

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Zoom Meeting*
Thursday June 17, 2021, 4:30 PM

Call to Order

Approval of Minutes (April 15, 2021)

Public Comments

Old Business - none

New Business

1. Agreement for Local Public Health Emergency Preparedness Services By and Between the EHHD and NDDH FY21/21 – Ratification
2. Epidemiology & Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Continuing Funding Application, Budget Period 2 – Ratification
3. American Rescue Plan Act – EHHD Request for Funding

Town Reports

Subcommittee Reports

4. Finance Committee – Financial Report, period ending 3/31/21
5. New Committee Appointments

Directors Report

6. COVID-19 Response Activities Update – June 10, 2021
7. Quarterly Activity Report for the periods ending 12/31/20 & 3/31/21
8. EHHD Staff Vacancies (no attachment)

Communications/other

9. CT DPH re: SFY 2019 Local Health Annual Report Feedback
10. JAMA re: Mandatory SARS-CoV-2 Vaccinations in K-12 Schools, Colleges/Universities, and Businesses
11. SECCOG re: Funding for Public Health Departments and Health Districts
12. The Chronicle re: Goal is to get vaccine to all people. Two Health Departments are Teaming up
13. The Hartford Courant re: Will we be ready for next pandemic? Officials say investment in public health is key
14. Journal Inquirer re: Student mask guidelines relaxed in Tolland
15. The Chronicle re: Health District says there's lots of uncertainty

Other business

Adjournment

Next Board Meeting – August 19, 2021, 4:30 PM

* In accordance with Governor Lamont's Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes –Draft

Virtual meeting Via
Zoom*
Thursday April 15, 2021

Members present: E. Anderson (Andover), T. Nuccio (Tolland), E. Paterson (Mansfield), D. Walsh (Coventry), M. Walter (Columbia), E. Wiecenski (Willington)

Staff present: R. Miller, C. Bradshaw-Hill, K. Dardick, M. Brosseau

Others: J. Rupert (Bolton)

E. Paterson called the meeting to order at 4:32 pm.

E. Paterson made a MOTION seconded by M. Walter to add the annual appointment of an Auditor to the agenda. MOTION PASSED unanimously.

E. Wiecenski made a MOTION seconded by E. Anderson to approve the minutes of the February 18, 2021 meeting. MOTION PASSED unanimously with correction to the spelling of E. Wiecenski's name. D. Walsh abstained.

Public Comments

Outreach was done per Executive order. No comments were received.

Appointment of Auditor FY 20/21

R. Miller informed the board of the reason for selecting Blum Shapiro as auditor.

W. Wiecenski made a MOTION, seconded by M. Walter to appoint Blum Shapiro as auditor for Eastern Highlands Health District for FY 20/21. MOTION PASSED unanimously.

Town Reports

Coventry D. Walsh reported the town has received a grant for treating hydrilla in Coventry lake, and one with Mansfield for treating fanwort in Eagleville. A new nail salon is opening. In May the town will “take the pledge” to keep the lake clean. A solar powered crosswalk and LED beacon has been installed on the corner of Main Street and Ripley Hill Road. A community connectivity sidewalk public meeting will be held for the area of Hemlock Point to Lisicke Beach April 29th. The town meeting is being held end of April. Additionally, there will be a Discussion of Racism as a Public Health Emergency.

Andover E. Anderson reported that the town hall remains locked, but people can ring the buzzer and be admitted. Andover is still trying to do as much as possible online. They are currently not providing any senior services other than emergency medical transportation, food delivery from food share and food bank. They are looking to expand the services, but transportation is the stumbling block. Planning to start offering in person senior events.

E. Anderson sought feedback on what are people doing about employees not getting vaccinated?

E. Anderson reported that the town is focusing on speeding as a public health issue.

Willington E. Wiecenski noted that the senior center is still closed yet they are looking to move toward reopening.

E. Wiecenski responded the question of employees not getting vaccinated, noting they have no plans to require it.

E. Wiecenski noted that speeding is a big issue in Willington.

E. Wiecenski reported that the town office buildings are still closed with business being done by appointment. They are looking to potentially reopening by beginning of June.

Columbia M. Walter informed the board that the senior center is working with other senior centers to coordinate services. The Senior Center will potentially open on June 1st, with staff wearing masks, social distancing. There will be 2 sessions daily by appointment only.

M. Walter will share the plan for reopening with R. Miller for review. Still providing transportation and food distribution to seniors.

M. Walther reported that the Town Hall has reopened with a one-way traffic flow.

Columbia is encouraging all employees to get vaccinated.

M. Walter reported that the town is battling with DEEP regarding work done on the air line trail.

Tolland T. Nuccio reported that the town hall is still open. The Senior Center may be opening for programming in the near future, and the Rec department is looking into getting summer camps up and running.

Outdoor graduation planning is in the works.

Bolton R. Miller introduced J. Rupert, the interim Town Administrator for Bolton.

J. Rupert reported that the Senior Center is now open to the public. The town hall staff remains split into 2 groups. They are targeting the 2nd week of June to bring staff back to the town hall. There will be challenges with reopening to the public due to the layout of the building.

Indian Notch is targeted to reopen around June 16th. The number of individuals at the beach will be controlled by controlling the number of vehicles.

Outdoor dining continues at several restaurants.

A new retail space will be opening on Route 44.

Dr. Dardick reported that ticks are out and he encouraged public health messaging about ticks.

He informed the board that the Lyme disease vaccine is in phase 2 trials. This is a transmission blocking vaccine.

Director's Report

COVID-19 Response – Update

R. Miller reported that the data shows a slight uptick in cases. The risk of community transmission is still an issue. Contact tracers are observing more cases among school age kids.

Testing at the Mansfield Middle School and Tolland High School continues. Demand continues to decline. Testing will continue through April 30th.

Contact tracing continues. Supporting about 10 cases per week among school systems. Town employee cases has declined.

Enforcement issues have quieted since the Governor relaxed rules.

Position advertised for a junior sanitarian. Due to the loss of Zac, the food service inspection frequency will decline until the position can be filled.

Lots of time is being spent contact tracing and guiding those involved with youth sports.

MRC has been amazing. EHHD will be recognizing the volunteers at a celebration when everyone is able to gather together again.

ELC grant is being spent down. Grant deductions will offset an anticipated overspending of salary and benefits line items. Additional funding is being pursued. Updated quarterly financial statements are forthcoming.

Over 1400 teachers have been vaccinated with both doses by the end of next week. UConn health assisted with 500 childcare providers.

Approximately 8000 doses to date have been administered through EHHD. Large clinics will be held on Wednesdays at EO Smith High School until demand begins to wane.

Homebound vaccinations are being done. The J&J pause has put a wrinkle on it.

R. Miller noted he is part of the UCONN Storrs workgroup coordinating the mass vaccination clinic. This will be an asset to getting lots of people vaccinated in our area.

R. Miller informed the board that he is in touch with many of the town senior services directors. To provide guidance in starting up services.

D. Walsh inquired about testing of private wells by homeowners. R. Miller noted they must go through a private lab. A list of private labs is on the EHHD website.

E. Wicinski asked if any of the towns are having parades. R. Miller noted there is little guidance from the state of Connecticut.

R. Miller commended the health district staff on the work they are doing.

D. Walsh made a MOTION, seconded by E. Anderson to adjourn at 5:52 pm. MOTION PASSED unanimously.

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 6/14/2021

Re: Agreement for Local Public Health Emergency Preparedness Services By and Between the Eastern Highlands Health District and the Northeast District Department of Health

Background

You may recall that in February 2018 the Eastern Highlands Health District and Northeast District Department of Health established a cross jurisdictional sharing arrangement, which created a shared full-time Public Health Emergency Preparedness Coordinator (PHEPC).

Attached for your review and consideration is the above referenced agreement updated for fiscal year 2021-2022. The agreement terms are the same from the previous fiscal year, with one exception. The hourly rate is \$39.45. This is a 2.0% increase from the previous year. This increase is due to an adjustment in the PHEPC compensation.

Fiscal Impact

Both direct and indirect costs associated with the execution and implementation of this agreement will be covered, in whole, by the PHEP grant with no additional cost to the health district.

Recommendation

Since the establishment of this arrangement in February 2018 there is a net increase in the effective work hours benefiting our agency because a significant portion of the work conducted by this position (meetings attended, reports and deliverables completed) benefit both agencies simultaneously. This has resulted in an increased capacity to enhance agency capabilities.

The individual affected by this agreement is eminently qualified; a self-motivated professional. His performance to date for our agency exceeds expectations.

It is respectfully recommended that the board ratify the execution of this agreement as presented. If the board concurs, the following motion is in order: *Move, to ratify execution of the "Agreement for Local Public Health Emergency Preparedness Services by and between the Eastern Highlands Health District and the Northeast District Department of Health" as presented on June 17, 2021.*

**AGREEMENT FOR LOCAL EMERGENCY PREPAREDNESS SERVICES
BY AND BETWEEN
THE EASTERN HIGHLANDS HEALTH DISTRICT
AND
THE NORTHEAST DISTRICT DEPARTMENT OF HEALTH**

This Agreement for local public health services is entered into on this, the 17 day of May 2021, by and between the Eastern Highlands Health District, a public health district with offices located at 4 South Eagleville Road, Storrs, CT 06268, hereinafter referred to as EHHD and the Northeast District Department of Health, a public health district with offices located at 69 South Main Street, Brooklyn, CT 06234, hereinafter referred to as the Contractor.

I. PURPOSE

The purpose of this agreement is to form a basis for the Contractor to provide public health emergency preparedness planning and response services for the EHHD. To fulfill this purpose, the Contractor and EHHD recognize Robert Miller, Director of Health for the EHHD to have the authority to perform the duties of Director of Health as specified in Chapter 368e of the Connecticut General Statutes. Duties of the Contractor will be performed by a Public Health Emergency Response Coordinator and / or any employees of the Contractor qualified by training and experience to perform such duties.

II. CONTRACT PERIOD

Contractor will be retained for the period commencing July 1, 2021 and continuing through June 30, 2022. The terms of the contract may continue on a year-to-year basis by mutual consent of both parties unless terminated in accordance with Section V of this Agreement.

III. PAYMENT

In consideration of the Contractor's performance of these services, EHHD agrees to pay the Contractor as follows: thirty-nine dollars and forty-five cents (\$39.45) per hour for twenty (20) hours per week and mileage equaling 50% of actual miles traveled. Mileage will be calculated using the prevailing IRS Standard Mileage rate. Mileage does not include miles from home to work or miles between Health Districts. Travel time to and from home / worksite other than NDDH or EHHD shall be calculated as follows: miles from home to site, less miles from home to worksite. Contractor will invoice EHHD on a quarterly basis. If employment of the Public Health Emergency Preparedness Coordinator is terminated, both parties will share equally in the cost of Earned Vacation Time due to employee in accordance with the Contractor's termination policy.

IV. DESCRIPTION OF SERVICES

- A. The Contractor and EHHD agree that the following services will be provided by EHHD as required through this Agreement:
1. Administrative supervision for EHHD will be provided through Robert Miller, Director of Health.
 2. Provide appropriate supervision and resources, including, but not limited to office space, telephone, fax, copier, administrative support, and access to information to support the Contractor to fulfill the purpose of this Agreement.
 3. Provide and supply all appropriate forms, stationary and other supplies necessary for the performance of the functions of this Agreement.
 4. The work activities performed by the Contractor, as EHHD sponsored work activities, will have insurance coverage provided by the Contractor as stated in Section VI Indemnification.
 5. EHHD shall maintain all appropriate records of actions taken in performance of this Agreement, including, but not limited to, emergency response plans, and training and exercise records. The terms of this section IV.A.S. shall survive the termination of this Agreement.
- B. The Contractor and EHHD agree that the following services will be provided by the Contractor as required through this agreement:
1. Maintain a responsive and professional public image representing the EHHD in planning for a public health emergency response for the EHHD and the ten towns served by the EHHD.
 2. Assume the lead staff role for building and enhancing the public health emergency response capabilities of the EHHD consistent with the guidelines of the Centers of Disease Control and the State of Connecticut Department of Public Health.
 3. Develop, orchestrate, and assist in trainings, drills, and exercises as directed to build the capability of the EHHD to respond to public health emergencies within the EHHD and ESF Regions 3 & 4.
 4. Maintain and routinely test a comprehensive local Health Alert Network for the rapid dissemination of public health alerts and emergency risk communications to community providers, partners, and volunteers.

5. Develop a strategy for the recruitment and retention of volunteers from community agencies, municipalities, health care providers and lay persons to respond to a public health emergency.
6. Develop and maintain job descriptions and training protocols for identified skilled and non-skilled volunteer positions to carry out activation of local emergency response to public health emergencies.
7. Maintain positive relations with coworkers, partnering agencies and volunteers.
8. Respond to EHHD in a timely manner after being notified by EHHD of a public health emergency or by a Regional Coordinator in the event of a multi-jurisdictional public health emergency.
9. Other Public Health Services as identified by mutual written agreements.

V. TERMINATION OF CONTRACT

EHHD and the Contractor shall each have the right to terminate this Agreement by giving the other a minimum 30-day notice, in writing, of intention to terminate.

VI. INDEMNIFICATION

It is understood that EHHD and the Contractor shall hold harmless and indemnify the other against any and all claims, liabilities, damages, costs, and expenses, including reasonable attorney fees, that arise from, or are alleged to arise from, the performance of this Agreement except for the other's willful misconduct, sole negligence or those actions and inactions that do not arise from the duties enumerated herein. The Contractor shall not commence work under this contract until it has obtained the insurance required under this contract. All coverages shall be with insurance carriers licensed and admitted to do business in the State of Connecticut.

- A. The Contractor shall furnish Certificates of Insurance, including Automobile, Commercial General Liability, Professional Liability, and Worker's Compensation Insurance in the following amounts:
 1. Commercial General Liability Insurance:
The Contractor shall provide Commercial General Liability Insurance with a combined single limit of \$1,000,000 per occurrence, \$1,000,000 aggregate for bodily injury and property damage.
 2. Commercial Automobile Liability Insurance:
The Contractor shall provide Commercial Automobile Liability Insurance with a combined single limit of \$1,000,000 per occurrence, \$1,000,000

aggregate, and shall include coverage for all owned, hired, and non-owned vehicles.

3. Worker's Compensation Insurance:
The Contractor shall provide Worker's Compensation Insurance in the required amount as applies to the State of Connecticut and Employers Liability Insurance as follows: bodily injury by accident - \$100,000 each accident; bodily injury by disease - \$500,000 policy limit; bodily injury by disease - \$100,000 each employee.
4. Professional Liability Insurance:
The Contractor shall provide Professional Liability Insurance with a combined single limit of \$1,000,000 per occurrence, \$1,000,000 aggregate.

Each policy of insurance shall include a waiver of subrogation in favor of the EHHD and shall provide no less than thirty (30) days notice to the EHHD in the event of a cancellation or change in conditions or amounts of coverage. The Commercial General Liability, Automobile, and Professional Liability shall name the EHHD as an additional insured.

This coverage shall be primary to the additional insureds, and not contributing with any other insurance or similar protection available to the additional insureds, whether other available coverage is primary, contributing, or excess.

Proof of Insurance Coverage: The Contractor shall provide the EHHD at the time the contracts are returned for execution, Certificates of Insurance and / or policies, acceptable to the EHHD and the endorsement(s) naming the District as an additional insured.

VII. MISCELLANEOUS

- A. This Agreement is not assignable by either party.
- B. This Agreement may be amended only in writing signed by both parties.

VIII. MEDIATION

- A. All claims, disputes, or other matters in question between Contractor and EHHD arising out of relating to this Agreement or breach thereof shall be submitted to non-binding mediation. On the written notice of either party to the other of the election to submit any dispute under this Agreement to mediation, each party shall designate its representative and shall meet at the NDDH offices within ten (10) days after the service of notice. The parties themselves shall then attempt to resolve the dispute within ten (10) days of meeting.

Should the parties themselves be unable to agree on a resolution of this dispute, then the parties shall appoint a third party, who shall be a competent and impartial party and who shall be acceptable to each party, to mediate the dispute. Each party shall pay the fees and expenses of the party mediator and such costs shall be borne equally by both parties.

Upon agreement of the parties, either party may waive the first step in the mediation process and appoint a mutually acceptable mediator.

Any third party mediator designated to serve in accordance with the provisions of the Agreement shall be disinterested and shall be qualified to evaluate the performance of both parties.

This process shall be considered as a condition precedent to moving to court.

- B. Court Litigation and Waiver of Jury Trial. Notwithstanding the existence of any provision for arbitration, any dispute arising under this Agreement shall not be submitted to arbitration and the parties shall be left to their remedies at law. It is further expressly agreed that both parties waive and relinquish their right to a trial by jury of any dispute arising out of this Agreement. The intent of the parties is not to have a jury decide any aspect of any dispute which may arise under this Agreement.
- C. Equitable Relief. Nothing herein shall prevent either party from obtaining a court order enforcing the mediation process or such other temporary or equitable relief until such time that the dispute is settled or finally adjudicated.
- D. Successors. This Agreement shall be binding upon the heirs, successors, and assigns of the parties. Contractor has no right to assign its obligations under this Agreement without written approval of EHHD.

IX.

By signing below, the undersigned acknowledge that they are duly authorized to execute this Agreement and agree to the terms and conditions thereof.

5/17/2021

Date

Robert L Miller
Robert L Miller (May 17, 2021 14:54 EDT)
Robert L. Miller, EHHD

5/19/21

Date

Susan Starkey
Susan Starkey, NDDH



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 6/11/2021

Re: Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Continuing Funding Application for the Enhanced Detection, Response, Surveillance and Preventions of COVID-19 – Budget Period 2

Attached for your review is a copy of the above referenced grant application. As you may recall from the first budget period, this grant represents a primary funding mechanism for supporting the enhancement of the local health department response to the COVID-19 pandemic. The total proposed spending for this second budget period starting May 18, 2021 through November 17, 2022 (18 months) is \$283,171. This figure represents the total award of \$230,693 plus \$52,478 rolled forward from budget period one.

This grant will fund an increase in staffing that includes 1 full-time Public Health Nurse, a part-time Public Health Project Specialist, a small increase in the hours of our existing part-time Community Health and Wellness Coordinator, and part-time vaccination program admin support, and other supplies and equipment. (The submitted budget for the *first year* can be found on pages 5 to 7 of the attached application.)

The work plan submitted includes, but is not limited to the following salient activities:

- Continuation of our contract tracing program
- COVID-19 and seasonal flu vaccination preparedness and administration
- COVID-19 data collection, analysis, and reporting
- Staff and volunteer training
- Coordination and engagement activities with community partners
- Technical assistance to community partners
- Collaboration and support of Board of Education with infection control, and preparation for next school year
- Health promotion and education to address vaccine hesitancy and access

(The entire work plan details can be found on pages 11 to 13 of the attached application.)

I respectfully recommend the Board ratify the submittal of the grant application as presented.



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Recommended motion: Move, to ratify the submittal of the Eastern Highlands Health District's Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Continuation Funding Application for the Enhanced Detection, Response, Surveillance and Preventions of COVID-19 to the State of Connecticut Department of Public Health, as presented on June 17, 2021.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

CONTINUATION FUNDING APPLICATION FOR: EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) ENHANCING DETECTION COOPERATIVE AGREEMENT FOR THE ENHANCED DETECTION, RESPONSE, SURVEILLANCE AND PREVENTION OF COVID-19

Robert L. Miller, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

ELC Enhancing Detection Cooperative Agreement Project Period: May 19, 2020 through November 17, 2022
ELC Enhancing Detection Cooperative Agreement LHD Total Allocation (30 months): **\$384,488**

Budget Period One (BP1), May 19, 2020 – May 17, 2021, Allocation (has been paid): **\$153,795**
Budget Period Two (BP2), May 18, 2021 - November 17, 2022 (18 months), Allocation: **\$230,693**

- I. This signed application certifies that the **Eastern Highlands Health District** shall comply with the following ELC Enhancing Detection funding conditions, A through N:
 - A. Resources provided via this mechanism shall support necessary expenses to address one or more of the following activities:
 1. Enhance Laboratory Detection, Surveillance (contact tracing), Response, Informatics and Other Workforce Capacity. Such activities include but are not limited to:
 - a. Build expertise for healthcare and community outbreak response within the local health department/health district (LHDs);
 - b. Build infection prevention and control and healthcare outbreak response expertise in LHDs;
 - c. Train and hire staff to improve the capacities of the epidemiology and informatics workforce;
 - d. Conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance; engage with community resources coordinators to support self-quarantine of impacted residents
 - i. Hire temporary contact tracing staff;
 - ii. Hire local epidemiologist.
 - iii. Hire public health nurse; and
 - iv. Hire infection prevention staff

- e. Build expertise to support management of the COVID-19 related activities within the jurisdiction and integrate into the broader portfolio of activities (e.g., COVID program and project manager, budget staff). Such activities include but are not limited to:
 - i. Utilize existing PHEP-funded staff (public health preparedness coordinator) to support management of the COVID-19 related activities within the jurisdiction; and
 - ii. Hire temporary accounting/fiscal staff to manage funding sources and maintain fiscal and programmatic tracking records for reporting to DPH, including crisis response and FEMA reimbursements.

 - f. Build expertise and conduct mass vaccination campaign. Such activities include but are not limited to:
 - i. Utilize epidemiologist or public health nurse hired under funding to plan for critical workforce and mass vaccination campaigns for influenza and COVID-19; and
 - ii. Update or refine infectious disease plans.

