Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Coventry Town Hall Annex
Thursday October 18, 2018, 4:30 PM

Call to Order

Approval of Minutes (August 16, 2018)

Public Comments

Old Business – None

New Business

1. Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the LLHD and the EHHD - Ratification
2. Proposed 2019 Regular Meeting Schedule

Subcommittees

3. Finance Committee – financial report ending 9/30/2018
4. Personnel Committee – Director performance review update (no attachment)

Chairs report - none

Town Reports

Directors Report

5. Substance abuse in our communities' workgroup update
6. Radon testing initiative
7. Strategic plan progress report, October 2018
8. FY18 Annual Reports – Agency Report & DPH Report

Communications/other

9. BlumShapiro re: Communication with those Charged with Governance
10. D Malloy re: Environmental Health Professional Day
11. DPH re: Per- and Polyfluoroalkyl Substances (PFAS)
12. DPH re: Transition from Mass dispensing to Mass vaccination
13. DPH re: High School Vaping Doubles in 2 Years
14. DPH re: West Nile Virus

Adjournment

Next Board Meeting – December 12, 2018, Coventry Town Hall Annex at 4:30PM

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT
Coventry Town Hall Annex
Thursday, August 16, 2018

Members present: R. Devito (Ashford), J. Elsesser (Coventry), J. Higgins (Andover), D. Kennedy (Mansfield), E. Paterson (Mansfield), P. Shapiro (Mansfield), J. Stille (Bolton), M. Walter (Columbia), D. Walsh (Coventry),

Staff present: R. Miller, K. Dardick, M. Brosseau, C. Gamache

Prior to the start of the meeting, E. Paterson introduced special guest Donna Handley, President, East Region, Hartford HealthCare. Ms. Handley provided an informative overview to the board of the initiatives and changes happening at Windham Hospital.

Call to Order: E. Paterson called the meeting to order at 5:19 pm. E. Paterson welcomed D. Kennedy and C. Gamache.

Approval of minutes of April 12, 2018 D. Walsh made a MOTION, seconded by M. Walter to approve the minutes of the April 12, 2018 meeting as presented. MOTION PASSED unanimously.

New Business

Ratify State DPH per capita grant application FY18/19

R. Miller reported to the board that this per capita grant application has been submitted and awarded, noting that the awarded amount is 8% more than was budgeted. R. Miller requested ratification of the application. D. Walsh made a MOTION seconded by J. Elsesser to ratify the Eastern Highlands Health District's Fiscal Year 2018/2019 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 16, 2018. MOTION PASSED unanimously.

Ratify Town of Mansfield Employee wellness contract FY18/19

R. Miller informed the board that the agreement with the town of Mansfield is to provide wellness services to the Town of Mansfield, Mansfield Board of Education and Region 19 employees. R. Miller noted that the health district is excited to work with the new leadership for Mansfield to evaluate the program. R. Miller requested ratification of the agreement. J. Stille made a MOTION, seconded by D. Walsh to ratify the agreement, "Town of Mansfield/Eastern Highlands Health District Employee Wellness Service Agreement", as presented on August 16, 2018. MOTION PASSED unanimously.

Ratify Town of Tolland Employee wellness contract FY18/19

R. Miller informed the board that this agreement with Tolland is to provide wellness services to Tolland Town employees. P. Shapiro made a MOTION seconded by J. Stille to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 16, 2018. MOTION PASSED unanimously.

Subcommittee Reports
Finance Committee – Quarterly financial reports for the period ending 6/30/18

E. Paterson noted that the finance committee is in need of an additional member. D. Kennedy volunteered to join the finance committee.

R. Miller presented to the board a brief over view of the quarterly financial report for the period ending 6/30/18, and reported that the finance committee accepted the report as presented.

Personnel Committee – Timeline DOH performance review process and timeline

D. Walsh reported to the board that the personnel committee met and discussed the insurance matter. The committee decided to defer the matter for 12 months because the Town of Mansfield is doing a review of the system.
D. Walsh reviewed the timeline for the director performance review process and encouraged all board members to participate. D. Walsh noted that page 7 of the review will be removed due to the committee feeling that the board is in a difficult position to be evaluating the director's relationship with his staff. A 360° assessment will be developed, and conducted this year.

Town Reports

Coventry J. Elsesser reported that Reid's has closed; A second hydrilla treatment has been done at the lake; Cumberland Farms has been approved for construction; CT Water is finishing the expansion to the Village area.

Bolton J. Stille reported that the results of a feasibility study of the Nathan Hale Greenway should be available soon; Sewers will be extended into Coventry in the area that serves Bolton's water pollution control authority.

Columbia M. Walter informed the board that the New Lighthouse Restaurant reopened and then closed again.

Mansfield D. Kennedy reported that the 4 corners sewer extension has been approved; DEEP has told UConn that the monitoring frequency of the old UConn landfill can be reduced.

Dr. Dardick informed the board that tick diseases are up this year.

Ashford R. DeVito informed the board that a Lyme and Tick borne disease clinic has opened in Ashford.

Directors Report

Substance Abuse in Our Communities Workgroup – Activity Update

R.Miller presented an overview of the activities of this workgroup, noting that a "Substance Abuse Treatment Resources" tri-fold brochure has been developed, printed and distributed. R. Miller informed the board that he participated in an event with Chief Palmer of Coventry, "Opiod Use: A Community Discussion". R. Miller also reported that he has been trained to use and now has access to "EpiCenter" which gives near real-time DPH syndromic surveillance data to local health.

Strategic plan progress

ViewPoint Online Platform R. Miller reported to the board that the staff has been actively using ViewPoint since April 1st for all septic, public health review and soil test applications & permits. The department is now working on a launch of the public portal. A target date of October is planned with a select group of contractors and vendors. R. Devito inquired if there was a plan to rate the efficiency of the program. R. Miller noted that there will be a phased in approach for using the public portal, beginning with contractors and then voluntary use by the public, with feedback solicited at each phase.

FDA Food Code Transition Plan-DPH 7/24/18 Memo R. Miller reported to the board that recent legislative changes have delayed the adoption of the FDA food code for up to 6 months. R. Miller expressed concern that short notice of when the regulations will go into effect may not leave enough time to amend the Sanitary Code.

Advocacy – Legislative Report by CADH

R. Miller informed the board that HB5149 An Act Concerning Sober Living Homes is the first step toward addressing sober living homes in that it will provide infrastructure for voluntarily registering and becoming certified as a sober living home.

Quarterly activity report – period ending 6/30/18

R. Miller directed the Board members' attention to the histograms noting that septic permit activity is on the rise with a significant increase in septic repairs. R. Miller also noted that the increase in routine food inspections indicates we are doing a better job of meeting state mandated frequencies.

NACCHO Conference – DOH attendance summary

R. Miller noted that he had the pleasure of attending the NACCHO Annual Conference and briefly outlined the sharing sessions he attended. Most notable was the "Lightning in a Tweet" session that inspired him to create a twitter account. R. Miller encourage the board to begin following him @RobMillerMPH.

Additional Items

R. Miller informed the board that he is working closely with the University of Connecticut Office of Emergency Management on a tabletop exercise that will test the communities capability to respond to a meningococcal outbreak.

R. Miller reported that there was a recent norovirus outbreak with 56 suspected cases of norovirus among staff and attendees at a summer camp. Fortunately it was self-limiting and there were very few secondary cases.

Communications

R. Miller noted that resignation of P. Schur from the Board.

Adjournment

D. Walsh made a MOTION seconded by R. Devito to adjourn the meeting at 6:17 pm. MOTION PASSED unanimously.

Next Board Meeting, October 18, 2018, 4:30 PM at Coventry Town Hall Annex

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

To: Board of Directors

From: Robert Miller, Director of Health

Date: 10/11/2018

Re: Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and the Eastern Highlands Health District

Background

For the past sixteen years the Eastern Highlands Health District has been the recipient of a federal Public Health Emergency Preparedness (PHEP) grant award passed through the Connecticut Department of Public Health. As you may recall from the last fiscal year award, the fiduciary for our award was changed to the Ledge Light Health District. The MOA establishing the relationship with the fiduciary is attached to this cover memo for your consideration. This is the primary source of funding for the health districts emergency preparedness program.

Financial Impact

The subcontract total award is $56,011 for the period July 1, 2018 to June 30, 2019. The award provides funding for a half-time emergency preparedness coordinator, provides limited funds for regular staff positions, and funds other program operations (Please see the attached budget on page 3). There are no agency matching funds or in-kind services required.

The specific deliverables for this contract are detailed on the attachment titled, "Attachment 1, Local Health Department/Districts, Public Health Emergency Preparedness program Fiscal Assistance Scope of Work."

Recommendation

This funding has been instrumental in positioning the health district and its partners in a position to respond with effectiveness to local, regional, and state-wide public health emergencies. I am respectfully recommending the board ratify the contract as executed between the EHHD and the Ledge Light Health District.

If the board concurs the following motion is in order: *Move, to ratify the "Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2018-2019" as presented on October 18, 2018.*

Attachments: MOA By and Between LLHD and EHHD
Healthcare Coalition Budget, Eastern Highlands Health District
Public Health Emergency Preparedness Program Fiscal Assistance Scope of Work

Memorandum of Agreement for the
DPH Public Health Preparedness Program
By and Between Ledge Light Health District and
Eastern Highlands Health District
2018-2019

Ledge Light Health District, hereinafter referred to as "LLHD", acting by Stephen Mansfield, its Director of Health and Eastern Highlands Health District, hereinafter referred to as "EHHD", acting by Robert Miller, its Director of Health, do mutually agree to the following as outlined in this Memorandum of Agreement.

The funding of this agreement is based on the Region 4 Public Health Preparedness (PHP) Program Grant Log #2019-0008 from the Connecticut Department of Public Health hereinafter referred to as the "DPH" to the LLHD.

SCOPE OF SERVICE

All activities and deliverables included in DPH Contract Log #2019-0008. **Attachment 1 Local Health Department/District, Public Health Emergency Preparedness Program Fiscal Assistance Scope of Work and Attachment 2 Health Care Coalition Scope of Work.**

PROGRAM REPRESENTATIVES

EHHD hereby designates Robert Miller, its Director of Health as its program representative. LLHD hereby designates Catherine Dragoo, its Grant Manager as its program representative.

COMPENSATION

EHHD shall submit all quarterly reports to Catherine Dragoo of the LLHD.

Program Budget	Amount
PHEP	$56,011

EHHD shall expend funds within the contract period and in accordance with the applicable **Approved Budget and Workplan**. This contract includes Federal Financial Assistance (CFDA #93.069 for Local Health Departments and #93.889 for Acute Care Hospitals and Medical Reserve Corp Funding) and therefore such funds are subject to the Federal Office of Management and Budgets (OBM) Cost Principles.

PAYMENT SCHEDULE

EHHD shall be subject to conditions outlined in this agreement and payments are subject to DPH approval of quarterly Programmatic Progress Reports, associated deliverables and Financial Expenditure Reports.

LLHD shall provide quarterly payments after receipt of and approval of scheduled reports and all deliverables or services as submitted by EHHD, and in an amount equal to the amount of expenditures reported and approved.

LLHD shall have the right to inspect, to the extent deemed necessary by the LLHD, all work and records in connection with the Memorandum of Agreement.

LLHD reserves the right to reduce payments and withhold funding for EHHD in which EHHD has not submitted or completed required deliverables, or has not submitted required reports or audits, or has submitted reports that have not received CT DPH approval, or has submitted reports that do not support the need for full payment, provided that notice thereof shall have been given to EHHD in a reasonable time to correct any such deficiencies that might have been identified by DPH or LLHD.

COMPLIANCE WITH DEPARTMENT REQUIREMENTS

EHHD shall comply with all DPH subcontract requirements as outlined in the **LLHD HCC Fiduciary Contract with DPH** and will submit supporting documentation to LLHD.

Quarterly Reporting Period	**Quarterly Reports Due Date**
July 1, 2018 – September 30, 2018	October 15, 2018
October 1, 2018 – December 31, 2018	January 15, 2019
January 1, 2019 – March 31, 2019	April 15, 2019
April 1, 2019 – June 30, 2019	July 15, 2019

EHHD shall be liable for any contract or financial audit exceptions and shall return all funds that have been disallowed upon review of such audit, or as provided under the provision of DPH contract Log #2019-0008.

INSURANCE REQUIREMENTS

EHHD agrees that while performing services specified in this Agreement, EHHD shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" the LLHD and the State of Connecticut from any insurable cause whatsoever. If requested, certificates of such insurance shall be filed with LLHD prior to the performance of services.

PERSONNEL

It is mutually agreed that EHHD is an independent subcontractor and this Agreement is for services and not a contract for employment and that, as such, EHHD shall not be entitled to the benefits by the LLHD such as worker's compensation, pension, retirement benefits or sick leave.

DEFAULT OR BREACH OF AGREEMENT

In the event either party is in default or breach of the terms of this Agreement, the non-defaulting or breaching party shall have the right to pursue any and all remedies available to it against the defaulting or breaching party in law or in equity.

TERMS OF AGREEMENT

The term of this Agreement shall be effective July 1, 2018 through June 30, 2019 and shall not exceed $56,011.

The terms of this Agreement are understood and accepted by:

Stephen Mansfield, RS, MPH	Robert Miller, MPH
Director of Health	Director of Health
Ledge Light Health District	Eastern Highlands Health District
Date	Date 9/26/18

Health Care Coalition Budget

July 1, 2018 – June 30, 2019

Health Department/Hospital Name_____Eastern Highlands Health District_____

Category	Amount
5100. Salaries*	$11020.00
5101. Staff Salaries and Wages	
5200. Fringe Benefits**	$4500.00
5300. Contractual	0
5303. Contracted Workers- Non-Payroll	
5304. Other Contractual ***	$36088
5400. Transportation	$140
5401. Staff Travel Reimbursement	
5500. Materials and Supplies	0
5501. Food (for employees and volunteers at exercise, trainings-not to exceed $500)	
5502. Lab & Medical Supplies	$280
5503. Equipment (< $5,000)	0
5504. Other Materials & Supplies (including Office Supplies not to exceed $1,000)	$963
5700. Capital Expenses (>$5,000)	0
5701. Capital Equipment	
5800. Other Expenses	$1620
5801. Communications (including cell phones, HAN not to exceed $6,000)	
5804. Staff Training & Conferences	0
5806. Other – may include Attorney Fees not to exceed $5,000	0
a.	0
b.	0
c.	0
d.	0
e.	0
f.	0
7100. Administrative and General Costs****	0
7111. Staff Salaries & Wages	
7120. Fringe & Benefits	0
All Other A&G	$1400
Total Award	$56011.00

*Complete Salary/Fringe Position Schedule.

**Fringe Benefits must be itemized on the Budget Justification Schedule.

***Complete Subcontractor Budget Detail and Justification Schedule Sheet.

****Submit the municipality, health district or hospital's Cost Allocation Plan (CAP) with this application if you are requesting A&G Costs. A&G Costs will not be allowed without a copy of the CAP.

Salary/Fringe Position Schedule

Position Detail		Hours/Weeks Per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Director Name: Robert Miller		2.4hrs/wk	$56.10	$7001	36 %	$2520
2.Position: Chief Sanitarian Name: Jeff Polhemus		.5hrs/wk	$43.20	$1123	34 %	$382
3.Position: Sanitarian Name: Glenn Bagdoian		.2hrs/wk	$38.31	$398	43%	$171
4.Position: Admin Assist Name: Millie Brosseau		1.4hrs/wk	$23.18	$1688	61 %	$1030
5.Position: CHWC Name: Brian Clinton		.5hrs/wk	$31.16	$810	49 %	$397
6.Position: Name:						
7.Position: Name:						
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
Totals				$11020.00		$4500.00

Budget Justification

Provide a justification for each line in your budget, describing how your department/district/intends to use fund with a breakdown of costs.

NOTE: Fringe Benefits must be itemized on the Budget Justification Form. That justification shall include a breakdown of the overall composition of the Fringe Benefit Cost Pool and indicate either percentage or actual amount that each component comprises of the total Fringe Benefit amount being requested.

<table>
<tr><th>BUDGET LINE ITEM</th><th>JUSTIFICATION</th></tr>
<tr><td>Salaries</td><td>Covers wages costs of health district staff working on PHEP activities. This includes but is not limited to participation in drills/exercises, attendance at meetings, and/or any activity toward progress in achieving the work plan deliverables.

Cost breakdown found in Salary Fringe Position Schedule.</td></tr>
<tr><td>Fringe Benefits</td><td>
<table>
<tr><th></th><th>Social security</th><th>Medicare</th><th>Health Insurance</th><th>Life Insurance</th><th>Retirement</th></tr>
<tr><td>Rob</td><td>16.41%</td><td>3.84%</td><td>56.47%</td><td>0.77%</td><td>22.51%</td></tr>
<tr><td>Jeff</td><td>16.96%</td><td>3.97%</td><td>60.23%</td><td>1.33%</td><td>17.51%</td></tr>
<tr><td>Glenn</td><td>13.67%</td><td>3.20%</td><td>68.59%</td><td>0.52%</td><td>14.02%</td></tr>
<tr><td>Millie</td><td>8.47%</td><td>1.98%</td><td>79.55%</td><td>0.16%</td><td>9.84%</td></tr>
<tr><td>Brian</td><td>11.48%</td><td>2.68%</td><td>73.45%</td><td>0.14%</td><td>12.25%</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Transportation</td><td>Mileage reimbursement to meetings, drill, and PHEP events

53.5 cents x 262 miles</td></tr>
<tr><td>Materials and Supplies – Medical Supplies</td><td>Ancillary Supply replacement

Nitrile Gloves small – 7 packs – $54.94
Nitrile Gloves medium – 10 packs – $74.90
Nitrile Gloves large – 10 packs – $74.90
Nitrile Gloves xtra large – 10 packs – $74.90</td></tr>
<tr><td>Materials and Supplies – Office Supplies</td><td>Copier supplies - $100
Portable POD supply boxes - $100
POD Clinic Signs - $400
Other miscellaneous supplies - $363</td></tr>
<tr><td>Communications</td><td>Cell phone for Director (R. Miller, 860-209-8990)-$600

Code Red HAN service - $1020 annually</td></tr>
</table>

Subcontractor Budget Justification

Provide a Budget Justification for each Subcontract including a justification for each line in the Subcontractor's budget, describing how Subcontractor intends to use fund with a breakdown of costs.

