

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
Via Zoom\*  
Thursday January 20, 2022 4:30 PM

***Scheduled Item: EHHD Public Hearing – Proposed FY22/23 Operating Budget, & Proposed FY 22/23 CNR Budget.***

Call to Order

Approval of Minutes (December 9, 2021)

Public Comments

Old Business

1. Proposed Fiscal Year 22/23 Operating Budget, & Proposed FY 22/23 CNR Budget

New Business - none

Subcommittee Reports

Town Reports

Directors Report

2. COVID-19 Activity Update

Communications/Other

3. EHHD Annual Report to Community
4. EHHD Annual Report to DPH
5. Data Haven re: Equity Reports for Member Towns

Executive Session – Personnel in accordance with CGS 1-200(6)(a), Director of Health Performance Review

6. Director of Health Performance Review Action

Adjournment

*Next Board Meeting – February 17, 2022, 4:30PM*

\*In accordance with PA 21-2 §149 and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting will be held virtually. A video recording of the meeting will be available on [www.ehhd.org](http://www.ehhd.org) within seven (7) days after the meeting. Public Comment will be accepted by email at [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received prior to the meeting (public comment received after the meeting will be shared at the next meeting). Please email [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or call 860-429-3325 by 12:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes - Draft

Virtual meeting Via Zoom\*

Thursday December 9, 2021

**Members present:** E. Anderson (Andover), R. Aylesworth (Mansfield), J. Elsesser (Coventry), L. Hancock (Tolland), T. Nuccio (Tolland), S. Powers (Scotlant), J. Rupert (Bolton), D. Walsh (Coventry), M. Walter (Columbia), E. Wicenski (Willington)

**Staff present:** Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor K. Dardick, Finance Director C. Bradshaw-Hill

J. Elssesor called the meeting to order at 4:31 pm.

**Election of Board Officers (Chair, Vice Chair, Assistant Treasurer)**

J. Elsesser called for nominations.

D. Walsh made a MOTION, seconded by E. Anderson to nominate and elect J. Elssesor as Chair. MOTION PASSED unanimously.

D. Walsh made a MOTION, seconded by L. Hancock to nominate and elect M. Walter as Vice Chair. MOTION PASSED unanimously.

D. Walsh made a MOTION, seconded by E. Wicenski to nominate and elect E. Anderson as Assistant Treasurer. MOTION PASSED unanimously.

**Approval of minutes**

E. Anderson made a MOTION seconded by S. Powers to approve the minutes of the 10/21/2021 meeting as presented. MOTION PASSED unanimously.

**Public Comments**

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

**Proposed Fiscal Year 2022/2023 Operating Budget, and CNR Budget – set public hearing date**

R. Miller presented an overview of the 2022/2023 operating budget and CNR budget, noting the salient features of the budget. These include:

- Expenditure increase of 2.4%, increasing the proposed spending to \$962,197
- Member town contribution rate increase of 2.9% to \$5.85

R. Miller noted the primary drivers of the budget include:

- A salaries expenditure increase of 1.3%
- A Benefits expenditure increase of 3.1%

R. Miller noted that the finance committee met 11/29/2021 to review the budget. At this time they approved a motion to forward the budget to the full board, as presented.

E. Wiczenski made a MOTION seconded by J. Rupert to set public hearing date of Thursday, January 20, 2022 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2022/2023 Operating Budget, Capital non-recurring budget, as presented on December 9, 2021. MOTION PASSED unanimously

### **Comprehensive Annual Financial Audit Report – June 30, 2021; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors**

R. Miller note that it is a clean audit with no material findings.

E. Anderson made a MOTION, seconded by M. Walter to accept the audit report as presented on December 9, 2021. MOTION PASSED unanimously.

### **Epidemiology and Laboratory Capacity Supplement (ELC2) Funding Application Submittal – Ratification**

R. Miller noted that this grant is to support efforts to support the pandemic. R. Miller provided an overview of how the funds will be utilized. These include a full time contact tracer, formalization of the homebound vaccination program and funding testing in the area.

E. Anderson made a MOTION, seconded by D. Walsh to ratify the submittal of the Eastern Highlands Health District's Epidemiology and Laboratory Capacity Supplemental (ELC2) Enhancing Detection Cooperative Agreement Funding Application for the Enhanced Detection, Response, Surveillance and Preventions of COVID-19 to the State of Connecticut Department of Public Health, as presented on December 9, 2021. MOTION PASSED unanimously.

### **Town Reports**

**Medical Director** K. Dardick reported that his office is seeing influenza cases and lots of respiratory infections. They are also seeing an uptick in COVID-19 cases.

J. Elsesser thanked the Health District for the clinics provided to vaccinate the 5-11 year olds.

**Andover** E. Anderson reported that Andover has a spike in COVID-19. Masks are still required in town buildings and at town meetings. Considering making changes and would like to know what is happening in the other towns.

E. Wiczenski reported that Willington is still masking in all town buildings; public meetings are hybrid; currently there is no plan for a town-wide mask mandate

J. Rupert reported that Bolton still requires mask in all town buildings; they have seen an increase in COVID-19 cases; some boards and commissions meet in person; Unified Command meetings are held biweekly; currently there is no consideration to close the town hall.

R. Aylesworth reported that a town-wide mask mandate remains in place; currently there is no consideration to close the town hall.

S. Powers reported that Scotland requires masks in public buildings. currently there are no plans for public buildings to close.

M. Walter reported that Columbia requires masks in public buildings; proof of vaccination is required in the senior center.

J. Elsesser reported that Coventry requires masks in public buildings; currently there is no plan to shut down public buildings.

**Columbia** M. Walter reported that he is seeing fatigue in employees and the public. He also informed the board that a new concession stand is being built in Rec Park.

**Bolton** J. Rupert reported that his term as Interim Town Administrator has been extended 120 days. A new veterinarian hospital will be opening in Bolton. In addition, a New Dollar General is to be completed. The Mobile station is being redone and the Texaco station has been sold. New tanks will be installed at the Texaco station.

**Andover** E. Anderson noted that an application is being put before the Planning and Zoning Commission for Dollar General to be built on Route 6 near Lake Street. A connectivity grant is being used to put in sidewalks on Long Hill Road, connecting senior housing area, library, church, and rail trail. A follow up grant to DEEP will be for a study to put in multi-use pathways to connect the town hall area to rail trails. Elementary school was selected to decorate state tree in Washington DC.

**Willington** E. Wiecenski reported that a Subway and a pizza restaurant will be opening in the Love's Truck stop.

**Coventry** J. Elsesser reported that a Trails Grant has been submitted to connect Coventry to Andover. Lots of road projects are underway. A sidewalk will be rebuilt on South Street roundabout. Zoning regulations are being changed to allow a dentist office and surgical center to be brought into Coventry.

## **Subcommittee Reports**

### **Finance Committee – Financial Report for the period ending 9/30/2021**

R. Miller presented an overview of the financial report. The Finance Committee met on 11/29/2021 and reviewed and accepted the report.

### **Director's Report**

#### **COVID-19 Response Activities Update**

R. Miller provided an update on some of the activities with which the health district is involved with an overview of the surveillance activities. R. Miller noted case counts are up significantly.

E. Wiecenski expressed concern regarding the vaccination percentage for 18-24 year olds. R. Miller noted that this number does not include the UConn student population that was vaccinated in their home towns.

R. Miller is actively working on bringing more testing resources to the district.

R. Miller noted that he has 2 candidates for the Public Health Nurse Vacancy.

R. Miller reported that the vaccine campaign has expanded to include 5-11 year olds. EHHD continues to have weekly smaller scale pediatric clinics as well as continuing booster clinics for adults.

R. Miller informed the board that EHHD held Influenza vaccine clinics this season.

Homebound vaccination continues and the district continues to leverage the Griffin Health Vaccination vans to bring additional vaccination opportunities to the area.

**Adjournment**

MOTION made by T. Nuccio, seconded by M. Walter to adjourn at 6:00pm. MOTION PASSED unanimously.

Respectfully submitted,

Robert Miller

Secretary



Eastern Highlands Health District

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

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## PUBLIC HEARING NOTICE

### **Proposed FY 22/23 Operating Budget & CNR Budget**

The Eastern Highlands Health District Board of Directors will hold the following public hearing on 1/20/2022 at 4:30PM via a web-based virtual meeting to hear the public comments regarding the *Eastern Highlands Health District Proposed Fiscal Year 22/23 Operating and Capital Non-recurring Budgets*.

In accordance with PA 21-2 §149 and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting will be held virtually. The public may join the meeting via telephone. *If you plan to join the meeting via phone, please email Millie Brosseau at [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or call 860-429-3325 for the call in information.*

Written comments will be received up to the close of the hearing and can be emailed to [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org).

The *Eastern Highlands Health District Proposed Fiscal Year 22/23 Operating and Capital Non-recurring Budget documents* can be accessed at [www.ehhd.org](http://www.ehhd.org), or by requesting the documents by emailing [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org).

No information from the public shall be received after the close of the Public Hearings.

Robert L. Miller  
Director of Health  
Eastern Highlands Health District

# Surgery for Mayfield | Bruins top Devils

860-423-8466 x3001

classified@thechronicle.com

## Classifieds



### Legal Notice

### Legal Notice

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#### PUBLIC HEARING NOTICE Proposed FY 22/23 Operating Budget & CNR Budget

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Robert L. Miller  
Director of Health  
Eastern Highlands Health District

#### Legal Notice

#### NOTICE OF WINDHAM DEMOCRATIC CAUCUS

To enrolled members of the Democratic Party of the Town of Windham, Connecticut Pursuant to the Rules of the Democratic Party and State election laws, you are hereby notified that a caucus will be held on: January 10, 2022, at 7:00 PM, at Bellingham Auditorium, Windham Town Hall, 979 Main Street, Willimantic, CT to endorse candidates for the Democratic Town Committee and to transact other business as may be proper to come before said caucus. Dated at Windham, Connecticut, on the 4th of January, 2022  
Democratic Committee of Windham, CT.

Leslie O'Brien, Chairperson

#### Legal Notice

The Republican electors of Columbia are hereby notified to meet on January 11, 2022 at 7:00 pm at Beckish Senior Center to endorse candidates for the 2022-2024 Republican Town Committee and to transact any other business to come before the caucus.  
Kelley Peck, Chairman

### Help Wanted

## MOTOR ROUTES EARN UP TO \$300 MONTH WORKING 1 DAY A WEEK

Independent Contractor  
Must have reliable vehicle  
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Deliver by Thursday  
Local Routes  
If Interested email:  
delivery@thechronicle.com

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### NBA

and DE Bryce Huff on injured reserve. Placed TE Dan Brown on the practice squad injured reserve.  
PHILADELPHIA EAGLES — Reinstated CB Craig James and WR John Hightower from the practice squad reserve/COVID-19 list.  
PITTSBURGH STEELERS — Reinstated WRs Anthony Miller, Steven Sims and Tyler Vaughns from the practice squad reserve/COVID-19 list. Released P Cameron Nizialek and K Sam Sloman from the practice squad.  
SAN FRANCISCO 49ERS — Signed CB Darqueze Dennard to the practice squad.  
SEATTLE SEAHAWKS — Placed RB Alex Collins on injured reserve. Promoted RB Josh Johnson to the active roster. Reinstated CB Bless Austin from reserve/COVID-19 list. Placed DB Gavin Heslop on the reserve/COVID-19 list.  
TENNESSEE TITANS — Waived CB Chris Jones and LB Joe Jones. Released DBs Shyheim Carter and Rodney Clemons and WR Golden Tate. Placed LB Monty Rice on the reserve/COVID-19 list.

### High Schools

Winnipeg 3, Arizona 1  
Anaheim 4, Philadelphia 1  
Nashville 3, Vegas 2  
Washington at Montreal, ppd  
N.Y. Islanders at Seattle, ppd  
**Today's Games**  
Edmonton at Toronto, 7 p.m.  
St. Louis at Pittsburgh, 7:30 p.m. (TN)  
N.Y. Islanders at Vancouver, ppd  
**Thursday's Games**  
Calgary at Tampa Bay, 7 p.m.  
Columbus at New Jersey, 7 p.m.  
Minnesota at Boston, 7 p.m. (ESPN, N)  
Pittsburgh at Philadelphia, 7 p.m.  
San Jose at Buffalo, 7 p.m.  
Toronto at Montreal, ppd  
Florida at Dallas, 8:30 p.m.  
Chicago at Arizona, 9 p.m.  
Winnipeg at Colorado, 9 p.m.  
Detroit at Anaheim, 10 p.m.  
N.Y. Rangers at Vegas, 10 p.m.  
Ottawa at Seattle, ppd  
Nashville at Los Angeles, 10:30 p.m.



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### TAG SALES

#### Tag Sales

COLUMBIA 2 Roses Bridge Rd. The former John's Scrap will be holding a tag sale the week of Jan 3-9, 2022, 8-3. Many tools, useful items.

### REAL ESTATE FOR RENT

#### Unfurnished To Rent

WILLIMANTIC Ives St.  
1 Br, new, \$650/mo  
860-423-5551, 860-465-6171 after 10 am

**PUBLIC NOTICE**

**PUBLIC NOTICE  
NOTICE TO CREDITORS  
ESTATE OF Norma J. Longo,  
AKA Norma Longo, AKA  
Norma Jane Longo  
(21-0797)**

The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated December 30, 2021, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Kelsey M. DiMauro, Assistant Clerk

The fiduciary is:

Michael W. Longo



**For home  
delivery**

**Call  
Circulation  
Department**

**860-643-8111**

**800-237-3606**

**360 JEWELRY**

**JEWELRY ARMOIRE:** standing tilting full mirror white locks 48x14 1/2w \$75 860-926-4080

**362 LAWN & GARDEN**

**CANOPY** Used 1 once 2" metal legs 8 legs 12'x20' \$160. w/ manual 860-436-7198

**LADDER:** 16 foot wooden, heavy duty ladder. ONLY \$125 Call 860-649-8821

**LADDER:** 16ft aluminum ladder \$35. 860-377-5430

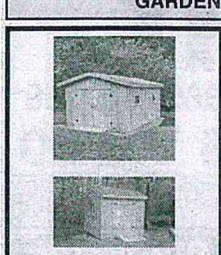
**ROSE OF SHARON PLANTS** Come and dig. Free Call 860-742-1912

**CLASSIFIED  
646-7767**

**CLASSIFIED**

January 5, 2022

**362 LAWN & GARDEN**



**SHED** any wood structure we can build. All lumber is full size lumber, base prep inc on all buildings heavy duty buildings On site saw milling call for pricing 860-228-2003 ctshedsbuiltonsite.com

**CLASSIFIED**

**368 MACHINERY & TOOLS**

**AIR COMPRESSOR** portable electric 5hp seldom used \$250. 860-890-6483 Call only no text

**CHIMNEY BRUSH:** 12" square wire with fiberglass rods \$15. 860-267-1286

**GENERATOR:** 4000 Watts, propane fueled, very clean, \$300 860-424-7598

**GENERATOR:** Coleman 1750 watt \$300. 860-978-9644

**GENERATOR:** Sears Briggs Stratton engine small for camp or home \$250. 860-978-9644

**INTERIOR TOOL SHELVES** for Ford van Both sides very good cond \$225 860-424-7598

**TOOL BOX:** 3 Draw Craftsman Tool Box \$ 25.00 Please call 860-499-8056.

**370 MEDICAL EQUIPMENT**

**WALKER, NECK SUPPORT, STRETCHER**  
**646-7767**

**378 PETS & SUPPLIES**



Four year old Gotti is very much a people person! Snuggle time with his humans is his absolute favorite and hes even been known to climb a leg to perch on a shoulder! Hes as gentle as he is loving a very sweet boy! Gotti has a playful side too and very fond chasing crinkle balls. He is currently living with other animals but

**378 PETS & SUPPLIES**



**Gender:** Female  
**Breed:** Domestic Short Hair  
**Color:** Grey Tabby  
**Age:** 2 years old

Smokey was recently rescued and gave birth to a litter of kittens, most of whom have been adopted. She came from a very stressful situation and shows some residual trauma. Smokey is taking time to acclimate to her new surroundings and Cat Tales is giving her time to adjust so they can fully understand her true personality. She enjoys being petted.

**800-237-3606**

**378 PETS & SUPPLIES**



**Gender:** Females (Sisters)  
**Breed:** Domestic Med & Long Hair  
**Color:** Black  
**Age:** 2 years old

Lily and Rosie are beautiful, medium and long haired, bonded sisters looking to be adopted together. Rosie is the shy one and Lily is a bit more outgoing but both love to be brushed and will nuzzle and purr when someone spends time grooming their gorgeous gray fur. Lily loves little toys and is talkative! Rosie has a unique little bend in her tail. While Rosie is FIV+, with proper care she can live as long as any other cat. They are looking for a home with a TV JVC old style 20" \$25. Call 860-649-8821

**392 TV'S, VCR'S & STEREOS**

**TV:** Visio flat screen plays Blu Ray 47" with Mintec dvd player \$250. 860-649-8821

**396 WANTED TO BUY**

**"ALWAYS BUYING CASH PAID VINTAGE, ELECTRONICS, AMPS, MUSICAL INSTRUMENTS, GUITARS, RADIOS, HAM EQ, CB, VAC TUBE AUDIO, RECEIVERS, AUDIO EQ 860-707-9350.**

**"ANTIQUES ALWAYS BUYING** Cash paid one item or entire estate, clocks, military, cameras, watches, toys, posters, art, jewelry, signs & more. Call 860-718-5132.

