOBER 15, 2014**  
**PRECONFERENCE:**

- **FOOD PLAN CHECK**

**6 OR MORE CONTINUING EDUCATION CONTACT HOURS WILL BE OFFERED EACH DAY (PENDING CONFIRMATION)**



**MISSION CHAPTER PRESENTS**

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**2014 CEHA UPDATE**

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 or 805/654-2477  
 See [www.ceha.org](http://www.ceha.org) for more info

is an inalienable right of every human being without distinction of race, religion, cultural background, economic, or social condition."

To the newly appointed REHS, I say to you, that you can make a difference, but to make that difference you must get involved. Seek out those REHS' that respect the "R", there are many out there, use them to inspire and motivate yourself.

I hope that to all REHS' we do what is important to protect and safeguard our profession. I believe that each of us in our own ways can make a positive difference. The REHS, four simple letters attached to the end of my name, but to me, they are so much more. Our profession has molded me to who I am today and to that, my respect goes to the "R".

# Thank You

<p><b>2014 AES Exhibitors</b></p> <p><b>National Registry of Food Safety Professionals (NRFSP)</b> www.nrfsp.com</p> <p><b>Recology, Inc.</b> www.recology.com</p> <p><b>CA-EHS-NET</b> www.cdc.gov/nceh/ehs/ehsnet/partners/california.htm</p> <p><b>Orenco, Inc.</b> www.orenco.com</p> <p><b>NSF International</b> www.nsf.org</p>	<p><b>Western Exterminators-Rentokil</b> www.westernterminator.com</p> <p><b>Paint Care</b> www.paintcare.org</p> <p><b>Potrero Hills Landfill</b> www.solanocounty.com/depts/rm/documents/eir/potrero_hills_landfill.asp</p> <p><b>State Food Safety</b> www.statefoodsafety.com</p> <p><b>Decade Software</b> www.decadesoftware.com</p>	<p><b>Health Space USA Inc.</b> www.healthspace.com</p> <p><b>Mars Air Doors</b> www.marsair.com</p> <p><b>Engineered Treatment Systems</b> www.ets-uv.com</p> <p><b>Digital Health Department</b> www.garrisonenterprises.com</p> <p><b>NCBRT</b> www.ncbrt.lsu.edu</p> <p><b>National Swimming Pool Foundation</b> www.nspf.org/en/home.aspx</p>
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(NEHA Update - Continued from page 11)

interests and opportunities for involvement. For example, NEHA is now in the third year of a five-year cooperative agreement with the federal Food and Drug Administration (FDA) to produce components of the Food Safety Modernization Act including a national database of food safety professionals. NEHA also has a growing Governmental Affairs program that represents its members' concerns on a host of national and international forums such as the Trust for America's Health and the National Conference of State Legislatures.

As the practice of environmental health has evolved, so has NEHA. Advances in the areas of food safety, healthy communities, climate change, sustainability, emergency preparedness, public health informatics and more have spurred NEHA to seek out opportunities for promoting the environmental health profession through engagement in these twenty-first century issues. NEHA is looking ahead at what the environmental health professional of 10 or 20 years from now will be doing and sees less data collection in the field and more data analysis that will yield better public health intervention strategies. Accordingly, NEHA is working on creating those educational opportunities and credentialing programs that will prepare today's environmental health professionals for meeting the jobs and challenges of tomorrow.

To meet these demands, NEHA must work closely with its members, its affiliates, including the California Environmental Health Association (CEHA) (its largest), industry, and its partner organizations to foster synergy. This is not just a nice thing to do, but a mandate from NEHA members to NEHA management. Members have called for NEHA to engage at the national level to increase the visibility of the profession and in so doing create a more healthful environment for all Americans.

My goal as Region 2 Vice President is to promote a closer working relationship between CEHA and NEHA for the mutual benefit of both organizations. There are many opportunities to work together to advance the environmental health practitioner and the profession. To learn more about what NEHA is doing and to find an issue or initiative that interests you, check out the "NEHA in Action" page at [www.neha.org](http://www.neha.org) or contact me with your comments, suggestions or questions at [marcy.barnett@cdph.ca.gov](mailto:marcy.barnett@cdph.ca.gov) or [916.449.5686](tel:916.449.5686).

To sign up or renew on-line visit [www.ceha.org](http://www.ceha.org) or [click here](#)



California Environmental Health Association MEMBERSHIP APPLICATION

MAIL YOUR APPLICATION AND PAYMENT TO: CEHA, 5042 Wilshire Blvd, #23583, Los Angeles, CA 90036

Tax ID# 237034973 | Email: [membership@ceha.org](mailto:membership@ceha.org)

TO APPLY/RENEW FOR MEMBERSHIP USING A CREDIT CARD OR PAYPAL GO ONLINE TO: [www.ceha.org](http://www.ceha.org)

CEHA is a non-profit organization committed to providing for the professional growth and development of the environmental professional. We are an organization of volunteers dedicated to the environmental health profession, which includes the protection of public health and the environment.