NOTE: Fringe Benefits must be itemized on the Budget Justification Form. That justification shall include a breakdown of the overall composition of the Fringe Benefit Cost Pool and indicate either percentage or actual amount that each component comprises of the total Fringe Benefit amount being requested.

BUDGET LINE ITEM	JUSTIFICATION
Other Contractual	NDDH is providing Public Health Emergency Preparedness Coordinator Services. Cost breakdown: $34.70 per hour x 1040 hours per year = $36,088

Use additional sheets as necessary.

Attachment 1

Local Health Department Public Health Emergency Preparedness Program Fiscal Assistance Scope of Work

1) **Local Health Department Description of Services:** The Subcontractor shall provide public health emergency preparedness activities in accordance with CDC PHP, in collaboration with its respective HCC, and the Department. These services and/or activities include those items outlined in the approved Subcontractor workplan (Attachment 2) as well as but not limited to, the following:

   i) **24/7 Coverage Plan:** The Subcontractor shall complete and submit the Department's form for 24/7 Coverage to the Department at hcc.dph@ct.gov and cdragoo@llhd.org within 30 days of execution of this subcontract.

   ii) **Emergency Operations Coordination:** The Subcontractor shall:
      (1) Conduct quarterly call-down drills when scheduled by the Department;
      (2) Create local health director and staff user accounts on the latest version of WebEOC;
      (3) Utilize and integrate WebEOC into local emergency preparedness plans and exercises;
      (4) Maintain a public health emergency response plan;
      (5) Demonstrate use of Connecticut's HAN by conducting quarterly call-downs and completing HAN progress reports on use of the HAN system.
      (6) If an MDA lead, conduct the following drills annually and complete the requisite reporting forms on a platform prescribed by the Department:
         (a) Staff notification and assembly;
         (b) Site activation; and
         (c) Facility set-up.
      (7) If an MDA lead, Subcontractors who have not conducted a Dispensing Full-Scale Exercise in the previous four years must prepare and submit an updated action plan to the Department by June 30, 2019. The action plan shall contain sufficient detail and timelines to ensure completion of a Full Scale Exercise by June 30, 2021.

   iii) **Responding and Reporting Essential Elements of Information:** The Subcontractor shall:
      (1) Participate in HAN and Web EOC reporting; and
      (2) Comply with all reporting directives requested by the Department's Commissioner or the Department's Office of Public Health Preparedness and Response.

   iv) **Strengthen Countermeasures and Manage Access to and Administration of Pharmaceutical and non-Pharmaceutical Interventions:** The Subcontractor shall:
      (1) Respond to and support MCM distribution and dispensing (MCMDD) for all-hazards events i.e., a terrorist attack, an influenza pandemic, or an emerging infectious disease such as Ebola or Zika virus;
      (2) Participate in the Department's planning and exercise activities around MCM, including participation in workshops and exercises pursuant to the MYTEP;
      (3) For newly designated points of dispensing (POD) submit to the Department at hcc.dph@ct.gov and cdragoo@llhd.org the following information:
         (a) Facility name, address, town, postal zip code, and status, whether active or inactive;
         (b) POD facility contact information for use during POD operations;
         (c) Two 24/7 voice telephone number and one facsimile number for use during POD operations; and

(4) For newly designated MDA local distribution sites (LDS) complete a survey tool provided by the Department;

(5) If an MDA lead, participate in CRI/MCM operational readiness reviews (ORR) according to a schedule provided by the Department;

(6) On a quarterly basis participate in MCM Action Plan technical assistance phone calls;

(7) Develop and submit a quarterly MCM action plan to the Department's MCM Coordinator; and

(8) Complete the required descriptive and demographic (jurisdictional data sheet and point of dispensing); planning (dispensing and distribution plans); and operational forms (Facility Set-Up Drill, Staff Notification and Assembly Drill; Site-Activation Drill; training and exercise planning form; dispensing full-scale exercise/incident; dispensing throughput drill) per the timelines and specifications outlined in the PHEP operational readiness review guidance; and complete the requisite reporting forms on a platform and format prescribed by the Department by May 1, 2019.

v) **Responder Safety and Health:** The Subcontractor shall submit a signed statement to the Department at hcc.dph@ct.gov and cdragoo@lhd.org acknowledging it will comply with all applicable Occupational Health and Safety Administration (OSHA) standards to provide a safe workplace by December 31, 2018.

vi) **Volunteer Management:** The Subcontractor shall utilize the emergency credentialing program (ECP), to support, recruit, and retain volunteers for the regional MRC.

vii) **MRC Capacity Building:** For local health departments (LHD)s that receive MRC Funds, the Subcontractor shall:

(1) Collaborate with MRC units within their HCC to designate a regional MRC lead and provide the name and contact information for the lead to the Department at hcc.dph@ct.gov and cdragoo@llhd.org by December 31, 2018.

(2) Participate in the development and implementation of a written MRC regional capacity-building plan, which includes the following components:

(a) Strategies for recruitment and retention of medical and non-medical MRC volunteers;

(b) Marketing and promoting the MRCs located within the subcontractor's HCC to facilitate recruitment;

(c) Providing medical and public health surge capacity by mobilizing MRC units and the respective volunteers as directed by the Connecticut Department of Emergency Services and Public Protection – Division of Emergency Management and Homeland Security (DEMHS), the Department, and other entities responsible for responding to public health emergencies; and

(d) Ensuring that all MRC units within the Subcontractor's region use the DEMHS MRC Activation Form to seek pre-approval of MRC activation for non-emergencies at least ten (10) business days in advance.

(3) MRC Unit leads shall complete the following:

(a) Attend and participate in meetings of the Statewide MRC Advisory Council, and

(b) Schedule and conduct bi-monthly meetings of other MRC chapters within the region to discuss, plan, coordinate, and implement:

(i) Standardized MRC volunteer training opportunities for new and existing volunteers across the region;

(ii) Activation protocols and request processes to be shared with all HCC partners within the region;

(iii) Engagement and participation of MRC volunteers in exercises, drills and real events; and

(iv) Submit quarterly progress reports, using a progress report template developed by the Department, to the Department at hcc.dph@ct.gov and cdragoo@llhd.org.

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

Description of Services: The local health department/district shall provide public health emergency preparedness activities in accordance with the Department of Health and Human Services – Public Health Emergency Preparedness Program, in collaboration with its respective healthcare coalition (HCC), and the Department of Public Health (DPH). These services and/or activities include, but are not limited to, the following:

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
Complete and submit DPH's form for **24/7 coverage** to your HCC within 30 days of execution of the subcontract.	X				MAY	.5%
Health Care Coalition Development 1. Attend a minimum of 75% of your HCC meetings as evidenced by sign-in sheets of electronic records.	X	X	X	X	MAY MILLER	15%
2. Contribute to your HCC activities to achieve the 2017-2022 Healthcare Preparedness and Response Capabilities, including the HCC's contractual obligations to DPH.	X	X	X	X		
3. Attend and participate in semi-annual statewide HCC meetings and associated working groups.	X	X	X	X		
HCC Response Plan Development Provide a short narrative on proposed work by your health department to develop the BP1S HCC Response Plan. Assist with development of the HCC's Response and COOP Plan. Such plans, once developed, must be reviewed annually by HCC members.	x	x	x	x	MAY	5%

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
Characterize Probable Risk Participate in their HCC's assessment of hazard vulnerabilities and risks, and from that data, prioritize work that must be accomplished to address identified risks or gaps. Work with your HCC to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared. As part of that process, work with your HCC to identify gaps and health priorities for HCC and HCC member activities. HCCs must be capable of tracking this information and sharing it with all their HCC members by the end of BP1S.	x	x	x	x	MAY	5%
Characterize Populations at Risk Provide a short narrative on proposed activities and work relating to at-risk populations including planning, training, exercises, or pre-planned real events by your health department. Participate in your HCC's efforts to obtain and incorporate at-risk population data into its activities, plans, training, and exercises.	x	x	x	x	MAY	5%
Education and Training Provide a narrative with general dates and types of PHEP/HPP education and training events that your health department will participate in BP1S. Conduct or participate in educate and training to address health care and public health emergency preparedness and response gaps identified through strategic planning, development of the HCC preparedness plan, hazard vulnerability assessment, or AARs.	x	x	x	x	MAY	10%

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
Drills & Exercises Provide a list of dates of planning meetings and person who attended; dates and abbreviated names of exercise and types conducted; submission dates for AAR/IPs; and dates that IAPs were completed and shared with your HCC Coordinator. DPH collects additional information, so this list will act as a means for cross-referencing submission of NODEs, AARs, and Drill Metric Sheets.				x	MAY	1%
Participate in and/or conduct exercises in conjunction with your HCC: 1. attend drill and exercise planning meetings scheduled by your HCC and/or DPH.	x	x	x	x	MAY	
2. notify the DPH Drill and Exercise Coordinator, on forms provided by DPH, of each drill and/or exercise at least 30 days in advance of the drill or exercise.	x	x	x	x	MAY	12%
3. Prepare and submit an AAR on each Drill and/or Exercise, on forms provided by DPH, to the DPH Drill and Exercise Coordinator within 45 days of completion of each drill and/or exercise.	x	x	x	x	MAY	
4. Describe in the AAR where areas for improvement have been identified from Drills and/or Exercises, or real-world events and how the preparedness strategy will be revised to reflect improvements.	x	x	x	x	MAY	
5. Develop an IAP during an emergency or planned event and utilize incident action planning cycles to identify and modify objectives and strategies. Share the IAP with your HCC.	x	x	x	x	MAY	

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
Emergency Operations Coordination (MDA leads and PODS) 1. if an MDA lead, the subcontractor shall conduct: • staff notification and assembly drills, site activation drills, and facility set-up drills, in coordination with health departments that have PODs.	x	x	x	x	MAY MILLER BROSSEAU	5%
2. Health departments who have not conducted a full-scale POD exercise in the previous four years must prepare and submit an action plan to the HCC Coordinator and DPH by June 30, 2018. The action plan shall contain sufficient detail and timelines to ensure completion of a POD drill by April 30, 2022.					N/A	
Emergency Operations Coordination 1. Create (or update) local health director and staff user accounts on the latest version of WebEOC.	x				MAY	10%
2. Utilize and integrate WebEOC into local emergency preparedness plans, drills and /or exercises.	x	x	x	x	MAY	
3. Maintain a public health emergency response plan.	x	x	x	x	MAY	
4. Demonstrate use of the Health Alert Network (HAN) by conducting quarterly call-downs and completing HAN progress reports on use of HAN system.	x	x	x	x	MAY BROSSEAU	
Emergency Communications 1. Participate in its HCC's two redundant communications drills.		x			MAY	2%
2. Submit drill plan for BP1S.		x				
3. Participate in HAN and WebEOC reporting.		x				
4. Comply with all reporting directives requested by DPH Commissioner or DPH Office of Public Health Preparedness and Response.		x				
ACTIVITY	**COMPLETION DATE**					**BUDGET**

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

	Quarter				RESPONSIBLE PERSONS	ALLOCATION
	1	2	3	4		
Strengthen Countermeasures and Manage Access to and Administration of Pharmaceutical and non-Pharmaceutical Interventions 1. Support MCM distribution and dispensing (MCMDD) for all-hazards events.	x	x	x	x	MILLER MAY POHEMUS	15%
2. Participate in CRI/MCM operational readiness reviews (ORR) and briefings by the state's MCM coordinators to understand jurisdictional MCM distribution plans.			x		MAY MILLER	
3. Participate in DPH planning and exercise activities around MCM, including participation in drills pursuant to the MYTEP.	x	x	x	x	MAY	
4. Participate in MCM ORR process or technical assistance (TA) conference calls *(applicable to MDA leads only)*.	x	x	x	x	MAY	
5. Submit all elements of the POD and LDS/Receiving Site Survey.				x	MAY	
6. Provide a list of intended dates for MCM ORR completion, action plan updating and revisions, and the dates when your POD and LDS/RSS site surveys were last completed and updated. MDAs that are in CRI jurisdictions will complete MCM ORR work via the DCIPHER system. Provide a list of proposed health department activities.	x				MAY	
Responder Safety and Health Submit a signed statement to DPH acknowledging compliance with all applicable Occupational Health and Safety Administration (OSHA) standards to provide a safe workplace.			x		MAY	.5%

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
Strengthen Surge Management Participate in the planning and execution of the HCCs coalition surge test (CST) exercise, using a simulated evacuation scenario, including a Functional Exercise and a facilitated Hot Wash.			x		MAY	3%
Acknowledge and describe role for participating in CST.		x			MAY	.5%
Volunteer Management Utilize the Emergency Credentialing Program (ECP) and support, recruit, and retain volunteers for the regional Medical Reserve Corps (MRC) or other volunteer group affiliated with the health department.	x	x	x	x	MAY CLINTON	10%
Provide a list of proposed activities on your efforts to recruit and retain volunteers.				x	MAY	.5%

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
MRC Capacity Building **If the local health department/district receives MRC regional allocation funding** the local health department/district shall develop and implement a written MRC Regional Capacity-Building Plan to increase the number and capacity of volunteers serving in such region's MRCs, including the following components: 1. Collaboration with local health departments located within the subcontractor's respective HCC region to develop and implement strategies for recruitment and retention of medical and non-medical MRC volunteers including, but not limited to the following: a. Licensed nurses b. Physicians c. Emergency Medical Technicians d. Persons trained in emergency medical assistance such as cardiopulmonary resuscitation (CPR) and first aid e. Students enrolled in health care professional programs f. Retired or licensed health care professionals and/or academics g. Unlicensed community volunteers					**N/A**	
2. Marketing and promotion of the MRCs located within the subcontractor's HCC to facilitate recruitment, including but not limited to the following: a. Advertising in local newspapers b. Radio and other media announcements c. Billboards and banner displays d. Flyers, pamphlets, and posters at community sites					**N/A**	

LOCAL HEALTH DEPARTMENT/DISTRICT WORK PLAN

EASTERN HIGHLANDS HEALTH DISTRICT

Contract Log No. #1078 2018-19 BP1-SUPPLEMENTAL

ACTIVITY	COMPLETION DATE				RESPONSIBLE PERSONS	BUDGET ALLOCATION
	Quarter					
	1	2	3	4		
3. Scheduling and conducting bi-monthly meetings of all MRC Unit Leaders within the subcontractor's HCC region to discuss, plan, coordinate, and implement the following: a. Standardization of MRC Volunteer training b. Collaboration among MRC Units to train existing and new MRC volunteers c. Participation in local and regional emergency response drills and exercises					N/A	
4. Designation of an MRC regional lead who will attend and participate in meetings of the Statewide MRC Advisory Committee.						
5. Provision of medical and public health surge capacity by mobilizing MRC Units and the respective volunteers as directed by the CT Department of Emergency Services and Public Protection-Division of Emergency Management and Homeland Security (DEMHS), DPH and other entities responsible for responding to public health emergencies such as Pandemic Influenza.						
6. Ensuring all MRC units within the subcontractor's region use the DEMHS MRC Activation Form to seek pre-approval of MRC activation for non-emergencies at least ten (10) business days in advance.						

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 L Miller, Director of Health

Date: 10/11/2018

Re: Proposed 2019 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2019 calendar year:

January 17 (Typically, Budget Public Hearing)

February 21

April 11

June 20

August 15

October 17

December 12

Location and time of each meeting will be the Coventry Town Hall, Annex at 4:30 pm, unless otherwise indicated. (With the exceptions of April 11 & December 12, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2019 regular meeting schedule as presented.