 - g. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance. Such activities include but are not limited to:
 - i. Ensure epidemiologist, contact tracers, and staff utilize ContaCT system for contact tracing activities; and
 - ii. Train staff on CTEDSS, ContaCT and other new technology modules and data elements due to COVID-19.
2. Strengthen Laboratory Testing Volume and Capacity. Such activities include but are not limited to:
- a. Support testing partners with local coordination for testing of COVID-19/SARS-CoV-2 including contacts of COVID-19 positive cases, within high-risk settings or in vulnerable populations that reside in their communities.
 - i. Work with community-based groups to coordinate and promote testing at non-traditional sites (e.g., retail sites, community centers, faith-based organizations)
 - ii. Support testing partners with information and coordination in the community to identify and test at-risk populations including contacts of COVID-19 positive cases, elderly, disabled, racial and ethnic minorities, and other groups at risk due to high frequency of occupational or non-occupational contacts
 - iii. Purchase supplies or engage in vendor contracts to enable testing of populations where needed
3. Coordinate and Engage with Partners as needed to respond to and prevent COVID-19. Such activities include but are not limited to:

- a. Build essential partnerships with federally qualified health centers, faith-based organizations, community-based partners, universities, and other congregate healthcare settings within the jurisdiction to ensure testing and vaccination of community members and minimize the spread of COVID-19;
 - b. In collaboration with state partners, coordinate and engage in agreements with academic, hospital, and private/commercial laboratories to successfully meet testing demands and vaccination efforts to minimize the spread of COVID-19;
 - c. Participate in ESF8 regional meetings and share resources as needed within the region and statewide to support COVID-19 response efforts throughout Connecticut;
 - d. Communicate and engage with regional community resource coordinators to support individual's with self-quarantine needs and to encourage and support vaccination of vulnerable populations;
 - e. Contract with agency/agencies to provide in-home vaccinations for homebound individuals (e.g., vulnerable population); and
 - f. Connect local point(s) of contact with a COVID-19 vaccinator to provide vaccination services to homebound individuals.
4. Prevent and Minimize Transmission of COVID-19. Such activities include but are not limited to:
- a. Provide guidance and training to industry;
 - b. Provide input and guidance to schools and camps;
 - c. Consult with businesses, schools and congregate housing on response to any increase in cases and efforts to mitigate transmission;
 - d. Ensure adequate staffing and expertise to promote and enforce Reopen Connecticut Governor Orders, DPH Commissioner Orders, and other COVID-19 control and prevention measures as needed under local authority; and
 - e. Provide in-home vaccination to homebound individuals.
5. Conduct Health Promotion Activities associated with each category (1-5) as detailed above. Such activities include but are not limited to:
- a. Develop and implement a health promotion program to Enhance Laboratory Detection, Surveillance (contact tracing), Response, Informatics and other Workforce Capacity; Strengthen Laboratory Testing Volume and Capacity; Coordinate and Engage with Partners; and Prevent Disease Transmission through educating and enforcing Reopening Connecticut Efforts.
- B. Expend grant funds for allowable purposes only. Such allowable expenses include but are not limited to:
1. Hire local epidemiologist;
 2. Hire temporary contact tracing staff;
 3. Hire public health nurse;
 4. Hire infection prevention staff;
 5. Hire community health workers;
 6. Hire temporary accounting/fiscal staff;
 7. Personal Protective Equipment (PPE) for workers collecting samples (stockpiling not allowable);
 8. Testing campaign supplies;

9. Health promotion and Reopen Connecticut education;
 10. Mass vaccination campaign supplies;
 11. Costs associated with the vaccination of homebound individuals (e.g., contractual, personnel, mileage); and
 12. Costs associated with testing and monitoring isolated individuals to prevent spread of infection, including homeless, shelter operations, and essential municipal staff.
- C. Utilize funding to support COVID-19 response efforts and ELC enhancing detection activities outlined in I. A.1-5 above and any additional guidance provided by CDC.
 - D. Utilize the DPH Contact system and CTEDSS to identify and isolate new cases of COVID-19 among symptomatic and asymptomatic individuals.
 - E. Follow-up and report on new COVID-19 positive test results within 24 hours of receipt of confirmed case as long as data is available and received timely.
 - F. Utilize the telephony system (or provide acceptable equivalent).
 - G. Identify a point of contact at the LHD for contact tracing.
 - H. Arrange for and promote COVID-19 testing and vaccination in non-traditional sites for individuals, including vulnerable populations, in accordance with CDC and DPH testing guidelines.
 - I. Provide guidance and training to industry according to Reopen Connecticut sector guidelines, including but not limited to:
 1. Restaurants/food service establishments;
 2. Personal service establishments (nail salons, tattoo parlors);
 3. Hair salons and barbershops;
 4. Sports and fitness facilities;
 5. Outdoor recreational activities and outdoor event venues;
 6. Pools;
 7. Hotels and lodging; and
 8. Private clubs.
 - J. Provide input and guidance to schools and youth camps for their opening plans. Support schools, camps, childcare, assisted living centers, and colleges to respond to resurgence of cases/outbreaks.
 - K. Submit periodic financial, programmatic and metric reports as determined by the DPH that correspond with activities outlined in the DPH-approved work plan and budget. These reports shall be due to the DPH as follows:

Reporting Period	Programmatic and Fiscal Report Due Dates
May 18, 2021 – November 30, 2021	December 31, 2021
December 1, 2021 – May 31, 2022	June 30, 2022
June 1, 2022 – November 17, 2022	December 17, 2022

- L. Submit a BP2 ELC Enhancing Detection Cooperative Agreement Funding Application for review and approval by the DPH. The funding application shall include a budget, budget justification and work plan proposal utilizing the forms provided by the DPH. The BP2 allocation will be paid in full by the DPH at the beginning of the budget period based upon receipt and approval of the BP2 funding application and close out of the prior Budget Period. Any funds unexpended in BP1 of the project period shall be carried over to BP2. Any funds remaining unspent at the end of BP2 shall be returned to the Department of Public Health by December 17, 2022.
- M. If this application is approved, monies granted will be used to supplement and increase existing funds for program activities and will not replace (supplant) funds budgeted for the Local Health Department/District under the normal budgetary process.
- N. The information provided on behalf of the Local Health Department/District in this application and attachments is true and correct:

Individual Completing/Submitting Application:

____ Robert Miller _____
(Print or Type Name and Title)

Signature: 

Date: 6/11/21

Director of Health (print or type Name):

____ Robert Miller _____

Signature: 

Date: 6/11/21

Board Chair or Chief Elected Official (print or type Name and Title):

____ Elizabeth Paterson _____

Signature: Elizabeth Paterson

Date: 6-11-21

BUDGET PROPOSAL
 ELC Enhancing Detection Cooperative Agreement
 BP2: May 18, 2021 –November 17, 2022 (18 Months)

Health Department/District **Eastern Highlands Health District**

DIRECTOR OF HEALTH **Robert L. Miller**

SIGNATURE of DOH _____

BUDGET LINE ITEMS	BP2 Award	Carryover From BP1	Total BP2 Budget (BP2 Award plus BP1 Carryover)
1. Salary and Wages*	169158.44	52478.56	221637
2. Fringe Benefits*	53706.9		53706.9
3. Office Supplies	587.66		587.66
4. Contractual **			
5. Equipment	1440		1440
6. Other			
a. Mileage reimbursement	500		500
b. vaccination clinic supplies	5300		5300
c.			
d.			
e.			
f.			
TOTALS	230693	52478.56	283171.56

*Complete the salary/fringe position schedule.

**Complete the Subcontractor detail information for each subcontractor

BUDGET JUSTIFICATION

ELC Enhancing Detection Cooperative Agreement
 BP2: May 18, 2021 –November 17, 2022 (18 Months)

Please complete a justification for each line item in your ELC Enhancing Detection budget proposal. Funding used to hire staff position(s), must include a justification of staff activities that support the ELC Enhancing Detection work plan. If your LHD is subcontracting services or using a consultant, please provide a justification for the services and/or activities that the consultant will perform that support the ELC Enhancing Detection work plan. The subcontractor detail form must be completed indicating the name of consultant/agency, rate of pay and/or funding detail for the services being provided. All other budget line items should include a justification with a detailed breakdown of costs if applicable.

BUDGET LINE ITEM	JUSTIFICATION
Salary and Wages	<p>David Oellerich, full-time Public Health Nurse, 37hrs/wk at \$35.5/hr to engage in infection prevention & planning, and conduct vaccination campaign for flu and COVID, provide homebound vaccination and pop-up clinic services (see salary/fringe schedule)</p> <p>Ande Bloom, Public Health Project Specialist, 27 hours/wk at \$29/hr to engage in Health Promotion, vaccine promotion, build and sustain epidemiology and reporting capacity, provide guidance to schools, camps to mitigate transmission, and contact tracing program lead. (see salary/fringe schedule)</p> <p>Cecile Serazo, Expanded hours of current part-time Community Health Coordinator, 7.0 hrs/wk currently, increased by 10 hours to 17hrs/wk at \$32.5/hr to support contact tracing, infection prevention & vaccination planning, and implementation, school and camp guidance. (see salary/fringe schedule)</p> <p>Mia Mitoma, Vaccine Program Admins, 20hrs/wk at \$21/hrs supporting clinic coordination, vaccine promotion and access, vaccine data management & reporting, pop up clinic intake, & infection control support. (See salary/fringe schedule)</p>
Fringe Benefits	<p>FICA 8989.47 Medicare 2203.58 Life Insurance 915.24 Health Insurance 41598.6</p>
Office Supplies	<p>Ink & paper copies for vaccine promotion print materials: 8966 copies @ .06 per copy - \$537 Pens 10 boxes X \$5=\$50</p>
Equipment	<p>Cell phone minutes & data for public health nurse & clinic admin \$40/month x 2 phones x 18 months = \$1440</p>
Mileage	<p>For travel by public health nurse & clinic admin for homebound and pop-up clinics: 862miles @ .58/mile - \$500</p>

vaccination campaign supplies	Needles - 60boxes x \$27=\$1620 Syringes – 30boxes x \$8=\$240 Sharps containers – 30 x \$50=\$1500 Under pads – 1case x 6 x \$39=\$234 Band aids- 30boxes x \$7=\$210 Gauze- 15boxes x \$2= \$30 Hand sanitizer - 60 bottles x \$2=\$120 Disinfecting wipes – 60 cartons x \$9=\$540 EMS supplies (epi pens box of 4) - \$806

SALARY/FRINGE POSITION SCHEDULE

ELC Enhancing Detection Cooperative Agreement
 BP2: May 18, 2021 –November 17, 2022 (18 Months/78 weeks)

Position Detail	Site/ Location	Hours wk/wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Public Health Nurse Name: David Ollerich	EHHD	37hrs x 78wks= 2886hrs	\$35.50	102453	30%	30735.9
2.Position: Public Health Project Specialists Name: Ande Bloom	EHHD/tele work	27hrs x 78wks= 2106hrs	\$29.00	61074	30%	18322.2
3.Position: Community Health & Wellness Coordinator Name: Cecile Cerazo	EHHD	10hrs x 78wks= 780hrs	\$32.50	25350	8%	2028
4.Position: Vaccine Program Admin Name: Mia Motoma	EHHD	20hrs x 78wks= 1560	\$21.00	32760	8%	2620.8
5.Position: Name:		/			%	
6.Position: Name:		/			%	

7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
Totals				221637		53706.9

SUBCONTRACTOR DETAIL FORM

ELC Enhancing Detection Cooperative Agreement
 BP2: May 18, 2021 – November 17, 2022 (18 Months/78 Weeks)

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

WORK PLAN ACTIVITY FORM

ELC Enhancing Detection Cooperative Agreement
BP2: May 18, 2021 – November 17, 2022 (18 Months)

Please provide an LHD ELC Enhancing Detection Cooperative Agreement work plan based on the five ELC Enhancing Detection Cooperative Agreement categories. Activities in your work plan should include proposed outputs/outcomes. Note that some LHDs may have activities under 1 or all 5 categories depending on the work the LHD will be conducting. The proposed budget should relate to the work plan activities identified below. For examples of acceptable work plan activities and outputs please refer to the following document: [ELC Guidance for LHD Workplan Activities and Outputs](https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/LHD-Funding-Guidance) found at: <https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/LHD-Funding-Guidance>.

LHD Point of Contact (POC) Name: __Robert Miller__

POC Email Address: _millerrl@ehhd.org_ POC Telephone: __860-429-3325__

1. Enhance Laboratory Detection, Surveillance (contact tracing), Response, Informatics and Other Workforce Capacity

List Work Plan Activities:

Activity 1: Utilize the ContaCT system to conduct case investigation and contact tracing for all COVID-19 cases identified and reported to the Eastern Highlands Health District

Activity 2: Promote and host vaccination clinics for seasonal influenza and COVID-19

Activity 3: Update the COVID -19 Mass vaccination Plan for the Eastern Highlands Health District

Activity 5: Engage with CRC to support quarantine/isolation of impacted residents.

Activity 6: Enroll & update in CoVP/CVP agreements

Activity 8: Create data tables or standardized summary report of current disease rates for COVID-19 within the jurisdiction on a weekly basis.

Activity 9: Share the data analysis/reports on the town website and distribute to chief elected officials, emergency managers, other relevant town officials and partner organizations

Activity 10: Extract and utilize disease surveillance data to deliver de-identified summary reports to municipal leaders and community partners

Activity 11: Train staff and MRC volunteers for mass vaccination clinics for COVID-19

Activity 12: Collect and evaluate data to identify high-need communities and neighborhoods within the jurisdiction for targeting additional outreach and testing initiatives.

List Proposed Outputs/Outcomes:

Output 1: Metrics associated with activity 1 will be captured in the ContaCT system.

Output 2a: Number of influenza clinics hosted or arranged by EHHD

Output 2b: Number of COVID19 vaccine clinics hosted or arranged by EHHD

Output 2c: Number of people vaccinated for influenza

Output 2d: Number of people that received two doses, or as appropriate per the manufacturer, of COVID-19 vaccine

Output 2e: Number of homebound COVID-19 vaccinations administered (2 doses or as appropriate)

Output 3: # of staff that receive the updated Infectious Disease Protocols/Plans, etc... (e.g., local health department staff, elected officials, and emergency manager).

Output 5: # of families/individuals served by CRC referrals made by EHHD

Output 6: Signed agreements with DPH demonstrating vaccine readiness for COVID-19 (CoVP).

Output 8: # of reports developed and posted on town website

Output 9: # of people who receive weekly town-specific summary disease reports

Output 10: # of weekly reports sent, and # of partners by type who receive the information

Output 11: Number of people and volunteers trained on conducting mass vaccination clinics

Output 12: # of targeted communities identified through data analysis.

2. Strengthen Laboratory Testing Volume and Capacity

List Work Plan Activities:

Activity 1: Identify at-risk community members

Activity 2: Work with community-based groups to coordinate and promote testing.

Activity 3: Coordinate testing clinics in Eastern Highlands Health District with area providers at non-traditional through existing partnerships

Activity 5: Promote testing with identified at-risk community members and connect them with testing clinics/resources

List Proposed Outputs/Outcomes:

Output 1: Number and type of community members identified as being at-risk

Output 2: List of community partners/organizations, and # of meetings held with community partners/organizations

Output 3: # of testing clinics at non-tradition sites that were hosted/arranged

Output 5a: # of testing clinics hosted/arranged in high risk locations

Output 5b: # of at-risk and other community members tested for COVID19 through clinics hosted by Eastern Highlands Health District

3. Coordinate and Engage with Partners

List Work Plan Activities:

Activity 1: Strengthen existing partnerships with medical partners, University of Connecticut, CRC, and other community partners.

Activity 2: During contact tracing interview, conduct intake of needs identified by those who must remain in isolation and quarantine and connect them with the regional CRC

Activity 3: Public Health Nurse will participate in the ESF-8 regional meetings and share resources within the region and statewide in relation to COVID19 response efforts as PHEP funding is currently allocated for this activity for current employees

List Proposed Outputs/Outcomes:

Output 1a: Number of meetings held with partners.

Output 1b: A listing of the type of joint work products conducted by health department in collaboration with new or existing partners, e.g testing event, quarantine interventions, messaging, data analysis, etc.

Output 2a: # of individuals/families identified as having unmet needs during isolation/quarantine periods, as identified during contact tracing interview

Output 2b: # of individuals/families successfully connected with CRC for unmet needs

Output 3a: The new hire will adapt best practice examples from Region for use in the EHHD relating to contact tracing, promoting testing and mass vaccination clinics, etc.

Output 3b: The PHN will contribute to the meetings with input for COVID19 response planning, Regional testing initiatives, Regional COVID19 mass vaccination, Regional influenza campaigns, etc

4. Prevent and Minimize Disease Transmission of COVID-19

List Work Plan Activities:

Activity 1: Provide technical assistance to industry on sector rules.

Activity 3: Respond to complaints and enforce Reopen CT guidelines in concert with the chief elected official's designee in town.

Activity 5: Provide guidance to school systems and review standardized operating procedures (SOP) for safe re-opening.

Activity 7: Work with schools to develop contact tracing and exposure plans, utilizing the current metrics and addenda from the SDE to develop the school district-specific plan

Activity 9: Ensure that all schools are trained and updated with current information regarding COVID-19 to make well-informed decision

Activity 10: In collaboration with the Board of Education's medical advisor and school nurse, respond to public school cases as soon as they arise

List Proposed Outputs/Outcomes:

Output 1: # of technical assistance discussions had with industry relating to sector rules

Output 3a: # of complaints responded to by facility type

Output 3b: # of complaints referred to municipal designee for 'other' facility types

Output 3c: # of notices of violation issued

Outcome 5a: SOPs were updated.

Outcome 5b: # of meetings held (dates, with whom, purpose/title of meeting)

Output 7: Finalization and publication of School System contact tracing plan and exposure plan

Output 9a: # of technical advisory and training meetings held with school district official (topics, and dates)

Output 10a: # of school-related cases that the health department responded to in concert with school medical advisor and nurse

Output 10b: # of hours or days from identification of school-related case to follow-up conducted by school and local health personnel

5. Conduct Health Promotion Activities associated with #1-4 above.

List Work Plan Activities:

Activity 1: Update health department website with latest information on topics such as disease rates, COVID19 health and safety practices, and availability of testing and vaccination clinics.

Activity 2: Promote COVID-19 testing, prevention, and vaccination for EHHD population through print material, social media, and LHD and town websites regularly.

List Proposed Outputs/Outcomes:

Output 1a: Frequency the websites were updated

Output 2a: Number of posters or other print materials distributed

Output 2b: List of the establishments and facility type the materials were distributed and posted

Output 2c: Languages of publications designed (CLAS standards)

Output 2d: Frequency of social media posts and number of likes/hits

Output 2f: Frequency the websites were updated

**VENDOR INVOICE FOR GOODS OR SERVICES
 RENDERED TO THE STATE OF CONNECTICUT**
 CO - 17 REV. 10/2010

STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 ACCOUNTS PAYABLE DIVISION

PLEASE COMPLETE THIS FORM AND SEND IT TO THE

VENDOR: DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME DPHM1	(2) BUSINESS UNIT NO.	(3) INVOICE NO.	(4) INVOICE AMOUNT \$230,693		
(5) DOCUMENT DATE	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE 0000 0000 418	

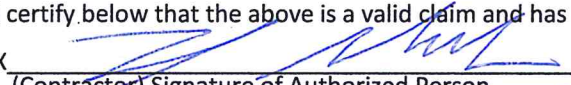
VENDOR / PAYEE: FIELDS 9,10,14 and 18 ARE MANDATORY FOR PAYMENT

(10) PAYEE: Eastern Highlands Health District 4 South Eagleville Road ADDRESS: CITY: Mansfield STATE: CT COUNTRY: ZIP CODE: 06268	(11) VOUCHER NO.
	(12) VOUCHER DATE
	PREPARED BY

(13) VENDOR COMMENTS

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
ELC Enhancing Detection Cooperative Funding Agreement for the period May 18, 2021 through November 17, 2022 to support COVID-19 Surveillance and Response activities in Connecticut				\$230,693

I certify below that the above is a valid claim and has not been paid.

X 
 (Contractor) Signature of Authorized Person
 Robert Miller, Director of Health
 Print Name & Title of Authorized Person

BUSINESS UNIT USE ONLY

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/	(27) CHARTFIELD	(28) CHARTFIELD	(29) BUDGET REFERENCE
\$230,693		12060	DPH48557	29582	42003	51131	DPH29582PPPHC	124137	DPHCTLHD	2020

(30) DEPARTMENT NAME AND ADDRESS State of Connecticut Department of Public Health 410 Capitol Avenue, MS#13LOC, P.O. Box 340308 Hartford, CT 06134-0308	(31) PO NO.	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE
	(33) PO BUSINESS UNIT	(34) RECEIVING REPORT NO. (35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION

(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.
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Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

3

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 6/14/2021

Re: American Rescue Plan Act – EHHD Funding Request

Background

As you are aware, it appears that the town-by-town American Rescue Plan Act (ARPA) funding allocations have now been officially released. Interim guidance distributed some time ago identifies eligible uses of this funding, which among other matters includes expenses related to COVID-19 “vaccination programs”. Further, in the June 2, 2021 memorandum to municipal Chief Executive Officials from the Connecticut OPM it is stipulated that, “...special-purpose units... will need to work with their local municipality directly...” for access to these funds. Finally, attached for your reference is an email recently sent by this office to each member Town Chief Executive Official requesting reimbursement amounts for health district pandemic response expenses.

The Eastern Highlands Health District has shouldered a significant portion of the COVID-19 response in our municipalities. Over the past 13 months, staff time has been largely spent on COVID-19 response activities including contact tracing, supporting our schools, expanding access to testing services, enforcing Sector Rules, public health education, supporting local businesses, and ramping up and executing a mass vaccination campaign. This includes coordinating and working directly with our community, and member town partners to address many of the local needs exacerbated during this pandemic.

While most of our pandemic response expenses are eligible and covered by the Coronavirus Crisis Response Funding, Epidemiology and Laboratory Capacity Grant, and the Municipal Coronavirus Relief Fund, there remains some expenses that are not covered by the above referenced funding sources as detailed in the attached Director’s email.

Recommendation

While this office has sent a request to our member towns for funding, it is appropriate for the full board to consider affirming this communication with a follow up request.

This office respectfully recommends the Board of Directors authorize Board Chairperson Paterson to request funding from the member town’s ARPA allocations at the amounts detailed in the recent request conveyed by this office.

If the board concurs, the following motion is in order: *Move, to authorize the Board Chairperson to request, on behalf of the EHHD, American Rescue Plan Funding from member towns in the amounts detailed in the Director of Health’s communication dated June 11, 2021 on the same subject.*

Robert L. Miller

From: Robert L. Miller
Sent: Friday, June 11, 2021 3:25 PM
To: 'Chaplin First Selectman (firstselectman@chaplinct.org)'; 'Eric Anderson (eanderson@andoverct.org)'; 'Erika Wiecenski - 1st Selectman Willington'; 'Gary Greenberg (firstselectman@scotlandct.org)'; 'Jim Rupert'; John Elsesser; 'Michael Rosen'; 'Ralph Fletcher'; 'Town Administrator (townadministrator@columbiact.org)'
Cc: Charmaine Bradshaw-Hill; Millie C. Brosseau; Elizabeth Paterson (home); Ryan J. Aylesworth; Robert L. Miller
Subject: ARPA & CRF requested EHHD Reimbursements
Importance: High

Greetings EHHD Member Town CEO's -

As you may be aware, the Eastern Highlands Health District must submit requests for reimbursement for pandemic response expenses *through our respective member municipalities* from either of the above referenced funding sources. Through this process of working with our member towns, the health district has received \$104,000 in pandemic response expense reimbursement from the Town of Mansfield's allocated proportion of the Coronavirus Relief Fund.

The recent ARPA award notifications to town's presents an additional opportunity to work with our member towns in claiming health district reimbursable expenses. While we have received additional funding through the CT DPH in the form of the Coronavirus Crisis Funding and the Epidemiology and Laboratory Capacity Grant that, thus far, covered most of our response expenses, there remains some expenses, which recently came to the fore, not yet covered by either of these those two funding sources. Therefore, the Eastern Highlands Health District is respectfully submitting the following pandemic response expense for reimbursement against our member town's ARPA allotment:

Mansfield Community Center Room Fees for COVID-19 Vaccination Clinics - \$20,405

In an effort to apply equity across our member municipalities I am proposing the above expense be split on a per capita basis among the remaining nine member towns. The following figures represent the individual town reimbursement request:

Andover	\$1,206
Ashford	\$1,590
Bolton	\$1,825
Chaplin	\$842
Columbia	\$2,010
Coventry	\$4,634
Scotland	\$629
Tolland	\$5,470
Willington	\$2,197

Please let me know if you have any questions.

