

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Coventry Town Hall Annex
Thursday June 20, 2019, 4:30 PM

Call to Order

Approval of Minutes (April 11, 2019)

Public Comments

Old Business - none

New Business

1. ViewPoint Cloud –permit tracking software upgrade
2. Tolland Employee Wellness Contract FY19/20
3. Agreement for Local Public Health Emergency Preparedness Services By and Between the EHHD and NDDH FY19/20

Town Reports

Subcommittee Reports

4. Finance Committee – Quarterly report

Directors Report

5. Substance Abuse in Our Communities Workgroup Update
6. EHHD Schools MMR vaccination information
7. Advocacy Legislative update – End of Session
8. Quarterly Activity Report for the period ending 3/31/19
9. Staff changes & recruitment update (no attachment)

Communications/other

10. R Miller re: Sodium Chloride in Private Wells
11. New Haven re: Child lead poisoning law suit
12. DPH re: School Immunization Rates
13. Washington Post re: Man with measles infecting 39 people
14. Chronicle re: Ashford apartments with lead in water
15. R Miller re: EHHD Emergency Contact Protocols - updated

Adjournment

Next Board Meeting – August 15, 2019, Coventry Town Hall Annex at 4:30PM

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT
Coventry Town Hall Annex
Thursday, April 11, 2019

Members present: J. Elsesser (Coventry), J. Higgins (Andover), D. Kennedy (Mansfield), E. Paterson (Mansfield), B. Syme (Scotland), D. Walsh (Coventry), M. Walter (Columbia), S. Werbner (Tolland via phone)

Staff present: R. Miller, M. Brosseau, S. Miller (student intern), K. Dardick

Call to Order: E. Paterson called the meeting to order at 4:33 pm.

Approval of Minutes February 21, 2019

J. Elsesser made a MOTION seconded by M. Walter to approve the minutes of the February 21, 2019 meeting as presented. MOTION PASSED unanimously.

Approval of Minutes March 21, 2019

J. Elsesser made a MOTION seconded by J. Higgins to approve the minutes of the March 21, 2019 meeting as presented. MOTION PASSED with M. Walter abstaining.

New Business

Appointment of Auditor FY 18/19

Mansfield Director of Finance seeks the Board's approval to adopt Blum Shapiro & Company, P.C. as auditor for fiscal year 18/19.

D. Kennedy made a MOTION, seconded by D. Walsh to appoint Blum Shapiro & Company P.C. as the auditor for Fiscal year 18/19. MOTION PASSED unanimously.

Director Signature annual authorization resolution

R. Miller reminded the board that this is an annual resolution that needs to be adopted by the board authorizing the Director of Health to sign and execute grant contracts documents on behalf of the health district.

D. Walsh made a MOTION, seconded by D. Kennedy to adopt the "Resolution Signature Authorization" for fiscal year 2019/2020 contracts with the Connecticut Department of Public Health as presented on April 11, 2019. MOTION PASSED unanimously. Copy of resolution is attached.

Town Reports

Coventry – J. Elsesser reported the following:

- Vinton Village is being reconstructed and Wicked Slice will be returning there.
- Dr. Keenan has moved out of Coventry and is temporarily in Mansfield.
- Pizza on Main will be opening in the building where Francesca's operated.
- Coventry is still working on the project to tie into Bolton sewer lines.
- Hydrilla treatment will cost the town \$130,000

- 4 towns- Coventy, Bolton, Mansfield and Tolland are working together to hire an Economic Development consultant

D. Walsh asked which additional businesses will be inspected by the health district. R. Miller noted that they are cosmetology businesses – barbers, hair dressers, nail salons.

Andover – J. Higgins reported that an architect has presented several option for the remodeling a wing of the elementary school to accommodate the senior center.

Columbia – M. Walter reported that a new restaurant, Maine Moose, will be opening in Columbia

Mansfield – D. Kennedy reported the following:

- Francesca’s restaurant is no longer moving to Mansfield
- The 4 Corners sewer project is moving along.
- School building committee working on School consolidation project. They voted on recommendation to put it at the Southeast location. Would need to relocate a well. J. Elsesser suggest that D. Kennedy talk with the WUCC for Mansfield.
- Final budget deliberation was Wednesday, April 10th. Next step is the public hearing.

Tolland – S. Werbner reported that the new sign for Electric Blue is causing controversy.

Scotland – B. Syme reported that there have been several new homes where water tests showed arsenic in the well water. R. Miller helped publish a notice encouraging people to test their water. R. Miller also suggested that it may be worth running a district-wide campaign in the future.