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30th, 2018
(with comparative totals for September 30, 2017)

	Adopted Budget 2018/19	Amended Budget 2018/19	Estimated Actuals 2018/19	2019	Percent of Adopted Budget	2018
Revenues						
Member Town Contributions	$ 429,270	$ 429,270	429,270	$ 107,315	25.0%	$ 156,691
State Grants	123,280	123,280	133,327	133,327	108.2%	149,985
Septic Permits	40,080	40,080	40,080	17,825	44.5%	11,910
Well Permits	15,960	15,960	15,960	5,200	32.6%	4,285
Soil Testing Service	32,550	32,550	32,550	12,005	36.9%	8,876
Food Protection Service	76,220	76,220	76,220	4,656	6.1%	5,975
B100a Reviews	30,700	30,700	30,700	10,040	32.7%	8,935
Septic Plan Reviews	26,470	26,470	26,470	10,230	38.6%	7,415
Other Health Services	6,300	6,300	6,300	455	7.2%	2,105
Appropriation of Fund Balance	31,407	31,407	21,360	-	0.0%	-
Total Revenues	812,237	812,237	812,237	301,054	37.1%	356,177
Expenditures						
Salaries & Wages	584,555	584,555	584,555	144,102	24.7%	138,490
Grant Deductions	(82,542)	(82,542)	(82,542)	(24,172)	29.3%	(20,788)
Benefits	208,110	208,110	208,110	58,245	28.0%	63,936
Miscellaneous Benefits	6,810	6,810	6,810	1,534	22.5%	2,206
Insurance	15,800	15,800	15,800	2,912	18.4%	7,973
Professional & Technical Services	15,920	15,920	15,920	466	2.9%	450
Vehicle Repairs & Maintenance	3,200	3,200	3,200	1,141	35.7%	678
Health Reg*Admin Overhead	28,544	28,544	28,544	7,030	24.6%	6,960
Other Purchased Services	19,640	19,640	19,640	1,523	7.8%	1,585
Other Supplies	5,600	5,600	5,600	1,063	19.0%	816
Equipment - Minor	3,600	3,600	3,600	635	17.6%	329
Total Expenditures	809,237	809,237	809,237	194,479	24.0%	202,635
Operating Transfers						
Transfer to CNR Fund	3,000	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	812,237	812,237	812,237	194,479	23.9%	202,635
Excess (Deficiency) of Revenues	-	-		106,575		153,542
Fund Balance, July 1	358,081	358,081	358,081	358,081		316,261
Fund Balance plus Cont. Capital, Sept. 30	$ 358,081	$ 358,081	358,081	$ 464,656		$ 469,803

Eastern Highlands Health District
General Fund
Balance Sheet
September 30, 2018
(with comparative totals for September 30, 2017)

	2019	2018
Assets		
Cash and Cash Equivalents	$ 464,826	$ 469,989
Total Assets	464,826	469,989
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	170	186
Total Liabilities	170	186
Fund Balance	464,656	469,803
Total Liabilities and Fund Balance	$ 464,826	$ 469,989

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
September 30, 2018
(with comparative totals for September 30, 2017)

	2019	2018
Assets		
Cash and Cash Equivalents	$ 128,780	$ 161,565
Total Assets	128,780	161,565
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	-	-
Total Liabilities	-	-
Fund Balance	128,780	161,565
Total Liabilities and Fund Balance	$ 128,780	$ 161,565

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2018
(with comparative totals for September 30, 2017)

	2019	2018
Revenues		
General Fund	$ 1,910	$ -
Total Revenues	1,910	-
Operating Transfers		
General Fund	-	-
Total Operating Transfers	-	-
Total Rev & Oper Trans	1,910	-
Expenditures		
Professional & Technical Services	-	-
Office Equipment	-	-
Total Expenditures	-	-
Excess (Deficiency) of Revenues	1,910	-
Fund Balance, July 1	126,870	161,565
Fund Balance plus Cont. Capital, Sept. 30	$ 128,780	$ 161,565

Robert L. Miller

From:	Robert L. Miller
Sent:	Friday, August 24, 2018 9:44 AM
To:	'Mark Palmer'; 'Margot Martello'; 'Nancy Dunn'; Brian Clinton; John Elsesser; 'Tolland Fire Chief John Littell (jlittell@tolland.org)'; 'ndunn@tolland.org'; Katherine J. Bell; 'Courtney Chan'; Patricia R. Schneider; 'Crystal Morawitz'; 'jjanssen@coventryct.org'; 'Town Administrator <townadministrator@columbiact.org> (townadministrator@columbiact.org)'; Francis P. Raiola
Cc:	'Stille, Joyce (jstille@boltonct.org)'; Millie C. Brosseau; 'Steve Werbner'; Millie C. Brosseau; 'Melisa Luginbuhl'; Ken Dardick (kdardick@gmail.com); Derrik M. Kennedy
Subject:	State Drug Overdose Mortality and Prescription Drug Report [not-secure]
Attachments:	Eastern Highlands_Q1_to_Q3_2017.pdf

Greetings Substance Abuse Workgroup Members – Attached for your information is three quarters of drug overdose mortality data for 2017. This report is distinguished from past data reports in that EHHD specific data is compared to statewide data. While the variation indicated in these reports could be explained by chance inherent in the small sample size(n=10), there are some noteworthy differences both in the age distribution and the type of substance involved in these overdoses. Specifically, this data indicates EHHD unintentional overdose deaths are younger as compared to the state (50% > 24% at the 23-34 range). Further, that EHHD has a greater percentage of Fentanyl related overdose deaths as compared to the state (60% > 46%).

As the state continues to improve is surveillance and data reporting systems, it's my hope that this will become helpful in informing and directing workgroup member activities.

Yours in health,
Rob

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

EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

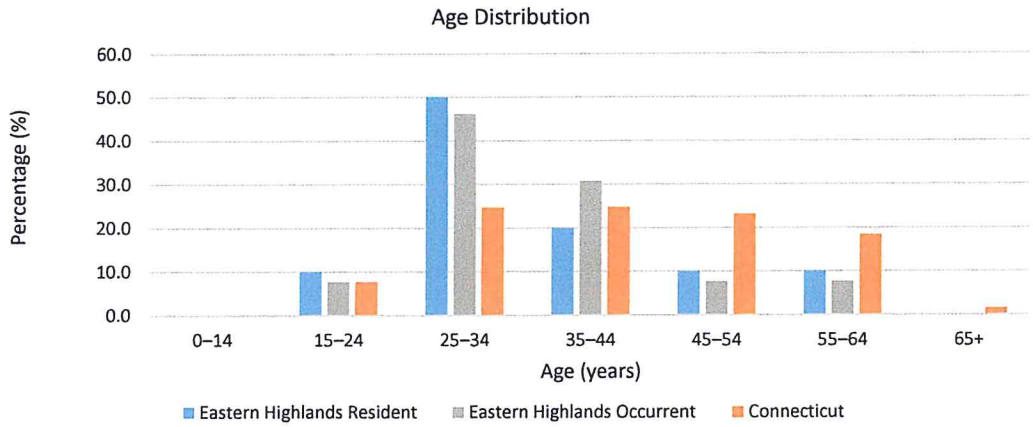
Unintentional Drug Overdose Deaths
Eastern Highlands Health District, January 1 – September 30, 2017

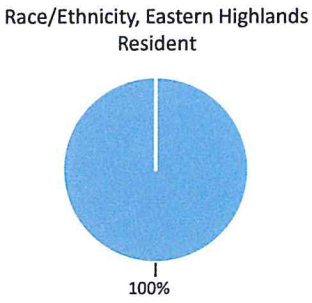
Victim Characteristics	Eastern Highlands Resident[a]		Eastern Highlands Occurrent[b]		Connecticut	
	n	(%)[c]	*n*	(%)[c]	*n*	(%)[c]
Total	10	(100.0)	13	(100.0)	783	(100.0)
Sex						
Male	7	(70.0)	9	(69.2)	583	(74.5)
Female	3	(30.0)	4	(30.8)	200	(25.5)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Age						
Mean	35.0		35.5		42.1	
Range	20–61		20–61		17–73	
0–14	0	(0.0)	0	(0.0)	0	(0.0)
15–24	1	(10.0)	1	(7.7)	60	(7.7)
25–34	5	(50.0)	6	(46.2)	193	(24.6)
35–44	2	(20.0)	4	(30.8)	194	(24.8)
45–54	1	(10.0)	1	(7.7)	181	(23.1)
55–64	1	(10.0)	1	(7.7)	144	(18.4)
65+	0	(0.0)	0	(0.0)	11	(1.4)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Race/ethnicity						
White, non-Hispanic	10	(100.0)	13	(100.0)	612	(78.2)
Black, non-Hispanic	0	(0.0)	0	(0.0)	66	(8.4)
Hispanic	0	(0.0)	0	(0.0)	96	(12.3)
Other, non-Hispanic	0	(0.0)	0	(0.0)	9	(1.1)
Homeless						
No	10	(100.0)	12	(92.3)	730	(93.2)
Yes	0	(0.0)	1	(7.7)	23	(2.9)
Unknown/missing	0	(0.0)	0	(0.0)	30	(3.8)
Location of injury/overdose						
House/apartment	9	(90.0)	10	(76.9)	637	(81.4)
Hotel/motel	0	(0.0)	1	(7.7)	36	(4.6)
Supervised residential facility (e.g., shelter, sober house)	0	(0.0)	0	(0.0)	15	(1.9)
Motor vehicle	0	(0.0)	0	(0.0)	25	(3.2)
Other	0	(0.0)	1	(7.7)	58	(7.4)
Unknown/missing	1	(10.0)	1	(7.7)	12	(1.5)
Type of substances involved[d]						
Any opioid	10	(100.0)	12	(92.3)	715	(91.3)
Any benzodiazepine	4	(40.0)	4	(30.8)	244	(31.2)
Any opioid and any benzodiazpine	4	(40.0)	4	(30.8)	227	(29.0)
Heroin	3	(30.0)	3	(23.1)	134	(17.1)
Fentanyl[e]	6	(60.0)	6	(46.2)	203	(25.9)
Naloxone Administered						
Yes[f]	1	(10.0)	2	(15.4)	211	(26.9)
Yes, unknown by whom	1	(10.0)	2	(15.4)	99	(12.6)
Yes, by EMS/fire	0	(0.0)	0	(0.0)	88	(11.2)
Yes, by police	0	(0.0)	0	(0.0)	4	(0.5)
Yes, by hospital	0	(0.0)	0	(0.0)	34	(4.3)
Yes, by bystander	0	(0.0)	0	(0.0)	7	(0.9)
No/unknown	9	(90.0)	11	(84.6)	572	(73.1)

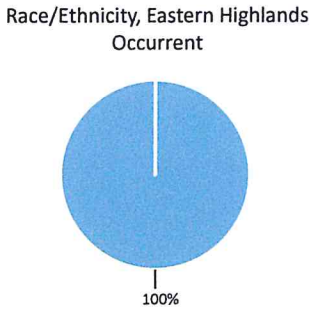
[a]Includes only overdoses to Eastern Highlands residents, regardless of where the overdose occurred
[b]Includes only overdoses that occurred in Eastern Highlands, regardless of residence
[c]Percentages may not add to 100% because of rounding
[d]Categories are not mutually exclusive, multiple types of drugs may contribute to the death
[e]Includes both prescription and illicit Fentanyl
[f]Total number of victims that received naloxone; naloxone may have been administered more than once

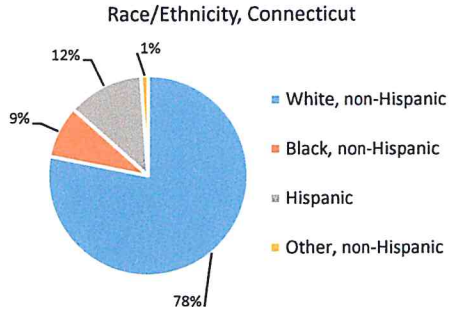
Note: Data source is the Connecticut Violent Death Reporting System

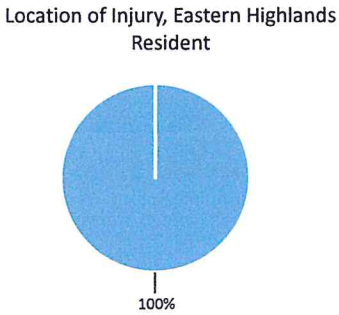
Unintentional Drug Overdose Deaths
Eastern Highlands Health District, January 1 – September 30, 2017

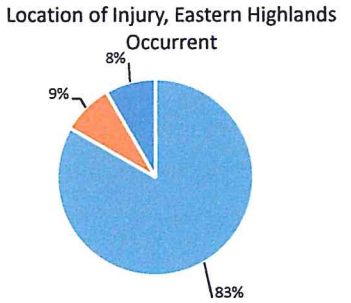


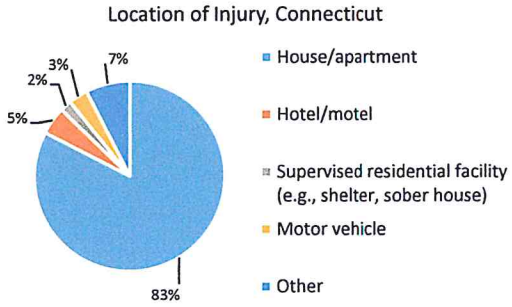


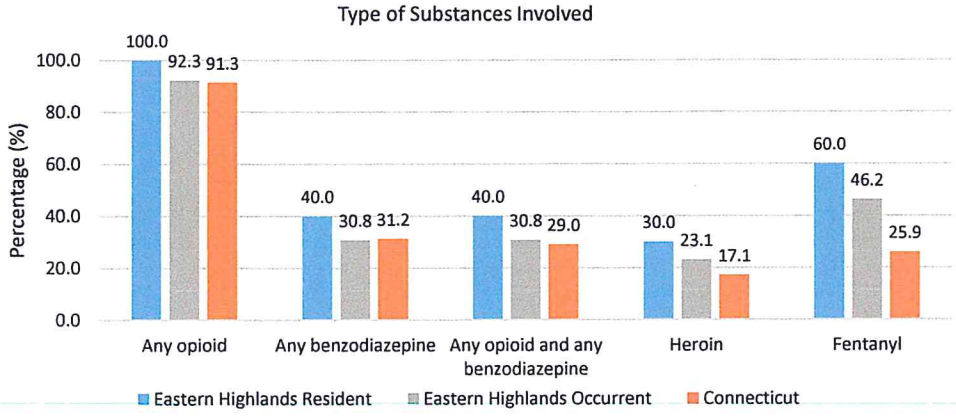












Office of Injury Prevention
Connecticut Department of Public Health
Last modified 8/7/18

Note: Data source is the Connecticut Violent Death Reporting System

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Environmental Health Section

EHS Circular Letter # 2018-23

DATE: September 18, 2018

TO: Directors of Health

FROM: Allison Perry Sullivan, Environmental Analyst 3, Lead, Radon, and Healthy Homes Program

RE: Radon Tests Available to Local Health Departments/Districts with Partnership

The Connecticut Department of Public Health (CT DPH) Lead, Radon, and Healthy Homes Program encourages all local health departments/districts to conduct community-based activities to promote radon testing and mitigation (when elevated levels are found). It takes the coordinated efforts of federal, state, and local entities to spread the word about radon, its health effects, the need for testing, and the importance of mitigation. These efforts do not need to wait until January's National Radon Action Month campaign. Testing can be carried out throughout the year as part of Healthy Homes' visits or other special projects decided by the local health department/district. Winter is the most ideal time to conduct radon testing, but radon activities can be considered outside the November 1st through March 31st testing season.

To assist your efforts, the Lead, Radon and Healthy Homes Program is offering AirChek and RTCA short-term radon test devices. The radon tests will include postage paid envelopes for shipment to the analytical laboratory will be available to local health departments/districts only through this partnership. Partnership will require test kit tracking and follow-up correspondence. Correspondence such as a call, email, or text within a week of the test kit being given will provide the resident with a reminder to conduct the test and an opportunity for questions. This method was found to be helpful in ensuring fewer testing errors and a better return rate of test kits. AirChek and RTCA will provide the radon report directly to the community resident who received and conducted the radon test. We will not be using the DPH laboratory for analysis; therefore, the local health department/district will no longer need to report the results.

In order for you to be eligible for this partnership, the CT DPH Lead, Radon, and Healthy Homes Program must receive the Radon Program Partnership Request form no later than October 31st. Email forms to DPH.RadonReports@ct.gov. Availability of radon test kits will be determined based on number of local partners interested and Environmental Protection Agency State Indoor Radon Grant funding.

cc: Suzanne Blancaflor, MS, MPH, Chief, Environmental Health Section, DPH
Krista Veneziano, MPH, CHES, RS, Epidemiologist 4, Environmental Health Section, DPH

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-8000 • Fax: (860) 509-7184
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

2018-2019 Radon Program Partnership Request Form

Date of Request: September 18, 2018

Health Department/District: Eastern Highlands Health District

Director of Health (Print & Sign Name): Robert Miller

Email of Director of Health: MillerRL@ehhd.org

Name of LHD Partnership contact: Brian Clinton

Email of LHD Partnership contact: Brian.Clinton@ehhd.org

Radon educational factsheets/materials available by request:

☐ Is Your Home Safe? (English/Spanish) ☒ Basic Radon Facts ☐ Radon in Your Well Water

☒ Radon promotional items (limited quantities)

Please provide a description of your Radon Program Partnership Project Plan:

(Include how you will track the test kits and conduct follow-up with your residents. Tests kits given in person with a quick explanation of how to do the test has been proven to be the most effective way for a successful campaign. Include an estimate of the number of test kits needed and duration of your project proposal. If you are requesting promo items, describe how they will be used. Please fill out a separate form for each project if you are proposing more than one.)

The Eastern Highlands Health District (EHHD) requests 50 test kits. EHHD staff will distribute the test kits to individuals within the towns of our district from November 2018 until March 2019. Upon distribution of the test kit, EHHD staff will collect name, home phone number, home address, email address and mobile number of the homeowner for follow-up. EHHD staff will track each kit distributed and provide follow-up correspondence within a week of the date the test kit was given out. EHHD staff will provide basic radon facts to the individual when distributing the test kits.

**Please email Allison Sullivan with any questions or concerns: allison.sullivan@ct.gov*

EHHD Strategic Planning Action Plan
Progress Report – October 2018

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability Objective (a): Increase Board's attention to governance issues including Board composition, Board member job description, and committee assignments				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 1.a.1) Review committee structure, to support inclusiveness and encourage participation on committees	2	Board	On going	June 2015 – DOH meetings with Chaplin and Scotland First selectmen. October 2015 – Meeting with Scotland First selectmen – working to appoint rep to the board. October 2015- Scotland appointed new member to the board. July 2016 – new member appointed to personnel committee August 2016 – new member appointed to personnel committee March 2017 – new Ashford member appointed to the board August 2017 – new Andover member appointed to board August 2017 – new personnel committee chair elected December 2017 – new personnel committee member appointed January 2018 – DOH meeting with Willington 1st Selectman June 2018 – new personnel committee member appointed
Goal 1.a.2) Fill open Board positions, and encourage regulated community representation on board	1	Board (primary) Management (supporting)	On going	Agenda item for discussion at 10/16/14 board meeting. Letters sent out to selected member town CEO's. Board Chair to follow up letters with telephone call. Bolton reappointed board alternate. Discussion item at 1/15/15 board meeting. April 2015 – list of options to improve quorum present to board for discussion June 2015 – ad hoc committee proposing by-law revisions to address quorum challenges August 2015 – by –laws amended to address challenges with achieving board quorum. October 2015 – Meeting with Scotland First selectmen – working to appoint rep to the board. October 2015- Scotland appointed new member to the board December 2015 – Ashford appointed new member to the board February 2016 – DOH met with Chaplin first selectmen encouraging board participation/representation April 2016 – Ashford alternate and Chaplin member resigned. July 2016 – Columbia appointed new member January 2017 – communicated need for Ashford active member to First Selectman March 2017 – Ashford appointed new member May 2017 – Mansfield appointed new member August 2017 – Andover appointed new member November 2017 – new Tolland member appointed to board January 2018 – New Mansfield member appointed to board May 2018 – New Mansfield member appointed to board
Goal 1.a.3) Develop Board member job description setting forth role and expectations	2	Board	January 2014	**Completed** - June 2014, National Association of Local Boards of Health (NALBOH) document that details board member roles is provide in new board member orientation/reference book.
Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability **Objective (b): Monitor grants and other revenue sources (overlap with Goal #3)**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 1.b.1) Refine/update grant monitoring network	1	Management	ongoing	Joined "grant alert" list serve. Grant opportunities continue to be reviewed as alerted. February 2015 awarded $100,000 grant from APA in partnership with CCAPA.