Respectfully,
Rob

Robert L. Miller, MPA, RS

Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
860-429-3321 (Fax)
Twitter: @RobMillerMPH
www.ehhd.org

In order to prevent the spread of COVID-19, please maintain social distancing of at least 6 feet, avoid crowds, wash hands frequently with soap and water for 20 seconds, stay home if you're sick. For the most current updates and recommendations, visit ct.gov/coronavirus. For general questions, call 2-1-1

<image002.jpg>

Preventing Illness and Promoting Wellness in the Communities We Serve

**Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2021
(with comparative totals for March 31, 2020)**

	<u>Adopted Budget 2020/21</u>	<u>Amended Estimated Budget Actuals 2020/21 2020/21</u>	<u>2021</u>	<u>Percent of Adopted Budget</u>	<u>2020</u>
Revenues					
Member Town Contributions	\$ 457,530	\$ 457,530	\$ 343,151	75.0%	\$ 328,200
State Grants	133,600	133,600	136,253	102.0%	134,429
Septic Permits	43,930	43,930	43,460	98.9%	34,080
Well Permits	9,970	9,970	16,640	166.9%	11,685
Soil Testing Service	36,760	36,760	30,493	83.0%	30,215
Food Protection Service	86,670	86,670	56,999	65.8%	66,959
B100a Reviews	24,410	24,410	24,905	102.0%	20,330
Septic Plan Reviews	28,240	28,240	27,325	96.8%	23,205
Other Health Services	4,710	4,710	3,700	78.5%	9,771
Miscellaneous	6,800	6,800			
Appropriation of Fund Balance	50,920	50,920	-	0.0%	-
Total Revenues	<u>883,540</u>	<u>883,540</u> -	<u>682,925</u>	<u>77.3%</u>	<u>658,873</u>
Expenditures					
Salaries & Wages	597,361	597,361	436,666	73.1%	398,274
Grant Deductions	(49,681)	(49,681)	(132,612)	266.9%	(36,050)
Benefits	225,470	225,470	168,009	74.5%	133,376
Miscellaneous Benefits	8,450	8,450	7,499	88.7%	7,775
Insurance	15,800	15,800	14,603	92.4%	13,870
Professional & Technical Services	16,020	16,020	8,271	51.6%	26,913
Vehicle Repairs & Maintenance	3,200	3,200	753	23.5%	1,951
Health Reg* Admin Overhead	29,670	29,670	22,253	75.0%	21,878
Other Purchased Services	24,650	24,650	20,260	82.2%	19,381
Other Supplies	6,000	6,000	9,377	156.3%	3,534
Equipment - Minor	3,600	3,600	271	7.5%	893
Total Expenditures	<u>880,540</u>	<u>880,540</u> 0	<u>555,349</u>	<u>63.1%</u>	<u>591,795</u>
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	<u>883,540</u>	<u>883,540</u> -	<u>555,349</u>	<u>62.9%</u>	<u>591,795</u>
Excess (Deficiency) of Revenues	-	-	127,577		67,078
Fund Balance, July 1	495,337	495,337	495,337		432,295
Fund Balance plus Cont. Capital, Mar.31	<u>\$ 495,337</u>	<u>\$ 495,337</u>	<u>\$ 622,914</u>		<u>\$ 499,373</u>

Eastern Highlands Health District
General Fund
Balance Sheet
March 31, 2021
(with comparative totals for March 31, 2020)

	<u>2021</u>	<u>2020</u>
Assets		
Cash and Cash Equivalents	\$ 641,952	\$ 498,874
Accounts Receivable	<u>732</u>	<u>727</u>
Total Assets	<u><u>642,684</u></u>	<u><u>499,602</u></u>
 Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>19,770</u>	<u>228</u>
Total Liabilities	<u>19,770</u>	<u>228</u>
Fund Balance	<u>622,914</u>	<u>499,373</u>
Total Liabilities and Fund Balance	<u><u>\$ 642,684</u></u>	<u><u>\$ 499,602</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
March 31, 2021
(with comparative totals for March 31, 2020)

	<u>2021</u>	<u>2020</u>
Assets		
Cash and Cash Equivalents	\$ <u>122,980</u>	\$ <u>119,980</u>
Total Assets	<u><u>122,980</u></u>	<u><u>119,980</u></u>
 Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>122,980</u>	<u>119,980</u>
Total Liabilities and Fund Balance	<u><u>\$ 122,980</u></u>	<u><u>\$ 119,980</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2021
(with comparative totals for March 31, 2020)

	<u>2021</u>	<u>2020</u>
Revenues		
General Fund	\$ -	\$ -
Total Revenues	<u>-</u>	<u>-</u>
Operating Transfers		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>-</u>	<u>-</u>
Expenditures		
Professional & Technical Services	-	-
Office Equipment	<u>-</u>	<u>11,800</u>
Total Expenditures	<u>-</u>	<u>11,800</u>
Excess (Deficiency) of Revenues	-	(11,800)
Fund Balance, July 1	<u>122,980</u>	<u>131,780</u>
Fund Balance plus Cont. Capital, Mar.31	<u>\$ 122,980</u>	<u>\$ 119,980</u>

From: Robert L. Miller
Sent: Wednesday, May 26, 2021 3:42 PM
To: Rupert, Jim
Cc: Elizabeth Paterson (home); Millie C. Brosseau
Subject: EHHD Finance Committee appointment

Hello Jim— On behalf of Elizabeth Paterson, Chairperson for the EHHD Board of Directors, please let this email serve as formal notice of your appointment to the EHHD Personnel Committee, effective immediately.

The next finance committee meeting is scheduled for June 17th, at 4:00PM via zoom. (The finance committee meeting is scheduled to precede the regular board meeting scheduled for 4:30PM.) The meeting agenda and materials will be sent a few days ahead of the meeting.

Betsy and myself greatly appreciate your willingness to support the health district in its efforts to prevent illness and promote wellness.

Please let me know if you have any questions.

Respectfully,

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
860-429-3321 (Fax)
Twitter: @RobMillerMPH
www.ehhd.org

In order to prevent the spread of COVID-19, please maintain social distancing of at least 6 feet, avoid crowds, wash hands frequently with soap and water for 20 seconds, stay home if you're sick. For the most current updates and recommendations, visit ct.gov/coronavirus. For general questions, call 2-1-1



Preventing Illness and Promoting Wellness in the Communities We Serve

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, May 26, 2021 3:40 PM
To: Ryan J. Aylesworth
Cc: Elizabeth Paterson (home); Millie C. Brosseau; Tasha N. Smith
Subject: EHHD Personnel Committee & Finance Committee appointment

Hello Ryan – On behalf of Elizabeth Paterson, Chairperson for the EHHD Board of Directors, please let this email serve as formal notice of your appointment to both the EHHD Personnel Committee, and the Finance Committee. Both appointments are effective immediately.

The next finance committee meeting is scheduled for June 17th, at 4:00PM via zoom. (The finance committee meeting is scheduled to precede the regular board meeting scheduled for 4:30PM.) The meeting agenda and materials will be sent a few days ahead of the meeting.

The personnel committee is not currently scheduled to meet.

Betsy and myself greatly appreciate your willingness to support the health district in its efforts to prevent illness and promote wellness.

Please let me know if you have any questions.

Respectfully,

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
860-429-3321 (Fax)
Twitter: @RobMillerMPH
www.ehhd.org

In order to prevent the spread of COVID-19, please maintain social distancing of at least 6 feet, avoid crowds, wash hands frequently with soap and water for 20 seconds, stay home if you're sick. For the most current updates and recommendations, visit ct.gov/coronavirus. For general questions, call 2-1-1



Preventing Illness and Promoting Wellness in the Communities We Serve

**Eastern Highlands Health District
COVID-19
Response Activity Update
June 10, 2021
(Updates are in red)**

Activation of Public Health Emergency Response Plan

We have transitioned away from bi-weekly planning cycle with a bi-weekly staff zoom meeting to a weekly vaccination team meeting. We participate in twice weekly local public health virtual meetings with DPH.

Both the internal staff meeting, and the DPH meeting frequency have been decreased to every two weeks.

Public Health Surveillance

We continue to issue weekly reports. In an effort to keep community partners updated on disease prevalence and other response activities.

Our latest weekly report dated June 11, 2021 is attached to this report.

COVID Testing

The Eastern Highlands Health District coordinated with area partners to establish weekly COVID-19 drive thru test sites in and around the health district. The two sites within the health district include the Mansfield Middle School, and the Tolland High School. The following data is available for these sites:

Mansfield Site Results

MMS 12/9 – 242 tests, 236 negatives, 4 positives, 2 inconclusive – 1.7%
MMS 12/16 – 238 tests, 228 negatives, 9 positives – 3.7%
MMS 12/23 – 207 tests, 203 negatives, 4 positives -1.9%
MMS 12/30- 130 tests, 125 negatives, 3 positives, 2 inconclusive – 2.3%
MMS 1/6 – 193 tests, 184 negatives, 8 positives, 1 inconclusive – 4.1%
MMS 1/13 – 192 tests, 188 negatives, 3 positives, 1 Inconclusive – 1.2%
MMS 1/20 – 230 tests, 212 negatives, 13 positives, 5 inconclusive – 5.7%
MMS 1/27 - 175 tests, 166 negatives, 9 positives – 5.1%
MSS 2/3 – 152 tests, 148 negatives, 1 positives, 3 inconclusive - <1%
MMS 2/10 – 149 tests, 146 negatives, 3 positives – 2.0%
MMS 2/17 – 113 tests, 111 negatives, 2 inconclusive – 0%
MMS 2/24 – 113 tests, 112 negatives, 1 positive - <1%
MMS 3/3 – 105 tests, 103 negatives, 1 positive, 1 inconclusive <1%
MMS 3/10 – 111 tests, 108 negatives, 1 positive, 2 inconclusive - <1%
MMS 3/17 – 91 tests, 91 negatives, 0 positives – 0%
MMS 3/24 – 108 tests, 107 negatives, 1 positive - 0.9%
MMS 3/31 – 142 tests, 163 negatives, 4 positives, 2 inconclusive – 2.8%
MMS 4/7 – 99 tests, 98 negatives, 1 positive - 1%
MMS 4/14 – 82 tests, 82 negatives – 0%
MMS 4/21 – 64 tests, 64 negatives – 0%
MMS 4/28 – 48 tests, 45 negatives, 3 positives – 6.25%
MMS 5/5 – 48 tests, 48 negatives – 0%

MMS 5/12 – 42 tests, 41 negatives, 1 positive – 2.38%
MMS 5/19 – 42 tests, 41 negatives, 1 positive – 2.38%
MMS 5/26 – 17 tests, 17 negatives – 0%

Tolland Site Results

THS 12/13 – 371 tests, 360 negatives, 11 positives – 3.0%
THS 12/27 – 350 tests, 322 negatives, 23 positives, 1 inconclusive – 6.5%
THS 1/10 – 222 tests, 199 negatives, 23 positives – 10.3%
THS 1/24 – 173 tests, 159 negatives, 10 positives, 4 inconclusive – 5.9%
THS 2/7 - CANCELLED
THS 2/21 – 82 tests, 80 negatives, 1 positive – 1.25%
THS 3/7 – 76 tests, 75 negatives, 1 positive – 1.3%
THS 3/21 – 48 tests, 43 negatives, 5 positives – 10.4%
THS 4/4 – 38 tests, 36 negatives, 2 positives – 5.3%
THS 4/18 – 44 tests, 44 negatives – 0%

The testing has ended for both these sites.

See the attached report titled, “Eastern Highlands Health District ELC Activity Output/Outcomes” for more testing data outputs.

This office will continue to work to promote available testing services within or in proximity to the health district.

Contact Tracing

The health district (or the DPH tracing unit) is contact tracing every confirmed case within our Jurisdiction that are not UConn students. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the contact tracing program that represent, in part, our efforts to respond to this pandemic:

- During the months of **April and May** with state support an average of **59 community cases per week were investigated.**
- During the month of **April and May** we investigated or supported the investigation of **approximately 13 public school affiliated cases per week.**
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During **April and May** we investigate approximately **1 town governmental affiliated cases per week.**
- The health district currently has **one staff person** conducting contact tracing on a part-time basis.
- Please see the attached report titled “Eastern Highlands Health District ELC Activity Output/Outcomes” for additional contact tracing data.

University of Connecticut Storrs

The on campus semester ended April 9th, 2021, at which point all students engaged in online classes to the end of the semester on May 8th.

Schools

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principals, and superintendents. The topics include but are not limited to contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, vaccination eligibility, vaccination clinic coordination, and many other COVID related matters. We provide thoughtful, researched responses daily.

PPE Distribution

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **130,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

As of the date of this report, PPE distribution to area providers continues in an effort to exhaust available inventory.

Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support to area businesses. Since March of 2020 we have responded to **151 complaints** regarding violations of the sector rules, or the Governors executive orders.

This office issued two cease and desist orders since the sector rules have been in place. One 9/28 to Huskies Restaurant and Tavern, and a second on 11/10 to the American Eagle Saloon and Café in Willington for violations of the Governors executive orders regarding masks, social distancing and other sector rules. Both establishments have since received approval on re-open plans and passed a pre-operational inspection.

Governors Executive Orders and other state guidance - Application and Interpretation

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to numerous phone consultations, and emails, this office and staff participates in regular COVID response staff meetings with a number of member towns.

Public Health Education, Communications, Messaging

EHHD is aligned with the Governor's and CDC Messaging; providing regular public information updates to website, and social media (FB & Twitter).

We push out information and updates on access to testing of general public and first responders.

Agency updates routinely provided to community partners.

We continue to provide consultation regarding the travel advisory to a number of public sector employers.

We are now pushing out information on COVID-19 vaccine access and eligibility to the public and community partners via website, and email blast.

Our vaccination messaging is now supporting efforts at the state level to overcome barriers to access, and/or vaccine hesitancy.

Medical Reserve Corps retention and recruitment

We continue to recruit and vet new MRC volunteers. We continue to rotate new volunteers through our clinics for experience. To date, a total of approximately 200 volunteers have received field experience or training.

We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing. A combined total of 46 MRC volunteers supported our three seasonal flu clinics that occurred in October and November.

COVID-19 Crisis Response Funding for State and Local Health Departments (COVID grant #1)

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. This grant is fully expended.

Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (COVID grant #2)

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application. We have since received our full award of \$153,795 for the first budget period ending May 17, 2021.

We have been informed that we will be receiving additional non-competitive, no application ELC funding that will be similar to the first year of funding under the current ELC grant.

Coronavirus Relief Fund

With the Town of Mansfield's assistance, the health district was able to claim for reimbursement **\$104,787** in pandemic response expenses against the Municipal CRF for the period ending December 30, 2020. The expenses claimed are related to regular and program staff time dedicated to the pandemic response during this period. These funds have since been received by the Mansfield Finance Department.

COVID-19 Vaccination Campaign Planning and Activities

We are currently meeting weekly with DPH. Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered 10,058 doses (of which 5,200 are 2nd doses Moderna, or one dose J&J) in 106 clinics throughout the Eastern Highlands Health District.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health hold vaccination clinics for those 12 and older at school located clinics. Six different school located clinics have been conducted to date, with 410*

vaccines administered. Second dose clinics are scheduled for June 15th at THS, and June 22nd at CHS.

- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. We have vaccinated twelve 40 homebound individuals as of 6/8/21.*
- *The EHHD continues to conduct 4 to 5 weekly clinics through the current phase rollout. Clinics will be located in either the Mansfield Community Center, or E.O. Smith High School.*
- *As if April 1st, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *The EHHD has begun to administer the Johnson & Johnson (Janssen) vaccine. To date, we have administered 760 doses. We have effectively transition away from two dose Moderna to single dose Johnson & Johnson.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week. The vax site on the Storrs Campus is scheduled to cease operations by July 1st.*
- *The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual registered in VAMS and eligible for vaccine per the State's phased plan. Consequently, the EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.*
- *In an effort to facilitate vaccine access to local eligible persons the EHHD will directly notify local partners when EHHD vaccine appointments are posted in VAMS.*
- *We have not yet received any details on how or if we will be reimbursed for vaccine administration.*
- *This office will continues to work with member towns and local social services officials to facilitate vaccine access for senior citizens and other vulnerable populations.*
- *We are participating as an active partner with the North Central District Health Department in the Vulnerable Equity Partnership Funding initiative targeting groups and individuals effected by challenges to access, and/or vaccine hesitancy. Towards this end, in addition to vaccination promotion, we have initiated a "pop-up" clinic program. To date, we have conducted 3 pop-up clinics with plans for a fourth.*
- *We are moving our weekly walk-in clinic from the Mansfield Community Center to the Mansfield Town Hall, effective June 21st. Clinic hours are weekly on Monday morning, and Thursday evening.*

Plans for the Future

- Expanded Health Education Program targeting vaccine hesitancy, access, and infection control.
- Ongoing walk-up and pop-up COVID-19 vaccination clinics through the summer.
- Apply lessons learned, and update all emergency response plans.
- Continue collaboration with schools and prepare for new school year in the fall.
- Continue case contact investigation program.
- Implement improvements on surveillance and disease reporting.

Eastern Highlands Health District ELC Activity Output/Outcomes Report				Period	Period	Period	
Outputs/Outcomes: ELC Detection, Surveillance, Response, Informatics and Other Workforce Capacity				5/19 - 11/17	11/18-2/17	2/18 - 5/17	
Output 1: Metrics associated with activity 1 will be captured in the ContaCT system.							
Output 2a: Number of influenza clinics hosted or arranged by EHHD				3	0	0	
Output 2b: Number of COVID19 vaccine clinics hosted or arranged by EHHD				0	32	70	
Output 2c: Number of people vaccinated for influenza				123	0	0	
Output 2d: Number of people that received two doses, or as appropriate per the manufacturer, of COVID-19 vaccine				0	460	4701	
Output 3: # of staff that receive the updated Infectious Disease Protocols/Plans, etc... (e.g., local health department staff, elected officials,				0	0	0	
Output 5: # of families/individuals served by CRC referrals made by EHHD				19	91	17	
Output 6: Signed agreements with DPH demonstrating vaccine readiness for COVID-19 (CoVP).				Yes	Yes	Yes	
Output 8: # of reports developed and posted on town website (EHHD website)				6	2	2	
Output 9: # of people who receive weekly town-specific summary disease reports				65	86	86	
Output 10: # of weekly reports sent, and # of partners by type who receive the information				36	36	36	
Output 11: Number of people and volunteers trained on conducting mass vaccination clinics				~60	30	109	
Output 12: # of targeted communities identified through data analysis.				na	na	1	
Strengthen Laboratory Testing Volume and Capacity							
Output 1: Number and type of community members identified as being at-risk				na	na	na	
Output 2: List of community partners/organizations, and # of meetings held with community partners/organizations				2	17	44	
Output 3: # of testing clinics at non-tradition sites that were hosted/arranged				8	18	18	
Output 5a: # of testing clinics hosted/arranged in high risk locations				4	0	0	
Output 5b: # of at-risk and other community members tested for COVID19 through clinics hosted by Eastern Highlands Health District				1723	4645	1341	
Coordinate and Engage with Partners							
Output 1a: Number of meetings held with partners.				68	~70	~90	
Output 1b: A listing of the type of joint work products conducted by health department in collaboration with new or existing partners, e.g				See comment	See comment	See comments	
Output 2a: # of individuals/families identified as having unmet needs during isolation/quarantine periods, as identified during contact tracing				19	91	17	
Output 2b: # of individuals/families successfully connected with CRC for unmet needs				19	91	17	
Output 3a: The new hire will adapt best practice examples from Region for use in the EHHD relating to contact tracing, promoting testing sites				yes	NA	na	
Output 3b: The new hire will contribute to the meetings with input for COVID19 response planning, Regional testing initiatives, Regional Clinics				yes	NA	na	
Prevent and Minimize Disease Transmission of COVID-19							
Output 1: # of technical assistance discussions had with industry relating to sector rules				~500	~400	~300	
Output 3a: # of complaints responded to by facility type				110	19	19	
Output 3b: # of complaints referred to municipal designee for 'other' facility types				5	4	9	
Output 3c: # of notices of violation issued				2	0	0	
Outcome 5a: SOPs were updated.				Yes	yes	yes	
Outcome 5b: # of meetings held (dates, with whom, purpose/title of meeting)				2	2	8	
Output 7: Finalization and publication of School System contact tracing plan and exposure plan				Completed	NA	NA	
Output 9a: # of technical advisory and training meetings held with school district official (topics, and dates)				~60	~20	~60	
Output 10a: # of school-related cases that the health department responded to in concert with school medical advisor and nurse				~30	190	163	
Output 10b: # of hours or days from identification of school-related case to follow-up conducted by school and local health personnel				ave. 2 hours	ave. 4 hours	ave. 3 hours	
Conduct Health Promotion Activities associated with 1 to 4 above							
Output 1a: Frequency the websites were updated				weekly	as needed. At least weekly.	as needed. At least weekly.	
Output 2a: Number of posters or other print materials distributed				0	2200	~5000	
Output 2b: List of the establishments and facility type the materials were distributed and posted				na	posters at vaccine clinics	posters at vaccine clinics and hand outs to vaccinated patients	
Output 2c: Languages of publications designed (CLAS standards)				yes	yes	yes	
Output 2d: Frequency of social media posts and number of likes/hits				weekly - 160	every 2 wks - 160	every 2 wks - 160	
Output 2f: Frequency the websites were updated				weekly	as needed. At least weekly.	as needed. At least weekly.	



Eastern Highlands Health District COVID-19 Update

DATE: 06/11/2021

TIME: 9:00 AM

COMPLETED BY: A. Bloom

TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non-student	Scotland ++	Tolland	Willington	EHHD Totals
Cumulative Cases	182	247	291	132	345	760	1,526		42	962	282	4,769
Change from last week	0	0	3	0	0	1	2	(2)	0	0	0	6
Two week change	0	0	5	0	0	4	7	(6)	0	2	1	19
Deaths	3	4	5	0	6	8	27	(27)	2	19	3	77

CONNECTICUT TOTALS (June 10, 2021)

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations	Two week change in hospitalizations	Deaths
348,319	571	1,182	71	-52	8,260

Data Source: CTEDSS and CT DPH; cumulative town counts as of 06/10/2021; reporting period for two week town level case counts is 5/23/2021 through 6/05/2021

*This is the current (net) number of hospitalizations. It is not a cumulative count. ++ Likely to be lower than actual resident positive cases due to residents using Baltic, North Windham and Hampton as mailing address. NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.