**ANTIQUES & OLD STUFF** Buying bottles, crocks jugs, pottery, costume jewelry, 5-6" Never used \$200 860-247-4645

**PUBLIC NOTICE  
PUBLIC HEARING NOTICE  
Proposed FY 22/23 Operating Budget & CNR Budget**

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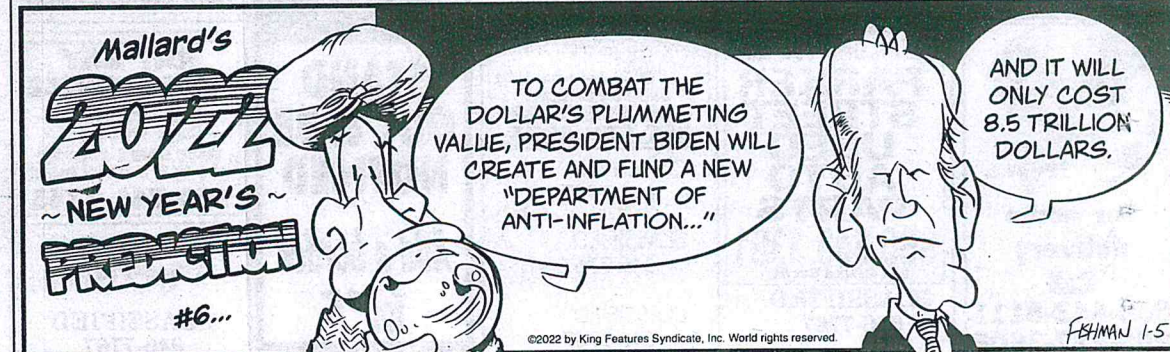
Robert L. Miller  
Director of Health  
Eastern Highlands Health District

Journal Inquirer  
January 5, 2022

**DOONESBURY by Gary Trudeau**



**MALLARD FILLMORE by Bruce Tinsley**







Eastern Highlands Health District

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

## Memorandum

**To:** Board of Directors  
**From:** Robert L. Miller, MPH, RS, Director of Health  
**CC:** Charmaine Bradshaw-Hill, Chief Financial Officer  
**Date:** 12/6/2021  
**Re:** Proposed Operating Budget and CNR Budget

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### Proposed Fiscal Year 2022/2023 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2022/2023. The proposal incorporates an expenditure increase of \$22,663 or 2.4%. The total budget has increased from \$939,534 to \$962,197. The member town contribution rate increased by 2.9% from \$5.685 to \$5.85 per capita (The average FY21/22 member town contribution rate for contiguous health districts is \$7.08).

### Primary Budget Drivers

The primary issues driving the fiscal year 2022/2023 budget are a proposed increase in the staff salary account appropriation, and a corresponding increase in the benefits. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 1.3%. The increase accommodates merit and new pay range increases for eligible staff.
2. A **Benefits** expenditure increase of 3.1%. The increase accommodates corresponding increases in basic benefits, a 3.9% place holder increase in the medical insurance line item.
3. A decrease of 0.8% in the appropriation from the adopted amended FY21/22 figure is proposed for the **state grant – in - aid**. The state appropriated, and we have received, 100% of the FY21/22 adopted amended revenues for this line. At this time, we are anticipating level funding into FY22/23 for local health departments.
4. A total member **town contribution** increase of 2.1%. This includes a per capita rate increase of 2.9%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 2.3%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY22/23.
6. An **appropriation from fund balance** of \$38,577 is proposed to balance the budget. This appropriation is an increase of \$8,919 as compared to the FY21/22 adopted amended budget.

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Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington

7. An increase of 1.5% in **grant deductions** for regular staff salary and benefits is anticipated.
8. An increase in **operational expenditures** of 4.4%. This increase is due primarily to Other Purchased Services to address a fee increase associated with our online permit tracking/payment software,
9. An increase in **Transfers Out of CNR** of \$3,000. This is consistent with the 5 year roll forward plan for the CNR.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY22/23					
		Adopted Amended 21/22	Proposed 22/23	Change	Percent
<b>Revenues</b>					
	State Grant in Aid	\$ 208,106	\$ 206,500	\$ (1,606)	-0.8%
	Town contributions	\$ 455,040	\$ 464,620	\$ 9,580	2.1%
	Fees for Service	\$ 246,730	\$ 252,500	\$ 5,770	2.3%
	Appropriation of Fund Balance	\$ 29,658	\$ 38,577	\$ 8,919	30.1%
	<b>Total</b>	<b>\$ 939,534</b>	<b>\$ 962,197</b>	<b>\$ 22,663</b>	<b>2.4%</b>
<b>Expenditures</b>					
	Grant Deductions	\$ (62,586)	\$ (63,514)	\$ (928)	1.5%
	Salaries	\$ 640,670	\$ 648,735	\$ 8,065	1.3%
	Benefits	\$ 254,565	\$ 262,336	\$ 7,771	3.1%
	Operations	\$ 106,885	\$ 111,640	\$ 4,755	4.4%
	Transfers Out to CNR	\$ -	\$ 3,000	\$ 3,000	
	<b>Total</b>	<b>\$ 939,534</b>	<b>\$ 962,197</b>	<b>\$ 22,663</b>	<b>2.4%</b>

**Highlighted below is additional narrative for selected account proposals for FY22/23**

**Revenues**

- **State Grant – in – Aid.** This line item decreases 0.8% with a total proposed appropriation of \$206,500. This is based on flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY22/23 at this time.
- **Town Contributions.** A total combined increase of \$9,580, or 2.1% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.9%, plus changes in the population estimates provided by DPH. Population estimates have declined by 618 individuals. Individual town contribution changes can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.
- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$5,770, or 2.3%. While still early in the year, FY21/22 year to date fee revenue aggregate is at approximately the same revenue level this time last fiscal year. This proposed revenue estimate is based on revenue projection for the current

fiscal year can be found on page 10. This estimate also include estimated revenue for the new cosmetology inspection program. No changes in the previously adopted fee schedule is proposed. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of \$38,577 is proposed in this budget. This is an increase of 30.1% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2023 will be 53% of the FY22/23 operating expenditures. (See page 4 for the GF roll forward report for FY22/23.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

### Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 1.5% in grant deductions. This includes grants awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated for FY22.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$8,065, or 1.3%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 3.0% merit increase for eligible regular staff. The appropriation will also accommodate newly approved pay ranges that will increase wage rates for five (5) regular staff, effective July 1<sup>st</sup>, and reflects a reduction in wages in one position as a result of staff turnover.
- **52105 Medical Insurance.** The total increase anticipated is \$5,840, or 3.9%. This is a place holder figure provided by the Mansfield Finance Department that reflects a conservative 17% increase in premiums, and changes in staff enrollment. The final figure is not yet available.
- **53960 Other Purchased Services.** A total increase of \$2,125, or 11.6% is proposed. This is a contractual payment increase to our vendor that provided the upgrade to our online permit application and payment software.
- **53964 Voice Communications.** A total increase of \$1,050 is due to a change in eligible grant expenditures. The annual cost of our staff/volunteer emergency notification system is no longer an eligible grant expense.
- **56302 Administrative Overhead.** A total increase \$1,230, or 4.1% is proposed. This is a contractual payment increase to the Town of Mansfield for accounting, financial reporting, HR, and IT services.
- **58410 Capital Nonrecurring Fund transfer.** A total increase of \$3,000 is proposed. This is consistent with our roll forward CNR fund five projection (See page 14).

### Proposed FY 22/23 Capital Nonrecurring Budget Narrative (See Page 14)

#### Revenues

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund. This appropriation is consistent with our 5 year CNR roll forward plan.
- **Equity Fund Transfer.** \$125,000 as recommended by the Finance Committee. This transfer is the first of two, which are earmarked to fund main office relocation and renovation project, digitizing records project, and support increase in funds for fleet vehicle replacement and CHA/CHIP initiative.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$3,000 from the surplus sale of one fleet vehicle.

## **Expenditures**

- **Automobiles.** An expenditure of \$20,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.

## **Recommendation**

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 29, 2021 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 20, 2022 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2022/2023 Operating Budget, Capital non-recurring budget, as presented on December 9, 2021.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2022 – 2023**

**Board of Directors Meeting**

**December 9, 2021**

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# Eastern Highlands Health District Budget Presentation FY 22/23

Vision – Healthy people, healthy communities...healthier future.

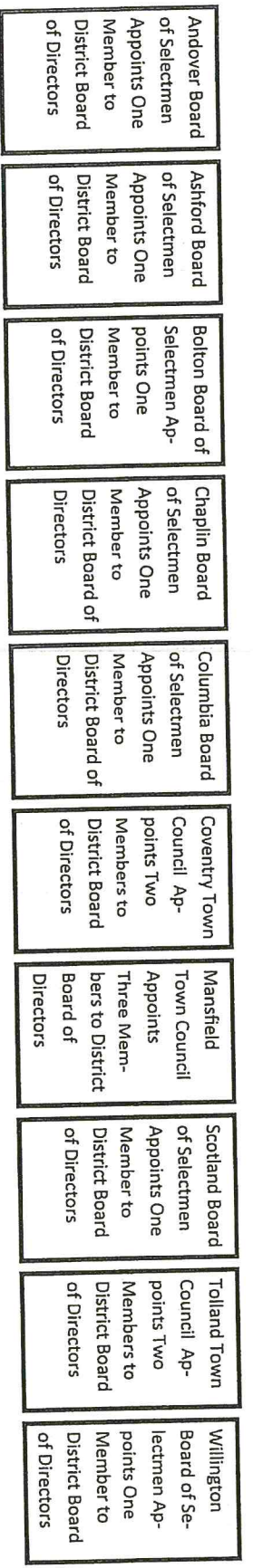
Mission Statement – Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment.

## AGENCY SUMMARY AND AUTHORITY

The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 79,423.

The District is a governmental entity authorized under Connecticut statutes for the purpose of providing local public health services. The governing authority is by a Board of Directors and the Director of Health, who acts as an agent of the State Commissioner of Public Health for the purpose of enforcing the Public Health Code.

The District services include regulatory activities in the area of environmental health, including septic system inspection and approval; well and water quality monitoring; food service; lead investigations; radon, bathing water monitoring; and public health complaint investigations. Preventing epidemics is a critical service, which includes communicable disease control involving disease surveillance and outbreak investigation. Through grants and other alternative funding, the District is expanding the number of programs it provides on a variety of public health topics that affect membership communities, such as cardiovascular health, cancer prevention and emergency preparedness. Other public health functions conducted by the District include data collection, analysis and health planning activities.

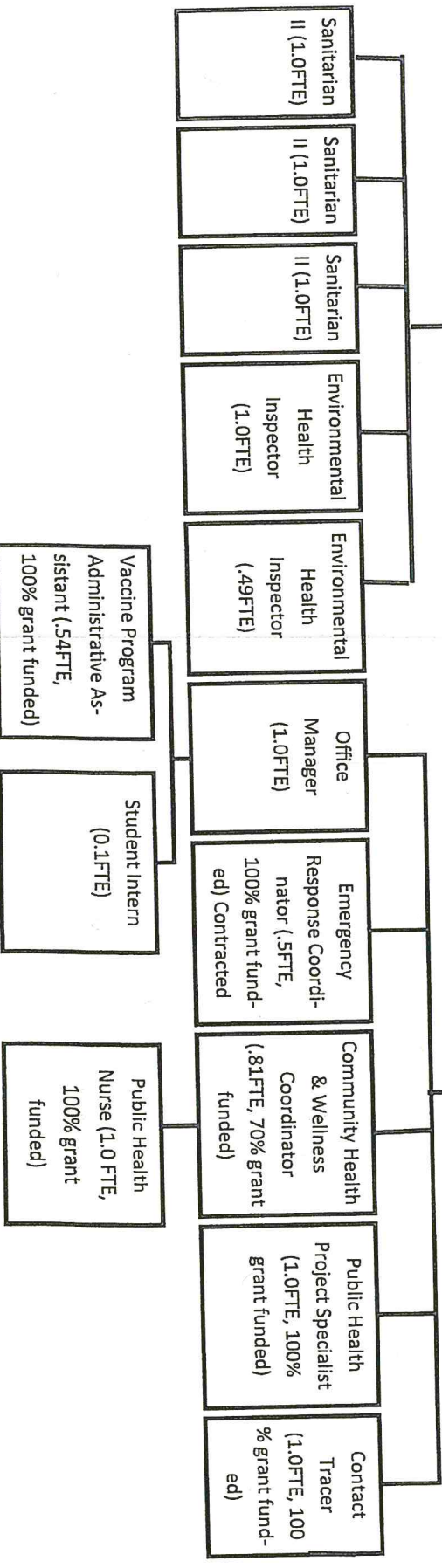


EHHH Board of Directors 14 Members

Director of Health

Medical Advisor

Chief Sanitarian (1.0FTE)





### **Fiscal Year 2022/2023 Budget Calendar**

Finance Committee Budget Meeting	November 29, 2021
Finance Committee Budget Meeting	December 9, 2021 (If needed)
Budget Presentation to Board	December 9, 2021
Deadline for final budget estimates per By Laws	January 1, 2022
Fiscal Year 2022/2023 Budget Public Hearing	January 20, 2022 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2022
Adoption of Budget	February 17, 2022 (If needed)

EASTERN HIGHLANDS HEALTH DISTRICT  
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE

Roll Forward FY 2022/23

Actual	Actual	Actual	Actual	Actual	Actual	Amended	Estimated	Proposed	Projected	Projected	Projected	Projected	Projected	Projected
15/16	16/17	17/18	18/19	19/20	2021	21/22	21/22	22/23	23/24	24/25	25/26	26/27	27/28	27/28
405,820	423,080	429,282	429,260	437,600	457,535	455,040	455,040	464,620	476,236	488,141	500,345	512,854	525,675	525,675
142,234	133,164	149,985	133,327	134,429	136,253	208,106	208,106	206,500	206,500	206,500	206,500	206,500	206,500	206,500
212,942	224,874	234,393	257,937	270,007	295,597	246,730	246,730	252,500	260,075	267,877	275,914	284,191	292,717	292,717
	800													
760,996	781,918	813,660	820,525	842,036	889,185	909,876	909,876	923,620	942,811	962,519	982,758	1,003,545	1,024,892	1,024,892

Expenditures:	Salaries & Benefits	Insurance	Professional & Technical Services	Other Purchased Services & Supplies	Equipment	Sub-total Expenditures
644,630	686,253	691,797	658,453	670,270	663,241	827,849
15,607	15,599	14,351	13,870	13,870	14,603	14,800
13,162	47,455	46,954	45,014	64,822	47,766	49,985
46,162	11,713	15,879	24,092	26,087	42,987	43,300
762	300	1,612	1,401	945	2,774	3,600
720,323	761,320	771,841	743,311	775,994	771,370	939,534
			3,000	3,000	3,000	
						128,000
						125,000
						9,000
						12,000
						15,000
						18,000

Operating Transfers Out	Total Expenditures and Operating Transfers Out	Excess/(Deficiency) of Revenues over Expenditures	Fund Balance, July 1	Fund Balance, June 30
720,323	761,320	771,841	746,311	778,994
			74,214	63,042
			358,082	432,296
			495,338	495,338
			610,153	610,153
			610,153	610,153
			580,495	416,918
			256,785	214,677
			171,776	171,776
			128,278	128,278
			584,381	584,381

Assumptions:	Member Town Increase of 2.5% per year	State Grant-in-Aid: held flat each year after	Service Fee revenue increase of 3% annually	Salary & Benefit increases of 2% per year	Grant Deduction line for salaries held flat at \$58,000 per year starting FY22 (per Rob \$58,244 in FY2024)	Professional & Technical increase of .5% per year	Purchased Services increase of .5% per year
Expenditures per Above	746,311	778,994	774,370	939,534	939,534	1,087,197	1,102,943
Grant Deduction	80,234	156,240	156,240	62,586	62,586	63,514	63,514
Total Expenditures	826,545	935,234	930,611	1,002,120	1,002,120	1,150,711	1,166,457
FB as a % of Total Exp	52.30%	52.96%	65.56%	57.93%	57.93%	36.23%	22.01%
						20.10%	15.77%
						1.110,557	1,110,557
						1,132,302	1,132,302
						745%	745%