				Oct 2015 to Feb 2016 – reviewed 4 grant announcements March 2016 to May 2016 – reviewed 4 grant announcements June 2016 to August 2016 – reviewed 2 grant announcements September to October 2016 – reviewed 2 grant annoucnements November 2016 to March 2017 – reviewed 4 grant announcements April to June 2017 – reviewed 3 grant announcements May 2017 – submitted proposals for 2 grants. The proposal not selected for funding. May 2017 to October 2017 – reviewed 2 grant announcements November 2017 to April 2018 – reviewed 3 grant announcements. One submittal pending (MOB). May 2018 to Oct 2018 – reviewed 4 grant announcements. Provided active support to one partners submittal.
Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability **Objective (c): Upgrade the technological infrastructure to improve services and communications**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 1.c.1) Update health district information technology and data plan	1	Management	September 2013	Information Technology Plan **completed** and presented to the board in January 2014.
Goal 1.c.2) Implement IT/Data Plan recommendations, Board approves appropriations	2	Management/ Board	Jan 14 – Jan 15	Board approved appropriations for IT upgrade in August 2014. Transferred individual and broadcast faxing capability to new multipurpose copy/scanner/fax machine. Smart phones purchased for field staff. Training occurred in April. December 2014 – appropriation approved. SaaS contract executed with ViewPoint Government solutions Inc. Jan 2015 kick off meeting held, project actively underway. April 2015 – working with Vision and VP to develop assessor data integration for 10 towns. June 2015 – assessors data collected form 9 of 10 towns, working to integrate GIS data, reviewing VP test environment. July 2015 – Historic data submitted and workflow design, and GIS integrated October 2015 – historic data integrated, assessors data integrated, GIS integration improved, ipads purchased and distributed to field staff (ViewPoint assigned a new contact person for this initiative). November 2015 – held two meetings this month working with VP to customize interface to EHHD needs. EHHD is partnering with Manchester HD on customization for ct LHD (Manchester at same point in development w/ VP.) February 2016 – meeting w/VP on biweekly schedule. System development coordinated with 3 other Ct health depts. Delays due to lack of product development for Ct health department needs. Front end development of food inspection form close to completion. Currently developing septic, pool inspection forms. June 2016 – VP responsiveness continues to be slow, but work is still progressing. Core staff platform training completed in April. The training was very informative and beneficial. Internally, staff meeting weekly to push progress. August 2016 – Additional staff training conducted on system admins and settings October 2016 – incremental progress continues. Food safety module very close to beta test. Septic module development continues. Vendor technician site visit scheduled for November 2016. Weekly internal project status meetings occurring. March 2017 – Field tablet food module interface development complete. Completed class room field staff training on field tablet food interface. Progress on septic module development anticipated for spring. Weekly internal project meetings continuing. Goal is to go live by end of summer. June 2017 – Septic module development has begun in earnest with workflow and output document development progressing. Weekly internal meetings continue. October 2017 – Weekly internal progress meetings continue. Septic module 95% complete. Launched date for the septic module only tentatively set for January 1, 2018. April 2018 – Septic module LAUNCHED APRIL 2nd. Staff training on going. Weekly internal meeting continuing to build out more modules. October 2018 – Beta test launch of online application and payment portal. Selected members of regulated community supporting the test.
Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability				

Objective (d) : Analyze feasibility of pursuing PHAB accreditation and pursue if approved

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 1.d.1) Complete PHAB self-evaluation tool	2	Management	September 2015	2014 – With CADH support legislature passed a bill establishing performance measures for local LHD's that align with the PHAB accreditation measures. 2014 - CADH/DPH formed workgroup to develop measures and proceedures for implementation. September 2015 – DPH withdrew from workgroup October 2015 – attended DPH seminar regarding PHAB accreditation. June 2016 – self-evaluation tool **completed.**
Goal 1.d.2) Develop health district accreditation plan for board consideration	3	Management	January 2016	June 2016 – **completed** PHAB self-assessment tool. Working toward completing prerequisites for accreditation. October 2017 – Participating in DPH lead accreditation workgroup for local health departments April 2018 – Continue to participate in DPH monthly accreditation workgroup for LHD

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability

Objective (e): Research options for expanded office space, relocate if necessary

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 1.e.1) Identify office space options and develop cost/ benefit analysis for each	1	Management	September 2014	February 2015 – **completed** evaluation of options.
Goal 1.e.2) Develop health district office space plan for board consideration	2	Management	November 2014	February 2015 – plan presented to board. April 2015 – Board approved appropriation for reorganization of main office. September 2015 – New main office furniture installed, office reorganization **complete.**

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability

Objective (f): Improve staff communications across Health District's programs and services

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 1.f.1) Improved staff meeting format	1	Management	April 2013	**Completed.** Standardize agenda, content development protocol developed and integrated into SOP's
Goal 1.f.2) Develop and establish SOP's for email, snail mail communications among staff	1	Management	October 2013	SOP for most processes **completed** (permit review, food service, complaints, etc.)
Goal 1.f.3) Staff offered inclusion on distribution list for board meeting packets, or meeting packets posted to website	2	Management	October 2013	**Completed**

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability

Objective (g): Develop and expand partnerships with academic institutions

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 1.g.1) Explore and expand partnership opportunities	2	Management	Ongoing	Active member of workgroup collaborating with the University of Hartford on local public health services research project. Pursuing wellness relationships with UConn Health Center. October 2014 - UConn participated in employee wellness health fair. February 2015 – supported Gerber Health Fair. February 2015 – partnered with CCAPA on successful 100K APA grant award. April 2015 –executed agreement with UConn Allied Health Sciences for student intern program May 2015 – Meet with UConn SHS director regarding opportunities for expanded relationship

				June 2015 – exploring partnership with UConn Environmental Engineering re: air quality assessments October 2015 – finalized understanding with UConn school of nursing for provide biometric screening at wellness clinics. October 2015 – Director appointed as member of SHS Infection Prevention Committee February 2016 – met with new NCDHD DOH regarding possible partnerships April 2016 – lead Region 4 Mass Dispensing Clinic full scale exercise involving coordination of 10 area organization/agency partners. May 2016 – met with UConn Office of Emergency Management to explore joint preparedness opportunities. June 2016 – joined and participated in NECCOG Human Services Coordinating Committee kick off meeting October 2016 – established and spearheading EHHD substance abuse in our community cross-sector workgroup December 2016 – Participated in AHM Coalition for Healthy Empowered Community January 2017 – meeting with Joshua's trust to explore partnership opportunities March 2017 – Participated with state-wide health educators meeting June 2017 – meet with CT Health Living Collective regarding Diabetes self-management programs October 2017 – meeting with Hartford HD regarding Hep C prevention programming January 2018 – established relationship with UConn MPH program, provided support to recruiting events. February 2018 – Participated in UConn off campus liason meeting with area landlords March 2018 – Attended/participated in UConn Alcohol and Other Drugs Stakeholders Call to Action event. March 2018 – Established cross jurisdictional sharing partnership with NDDH to share PHEP coordinator October 2018 – active member of UConn OEM TTX planning committee October 2018 – established relationship with UConn MPH faculty. Guest lecturer for next year.

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability

Objective (h): Analyze feasibility of, and implement addition of towns to the Health District

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 1.h.1) Viable municipalities self-identified	3	Non-member town leaders	NA	May 2015 - Provided fiscal data to the Town of South Windsor April 2016 – At their request, this office met with the Town of Windham to preliminarily discuss membership. They will contact us if they choose to go further.
Goal 1.h.2) Conduct cost benefit analysis of membership for identified town	3	Management	6 months from identification	No activity
Goal 1.h.3) Initiate membership process if approved by the board	3	Management/ Board	12 months from identification	No activity

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability

Objective (i): Review and consider revising the staffing model to include recruitment, retention, and succession planning

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 1.i.1) Review and amend existing policies and practices for recruitment, retention, and succession planning	2	Management	January 2015	November 2014 – succession planning was a consideration in hiring two regular employees March 2016 – drafted and presented workforce development plan for personnel committee's review July 2016 – personnel committee recommends approval for workforce development plan August 2016- Board of directors approved workforce development plan. May 2017 – completed competency assessment of all EHHD staff. June 2017 – workforce development plan updated to include competency assessment

Goal 1: Improve Organizational Capacity, Governance and Maintain Financial Stability Objective (j): Conduct Board training including new member orientation and ongoing education sessions				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 1.j.1) Develop enhanced orientation program for new Board members	2	Management/ Board	September 2013	Program development **completed**. Implementation policy approved by board in August 2014.
Goal 1.j.2) Develop ongoing education program and development for Board members; e.g., two to three programs/presentations per year	2	Management/ Board	ongoing	Board presentation on the EHHD Information Technology Plan and implications for the future in January 2014. Community Transformation Grant and Community Health Needs Assessment presentation to Board conducted in August 2014. May 2015 – Conducted orientation meeting for new board member from Town of Columbia August 2015 – Presented EHHD customer satisfaction survey at August meeting. October 2015 – Online OpenGov website to be presented to board at October meeting. January 2016 – Met with new Ashford board member for board orientation January 2016 – board presentation on the topic of EHHD community health programs/services February 2016 – board presentation regarding the Plan4Health initiative October 2016 – Community wellness survey key findings Board presentation. August 2017 – provided orientation to new board member September 2017 – Provided orientation to new board member January 2018 – Provided orientation to new board member May 2018 – Provided orientation to new board member
Goal 2: Enhance Delivery of Environmental Services. **Objective (a): Improve communications within District staff and between District staff and towns.**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 2.a.1) Update public health emergency response communications plans	2	Emergency Management Coordinator	ongoing	September 2014 - Quarterly communications drills expanded to include PHER and MRC volunteers. Jan to April 2015 – updated Code Red Database with MRC volunteers, updated Crisis & Risk Communication Plan. October 2015 – updated PHER plans uploaded to CDC share point site January 2016 – completed DPH administered Operational Readiness Review of all EP Plans. April 2016 – lead Region 4 mass dispensing clinic full scale exercise to test our mass dispensing plan March 2017 – Active participation in Region 3 Eloba Full Scale Exercise. June 2017 – updates to Mass dispensing plan January 2018 – updates to All Hazard Annexes, and Code Red data sets
Goal 2.a.2) Effective communication of health district programs and news with staff and member towns officials	1	Management	ongoing	October/November 2104 - Regular updates to community stakeholders regarding ebola preparedness. February 2015 – implementing initiative to inform town CEO of all scheduled EHHD events within their town June 2015 – implementation of awareness plans included adding town PIO's to press release distribution list. February 2016 – met with Chaplin First Selectmen; reviewed programs/services. Other routine communications ongoing. March/April 2016 – Conducted 10 presentation/workshops with area PZC on P4H and other health district services. May 2016 – issue Directors interim activity report to town leadership May 2016 – provided update on Zika virus to town leaders, with updates posted to website July 2016 – provided Town information on WUCC process November 2016 – CHWC revamped EHHDCHART social media sites, facebook and twitter January 2017 – Spear-headed advocacy effort to execute a joint letter from area CGA members to DPH October 2016 to March 2017 – Provided regular updates to board and member town CEO regarding DPH proposal to consolidate LHD's May 2017 – Updated EHHD website with "A to Z" section, and updates to a number of others

				September 2017 – Initiative outreach campaign to inform community of impending FDA Food Code changes October 2017 – Flu season information posted to website and social media July 2017 to October 2017 – ongoing distribution of information to town leaders/partners regarding opioid crisis November 2017 to April 2018 – ongoing distribution of info to town regarding opioid epidemic November 2017 to April 2018 – Staff remains updated on FDA food code initiative May 2018 to June 2018 – Director conducted five in person meetings with member Town CEO's July 2018 to October 2018 – social media presence expanded with new DOW twitter account.
Goal 2: Enhance Delivery of Environmental Services **Objective (b): Improve customer service.**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 2.b.1) To improve permit review and complaint turn-around times – improve tracking/monitoring	3	Management/ Staff	July 2013 - July 2015	December 2014 – appropriation approved. SaaS contract executed with ViewPoint Government solutions Inc. Jan 2015 kick off meeting held, project actively underway. April 2015 – working with Vision and VP to develop assessor data integration for 10 towns. June 2015 – assessors data collected form 9 of 10 towns, working to integrate GIS data, reviewing VP test environment. July 2015 – Historic data submitted and workflow design, and GIS integrated June 2015 – survey of regulated community indicates approximately 87% of customers rated our service as excellent, or very good. October 2015 – historic data integrated, assessors data integrated, GIS integration improved, ipads purchased and distributed to field staff (ViewPoint assigned a new contact person for this initiative). November 2015 – held two meetings this month working with VP to customize interface to EHHD needs. EHHD is partnering with Manchester HD on customization for ct LHD (Manchester at same point in development w/ VP.) February 2016 – meeting w/VP on biweekly schedule. System development coordinated with 3 other Ct health depts. Delays due to lack of product development for Ct health department needs. Front end development of food inspection form close to completion. Currently developing septic, pool inspection forms. October 2016 – See update of Goal 1, Objective (c) 2. March 2017 - See update of Goal 1, Objective (c) 2. June 2017 – see update of goal 1, objective (c) 2. October 2017 – see update of goal 1, objective (c) 2. April 2018 – see update of goal 1, objective (c) 2. October 2018 - see update of goal 1, objective (c) 2.
Goal 2.b.2) Finalize development of on-line application forms pending updated IT Plan	2	Management	July 2014	See status report for Goal 1, Objective (c) 2.
Goal 2.b.3) Develop on-line payment system pending updated IT Plan	3	Management	July 2014	See status report for Goal 1, Objective (c) 2.
Goal 2.b.4) Develop on-line customer feedback form.	2	Management	July 2014	See status report for Goal 1, Objective (c) 2.
Goal 2.b.5) Establish review procedure for website content and format.	2	Management/ Staff	November 2014	June 2015 – CHWC currently reviewing and updating website content as part of community awareness/outreach plan. October 2015 – website updates **completed**, updates occurring as needed. March 2017 – a new round of website updates initiated by CHWC June 2017 – website updates continuing October 2018 – selected members of regulated community supporting beta test of online portal.

Goal 2.b.6) Provide staff with ongoing customer service, technical training and other best practice professional development	1	Management	Ongoing	October 2014 - Field staff attended recertification training for food safety April 2014 - Staff participated in smart phone training February 2015 – staff attended CCM quality customer service training May 2015 – Lead inspector continuing education planned June 2015 – distributed customer service survey to 790 email addresses. Feedback to influence staff training and operating policy decisions. October 2015 – ipad training provided to all field staff October 2015 – staff training on food safety inspection updates provided by DPH. November 2015 – supervisors attended sexual harassment prevention training November 2015 – staff attended training regarding dealing with difficult people March 2016 – Drafted and presented workforce development plan to personnel committee for their review July 2016 – Personnel committee recommends approval of workforce development plan August 2016 – board approved workforce development plan November 2016 – Middle managers completed leadership training December 2016 – staff attended re-certification training for restaurant inspection January 2017 – new staff member completed ICS training March 2017 – Selected sanitarians completed attend private well conference May 2017 – Director attended Plan4Health conference in Denver September 2017 – Staff provided guidance regarding FDA Food Code training April 2018 – Staff undergoing lengthy online training for FDA food Code. Staff is also participating in regular ViewPermit software training. Oct 2018 – online FDA food code training continuing for staff that has not yet completed it.
Goal 2: Enhance Delivery of Environmental Services **Objective (c): Identify and Implement staffing and productivity improvements to increase mandated inspection rates**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 2.c.1) Evaluate use of available technology to improve productivity and implement if appropriate pending updated IT Plan	1	Management	July 2013- July 2015	December 2014 –executed contract with viewpoint Evaluation and IT plan **completed.**
Goal 2.c.2) Evaluate cost/benefit of using outside contractors to conduct field inspections	1	Management	September 2013	May 2015 – analysis **completed**. Analysis will inform proposed FY16/17 budget.
Goal 2.c.3) Evaluate internal staffing options to effect productivity improvements for food establishment inspections	1	Management	September 2013	**Completed** June 2017 – management updated assessment of staffing assignments. Re-organized staffing assignments as a result of the updated assessment. Will be conducting an evaluation of changes 6 and 12 months out. February 2018 – Completed assessment of recent staff assignment changes. Food inspection frequencies improved.
Goal 3: Deliver Quality Programming to Meet District's Public Health Needs **Objective (a): Support improvement of school food programs in the Health District**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 3.a.1) Recruit School official as a board member	3	Member Town	As vacancy occurs	Vacancy issues and agenda item for discussion at 10/16/14 board meeting. Letters sent out to selected member town CEO's. Board Chair to follow up letters with telephone call. Bolton reappointed board alternate. Discussion item at 1/15/15 board meeting with action steps to be developed. List of board options provided at April meeting. June 2015 – ad hoc committee proposing by-law revisions to address quorum challenges August 2015 – board adopted by-law revision to address quorum. October 2015 – met with scotland first selectmen about filling board vacancy.

				July 2016 – Columbia appointed new board member. January 2017 – communicated need for Ashford active member to First Selectman March 2017 – Ashford appointed new member May 2017 – Mansfield appointed new member August 2017 – Andover appointed new member November 2017 – Tolland Appointed new member January 2018 – Mansfield appointed new member
Goal 3.a.2) Work cooperatively w/ food service staff to improve student nutrition	2	CHWC	ongoing	February 2015- CHWC conducted 95210 presentation at CGS June 2015 – CHWC supported Chaplin CREW with nutritional information for summer student packets October 2015 – guest speaker provided to forum of area public school kitchen staff regarding food safety February 2016 – Coventry/Andover school food director is an active member of the EHHD CHART March 2016 – staff join MAC work group to improve school nutrition December 2016 – Reviewed and edited CREW by-laws regarding health and wellness of students February 2017 – supported Chaplin school 9-5-2-1-0 initiative April 2017 – health snack demo at Ashford school May 2017 – attended school readiness and wellness advisory committee at Chaplin school and Mansfield public schools, respectively.