EHHD residents who received a first dose of COVID-19 vaccine

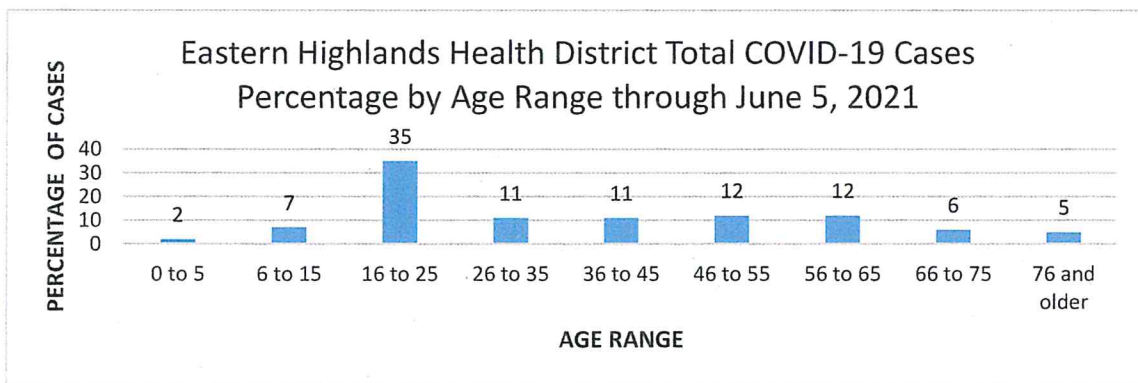
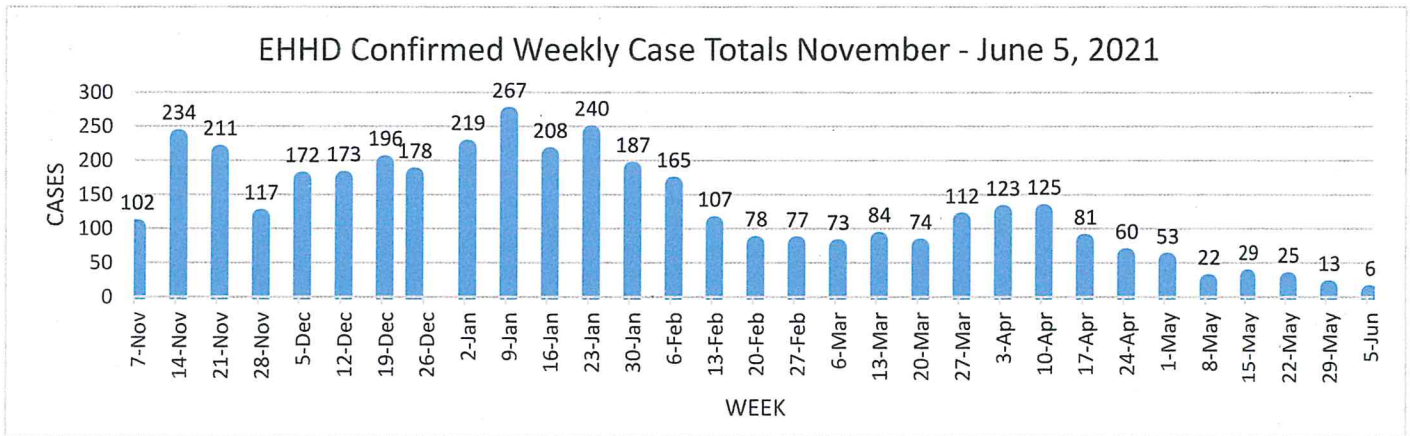
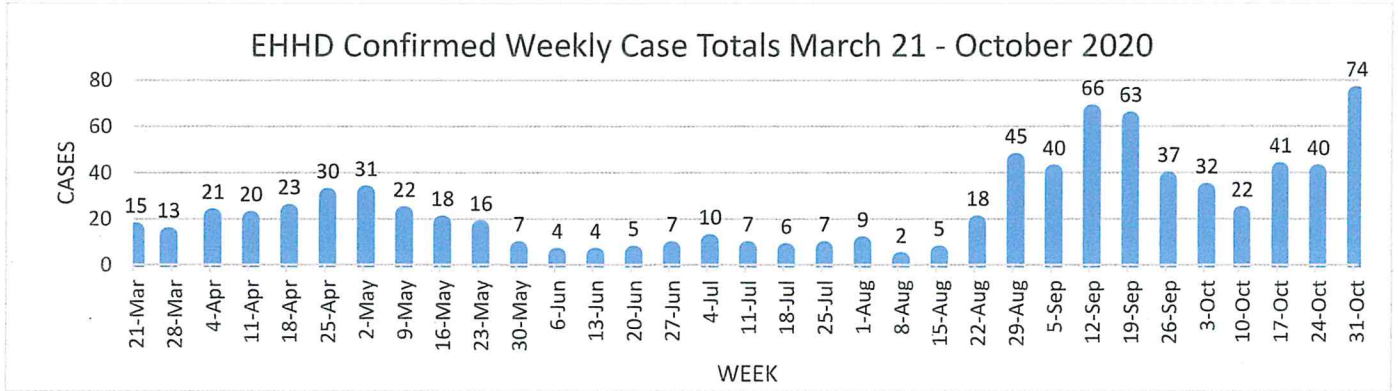
TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland ++	Tolland	Willington	EHHD Totals
Estimated pop.	3,236	4,255	4,884	2,239	5,379	12,407	25,487	1,672	14,618	5,864	80,041
Received 1 st dose COVID vaccine	1,978	2,449	3,121	1,143	3,321	7,489	8,662	820	9,570	3,184	41,737
% of pop.	61%	56%	64%	51%	62%	60%	34%	49%	65%	54%	52%
Fully vaccinated	1,769	2,208	2,832	1,035	2,992	6,715	7,772	762	8,515	2,849	37,449
% of pop.	55%	52%	58%	46%	56%	54%	30%	46%	58%	49%	47%

Source: Connecticut immunization registry CT DPH as of 06/9/2021; population based on 2019 census

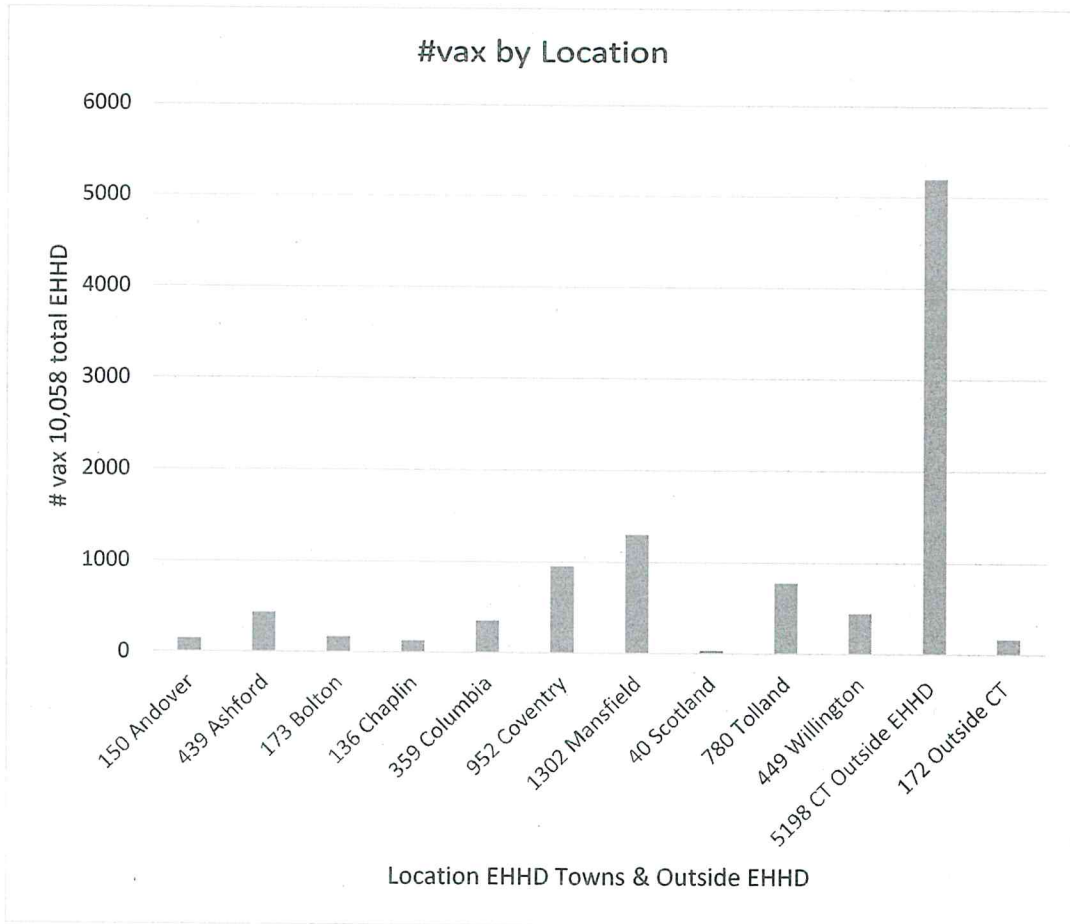
Note: The Mansfield and EHHD vaccination coverage total figures are influenced by the UConn student population of approximately 16,000. The vaccine coverage percentage is likely higher for the non-student population.

Recent EHHD News:

- The EHHD is hosting a series of pop-up and walk-up vaccination clinics. No appointments necessary. Go to our website at www.ehhd.org for times and locations.
- The weekly case count on the below chart indicates downward trend in the past 9 weeks. Follow this link for more town level data: <https://portal.ct.gov/Coronavirus/COVID-19-Data-Tracker>



NOTE: For the top two charts, counts can change from week to week due to the state reassigning a case to a different town once further information is gathered on the case or lab reporting delays. The bottom chart may not equal 100% due to rounding.



EHHD & Non-EHHD Towns	# vax (10,058 total)
150 Andover	150
439 Ashford	439
173 Bolton	173
136 Chaplin	136
359 Columbia	359
952 Coventry	952
1302 Mansfield	1302
40 Scotland	40
780 Tolland	780
449 Willington	449
5198 CT Outside EHHD	5198
172 Outside CT	172



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

7

Activity Report October 1, 2020 – March 31, 2021

Highlighted Accomplishments/Activities

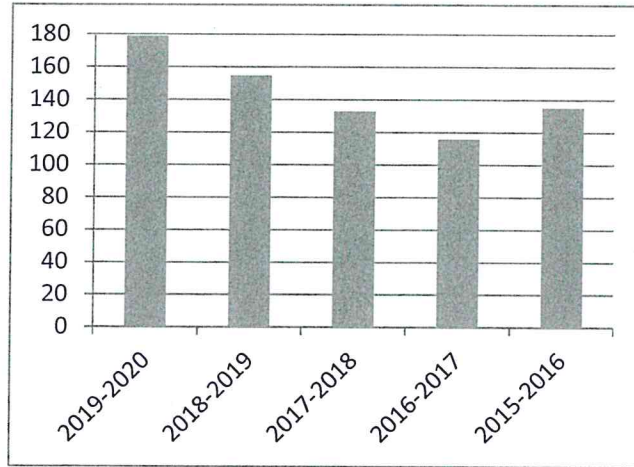
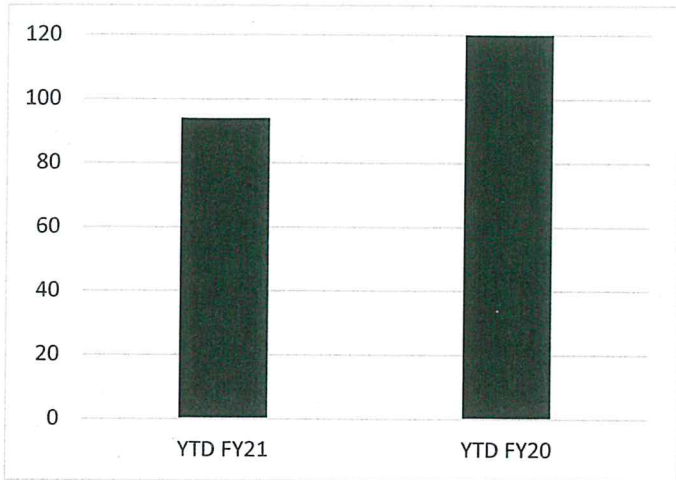
- Most of the EHHD special projects and initiatives have been suspended while the pandemic response continues to command the bulk of the agency resources. See separate report on COVID-19 response activities during this period.
- Staff is working with Town of Mansfield staff to support the new elementary school project.
- *Community Health and Wellness Programs:* Conducted two flu clinics in Tolland and Coventry. Social media activity has increased in support of pandemic response. See separate CHWC quarterly report attached for more details.
- *Emergency Preparedness Program:* The Public Health Emergency Response Coordinator is fully engaged in the pandemic response. Please see separate PHERC report attached for more details.

Plans for the Next Quarter

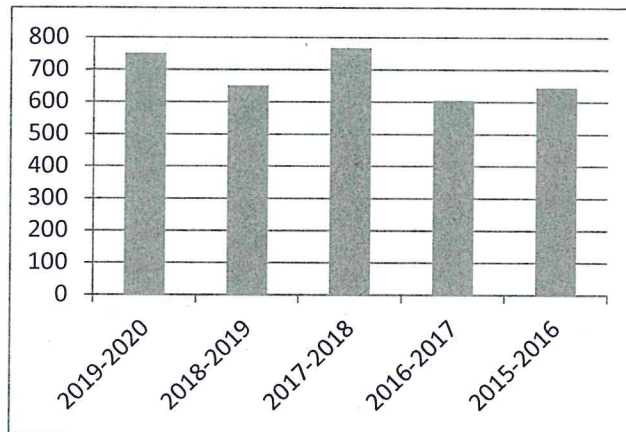
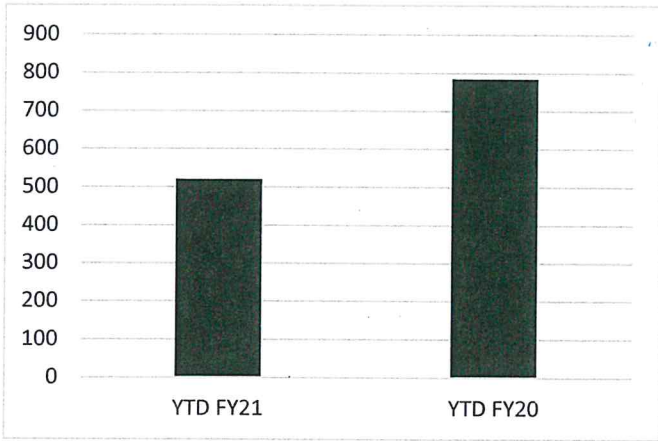
- Continue to provide our core scope of public health services during this declared public health emergency.
- Start up our summer bathing water quality testing program.
- Recruit and Hire replacement for vacant Sanitarian 1 position.
- Recruit and Hire candidate for new part-time environmental health inspector position.
- Continue to adapt and respond accordingly to changing pandemic conditions.

Statistical Report (Attached)

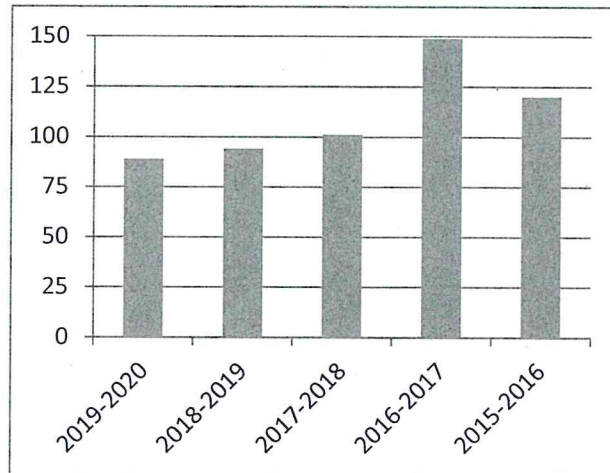
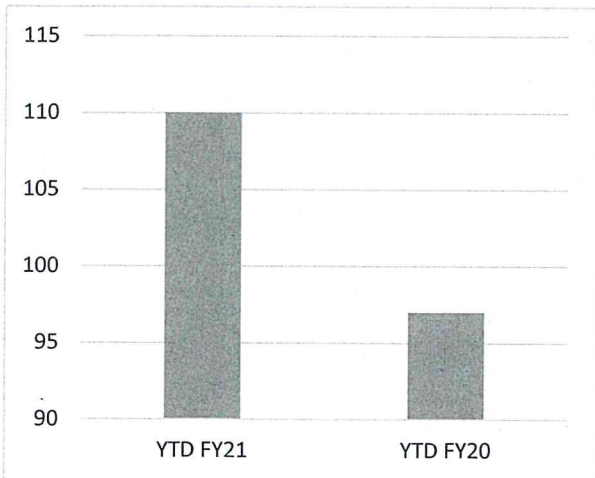
Complaints



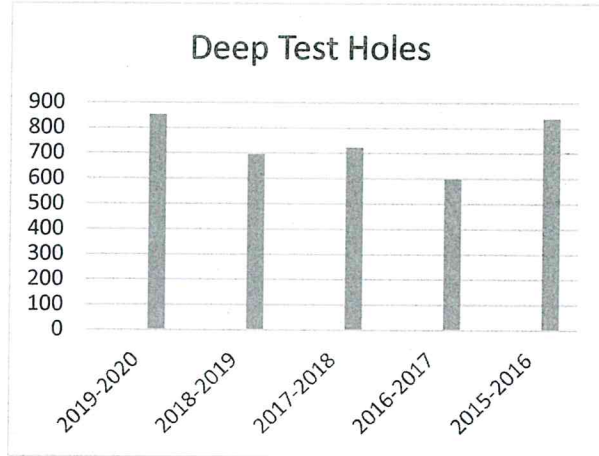
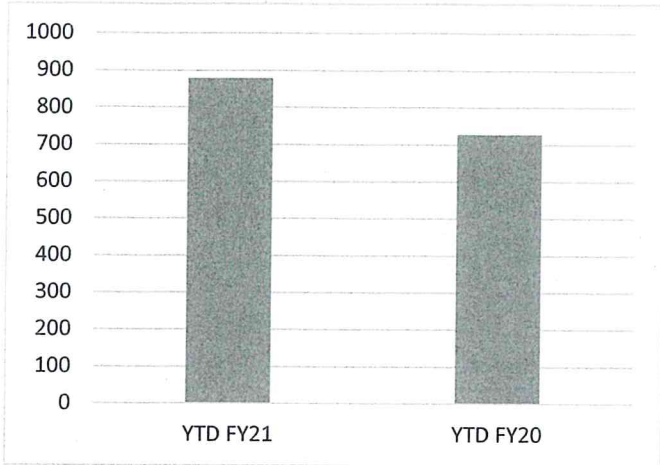
Food Service Inspections



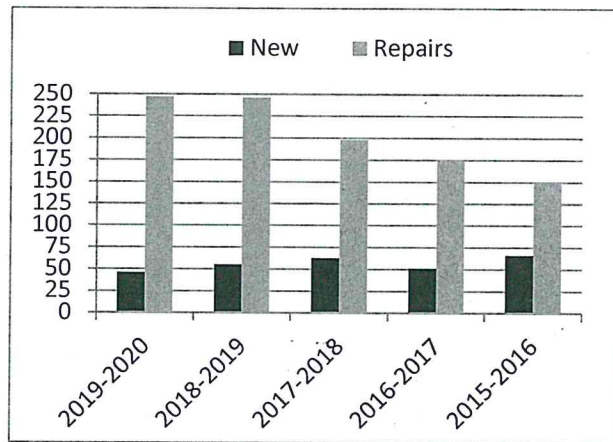
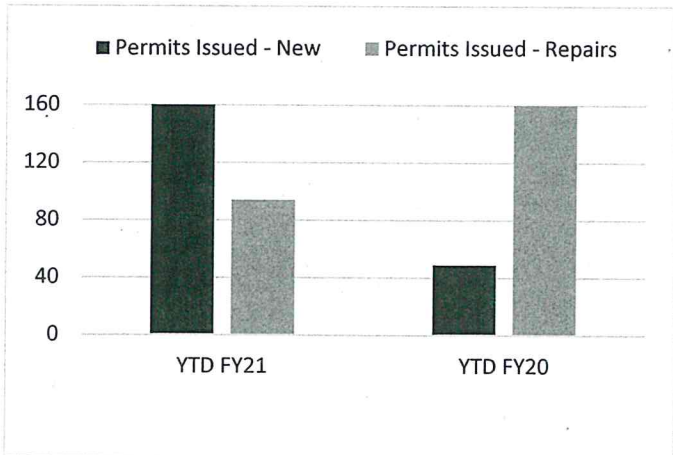
Well Permits



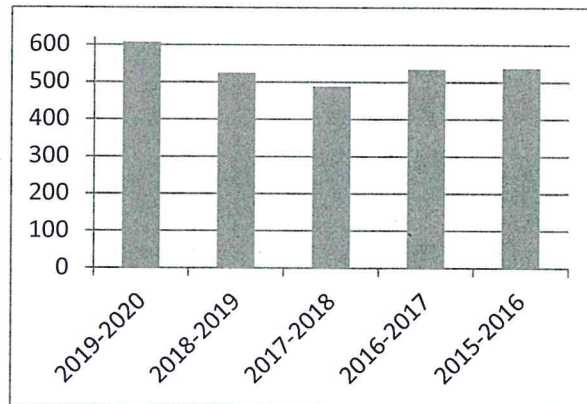
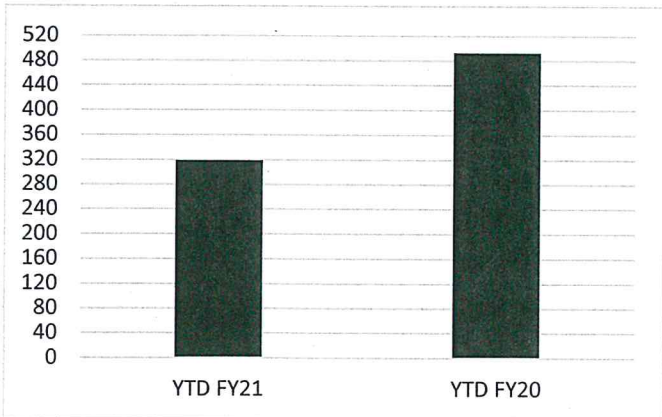
Deep Test Holes