**Eastern Highlands Health District**  
**Summary of Revenues and Expenditures for FY22/23**

**Fund: 634 Eastern Highlands Health District**  
**Activity: 41200**

Object	Description	Adopted		Proposed	%	Dollar
		Amended	Estimated	Budget		
		21/22	21/22	22/23	change	change
<b>Revenues:</b>						
40220	Septic Permits	48470	48470	48,950	1.0	480
40221	Well Permits	14400	14400	12,590	(12.6)	(1,810)
40491	State Grant-In-Aid	208106	208106	206,500	(0.8)	(1,606)
40630	Health Inspec. Service Fees	3500	3500	3,500	-	-
40633	Health Services-Bolton	27770	27770	28,480	2.6	710
40634	Health Services-Coventry	70530	70530	71,590	1.5	1,060
40635	Health Services-Mansfield	144890	144890	151,420	4.5	6,530
40636	Soil Testing Service	33740	33740	48,830	44.7	15,090
40637	Food Protection Service	80000	80000	80,000	-	-
40638	B100a Review	33540	33540	18,480	(44.9)	(15,060)
40639	Engineered Plan Rev	27880	27880	28,150	1.0	270
40642	Health Services - Ashford	24190	24190	24,480	1.2	290
40643	Health Services - Willington	33340	33340	32,570	(2.3)	(770)
40646	GroupHome/Daycare inspection	1200	1200	1,200	-	-
40647	Subdivision Review	1500	1500	1,500	-	-
40648	Food Plan Review	2500	2500	2,500	-	-
40649	Health Services - Tolland	83100	83100	85,130	2.4	2,030
40685	Health Services - Chaplin	12730	12730	12,520	(1.6)	(210)
40686	Health Services - Andover	18400	18400	18,420	0.1	20
40687	Health Services - Columbia	30580	30580	30,790	0.7	210
40688	Health Services - Scotland	9510	9510	9,220	(3.0)	(290)
	Cosmotology Inspections	0	0	6,800	-	6,800
40999	Appropriation of Fund Balance	29658	29658	38,577	30.1	8,919
	<b>Total Revenues</b>	<b>939,534</b>	<b>939,534</b>	<b>962,197</b>	<b>2.4</b>	<b>22,663</b>
<b>Expenditures:</b>						
51050	Grant deductions	(62,586)	(62,586)	(63,514)	1.5	(928)
51601	Regular Salaries - Non-Union	640,670	640,670	648,735	1.3	8,065
52001	Social Security	40,055	40,055	40,560	1.3	505
52002	Workers Compensation	10,150	10,150	11,000	8.4	850
52007	Medicare	9,368	9,368	9,485	1.2	117
52010	ICMA (Pension)	33,440	33,440	33,354	(0.3)	(86)
52103	Life Insurance	2,390	2,390	2,830	18.4	440
52105	Medical Insurance	150,770	150,770	156,610	3.9	5,840
52117	RHS	2,320	2,320	2,400	3.4	80
52112	LTD	672	672	697	3.7	25
52203	Dues & Subscriptions	2,100	2,100	2,100	-	-
52220	Vehicle allowance	5,400	5,400	5,400	-	-
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,495	7,495	7,845	4.7	350
53122	Legal	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	2,500	2,500	2,500	-	-
53801	General Liability	14,800	14,800	14,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	18,350	18,350	20,475	11.6	2,125
53964	Voice Communications	3,800	3,800	4,850	27.6	1,050
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,500	2,500	2,500	-	-
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	30,090	30,090	31,320	4.1	1,230
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	3,000	na	3,000
58410	Capital Nonrecurring Fund	-	-	-	-	-
	<b>Total Expenditures</b>	<b>939,534</b>	<b>939,534</b>	<b>962,197</b>	<b>2.4</b>	<b>22,663</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits  
Proposed estimate: **\$48,950**

40221 Well Permits  
Proposed estimate: **\$12,590**

40491 State Grant-in-aid	<u>Population 2020</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,149	2.60	8,187
Ashford	4,185	2.60	10,881
Bolton	4,868	2.60	12,657
Chaplin	2,141	2.60	5,567
Columbia	5,263	2.60	13,684
Coventry	12,238	2.60	31,819
Scotland	1,576	2.60	4,098
Tolland	14,552	2.60	37,835
Mansfield	25,883	2.60	67,296
Wilmington	5,568	2.60	14,477
<b>Total</b>	<b>79,423</b>		<b>\$206,501</b>

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,868	\$ 5.850	\$28,480	\$710	2.56

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,238	\$ 5.850	\$71,590	\$1,060	1.50

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
25,883	\$ 5.850	\$151,420	\$6,530	4.51

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,185	\$ 5.850	\$24,480	\$290	1.20

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,552	\$ 5.850	\$85,130	\$2,030	2.44

40643 Health Services - Wilmington

<u>Wilmington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,568	\$ 5.850	\$32,570	(\$770)	-2.31

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,141	\$ 5.850	\$12,520	(\$210)	-1.65

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,149	\$ 5.850	\$18,420	\$20	0.11

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,263	\$ 5.850	<b>\$30,790</b>	<b>\$210</b>	<b>0.69</b>

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,576	\$ 5.850	<b>\$9,220</b>	<b>(\$290)</b>	<b>-3.05</b>

40630 Health Inspection Service Fees  
Proposed estimate: **\$3,500**

40636 Health Services - Soil Testing  
Proposed estimate: **\$48,830**

40637 Food Protection Service  
Proposed estimate: **\$80,000**

40638 B100a (Public Health Review)  
Proposed estimate: **\$18,480**

40639 Plan Review Engineered Design  
Proposed estimate: **\$28,150**

40645 Plan Review Non-engineered Design  
Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections  
Proposed estimate: **\$1,200**

40647 Subdivision Review  
Proposed estimate: **\$1,500**

40648 Food Plan Review  
Proposed estimate: **\$2,500**

40890 Cosmetology Inspections **\$6,800**

40999 Appropriation of Fund Balance **\$ 38,577**

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

**BUDGET FIGURE IN BOLD ITALICS**

Expenditures:

51601 Regular Salaries - Non-Union

	FY 22/23 Proposed	FY 22/23 FTE	FY 22/23 Grant deduct	FTE
	646,585	8.35	54,629	0.84
Longevity/bonus	<u>\$2,150</u>			
<b>Total Salaries</b>	<b>\$648,735</b>			

	<b>Salary Deductions</b>	54,629
	<b>Benefit Deductions</b>	<u>8,885</u>
51050 Grant Deductions	<b>Total Grant Deductions</b>	<b>\$ 63,514</b>

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
648,735	\$40,556

52002 Workers compensation

Estimated Premium	\$11,000
(Estimated increase due to material increase in staffing from COVID response)	

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 648,735	\$9,485

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	613,585
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	<b>Total 33,363</b>

52103 Life Insurance	Proposed estimate: \$2,834
52105 Medical Insurance	Proposed estimate: \$156,610
52117 RHS Contribution	Proposed estimate: \$2,400
52112 LTD	Proposed estimate: \$697
52203 Dues & Subscriptions	Proposed estimate: \$2,100
52210 Training	Proposed estimate: \$3,500
52212 Mileage Reimbursement	Proposed estimate: \$600
52220 Vehicle Allowance	\$5,400
53120 Professional and Technical Services	
	Medical advisor stipend 5500
	website license/hosting 1470
	Survey monkey 375
	Lead XRF inspection 500
	<b>Total \$7,845</b>
53122 Legal Services	Proposed estimate: \$3,000
53125 Audit Expense	Proposed estimate: \$6,900
53303 Vehicle Maintenance and Repair	Proposed estimate: \$2,500

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

Coverage by CIRMA:  
General Liability, Auto liability, Professional and Public Official Liability

Estimated premium: **\$14,800**

53924 Advertising

Proposed estimate: **\$1,000**

53925 Printing and Binding

Proposed estimate: **\$1,150**

53926 Postage

Proposed estimate: **\$1,500**

53940 Copier Maintenance

Proposed estimate: **\$1,000**

53960 Other Purchased Services

Proposed estimate: **20,475** (Viewpermit contract)

---

53964 Voice Communications

Proposed estimate: **\$4,850** (cell/ipad data + Code red)

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

Proposed estimate: **\$2,000**

54601 Gasoline

Proposed estimate: **\$2,500**

55420 Office equipment

Maintenance and replacement **\$3,000** (3 PC replacements)

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$31,320** (Sept 19 to Sept 20 -CPI, 4.1%)  
This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

56312 Contingency

**\$0**

58410 Capital Nonrecurring Fund

**\$3,000**

Analysis of Service Fee Revenues

REVENUE PERFORMANCE	Actual																		Adopted	Received	Received	Estimated
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019-2020	2020-2021	2021-2022				
40220 Septic Permits (New and repair permits)	40,750	56,765	43,865	31,410	26,160	31,000	26,100	29,298	28,455	31,845	31,655	31,285	34,400	43,880	51,445	49,133	61,170	48,470	16,880	15,060	48,945	48,945
40221 Well Permits	14,120	23,205	19,890	22,995	11,280	18,775	13,904	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,955	10,690	22,395	14,400	9,335	3,975	12,594	12,594
40630 Health Inspection Services (Other Inspections & services)	12,325	0	14,948	28,43	32,928	21,273	5,875	14,133	14,621	1,857	3,318	5,375	13,716	3,993	3,210	9,151	5,244	3,500	1,229	188	3,500	3,500
40636 Health Services - Soil Testing (Test Holes & Perc Tests)	73,880	73,780	60,140	46,805	32,229	37,610	33,330	31,475	33,590	32,380	32,865	39,710	33,585	41,775	40,980	49,490	46,388	33,740	11,933	13,950	48,825	48,825
40637 Food Protection Services (License fees)	24,573	25,735	29,700	37,973	41,307	37,630	41,583	48,930	55,060	57,798	60,088	61,743	66,413	71,389	83,961	79,718	78,455	80,000	3,827	6,475	80,000	80,000
40638 B100a Review (Public health review)	19,595	25,970	22,235	23,420	21,605	22,930	21,880	20,770	24,790	26,005	24,810	29,225	30,040	27,470	29,445	33,890	38,175	33,540	10,320	6,160	18,480	18,480
40639 Engineered Plan Review	14,380	25,805	21,455	11,865	10,000	17,130	13,500	13,220	9,585	10,380	8,695	8,905	7,290	8,175	29,535	32,860	36,575	27,880	9,250	8,660	28,145	28,145
40645 Nonengineered Plan Review	4,605	3,235	6,615	7,635	5,720	6,265	5,805	6,560	10,575	13,500	12,670	14,205	15,620	18,585	80							
40646 Group Home / Daycare Insp.	940	1,022	1,175	1,740	955	695	1,400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	880	1,200	110	330	980	1,200
40647 Subdivision Review	24,530	6,455	7,965	9,705	4,225	23,40	3810	2,585	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,375	2,640	1,500	675		1,500	1,500
40648 Food Plan Review	1,380	2,050	2,040	2,485	2,747	5,500	5,027	2,651	4,841	3,075	3,220	3,780	3,035	2,670	4,290	2,481	3,475	2,500		1,285	655	2,500
40890 Cosmetology (Other)																						6,800
<b>Total</b>	<b>330,758</b>	<b>243,722</b>	<b>229,848</b>	<b>198,839</b>	<b>189,156</b>	<b>200,588</b>	<b>172,014</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>	<b>183,818</b>



Adopted Fee Schedule  
FY 20/21

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY18/19	Adopted FY 19/20	Adopted FY 20/201
<b>Food Service Fees*</b>						
Application Review**	\$85	\$90	\$95	\$95	\$95	\$95
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	\$175
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	\$245
Class I License	\$120	\$125	\$125	\$125	\$125	\$135
Class II License	\$160	\$165	\$165	\$255	\$255	\$255
Class III License	\$240	\$245	\$255	\$355	\$355	\$355
Class IV License	\$330	\$340	\$355	\$380	\$380	\$380
Grocery Store > 10,000ft <sup>2</sup> - Class II&III				\$420	\$420	\$420
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	\$65
Temporary Permit - samples only		\$30	\$30	\$30	\$30	\$30
Expedited Temp food permit application review***				\$20	\$20	\$20
Late License renewal (plus app fee)/operating without License				\$200	\$200	\$200
CFM Process Fee (No CFM in place)				\$50	\$50	\$50
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	\$120
2 <sup>nd</sup> Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135
<b>Subsurface Sewage Disposal</b>						
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190
Permit - Construction by owner occupant				\$275	\$275	\$275
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	\$350
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	\$460
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	\$60
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	\$40
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	\$60
<b>Soil Testing</b>						
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	\$90
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	\$30
<b>Public Health &amp; Subdivision Reviews</b>						
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	\$70
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	\$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	\$40
<b>Miscellaneous</b>						
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	\$115
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	\$130
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	\$75
Pool Inspection	\$75	\$80	\$100	\$105	\$105	\$105
Private well Water Treatment Waste disposal plan review					\$50	\$50
Cosmotology Permit/Inspectio	\$3					\$25
Cosmotology Permit/Inspection - One or two chairs					\$80	\$100
Cosmotology Permit/Inspection - Three chairs or more					\$150	\$150
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125
<b>Farmers Market Food Vendor Seasonal License Categories</b>						
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	\$60
Non-farmer Food Vendor License - Cold samples only						
One market location	\$30	\$35	\$35	\$40	\$75	\$75
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation						
One market location	\$45	\$50	\$50	\$75	\$90	\$90
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	\$220

\* License application fees waived for non-profit and municipal entities. Late fees and re-inspection fees still apply.

All food service fees apply to public school food operations.

\*\*This fee will be deducted against the total plan review fee

\*\*\*Application of expedited review fee is subject to written policy established by the Director

\*\*\*\*Application of this service fee is subject to written policy established by the Director.

TABLE A

FY22 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

Food Protection(3)	EHHD Current FY2022	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct Median		Eastern Ct Average		ALL CT HD Median		ALL CT HD Average		5% Increase 10% Increase 15% Increase 20% Increase				
		Median	Average	Median	Average	Median	Average	Median	Average	Median	Average							
Class I License	\$ 135	\$ 150	\$ 145	\$ 150	\$ 200	\$ 143	\$ 223	\$ 180	\$ 204	\$ 152	\$ 180	\$ 162	\$ 142	\$ 149	\$ 155	\$ 162		
Class II License	\$ 255	\$ 250	\$ 258	\$ 240	\$ 241	\$ 265	\$ 265	\$ 270	\$ 270	\$ 265	\$ 270	\$ 270	\$ 288	\$ 281	\$ 293	\$ 306		
Class III License	\$ 355	\$ 350	\$ 355	\$ 330	\$ 321	\$ 368	\$ 373	\$ 373	\$ 373	\$ 368	\$ 373	\$ 373	\$ 373	\$ 391	\$ 408	\$ 426		
Class IV License	\$ 380	\$ 350	\$ 389	\$ 350	\$ 348	\$ 403	\$ 403	\$ 400	\$ 400	\$ 403	\$ 400	\$ 400	\$ 399	\$ 418	\$ 437	\$ 456		
Temp event	\$ 65	\$ 150	\$ 215	\$ 150	\$ 58	\$ 60	\$ 66	\$ 66	\$ 66	\$ 60	\$ 66	\$ 66	\$ 68	\$ 45	\$ 75	\$ 78		
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144		
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162		
Plan review - Class I	\$ 175	\$ 185	\$ 185	\$ 200	\$ 223	\$ 180	\$ 204	\$ 204	\$ 204	\$ 180	\$ 204	\$ 204	\$ 184	\$ 193	\$ 201	\$ 210		
Plan review - Class II	\$ 175	\$ 185	\$ 185	\$ 200	\$ 223	\$ 180	\$ 204	\$ 204	\$ 204	\$ 180	\$ 204	\$ 204	\$ 184	\$ 193	\$ 201	\$ 210		
Plan review - Class III	\$ 245	\$ 245	\$ 240	\$ 250	\$ 250	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 257	\$ 270	\$ 282	\$ 294		
Plan review - Class IV	\$ 245	\$ 245	\$ 244	\$ 250	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 257	\$ 270	\$ 282	\$ 294		
Subsurface Sewage Disposal																		
Permit - new	\$ 220	\$ 220	\$ 216	\$ 175	\$ 202	\$ 175	\$ 202	\$ 175	\$ 220	\$ 152	\$ 175	\$ 220	\$ 231	\$ 242	\$ 253	\$ 264		
Permit - Major repair	\$ 190	\$ 165	\$ 185	\$ 150	\$ 161	\$ 150	\$ 161	\$ 150	\$ 169	\$ 150	\$ 161	\$ 169	\$ 200	\$ 209	\$ 219	\$ 228		
Permit - Minor repair	\$ 100	\$ 100	\$ 105	\$ 100	\$ 104	\$ 100	\$ 104	\$ 100	\$ 110	\$ 100	\$ 110	\$ 110	\$ 105	\$ 110	\$ 115	\$ 120		
Permit - Design flow >2000GPD	\$ 350	\$ 350	\$ 350	NA	\$ 104	NA	NA	NA	NA	NA	NA	NA	\$ 388	\$ 385	\$ 403	\$ 420		
Percolation Test(4)	\$ 200	\$ 220	\$ 187	\$ 165	\$ 172	\$ 158	\$ 169	\$ 169	\$ 169	\$ 158	\$ 169	\$ 169	\$ 210	\$ 220	\$ 230	\$ 240		
Deep Hole Test																		
each additional pit	\$ 30	\$ 55	\$ 63	\$ 75	\$ 65	\$ 75	\$ 67	\$ 67	\$ 67	\$ 65	\$ 67	\$ 67	\$ 32	\$ 33	\$ 35	\$ 36		
Subdivision Plan Review (per lot)	\$ 125	\$ 55	\$ 125	\$ 125	\$ 125	\$ 138	\$ 132	\$ 132	\$ 132	\$ 125	\$ 132	\$ 132	\$ 131	\$ 138	\$ 144	\$ 150		
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	\$ NA	NA	\$ NA	\$ 50	\$ 52	\$ 52	\$ 52	\$ 50	\$ 52	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48		
Plan review (per plan)	\$ 130	\$ 55	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 194	\$ 194	\$ 183	\$ 194	\$ 194	\$ 137	\$ 143	\$ 150	\$ 156		
Review plan revisions	\$ 40	\$ 130	\$ NA	NA	\$ NA	\$ 50	\$ 69	\$ 69	\$ 69	\$ 50	\$ 69	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48		
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72		
B100a - assessor structure	\$ 50	\$ 50	\$ 53	\$ 50	\$ 56	\$ 50	\$ 56	\$ 50	\$ 68	\$ 50	\$ 56	\$ 68	\$ 53	\$ 55	\$ 58	\$ 60		
B100a - addition/use change	\$ 70	\$ 65	\$ 60	\$ 65	\$ 61	\$ 68	\$ 84	\$ 84	\$ 84	\$ 68	\$ 84	\$ 84	\$ 74	\$ 77	\$ 81	\$ 84		
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72		
Misc																		
Well Permit	\$ 125	\$ 125	\$ 125	\$ 125	\$ 118	\$ 125	\$ 127	\$ 127	\$ 127	\$ 118	\$ 125	\$ 127	\$ 131	\$ 138	\$ 144	\$ 150		
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90		
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138		
Group Home Inspection	\$ 110	\$ 105	\$ 113	\$ 100	\$ 108	\$ 100	\$ 95	\$ 95	\$ 95	\$ 100	\$ 100	\$ 100	\$ 116	\$ 121	\$ 127	\$ 132		
Daycare Inspection	\$ 110	\$ 105	\$ 109	\$ 105	\$ 109	\$ 120	\$ 122	\$ 122	\$ 122	\$ 105	\$ 122	\$ 122	\$ 116	\$ 121	\$ 127	\$ 132		
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78		
Family Camp ground Inspection	\$ 130	\$ 125	\$ 124	\$ 120	\$ 119	\$ 110	\$ 116	\$ 116	\$ 116	\$ 110	\$ 116	\$ 116	\$ 137	\$ 143	\$ 150	\$ 156		
Pool Registration/Inspection	\$ 105	\$ 105	\$ 119	\$ 100	\$ 110	\$ 135	\$ 156	\$ 156	\$ 156	\$ 100	\$ 135	\$ 156	\$ 110	\$ 116	\$ 121	\$ 126		
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96		
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180		
Fee total for single lot development(5)	\$ 675	\$ 675	\$ 644	\$ 580	\$ 620	\$ 633	\$ 705	\$ 705	\$ 705	\$ 633	\$ 705	\$ 705	\$ 675	\$ 705	\$ 735	\$ 765		
FY22 Health District Per Capita Rate	\$ 5.69	\$ 5.75	\$ 7.08	\$ 6.81	\$ 7.74	\$ 6.85	\$ 8.96	\$ 8.96	\$ 8.96	\$ 6.85	\$ 8.96	\$ 8.96	\$ 5.69	\$ 5.75	\$ 6.81	\$ 8.96		