Goal 3: Deliver Quality Programming to Meet District's Public Health Needs **Objective (b): Conduct a Community Health Assessment**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 3.b.1) CTG Assessment conducted – follow up action plan developed	1	Contractor/ management	June 2014 - January 2015	CTG assessment **completed** and posted to website. It was presented to board in July 2014. April 2015 - BRFF fact sheet developed in partnership with DPH April 2015 – Authorized appropriation for District wide wellness survey to be used in CHA May 2015 – Community wellness survey initiated. December 2015 – community wellness survey completed January 2016 – survey data received. Review underway. April 2016 – Executed service contract with Ledge Light Health District to complete data review and report out on community wellness survey. Report out scheduled for October 2016. October 2016 – presentation on community wellness survey results to board June 2017 – Drafted RFQ/RFP for consultant June 2017 – Board deferred initiative until state budget uncertainty resolved February 2018 – Engaged Data Haven to conduct updated community wellness survey October 2018 – community wellness survey underway
Goal 3: Deliver Quality Programming to Meet District's Public Health Needs **Objective (c): Increase advocacy for healthy life styles**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**

Goal 3.c.1) Engage in advocacy events and activities	3	Management/ CHWC	Annually	August 2014 - Provided testimony to TOM Council regarding tobacco free parks & play grounds. February 2015 – Provides presentation on 95210 at CGS. April 2015 to February 2016 – APA grant outreach to PZC and other groups promoting active living April 2015 to June 2015 – CHWC participated in MAC, CREW, and STEPS meetings. September 2015 – Presented a SNEAPA conference regarding Plan4Health initiative. September 2015 – Manned kiosk at Festival on the green promoting wellness, Plan4Health. October 2015 – participated in Mansfield wellness fair October 2015 – presented on Plan4Health at annual CPHA conference November 2015 – Interviewed on cable TV regarding Plan4Health and other local public health issues January 2016 – staff conducted 2 presentation to local policy makers in the community regarding Plan4Health February 2016 – completed youtube video promoting Plan4Health Initiative March 2016/April 2016 – conducted ten P4H presentation/workshops targeting area PZC and area leaders October 2016 – Plan4Health presentation at Southern New England American Planning Association conference. October 2016 to February 2017 – Spear headed EHHD cross-sector workgroup to address substance abuse. Planned and hosted public forum regarding opioid abuse. March 2017 – Participated in State health improvement plan committee April 2017 – participated in Bike safety day and Uconn spring earth day June 2017 – face to face meetings with towns promoting lactation policy October 2017 – participated in DPH commissioner forum at Uconn Health Center April 2018 – actively engaged with CADH advocacy committee monitoring bills, drafting testimony June 2018 – supported Town of Coventry in Coventry lake treatment public forum October 2018 – Participated in Bolton School safety forum. October 2018 – guest lecturer at UConn MPH class
Goal 3.c.2) Support each town to join " Let's Move"	2	CHWC	Annually	Coventry recognized for their achievement in the "Let's Move" campaign this spring 2014. Spring 2015 - Coventry once again recognized for "Let's Move" achievements March 2017 – Let's move initiative waning nationally with change in administration

Goal 3: Deliver Quality Programming to Meet District's Public Health Needs

Objective (d): Seek additional funding for Community health programs (see overlap with Goal #1, Objective b)

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 3.d.1) Board members identify appropriate opportunities for grants and funds	1	Board	Ongoing	October 2015 to February 2016 - Receive 2 grant referrals from board members October 2016 – received 1 referral from board member May 2017 – received 1 referral March 2018 – received 1 referral for board member
Goal 3.d.2) Evaluate and implement, as appropriate, extension of employee wellness program to other public sector employees (ie ECHIP)	1	Management	August 2013	Primary goal **completed**. February 2015 – conducted health fair at Gerber Ongoing – preventive health block grant funds limited employee wellness services in other member towns Feb 2015 – provided nutrition seminar to Columbia Town Hall employees June 2015 – met with ECHIP to explore programming opportunities November 2015 – second meeting with ECHIP January 2016 – developed and distributed menu of wellness services to area partners. February 2016 – conducted 1 wellness event at Eastconn from menu of services May 2016 – conducted wellness events in Coventry
Goal 3.d.3) Evaluate cost/ benefit of establishing sustainable emergency public health program	1	Management/ Board	When federal/state funding significantly reduced	May 2014 - Established MRC unit. Summer 2014 - Executed MOU with UConn Central Stores to provide long-term storage for public health emergency medical supplies. 2015 – received funding for MRC June 2016 – received additional MRC funding January 2017 – Executed MOU with Mansfield for Code Red partnership

				March 2017 – provided joint letter of concurrence to DPH for continued PHEP funding July 2017 – PHEP funding stream transitioning from DPH to LLHD as fiduciary May 2018 – Established cross jurisdictional sharing agreement with NDDH for a PHEPC.
Goal 3.d.4) Evaluate cost/ benefit of establishing a fee based food safety education program	2	Management/ staff	July 2015	May 2016 – Discussed concept with Finance Committee. Collected preliminary information regarding program development. June 2017 – Initiative deferred pending implementation of FDA food code changes and other staffing priorities

Goal 4: Enhance Visibility and Public Awareness of the District

Objective (a): Draft and implement agency plan it improve agency visibility and public awareness

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 4.a.1) Develop a Plan with emphasis on coordination with town officials, and outreach to town committees/commissions	1	Management/ CEO's/Board members	July 2014 –Jan 2015	Developed implemented Annual report distribution plan October. Participated in April & June 2014 Tolland community outreach effort in engage local business community. February 2015 – APA awarded 100k grant to engage local PZC/advisory boards on local decisions that impact public health. February 2015- procuring decal logos for field vehicles. February 2015 – implementing initiative to inform town CEO of all scheduled EHHD events within their town April 2015 – CHWC developed agency plan to improve agency visibility and awareness. Implementation has begun. June 2015 – vehicles logo procured, monthly press releases initiated, website updates initiated October 2015 – website update completed. January 2016 – conducted presentations to Coventry PZC, and Willington Selectmen re EHHD & P4H. March 2016/April 2016 – completed ten presentation/workshops targeting town PZC and area leaders. Initial Plan effectively **completed** with ongoing efforts leverage topical public health events to maintain agency visibility and presence in the communities. February 2017 – EHHD campaign to promote attendance at opioid public forum generated significant attention and awareness. August 2017 –Educational events targeting private well owners and providing water testing generated good agency visibility June 2018 to October – Expanded social media presence with new DOH twitter account.

Goal 5: Promote and Apply Best Practices within the District.

Objective (a): Develop and implement a standard methodology for program evaluation and quality improvement

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 5.a.1) Research program evaluation models and make recommendations to the Board.	2	Board/ Management	issue specific	No activity

Goal 5: Promote and Apply Best Practices within the District

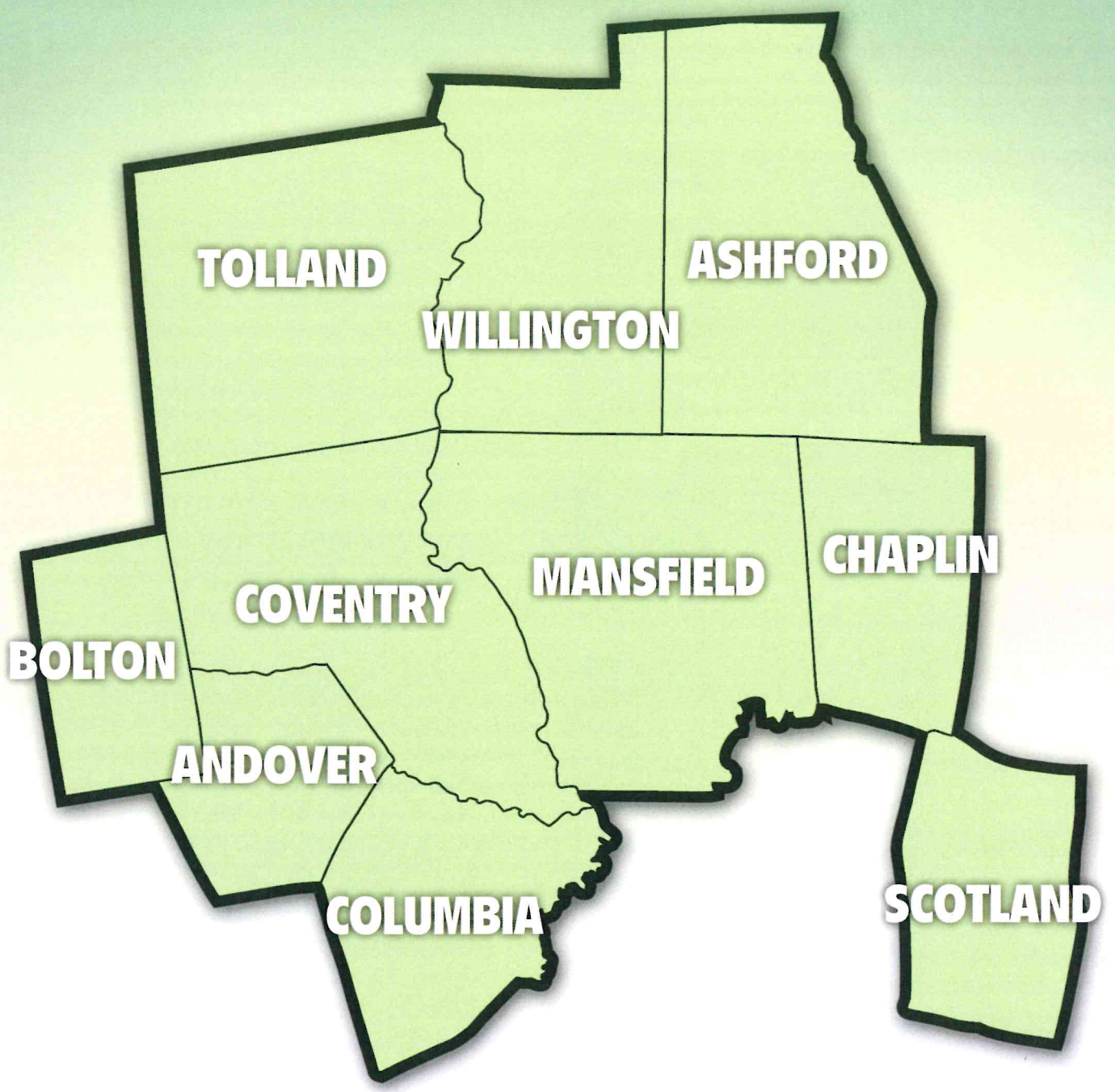
Objective (b): Identify and incorporate performance measures

ACTION ITEM	PRIORITY	PERSON(S) RESPONSIBLE	COMPLETION DATE	STATUS REPORT
Goal 5.b.1) Research performance measures models and make recommendations to the	2	Management	October 2015	March 2016 - All Health District Financial accounts accessible via OpenGov.com March 2016 – Drafted and presented workforce development plan to personnel committee for their review and comment. July 2016 – personnel committee recommended workforce development plan approval

Board.				August 2016 – workforce development plan approved June 2017 – initiating CHA/CHIP process June 2017 – CHA/CHIP process deferred pending uncertainty with state budget
Goal 5: Promote and Apply Best Practices within the District **Objective (c): Be an advocate with legislators and state officials for public health issues**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Goal 5.c.1) Create legislative ad hoc committee as needed	3	Board/ Management	Issue specific	No recent activity since last progress report. May 2015 – Director edited CADH testimony regarding Cottage Food Bill September 2015 – As part of a CADH contingent, the Director met with Matt Ritter, Co-chair of legislative public health committee regarding local public health. November 2015 – participated in CADH advocacy committee meeting setting priorities for short session February 2016 – working with CADH on legislative strategy regarding governor's grant budget cuts March 2016 – drafted and sent letters to area legislators regarding state budget April 2016 – Successfully worked with COST officials on pending health district legislation January 2017 – Successfully coordinated a joint letter among area CGA members to DPH regarding LHD consolidation March 2017 – Drafted and provided testimony at Public Health Committee public hearing regarding LHD consolidation
Goal 5: Promote and Apply Best Practices within the District **Added objectives**				
ACTION ITEM	**PRIORITY**	**PERSON(S) RESPONSIBLE**	**COMPLETION DATE**	**STATUS REPORT**
Study pay plan and implement improvements	Not established	Management/ personnel committee	2014	**Completed** October 2014. June 2015 – initiating implementation for FY15/16.
Implement OpenGov.com	Not established	Finance Dept	2016	All budgets online and launched April 2016
Update/amend sanitary code	Not established	Management/ Board	2017	**No activity** – waiting for FDA Food code regulations to be adopted.
Implementation of FDA Food Code Changes	High	Management/ Board	July 1, 2018	September 2017 – Staff training initiated. Outreach campaign to regulated community initiated. (Overlap with Goal 2, objectives (b) & (c)) October 2017 – Enforcement of new temp standards in effect. January 2018 – Fee scheduled modified to align with new classifications. March 2018 - Class room training completed by staff, all establishments reminded of changes to QFO requirements as part of license renewal. October 2018 - Online training ongoing (5 of 7 have completed online training).

EHHD
Eastern Highlands Health District

2017-2018 ANNUAL REPORT



Serving the towns of:
Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington

Population: 80,840 Service Area: Approximately 208 Square Miles

Health District Staff

Robert L. Miller, MPH, RS ..... Director of Health
Kenneth Dardick, MD ..... Medical Advisor
Glenn Bagdoian, RS ..... Sanitarian II
Millie Brosseau ..... Administrative Assistant
Diane Collelo, RS ..... Sanitarian I
Holly Hood, MPH, RS ..... Sanitarian II
Derek May ..... Public Health Emergency Preparedness Coordinator
Sherry McGann, RS ..... Sanitarian II
Jeff Polhemus, RS ..... Chief Sanitarian
Lynette Swanson ..... Environmental Health Inspector
Brian Clinton, MA, MCHES ..... Community Health and Wellness Coordinator

Back left to Right: Jeff Polhemus, Rob Miller, Brian Clinton, Glenn Bagdoian ***Front left to Right:*** Holly Hood, Sherry McGann, Diane Collelo, Millie Brosseau

EHHD Board of Directors

Elizabeth Paterson (Chair) ..... Town of Mansfield
John Elsesser (Vice Chair) ..... Town of Coventry
Joyce Stille (Assistant Treasurer) ..... Town of Bolton

Maria Capriola (Alternate) ..... Town of Mansfield
Robert DeVito ..... Town of Ashford
Matt Hart ..... Town of Mansfield
D. Kenndy ..... Town of Mansfield
Robert Morra (Alternate) ..... Town of Bolton
Tammy Nuccio ..... Town of Tolland
Paul Schur ..... Town of Willington
Paul Shapiro ..... Town of Mansfield
Barbara Syme ..... Town of Scotland
M. Deborah Walsh ..... Town of Coventry
Mark Walter ..... Town of Columbia
Steve Werbner ..... Town of Tolland
Mike Zambo ..... Town of Ashford
Joseph Higgins ..... Town of Andover
Vacant ..... Town of Chaplin

Back: R. Devito, P. Shapiro, K. Dardick, M. Walter, J. Elsesser, J. Higgins
Front: D. Kennedy, J. Stille, E. Paterson, D. Walsh

Mission Statement -

Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment.

Vision - Healthy people, healthy communities … healthier future.

Message from the Director

Once again another year has passed with Eastern Highlands Health District, and its community partners working hard to make our communities a healthier, safer place to work, play, and live! I have the great pleasure of presenting the Eastern Highlands Health District Annual Report for the 2017 – 2018 Fiscal Year. Below is a rundown of highlighted activities and initiatives that have occurred over the past year.

Environmental Health – With the passing of new legislation this past year, the State of Connecticut has adopted the FDA Food Code. Parts of the Code went into effect this past year, and eventually the entire code will apply to all restaurants state-wide. Over the year much has gone into preparing for this transition. This includes retraining field staff, informing and educating food service establishments, and revising local policies. We look forward to continuing the important partnership we have with our area restaurants as we work together to implement this important change.

Community Health – This year our community health program participated in the state sponsored Influenza Vaccination Day, hosting two flu clinics in response to the severe flu outbreak this past season. Residents were also invited to participate in free radon testing as part of the statewide program in partnership with the state health department.
The Substance Abuse in Our Communities Workgroup was very active this year. They hosted a train the trainer program targeting first responders on NARCAN administration. They also developed a tri-fold brochure listing all drug treatment programs and service options in the region, which was then distributed health district wide.

Emergency Public Health Preparedness – I am pleased to announce a partnership with our sister agency the Northeast District Department of Health in an initiative to share an emergency public health program coordinator. In just a short time, our new coordinator has successfully re-engaged and expanded our Medical Reserve Corps unit by providing training opportunities, staffing MRC events, and promoting recruitment.

In closing, I cannot forget to recognize our community partners. Their support in our efforts to prevent illness and promote wellness in the citizens we serve cannot be overstated. Together we comprise a local public health network that continues to make great strides in protecting the communities we serve. I thank you for your dedication and commitment to local public health.

My door is always open.
Yours in Health,

Robert L. Miller, MPH, R.S.
Director of Health

EHHD
Eastern Highlands Health District

Tel: (860)429-3325 • Email: ehhd@ehhd.org • www.ehhd.org

Public Health

Prevent. Promote. Protect.

Local health departments work across the nation to prevent disease, promote health and protect communities. The National Association of County and City Health Officials (NACCHO) developed this logo to promote universal recognition of this critical work and to provide a consistent image and message for local health departments. EHHD is proud to support this national effort.

What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not otherwise have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided access to full-time public health services at minimal cost. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

Top 10 Benefits Your Community Receives as a Member of a Public Health District:

1. A professionally staffed department with fully trained and certified personnel.
2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
3. Less fragmentation of services.
4. Uniform enforcement of state laws and regulations, codes and ordinances.
5. A regional approach to public health problems that cross town lines.
6. Pooling of manpower for backup services in times of need.
7. The capability to address a wider scope of public health problems and issues than your community could manage on its own.
8. Reduction of waste and maximized effectiveness through problem identification, priority setting, improved coordination and more efficient use of resources.
9. Eligibility for extensive state and federal funding, bringing services to the local level that might not otherwise be possible.
10. An opportunity for your town to network with other local health departments and state agencies.

10 Essential Services of Local Public Health:

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to public health problems.

EHHD'S PROGRAMS AND SERVICES

We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

Emergency Preparedness

All-hazards emergency preparedness cannot be addressed by one agency working alone. Eastern Highlands Health District (EHHD) continues to build partnerships and link services to prepare for a successful community response to any emergency or disaster.