Septic Permits Issued



Public Health Reviews



EASTERN HIGHLANDS HEALTH DISTRICT THIRD QUARTER FISCAL YEAR 2020-2021

January 1, 2021 - March 31, 2021

Activity Indicators	MONTHS				Current	Previous
	January	February	March	Total		
COMMUNITY HEALTH ACTIVITIES						
<i>Communicable Disease Control</i>						
Case reports reviewed	81	26	93	200	570	770
Preliminary follow ups				0	0	17
Investigations				0	0	14
<i>Public Health Education</i>						
Programs	(see narrative for program description)					
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality	1	0	0	1	1	2
Animals/Animal Waste	0	0	0	0	0	4
Activity without Permit	0	0	0	0	8	0
Food Protection	0	0	0	0	7	21
Housing Issues	0	1	2	3	26	32
Emergency Response	0	0	0	0	1	12
Refuse/Garbage	1	0	1	2	8	11
Rodents/Insects	0	0	0	0	3	2
Septic/Sewage	1	1	1	3	18	38
Other	0	1	0	1	10	11
Water Quality	0	0	0	0	12	23
COVID-19	5	10	10	25	25	7
Total	8	13	14	35	94	156
<i>Health Inspection</i>						
Group homes	0	1	1	2	2	1
Day Care	0	1	0	1	1	19
Camps	0	0	0	0	2	4
Public Pool	0	0	0	0	10	25
Other	0	1	0	1	19	4
Schools	0	0	0	0	0	2
Mortgage, FHA, VA	0	0	0	0	0	0
Bathing Areas	0	0	0	0	0	0
<i>On-site Sewage Disposal & Wells</i>						
Site inspection	77	46	85	208	208	938
Deep hole tests	44	44	106	194	879	728
Percolation tests	7	9	34	50	617	194
Permits issued, new	7	6	7	20	202	49
Permits issued, repair	13	11	21	45	94	245
Site Plans Reviewed	9	1	6	16	248	249
Public Health Reviews	30	33	64	127	319	493
<i>Wells</i>						
Well sites inspected	4	5	6	15	44	34
Well permits issued	13	3	6	22	110	97
<i>Laboratory Activities (samples taken)</i>						
Potable water	1	0	1	2	8	34
Surface water	0	0	0	0	0	312
Ground water	0	0	0	0	342	0
Rabies	0	0	0	0	0	2
Lead	0	0	0	0	2	1
Other	0	0	4	4	4	47
<i>Food Protection</i>						
Inspections	9	37	117	163	163	549
Reinspections	1	2	9	12	329	122
Temporary permit	1	3	5	9	96	178
Temporary inspections*	0	0	0	0	23	106
Plan review	0	1	0	1	2	17
Pre-operational inspections	1	3	2	6	6	8
Total Inspections	11	42	128	181	521	785
<i>Lead Activities</i>						
Housing inspection	1	0	1	2	2	4
Abate plan reviewed	0	0	0	0	0	0
<i>Miscellaneous Activities</i>						
Planning and Zoning referrals	2	0	2	4	6	2
Subdivision reviewed (# of lots)	1	1	0	2	10	12

ANDOVER QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators

	January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	3
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	3
Other				0	1
Water Quality				0	0
COVID-19				0	25
Total	0	0	0	0	35
<i>Group Homes</i>					
Group homes				0	2
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	4
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	3	3	9	15	208
Deep hole tests -- number of holes	3	15	3	21	194
Percolation tests -- number of holes	1	1		2	50
Permits issued, new	1			1	20
Permits issued, repair		2	1	3	45
Site plans reviewed				0	16
Public Health Reviews	3	1	5	9	127
<i>Wells</i>					
Well sites inspected		1		1	15
Well permits issued		1		1	22
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	2
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	0
Other			2	2	4
<i>Food Protection</i>					
Inspections			5	5	163
Reinspections				0	11
Temporary permits				0	9
Temporary inspections				0	0
Plan reviews				0	1
Pre-operational inspections				0	6
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	4
Subdivision reviewed (per lot)				0	2

	A	B	C	D	E	F	G	H	I
1	ASHFORD QUARTERLY REPORT								
2	January 1, 2021 - March 31, 2021								
3									
4	Activity Indicators								
5									
6					<u>January</u>	<u>February</u>	<u>March</u>	<u>Total</u>	<u>District Total</u>
7	ENVIRONMENTAL HEALTH ACTIVITIES								
8	<i>Complaints</i>								
9		Air Quality						0	1
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits						0	0
12		Food Protection						0	0
13		Housing Issues			1			1	3
14		Emergency Response						0	0
15		Refuse/Garbage						0	2
16		Rodents/Insects						0	0
17		Septic/Sewage						0	3
18		Other						0	1
19		Water Quality						0	0
20		COVID-19						0	25
21		Total			0	1	0	1	35
22	<i>Health Inspection</i>								
23		Group homes						0	2
24		Day Care						0	1
25		Camps						0	0
26		Public Pool						0	0
27		Other						0	1
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Total			0	0	0	0	4
32	<i>On-site Sewage Disposal</i>								
33		Site inspection -- all site visits			7	3	4	14	208
34		Deep hole tests -- number of holes			3		4	7	194
35		Percolation tests -- number of holes					3	3	50
36		Permits issued, new			1		1	2	20
37		Permits issued, repair			4	1	2	7	45
38		Site plans reviewed					1	1	16
39		Public Health Reviews			2	3	2	7	127
40	<i>Wells</i>								
41		Well sites inspected						0	15
42		Well permits issued			1		1	2	22
43	<i>Laboratory Activities (samples taken)</i>								
44		Potable water						0	2
45		Surface water						0	0
46		Ground water						0	0
47		Rabies						0	0
48		Lead						0	0
49		Other						0	4
50	<i>Food Protection</i>								
51		Inspections				2	7	9	163
52		Reinspections			1	1	1	3	11
53		Temporary permits			1			1	9
54		Temporary inspections						0	0
55		Plan reviews						0	1
56		Pre-operational inspections				1		1	6
57	<i>Lead Activities</i>								
58		Housing inspection						0	2
59		Abate plan reviewed						0	0
60	MISCELLANEOUS ACTIVITIES								
61		Planning and Zoning referrals						0	4
62		Subdivision reviewed (per lot)						0	2

BOLTON QUARTERLY REPORT
January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues				0	3	
Emergency Response				0	0	
Refuse/Garbage				0	2	
Rodents/Insects				0	0	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19		1		1	25	
Total	0	1	0	1	35	
<i>Health Inspection</i>						
Group homes				0	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	11	2	6	19	208	
Deep hole tests -- number of holes		5	6	11	194	
Percolation tests -- number of holes			2	2	50	
Permits issued, new		1		1	20	
Permits issued, repair	2	2	1	5	45	
Site plans reviewed	2	1	1	4	16	
Public Health Reviews	3	2	2	7	127	
<i>Wells</i>						
Well sites inspected				0	15	
Well permits issued	1			1	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	1	2	8	11	163	
Reinspections				0	11	
Temporary permits		2	1	3	9	
Temporary inspections				0	0	
Plan reviews				0	1	
Pre-operational inspections				0	6	
<i>Lead Activities</i>						
Housing inspection			1	1	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	4	
Subdivision reviewed (per lot)				0	2	

CHAPLIN QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues				0	3	
Emergency Response				0	0	
Refuse/Garbage				0	2	
Rodents/Insects				0	0	
Septic/Sewage			1	1	3	
Other				0	1	
Water Quality				0	0	
COVID-19				0	25	
Total	0	0	1	1	35	
<i>Health Inspection</i>						
Group homes				0	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other		1		1	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	1	0	1	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	1	2	0	3	208	
Deep hole tests -- number of holes	6		5	11	194	
Percolation tests -- number of holes	2		2	4	50	
Permits issued, new		1		1	20	
Permits issued, repair			1	1	45	
Site plans reviewed				0	16	
Public Health Reviews			1	1	127	
<i>Wells</i>						
Well sites inspected				0	15	
Well permits issued				0	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections		6	3	9	163	
Reinspections				0	11	
Temporary permits				0	9	
Temporary inspections				0	0	
Plan reviews				0	1	
Pre-operational inspections				0	6	
<i>Lead Activities</i>						
Housing inspection				0	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	4	
Subdivision reviewed (per lot)				0	2	

COLUMBIA QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues				0	3	
Emergency Response				0	0	
Refuse/Garbage				0	2	
Rodents/Insects				0	0	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19				0	25	
Total	0	0	0	0	35	
<i>Health Inspection</i>						
Group homes				0	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	14	4	10	28	208	
Deep hole tests -- number of holes	5		16	21	194	
Percolation tests -- number of holes			3	3	50	
Permits issued, new			1	1	20	
Permits issued, repair	1	1	1	3	45	
Site plans reviewed	2			2	16	
Public Health Reviews		2	6	8	127	
<i>Wells</i>						
Well sites inspected	1	1	3	5	15	
Well permits issued	3		1	4	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	1	1	4	6	163	
Reinspections				0	11	
Temporary permits			1	1	9	
Temporary inspections				0	0	
Plan reviews				0	1	
Pre-operational inspections				0	6	
<i>Lead Activities</i>						
Housing inspection				0	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	4	
Subdivision reviewed (per lot)		1		1	2	

COVENTRY QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues				0	3	
Emergency Response				0	0	
Refuse/Garbage				0	2	
Rodents/Insects				0	0	
Septic/Sewage	1	1		2	3	
Other				0	1	
Water Quality				0	0	
COVID-19				0	25	
Total	1	1	0	2	35	
<i>Health Inspection</i>						
Group homes		1	1	2	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	1	1	2	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	14	17	16	47	208	
Deep hole tests -- number of holes	6	6	9	21	194	
Percolation tests -- number of holes	1	2	3	6	50	
Permits issued, new	4	1		5	20	
Permits issued, repair	2	3	3	8	45	
Site plans reviewed				0	16	
Public Health Reviews	8	7	13	28	127	
<i>Wells</i>						
Well sites inspected	2	1	2	5	15	
Well permits issued	2	1	2	5	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water			1	1	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	1	6	14	21	163	
Reinspections				0	11	
Temporary permits		1	1	2	9	
Temporary inspections				0	0	
Plan reviews		1		1	1	
Pre-operational inspections	1	1	2	4	6	
<i>Lead Activities</i>						
Housing inspection	1			1	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals	2		2	4	4	
Subdivision reviewed (per lot)				0	2	

MANSFIELD QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality	1			1	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues				0	3	
Emergency Response				0	0	
Refuse/Garbage				0	2	
Rodents/Insects				0	0	
Septic/Sewage				0	3	
Other		1		1	1	
Water Quality				0	0	
COVID-19	4	7	10	21	25	
Total	5	8	10	23	35	
<i>Health Inspection</i>						
Group homes				0	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	8	5	14	27	208	
Deep hole tests -- number of holes	10		33	43	194	
Percolation tests -- number of holes	1	1	10	12	50	
Permits issued, new	1	1		2	20	
Permits issued, repair	3		4	7	45	
Site plans reviewed	1			1	16	
Public Health Reviews	5	3	10	18	127	
<i>Wells</i>						
Well sites inspected		1		1	15	
Well permits issued		1	1	2	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other			2	2	4	
<i>Food Protection</i>						
Inspections	6	8	53	67	163	
Reinspections		1	6	7	11	
Temporary permits			2	2	9	
Temporary inspections				0	0	
Plan reviews				0	1	
Pre-operational inspections				0	6	
<i>Lead Activities</i>						
Housing inspection				0	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	4	
Subdivision reviewed (per lot)				0	2	

SCOTLAND QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues				0	3	
Emergency Response				0	0	
Refuse/Garbage				0	2	
Rodents/Insects				0	0	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19				0	25	
Total	0	0	0	0	35	
<i>Health Inspection</i>						
Group homes				0	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	5	3	1	9	208	
Deep hole tests -- number of holes			6	6	194	
Percolation tests -- number of holes			2	2	50	
Permits issued, new	11	1	2	3	20	
Permits issued, repair				0	45	
Site plans reviewed				0	16	
Public Health Reviews			2	2	127	
<i>Wells</i>						
Well sites inspected				0	15	
Well permits issued			1	1	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water	1			1	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections		1		1	163	
Reinspections				0	11	
Temporary permits				0	9	
Temporary inspections				0	0	
Plan reviews				0	1	
Pre-operational inspections				0	6	
<i>Lead Activities</i>						
Housing inspection				0	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	4	
Subdivision reviewed (per lot)				0	2	

TOLLAND QUARTERLY REPORT

January 1, 2021 - March 31, 2021

Activity Indicators						
	January	February	March	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	0	
Housing Issues			2	2	3	
Emergency Response				0	0	
Refuse/Garbage	1		1	2	2	
Rodents/Insects				0	0	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19				0	25	
Total	1	0	3	4	35	
<i>Health Inspection</i>						
Group homes				0	2	
Day Care				0	1	
Camps				0	0	
Public Pool				0	0	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	4	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	10	7	25	42	208	
Deep hole tests -- number of holes	11	13	21	45	194	
Percolation tests -- number of holes	2	5	8	15	50	
Permits issued, new		1	3	4	20	
Permits issued, repair	1	2	7	10	45	
Site plans reviewed	4		4	8	16	
Public Health Reviews	8	12	20	40	127	
<i>Wells</i>						
Well sites inspected	1	1	1	3	15	
Well permits issued	4			4	22	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	2	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections		8	13	21	163	
Reinspections			1	1	11	
Temporary permits				0	9	
Temporary inspections				0	0	
Plan reviews				0	1	
Pre-operational inspections		1		1	6	
<i>Lead Activities</i>						
Housing inspection				0	2	
Abate plan reviewed				0	0	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	4	
Subdivision reviewed (per lot)	1			1	2	

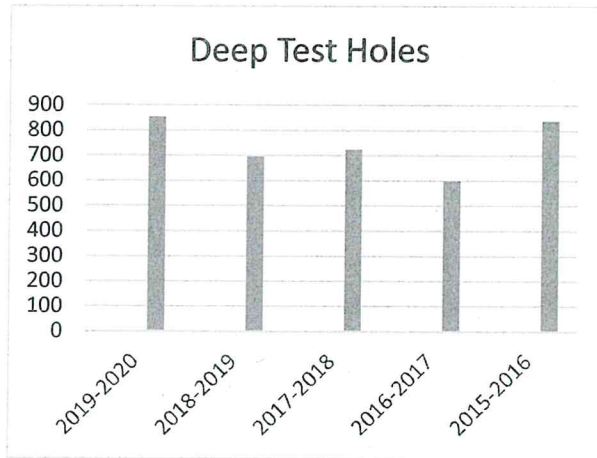
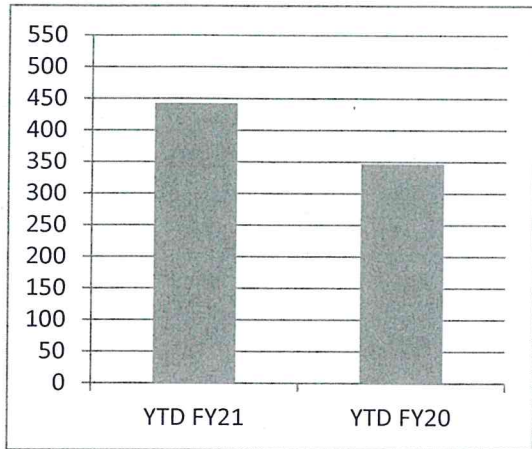
WILLINGTON QUARTERLY REPORT

January 1, 2021 - March 31, 2021

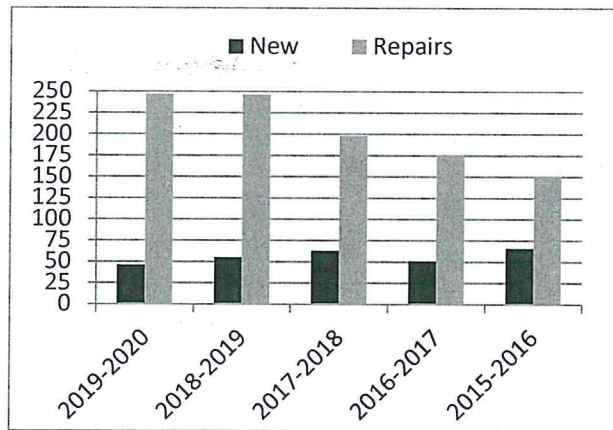
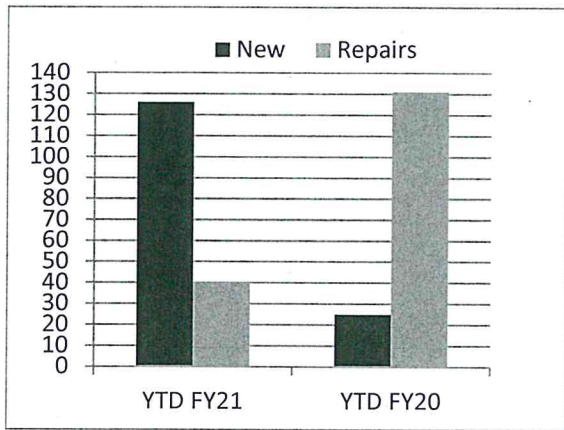
Activity Indicators

	January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	3
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	3
Other				0	1
Water Quality				0	0
COVID-19	1	2		3	25
Total	1	2	0	3	35
<i>Health Inspection</i>					
Group homes				0	2
Day Care		1		1	1
Camps				0	0
Public Pool				0	0
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	1	0	1	4
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	4			4	208
Deep hole tests -- number of holes		5	3	8	194
Percolation tests -- number of holes			1	1	50
Permits issued, new				0	20
Permits issued, repair			1	1	45
Site plans reviewed				0	16
Public Health Reviews	1	3	3	7	127
<i>Wells</i>					
Well sites inspected				0	15
Well permits issued	2			2	22
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	2
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	4
<i>Food Protection</i>					
Inspections		3	10	13	163
Reinspections			1		11
Temporary permits				0	9
Temporary inspections				0	0
Plan reviews				0	1
Pre-operational inspections				0	6
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	4
Subdivision reviewed (per lot)				0	2

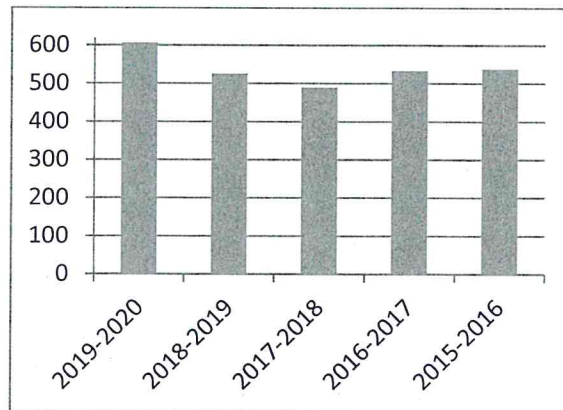
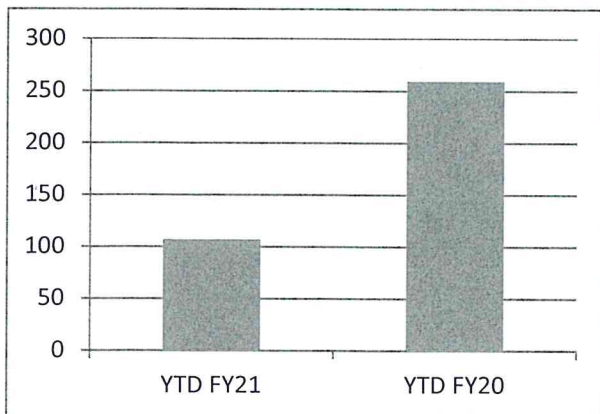
Deep Test Holes



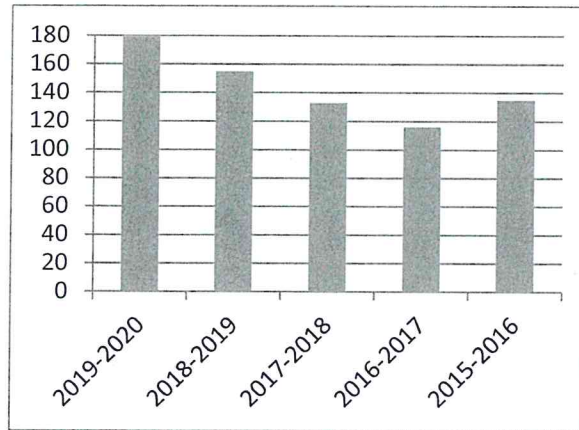
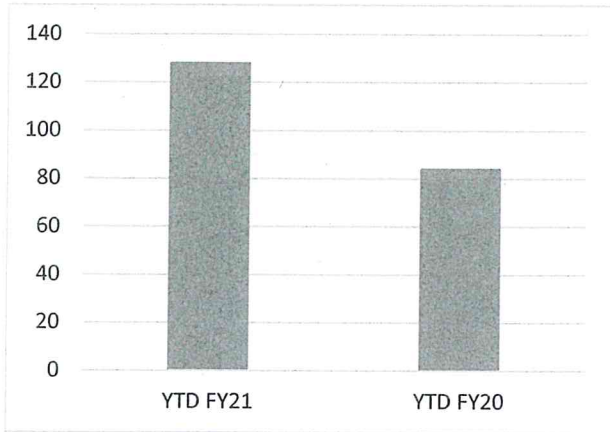
Septic Permits



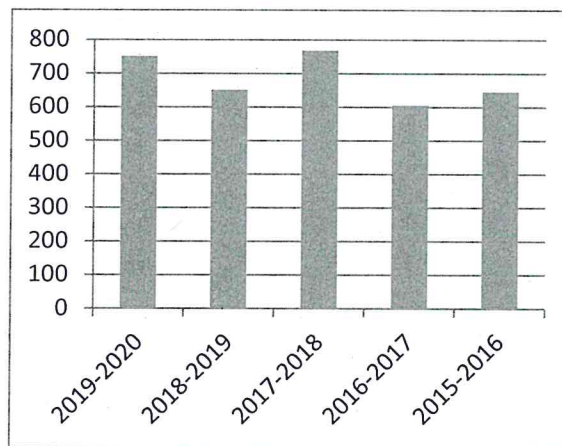
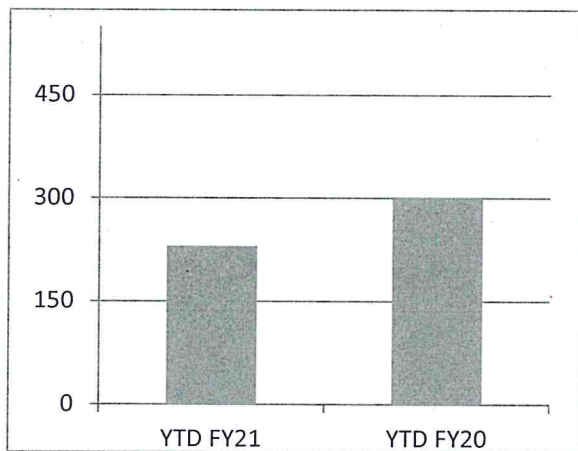
PHR Reviews