(1) Data obtained from attached documents titled, "Food Protection Program Fee Survey for All Connecticut Health Districts FY 2021", and "Survey of Fees Selected Services FY1920 - All Connecticut Health Districts".  
 (2) Categories in bold italics are high volume, high revenue generating service areas.  
 (3) Many Health Districts use a range of fees based on class and seating capacity.  
 (4) Most Health Districts use a single fee that includes both a perc and deep hole testing.  
 (5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

Eastern Highlands Health District  
Town Contribution, CPI, Per Capita Expenditure, State Per Capita Grant - Comparisons

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (\$)	State grant allocation per capita (\$)	
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000
1999	NA	NA	1.7	3.51	6.86	1.78	1.52
2000	2.85	0	2	3.51	6.93	1.78	1.52
2001	3.1	1	3.7	3.54	7.31	2.09	1.79
2002	1	1	3.2	3.58	9.42	2.32	1.99
2003	0	0	1.1	3.58	8.67	2.32	1.99
2004	3	3	2.1	3.69	8.74	1.96	1.68
2005	3	0	3.3	3.69	8.55	1.95	1.66
2006	6.77	6.77	2.5	3.94	8.91	1.95	1.66
2007	6.6	2.9	4.3	4.055	8.73	1.95	1.66
2008	3.08	0.62	2.28	4.08	8.87	1.95	1.66
2009	5.15	5.15	5	4.29	9.35	2.43	2.08
2010	5.1	5.1	-1.16	4.51	9.85	2.43	2.08
2011	0	0	1.7	4.51	9.09	1.85	1.85
2012	0	0	3.36	4.51	8.99	1.85	1.85
2013	1.1	0	1.45	4.51	8.85	1.85	1.85
2014	2.4	0	1.48	4.51	8.67	1.85	1.85
2015	3.1	2	1.89	4.6	8.83	1.85	1.85
2016	4.9	4.9	0.0	4.85	9.46	1.85	1.85
2017	5.18	3.8	1.0	5.01	9.77	1.76	1.76
2018	5.7	4.1	1.5	5.215	10.15	1.64	1.64
2019	1.5	1.5	2.5	5.295	10.06	1.85	1.85
2020	2.5	0.3	1.7	5.31	10.05	1.65	1.65
2021	2	2	.001	5.42	10.39	1.66	1.66
2022	3.6	0	5.4	5.68	11.75	2.6	2.6
<b>Total % change (3)</b>		<b>70</b>	<b>62</b>	<b>71</b>	<b>46</b>	<b>46</b>	<b>46</b>

(1) Each number represents the percentage change from June to June for "All Urban Consumers", with the exception of 2022 that is September to September  
 (2) Total percentage increase from September 1997 to September 2021.  
 (3) Figures do not include other state, federal grants, nor contracted services.

EASTERN HIGHLANDS HEALTH DISTRICT  
 CAPITAL NONRECURRING FUND - FUND 635  
 ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
 CHANGES IN FUND BALANCE

Roll Forward FY 2022/23

	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Estimated 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
<b>Revenues:</b>													
Transfer In - General Fund													
Equity Fund Transfer			3,000	3,000	3,000			3,000	125,000	9,000	12,000	15,000	18,000
Dept of Transportation Grant													
Transfer In - Other Operating			1,910			2,500		3,000	3,000	3,000	12,000	18,000	3,000
Surplus Vehicle proceeds													
Total Revenues			4,910	3,000	3,000	2,500		131,000	128,000	12,000	12,000	18,000	21,000
<b>Expenditures by Project:</b>													
Automobiles		15,992				17,000	17,000	20,000	20,000	20,000	20,000	20,000	20,000
Computer/Office Equipment		725		11,800									
Strategic Planning Priorities:													
Strategic Plannin & CHA/CHIP													
IT Infrastructure Upgrade													
Office Reorganizing Project		17,979				6,000	6,000	100,000	10,000	50,000	10,000	10,000	5,000
Digitizing records													
Total Expenditures		34,696		11,800		23,000	23,000	20,000	140,000	90,000	20,000	25,000	20,000
Excess/(Deficiency) of Revenues over Expenditures		(34,696)	4,910	(8,800)	3,000	(20,500)	(23,000)	111,000	(12,000)	(78,000)	(8,000)	(7,000)	1,000
Fund Balance, July 1	161,566	161,566	126,870	131,780	122,980	125,980	125,980	105,480	216,480	204,480	126,480	118,480	111,480
Fund Balance, June 30	\$161,566	\$126,870	\$131,780	\$122,980	\$125,980	\$105,480	\$102,980	\$216,480	\$204,480	\$126,480	\$118,480	\$111,480	\$112,480

EASTERN HIGHLANDS HEALTH DISTRICT  
OTHER OPERATING - FUND 636  
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE

Roll Forward FY 2022/23

	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Estimated 21/22
Revenues:								
Local Support- ECHIP								
State Support - Preventive Health Block	\$15,784		\$15,248	\$5,254	\$21,680	\$4,089	\$7,754	\$23,444
State Support - Cardiovascular Disease Prevention								
State Support - Women's Healthy Heart								
State Support - Bioterrorism Response	54,887	58,908	58,569	55,456	56,011	54,478	54,478	54,478
State Support - Bioterrorism Response-Base								
State Support - H1N1 Planning/Preparedness						17,291	12,303	104,878
State Support - Crisis COVID								
State Support - CRF Proceeds from Town of Mansfield								
State Support - Community Transformation Grant	11,593					11,288	1,845	
State Support - Comprehensive Cancer Control Grant		17,024	4,386	13,604			101,316	153,795
State Support- Policy/Environ. Change for Chronic Disease							18,881	
State Support - ELC								
State Support - ELC BP-2								
Local Support - Be Well Program Mansfield	53,936	55,741	56,707	61,064	40,946	7,911	7,833	7,500
Local Support - Be Well Program Tolland	7,333	7,903	6,886	7,579	8,307			
Cooperative Grant - CT Chapter of American Planning	25,031	72,969						
Cooperative Grant - Putting on "AIRS"								
Cooperative Grant - Lyme Disease Grant								
Cooperative Grant -Lead Poisoning	4,858	5,428	7,817	5,000	1,709	441	5,000	1,000
Cooperative Grant - ACHIEVE	3,629	228	3,451	378				
Cooperative Grant - CRI Cities Readiness Initiatives		5,622						
MRC Capacity Building Award	3,056	2,479			2,344	1,470	6,844	4,400
MRC Region 4	129	8,598	58			13,500	13,500	13,500
HHP/MRC								
Citizen Corps Program	(31)							
Community Based Wellness Service	5,431							
<b>Total Revenues</b>	<b>185,636</b>	<b>234,902</b>	<b>153,500</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>258,117</b>
Expenditures by Project:								
Salaries & Benefits	148,572	170,608	132,149	114,068	79,908	67,385	269,490	157,451
Professional & Technical Services	7,063	28,538	8,981	6,540	1,310	1,105	47,715	2,581
Other Purchased Services & Supplies	30,000	35,756	12,070	27,348	49,779	41,977	17,427	98,084
Equipment						300		
Transfer Out								
<b>Total Expenditures</b>	<b>185,636</b>	<b>234,902</b>	<b>153,500</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>258,117</b>

EASTERN HIGHLANDS HEALTH DISTRICT  
FUND BALANCE ANALYSIS

FY 2017/18 - Projected FY 2027/28

	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
<b>General Fund</b>											
Operating Expenditures	771,841	746,311	778,994	774,370	939,534	1,087,197	1,102,943	1,004,628	1,025,659	1,047,043	1,068,788
Grant Deduction	80,234	80,234	63,084	156,240	62,586	63,514	63,514	63,514	63,514	63,514	63,514
Total Expenditures	852,075	826,545	842,078	930,611	1,002,120	1,150,711	1,166,457	1,068,142	1,089,173	1,110,557	1,132,302
Fund Balance	358,082	432,296	495,338	610,153	580,495	416,918	256,785	214,677	171,776	128,278	84,381
FB as a % of Total Expenditures	42.02%	52.30%	58.82%	65.56%	57.93%	36.23%	22.01%	20.10%	15.77%	11.55%	7.45%
<b>Capital Non-Recurring Fund</b>											
Total Expenditures	34,696	-	11,800	-	23,000	20,000	140,000	90,000	20,000	25,000	20,000
Fund Balance	126,870	131,780	122,980	125,980	105,480	216,480	204,480	126,480	118,480	111,480	112,480
<b>All Funds</b>											
Total Expenditures	886,770	826,545	853,878	930,611	1,025,120	1,170,711	1,306,457	1,158,142	1,109,173	1,135,557	1,152,302
Fund Balance	484,952	564,076	618,318	736,133	685,975	633,398	461,266	341,157	290,256	239,758	196,861
FB as a % of Total Expenditures	54.69%	68.24%	72.41%	79.10%	66.92%	54.10%	35.31%	29.46%	26.17%	21.11%	17.08%
Service Fees & State Grant Revenue	384,378	391,265	404,436	431,651	454,836	459,000	466,575	474,377	482,414	490,691	499,217
Target Fund Balance - 50% of Service Fees & State Grant Revenue	192,189	195,632	202,218	215,825	227,418	229,500	233,288	237,189	241,207	245,345	249,608
General Fund - Fund Balance Variance	358,082	432,296	495,338	610,153	580,495	416,918	256,785	214,677	171,776	128,278	84,381
	165,893	236,663	293,120	394,328	353,077	187,418	23,498	(22,512)	(69,431)	(117,068)	(165,227)

**Eastern Highlands Health District**  
**COVID-19**  
**Response Activity Update**  
**January 12, 2022**  
**(Updates are in red)**

### **Activation of Public Health Emergency Response Plan**

The internal staff meeting frequency continues to be every two weeks. Local health directors in the state continue to meet weekly with DPH officials. This office also participates with weekly meetings with State Department of Education, and DPH officials.

### **Public Health Surveillance**

We continue to issue weekly reports. In an effort to keep community partners updated on disease prevalence and other response activates. **Weekly report now includes case rates, and positivity rates by town.**

**Our latest weekly report dated January 14, 2022 is attached to this report.**

### **COVID Testing**

**The demand for testing resources in the area continues to exceed supply. This office continues to communicate to DPH on the need for additional testing resources. Recently, the hours were expanded at the state sponsored Willimantic test site, and the state agreed to set up sites in Vernon, and Putnam.**

**Our member town's efforts to distribute the state supplied self-test was supported primarily with information sharing.**

The health district continues to provide detailed listing of regional testing sites on agency website, which are updated weekly.

### **Contact Tracing**

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

- During the month of **December** an average of **256 community cases per week were investigated, or follow up in some fashion.**
- **Since the beginning of the school year we investigated or supported the investigation of approximately 493 public school affiliated cases 12/31/21.**
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During **December** we investigate approximately **5 town governmental affiliated cases.**
- In response to the delta variant increase in cases and with an upward prevalence in cases late fall, the health district converted our part-time contact tracer to full-time status.
- **Provided updated CDC/DPH Isolation & Quarantine guidance issued in December to Towns, and employers with tools to assist with tracing.**

## University of Connecticut Storrs

The University is mandating boosters for all students attending in-person classes this spring semester.

They have also delayed the start of in-person classes to January 31, 2022, pending omicron surge.

The EHHD supported Student Health and Wellness efforts to assure all students are vaccinated. Specifically, EHHD staff and volunteers staffed mass vaccination on campus student clinics scheduled for August 27<sup>th</sup> & August 28<sup>th</sup>.

## Schools

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

This agency is providing consultations on the application of the Governors Vaccine mandate for school teachers and staff, and the new screen and stay protocol for students exposed in school.

Provided schools with technical support on transition to new CDC/DPH updated guidance on Isolation and Quarantine issued in December. Meet with a number of school districts individually.

## PPE Distribution

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

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

## Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support to area businesses. Since March of 2020 we have responded to **156 complaints** regarding violations of the sector rules, the Governors executive orders, or other COVID related issues.

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

## Governors Executive Orders and other state guidance - Application and Interpretation

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to



numerous phone consultations, and emails, this office and staff participates in COVID response staff meetings as needed with a number of member towns.

Executive Order 13A provides gives individual towns the authority to mandate masks. A copy of the EO is Item #13 in the agenda packet.

This office issued a statement supporting the use of masks in all indoor public settings, regardless of vaccination status.

### **Public Health Education, Communications, Messaging**

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

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

Agency updates routinely provided to community partners.

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

Our vaccination messaging is now supporting efforts to promote vaccination of kids age 5 to 11, and boosters all eligible persons.

*In response to the Omicron surge, the EHHD issued a Call to Action statement to various media outlets and all community partners on January 5, 2022, requesting in the strongest possible terms that direct action be taken by all to reduce the risk of disease transmission. I copy of the statement is attached.*

### **Medical Reserve Corps retention and recruitment**

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

We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing.

A combined total of 22 MRC volunteers supported our five seasonal flu clinics that occurred in October and November of this year.

*MRC volunteers continue to support our weekly vaccination clinics as needed to fill staffing gaps.*

### **COVID-19 Crisis Response Funding for State and Local Health Departments**

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

### **Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant**

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application.

## **Epidemiology and Laboratory Capacity #2 (ELC2) Enhancing Detection grant**

The EHHD has been awarded \$378,850 for funding through May 31, 2023 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. This application and proposed budget was recently submitted. *As of the date of this report DPH approval is pending.*

## **Coronavirus Relief Fund**

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

## **American Rescue Plan Act**

The Health District has requested a total of \$20,405 from member towns ARPA allocations to offset vaccine clinic expenses.