EHHD is a supportive partner in the ongoing development of Connecticut's Healthcare Coalitions (HCC). These coalitions engage representatives from disciplines including public health, hospitals, long term care, behavioral health, emergency medical services (EMS), emergency management, and health centers to formalize cooperative planning. EHHD is an active participant in the CT DEMHS Region 4 HCC steering committee and on several HCC workgroups. Although linked to Region 4 for grant deliverables and fiduciary reporting, EHHD also continues to support preparedness work in Region 3 and assisted with the Region 3 Project Public Health Ready (PPHR) application.

Over the past year EHHD staff has attended a wide range of trainings on topics including Mass Dispensing, Incident Command, biological agent security, and infectious disease mitigation. EHHD actively participated in the planning and conducting of several regional and statewide exercises. EHHD began sharing a Public Health Emergency Preparedness Coordinator with Northeast District Department of Health (NDDH) and has supported the shared position with additional staff. As part of an actual emergency response, EHHD provided two seasonal flu clinics within the district in response to an active flu season.

Utilizing community volunteers will be vital to a successful response to any large-scale emergency. To this end EHHD is in the process of re-engaging its Medical Reserve Corps (MRC) program. Working closely with other MRCs we hope to recruit and organize medical and non-medical volunteers from the district. During the past year EHHD MRC participated in a regional MRC appreciation event, supported a town blood pressure clinic, and delivered the FEMA "Until Help Arrives" bystander first aid program. EHHD will continue to use the MRC as a mechanism to recruit and engage community volunteers. Anyone with interest in becoming an MRC member can go to www.EHHD.org and find the link under the Emergency Preparedness tab.

Environmental Programs

Water Quality – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.

Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform site inspections during construction to verify compliance with codes and technical standards.
The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

Food Protection – All food service establishments are inspected frequently and operating licenses are renewed annually. Temporary and special events, including Farmers' Markets, where food is served to the public, are also permitted and inspected for food safety compliance.

Campground/Daycare/Youth Camp Inspections – EHHD conducts annual family campground inspections, biennial daycare inspections, and assists the State of Connecticut with youth camp kitchen inspections.

Complaint Investigation/Code Enforcement – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, and vermin problems. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected in due course, property owners or violators are then subject to enforcement procedures.

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 5 µg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this reference level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assist them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district including property inspections and lead abatement enforcement.

Communicable Disease Surveillance & Control

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns (it is generally acknowledged that these diseases are underreported within the population).

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated, and measures to prevent and control further spread of disease are implemented when necessary.

Community Health

Health Promotion initiatives in the Health District focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. In the summer months EHHD worked diligently to mitigate the spread of disease from mosquitos and ticks. Informational signs and larvicides were provided to member towns. The plaques provide information on the prevention of acquiring Lyme disease, and were placed in parks and near trails. Educational workshops on these diseases were presented in Tolland. During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary. In response to the wide-spread flu activity this year EHHD conducted two flu clinics and created a flu prevention flyer. Over 200 adults and children were vaccinated at these clinics. The flyer was distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD staff worked with several school districts to create model school health and wellness policies.

Tobacco Free Living – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found at www.ehhd.org/Tobacco-Free-Living. EHHD continues to assist the town of Mansfield in implementing its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. This toolkit can be found at: www.ehhd.org/tobacco. In addition, EHHD has developed a summary of smoking cessation resources. The resources include web, phone, and in-person based cessation methods and can be found at www.ehhd.org/tobaccocessation

Substance Abuse In Our Community Workgroup – In response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The workgroup initiated several projects this year. A Community Naloxone (Narcarn®) Training Program for first responders was conducted in December. This workshop showed first responders what over-the-counter Naloxone looked like, and provided instruction to victims and families on how to administer the life-saving drug. Additionally, the workgroup created and printed the Substance Abuse Treatment Resources brochure. This brochure provides information on treatment options, resources and walk-in services and emergency care information and can be found at www.ehhd.org/opioidepideic. The brochures have been distributed to town leadership, libraries and social service departments.

Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland). Basic Be Well initiatives are also provided to member town, school employees and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, monthly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. If you're interested in having Be Well part of your business or organization please email Be Well at Be_well@ehhd.org.

Be Well An EHHD Wellness Program

Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook: www.facebook.com/EHHDCHART and Twitter: https://twitter.com/EHHDHealth) with information about health, wellness and safety issues. We focus our "hot topic" health updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD staff participated in several educational workshops and health fairs throughout the year focusing on topics such as hurricane/emergency preparedness, childhood vaccines, healthy snacks for kids, planning for care as you age, and flu prevention and treatment.

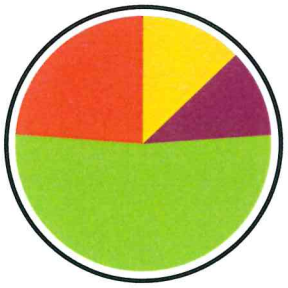
Plan4Health Initiative: Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural town in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced this year was a survey to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit is available online at www.healthyeasternct.com

PLAN4Health An American Planning Association Project

EHHD

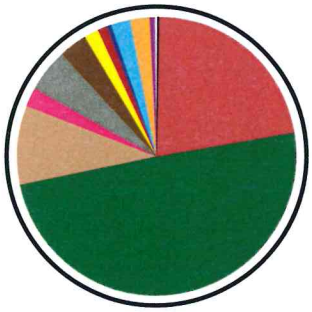
Budget Fiscal Year 2017/2018*

FY 2017/2018 Revenue
(see table below)



Licensure Fees	$130,874
Program Fees	$103,520
Local Funds	$553,380
State Funds	$173,843
Total Operating Revenues	**$961,616.29**

FY 2017/2018 Expenses
(see table below)



Personnel: Administrative/Management	$213,369
Personnel: Environmental Health	$472.389
Personnel: Community Health	$86,997
Personnel: Emergency Preparedness	$21,683
Purchased Services	$47,266
Administrative Overhead	$31,618
Insurance	$15,599
Supplies & Materials	$11,819
Other	$5,560
Equipment	$20,315
Vehicles/Travel	$20,941
Communications	$4,870
Education/Training	$1,633
Legal	$163
Total Operating Expenditures	**$954,491.84**

* Figures not audited at the time of this publication.

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	1	1	0	0	0	3	0	1	0	6
ANIMALS/ANIMAL WASTE	0	2	0	0	0	0	2	1	2	0	7
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	1	0	0	0	0	0	0	1
FOOD PROTECTION	0	3	0	1	1	0	12	0	3	0	20
HOUSING ISSSUES`	1	1	2	3	1	3	11	1	2	3	28
EMERGENCY RESPONSE	0	0	0	0	0	1	2	0	1	1	5
REFUSE/GARBAGE	0	4	0	1	0	0	1	0	0	1	7
RODENTS/INSECTS	1	2	0	1	0	1	4	0	0	0	9
SEPTIC/SEWAGE	1	2	2	1	2	0	4	0	4	0	16
OTHER	0	3	3	0	2	0	5	0	2	1	16
WATER QUALITY	0	0	1	1	1	1	5	0	9	0	18
TOTAL	3	18	9	9	7	6	49	2	24	6	133
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	0	0	0	0	0	0
DAY CARE	0	1	0	2	0	2	4	0	7	2	18
CAMPS	0	1	0	0	0	0	0	0	2	1	4
PUBLIC POOL	0	2	0	0	1	1	5	0	4	1	14
OTHER	0	0	0	0	0	0	0	0	0	0	0
SCHOOLS	0	0	0	0	0	0	4	0	0	0	4
MORTGAGE, FHA, VA	0	1	0	0	0	0	0	0	0	0	1
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	5	0	2	1	3	13	0	13	4	41
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION - ALL SITE VISITS	27	113	23	67	95	177	155	16	119	39	831
DEEP HOLE TESTS -NUMBER OF HOLES	66	51	79	36	90	150	92	9	109	41	723
PERCOLATION TESTS - NUMBER OF HOLES	10	17	18	12	18	31	27	3	35	11	182
PERMITS ISSUED, NEW	2	7	5	2	9	20	6	0	9	3	63
PERMITS ISSUED, REPAIR	15	16	15	6	22	39	31	3	45	6	198
SITE PLANS REVIEWED	16	24	16	9	20	65	36	4	55	8	253
B100A REVIEWS	28	24	34	10	42	88	84	4	139	36	489
WELLS											
WELL SITES INSPECTED	1	4	0	3	18	29	10	4	9	3	81
WELL PERMITS ISSUED	4	11	9	1	10	24	14	3	18	7	101
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	3	0	0	0	0	2	0	8	0	13
SURFACE WATER	14	14	27	0	29	119	16	0	31	26	276
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	0	0	0	0	0
LEAD	0	0	0	0	0	0	11	0	0	0	11
OTHER	0	0	1	0	2	3	8	0	2	0	16
FOOD PROTECTION											
INSPECTIONS	22	43	36	26	25	65	250	11	74	43	595
REINSPECTIONS	6	3	4	2	5	25	39	0	6	5	95
TEMPORARY PERMITS	4	19	20	10	4	88	50	13	23	14	245
TEMPORARY INSPECTIONS	0	0	6	0	0	114	9	0	0	0	129
PLAN REVIEWS	2	3	0	1	1	12	6	0	0	3	28
PRE-OPERATIONAL INSPECTIONS	7	4	0	3	2	3	24	0	5	2	50
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	0	0	0	0	1	0	0	0	1
ABATE PLAN REVIEWED	1	0	0	0	0	0	0	0	0	0	1
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	0	0	1	1	2	0	0	0	4
SUBDIVISION REVIEWED (PER LOT)	0	0	4	0	9	8	2	0	1	0	24

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	**District Totals**
Babesiosis	1	1	1	0	2	0	4	0	1	1	11
Campylobacter	1	0	0	0	1	2	0	0	2	1	7
Chlamydia	4	3	3	3	4	9	37	0	13	1	77
Cryptosporidium	0	0	0	0	0	0	0	0	0	0	0
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	1	0	0	0	0	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	2	0	0	1	0	0	1	1	5
Gonorrhea	2	0	3	0	0	4	22	0	3	3	37
Group A Streptococcus	0	0	0	0	0	1	0	0	0	0	1
Group B Streptococcus	1	0	0	0	0	1	0	0	1	0	3
Haemophilus Influenzae	0	0	0	0	0	0	1	0	0	0	1
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	1	0	1	0	2	0	2	0	6
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	2	1	2	2	1	3	10	0	1	10	32
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	1	0	4	0	0	1	6
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	0	0	0	0	1	0	0	0	1
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	3	5	5	7	3	13	20	1	8	8	73
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	1	0	1
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	1	0	0	0	0	2	2	0	2	0	7
Shigella	0	0	0	0	0	0	0	0	1	0	1
Streptococcus Pneumoniae	0	0	0	0	0	0	0	0	0	0	0
Syphilis	0	0	0	0	1	0	1	0	0	0	2
Tuberculosis Cases (Active)	0	0	0	0	0	0	0	0	0	0	0
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

* The case numbers above are considered to be below actual figures due to under reporting.

EHHD
Eastern Highlands Health District

4 South Eagleville Road
Mansfield, CT 06268

#38

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, September 25, 2018 8:43:50 AM
Last Modified:	Monday, October 01, 2018 3:54:52 PM
Time Spent:	Over a day
IP Address:	64.251.54.130

Page 1

Q1 1. Department Name

Eastern Highlands Health District

Q2 2. Do you have a Board of Health? **Yes**

Page 2: Board of Health

Q3 Please complete this section if you have a Board of Health

Chairperson	**Elizabeth Paterson**
Address	**4 South Eagleville Road**
City/Town	**Storrs**
State/Province	**Connecticut**
ZIP/Postal Code	**06268**
Email Address	**betsypaterson725@gmail.com**

Q4 Board Function **Advisory & Policy Making**

Q5 Number of Board Members

14

Page 3: Director of Health and Local Health Department Information

Q6 1. Director of Health (ES 8)

Name	**Robert Miller**
Degree(s)	**MPH**
Active CT License(s)	**RS**
Number of hours in Director of Health's average work week	**40**

Q7 Please list salary figures as whole dollars per year.

Minimum Annual Salary	**81863**
Maximum Annual Salary	**110515**
Actual Annual Salary	**107950**

Q8 An Acting Director of Health is defined as an approved individual covering for a Director of Health when he or she is absent, for example, due to a vacation, medical leave, conference, or position vacancy. See Connecticut General Statute Section 19a-200 or 19a-244.2. Do you have a staff person(s) who is the Acting Director of Health in your absence?

No,
If yes, please provide the name(s) of the Acting Director of Health.:
Kenneth Dardick, MD (Not staff but is the agency medical advisor)

Q9 If no, how do you assure coverage when the Director of Health is absent?

A Director of Health in a neighboring municipality/health district through a formal MOU/MOA.

Q10 3. Does your department include a Housing Department?

No

Q11 4. Does your department include a Social Services Department?

No

Q12 5. Does your department include additional non-public health programs?

No,
If yes, what other types of programs?:
However, I would say we provide "non-traditional" public heath programs such as comprehensive employee wellness programming.

Q13 6. Are there any collective bargaining units in your department?

No

Q14 7. Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program?

My department plans to apply for accreditation, but has not yet registered on e-PHAB

Q15 8. In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?	**Have not decided on a target year**

Q16 9. The following items refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS). Guiding documents regarding National CLAS Standards can be found in CT DPH's Health Equity Toolkit or on the Office of Minority Health's Cultural and Linguistic Competency webpages. My department:

	Yes/No
b. Advances and sustains organizational governance and leadership that promotes National Standards for Culturally and Linguistically Appropriate Services and health equity through policy, practices and allocated resources.	**No**
c. Recruits, promotes and supports a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.	**Yes**
d. Educates and trains governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	**No**
e. Offers language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	**Yes**
f. Informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	**No**
g. Ensures the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	**No**
h. Provides easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	**No**
i. Establishes culturally and linguistically appropriate goals, policies and management accountability, and infuses them throughout the organization's planning and operations.	**No**
j. Conducts ongoing assessments of the organization's CLAS-related activities and integrates CLAS-related measures into assessment measurement and continuous quality improvement activities.	**No**
k. Collects and maintains accurate and reliable demographic data to monitor and evaluates the impact of CLAS on health equity and outcomes and to inform service delivery.	**No**
l. Conducts regular assessments of community health assets and needs, and uses the results to plan and implement services that respond to cultural and linguistic diversity of populations in the service area.	**No**
m. Partners with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	**No**
n. Creates conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	**No**
o. Communicates the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	**No**

Page 4: Local Health Personnel (ES 8)

Q17 Administrative

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
1. Assistant or Deputy Director of Health	**0**				
2. Environmental Health Supervisor	**1**			**$34**	**$46**
3. Nursing Supervisor	**0**				
4. Office Manager	**0**				
5. Bookkeeper		**0**	**1**	**$26**	**$36**
6. Secretary	**1**			**$19**	**$25**

Q18 Medical

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
7. Dental Professional					
8. Dietitian / Nutritionist					
9. Lab Technician					
10. Nurse* (RN, APRN)*Does not include School Nurse					
11. Physician / Medical Advisor		**1**		**$125**	**$125**
12. School Nurse					
13. Social Worker					

Q19 Public Health

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
14. Emergency Preparedness Coordinator			1	$35	$35
15. Environmental Health Inspector (e.g., food, lead, housing)	4	1		$22	$39
16. Epidemiologist					
17. Health Educator	1			$31	$42
18. Outreach Worker					
19. Other Paid Worker (Please describe below)					

Q20 How many of your staff have the following licenses and/or certifications?

	#
Dental Hygienist (RHD)	
Dentist (DMD/DDS)	
Food Inspector	7
Health Educator (CHES)	1
Lead Assessor	6
Lead Inspector	6
Nurse (RN/APRN)	
Pharmacist (RPh)	
Phase I SSDS	7
Phase II SSDS	7
Physician (MD/DO)	1
Registered Dietitian (RD)	
Registered Sanitarian (RS)	7
Social Worker (LSW)	
Veterinarian (DVM/VMD)	
Other (Please describe below)	

Page 5: Public Health RevenuePublic Health Department Revenue

Q21 1. DPH funds - all regardless of source	Amount $	**173842**
Q22 2. State funds - other than DPH	Amount $	**0**
Q23 3. Federal sources - direct	Amount $	**0**
Q24 4. Licensure/Permit fees	Amount $	**130873**
Q25 5. Local funds - city/town sources	Amount $	**553380**
Q26 6. Medicaid	Amount $	**0**
Q27 7. Medicare	Amount $	**0**
Q28 8. Other revenue	Amount $	**103519**
Q29 9. Patient personal fees	Amount $	**0**
Q30 10. Private foundations	Amount $	**0**
Q31 11. Private health insurance	Amount $	**0**

Q32 What is your total operating budget?