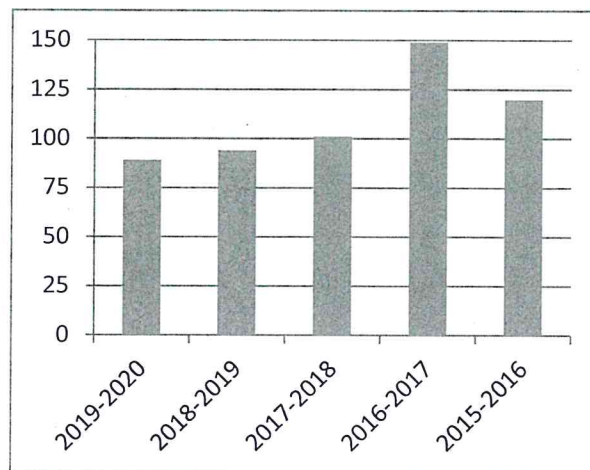
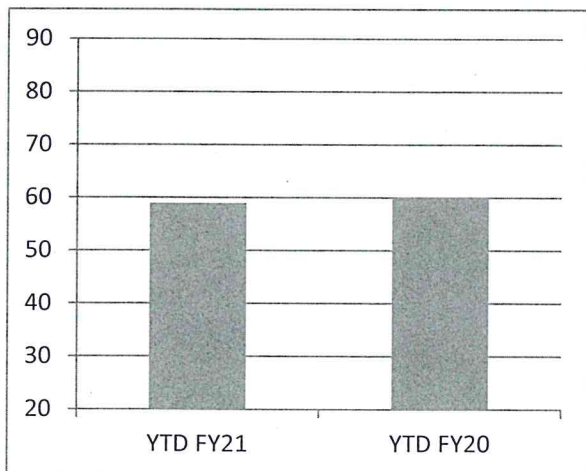
Complaints



Food Service Inspections



Well Permits Issued



	A	B	C	D	E	F	G	H	I	J
1	EASTERN HIGHLANDS HEALTH DISTRICT SECOND QUARTER FISCAL YEAR 2020-2021									
2	October 1, 2020 - December 31, 2020									
3	ACTIVITY INDICATORS				MONTHS				Current	Previous
4	COMMUNITY HEALTH ACTIVITIES				Oct	Nov	Dec	Total	YTD FY21	YTD FY20
5	<i>Communicable Disease Control</i>									
6		Case reports reviewed			57	154	57	268	370	519
7		Preliminary follow ups						0	0	8
8		Investigations						0	0	3
9	<i>Public Health Education</i>									
10		Programs							(see narrative for program description)	
11										
12	ENVIRONMENTAL HEALTH ACTIVITIES									
13	<i>Complaints</i>									
14		Air Quality			0	0	0	0	0	1
15		Animals/Animal Waste			0	0	0	0	0	2
16		Activity without Permit			0	0	0	0	4	0
17		Food Protection			0	0	1	1	4	12
18		Housing Issues			2	1	2	5	14	17
19		Emergency Response			0	0	1	1	1	8
20		Refuse/Garbage			0	0	0	0	3	4
21		Rodents/Insects			0	0	3	3	3	0
22		Septic/Sewage			1	1	1	3	9	18
23		Other			0	0	1	1	5	6
24		Water Quality			0	0	0	0	6	16
25		COVID-19			8	17	5	30	79	
26		Total			11	19	14	44	128	84
27	<i>Health Inspection</i>									
28		Group homes			0	0	0	0	0	0
29		Day Care			0	0	0	0	0	10
30		Camps			0	0	0	0	1	2
31		Public Pool			0	0	0	0	5	13
32		Other			0	0	0	0	9	0
33		Schools			0	0	0	0	0	2
34		Mortgage, FHA, VA			0	0	0	0	0	0
35		Bathing Areas			0	0	0	0	0	0
36		Total			0	0	0	0	15	27
37	<i>On-site Sewage Disposal</i>									
38		Site inspection			0	0	0	0	0	486
39		Deep hole tests			71	65	65	201	443	347
40		Percolation tests			55	42	48	145	356	97
41		Permits issued, new			33	15	22	70	126	25
42		Permits issued, repair			11	16	4	31	40	131
43		Site Plans Reviewed			23	23	14	60	146	130
44		Public Health Reviews			10	8	4	22	107	259
45	<i>Wells</i>									
46		Well sites inspected			12	11	6	29	29	19
47		Well permits issued			17	8	5	30	59	60
48	<i>Laboratory Activities (samples taken)</i>									
49		Potable water			3	3	0	6	6	26
50		Surface water			0	0	0	0	0	156
51		Ground water			0	0	0	0	171	0
52		Rabies			0	0	0	0	0	1
53		Lead			0	0	0	0	2	0
54		Other			0	0	0	0	0	29
55	<i>Food Protection</i>									
56		Inspections			0	0	0	0	0	259
57		Reinspections			48	23	36	107	212	56
58		Temporary permits			22	18	7	47	67	103
59		Temporary inspections			4	8	1	13	18	60
60		Plan review			1	0	0	1	1	7
61		Pre-operational inspections			0	0	3	3	0	0
63	<i>Lead Activities</i>									
64		Housing inspection			0	0	0	0	0	3
65		Abate plan reviewed			0	0	0	0	0	0
66	MISCELLANEOUS ACTIVITIES									
67		Planning and Zoning referrals			0	0	0	0	1	0
68		Subdivision reviewed (# of lots)			0	0	0	0	4	5

ANDOVER QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators						
	Oct	Nov	Dec	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	1	
Housing Issues				0	5	
Emergency Response				0	1	
Refuse/Garbage				0	0	
Rodents/Insects				0	3	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19		2		2	30	
Total	0	2	0	2	14	
Health Inspection						
Group homes				0	0	
Day Care				0	0	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	0	
On-site Sewage Disposal						
Site inspection -- all site visits	8	3	5	16	201	
Deep hole tests -- number of holes	3	3		6	145	
Percolation tests -- number of holes	2	1		3	70	
Permits issued, new	1	3		4	31	
Permits issued, repair	3	1		4	60	
Site plans reviewed				0	22	
Public Health Reviews	1	2		3	104	
Wells						
Well sites inspected		2		2	30	
Well permits issued		2		2	54	
Laboratory Activities (samples taken)						
Potable water				0	6	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	0	
Food Protection						
Inspections	5	1	1	7	107	
Reinspections		1		1	47	
Temporary permits				0	13	
Temporary inspections				0	1	
Plan reviews				0	3	
Pre-operational inspections				0	13	
Lead Activities						
Housing inspection				0	0	
Abate plan reviewed				0	0	
Miscellaneous Activities						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	2	

	A	B	C	D	E	F	G	H	I
1	ASHFORD QUARTERLY REPORT								
2	October 1, 2020 - December 31, 2020								
3									
4	Activity Indicators								
5									
6					<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>	<u>District Total</u>
7	ENVIRONMENTAL HEALTH ACTIVITIES								
8	Complaints								
9		Air Quality						0	0
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits						0	0
12		Food Protection						0	1
13		Housing Issues						0	5
14		Emergency Response						0	1
15		Refuse/Garbage						0	0
16		Rodents/Insects						0	3
17		Septic/Sewage						0	3
18		Other				1		1	1
19		Water Quality						0	0
20		COVID-19					1	1	30
21		Total			0	0	2	2	44
22	Health Inspection								
23		Group homes						0	0
24		Day Care						0	0
25		Camps						0	0
26		Public Pool						0	0
27		Other						0	0
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Total			0	0	0	0	0
32	On-site Sewage Disposal								
33		Site inspection -- all site visits			3	6	1	10	201
34		Deep hole tests -- number of holes				6	3	9	145
35		Percolation tests -- number of holes				1	1	2	70
36		Permits issued, new			1			1	31
37		Permits issued, repair			2	1	1	4	60
38		Site plans reviewed					1	1	22
39		Public Health Reviews			1	3	1	5	104
40	Wells								
41		Well sites inspected				1		1	30
42		Well permits issued			1			1	54
43	Laboratory Activities (samples taken)								
44		Potable water						0	0
45		Surface water						0	0
46		Ground water						0	0
47		Rabies						0	0
48		Lead						0	0
49		Other						0	0
50	Food Protection								
51		Inspections			4	2	3	9	107
52		Reinspections				1		1	47
53		Temporary permits			1	1		2	13
54		Temporary inspections						0	1
55		Plan reviews					1	1	3
56		Pre-operational inspections						0	13
57	Lead Activities								
58		Housing inspection						0	0
59		Abate plan reviewed						0	0
60	Miscellaneous Activities								
61		Planning and Zoning referrals						0	0
62		Subdivision reviewed (per lot)						0	2

BOLTON QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators

	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>	<u>District Total</u>	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	1	
Housing Issues				0	5	
Emergency Response				0	1	
Refuse/Garbage				0	0	
Rodents/Insects				0	3	
Septic/Sewage		1		1	3	
Other				0	1	
Water Quality				0	0	
COVID-19	1			1	30	
Total	1	1	0	2	44	
Health Inspection						
Group homes				0	0	
Day Care				0	0	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	0	
On-site Sewage Disposal						
Site inspection -- all site visits	6	6	4	16	201	
Deep hole tests -- number of holes		5	15	20	145	
Percolation tests -- number of holes			5	5	70	
Permits issued, new	2	1		3	31	
Permits issued, repair	3	1	2	6	60	
Site plans reviewed				0	22	
Public Health Reviews	8	1	7	16	104	
Wells						
Well sites inspected				0	30	
Well permits issued				0	54	
Laboratory Activities (samples taken)						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	0	
Food Protection						
Inspections	3	2	4	9	107	
Reinspections				0	47	
Temporary permits	1	1		2	13	
Temporary inspections				0	1	
Plan reviews				0	3	
Pre-operational inspections				0	13	
Lead Activities						
Housing inspection				0	0	
Abate plan reviewed				0	0	
Miscellaneous Activities						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	2	

CHAPLIN QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators

	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>	<u>District Total</u>	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	1	
Housing Issues			1	1	5	
Emergency Response				0	1	
Refuse/Garbage				0	0	
Rodents/Insects				0	3	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19	1	2		3	30	
Total	1	2	1	4	44	
Health Inspection						
Group homes				0	0	
Day Care				0	0	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	0	
On-site Sewage Disposal						
Site inspection -- all site visits	4	4	1	9	201	
Deep hole tests -- number of holes			3	3	145	
Percolation tests -- number of holes			1	1	70	
Permits issued, new				0	31	
Permits issued, repair	2			2	60	
Site plans reviewed				0	22	
Public Health Reviews	2		2	4	104	
Wells						
Well sites inspected	1	2		3	30	
Well permits issued	1	2		3	54	
Laboratory Activities (samples taken)						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	0	
Food Protection						
Inspections	3	2		5	107	
Reinspections				0	47	
Temporary permits				0	13	
Temporary inspections				0	1	
Plan reviews			1	1	3	
Pre-operational inspections				0	13	
Lead Activities						
Housing inspection				0	0	
Abate plan reviewed				0	0	
Miscellaneous Activities						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	2	

COLUMBIA QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators

	Oct	Nov	Dec	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
Complaints					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	1
Housing Issues	1			1	5
Emergency Response			1	1	1
Refuse/Garbage				0	0
Rodents/Insects				0	3
Septic/Sewage				0	3
Other				0	1
Water Quality				0	0
COVID-19			1	1	30
Total	1	0	2	3	44
Health Inspection					
Group homes				0	0
Day Care				0	0
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	0
On-site Sewage Disposal					
Site inspection -- all site visits	11	10	15	36	201
Deep hole tests -- number of holes	14	6	7	27	145
Percolation tests -- number of holes	4	2	3	9	70
Permits issued, new	1	1	1	3	31
Permits issued, repair	3	1	2	6	60
Site plans reviewed				0	22
Public Health Reviews	3	3	1	7	104
3					
Well sites inspected	7	2	2	11	30
Well permits issued	4	1	4	9	54
Laboratory Activities (samples taken)					
Potable water				0	0
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0
Food Protection					
Inspections		2	5	7	107
Reinspections		1		1	47
Temporary permits				0	13
Temporary inspections				0	1
Plan reviews				0	3
Pre-operational inspections		1	1	2	13
Lead Activities					
Housing inspection				0	0
Abate plan reviewed				0	0
Miscellaneous Activities					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)			1	1	2

COVENTY QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators

	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection			1	1	1
Housing Issues				0	5
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	3
Septic/Sewage				0	3
Other				0	1
Water Quality				0	0
COVID-19		2		2	30
Total	0	2	1	1	44

Health Inspection

Group homes				0	0
Day Care				0	0
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	0

On-site Sewage Disposal

Site inspection -- all site visits	25	21	31	77	201
Deep hole tests -- number of holes	12	4	9	25	145
Percolation tests -- number of holes	4	1	2	7	70
Permits issued, new	2	6	1	9	31
Permits issued, repair	7	7	4	18	60
Site plans reviewed	1	1		2	22
Public Health Reviews	20	5	11	36	104

Wells

Well sites inspected	7	1	3	11	30
Well permits issued	11	9	5	25	54

Laboratory Activities (samples taken)

Potable water				0	0
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	1	3	6	10	107
Reinspections			1	1	47
Temporary permits				0	13
Temporary inspections				0	1
Plan reviews			1	1	3
Pre-operational inspections		2		2	13

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

Miscellaneous Activities

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)		1		1	2

MANSFIELD QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators						
	Oct	Nov	Dec	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	1	
Housing Issues	1	1		2	5	
Emergency Response				0	1	
Refuse/Garbage				0	0	
Rodents/Insects			1	1	3	
Septic/Sewage	1		1	2	3	
Other				0	1	
Water Quality				0	0	
COVID-19	5	8	2	15	30	
Total	7	9	4	20	44	
Health Inspection						
Group homes				0	0	
Day Care				0	0	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	0	
On-site Sewage Disposal						
Site inspection -- all site visits	10	8	7	25	201	
Deep hole tests -- number of holes	9		6	15	145	
Percolation tests -- number of holes	4		2	6	70	
Permits issued, new	1	2		3	31	
Permits issued, repair	1	3	2	6	60	
Site plans reviewed		1	1	2	22	
Public Health Reviews	7	5	4	16	104	
Wells						
Well sites inspected	1			1	30	
Well permits issued	3	6		9	54	
Laboratory Activities (samples taken)						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	0	
Food Protection						
Inspections	22	10	17	49	107	
Reinspections	8	10	5	23	47	
Temporary permits	2	1		3	13	
Temporary inspections				0	1	
Plan reviews				0	3	
Pre-operational inspections				0	13	
Housing inspection				0	0	
Abate plan reviewed				0	0	
Miscellaneous Activities						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	2	

SCOTLAND QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators						
	Oct	Nov	Dec	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	1	
Housing Issues				0	5	
Emergency Response				0	1	
Refuse/Garbage				0	0	
Rodents/Insects				0	3	
Septic/Sewage				0	3	
Other				0	1	
Water Quality				0	0	
COVID-19				0	30	
Total	0	0	0	0	44	
Health Inspection						
Group homes				0	0	
Day Care				0	0	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Total	0	0	0	0	0	
On-site Sewage Disposal						
Site inspection -- all site visits				0	201	
Deep hole tests -- number of holes	2	4		6	145	
Percolation tests -- number of holes		1		1	70	
Permits issued, new			1	1	31	
Permits issued, repair			1	1	60	
Site plans reviewed				0	22	
Public Health Reviews	2			2	104	
Wells						
Well sites inspected	1			1	30	
Well permits issued				0	54	
Laboratory Activities (samples taken)						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	0	
Food Protection						
Inspections	1			1	107	
Reinspections				0	47	
Temporary permits				0	13	
Temporary inspections				0	1	
Plan reviews				0	3	
Pre-operational inspections				0	13	
Lead Activities						
Housing inspection				0	0	
Abate plan reviewed				0	0	
Miscellaneous Activities						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	2	

TOLLAND QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators

	Oct	Nov	Dec	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
Complaints					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	1
Housing Issues				0	5
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	3
Septic/Sewage				0	3
Other				0	1
Water Quality				0	0
COVID-19	1	1		2	30
Total	1	1	0	2	44
Health Inspection					
Group homes				0	0
Day Care				0	0
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
COVID-19				0	0
Total	0	0	0	0	0
On-site Sewage Disposal					
Site inspection -- all site visits	12	14	5	31	201
Deep hole tests -- number of holes	18	9	8	35	145
Percolation tests -- number of holes	2	3	1	6	70
Permits issued, new	1	4		5	31
Permits issued, repair	8	5	2	15	60
Site plans reviewed	2	4	2	8	22
Public Health Reviews	12	11	6	29	104
Wells					
Well sites inspected	1	1	1	3	30
Well permits issued	3	3		6	54
Laboratory Activities (samples taken)					
Potable water				0	0
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0
Food Protection					
Inspections	14	4		18	107
Reinspections		5	1	6	47
Temporary permits	1			1	13
Temporary inspections				0	1
Plan reviews	2	4	2	8	3
Pre-operational inspections				0	13
Lead Activities					
Housing inspection				0	0
Abate plan reviewed				0	0
Miscellaneous Activities					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	2

WILLINGTON QUARTERLY REPORT

October 1, 2020 - December 31, 2020

Activity Indicators

		<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality					0	0
Animals/Animal Waste					0	0
Activity Without Proper Permits					0	0
Food Protection					0	1
Housing Issues				1	1	5
Emergency Response					0	1
Refuse/Garbage					0	0
Rodents/Insects				2	2	3
Septic/Sewage					0	3
Other					0	1
Water Quality					0	0
COVID-19			2	1	3	30
Total		0	2	4	6	44
Health Inspection						
Group homes					0	0
Day Care					0	0
Camps					0	0
Public Pool					0	0
Other					0	0
Schools					0	0
Mortgage, FHA, VA					0	0
Bathing Areas					0	0
Total		0	0	0	0	0
On-site Sewage Disposal						
Site inspection -- all site visits		4	7	1	12	201
Deep hole tests -- number of holes		3			3	145
Percolation tests -- number of holes		1			1	70
Permits issued, new		1			1	31
Permits issued, repair		1	5	2	8	60
Site plans reviewed		1	1		2	22
Public Health Reviews		2	1	4	7	104
Wells						
Well sites inspected					0	30
Well permits issued		1		1	2	54
Laboratory Activities (samples taken)						
Potable water					0	0
Surface water					0	0
Ground water					0	0
Rabies					0	0
Lead					0	0
Other					0	0
Food Protection						
Inspections		9	1		10	107
Reinspections			1	1	2	47
Temporary permits					0	13
Temporary inspections					0	1
Plan reviews					0	3
Pre-operational inspections		1			1	13
Lead Activities						
Housing inspection					0	0
Abate plan reviewed					0	0
Miscellaneous Activities						
Planning and Zoning referrals					0	0
Subdivision reviewed (per lot)					0	2

Eastern Highlands Health District Public Health Preparedness Program

October 1, 2020 – March 31, 2021

- **PHEP Activities:**

- Public Health Preparedness Program Coordinator (PHEPC) submitted required reports for PHEP contract BP2.
- Developed EHHD COVID response plan in October, 2020 for submittal to DPH.
- Prepared Incident Action Plans (IAPs) for EHHD COVID response.
- Revising EHHD Public Health Emergency Response Plan (PHERP).
- Designed & conducted Mass Dispensing Exercise/Drive Thru Flu Clinic at Mansfield Middle School 11/7/20, completing EHHD PHEP deliverable.
- Prepared HSEEP-compliant design and conduct of Region 4 Mass Dispensing Exercise in Norwich, CT 10/24/20, completing regional PHEP deliverable.
- Prepared COVID Incident Action Plans (IAPs) for DOH & EHHD staff.
- Supported planning and conduct of EHHD COVID clinics, prepared layouts for new vaccination venues.

- **Training:**

- PHEPC achieved Master Exercise Practitioner (MEP) certification through the FEMA's Emergency Management Institute (EMI), completing a 2-year process of courses and evaluation.

- **Regional Planning Activities:**

- Led Region 4 (R4) ESF8 Training & Exercise Workgroup, submitted HSEEP paperwork for completion of Region 4 Full Scale Exercise deliverables.
- Participated in R4 & R3 ESF8 meetings.
- Promoted an ESF8 regional response to COVID; served as R4 ESF8 Planning lead and liaison to R4 REPT; used WebEOC for regional information sharing and situational awareness.
- Supported Information Sharing and coordination between R4 partners by leading weekly vaccination strategy meetings.

- **Medical Reserve Corps (MRC):**

- Supported administration & coordination of EHHD MRC unit.

- **Plans for Next Quarter:**

- Finalize BP2 PHEP deliverables for BP2 per subcontract.
- Support continuing local COVID vaccination efforts.
- Revise EHHD Public Health Emergency Response Plan (PHERP).
- Conduct annual Training and Exercise Planning Workshop (TEPW) for CRI Region 4 Planning and Exercise workgroup.

**Eastern Highlands Health District
Community Health and Wellness Coordinator
2nd and 3rd Quarter Report October 1, 2020 – March 30, 2021**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally **854 individuals in member towns** this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

EHHD Strategic Plan Progress

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	Did not find any grants during this period.	The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.
1g (1) Explore and expand partnership opportunities	The CHWC attended 4 meetings of the UCONN Bike Friendly Campus group. CHWC is part of the Immunization Coalition. The CHWC attended 4 monthly meetings of the Chaplin Early Education readiness program	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters.	Bulletin boards with health and safety messages. Topics included: Physical activity information, Healthy Communities information, tobacco cessation, and COVID-19 safety. Newsletters are distributed to member town officials, Be Well Tolland members and residents.
3c (1) Engage in advocacy events and activities	CHWC was a source public for COVID-19 information.	CHWC will continue to explore ways to support community events

Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were 11 cases being followed in this reporting period. 7 events were closed. 8 phone calls were made to families and providers. 6 correspondences completed to families.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases. Documenting and faxing information to DPH as necessary.	CHWC conducted contact tracing on Covid-19 cases/contacts.
CHWC Training and Continued Education	CHWC received completed trainings for COVID-19, Moderna, and Janssen for a total of 1.5 contact hours.	CHWC will continue to explore opportunities to participate in continuing education when appropriate
Vaccine Program	CHWC attended 4 monthly meetings of the Immunization Coalition. Vaccine. CHWC conducted 2 flu clinics at local Fire departments in October 19 and 21 st . (Tolland and Coventry), vaccinating EMS staff and their families 55 vaccinated on at Tolland and 19 at Coventry. November 7 th EHHD conducted a drive-thru vaccination clinic and 57 people were vaccinated. Starting December 28 th EHHD started vaccinated people with the COVID-19 vaccines. This vaccination campaign is on-going. CHWC oversees the clinical portion of these vaccines and the volunteers working at the clinics. During this reporting period, 6764 vaccines were administered.	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination.

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CTResponds system. In total, there are 56 volunteers added at the end of this reporting period for a total of 185 volunteers. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases.

In December, CHWC worked with the EHHD vaccination team to organize COVID-19 mass vaccination clinics which have included 14 weeks of the period included in this report. CHWC trains clinic staff and supervises clinical operations. CHWC sends weekly emails to MRC volunteers to staff the following week's clinics and then assigns the volunteers to the clinics. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.

CHWC continues to attend Region 4 MRC mass vaccination and MRC planning meetings units and to maintain the National MRC activity log.