## **COVID-19 Vaccination Campaign Planning and Activities**

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

- *As of the writing of this report, the EHHD has administered over 11800 doses (of which approximately 6000 are 2<sup>nd</sup> mRNA doses, or one dose J&J) in 200 clinics throughout the Eastern Highlands Health District. Seventeen clinics have been hosted during the month of December.*
- *We expanded our COVID-19 vaccine inventory to include Pfizer so that we can target school aged children.*
- *We hosted 4 large school located clinics in November and December in which we administered 1340 Pfizer doses to kids' age 5 to 11.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health hold vaccination clinics for those 12 and older at school located clinics. Six different school located clinics have been conducted to date, with 410 vaccines administered. Second dose clinics are scheduled for June 15<sup>th</sup> at THS, and June 22<sup>nd</sup> at CHS.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. We have vaccinated 60 homebound individuals as of 12/30/21.*
- *As of April 1<sup>st</sup>, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week. The vax site on the Storrs Campus ceased operations July 1<sup>st</sup>.*

- The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual. The EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.
- This office will continue to work with member towns and local social services officials to facilitate vaccine access.
- We are participating as an active partner with the North Central District Health Department in the Vulnerable Equity Partnership Funding initiative targeting groups and individuals effected by challenges to access, and/or vaccine hesitancy.
- We have moved to weekly walk-in clinic from the Mansfield Community Center to the Mansfield Town Hall, effective June 21st. Clinic hours are weekly on Monday morning, and Thursday evening.
- The EHHD is leveraging the use of DPH funded mobile vaccination units made available by the DPH for pop-up clinic opportunities when it makes sense to do so. We have coordinated or supported approximately 30 pop up clinics using the DPH Griffin Health mobile vaccination units to date.

#### Plans for the Future

- Optimize our clinic schedule to accommodate accessibility to booster shots for our patients, and identify and promote other booster clinic in the region.
- Ongoing Health Education Program targeting vaccine hesitancy, access, and infection control.
- Apply lessons learned, and update all emergency response plans.
- Continue case contact investigation program.
- Implement improvements on surveillance and disease reporting.
- Support our communities efforts to manage the Omicron surge.

## Eastern Highlands Health District COVID-19 Update

DATE: 1/14/2022

TIME: 8:00 AM

COMPLETED BY: A. Bloom

### TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non-student	Scotland ++	Tolland	Willington	EHHD Totals
<b>Cumulative Cases</b>	352	533	549	321	692	1,512	2,239		96	1,655	589	<b>8,538</b>
<b>Change from last week</b>	25	61	28	40	61	126	170	(146)	9	139	52	<b>711</b>
<b>Two week change</b>	54	96	75	68	118	280	291	(241)	11	257	101	<b>1351</b>
<b>Deaths</b>	4	5	6	2	9	10	28	(28)	2	20	4	<b>90</b>

### CONNECTICUT TOTALS (January 12, 2022)

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations*	Two week change in hospitalizations	Deaths
<b>628,789</b>	<b>65,154</b>	<b>118,601</b>	<b>1,917</b>	<b>766</b>	<b>9,442</b>

Data Sources: CTEDSS and CT DPH; cumulative town counts as of 1/12/2022; reporting period for two week town level case counts is 12/26/2021 through 1/8/2022.  
 \*Current (net) number of hospitalizations; it is not a cumulative count. ++ Scotland case count likely lower than actual positive cases due to residents using Baltic, North Windham and Hampton as a mailing address.

### EHHD residents who received COVID-19 vaccine

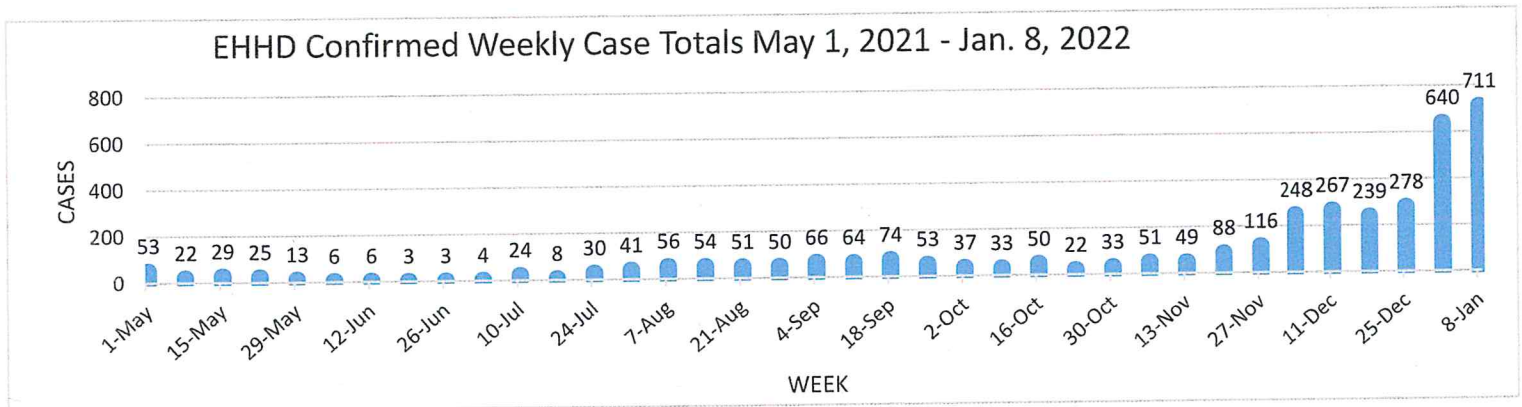
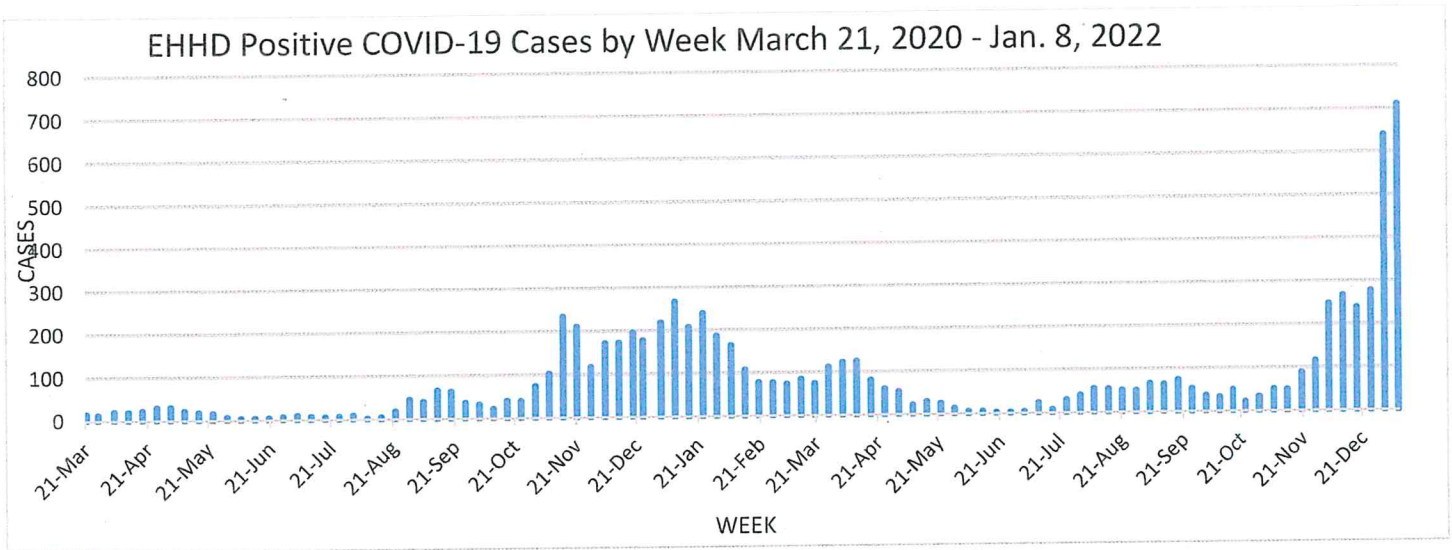
TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield <sup>^</sup>	Scotland	Tolland	Willington	EHHD Totals	Connecticut Totals
<b>Estimated pop.</b>	3,236	4,255	4,884	2,239	5,379	12,407	25,487	1,672	14,618	5,864	80,041	3,631,470
<b>Received 1<sup>st</sup> dose COVID vaccine % of pop.</b>	74%	71%	79%	68%	76%	76%	85%	62%	81%	67%	79%	80%
<b>Fully vaccinated % of pop.</b>	69%	65%	72%	62%	70%	71%	81%	58%	75%	61%	73%	71%
<b>Fully vaccinated % 5-11</b>	16%	23%	32%	17%	29%	32%	41%	15%	31%	26%	30%	28%
<b>Fully vaccinated % 12-17</b>	54%	64%	68%	65%	53%	60%	78%	41%	70%	53%	64%	**
<b>Fully vaccinated % 18-24</b>	68%	57%	65%	51%	63%	61%	87%	55%	82%	29%	78%	**
<b>Fully vaccinated % 25-44</b>	70%	60%	79%	60%	71%	75%	82%	49%	76%	76%	74%	76%
<b>Fully vaccinated % age 45-64</b>	73%	69%	70%	62%	73%	75%	81%	67%	78%	67%	74%	84%
<b>Fully vaccinated % 65+</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%

Data Source: Connecticut immunization registry CT DPH as of 1/12/2022. <sup>^</sup> Vaccination data for Mansfield includes current 1/12/2022 data from UCONN (<https://covidashboard.uconn.edu/>). \*\*At this time the state vaccination numbers are not broken down into the same age groups as the town level data and cannot be reported here. NOTE: census estimates for 65 and older is likely low, resulting in 100% rates based on actual number of vaccines provided to this age group.

**EHHD TOWN LEVEL CASE RATES DECEMBER 26, 2021– JANUARY 8, 2022**

Town	Total Cases 2 weeks	Case Rate	Total Tests	% Positive	Previous Case Rate	Previous % Positivity
Andover	54	119.2	315	19.7	97.1	16.3
Ashford	96	161.2	412	27.7	92.3	16
Bolton	75	109.7	415	21.2	93.6	15.7
Chaplin	68	216.9	287	27.5	121.2	17.7
Columbia	118	156.7	552	25.2	103.6	16.2
Coventry	280	161.2	1205	26.8	109.4	18.2
Mansfield	291	81.6	1364	24.8	48.8	14.9
Scotland +	11	47	58	29.3	25.6	27.3
Tolland	257	125.6	1276	23.2	79.2	14.4
Willington	101	123	467	24.2	81.6	16.3

NOTE: case rates are per 100,000 population; + Scotland case counts likely lower than actual due to residents using Baltic, North Windham and Hampton as a mailing address.



NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.



Eastern Highlands Health District

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

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## A STATEMENT BY THE EASTERN HIGHLANDS HEALTH DISTRICT CALL TO ACTION

Today the Eastern Highlands Health District is urgently calling on all businesses and residents to take steps during the month of January to reduce the spread of COVID-19 in our health district communities. The Health District serves the Towns of Ashford, Andover, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Willington, and Scotland. The current spike in COVID-19 cases within our communities warrants direct action by everyone to curb this surge. Case counts have increased almost six fold in the past six weeks from 49 cases to 275 cases per week within the Health District population.

While a few of our member Towns have implemented a local mask mandate, and many continue a policy of masking within Town-owned buildings, the Health District requests in the strongest terms possible that all businesses and residents take direct steps to reduce the risk of COVID-19 transmission in your business, home, and place of work. We encourage all businesses within our communities to adopt masking policies for employees, and your customers. Member towns, or the health district can provide masks to any business that requests them. Contact the Health District at 860-429-3325 for additional information.

While we recognize state efforts to push out self-tests to the population, as a collection of towns east of the river we have observed that the demand for diagnostic COVID-19 tests has far exceeded the supply in Eastern Connecticut. We call on Governor Lamont to double the state's efforts to stand up new state sponsored COVID testing sites, and expand the hours nearby existing sites.

Finally, we want to take this opportunity to remind everyone of the basic precautions that each of us can take to protect yourself, your family, and your community. Get vaccinated, and if eligible get boosted. Avoid large crowds, and social distance whenever possible. Stay home when you are sick. And, wear a mask whenever you may be in proximity to others. Be smart, be safe, and please be courteous.

For Immediate Release: January 5, 2022

Contact: Robert Miller, Director of Health

[millerrl@ehhd.org](mailto:millerrl@ehhd.org)

860-429-3325

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*Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut  
Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington*



# 2020-2021 ANNUAL REPORT



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

Population: 80,041    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  
 Ande Bloom ..... Project Specialist  
 Millie Brosseau ..... Office Manager  
 Christine Grulke BSN, MSEd, RN..... Public Health Nurse  
 Holly Hood, MPH, RS ..... Sanitarian II  
 Zachary Jezek ..... Environmental Health Specialist  
 Thad King, MPH, REHS, RS ..... Sanitarian II  
 Derek May ..... Public Health Emergency  
 Preparedness Coordinator  
 Mia Mitoma ..... Vaccine Program Administrative Assistant  
 David Oellerich, APRN..... Public Health Nurse  
 Lynette Swanson ..... Chief Sanitarian  
 Cecile Serazo, BSN, RN..... Community Health and  
 Wellness Coordinator

## 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

#### All Hands On Deck

The 2020/2021 fiscal year for the Eastern Highlands Health District (EHHD) is best characterized by the responsiveness, and adaptability of our agency to address the shifting public health needs of our local communities during the COVID-19 national public health emergency. This would not have been possible without the professional dedication of our health district staff. With that, below is a rundown of the highlighted activities and initiatives for the 2020-2021 Fiscal Year.

**Public Health Emergency Preparedness and Response** – The EHHD administered over 10,000 COVID-19 vaccinations during more than 120 clinics district-wide. We conducted contact tracing investigations for over 4,500 cases of COVID-19. This includes over 350 school-associated cases. We facilitated over 7,000 COVID tests among area residents. More than 130 COVID related complaints associated with the business sector rules were investigated. The EHHD issued weekly surveillance reports to community partners and the general public providing local COVID-19 surveillance data and news. We partnered with UConn Storrs on a number of pandemic response infection control activities including quarantines, testing, and messaging. We supported and partnered with 12 school districts to establish and implement risk mitigation measures. Over 130,000 PPE items were distributed to 46 area healthcare providers. Technical information and support were provided to local businesses to facilitate compliance with the Governor's Executive Orders. We supported town governments with safe workplace guidance for essential workers, infection control guidance for first responders, and town recreation department consultation support for youth sports programs and summer camps. We recruited and/or retained over 200 Medical Reserve Corps volunteers who supported our testing, contact tracing, and mass vaccination campaign. Finally, we provided pandemic-related education and information to the general public on multiple informational platforms.

**Community Health** – The health district expanded its scope of clinical services during fiscal year 2020/2021. This was the first year our agency offered seasonal flu shots. We hosted three clinics targeting our first responder community administering 120 flu shots. These clinics provided a good training ground for the impending COVID-19 vaccination campaign.

**Environmental Health** – Despite the significant mobilization and redirection of agency resources to respond to the pandemic, the environmental health field staff expertly and professionally addressed an approximately 25% to 30% increase in the demand for building, drilling, and construction permits and approvals during this fiscal year.

Unfortunately, this pandemic is not yet over. I have no doubt, however, that our communities, with continued partnership, collaboration, and cooperation will see the end, and overcome this challenge the same way we started...together.

My door is always open.

Yours in Health,

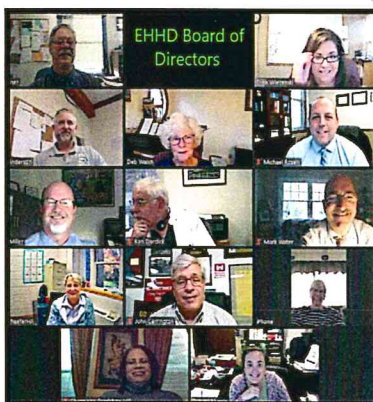
Robert L. Miller, MPH, R.S.  
 Director of Health



Top left to right: Millie Brosseau, Rob Miller, Ande Bloom, Zac Jezek  
 Middle left to right: Lynette Swanson, Holly Hood, Thad King, Glenn Bagdoian  
 Bottom left to right: Cecile Serazo, Derek May

## EHHD Board of Directors

Elizabeth Paterson (Chair) ..... Town of Mansfield  
 John Elsesser (Vice Chair) ..... Town of Coventry  
 Mark Walter (Assistant Treasurer) ..... Town of Columbia  
 Ralph Fletcher ..... Town of Ashford  
 Eric Anderson ..... Town of Andover  
 Joshua Kelly ..... Town of Bolton  
 Ryan Aylesworth ..... Town of Mansfield  
 Robert Morra (Alternate) ..... Town of Bolton  
 Tammy Nuccio ..... Town of Tolland  
 William Kaufold ..... Town of Mansfield  
 Barbara Syme ..... Town of Scotland  
 M. Deborah Walsh ..... Town of Coventry  
 Michael Rosen ..... Town of Tolland  
 Erica Wicewski ..... Town of Willington  
 Vacant ..... Town of Chaplin



Top left to right:  
 John Elsesser,  
 Erika Wicewski  
 2nd row left to right:  
 Eric Anderson, M. Deborah  
 Walsh, Michael Rosen  
 3rd row left to right:  
 Robert Miller, Kenneth  
 Dardick, Mark Walter  
 4th Row left to right:  
 Holly Schaeffer,  
 John Carrington,  
 Elizabeth Paterson  
 Bottom:  
 Charmaine Bradshaw-Hill,  
 Tammy Nuccio



# 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

This year Eastern Highland's Emergency Preparedness program shifted into Emergency Response to address the ongoing COVID-19 pandemic. Following the tenets of Crisis and Emergency Risk Communication, EHHD kept its partners and constituents informed in the face of rapidly changing COVID-19 information. In the Fall of 2020, EHHD expanded the elements of its seasonal influenza vaccination program to practice for mass vaccination. EHHD conducted flu clinics at local fire stations, supported regional vaccination exercises, and conducted a drive-through flu clinic exercise at the Mansfield Middle School. The EHHD Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, was able to quickly expand and grew to a force of nearly 200 volunteers.