816010

Page 6: 10 Essential Services - #1

Q33 1. Within the last 5 years, has your department collaborated with a hospital or hospital system, government agencies, for-profit and not for profit agencies, and others to develop a Community Health Needs Assessment?	**Yes**
Q34 2. Does your department have a written protocol or procedure for collecting population-level surveillance data?	**No**

Q35 If yes, does it include: (Select all that apply)	Respondent skipped this question
Q36 3. Has your department been involved with the collection of primary quantitative data within the past year?	**Yes**
Q37 If yes, how? (Select all that apply)	**Surveys of target groups ,** **Inspection data,** **Data collected for a community health assessment ,** **Surveillance data**
Q38 4. Has your department provided data on the health of your local population to DPH within the past year?	**Yes**
Q39 If yes, how is the data provided? (Select all that apply)	**Environmental public health ,** **Data in CTEDDS, CTSITE,** Other, please describe: Submits hard copy completed case interview forms, completed TB-5 forms, line list for outbreak investigations, and many other examples of data provided as requested by DPH.
Q40 5. Does your department share public health data with your community?	**Yes**

Q41 If yes, who is it shared with? (Select all that apply)	**Board of Health**, **Elected/Municipal authorities**, **General public**, **Public health partners**, **Media**, **Department of Public Health**, **Grant funding agencies**
Q42 If yes, how is the data shared? (Select all that apply)	**De-identified data sets**, **Summary/Statistical reports**, **Presentations**, **Website**, **Media/Press releases**, **Annual reports**

Page 7: 10 Essential Services - #2

Q43 1. Does your department have a written protocol that includes a procedure for conducting investigations of suspected or identified health problems and environmental and occupation health hazards?	**No**
Q44 2. Has your department completed an investigation of a non-infectious health problem, environmental, and/or occupational public health hazard within the past year?	**Yes**
Q45 If yes, what type of investigation? (Select all that apply)	**Water**, **Occupational hazard**, Other, please describe: Air quality

Q46 3. Has your department worked with other governmental agencies/departments and key community stakeholders to conduct investigations of reportable diseases, disease outbreaks, chronic disease, environmental public health issues, and/or injuries within the past year?	**Yes**
Q47 If yes, what type of investigation? (Select all that apply)	**Reportable diseases,** **Disease outbreaks ,** **Environmental public health issues**
Q48 If yes, which partners did your department work with? (Select all that apply)	**DPH,** **DEEP,** **Health care entity,** **Police,** **EMS,** **Fire,** **Housing,** **Schools**
Q49 4. Does your department have a current tracking log or audit of reports of disease reporting, laboratory test reports, and/or investigations with timelines?	**Yes**
Q50 If yes, select all that apply	**CTEDSS, CTSITE,** Other, please describe: We track activity counts of total lab reports, interviews, and investigations.
Q51 5. Does your department have a written procedure that describes the process for initiating the emergency operations plan in your jurisdiction for public health threats, specifically for infectious disease outbreaks?	**Yes**
Q52 6. Does your department utilize the State Public Health Laboratory for testing?	**Yes**

Q53 7. Does your department have access to other certified laboratories for environmental testing?	**Yes**
Q54 8. Does your department have a written policy to reach State Public Health Laboratory staff 24/7 in the event of an emergency?	**No**
Q55 9. Does your department have written protocols for handling and submitting specimens to laboratories, including the State Public Health Laboratory?	**Yes**
Q56 10. Does your department have a written protocol describing how to communicate with staff, health care providers, response partners, the media, and others 24/7?	**Yes**
Q57 11. Does your department have instructions for the public on how to report a public health emergency?	**Yes**
Q58 If yes, how does your department inform the public? (Select all that apply)	**Website**
Q59 12. How (what method) does the public and/or partners contact your department 24/7 in the case of a public health emergency? (Select all that apply)	**24/7 phone number, Police dispatch, Staff call down list**

Page 8: 10 Essential Services - #3

Q60 1. Has your department provided information to the public on health risks, health behaviors, disease prevention, or wellness within the past year?	**Yes**
Q61 If yes, how has your department provided information? (Select all that apply)	**Public presentation, Press release, Media, Brochure, Social media**

Q62 2. Has your department developed and implemented or sustained population-based health promotion strategies within the past year?	**Yes**
Q63 If yes, how? (Select all that apply)	**Farmers markets,** **Smoke free zones,** **Biking pathways,** **Immunizations,** **Radon,** Other, please describe: Plan4health initiative: Developed and maintain online toolkit encouraging local PZC to apply health in all policy decision approach. www.healthyeasternct.org. We maintain online toolkits for tobacco free parks, and tobacco free multi-housing. http://www.ehhdchart.org/projects
Q64 If yes, was implementation done in collaboration with partners and/or the community?	**Yes**
Q65 If yes, select all that apply	**Public schools ,** **Local governmental agencies ,** **Health care entity,** **Community members**
Q66 If yes, were any of the strategies evidence-based or a promising practice?	**Yes**
Q67 3. Has your department assessed health inequity across your jurisdiction?	**No**
Q68 4. Has your department distributed information to the public about public health and/or about your department's mission, programs, and services within the past year?	**Yes**

Q69 If yes, how? (Select all that apply)	**Website/Webpage,** **Services directory ,** **Social media,** **Email listserv,** **Program flyer ,** **Brochure**
Q70 5. Has your department communicated with the media to ensure their understanding of public health and that they cover important public health issues within the past year?	**No**
Q71 If yes, how has your department communicated with the media? (Select all that apply)	Respondent skipped this question
Q72 6. Does your department have a policy, plan or strategy for branding the department?	**No**
Q73 7. Does your department have the ability to inform the public about public health issues, such as emergencies, health data, laws or codes and program activities?	**Yes**
Q74 If yes, how does your department inform the public? (Select all that apply)	**Website/Webpage,** **Television,** **Interviews,** **Brochures,** **Flyers,** **Internet,** **Facebook**
Q75 8. Does your department have demographic data defining ethnic distribution and languages in the jurisdiction?	**No**
Q76 9. Does your department have methods in place to provide interpretation, translation or other communication services?	**Yes**

Page 9: 10 Essential Services - #4

Q77 1. Has your department been an active member of a community partnership(s) or coalition(s) to address public health issues within the past two (2) years?	**Yes**
Q78 If yes, which health issues(s) were addressed within the community partnerships(s) or coalition(s)? (Select all that apply)	**Chronic disease prevention**, **Obesity**, **Anti-tobacco**, **Parks and recreation**, **Substance abuse**
Q79 If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent?	**Public schools**, **Local governmental agencies**, **Non-profits**, **Health care entity**, **Community members**
Q80 2. Has your department engaged with the community about policies and/or strategies that will promote public health?	**Yes**
Q81 If yes, what sectors of the community have been engaged? (Select all that apply)	**Parent/Teacher groups**, **Advisory groups or boards of health**, **Senior citizens**
Q82 3. Has your department communicated and collaborated with your governing entity, advisory board, and/or elected officials concerning public health policy or strategy within the past year?	**Yes**, If yes, please describe: Routinely work with Board of Directors on public health advocacy during state legislative sessions. The Director of Health meets one on one with member town CEO on policy issues affecting their community.

Page 10: 10 Essential Services - #5

Q83 1. Has your department monitored and tracked public health issues being discussed by individuals and entities that set policies and practices that impact public health within the past two (2) years?	**Yes,** If yes, please describe how. Policies can be state, local or tribal and tracking can be done by your department or another organization (e.g. CADH, CEHA, CPHA): Director is an active member of the CADH advocacy committee. Legislative bill tracking report provided by CADH lobbiest is routinely reviewed, and duly considered.
Q84 2. Has your department contributed to deliberations concerning public policy and practice and its impact on public health within the past two (2) years?	**Yes**
Q85 If yes, which methods did your department utilize? (Select all that apply)	**Official public testimony ,** **Participation in an advisory or work group**
Q86 3. Does your department inform local and/or state policy makers and/or the public about the potential public health impacts of policies that are being considered or in place?	**Yes**
Q87 If yes, by what method? (Select all that apply)	**Email,** **Written reports ,** **Meetings,** **Verbal/Written testimony**
Q88 4. Within the last five (5) years, has your department collaborated with a hospital or hospital system, government agency, for profit and not for profit agency, and other others to develop a Community Health Improvement Plan?	**Yes**
Q89 5. Has a committee been formed or has consideration been given as to which community entities or groups should participate on a strategic plan workgroup?	**No**
Q90 6. Has your department created an organization-specific strategic plan within the last five (5) years?	**Yes**

Q91 If yes, what does your strategic plan include? (Select all that apply)	**Mission, vision and value statements** , **Strategic priorities** , **Capacity for enhancement of information management, workforce development, communications, and financial sustainability** , **Measurable and time-framed goals and objectives**
Q92 7. Has your department participated in preparedness meetings with other government agencies and other health departments within the past year?	**Yes**
Q93 8. Has your department participated in drills, exercises or a real emergency to test components of an All Hazards Emergency Operation Plan (EOP) within the past year?	**Yes**
Q94 If yes, did your department conduct a debriefing or After Action Report from the emergency or drill/exercise?	**Yes**
Q95 9. Has your department collaboratively revised an All Hazards EOP within the past five (5) years?	**Yes**
Q96 10. Does your department have a public health emergency response plan that is dated within the past five (5) years?	**Yes**
Q97 11. Has your department tested the plan within the past year through the use of drills and exercises?	**Yes**
Q98 If yes, did your department complete an After Action Report after the emergency or exercise/drill?	**No**
Q99 12. Has your department revised the public health emergency response plan within the past year?	**No**

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Q100 1. Has your department staff participated in training on public health law related to job responsibilities within the past year?	**Yes**
Q101 If yes, what type of training? (Select all that apply)	**Food certification,** **Lead certification**
Q102 2. How does your department ensure the consistent application of public health laws?	**Enforcement log,** **Communications with other agencies** , Other, please describe: Regular staff meetings to review individual cases, and application procedures.
Q103 3. Does your department make information concerning public health laws and permit/license applications available to members of the public?	**Yes**
Q104 If yes, how does your department make information available to the public? (Select all that apply)	**Website,** **Flyers,** **Brochures,** Other, please describe: Staff consultations.
Q105 4. Does your department provide educational material and information to regulated entities?	**Yes**
Q106 5. Does your department have a local ordinance/regulation for conducting enforcement actions?	**Yes**
Q107 If yes, for which establishments? (Select all that apply)	**Food**
Q108 If yes, does your department have written procedures or protocols for conducting enforcement actions?	**No**

Q109 6. Does your department have a schedule for inspecting regulated entities?	**Yes**

Page 12: 10 Essential Services - #7

Q110 1. Has your department collaboratively implemented strategies to improve access to health care services for those who experience barriers within the past year?	**Yes**
Q111 If yes, what strategies have been implemented? (Select all that apply)	**Cooperative system of referrals between partners** **Case management**
Q112 2. Has your department documented initiatives to ensure that access and barriers are addressed in a culturally competent manner?	**No**
Q113 If yes, how? (Select all that apply)	Respondent skipped this question

Page 13: 10 Essential Services - #8

Q114 1. Has your department had a partnership or ongoing collaboration that promotes public health as a career choice within the past five (5) years?	**Yes**
Q115 If yes, how? (Select all that apply)	**Collaboration with a school or college of public health to host interns/volunteers** **Guest lecturing at a college** **Making presentations to students about public health and public health careers**
Q116 2. Does your department have a workforce development plan?	**Yes**
Q117 3. Does your department assess staff competencies, provide training and professional development, and provide a supportive work environment?	**Yes**

Q118 If yes, how does your department ensure a competent workforce? (Select all that apply)	**Document the process for recruitment of qualified staff** **Job descriptions and requirements for specific certifications, skills, training, experience and education** **Staff retention activities** **Have a process to verify staff qualifications** **Document that the qualifications have been verified for all staff hired within the pat two (2) years** **Annual performance reviews**
Q119 4. Has agency staff participated in professional development activities within the past two (2) years?	**Yes**
Q120 If yes, how are staff participating in professional development activities? (Select all that apply)	**Continuing education for certifications/licenses** **Training opportunities,** **Job shadowing**
Q121 5. Has agency staff participated in leadership and/or management development training within the past two (2) years?	**Yes**
Q122 If yes, how? (Select all that apply)	**Attending relevant meetings and conferences**

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Q123 1. Has your department evaluated the effectiveness, efficiency or quality of programs and services within the past year?	**Yes**
Q124 If yes, how? (Select all that apply)	**Program evaluation** **Internal or external customer satisfaction survey,** **Training evaluation**

Q125 If yes, has your department used the information to improve department performance or community health outcomes?	**Yes**
Q126 2. Has your department implemented a systematic process for assessing customer satisfaction with department services from different types of customers?	**Yes**
Q127 If yes, with what kinds(s) of customer groups? (Select all that apply)	**Food establishment owners,** **Tradesmen,** **General public**
Q128 If yes, with what delivery mechanism? (Select all that apply)	**SurveyMonkey**
Q129 If yes, how was customer satisfaction survey results shared? (Select all that apply)	**Survey results are used internally with employees ,** **Formal report to elected official or board of health**
Q130 3. Does your department have a quality improvement plan?	**No**

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Q131 1. Has your department incorporated an evidenced-based or promising practice in a process, program or intervention?	**Yes**
Q132 If yes, where was the source of the evidence-based or promising practice? (Select all that apply)	**Published study or article ,** **National organizations**
Q133 2. Has your department communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public within the past year?	**Yes,** If yes, please describe the research: Base on updated research, the American Academy of Pediatrics updated their recommendations on car safety seat guidelines. We review and forward selected media reports on various research topics provided by DPH to community stakeholder.

Q134 If yes, who did your department communicate the research findings with? (Select all that apply)	**Elected/Appointed officials**, **Local agencies/departments**, **Health care providers**, **General public**

Page 16: 10 Essential ServicesCertification

Q135 The Director of Health ensures that the provisions of a basic health program, as per CGS Section 19a-207a, are being provided to the community and that the information included in this report is accurate and true to the best of his/her knowledge.	**Yes**

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MEMO - COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE

To: Board of Directors, Eastern Highlands Health District
From: Vanessa E. Rossitto, CPA, Audit Partner
Blum Shapiro & Company, P.C.
Date: August 3, 2018
Re: Auditing Standard No. 114, "The Auditor's Communication with Those Charged with Governance" regarding audit of Eastern Highlands Health District

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We are engaged to audit the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District for the year ended June 30, 2018. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

Our responsibilities under Auditing Standards Generally Accepted in the United States of America, Government Auditing Standards, the Uniform Guidance and the Connecticut State Single Audit Act.

As stated in our engagement letter dated May 16, 2018, our responsibility, as described by professional standards, is to express opinions as to whether the financial statements, prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve those charged with governance or management of their responsibilities.

In planning and performing our audit, we will consider the Eastern Highlands Health District's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the financial statements and not to provide assurance on the internal control over financial reporting. We will also consider internal control over compliance with requirements that could have a direct and material effect on a major federal or state program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance and the Connecticut State Single Audit Act.

As part of obtaining reasonable assurance about whether the Eastern Highlands Health District's financial statements are free of material misstatement, we will perform tests of its compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit. Also in accordance with the Uniform Guidance and the Connecticut State Single Audit Act, we will examine, on a test basis, evidence about the Eastern Highlands Health District's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement and the State of Connecticut Compliance Supplement applicable to each of its major federal and state programs for the purpose of expressing an opinion on the Eastern Highlands Health District's compliance with those requirements. While our audit will provide a reasonable basis for our opinion, it will not provide a legal determination on the Eastern Highlands Health District's compliance with those requirements.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform an examination of all transactions, there is a risk that material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*.

Planned Scope, Timing of the Audit and Other

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of our audit. However, some matters could be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

Nonattest Services

In addition to above services, we will also assist in performing certain nonattest services. These services do not constitute an audit under *Government Auditing Standards*. The services are as follows:

- preparing a draft of the financial statements,

Management agrees to oversee the nonattest services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Independence

There are no relationships between any of our representatives and the Eastern Highlands Health District that in our professional judgment impairs our independence.

Responsibilities under Auditing Standards Generally Accepted in the United States of America

Management's responsibilities include:

- The selection and application of accounting principles, the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, schedule of expenditures of state financial assistance, and all accompanying information
- Establishing and maintaining effective internal controls, including internal controls over compliance
- Making all financial records and related information available to us and for the accuracy and completeness of that information
- The design and implementation of programs and controls to prevent and detect fraud and for informing us about all known or suspected fraud affecting the government
- Identifying government award programs and understanding and complying with the compliance requirements

Auditor's responsibilities include:

- Express opinions on the financial statements based on our audit
- Plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement
- Performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements
- Consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control
- Evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

Audit Areas of Focus

- Cash
- Receivables and revenues
- Capital Assets
- Payables, accruals, expenditures
- Payroll expenditures

Engagement Timing

- Our initial planning for the year-end audit was performed during May 2018. Our focus was on documentation of the internal controls as required by auditing standards, fraud inquiry interviews with management and key personnel, preparation of certain confirmations some overall analytical procedures and audit fieldwork as applicable to the federal and state single audits and procedures performed relevant to the tax collector's and tax assessor's offices.

- Audit Timing:

Trial Balance Files to BlumShapiro	8/27/18
Commencement of Fieldwork	9/04/18
End of Fieldwork	9/14/18
Issuance of Draft Financial Statements	11/01/18
Client Approval of Draft Statements	11/15/18
Issuance of Financial Statements	12/01/18
Issuance of Management Letter, if applicable	12/01/18
Post Audit Meeting with Management	TBD

Engagement Team

The engagement team that will be responsible for audit, and other services, is as follows including contact information to reach us:

- Vanessa Rossitto, Audit Partner
  Direct Line: 860-561-6824
  Email: vrossitto@blumshapiro.com

- Gerry Paradis, Concurring Reviewer
  Direct Line: 860-570-6371
  Email: gparadis@blumshapiro.com

- Michael Popham, Audit Manager
  Direct Line: 860-570-6391
  Email: mpopham@blumshapiro.com

Other Communications

At the completion of our audit we will communicate in writing the following information related to our audit:

- Management judgments and significant sensitive accounting estimates
- Significant accounting policies
- The adoption of new accounting principles or changes in accounting principles
- Significant audit adjustments (recorded and unrecorded)
- Disagreements with management about auditing, accounting or disclosure matters
- Difficulties encountered in performing the audit
- Irregularities and illegal acts
- Consultation by management with other auditors
- Matters affecting independence of auditors
- Material weaknesses, significant deficiencies and control deficiencies

Knowledge of Fraud

- If management or those charged with governance has any knowledge of fraud or potential fraud, this information needs to be communicated to us. As part of the audit process, we will be meeting with management to discuss fraud risks and any further issues.

Anonymous Fraud Tip Hotline

- According to the 2016 Report to the Nations on Occupational Fraud and Abuse by the Association of Certified Fraud Examiners, 39% of corruption cases are detected by tip. Organizations that had reporting hotlines were much more likely to detect fraud through tips than organizations without hotlines – 47.3% compared to 28.2%.

Cybersecurity Threats

The frequency, scale and cost of cybersecurity incidents has increased exponentially. Here are some recent trends, facts and stats that illustrate the current cybersecurity climate:

- Cybersecurity incidents have surged 38% since 2014
- 77% of organizations reported an increase in cybersecurity attacks in 2015
- 50% of organizations feel they lack the talent to combat today's cybersecurity threats
- Nearly every state has a data protection law, most include fines for data breaches
- Global cybersecurity spending came in at $77 billion for 2015
- Ransomware and targeted attacks are on the rise
- Attackers have found ways to monetize many types of personal data, and aren't just targeting SSNs and credit cards
- 80% of board members say that cyber security is discussed at most or all board meetings
- Commonly affected industries include: government, financial services, healthcare, retail and manufacturing

BlumShapiro offers a range of services to assess your company's cybersecurity strategy and develop a plan to mitigate risk. It can start with a short educational session for employees. We also offer a portfolio of Implementation services to help mitigate overall risks.