Please complete this form in its entirety – include your email to ensure you receive information in the timeliest manner possible

Name

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City

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Primary Phone

Please select your membership category below. Your membership includes the selection of one regional chapter affiliation:

MEMBERSHIP TYPE:

\*Please provide proof that you are a currently enrolled student. Does not apply to active/working REHSs. \*\* Please provide proof that you are retired.

Please select your chapter affiliation:

- SUPERIOR: Alpine, Amador, Butte, Calaveras, El Dorado, Glenn, Lassen, Modoc, Mono, Placer, Plumas, Sacramento, San Joaquin, Shasta, Siskiyou, Sierra, Tehama, Trinity, Tuolumne, Sutter, Yuba, Yolo
- REDWOOD: Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Sonoma
- NORTHERN: Alameda, Contra Costa, Monterey, San Benito, Santa Clara, Santa Cruz, San Francisco, San Mateo
- CENTRAL: Fresno, Inyo, Kern, Madera, Mariposa, Merced, Stanislaus, Tulare
- MISSION: San Luis Obispo, Santa Barbara, Ventura
- SOUTHERN: Los Angeles, Long Beach, Pasadena, Vernon
- CITRUS: Orange, Riverside, San Bernardino
- SOUTHWEST: Imperial, San Diego

\*Please add \$5 additional dollars if you desire to join a second Chapter\*

Please select the options that best describe your profession:  
(You may type into selection boxes if option is not available or if Multiple)

Employment

Program/Field

Tax deductible contribution to the CEHA Scholarship Fund (optional)

AMOUNT:

I have enclosed my check payable to CEHA in the amount of:

Thank you for your interest in the California Environmental Health Association. By becoming a member of CEHA, you demonstrate commitment to professionalism in the environmental health field and dedication to improving the quality of life and health through environmental education and protection.

CEHA continues to represent environmental health professionals in the state of California. CEHA provides the industry with a collective voice on matters concerning legislative and regulatory issues, offering cutting-edge educational and training opportunities, and implementing communication vehicles that reach out and inform the industry of time critical matters.

A CEHA registration confirmation email and receipt will be sent to the email address provided. Please keep a copy for your records. For more information, please visit [www.ceha.org](http://www.ceha.org).



(Continued from page 1)

## Here to Serve You

The Executive Committee and your Chapter Boards are here for you as your professional organization. We are committed to providing educational opportunities for you to grow professionally as well as looking out for the best interests of you and the people we protect. If you have any questions, comments, or suggestions, please contact your local Chapter Board member or anyone on the Executive Committee.

## Benefits of Membership

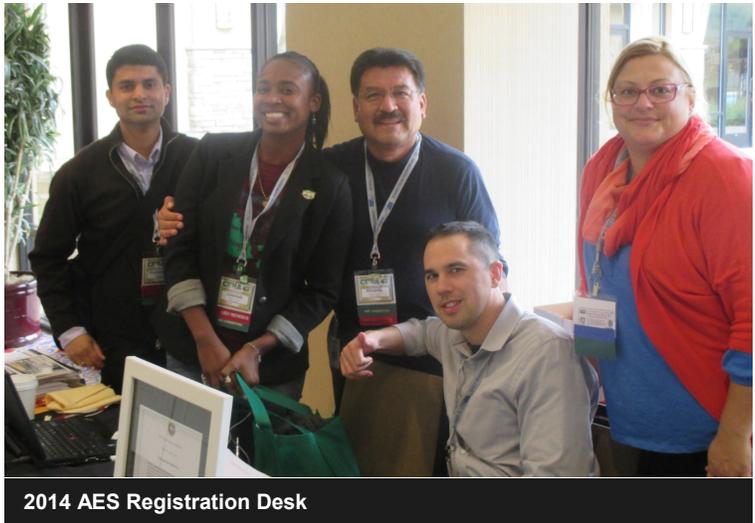
### Legislative & Regulatory Representation

CEHA works in conjunction with the California Conference of Directors of Environmental Health and other allied industry associations to identify and actively advocate on key legislative issues that impact the environmental health profession.

CEHA informs its members of new and emerging regulatory issues that may affect the way the environmental health profession operates. This may be in the form of written articles, workshops and seminars or local chapter meetings.



2014 AES Exhibit Hall



2014 AES Registration Desk

### Professional & Educational Development

CEHA conducts the Annual Educational Symposium (AES) each spring and Update each fall—each offers a number of sessions representing the formal disciplines of the environmental health profession.

CEHA provides career opportunities for environmental health professionals by posting job announcements on the CEHA web site.

CEHA members meet locally at chapter gatherings and regional conferences to take advantage of networking opportunities among colleagues in the field.

### Communication Vehicles

CEHA publishes the Bulletin. This informative publication will update you on activities of CEHA at both the state and local level, brief you on the latest issues facing our field, to enhance your knowledge of environmental health.

CEHA maintains a membership web site located at [www.ceha.org](http://www.ceha.org), updated on a regular basis to provide you with the latest information on all CEHA activities. CEHA is committed to keeping updated with the technical advancements in online services and continuously seeks ways to make this site user friendly and informative.

### Discounts

We offer discounts for car rental discount through Enterprise rental car. Just add CEHA for a discount on your next car rental. We offer discounts for Pet Insurance. Visit our website for more details.



2014 AES Awards Luncheon

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