When a COVID-19 vaccine became available in December 2020, EHHD was ready to go. Mass vaccination clinics were held in school gyms and other accessible community locations across the district, vaccinating up to 600 patients per clinic. Emphasis was placed on creating a safe orderly clinic with the lowest possible wait time, to provide the patient with the best experience possible considering the circumstance. By leveraging the trained personnel, supplies, and partnerships developed through years of strategic planning, EHHD was able to deliver more than 10,000 vaccinations against COVID-19 by the end of June 2021.



This pandemic response reminds us that plans may change, but the knowledge gained during the process of planning is indispensable. EHHD adapted to challenges including limited vaccine availability, changing patient eligibility criteria, technology challenges, and rigorous handling requirements for newly-developed vaccines.

Even as we seek to mitigate the effects of COVID-19 in the months and years ahead, other threats to public health will certainly occur, and All-Hazards planning remains as important as ever. Public Health will continue to be flexible and adaptable and the EHHD will continue to be part of a whole-community disaster planning and response.

EHHD offers its very heartfelt thanks to the EHHD MRC volunteers. They were the primary workforce for the vaccination clinics, with over 4,750 documented clinic hours served by these amazing ambassadors of public health. The EHHD MRC will continue to support the community in the years to come. Any adult interested in joining the MRC can sign up at: [CTresponds.ct.gov](mailto:CTresponds.ct.gov)

## 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, vermin problems, and COVID-19. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected voluntarily, 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: COVID-19, 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. During the second part of the fiscal year, EHHD has done extensive work to reduce the spread of COVID-19.

## Community Health

EHHD Health Promotion initiatives focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our primary 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 were provided to member towns. The plaques provide information on the prevention of acquiring Lyme disease, and were placed in parks and near trails. 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 January, COVID-19 became an international health emergency, and the Community Health team responded with education and support to the community to mitigate the risk of transmission and to help residents stay healthy while maintaining social distancing recommendations. Efforts included the production of guidance documents that were distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD also conducted contact tracing on COVID-19 cases in our district, thereby supporting infected residents and reducing transmission in the community.

**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 on the EHHD website. EHHD continues to assist the Town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. In addition, EHHD continues to update a summary of smoking cessation resources. The resources include: web, phone, text, and nicotine replacement therapy.



**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 group also continued

with prior initiatives, including partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. Resources are posted on the EHHD website and brochures were 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 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](http://www.ehhd.org/be_well). If you are interested in having Be Well as part of your business or organization, please send an email to: [Be\\_well@ehhd.org](mailto:Be_well@ehhd.org).



**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 and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD 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 towns in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced last year 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 and survey is available online at [www.healthyeasternct.com](http://www.healthyeasternct.com)





## 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:

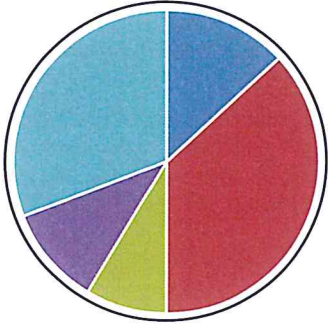
1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
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

Budget Fiscal Year

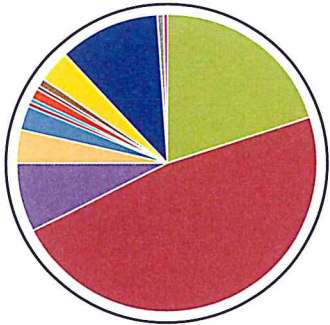
2020/2021\*

## FY2021 TOTAL REVENUES (see table below)



Licensure Fees	\$165,494.75
Local Funds	\$465,367.18
Other	\$107,878.25
Program Fees	\$129,902.74
State	\$358,174.09
<b>Total:</b>	<b>\$1,226,817.01</b>

## FY2021 TOTAL EXPENDITURES (see table below)



Personnel: Administrative/Management	\$224,219
Personnel: Environmental Health	\$527,317
Personnel: Community Health	\$83,664
Emergency Preparedness:	\$40,227
Administrative Overhead	\$30,540
Communications	\$3,034
Equipment	\$2,774
Insurance	\$14,603
Legal	\$1,666
Other	\$6,972
Purchased Services	\$42,345
Supplies&Materials/software	\$120,249
Vehicle&Travel	\$9,111
Miscellaneous	\$2,280
<b>Total:</b>	<b>\$1,109,002.01</b>

\* 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
<b>COMPLAINTS</b>											
AIR QUALITY	0	0	0	0	0	0	1	0	0	0	1
ANIMALS/ANIMAL WASTE	0	0	0	0	0	0	0	0	0	0	0
ACTIVITY WITHOUT PROPER PERMITS	0	1	0	1	0	0	0	0	2	0	4
FOOD PROTECTION	0	1	1	0	1	1	0	0	0	0	4
HOUSING ISSUES	0	3	0	3	1	0	6	0	3	5	21
EMERGENCY RESPONSE	0	0	0	0	1	0	0	0	0	0	1
REFUSE/GARBAGE	0	2	0	0	0	0	1	0	4	2	9
RODENTS/INSECTS	0	0	0	1	0	0	1	0	0	2	4
SEPTIC/SEWAGE	1	5	2	1	0	2	2	0	0	3	16
OTHER	0	3	0	0	0	0	1	0	2	1	7
WATER QUALITY	0	0	0	0	0	0	4	0	1	2	7
COVID-19	2	3	7	6	1	11	60	0	6	13	109
<b>TOTAL</b>	<b>3</b>	<b>18</b>	<b>10</b>	<b>12</b>	<b>4</b>	<b>14</b>	<b>76</b>	<b>0</b>	<b>18</b>	<b>28</b>	<b>183</b>
<b>HEALTH INSPECTION</b>											
GROUP HOMES	0	0	0	0	0	2	0	0	0	0	2
DAY CARE	0	0	0	0	1	0	0	0	1	1	3
CAMPS	0	1	0	3	0	0	0	1	2	2	9
PUBLIC POOL	0	2	0	1	0	0	4	1	2	2	12
OTHER	0	0	0	1	0	0	0	0	0	0	1
SCHOOLS	0	0	0	0	0	0	0	0	0	0	0
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>27</b>
<b>ON-SITE SEWAGE DISPOSAL</b>											
SITE INSPECTION -- ALL SITE VISITS	65	51	79	28	123	212	143	12	144	35	892
DEEP HOLE TESTS -- NUMBER OF HOLES	44	45	80	46	104	154	136	12	121	48	790
PERCOLATION TESTS -- NUMBER OF HOLES	9	18	20	15	27	36	49	3	64	14	255
PERMITS ISSUED, NEW	9	4	5	2	12	18	7	4	16	1	78
PERMITS ISSUED, REPAIR	22	20	23	11	24	55	50	2	48	20	275
SITE PLANS REVIEWED	19	13	21	9	23	37	50	1	66	15	254
PUBLIC HEALTH REVIEWS	35	32	69	19	55	152	111	11	181	42	707
<b>WELLS</b>											
WELL SITES INSPECTED	8	3	5	6	29	32	3	5	7	5	103
WELL PERMITS ISSUED	10	5	8	10	33	50	27	7	20	15	185
<b>LABORATORY ACTIVITIES (SAMPLES TAKEN)</b>											
POTABLE WATER	0	0	0	0	0	1	0	1	0	0	2
SURFACE WATER	16	16	32	0	28	141	19	0	14	25	291
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	2	0	0	0	2
LEAD	0	0	0	0	0	0	0	0	0	0	0
OTHER	4	1	2	0	3	4	7	2	3	0	26
<b>FOOD PROTECTION</b>											
INSPECTIONS	18	33	29	25	25	60	194	5	39	34	462
REINSPECTIONS	2	7	3	0	2	3	49	0	25	6	97
TEMPORARY PERMITS	2	5	27	2	2	27	7	1	8	1	82
TEMPORARY INSPECTIONS	2	0	22	0	0	0	0	0	1	0	25
PLAN REVIEWS	0	1	1	1	0	2	4	0	0	2	11
PRE-OPERATIONAL INSPECTIONS	0	3	0	2	3	31	13	1	11	2	66
<b>TOTAL INSPECTIONS AND OTHER</b>	<b>22</b>	<b>46</b>	<b>54</b>	<b>32</b>	<b>31</b>	<b>96</b>	<b>260</b>	<b>8</b>	<b>81</b>	<b>47</b>	<b>677</b>
<b>LEAD ACTIVITIES</b>											
HOUSING INSPECTION	0	0	1	0	0	2	0	0	0	0	3
ABATE PLAN REVIEWED	0	0	0	0	0	0	0	0	0	0	0
<b>MISCELLANEOUS ACTIVITIES</b>											
PLANNING AND ZONING REFERRALS	0	0	0	0	1	6	1	0	0	0	8
SUBDIVISION REVIEWED (PER LOT)	0	0	0	1	2	3	0	0	5	0	11

## Selected Reportable Diseases by Town\*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	1	0	1	0	1	1	1	0	2	7
Campylobacter	1	1	1	1	1	2	1	1	0	0	9
COVID-19	139	202	222	114	252	582	1251	36	758	234	3790
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	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	0	0	0	1	0	0	0	1	2
Group A Streptococcus	0	0	0	0	0	0	0	0	0	0	0
Group B Streptococcus	0	1	1	0	0	0	1	0	2	1	6
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	0	0
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	1	1	1	0	2	2	0	2	0	9
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	0	1	1	0	0	2	0	1	1	1	7
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	0	0	0	0	0	0	0
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	1	1	0	2	1	1	3	1	1	0	11
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	2	0	4	3	2	4	0	3	2	20
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	0	1	0	0	0	2	2	0	1	0	6
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	0	0	0	0	0	0	0	0
Syphilis	0	1	0	0	0	0	0	0	0	1	2
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.



4 South Eagleville Road  
Mansfield, CT 06268

#48

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, October 25, 2021 12:09:58 PM  
**Last Modified:** Tuesday, November 09, 2021 2:46:55 PM  
**Time Spent:** Over a week  
**IP Address:** 64.251.54.130

Page 1: Local Health Department/District Information

Q1

Department Name

Eastern Highlands Health District

Q2

Yes

Do you have a Board of Health?

Page 2: Board of Health

Q3

Complete the Board of Health information below. Please provide direct contact information for the Chairperson.

Chairperson	Elizabeth Paterson
Address	79 Independence Dr
City/Town	MANSFIELD CENTER
State/Province	CT
ZIP/Postal Code	06250
Email Address	betsypaterson725@gmail.com
Phone Number	860-456-8553

Q4

Advisory & Policy Making

Board Function

Q5

Number of Board Members

14

Page 3: Director of Health and Local Health Department Information

**Q6**

Director of Health

Name	<b>Robert Miller</b>
Degree(s)	<b>MPH</b>
Active CT License(s)	<b>RS</b>
Number of hours in Director of Health's average work week	<b>65</b>

**Q7**

Actual Annual Salary	<b>113199</b>
----------------------	---------------

Please list salary figures as whole dollars per year.

**Q8**

**No**

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. Do you have a staff person(s) who is the Acting Director of Health in your absence?

**Q9**

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

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

**Q10**

**No**

Does your department include a Housing Department?

**Q11**

**No**

Does your department include a Social Services Department?

**Q12**

**Yes,**  
If yes, what other types of programs?:  
We provide employee wellness services to member town via contract.

Does your department include additional non-public health programs?

**Q13**

**No**

Are there any collective bargaining units in your department?

**Q14**

**My department has not decided whether to apply for accreditation**

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

**Q15**

**Have not decided on a target year**

In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?

Page 4: Local Health Personnel

**Q16**

Administrative

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Assistant or Deputy Director of Health					
Environmental Health Supervisor	1			\$34	\$46
Nursing Supervisor					
Office Manager	1			\$26	\$35
Bookkeeper					
Secretary					

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**Q17**

Medical

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Dental Professional					
Dietitian / Nutritionist					
Lab Technician					
Nurse* (RN, APRN)*Does not include School Nurse		3		\$32	\$40
Physician / Medical Advisor			1		\$100
School Nurse					
Social Worker					

**Q18**

Public Health

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Emergency Preparedness Coordinator					\$39
Environmental Health Inspector (e.g., food, lead, housing)	4			\$22	\$39
Epidemiologist		1			\$29
Health Educator		1			\$29
Outreach Worker					
Other Paid Worker (Please describe below)		1			\$29
Other Paid Worker, please describe: Contact tracer					



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**Q19**

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

	#
Dental Hygienist (RHD)	
Dentist (DMD/DDS)	
Food Inspector	4
Health Educator (CHES)	
Lead Assessor	
Lead Inspector	
Nurse (RN/APRN)	3
Pharmacist (RPh)	
Phase I SSSS	5
Phase II SSSS	5
Physician (MD/DO)	
Registered Dietitian (RD)	1
Registered Sanitarian (RS)	5
Social Worker (LSW)	
Veterinarian (DVM/VMD)	
Other (Please describe below)	

Page 5: Public Health Department Revenue

<b>Q20</b>	Amount \$	<b>448454</b>
DPH funds - all regardless of source		
<b>Q21</b>	Amount \$	<b>14598</b>
State funds - other than DPH		
<b>Q22</b>	Amount \$	<b>0</b>
Federal sources - direct		

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<b>Q23</b>	Amount \$	<b>165495</b>
Licensure/Permit fees		

<b>Q24</b>	Amount \$	<b>465367</b>
Local funds - city/town sources		

<b>Q25</b>	Amount \$	<b>0</b>
Medicaid		

<b>Q26</b>	Amount \$	<b>0</b>
Medicare		

<b>Q27</b>	Amount \$	<b>132903</b>
Other revenue		

<b>Q28</b>	Amount \$	<b>0</b>
Patient personal fees		

<b>Q29</b>	Amount \$	<b>0</b>
Private foundations		

<b>Q30</b>	Amount \$	<b>0</b>
Private health insurance		

**Q31**  
 What is your total operating budget?  
 880540

Page 7: 10 ES - #1 Monitor health status to identify and solve community health problems

<b>Q32</b>	<b>Yes</b>
Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years.	

**Q33**

If yes, does the CHA include? (Select all that apply)

Data and information from various sources and how the data were obtained

Demographics of the population,

Description of health issues and specific descriptions of population groups with particular health inequities

Description of factors that contribute to specific populations' health challenges

Description of existing community assets or resources to address health issues

**Q34**

If yes, please upload the CHA or provide web link.

[chna-wcmh-2021.pdf \(3.2MB\)](#)

**Q35**

Web link/URL

Respondent skipped this question

**Q36**

Requirement 2: My department shared the findings from the community health assessment with the residents in my jurisdiction and asked for their input.

No

**Q37**

If yes, what methods did you use to seek input from residents? (Select all that apply)

Respondent skipped this question

**Q38**

Requirement 3: My department routinely gathers information, collects data and/or conducts community dialogues specific to populations or geographic areas in the community where health inequities and poorer health indicators were identified in the community health assessment.

No

**Q39**

If yes, how is the data provided? (Select all that apply)

Respondent skipped this question

**Q40** **Yes**  
Requirement 1: My department shared the results of the community health assessment with the partners/stakeholders and the public.

---

**Q41** **Website**  
If yes, how did your department share the results of the CHA? (Select all that apply)

---

Page 9: 10 ES - #1 Monitor health status to identify and solve community health problems

**Q42** **No**  
Requirement 1: My department has written processes and/or protocols used to collect surveillance data from multiple sources and to review and analyze the data.

---

**Q43** **Respondent skipped this question**  
If yes, how are the data collected? (Select all that apply)

---

**Q44** **No**  
Requirement 2: My department has written processes and/or protocols that (1) specify which surveillance data are confidential and (2) assure the confidential data are maintained and handled in a secure confidential manner.

---

**Q45** **Respondent skipped this question**  
If yes, please upload the protocol.

---

**Q46** **No**  
If no, is the protocol in development?

---

**Q47** **No**  
Requirement 3: My department has a 24/7 contact system or protocol to collect data from those who report data to my department.

---

**Q48** **Respondent skipped this question**  
If yes, how does your department collect the data 24/7? (Select all that apply)

---

**Q49**

Yes

Requirement 4: My department regularly uses the state DPH surveillance systems.

---

**Q50**

If yes, which surveillance systems do your department use? (Select all that apply)

CTSITE (childhood lead),  
CTEDSS (reportable diseases),  
CTWiz (immunizations),  
Syndromic Surveillance (opioids)

---

**Q51**

How many staff have been trained to use any of the state surveillance systems?