Regional Asthma Coalition

No news

Employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

Tolland

The CHWC completed an on-line 2nd quarter Educational Program that was published in December. The CHWC organized a Maintain Don't Gain program for the holiday season with weekly newsletters. There were 5 participants and three winners. A PowerPoint was created for by the CHWC on stress and holiday eating and was up-loaded to the Be Well site, with links for supplemental information. A PowerPoint was created by Ande Blum for Tolland Be Well 3rd Quarter on getting back into wellness and was uploaded to the Be Well page.

Preventive Health Block Grant

CHWC attended 2 UCONN Bike Friendly campus meetings and provided support and feedback towards the goal of making campus and the surrounding area more bike friendly. The Winter Quarterly Buzz was sent out the first week of December. The Spring Quarterly Buzz was sent the first of March.

Community Outreach

CHWC provided information to individuals and stakeholders regarding COVID-19 in phone calls and emails. CHWC attended 2 meetings of the Bolton Town Wide Safety and Wellness. CHWC participated in 4 meetings of the UCONN Bike Friendly University meetings and 4

meetings of the Chaplin School Readiness group. CHWC participated in 1 meeting of the Coventry Safety and Wellness Committee.

Date	Description	# served	Community
Winter 2020, Spring 2021	Employee Wellness Newsletter (UConn) 182	188+188=376	UConn
Winter 2020, Spring 2021	Employee Wellness Newsletter 60	60 + 60= 120	Andover
Winter 2020, Spring 2021	Employee Wellness Newsletter 60	60 + 60 =120	Ashford
Winter 2020, Spring 2021	Employee Wellness Newsletter 200	200 +200=400	Bolton
Winter 2020, Spring 2021	Employee Wellness Newsletter 30	30 +30= 60	Chaplin
Winter 2020, Spring 2021	Employee Wellness Newsletter 60	60 +60=120	Columbia
Winter 2020, Spring 2021	Employee Wellness Newsletter 60	60 +60=120	Coventry
Winter 2020, Spring 2021	Employee Wellness Newsletter 60	60 +60=120	Scotland
Winter 2020, Spring 2021	Employee Wellness Newsletter 430	430 +430=860	Tolland
Winter 2020, Spring 2021	Employee Wellness Newsletter 40	40 + 40=80	Willington
Meetings/events		Number of meetings	
DPH/LHD-COVID-19 meeting	DPH weekly meeting with LHD regarding updates about COVID-19 and new programs and regulation related to COVID-19	Weekly thru 01/2021	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	4	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	4	
UConn Bike Friendly Campus	UConn staff and students along with other stakeholders working on improving biking on UConn campus. The goal of the group is to	4	

	obtain the League of American Bicyclists Bike Friendly Status.		
R-4 ESF 8 meeting	Region 4 emergency response meeting	1	
R4 Mass Vaccination meeting		5	
Bolton Health and Wellness		2	
Coventry Safety and Wellness		1	

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Public Health Preparedness and Local Health Section

May 28, 2021

Mr. Robert L. Miller MPH, RS
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

Re: SFY2019 Local Health Annual Report Feedback

Dear Rob,

To say the least, it has been a challenging year and local health departments and districts met that challenge head-on. I think we can accurately state that the response to the COVID-19 pandemic required the use of all the ten essential public health services. The Local Health Annual Report is statutorily required and although it cannot be waived, we have delayed requesting the SFY2020 report while local health was heavily engaged in the pandemic response.

With that said, the SFY2020 Local Health Annual Report questionnaire link will be sent July 1, 2021 with a due date of October 1, 2021. The Office of Local Health Administration staff reviewed the documentation that was submitted for the SFY2019 Local Health Annual Report and developed feedback forms (attached) to assist with developing/strengthening your response for the SFY2020 annual report. The feedback forms indicate whether the submitted documentation met the requirement (Yes), did not meet the requirement (No), or partially met the requirement (Partial). The feedback form response of "No" or "Partial" includes associated comments regarding the identified deficiencies and/or a referral to the Public Health Accreditation Board standardized measure for additional information.

Documents that have an asterisk "*" or multiple asterisks next to the file name are considered best practice examples. We hope that if you have any of these best practice example documents that you will be willing to share them with your colleagues.



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A TEAMS meeting will be held in early June to review common deficiencies that were found with the submitted documentation and to review the related PHAB measures.

Thank you for all your incredible work during the pandemic. We anticipate that the next annual reports will reflect much of the work that was accomplished over the past year and demonstrate that Connecticut's local health departments and districts meet the requirements of a basic health program under CGS §19a-207a.

Sincerely,



Krista M. Veneziano
Office of Local Health Administration

cc: Francesca Provenzano, Section Chief

Eastern Highlands Health District
 SFY2019 Local Health Annual report
 Feedback on Required Documentation

ESSENTIAL SERVICE	DOCUMENTATION MEETS REQUIREMENT Yes/No/Partial Feedback-Name of File Submitted
Essential Service 1.1.2. Community Health Assessment (CHA)	
Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years.	Yes Windham Hospital CHNA 2018.pdf
1.2.1. 24/7 Surveillance Systems	
Requirement 2: My department has written processes and/or protocols that (1) specify which surveillance data are confidential and (2) assure the confidential data are maintained and handled in a secure confidential manner.	No
2.2.2. Implementation of the All Hazards Emergency Operations Plan (EOP)	
Requirement 1: My department has infectious disease outbreak protocols that describe the process for determining when the EOP will be implemented.	No
Requirement 2: My department has protocols that specifically address environmental public health hazards and that describe the process of determining when the EOP will be implemented.	Yes Last revised 2012; should review/update. Environmental Surety Plan.pdf
Requirement 3: My department has cluster evaluation protocols describing the process for determining when the EOP will be implemented.	No
2.3.1 & 2.3.2. 24/7 Access to Public Health Resources	

Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services.	No Documentation does not say what laboratory or laboratories are accessible and how to access services 24/7 - 24-7 lab services.pdf
Requirement 4: My department has protocols for handling and submitting specimens.	Yes sample protocols.pdf
2.4.1 Communications	
Requirement 1: My department has a communication protocol to contact staff, health care providers, response partners, the media and others, 24/7.	Partial Documentation includes modes of communication and a media list; does not include a protocol to contact staff, health care providers, response partners, the media and others, 24/7 - communications to stakeholders.pdf
3.2.3. External Communications Procedures	
Requirement 1: My department has external communication procedures or protocols.	Partial See PHAB measure 3.2.3 A - External communications.pdf
3.2.4. Risk Communication Plan	
Requirement 1: My department has a risk communication plan, protocol or procedure.	Yes Dated 2014 - Risk communication plan.pdf
5.2.2. Community Health Improvement Plan	
Requirement 1: My department has a community health improvement plan (CHIP) dated within the last five years.	No
6.3.1. Written Procedures for Conducting Enforcement Actions	
Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas.	Partial See PHAB measure 6.3.1; need to document authority - FOOD SERVICE enforcement steps.docx
10.1.1. Use of Evidence-based or Promising Practices	
Requirement 1: My department has incorporated an evidence based or promising practice in a process, program or intervention.	Yes FInal EHHD Plan4Health - Final Reporting Form (2).docx

We have many, many more evidence based policy, systems, and environmental changes, which have been implemented.

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Viewpoint

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June 7, 2021

Mandatory SARS-CoV-2 Vaccinations in K-12 Schools, Colleges/Universities, and Businesses

Lawrence O. Gostin, JD¹; Jana Shaw, MD, MPH²; Daniel A. Salmon, PhD, MPH³

» Author Affiliations | Article Information

JAMA. Published online June 7, 2021. doi:10.1001/jama.2021.9342



The Centers for Disease Control and Prevention (CDC) recently issued guidance that fully vaccinated individuals can safely remove masks and end social distancing in most indoor settings.¹ Educational facilities and businesses are faced with whether and how to differentiate between vaccinated and unvaccinated individuals, including requiring proof of vaccination. Mandatory vaccination has historically served as a tool to reach and sustain high immunization coverage and to prevent transmission in K-12 schools, colleges/universities, and health care facilities. Vaccine mandates could extend to workers and customers in businesses to ensure safer environments. This Viewpoint examines the epidemiologic, public health, and legal considerations for mandatory SARS-CoV-2 vaccinations in each setting.

Advertisement

K-12 Schools

States have police powers to safeguard the public's health, which includes mandatory vaccination. Every state currently requires childhood vaccinations as a condition of school entry, often aligned with the CDC's Advisory Committee on Immunization Practices recommendations, although there is wide variability among states. All states grant medical exemptions, 44 states and the District of Columbia grant religious exemptions, 15 states allow philosophical exemptions, and 6 states grant only medical exemptions.²

Although SARS-CoV-2 infections among children are typically asymptomatic or mild, severe symptoms can lead to hospitalization. Our website uses cookies to enhance your experience. By continuing to use our site, or clicking "Continue," you are agreeing to our [Cookie Policy](#) | [Continue](#)

Academy of Pediatrics and the Children's Hospital Association jointly reported 3 977 870 cumulative pediatric COVID-19 cases, 16 525 cumulative hospitalizations, and 322 cumulative deaths.³ These data represent underreporting of the true extent of SARS-CoV-2 infection in children because many states did not contribute to the joint report and the number of children infected but not tested and confirmed infected is unavailable. New pediatric infections are increasing, with children currently comprising 24% of new SARS-CoV-2 cases for the week ending May 27, 2021.

The Food and Drug Administration (FDA) has granted Emergency Use Authorization (EUA) for 3 SARS-CoV-2 vaccines. The FDA recently extended its EUA for the BNT162b2 (Pfizer-BioNTech) vaccine to 12- to 15-year-olds. The American Academy of Pediatrics also recommends SARS-CoV-2 vaccinations for all eligible youths. The FDA could decrease the age of eligibility to 6 months by January 2022 and is expected to issue a full Biologics License Application for the BNT162b2 vaccine before the 2021-2022 school year.

Vaccination of children is essential to gain high vaccination coverage and mitigate transmission. BNT162b2 vaccine was reported to be 100% effective in protecting adolescents aged 12 to 15 years against symptomatic disease. Mounting evidence also shows that all authorized COVID-19 vaccines reduce SARS-CoV-2 transmission.⁴ Children spend substantial time at school, day care, and after-school activities. Vaccines therefore will provide important direct and indirect benefits.

Despite clear benefits of childhood vaccination, school mandates do not yet meet public health criteria such as post-marketing surveillance establishing longer-term safety and strong support from health care professionals and the public.⁵ SARS-CoV-2 vaccine mandates in children would be premature. Using incentives instead of mandates would avoid public backlash that could undermine the SARS-CoV-2 vaccine rollout.

Postsecondary Education

Colleges and universities often require on-campus students to be vaccinated against viral infections such as measles, mumps, rubella, and meningococcal disease, especially those living in crowded settings, including residence halls and other congregate settings (eg, fraternity and sorority houses). Postsecondary educational institutions that remained open during the 2020-2021 school year experienced SARS-CoV-2 spread higher than the national average, with more than 660 000 reported probable and confirmed cases and 100 deaths.⁶

Consequently, many colleges and universities have announced plans to mandate vaccinations for students, and others have included faculty and staff. These institutions have not faced successful legal challenges to their current vaccine mandates, and it is likely the courts would support mandatory SARS-CoV-2 vaccines. The Equal Employment Opportunity Commission (EEOC) has issued guidance saying that vaccine mandates would be lawful, even under an EUA. Institutions, however, must grant medical and religious exemptions.

International students may not have access to FDA-authorized vaccines, so determining which products to include in the mandate will be key. The World Health Organization (WHO) has given emergency use listing for all FDA-authorized vaccines, as well as for the Sinopharm, Sinovac, and Oxford University/AstraZeneca vaccines. For international students, US universities could potentially accept all vaccines that receive WHO emergency use listing. Educational institutions

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will also have to decide the safety protocols for individuals with medical or religious exemptions, including remote learning or a rigorous protocol of testing, symptom monitoring, and mask usage.

Businesses

Employees with close and prolonged contact with coworkers, customers, or both have increased risk of acquiring and transmitting infection. Superspreader events have been linked to bars, restaurants, weddings, churches, athletics, and food processing plants. A large percentage of the population is at risk of SARS-CoV-2: as of June 2, 2021, approximately 41% of the population had been fully vaccinated⁷; children younger than 12 years are not eligible, and others are immunosuppressed and may remain at risk for severe infection and transmission despite vaccination.

The Occupational Safety and Health Administration, as well as tort law, requires employers to provide a safe and healthy workplace. The administration recommends no-cost SARS-CoV-2 vaccinations for all eligible employees. EEOC guidance specifically permits businesses to require SARS-CoV-2 vaccination as a condition of employment, provided employers offer medical and religious exemptions. Asking for immunization status does not violate the right to privacy, provided the information is secure and does not require additional medical information. HIPAA (Health Insurance Portability and Accountability Act) applies only to health information kept by "covered entities," primarily those providing health care services.

Despite EEOC guidance, businesses must comply with the law in the states in which they operate. At least 11 states have enacted laws (4) or issued executive orders (7) restricting SARS-CoV-2 mandates or proof of vaccination. Statutes or executive orders vary considerably in scope, with some limiting employer verification of vaccine status and others applying only to state and local agencies.

Unless proscribed by state law, private companies have wide discretion in conducting their business operations, provided they do not discriminate according to race, sex, disability, or other legally protected status. Businesses often set conditions on offering goods and services, such as requiring "shoes, shirts, and masking." CDC guidance distinguishes between vaccinated and unvaccinated individuals, advising the latter to continue to mask and distance. Yet CDC leaves the private sector to implement its recommendations. The airline industry is testing mobile applications to verify immunization status of crew and passengers. New York is piloting its Excelsior Pass, allowing patrons to upload proof of vaccination or negative SARS-CoV-2 test results through written documentation or a digital application. Companies such as Walmart are providing economic incentives for vaccine status, and some include electronic verification. President Biden also called on employers to provide paid time off for vaccination and time needed to recover from vaccine-related adverse effects.

Mandating or Incentivizing SARS-CoV-2 Vaccinations

Mandates and proof of vaccination are likely to enhance coverage and do so equitably, provided that doses are available to all without barriers, irrespective of socioeconomic or other status. High vaccination coverage is the single most effective way for a safer return to normal activities. Mandates are most effective if high vaccination coverage cannot be achieved

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Positive incentives could boost vaccination rates, including cash payments or time off from work, or reimbursement of childcare expenses associated with accessing a vaccine. Incentives at colleges and universities could include enforcement of recent CDC masking and distancing guidance, allowing vaccinated students to forgo mask wearing and attend social functions without distancing constraints. Furthermore, requiring unvaccinated individuals to undergo rigorous safety protocols (eg, testing, symptom monitoring, masking), or working or learning remotely, could encourage individuals who are vaccine hesitant. Educational institutions or businesses could also routinely offer SARS-CoV-2 vaccines at no cost, requiring individuals to affirmatively opt out, perhaps with an appropriate process, such as a brief vaccine literacy course, a written explanation for refusal, or both. Routine offering of vaccines with a process for opting out has been shown to boost vaccination coverage.

The goal of SARS-COV-2 vaccination programs is to end the pandemic and maintain control of COVID-19 disease. Achieving this goal requires very high and homogeneous vaccine coverage to establish and maintain herd immunity. Vaccine mandates are a potential tool to achieve high vaccine coverage and may be valuable in addition to other public health interventions.

Article Information

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Conflict of Interest Disclosures: Mr Gostin reported being the director of the World Health Organization Collaborating Center on National and Global Health Law. Dr Shaw reported serving on a Pfizer speakers' bureau for meningococcal vaccine. Dr Salmon reported receiving research grants from Merck and Walgreens, and is a paid member of an advisory board for Janssen.

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28 April 2021

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210 Capitol Avenue
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Dear Governor Lamont:

SUBJECT: Funding for Public Health Departments and Health Districts

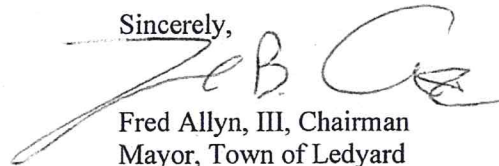
The Chief Elected Officials and City/Town Managers of the Southeastern Connecticut Council of Governments (SCCOG), representing 22 municipalities in the region, wish to go on record in support of increased funding for the state's public health departments and regional health districts. We believe that the current statutory allocation to regional health districts of \$1.85 per capita is inadequate for them to perform the ever increasing demand for their services, and that the underfunding of this amount in recent years has created a fiscal emergency that the health departments/health districts have to solve for themselves, oftentimes by reducing services at a time when they are most needed.

During the past year's pandemic, the importance of public health services at the local and regional level has become increasingly apparent. The SCCOG has held bi-weekly COVID-19 briefings for its members, and the participation of the Executive Directors of the two regional health districts (Ledge Light and Uncas) which serve the majority of our municipalities was critical in our towns and cities in formulating a response to this ongoing public health crisis. The work that these two health districts performed was exemplary in terms of keeping our towns and their citizens informed, coordinating the establishment of testing sites, conducting contact tracing, and the providing of vaccination clinics. They took on this additional public health emergency response without hesitation, all the while continuing to perform their other duties as required by state statute.

Please provide adequate State funding to our public health departments and health districts so that they can protect our residents' health. We urge you to support the \$0.75 per capita increase in funding for local health departments and health districts as recommended by the Appropriations Committee.

Thank you.

Sincerely,



Fred Allyn, III, Chairman
Mayor, Town of Ledyard

Cc: Southeastern CT Legislative Delegation
Steve Mansfield, Director, Ledge Light Health District
Patrick McCormack, Director, Uncas Health District

Member Municipalities: Bozrah * Colchester * East Lyme * Franklin * Griswold * Borough of Jewett City * City of Groton * Town of Groton * Lebanon * Ledyard * Lisbon * Montville * New London * North Stonington * Norwich * Preston * Salem * Sprague * Stonington * Stonington Borough * Waterford * Windham

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Sat, April 17, 2021, 11:59 PM · 4 min read

Apr. 17—MANSFIELD/ WINDHAM — Eastern Highland Health District officials are working with North Central District Health Department officials to better reach vulnerable populations in the Windham and Mansfield areas, They're looking to set up more mobile van clinics.

On Thursday, NCDHD Director Patrice Sulik said she was working on an application through the state Department of Public Health for a nearly \$266,000 grant.

That funding, if approved, will be used to improve access to harder-to-reach and at-risk populations by setting up more mobile clinics.

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NCDHD covers Windham and seven other towns, whereas EHHD covers Mansfield and nine other towns.

Information about the grant process, which is through the state Department of Public Health's "COVID-19 Vaccine Equity Partnerships Funding Program,"

Health departments are working to vaccinate

Continued from Page 1

" Different types of clinics are being proposed, including mobile clinics," Sulik said.

She did not comment on the towns the proposed clinics would be in, noting the application was not in yet.

Announcements about the grants are expected from April 23- 26.

" It's a very quick turnaround time," Sulik said.

EHHD Health Director Robert Miller said the proposal would target the Windham and Mansfield areas, noting there are " pockets" of southern Mansfield that fall with the Social Vulnerability Index.

The index is a tool used by the Centers for Disease Control and Prevention to help municipalities identify communities that may need support before, during or after disasters, the CDC website states.

" There are certain demographic indicators which the Social Vulnerability Index uses to measure at-risk populations, things like immediate household income, unemployment rate and other demographic data," Miller said.

Meanwhile, Mansfield residents can get vaccinated via Federal Emergency Management Agency mobile clinics in Willimantic from May 2- 4 at the Eastern Connecticut Fire School at 1 Fire School Road and Elks Club at 198 Pleasant St.

The times of those clinics have not been released yet.

Mass vaccination sites continue to be available to the public at the University of Connecticut Hawley Armory, E.O. Smith High School and Mansfield Community Center.

During his report to the Mansfield Town Council Monday, Miller said UConn has 1,600 appointments at the armory this week, which were all filled. " They continue to seek to provide about 400 doses a day for at least four days per week," he said during the April 12 town council meeting.

"I think they are going to try to push that up to five days a week for the foreseeable future." People ages 16 and older are now eligible to be vaccinated, with 16- and 17- year- olds only eligible to receive the Pfizer vaccine.

Miller said during the council meeting that, as of last week, EHHD had administered 7,500 vaccine doses during 75 clinics.

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pause the use of that vaccine, which Connecticut and other states did.

The CDC is currently investigating the situation involving those women, who are between the ages of 18 and 48 and experienced the clots six to 13 days after receiving the vaccination.

" We were pretty well- positioned to transition to Johnson & Johnson, away from Moderna, really allowing us to materially improve our output to get fully vaccinated. But with this setback, it's affected our ability to get more people fully vaccinated more quickly," Miller said.

At some point, he said, EHHD staff anticipate vaccination supply will exceed the demand.

Miller said EHHD staff are working on " amping up" messaging in an effort to quell concerns by those who are hesitant to get vaccinated.

On another note, he said EHHD staff are looking to help as many homebound individuals as possible and the current goal is to vaccinate five homebound individuals every week.

" We've done that the past couple of weeks and we will continue to do that moving forward," he said. " We'll try to ramp that up a little bit more, depending on demand. Right now, the demand is steady."

The state sends EHHD a list of homebound individuals in the district who have requested the vaccine every week.

Miller said Thursday that there were about 15 homebound people on the list to reach out to and the number of people on the list increases every week.

Appointments for the FEMA mobile clinic in Windham should be made by calling NCDHD at (860) 745-0383.

Appointments at other clinics should be made through Vaccine Administration Management System (VAMS). Information about how to register through VAMS is available at [bit. ly/ 3wRBbep](http://bit.ly/3wRBbep).

Those who are homebound and would like to be vaccinated must fill out the intake form at [dphsubmissions.ct.gov/ homebound](http://dphsubmissions.ct.gov/homebound).

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CORONAVIRUS IN CONNECTICUT

Will we be ready for next pandemic?

Officials say investment in public health is key

BY ALEX PUTTERMAN AND EMILY BRINDLEY HARTFORD COURANT

To Jennifer Kertanis, advocating for greater attention to public health over her three-decade career has often felt like creaming into a void.

Despite many, many years of advocacy, funding for local public health has absolutely been stagnant at the state level, and/or been diminished," said Kertanis, who directs the Farmington Valley Health Department. "We have been exceedingly challenged to really help people understand the full breadth and depth and scope of what public health is and the value and importance of it."

Kertanis and others in the public health field hope the COVID-19 pandemic has permanently altered that dynamic. As Connecticut manages this crisis and considers how to better prepare for the next one, some officials and experts have a simple suggestion: Invest in the state's public health infrastructure.

"One of the silver linings of the pandemic is that now everybody knows what public health does, and hopefully everybody sees the value and the relevance to their daily lives of public health," said Dr. Deidre Gifford, the state's acting public health commissioner.

"Public health infrastructure in the United States has been dwindling, and people are starting to realize when times are good, public health can function in the background, but it's very important that there's a very strong infrastructure in place for the next time there's a public health emergency, because we all know there will be another one."

Nationally, per capita public health spending decreased 9.3% between 2008 and 2016, according to a study published in the National Journal of Public Health, and Connecticut hasn't been an exception.