Industry Developments - Current Year (June 30, 2018) Accounting Standards

- **GASB Statement 75 - OPEB Accounting for Employers and Non-Employer Contributing Entities** The scope of this Statement addresses accounting and financial reporting for OPEB that is provided to the employees of state and local governmental employers. This Statement establishes standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expense/expenditures. For defined benefit OPEB, this Statement identifies the methods and assumptions that are required to be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service. Note disclosure and required supplementary information requirements about defined benefit OPEB also are addressed.

- **GASB Statement 81 – Irrevocable Split-Interest Agreements** The objective of this Statement is to improve accounting and financial reporting for irrevocable split-interest agreements by providing recognition and measurement guidance for situations in which a government is a beneficiary of the agreement. Split-interest agreements are a type of giving agreement used by donors to provide resources to two or more beneficiaries, including governments. This Statement requires that a government that receives resources pursuant to an irrevocable split-interest agreement recognize assets, liabilities, and deferred inflows of resources at the inception of the agreement.

- **GASB Statement 85 – Omnibus** The objective of this Statement is to address practice issues that have been identified during implementation and application of certain GASB Statements.
  - Blending a component unit in circumstances in which the primary government is a business-type activity that reports in a single column for financial statement presentation
  - Reporting amounts previously reported as goodwill and "negative" goodwill
  - Measuring certain money market investments and participating interest-earning investment contracts at amortized cost
  - Timing of the measurement of pension or OPEB liabilities and expenditures recognized in financial statements prepared using the current financial resources measurement focus
  - Recognizing on-behalf payments for pensions or OPEB in employer financial statements
  - Presenting payroll-related measures in required supplementary information for purposes of reporting by OPEB plans and employers that provide OPEB
  - Classifying employer-paid member contributions for OPEB
  - Simplifying certain aspects of the alternative measurement method for OPEB
  - Accounting and financial reporting for OPEB provided through certain multiple-employer defined benefit OPEB plans.

- **GASB Statement 86 – Certain Debt Extinguishment Issues** This Statement provides guidance for transactions in which cash and other monetary assets acquired with only existing resources—resources other than the proceeds of refunding debt—are placed in an irrevocable trust for the sole purpose of extinguishing debt. This Statement also improves accounting and financial reporting for prepaid insurance on debt that is extinguished and notes to financial statements for debt that is defeased in substance.

Industry Developments - Future Accounting Standards - June 30, 2019

- **GASB Statement 83 – Certain Asset Retirement Obligations** This Statement addresses accounting and financial reporting for certain asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. A government that has legal obligations to perform future asset retirement activities related to its tangible capital assets should recognize a liability based on the guidance in this Statement.

- **GASB Statement 88 – Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements** The objective of this statement is to improve disclosure regarding direct borrowings and direct placements.

Industry Developments - Future Accounting Standards - June 30, 2020

- **GASB Statement 84 – Fiduciary Activities** The objective of this statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported.

Industry Developments - Future Accounting Standards - June 30, 2021

- **GASB Statement 87 – Leases** This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources.

Areas of Concerns

- If you have any concerns that you would like to discuss with Blum Shapiro, we will make ourselves available either by phone or in person to discuss such concerns.

State of Connecticut

QUI TRANSTULIT SUSTINET

By His Excellency Dannel P. Malloy, Governor: an

Official Statement

WHEREAS, Connecticut's environmental health professionals play a core function in the improvement of public health through preventive measures and management of the environment; and

WHEREAS, environmental health professionals understand the connection between public health and the management of the environment; and

WHEREAS, the practice of environmental health is critical to the creation and maintenance of healthy communities throughout Connecticut, through services such as food safety, the protection of water quality, communicable disease control, vector management, and emergency management and disaster preparedness; and

WHEREAS, environmental health professionals apply science and evidence-based expertise to mitigate known or potential problems, and this practical application of knowledge gained through many years of diligent study often results in the avoidance of significant health hazards; and

WHEREAS, environmental health professionals respond to natural disasters and human-made emergencies, and work with other professionals specializing in public health, emergency management, public safety, and health care to assist Connecticut communities in crisis; now

THEREFORE, I, Dannel P. Malloy, Governor of the State of Connecticut, do hereby officially recognize August 24, 2018 as

ENVIRONMENTAL HEALTH PROFESSIONALS DAY
in the State of Connecticut.

GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Drinking Water Section

DWS Circular Letter #2018-19

To: All Public Water Systems, Chief Elected Officials, Local Directors of Health and Certified Operators

From: Lori J. Mathieu, Public Health Section Chief, Drinking Water Section

Date: September 27, 2018

Subject: Drinking Water Section Update for Public Water Systems regarding Per- and Polyfluoroalkyl Substances (PFAS)

This circular letter is intended to provide updated information to Connecticut's Public Water Systems on Per- and Polyfluoroalkyl Substances (PFAS) and the resources that have been developed by the Department of Public Health (DPH) Drinking Water Section (DWS) and Environmental Health Section (EHS) in collaboration with the Department of Energy and Environmental Protection (DEEP).

None of the large public drinking water systems that serve approximately 2.4 million CT customers required to monitor for PFAS by the Third Unregulated Contaminant Monitoring Rule (UCMR3) found concentrations above the reporting limit in their drinking water, which suggests that there is not a widespread PFAS issue in CT. However, the experiences of other Northeastern states with PFAS contamination in ground water has prompted the DWS to prepare a strategy with a course of action should PFAS be detected in public drinking water sources of supply in CT.

- The DPH EHS has evaluated the United States Environmental Protection Agency's (US EPA) lifetime health advisory for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS) and agrees with the Environmental Protection Agency (EPA) that 70 parts per trillion (ppt) is an appropriate drinking water target concentration but has added three additional PFAS, perfluorononanoic acid (PFNA), perfluorohexane sulfonate (PFHxS) and perfluoroheptanoic acid (PFHpA) to its recommended Drinking Water Action Level (DWAL) of 70 ppt for the sum of the concentrations of these five PFAS. Currently there are no enforceable standards established by the Safe Drinking Water Act

for PFAS in public drinking water and until there are federal standards, the DWS will be recommending actions based upon the DPH DWAL using the Commissioners authority granted under Connecticut General Statutes section 22a-471. The DPH EHS is keeping abreast of the rapidly emerging science and risk assessments on PFAS. These evaluations will be considered on an ongoing basis to determine if the DWAL requires updating.

- The DWS has created a web page dedicated to providing information on PFAS for Public Water Systems and their customers. The webpage can be accessed directly by clicking here and is also a Featured Link on the DWS home page.
- All Public Water Systems and applicants for a Certificate of Public Convenience and Necessity for a public water system will be required to sample for PFAS when developing new sources of public drinking water supply. The DPH EHS has published a list of laboratories registered in CT that are approved by EPA to conduct PFAS analysis using EPA Method 537. DPH DWS will notify DEEP pursuant to CGS Section 22a-471 of pollution of ground waters if PFAS is detected.
- The DWS, Catherine A. Kelley Public Health Laboratory, and DEEP with the assistance of US EPA Region 1 and the Greenwich Health Department sampled 14 public wells and ten private wells for PFAS after officials from NY State informed the DWS that there was PFAS contamination in public drinking wells along the CT/New York Border. One private well was confirmed to contain levels of PFAS exceeding the DWAL. The DPH used this experience to develop practical technical assistance and communication tools and strategies to assist Public Water Systems should PFAS be detected in other regions of the state.

PFAS is an emerging contaminant. Knowledge of PFAS sources, health effects, and its fate and transport in the environment has been evolving, therefore, the DPH continues to be informed and engaged on this important topic. If you have any questions regarding this Circular Letter, please contact Pat Bisacky at 860-509-7333 or via email at Patricia.Bisacky@ct.gov .

Cc: Yvonne Addo and Janet Brancifort, Deputy Commissioners, DPH
Ellen Blaschinski, Chief Operating Officer, DPH
Jane Downing, USEPA Region 1
Suzanne Blancaflor, Public Health Section Chief, DPH Environmental Health Section
Brian Toal, Supervising Epidemiologist, Environmental and Occupational Health Assessment Program, DPH EHS
Ryan Tetreault, Supervising Environmental Analyst, Private Well Program
Caroline Baisley, Director of Health, Greenwich Health Department
Robert Kaliszewski, Betsey Wingfield, Jan Czeczotka, Shannon Pociu, Department of Energy and Environmental Protection
John W. Betkoski, III, CTDEEP Public Utilities Regulatory Authority, Chairman Water Planning Council

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

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Nancy Wyman
Lt. Governor

Public Health Preparedness and Local Health Section

MEMORANDUM

DATE: September 17, 2018 OPHPR-2018-008

TO: Mass Dispensing Area (MDA) Leads

FROM: Corinne Rueb, MCM-CRI Coordinator
Health Program Assistant 2

RE: Transition to Emerging Infectious Disease (EID) Scenario (mass vaccination) in Budget Period 1 (starting July 1, 2019)

Pursuant to the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement supplement, state and local health jurisdictions will be required to focus medical countermeasure preparedness activities on emerging infectious disease (EID) scenarios. The CDC's PHEP Notice of Funding Opportunity contained the following language:

> Based on extensive input from subject matter experts and stakeholders, CDC plans to implement revised risk criteria for state and local medical countermeasure (MCM) risk planning and response, effective July 2019.
>
> Based on the new risk criteria, CDC will implement the following requirements in July 2019. All recipients and CRI local planning jurisdictions will be required to:
> - maintain fully developed plans to respond to both EID and Category A agents; and
> - demonstrate readiness for a core set of response activities for both scenarios through some combination of drills, tabletop exercises, and functional exercises; and
> - [Connecticut's MDAs] will be required to test their operational readiness for an EID response by conducting a full scale exercise or responding to a real incident at least once every five years using an EID scenario.

This transition to a medical model will have implications for all facets of the preparedness cycle including plan assessments, training and capacity building priorities, and drill and exercise objectives. According to CDC grant criteria, the state of Connecticut and all MDAs must complete full-scale exercises (FSEs) one time every five years. Please refer to your exercise records to determine when you must complete your next FSE. The Office of Public Health Preparedness and Response will be requesting this information from each MDA to assess the status of exercise requirements.

If you are currently planning a FSE, based on the anthrax model, you must complete it by June 30, 2019 to meet the newly established CDC deadline. All FSEs conducted after July 1, 2019 must be based on an EID scenario, because anthrax exercises will not be considered an eligible exercise after this date. Exercises based on anthrax or "pills to people" should be completed by the end of the BP1Supplemental project period (June 30, 2019).

While this transition is significant and the specific threat has changed, progress achieved in strengthening the core capabilities can be leveraged in any public health scenario. Lessons learned and the progress made since the CRI's inception will continue to be built upon.

Additional questions can be directed to Corinne Rueb at (860) 509-7112 or Corinne.rueb@ct.gov

cc: OPHPR staff
ESF-8 co-chairs, and HCC Coordinators
Directors of Health (all)

News

FOR IMMEDIATE RELEASE
October 11, 2018

Connecticut Department of Public Health
Contact: Maura Downes (860) 509-7270

HIGH SCHOOL STUDENT VAPING DOUBLES IN 2 YEARS

One in Seven Now Vape, Most Believe There is Little or no Harm

HARTFORD - The State Department of Public Health (DPH) recently released the Youth Tobacco Survey results based on data collection that occurred from March through June 2017. Overall, 14.7% of high school students reported current use of electronic nicotine delivery systems (ENDS), compared to 7.2% in 2015. The survey found 1 in 10 ninth graders and over 1 in 5 twelfth graders currently use ENDS.

The most prevalent reason given for starting use of these products was a friend or family member used them and over half obtained them from a friend. Fruit, followed by mint or menthol, were the most popular flavors, and more than half used their devices for other substances, such as marijuana, THC or hash oil, or THC wax.

"These results are especially troubling because youth are generally unaware of the presence and level of nicotine in their devices and can become addicted with only a few puffs," said DPH Commissioner Dr. Raul Pino. "Although the cigarette smoking rate continues to decline among this age group, vaping continues to increase. Based on misleading claims about e-cigarettes, many teens believe they are trying a 'safe' product."

According to a 2016 report by the Surgeon General, nicotine poses harm to teen brains, negatively affecting their development with long-term changes. The Food and Drug Administration recently labeled youth e-cigarette use an epidemic and put the manufacturers on notice about potential actions they may take in order to reduce youth access and use.

One popular brand of ENDS, Juul, contains the same amount of nicotine in one 'pod' as in a pack of cigarettes, and many teens report that they use one pod each day. These devices are shaped like a USB drive and are easily concealed, and teachers have reported use in the classroom while class is in session.

The survey also found that more than one quarter (27.3%) of high school students live with someone who uses tobacco, and 45% reported exposure to secondhand smoke or ENDS aerosol.

"Preventing the initiation of tobacco use altogether, educating children and young adults on the dangers of ENDS, and reducing exposure to secondhand smoke and aerosol are all very important for protecting children's health," added Dr. Pino.

Details on the Youth Tobacco Survey are available on the Tobacco Control Program website at ct.gov/dph/tobacco along with more data.

******END******

News

FOR IMMEDIATE RELEASE
September 27, 2018

Connecticut Department of Public Health
Contact: Christopher Stan (860) 509-7270

ANOTHER FIVE HUMAN CASES OF WEST NILE VIRUS IDENTIFIED IN CONNECTICUT

Total so far for the season stands at 15 human cases of West Nile Virus

Hartford - The Connecticut Department of Public Health (DPH) today announced that it has learned of five more Connecticut residents who have tested positive for West Nile virus (WNV) infection, bringing the total for this season to 15 human WNV cases.

Three of these cases involved residents of Fairfield County (Danbury, Norwalk, and Stamford). The fourth patient is a resident of Thompson in Windham County and the fifth is from Westbrook in Middlesex County. Ages range from 40-70+, and three of the five required hospitalization. Laboratory tests confirmed the presence of WNV antibodies in all four patients. All five patients became ill in early to mid-September.

"It is very unusual for us to have this many people seriously ill with WNV infection in September" said DPH Commissioner Dr. Raul Pino. "More warm weather is forecast for this weekend and many Connecticut residents will be outdoors enjoying the state's country fairs, family gatherings, and other events, especially in the early evening when mosquitoes are most active. Please take precautions to prevent mosquito bites. WNV infection is preventable."

"Using insect repellent and wearing long- sleeved shirts and long pants to prevent mosquito bites will reduce your risk of getting WNV infection," said Commissioner Pino. "I would also like to remind people who are over the age of 50 that you are more likely to develop serious symptoms of WNV infection and should take special care to avoid mosquito bites."

"Although mosquito populations are declining, we continue to find WNV-infected mosquitoes throughout many regions of the state in our trapping program, and this is likely to continue for the next several weeks until the first hard frost in October" said Dr. Theodore G. Andreadis, Director The Connecticut Agricultural Experiment Station.

West Nile virus has been detected in the state every year since 1999. Before 2018, 134 human cases of WNV were diagnosed in Connecticut residents including three fatalities. Last year, three Connecticut residents were diagnosed with WNV infection. For more information on WNV human cases in CT click here.

What are the symptoms of WNV?

- Serious Symptoms in a Few People. About 1 in 150 people infected with WNV will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks, and neurological effects may be permanent.
- Milder Symptoms in Some People. Up to 20 percent of the people who become infected will have symptoms which can include fever, headache, body aches, nausea, vomiting, and sometimes swollen lymph glands or a skin rash on the chest, stomach and back. Symptoms can last for as short as a few days to as long as several weeks.

- No Symptoms in Most People. Approximately 80 percent of people who are infected with WNV will not show any symptoms at all, but there is no way to know in advance if you will develop an illness or not.

Tips for reducing mosquitoes around homes

Mosquitoes require water for reproduction. The following are measures that can help reduce mosquitoes:

- •Eliminate standing water suitable for mosquitoes. Dispose of water-holding containers, such as ceramic pots, used tires, and tire swings.
- •Drill holes in the bottom of containers such as those used for recycling.
- •Clean clogged roof gutters.
- •Turn over objects that may trap water when not in use, such as wading pools and wheelbarrows.
- •Change water in bird baths on a weekly basis.
- •Clean and chlorinate swimming pools. When pools are not in use, use pool covers and drain when necessary.

Tips for avoiding mosquito bites when outdoors

Mosquitoes require a blood meal for reproduction. The following are measures that can help reduce bites from mosquitoes that feed on people:

- Be particularly careful at dusk and dawn when mosquitoes are most active.
- Wear shoes, socks, long pants, and long-sleeved shirts. Clothing material should be tightly woven.
- Use mosquito netting when sleeping outdoors.
- Consider the use of CDC-recommended mosquito repellents, containing DEET, picaridin, oil of lemon eucalyptus, IR3535, or 2-undecanone, and apply according to directions, when it is necessary to be outdoors.
- When using DEET, use the lowest concentration effective for the time spent outdoors (for example, 6 percent lasts approximately two hours and 20 percent for four hours) and wash treated skin when returning indoors. Do not apply under clothing, to wounds or irritated skin, the hands of children, or to infants less than two months old.
- Also, be sure door and window screens are tight fitting and in good repair to avoid mosquito bites when indoors.

The State of Connecticut Mosquito Management Program is a collaborative effort involving the Department of Energy & Environmental Protection, the Connecticut Agricultural Experiment Station, the Department of Public Health, the Department of Agriculture, and the University of Connecticut Department of Pathobiology and Veterinary Science. These agencies are responsible for monitoring the potential public health threat of mosquito-borne diseases.

The CAES maintains a network of 91 mosquito-trapping stations in 72 municipalities throughout the state. Mosquito traps are set Monday through Thursday nights at each site every ten days on a rotating basis. Mosquitoes are grouped (pooled) for testing according to species, collection site, and date. Positive findings are reported to local health departments and on the CAES website at http://www.ct.gov/caes/mosquitotesting.

For information on West Nile virus and how to prevent mosquito bites, visit the Connecticut Mosquito Management Program Web site at www.ct.gov/mosquito.