7

---

Page 10: 10 ES - #1 Monitor health status to identify and solve community health problems

**Q52**

Yes

Requirement 1: My department has been involved in the collection of primary quantitative data in addition to surveillance data.

---

**Q53**

Surveys of target groups

If yes, how has your department collected primary quantitative data? (Select all that apply)

---

**Q54**

No

Requirement 2: My department has been involved in the collection of primary qualitative data.

---

**Q55**

Respondent skipped this question

If yes, how your department has been involved in the collection of primary qualitative data? (Select all that apply)

---

**Q56**

Yes

Requirement 3: My department uses standardized data collection instruments to collect quantitative or qualitative data.

---

Page 11: 10 ES - #1 Monitor health status to identify and solve community health problems

**Q57**

Yes

Requirement 1: My department analyses various types of data and draws conclusions.

---

**Q58**

If yes, do the analyses of the data include the following? (Select all that apply)

- Defined timelines,
  - Description of the analytic process used to analyze the data
  - ,
  - Comparison of the data to other local agencies, the state or nation
  - ,
  - Time/trend analysis,
  - Primary and secondary data from multiple sources
- 

**Q59**

Yes

Requirement 2: My department shares data and data analyses.

---

**Q60**

If yes, with whom does you department share the data and data analyses? (Select all that apply)

- Internal staff,
  - Community groups,
  - Public Health Partners,
  - Elected officials,
  - Department of Public Health or other state entities,
  - Board of Health,
  - Residents,
  - Media
- 

Page 12: 10 ES - #1 Monitor health status to identify and solve community health problems

**Q61**

Yes

Requirement 1: My department has used data to develop policies, processes, programs or interventions or to revise or expand existing policies, processes, programs or interventions.

---

**Q62**

If yes, how has the department used data? (Select all that apply)

- Licensing/Permitting Program,
  - Health Promotion Programs
-

Page 13: 10 ES - #1 Monitor health status to identify and solve community health problems

**Q63** **No**

Requirement 1: My department provides summaries or fact sheets of community health data.

**Q64** **Respondent skipped this question**

If yes, who are the summaries/fact sheets shared with?  
(Select all that apply)

Page 14: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q65** **No**

Requirement 1: My department has a written protocol that includes a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards.

**Q66** **Respondent skipped this question**

If yes, for which of the following entities does the protocol delineate the assignment of responsibilities? (Select all that apply)

Page 15: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q67** **No**

Requirement 1: My department conducts reviews or programmatic evaluations (e.g., After Action Report) of investigations to ensure capacity to respond to outbreaks of infectious disease.

**Q68** **Yes**

Requirement 2: My department has a written report or other documentation of a completed investigation of a non-infectious health problem or hazard.

Page 16: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q69** **Yes**

Requirement 1: My department has a tracking log or audit on investigations that includes reporting lab test results and investigation results.

**Q70** **Tracking log,**  
**State surveillance systems (CTEDSS, CTSITE, CTEPHT-**  
**also known as MAVEN)**  
 ,  
**Other (please describe):**  
 ContaCT

Page 17: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q71** **Yes**  
 Requirement 1: My department has written protocols for the containment/mitigation of health problems and hazards.

**Q72** **Mitigation,**  
**Contact management,**  
**Use of prophylaxis and emergency biologics,**  
**Process for exercising legal authority for disease control**

Page 18: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q73** **No**  
 Requirement 1: My department has an infectious disease outbreak protocols that describe the process for determining when the EOP will be implemented.

**Q74** **Respondent skipped this question**  
 If yes, please upload the protocol.

**Q75** **No**  
 If no, is the protocol in development?

**Q76** **Yes**  
 Requirement 2: My department has protocols that specifically address environmental public health hazards and that describe the process of determining when the EOP will be implemented.



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**Q77** Respondent skipped this question

If yes, please upload one protocol.

---

**Q78** No

If no, is the protocol in development?

---

**Q79** No

Requirement 3: My department has cluster evaluation protocols describing the process for determining when the EOP will be implemented.

---

**Q80** Respondent skipped this question

If yes, please upload the protocol.

---

**Q81** No

If no, is the protocol in development?

---

Page 19: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q82** No

Requirement 1: My department has a written description of how it determines if an event has risen to the level of significance requiring an AAR.

---

**Q83** No

If no, is the documentation in development?

---

**Q84**  
How many drills and exercises did your department conduct or participate in the last fiscal year?

6

---

**Q85**  
How many real world public health events did your department respond to in the last fiscal year?

1

---

**Q86**

How many were significant that required the development of an AAR?

1

Page 20: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q87**

Yes

Requirement 1: My department has policies and procedures outlining how the department maintains 24/7 access to support services in emergencies.

**Q88**

Respondent skipped this question

If no, are the policies and procedures in development?

**Q89**

Yes

Requirement 2: My department has a call down list that is used to contact epidemiological and environmental local public health resources.

**Q90**

If yes,

When was the call down list last tested?

6/23/21

What was the response time?

45 minutes

**Q91**

No

Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services.

**Q92**

Respondent skipped this question

If yes, please upload the protocol.

**Q93**

No

If no, is the policy/procedure in development?

**Q94**

Yes

Requirement 4: My department has protocols for handling and submitting of specimens.

**Q95**

If yes, please upload the protocol.

**EHHD Protocol for handling and submitting of specimens.pdf (72.9KB)**

---

**Q96**

Respondent skipped this question

If no, is the policy/procedure in development?

---

Page 21: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q97**

Yes

Requirement 1: My department has a protocol, procedure or policy that identifies support personnel (within or outside the department) who will be called on to provide surge capacity.

---

**Q98**

Respondent skipped this question

If no, is the protocol/procedure/policy in development?

---

**Q99**

Yes

Requirement 2: My department has staffing lists for surge capacity which includes both the staffing needed for a surge response and how staff will fill those needs.

---

**Q100**

Email,  
Call down,  
Text

If yes, how are staff notified if they are needed for surge capacity? (Select all that apply)

---

**Q101**

Yes

Requirement 3: My department has a document detailing the availability of equipment (transportation, field communications, personal protective equipment (PPE), etc.) to support a surge.

---

**Q102**

Respondent skipped this question

If no, is the document in development?

---

**Q103**

Yes

Requirement 4: My department has a schedule for training or exercises to prepare personnel who will serve in surge capacity (e.g., ICS or PPE).

---

**Q104**

Respondent skipped this question

If no, is the schedule in development?

---

**Q105**

No

Requirement 5: My department has a list and description of contracts, MOAs/MOUs, and/or mutual assistance agreements providing addition staff and services, including laboratory services, for surge capacity.

---

Page 22: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

**Q106**

Yes

Requirement 1: My department has a communication protocol to contact staff, health care providers, response partners, the media and others, 24/7.

---

**Q107**

If yes, please upload the protocol.

[communications to stakeholders.pdf \(418.7KB\)](#)

---

**Q108**

Respondent skipped this question

If no, is the protocol in development?

---

**Q109**

Yes

Requirement 2: My department provides information to partners and the public about how to contact the health department to report a public health emergency, risk, problem, or environmental or occupational public health hazard.

---

**Q110**

If yes, how does your department inform partners and the public? (Select all that apply)

Web page,  
Press release/media,  
Social media,  
Distribution of printed materials (brochures, flyers, factsheets)  
,  
Email listservs

**Q111**

Requirement 3: My department's partners and the public can contact the health department 24/7.

Yes

**Q112**

If yes, how does the public and partners contact your department 24/7? (Select all that apply)

Police dispatch,  
24/7 phone number,  
Staff call down list

**Q113**

Requirement 4: My department has established or participates in a Health Alert Network (HAN) or similar system that receives and issues alerts 24/7.

Yes

**Q114**

If yes, how often does your department test the system?

quarterly

**Q115**

Requirement 5: My department provides information to the public and uses the media to communicate information to the public during a public health emergency.

Yes

**Q116**

If yes, how does your department provide information and use the media to communicate information to the public? (Select all that apply)

Web page,  
Social media,  
Email listservs,  
Press release

**Q117**

Yes

Requirement 1: My department has provided information to the public on health risks, health behaviors, disease prevention, or wellness.

---

**Q118**

If yes, how has your department provided information to the public? (Select all that apply)

Public presentation,  
Press release,  
Media communications,  
Brochure,  
Social media

---

**Q119**

Yes

Requirement 2: My department has developed and implemented or sustained population based health promotion strategies.

---

**Q120**

If yes, what types of health promotion strategies were developed and implemented or sustained? (Select all that apply)

Farmers markets,  
Smoke free zones,  
Biking pathways,  
Immunizations,  
Radon test kits,  
Other, please describe:  
Employee wellness programming; Online toolkit for local PZC and land use committee's promoting healthy eating and active living in land use decisions; and other strategies.

---

Page 24: 10 ES - #3 Inform, educate, and empower people about health issues

**Q121**

No

Requirement 1: My department has assessed health inequity across the jurisdiction within the last five years.

---

**Q122**

Respondent skipped this question

If yes, does the assessment include? (Select all that apply)

---

Page 25: 10 ES - #3 Inform, educate, and empower people about health issues

**Q123**

Yes

Requirement 1: My department has a policy, plan or strategy for branding.

---

**Q124**

If yes, does the branding policy, plan or strategy? (Select all that apply)

**Integrate brand messaging into organizational communication strategies and external communications**  
,  
**Use a common visual identity (logo) to communicate the community health board's brand**  
,  
**Include signage inside and outside the department's facility**

---

**Q125**

Respondent skipped this question

If no, is the policy, plan or strategy in development?

---

Page 26: 10 ES - #3 Inform, educate, and empower people about health issues

**Q126**

Yes

Requirement 1: My department has external communication procedures or protocols.

---

**Q127**

If yes, does the external communication procedures or protocols include? (Select all that apply)

**The process for dissemination of accurate, timely, and appropriate information for different audiences**  
,  
**Coordination with community partners for the communication of targeted and unified public health messages**  
,  
**A contact list of media and key stakeholders,**  
**The responsibilities and expectations for positions interacting with the news media**  
,  
**A designated staff position as the public information officer – please provide the staff person's name below:**  
Rob Miller

---

**Q128**

If yes, please upload the procedure or protocol.

**External communications.pdf (1.1MB)**

---

**Q129**

Respondent skipped this question

If no, is the protocol in development?

---

Page 27: 10 ES - #3 Inform, educate, and empower people about health issues

**Q130**

Yes

Requirement 1: My department has a risk communication plan, protocol or procedure.

---

**Q131**

If yes, does the risk communication plan, protocol or procedures? (Select all that apply)

Address how information is provided 24/7,

Delineate roles, responsibilities and chain of command,

Describe how information will be disseminated if disruption in communication technologies

Address preventing public alarm by addressing with misconceptions or misinformation

---

**Q132**

If yes, please upload the plan, protocol or procedure.

**EHHD Crisis Emergency Communication Plan 2014.pdf (1.1MB)**

---

**Q133**

Respondent skipped this question

If no, is the plan, protocol or procedure in development?

---

Page 28: 10 ES - #3 Inform, educate, and empower people about health issues

**Q134**

Yes

Requirement 1: My department maintains a website or web page to inform the public about public health issues.

---

**Q135**

If yes, my department's website or web page has the following information: (Select all that apply)

24/7 contact number for reporting health emergencies,

Health data,

Links to public health-related news,

Information and materials from program activities,

Links to CDC and other public health-related federal, state, or local agencies, as appropriate

The names of the Director of Health and leadership team

---



Page 29: 10 ES - #3 Inform, educate, and empower people about health issues

**Q136** **Yes**

Requirement 1: My department has demographic data defining ethnic distribution and languages in the jurisdiction.

**Q137** **Yes**

Requirement 2: My department has access to staff or contractors who provide interpretation, translation or specific communication services.

**Q138** **Bi-lingual or multi-lingual staff,**

If yes, how does your department provide interpretation, translation or specific communication services? (Select all that apply)

**Language telephone services,**  
**Language cards**

Page 30: 10 ES - #4 Mobilize community partnerships and action to identify and solve health problems

**Q139** **Yes**

Requirement 1: My department has been an active member of a community partnership(s) or coalition(s) to improve the health of the community.

**Q140** **School systems,**

If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent? (Select all that apply)

**Hospitals/Community Health Centers,**  
**Social service organizations,**  
**Local government agencies,**  
**Not-for-profit organizations,**  
**Youth organizations**

**Q141** **Chronic disease prevention,**

If yes, which health issue(s) are being addressed in the community partnership(s) or coalition(s)? (Select all that apply)

**Obesity,**  
**Anti-tobacco,**  
**Transportation,**  
**Parks and recreation**

**Q142**

Yes

Requirement 2: My department has made a change in a policy or created or revised a program that was implemented through the work of the partnership(s) or coalitions(s).

**Q143**

If yes, what policy change or revision was implemented? (Select all that apply)

Increase the number and types of tobacco free locations

Improvement of neighborhoods and the physical environment (e.g., increase in the number of bike path miles, parks, playgrounds, green spaces)

Access to Healthy food (e.g., removal of soda machines in schools, expansion of farmers' markets)

Page 31: 10 ES - #4 Mobilize community partnerships and action to identify and solve health problems

**Q144**

Yes

Requirement 1: My department engages with the community as a whole or with specific populations that will be affected by a policy or strategy.

**Q145**

If yes, which sectors of the community has your department engaged? (Select all that apply)

School-age groups,

Parent/Teacher groups,

Service providers, i.e., tattoo artists, salon owners, nail technicians, massage therapists, food establishment owners and workers

Advisory groups

**Q146**

Yes

Requirement 2: My department communicates and collaborates with the governing entity, advisory board and/or elected officials concerning public health policy or strategy at least quarterly.

**Q147**

If yes, how does your department communicate and collaborate? (Select all that apply)

Meetings,

Reports,

Emails

Page 32: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q148**

Yes

Requirement 1: My department monitors and tracks the public issues being discussed by my department's governing entity, elected officials, individuals and/or other entities that set policies and practices that impact the health department or public health.

---

**Q149**

If yes, how is your department monitoring and tracking issues? (Select all that apply)

Meeting agendas and minutes,  
Log of legislation,  
List-serves,  
Legislative Reports/Summaries,  
Professional organizations (CADH, CEHA)

---

Page 33: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q150**

Yes

Requirement 1: My department has contributed to the formal discussions concerning public policy and practice and its impact on public health.

---

**Q151**

If yes, how has your department contributed to the discussions? (Select all that apply)

Media statements,  
Participation in an advisory or work group

---

Page 34: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q152**

Yes

Requirement 1: My department has informed policy makers and/or the public about potential health impacts of policies that are being considered or in place.

---

**Q153**

If yes, how has your department informed policy makers and/or the public? (Select all that apply)

Distribution of emails, briefing statements or reports on policy impacts  
Meetings/discussions of policy issues and impacts

---

Page 35: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q154** **No**

Requirement 1: My department has a community health improvement plan (CHIP) dated within the last five years.

---

**Q155** **Respondent skipped this question**

If yes, does the CHIP include the following? (Select all that apply)

---

**Q156** **Respondent skipped this question**

If yes, please attach the CHIP or provide the web link.

---

**Q157** **Respondent skipped this question**

Web link/URL

---

**Q158** **My department has not begun a CHIP**

If no, where is your department in the process? (Select one)

---

Page 36: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q159** **Respondent skipped this question**

Requirement 1: My department has a tracking process to document actions taken toward the implementation of the CHIP.

---

**Q160** **Respondent skipped this question**

Requirement 2: My department and/or my partners have implemented some areas of the CHIP.

---

**Q161** **Respondent skipped this question**

If yes, what area has been implemented and by whom? (Provide one example)

---

Page 37: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q162** **No**

Requirement 1: My department has a strategic plan dated within the last five years.

---

**Q163**

Respondent skipped this question

If yes, does the plan include? (Select all that apply)

---

**Q164**

My department has begun planning for a strategic plan

If no, where is your department in the process? (Select one)

---

Page 38: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q165**

Respondent skipped this question

Requirement 1: Since the strategic plan's adoption, my department has reviewed the plan and has monitored and assessed progress towards reaching the goals and objectives.

---

Page 39: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q166**

Yes

Requirement 1: My department participates in preparedness meetings with other government agencies, local health departments and health care providers.

---

**Q167**

Yes

Requirement 2: My department has conducted drills or exercises or responded to real events that tested components of the All Hazards EOP within the last five years.

---

**Q168**

Yes

If yes, did your department develop an AAR after the emergency or drill/exercise?

---

**Q169**

Yes

Requirement 3: As a result of an exercise, drill or real event, my department has revised the All Hazards EOP.

---

Page 40: 10 ES - #5 Develop policies and plans that support individual and community health efforts

**Q170**

Yes

Requirement 1: My department has a public health emergency response plan that is dated within the last five years.

---

**Q171**

If yes, does your department's public health EOP include? (Select all that apply)

The health department staff responsible for coordinating a response

The roles and responsibilities of the health department and its partners

A health department communication network that addresses communication with other members of emergency networks or organizations that are also responders; or an emergency communication plan.