“That is very acute here in Connecticut, where public health surveillance and certain components of the Department of Public Health have been critically underfunded for decades,” said Dr. Albert Ko, chair of the Department of Epidemiology of Microbial Diseases at the Yale School of Public Health. “This isn’t a problem from the last year or the last administration or even the last 10 years.”

Those in public health hope the pandemic will provide a wake-up call about the need to invest in their field. Already, the Biden administration has pledged to spend \$7.4 billion in American Rescue Plan funds to hire and train public health workers — both to bolster the response to the ongoing pandemic and to prepare for similar crises in the future.

In Connecticut, Gov. Ned Lamont has proposed using federal funds for personal protective equipment, financial assistance to local health departments, the modernization of DPH data collection and other infrastructure, access to contraception and more. Altogether, the investment would total more than \$92.5 million over the next four years, according to an allocation plan submitted to the legislature.

“I think everybody has a new appreciation of Department of Public Health, don’t they?” Lamont said.

‘Flat-footed and unprepared’

In Connecticut, public health is overseen at the state level by the Department of Public Health and at the local level by 65 local health departments. In non-pandemic times, those agencies are responsible for contact tracing, disease investigation, infectious disease prevention, chronic disease education and more.

The pandemic has brought public health into public view — garnering greater appreciation for the field but also exposing holes in the infrastructure of both the state’s and the nation’s public health systems. Kertanis said the local departments in Connecticut lack necessary expertise in epidemiology, nursing and communication, as well as proper data systems.

Early in the pandemic, for example, the state was forced to build a contact-tracing tool “on the fly,” Kertanis said.

“Unfortunately at both the state and the local level, because of historic disinvestment in public health, we have not been able to keep pace with information technology to the extent we needed to,” she said. “That’s another area where we were flat-footed and unprepared.”

“Going into this pandemic, if you asked public health professionals, we knew we were going to see these inequities because we have not had the liberty of investing in the resources that it takes to really best support those communities and their needs.” Jennifer Kertanis, director of the Farmington Valley Health Department

Ko emphasized the “fragmentation” of health care in the United States and said the system often struggles to collect and integrate data. For example, he said, that there’s no easy way to track demographic information about people who are hospitalized due to COVID-19.

The informatics has just been not up to what we would expect from a robust public health system and not up to what other countries are doing,” Ko said.

Because local health departments are often crucial for reaching vulnerable communities, these issues may help explain why COVID-19 disproportionately affected Black and Latino residents in Connecticut and elsewhere.

Going into this pandemic, if you asked public health professionals, we knew we were going to see these inequities,” Kertanis said, “because we have not had the liberty of investing in the resources that it takes to really best support those communities and their needs.”

Mark Masselli, the founder of the Community Health Center, said underfunded public health infrastructure left Connecticut with a reactive response to COVID-19, rather than a proactive one.

You may not have a fire in town, but you still fund the fire department,” Masselli said. “What we learned is nobody was prepared for this pandemic, but our public health infrastructure was woeful in terms of its ability to be prepared.”

Like other states that lacked adequate public health infrastructure, Connecticut relied on private entities — including CHC as well as hospital systems such as Hartford HealthCare, Trinity Health of New England and Yale New Haven Health — to provide coronavirus testing and vaccination.

But Masselli questioned whether that approach can work long term as a comprehensive solution to the state’s public health needs. He said he’d like the state to not only fund a stronger public health system but also plan intentionally for how to utilize that system.

Obviously money helps, but a strategic plan needs to be put in place,” Masselli said. “This is the state-level — [it] needs to be out of the governor’s office — of a strategic plan about how the public health system is shaped up in Connecticut.”

They need more support’

After decades of underfunding, public health workers hope the last year’s intense focus on their field could finally lead to proactive investment.

So far, the results seem promising. Biden’s \$1.9 trillion relief plan signed in March directed funds toward public health schools and programs, as well as the hiring of 100,000 public health workers, which would nearly triple the public health workforce.

According to the White House, these workers were to focus initially on COVID-19 contact tracing and vaccination, then transition into more permanent roles “to build our long-term public health capacity that will help improve quality of care and reduce hospitalization for low-income and underserved communities.”

In Connecticut, Lamont has similarly framed public health investment as a way to fight health disparities. The governor on May 24 outlined a plan to use federal money for universal home visiting, more community health care workers, bolstered mental and behavioral health services, improved data systems and greater support for local health departments.

“[Local health departments] were thrust right into the front lines of this battle against COVID,” Lamont said. “They performed heroically, but they need more support.”

Meanwhile, Lamont said he plans to hire not only a full-time public health commissioner to replace Gifford, who is currently serving as both the acting public health commissioner and the commissioner of the state Department of Social Services— but also someone to oversee health care more generally, including the Department of Public Health, the Department of Social Services and more, possibly as a “supercabinet” position.

“I just think we have too many pieces to the puzzle right now, and sometimes we’re not integrating,” the governor said.

But those who desire greater public health funding still have concerns. What happens when funds from the federal American Rescue Plan eventually dry up? What about as memory of COVID-19 begins to fade? Will state and local officials resume trimming public health budgets just as they have in the past?

Kertanis said the current wave of public health investment won’t matter much if this burst of funding doesn’t translate to sustained investment.

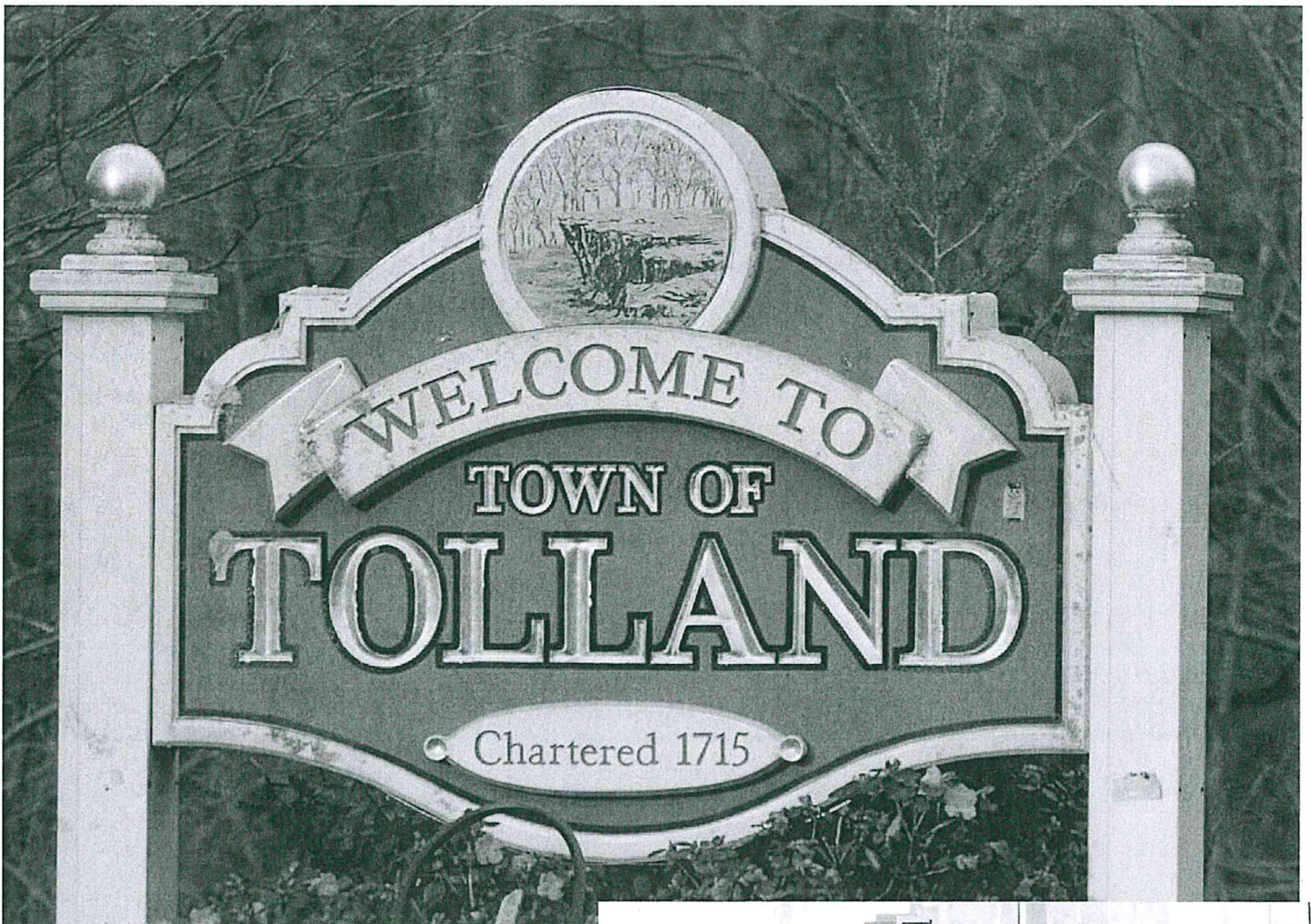
“This can’t be a one-and-done,” she said. “This can’t be a one-time infusion of money and then it goes away. We need to figure out how we sustain that.”

Alex Putterman can be reached at aputterman@courant.com.

https://www.journalinquirer.com/towns/tolland/student-mask-guidelines-relaxed-in-tolland/article_9a9d9770-c3af-11eb-9bc3-5f94e47557b9.html

Student mask guidelines relaxed in Tolland

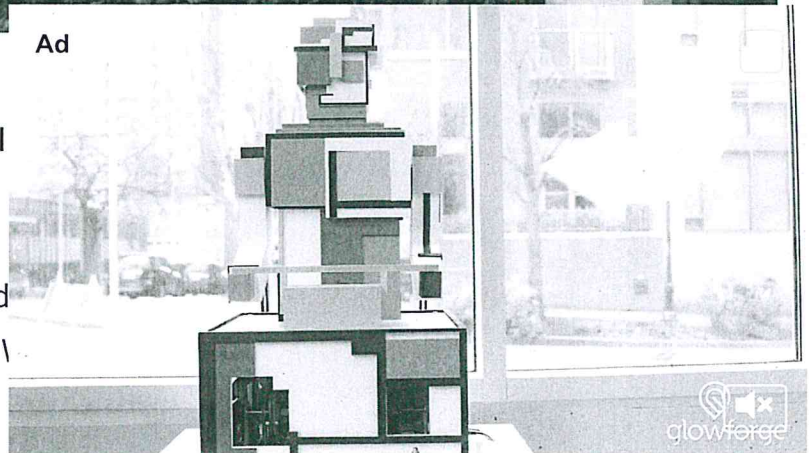
By Michelle France / Journal Inquirer
Jun 2, 2021



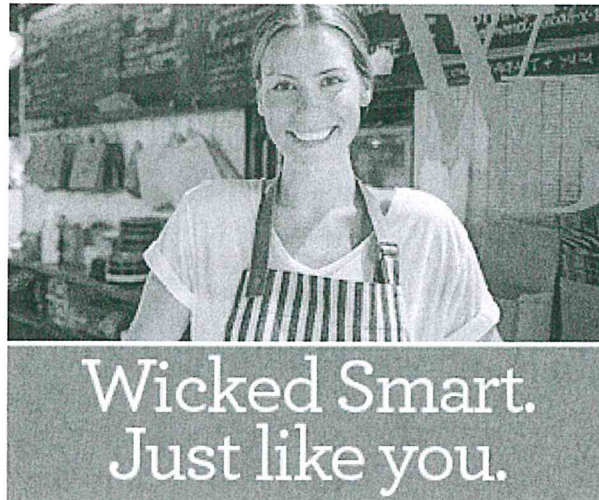
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TOLLAND — With just weeks left in the school at schools.

Students are now permitted to play unmasked a Monday notice from Superintendent Walter \



"I think that for the younger populations where the kids aren't vaccinated yet, it's prudent to finish the year with masks, unless they are maintaining distance, which is unlikely," Rebecca Risley, a Tolland mother of a sixth grader, said. "It's only a few weeks and what, roughly 15-20 minutes of play per day, why add in unnecessary risk when we can stick to the plan and get through the school year."



The guidance came from the Eastern Highlands Health District whose position aligns closely with the state Department of Education and Department of Public Health, Eastern Highlands Health District Director Robert Miller said.

Miller said it would be reasonable for children to take masks off outdoors when kids are outside actively moving around and playing.

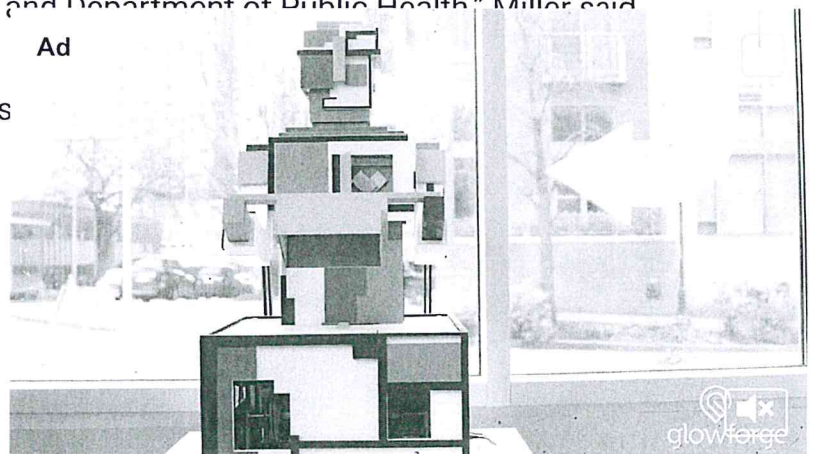
When students become stationary or sit in a group, it would be reasonable to ask them to put a mask back on, Miller added.

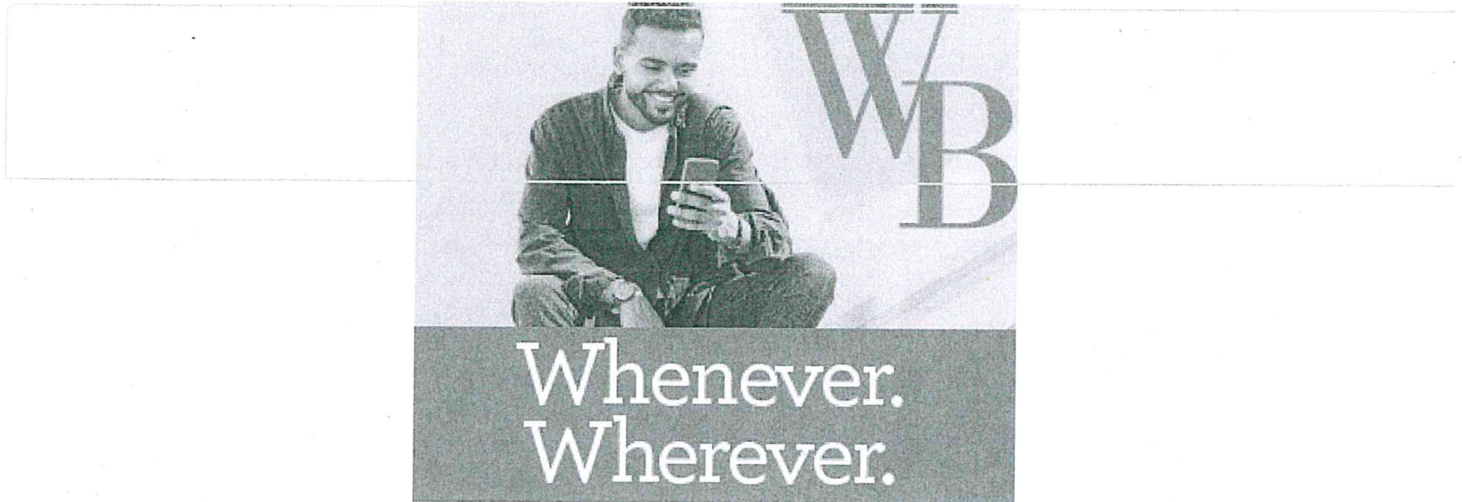
The recommendation comes regardless of vaccination status.

"Whether they're vaccinated or not vaccinated, that distinction is not made in the current guidance from both the state Department of Education and Department of Public Health," Miller said.

Ad

Schools are still directed to maintain a universal vaccine status, Miller said.





“That guidance exists because there’s still some virus out there in the community,” Miller said. “We all know that the numbers are going down – we’re very pleased to see that – but it’s still appropriate to be cautious as we continue to see dropping numbers into the summer season.”

There have been three vaccination clinics at Tolland High School thus far, however it’s unclear how many students have been vaccinated as the last clinic was open to all students 12 and up in the health district, according to Miller.

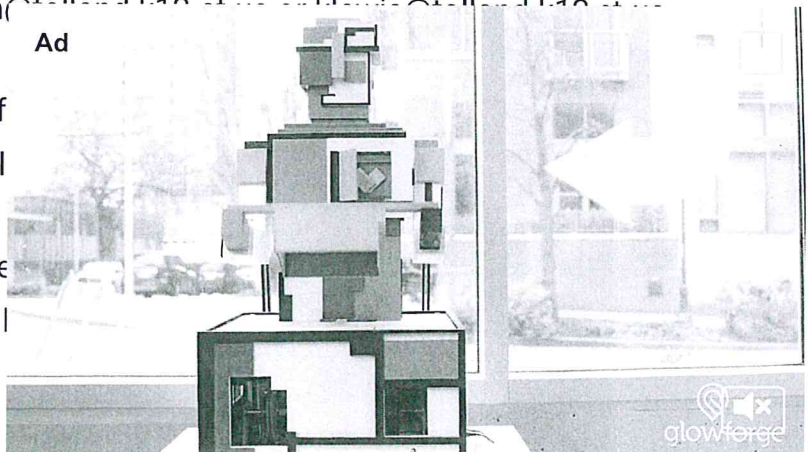
Tolland students who have received their first dose are expected to receive their second on June 15 at noon at Tolland High School. Those who have not received communication from UConn Health by June 11 are asked to contact the central office at 860-870-6850, ext. 1.

School officials ask that a copy of vaccination records be sent to the office of the school nurse to add to students’ medical records. Fully vaccinated students will not have to be quarantined for having exposure to a known COVID-19 positive individual unless the vaccinated person starts to exhibit symptoms, school officials said.

Proof of vaccination can be submitted for high school students to Tolland High School in person, via fax at 860-870-6839, or by email to c davidson@tolland.k12.ct.us or j asul

Middle school students can deliver their proof by email to l dolcelli@tolland.k12.ct.us or j asul

Whether masks will be required next school year depends on several factors: what public health surveillance looks like and how many people will have access to vaccines by then.



"But we won't have that information until we get close to next year," Miller said.



For updates on the towns of Coventry and Tolland, follow Michelle France on Twitter: @MFranceReport, Facebook: Michelle France, and Instagram: @MFranceReport.

SCHOOL MASKING

WHAT: Regardless of vaccination status, children are now allowed to remove masks during active recess time.

MORE: Vaccinated students no longer will need to be quarantined for having exposure to a COVID-19 positive individual unless the vaccinated person exhibits symptoms.

PROOF: Proof of vaccines should be submitted to school nurse.

Michelle France

Town Reporter

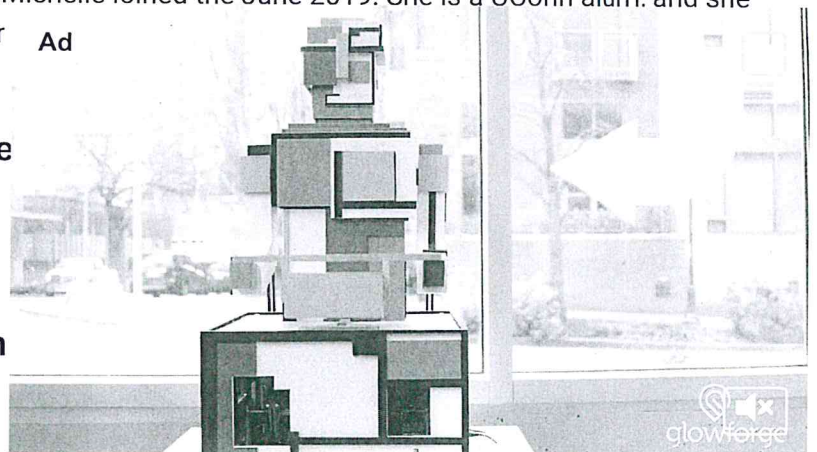
Michelle covers the towns of Coventry and Tolland. Michelle joined the June 2019. She is a UConn alum, and she enjoys reading, cooking, and yoga, and watching her **Ad**

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Health district says there's lots of uncertainty



Lisa Massicotte, The Chronicle, Willimantic, Conn.

Thu, June 10, 2021, 11:59 PM · 3 min read



Jun. 10—As the current school year winds down after unprecedented pandemic impacts, next school year looks uncertain, as currently children under 12 still aren't approved for vaccines.

It's leading to more uncertainty for those planning next school year.

Eastern Highlands Health District Director of Public Health Robert Miller gave some insight on the abundance of uncertainty surrounding vaccinations and what the next school year will look like.

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" There's a couple of critical factors in there which we simply don't know the answer to now," Miller said.

The first factor is what percentage of students in the 12-and-older age group will con-

HEALTH DISTRICT, Page 4

Health district says uncertainty reigns in fall

Continued from Page 1

tinue to take advantage of the Pfizer vaccine from now until the school year begins in the fall.

The second is whether Pfizer and additional vaccines will be authorized for use to those under 12 years old, according to Miller.

" If the planets align and the emergency authorization comes sooner rather than later for kids (under 12) and there continues to be robust demand for school age kids to receive the vaccine, then I think in the fall, the schools will have every opportunity to experience close to normalcy," Miller said.

On the other hand, Miller said if vaccination counts are lower than what public health officials want to see, then he believes schools may end up imposing measured precautions deemed appropriate to keep the school community protected.

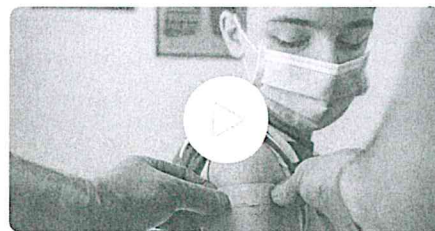
He explained the state of Connecticut, the state Department of Public Health and the state Department of Education will likely make

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Washington Examiner



G7 leaders pledge to share 1 billion COVID-19 vaccine doses in next year

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recommendations and that guidance, at least in part, on available surveillance data on COVID-19 cases, case counts, rates and also vaccination

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June 24



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WABC - NY

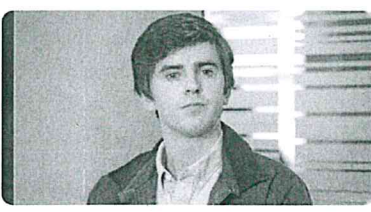
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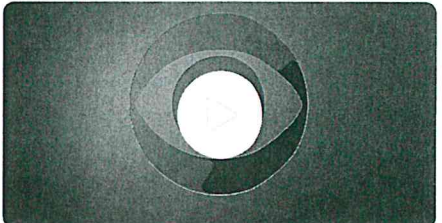
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