How the health department will manage continuity of operations during an emergency

---

**Q172**

Yes

Requirement 2: Within the last five years, my department has tested the public health EOP through drills and exercises.

---

**Q173**

Yes

If yes, did your department complete an AAR the drills or exercises?

---

**Q174**

Yes

Requirement 3: My department has revised the public health EOP based on AARs.

---

Page 41: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q175**

Yes

Requirement 1: My department reviews regulations, statutes, and ordinances for their public health implications.

---

**Q176**

If yes, when reviewing laws, does your department?  
(Select all that apply)

Solicit input from key partners and stake holders,  
Collaborate with other municipal departments, Tribes,  
state health department

**Q177**

Requirement 2: My department has access to legal  
counsel as needed.

Yes

Page 42: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q178**

Requirement 1: My department provides advice and  
recommendations to the governing entity and/or elected  
officials on the public health impact of new laws and  
changes to current laws.

Yes

**Q179**

If yes, how does your department provide advice and  
recommendations? (Select all that apply)

Talking points,  
Meetings

Page 43: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q180**

Requirement 1: My department's staff have been trained in  
laws related to their job responsibilities within the past two  
years.

Yes

**Q181**

If yes, on which laws have staff received training? (Select  
all that apply)

Food,  
Lead,  
Infectious disease (e.g., TB, STD, immunizations),  
Subsurface sewage disposal systems,  
Disaster response/emergency preparedness,  
Surveillance/outbreak investigations,  
Health care – ACA, HIPPA, insurance claims

**Q182**

Requirement 2: My department ensures consistent  
application of public health laws.

Yes

**Q183**

If yes, how does your department ensure the consistent application of public health laws? (Select all that apply)

Enforcement documents or logs,

Communications with other agencies,

Other (please describe):

Regular internal staff meetings to ensure standard approach.

---

Page 44: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q184**

Yes

Requirement 1: My department has information concerning public health related laws available to the public.

**Q185**

If yes, how is your department providing information concerning public health related laws? (Select all that apply)

Website,

Flyers/Brochures,

Email or fax,

Phone conversations

**Q186**

Yes

Requirement 2: My department has information about permit/license applications available to the public.

**Q187**

If yes, how is your department providing information about permit/license applications? (Select all that apply)

Website,

Flyers/Brochures,

Email or fax,

Phone conversations

---

Page 45: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q188**

Yes

Requirement 1: My department provides information or education to regulated individuals or entities about their responsibilities related to public health laws.

**Q189**

If yes, how is your department providing information or education to regulated individuals or entities? (Select all that apply)

Website,

Flyers/Brochures,

Email or fax,

Phone conversations



Page 46: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q190** Yes

Requirement 1: My department has local ordinances/regulations for conducting enforcement actions.

**Q191** Food

If yes, what types of ordinances/regulations? (Select all that apply)

**Q192**

Please provide a link to where these ordinances can be found:

<http://www.ehhd.org/content/101/127/default.aspx>

**Q193** Yes

Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas.

**Q194**

If yes, please upload the protocol.

**FOOD SERVICE enforcement steps.docx.pdf (241.7KB)**

**Q195** Respondent skipped this question

If no, is the protocol in development?

Page 47: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q196** Yes

Requirement 1: My department maintains a database or log of inspection reports with action taken, current status, follow-up, return inspections, and final results/closure.

**Q197** Infectious disease (CTEDSS - MAVEN),

If yes, what is/are the database(s) or log(s)? (Select all that apply) Childhood Lead (CTSIT - MAVEN),

Inspection software

Page 48: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q198** Yes

Requirement 1: My department has a database or log of actions related to investigations and complaints.

**Q199** An analysis of the situation,

If yes, does the database or log document? (Select all that apply)

Actions taken,

Meetings,

Hearings,

Official communications,

Notice of violations,

Legal orders

Page 49: Copy of page: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q200** Yes

Requirement 1: My department analyzes the information in the database or log of investigations and complaints.

**Q201** Patterns and trends,

If yes, does your department analyze the data for? (Select all that apply)

Performance improvement for the enforcement program

Development of a summary annual report

**Q202** Yes

Requirement 2: My department conducts debriefings or other methods to evaluate what worked well, to identify problems and recommends changes in the investigation/response procedure to the enforcement protocols or procedures.

Page 50: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

**Q203** Yes

Requirement 1: My department has a protocol for notifying other agencies and the public of enforcement activities.

**Q204**

If yes, how does your department notify other agencies and the public of enforcement activities? (Select all that apply)

Posting on a website,  
Reports,  
Other (please describe):  
Annual Report

**Q205**

If no, is the protocol in development?

Respondent skipped this question

Page 51: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

**Q206**

Requirement 1: My department participates in a collaborative process to assess the availability of health care services to the population.

No

**Q207**

If yes, with whom does your department collaborate to assess the availability of health care services? (Select all that apply)

Respondent skipped this question

**Q208**

If yes, do you maintain documentation (agendas, minutes, rosters) of the collaborative process/meetings?

Respondent skipped this question

**Q209**

Requirement 2: My department shares public health data for assessment and planning purposes.

No

**Q210**

If yes, how does your department share the data? (Select all that apply)

Respondent skipped this question

**Q211**

Requirement 3: My department assesses emerging issues that may impact access to care.

No

**Q212**

If yes, please provide an example of an emerging issue.

Respondent skipped this question

Page 52: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

**Q213** **No**

Requirement 1: My department has a process for identifying populations who lack access to health care.

**Q214** **Respondent skipped this question**

If yes, how are the populations identified? (Select all that apply)

**Q215** **Yes**

Requirement 2: My department has a report or has developed a report that identifies populations who experience barriers to health care services.

**Q216** **Geographic location**

If yes, in the report, are the populations who experience barriers identified by the following? (Select all that apply)

Page 53: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

**Q217** **Yes**

Requirement 1: My department has a process used to identify gaps in health care services and barriers to health care services.

**Q218** **Community Health Assessment**

If yes, how are the gaps in health care services and barriers to care identified? (Select all that apply)

**Q219** **No**

Requirement 2: My department has a report or developed a report of analysis of data from various sources that identify and describe gaps in access to health care services and barriers to health care services in my jurisdiction.

**Q220** **Respondent skipped this question**

If yes, does the report include? (Select all that apply)

Page 54: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

**Q221**

No

Requirement 1: My department participates in a collaborative process for developing strategies to improve access to health care.

---

**Q222**

Respondent skipped this question

If yes, what strategies has the coalition developed to improve access to health care services and reduce barriers to care? (Select all that apply)

---

Page 55: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

**Q223**

Yes

Requirement 1: My department has collaboratively implemented strategies to improve access to health care services for those who experience barriers.

---

**Q224**

Case management

If yes, what strategies have been implemented to improve access to health care services? (Select all that apply)

---

Page 56: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

**Q225**

Yes

Requirement 1: My department has initiatives to ensure that access and barriers are addressed in a culturally competent manner and take into account cultural, language and low literacy barriers.

---

**Q226**

Language/interpretive services

If yes, what are some of the initiatives? (Select all that apply)

---

Page 57: 10 ES - #8 Assure competent public and personal health care workforce

**Q227**

Yes

Requirement 1: My department actively promotes public health as a career choice.

---

Q228

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

Page 58: 10 ES - #8 Assure competent public and personal health care workforce

Q229

Requirement 1: My department has a workforce development plan.

Yes

Q230

If yes, does the workforce development plan? (Select all that apply)

Address the collective capacity and capability of the department workforce

Address gaps in capacity and capabilities and include strategies to address them

Acknowledge the changing environment and include considerations of areas where the field is advancing; for example, emergency preparedness training, health equity, and cultural competence

Include an assessment of current staff competencies against the adopted core competencies

Include training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies

Q231

If no, is the plan in development?

Respondent skipped this question

Q232

Requirement 2: My department has implemented its workforce development strategies.

Yes

Q233

If yes, what workforce development strategies have been implemented? (Select all that apply)

Completed assessment of current staff competencies,

Developed training schedules

Page 59: 10 ES - #8 Assure competent public and personal health care workforce

**Q234** Yes

Requirement 1: My department ensures a competent workforce.

**Q235** Documented process for recruitment of qualified staff,  
Staff retention activities (e.g., employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs)  
,  
Job descriptions and requirements for specific certifications, skills, training, experience and education  
,  
Protocol/process to verify staff qualifications,  
Annual performance reviews

Page 60: 10 ES - #8 Assure competent public and personal health care workforce

**Q236** Yes

Requirement 1: My department documents staff's completion of their professional development activities.

**Q237** Continuing education for certifications/licenses,  
Training opportunities (e.g., HIPAA, emergency response, methods for the presentation of data, health equity, and communications)

**Q238** No

Requirement 2: My department provides leadership and/or management development training programs.

**Q239** Respondent skipped this question

If yes, what type of leadership and/or management development training programs? (Select all that apply)

Q240

Yes

Requirement 3: My department provides an environment in which employees are supported in their jobs.

---

Q241

If yes, how does your department provide a supportive environment? (Select all that apply)

Supporting staff's regulatory work, which can be met with resistance

Providing professional development opportunities,  
Providing support through an Employee Assistance Program (EAP)

Providing collaborative learning opportunities (e.g., participation on boards, committees, and task forces in community, collaborative planning sessions, shared reviews of program evaluations, etc.)

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Page 61: Copy of page: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and

Q242

No

Requirement 1: My department has adopted a performance management system with input from staff and leadership.

---

Q243

Respondent skipped this question

If yes, does the performance management system include? (Select all that apply)

---

Q244

No

If no, is the department in the process of adopting a system?

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Page 62: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q245

Respondent skipped this question

Requirement 1: My department has a committee or team that is responsible for implementing the performance management system.

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Q246

Respondent skipped this question

If yes, does the committee or team? (Select all that apply)

---



**Q247**

Respondent skipped this question

If yes, for which area(s) has the performance management system been implemented? (Select all that apply)

Page 63: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

**Q248**

Yes

Requirement 1: My department collects, analyzes, and draws conclusions from feedback from different customer groups.

**Q249**

Governing entities,

If yes, what groups have you surveyed? (Select all that apply)

Tradespeople

**Q250**

Yes

Requirement 2: My department has implemented changes/improvements based on the customer feedback.

**Q251**

If yes, what is one (1) change that your department has implemented?

Improvements and updates to our online application, and payment system.

Page 64: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

**Q252**

No

Requirement 1: My department provides staff development in performance management.

**Q253**

Respondent skipped this question

If yes, how does your department provide staff development in performance management? (Select all that apply)

Page 65: 10 ES - #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

**Q254**

No

Requirement 1: My department has a written quality improvement (QI) plan that is dated within five years.

**Q255**

Respondent skipped this question

If yes, does the QI plan address the following? (Select all that apply)

**Q256**

My department has not begun a QI plan

If no, where is your department in the process? (Select one)

Page 66: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

**Q257**

Respondent skipped this question

Requirement 1: My department has documentation of implemented quality improvement activities based on the QI plan.

**Q258**

Respondent skipped this question

If yes, did the documented QI activities include the following? (Select all that apply)

Page 67: 10 ES - #10 Research for new insights and innovative solutions to health problems

**Q259**

Yes

Requirement 1: My department has incorporated an evidence based or promising practice in a process, program or intervention.

**Q260**

Published study or article,

If yes, what is/are the source(s) of the evidence-based or promising practice? (Select all that apply)

National organizations,

Community-based organizations,

Federal agencies

**Q261**

If yes, please upload or describe one promising practice implemented.

Final EHHD Plan4Health - Final Reporting Form (2).docx (37.6KB)

**Q262**

Promising practice description

We have many more evidence based policy, systems, and environmental changes that have been implemented in the past.

Page 68: 10 ES - #10 Research for new insights and innovative solutions to health problems

**Q263** **Yes**

Requirement 1: My department has communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public.

**Q264**

If yes, describe the research.

Youth Tobacco Suvey results regarding increase in e-cig use among high school students.

**Q265**

If yes, with whom did your department communicate the research findings? (Select all that apply)

**Elected/appointed officials,  
Local agencies/departments,  
Community organizations,  
General public**

Page 69: 10 Essential Services Certification

**Q266** **Yes**

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.

**Robert L. Miller**

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**From:** Robert L. Miller  
**Sent:** Thursday, January 13, 2022 11:26 AM  
**To:** Ashford First Selectman - Ashford (firstselectman@ashfordtownhall.org); 'Chaplin First Selectman (firstselectman@chaplinct.org)'; 'Eric Anderson (eanderson@andoverct.org)'; 'Erika Wiececki - 1st Selectman Willington'; 'Gary Greenberg (firstselectman@scotlandct.org)'; 'Jim Rupert'; John Elsesser; 'Kenneth Dardick'; Lbielawiec@tolland.org; 'Lisa Hancock'; Robert L. Miller; Ryan J. Aylesworth; Town Administrator (townadministrator@columbiact.org)  
**Cc:** Cecile C. Serazo; Ande Bloom; Millie C. Brosseau  
**Subject:** FW: Equity Reports for All 169 CT Towns, 2020 Census Neighborhood Maps, Opioid Study  
**Importance:** High

Greetings Member Town CEO's –

Every three years DataHaven administers high quality, cell phone and landline interview of thousands of randomly selected adults living across the state of Connecticut. For the past three cycles, using grants funds from our ACHIEVE grant, the EHHD has sponsored this effort to enhance and increase the number of interviews conducted within our jurisdiction. This added data has informed the below individualized Town Equity Reports generated by DataHaven.

The EHHD encourages you to down load and review your town report. You can use this link: <https://ctdatahaven.org/reports/connecticut-town-equity-reports> OR the link in the below email from DataHaven. These individualized reports provide insights to your communities addressing Housing, Education, Civil Life & Community Cohesion, and of course Health. Please pass this on to Town staff that may benefit from this information.

Yours in Health,  
 Rob

*Robert L. Miller, MPA, RS*

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 Eastern Highlands Health District  
 4 South Eagleville Road  
 Storrs, CT 06268  
 860-429-3325  
 860-429-3321 (Fax)  
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[www.ehhd.org](http://www.ehhd.org)

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



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**From:** Mark Abraham, DataHaven [mailto:info@ctdatahaven.org]

**Sent:** Monday, September 13, 2021 2:02 PM

**To:** Robert L. Miller <MillerRL@ehhd.org>

**Subject:** New: Equity Reports for All 169 CT Towns, 2020 Census Neighborhood Maps, Opioid Study



**DataHaven**  
**The Twenty Fifth Year**

**DataHaven's Town Equity Reports use new approaches to disaggregate data for CT towns**

[Find Reports for All 169 Towns Here](#)



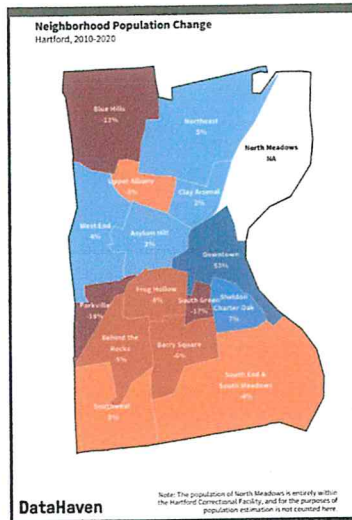
DataHaven has published a new series of reports for all 169 Connecticut towns. Filled with data visualizations and maps, these reports use new methods to analyze raw data from the 2020 Census, American Community Survey microdata files, DataHaven Community Wellbeing Survey, and other federal and state sources to create relevant town-level information by demographic group like race/ethnicity that was not previously available from any public databases.

The reports will inform local-level efforts to improve community well-being and racial equity. Please download and help us share the report for your town!

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## Neighborhood Analyses

[Click here to see the full analyses](#)



This series of DataHaven reports, using 2020 Census data, visualizes and discusses neighborhood-level demographic changes within our state's larger communities since the last census in 2010.

## 2020 Coverage

[Read the full media coverage here](#)

After the U.S. Census Bureau released 2020 redistricting data on August 12, DataHaven immediately published a [public analysis of the data](#), and our analyses and staff commentary were featured widely on the front pages of most Connecticut newspapers.

## Overdose Data to Action Report

[Download the full report here](#)

DataHaven recently published this report, which summarizes data trends related to overdose, substance use, harm prevention, and related metrics. It also provides recommendations to inform programs developed by the Quinnipiack Valley Health District (QVHD) and New Haven Health Department's (NHHD) joint effort to reduce overdoses through the Overdose Data to Action (OD2A) grant administered through the Connecticut Department of Public Health (CTDPH) via the Centers for Disease Control and Prevention (CDC).

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## Why "Asian-American" data isn't enough

[Watch the full op-ed here](#)

DataHaven summer intern Sam Ahn created a video op-ed explaining why the lack of disaggregation of Asian-American data is masking important indicators among different ethnic groups.

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## Follow us on social media!



*DataHaven is a non-profit 501(c)3 organization with a 25-year history of public service to Connecticut. DataHaven is a formal partner of the National Neighborhood Indicators Partnership. For more, visit [www.ctdatahaven.org](http://www.ctdatahaven.org).*

Read our previous [newsletters](#), see a full listing of recent articles on our [blog](#), follow us on social media (links above!), or [subscribe to our quarterly newsletter](#) to stay up to date.

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