Medical Advisor Report

J. Elsesser asked about a tick that makes you allergic to meat. Dr. Dardick informed the board that it is the Lone Star tick that can result in an allergy to red meat after several bites from the tick. The saliva from this tick has a sugar in it that is similar to sugar found in red meat. Dr. Dardick noted that the tick is rare in Connecticut. Dr. Dardick reported to the board that a new tick is in the news. The Asian Longhorn tick is rampant in Staten Island, NY. Notable about this tick is that it is able to self-reproduce. It is not known to carry disease affecting humans.

Dr. Dardick reported that there has been a recent uptick in the number of flu cases.

D. Walsh requested that Dr. Dardick speak about superbugs and measles. Dr. Dardick noted that there have only been 2 cases of measles in Connecticut. He further noted that superbugs have an increase in resistance to antibiotics.

Tolland – S. Werbner reported that the major focus in Tolland is in construction of a new elementary school. He noted that Holly has been excellent in working with the town on this project.

Directors Report

Legislative/advocacy – CADH testimonials/bill tracking

R. Miller reported on several bills:

- HB6955 Property maintenance code bill hasn't made it out of committee. Reminded that this would have put a lot of demand on Health District staff and is an unfunded mandate.
 - There are numerous bills related to controlling tobacco and vaping products. R. Miller suspects there will be consolidation of the bills. CADH is supporting the bills. D. Kennedy questioned whether any of the bills were making it easier to buy or less restrict or if there were any proposing restrictions of selling or distributing within a radius of a school system.
 - HB6742 Act concerning Human trafficking and nail technician licensing. Unfunded mandates are being tacked onto this bill.
 - HP7133 While this bill, if fully funded will be protective of children as it is currently written, it will pose a significant burden on local health. Funding is essential. The bill has been voted out of the public health committee. This bill lowers the standard on which local public health will be required to launch an epidemiological and environmental investigation. A single case required 40-50 man hours. This would require a full time person to implement the program.
- E. Paterson asked D. Dardick about the long term issues of lead exposure. Dr. Dardick indicated that there is data to support that it leads to brain damage, and decreased intellectual functioning. The bill has been referred to appropriations. R. Miller will be reaching out to members on appropriation committee. Additionally he will reach out to legislators if it goes to the floor.

Substance Abuse in Our Communities Workgroup activities – mini grant award

R. Miller reported that Eastern Highlands Health District has been awarded \$8750 in grant money. The grant will support existing staff time to review and draft a policy for pre-staging naran at public buildings, in conjunction with Mansfield Youth Services, as well as additional activities. S. Miller, EHHD intern, has been working on this project. The grant money will also fund a Drug Take Back Day.

J. Elsesser noted that Coventry's EMS coordinator attended a "Stop the Bleed Train the Trainer program" hosted by the town of Manchester. He is now a certified trainer and Coventry will be starting a "Stop the Bleed" program.

Advocacy

R. Miller noted that the FDA food code delayed. Within FDA food code is a training component to ensure all inspectors meet standardized requirements for inspections. Under the new standards being developed, 50 inspections will now need to be done to certify any new food inspector: 25 will be done in house and 25 with a state official. CADH will be pushing back on this because of the burden it will place on local health.

Staff recruitment update

New Chief Sanitarian, Lynette Swanson started Monday, April 8th. She has "hit the ground running".

Community Health and Wellness Coordinator interviews have been completed. An offer has been made and R. Miller is waiting to hear back.

Environmental Health Inspector position has been posted. It closes at the end of the month.

Fulltime Sanitarian position has been posted and will be closing by the end of the month. R. Miller asked all board members to be patient if they are seeing any delays in service as the district is down 1 ½ FTEs. If there are any concerns, please direct them to Rob.

Communications

New Haven Register re: East Shore Health District misses restaurant inspections

R. Miller noted that East Shore received bad press meeting the minimum mandate for food inspections. Very few Health districts are able to meet the mandate due to manpower and the way the regulations read. Due to staff vacancies, EHHD will be significantly below the mandate. The focus is being placed on high risk establishments.

Adjournment

D. Kennedy made a MOTION seconded by J. Higgins to adjourn the meeting at 5:55 pm.

Next Board Meeting – June 20, 2019, 4:30 PM at Coventry Town Hall Annex

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

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

RESOLUTION FOR SIGNATURE AUTHORIZATION

RESOLVED:

That Robert L. Miller, Director of Health, and in his absence, Elizabeth Paterson, Board Chairperson, has been Empowered to sign contracts and amendments hereto, on behalf of the Eastern Highlands Health District between the Eastern Highlands Health District and the Connecticut Department of Public Health or its successor agency, for the period July 1, 2019 to June 30, 2020.

Adopted this 11th day of April, 2019

John Elsesser
Board of Directors, Vice Chairmen



Eastern Highlands Health District

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Memo

To: Board of Directors

Cc: Jaime Russell, Mansfield IT Director

From: Robert Miller, Director of Health

Date: 6/14/2019

Re: ViewPoint Cloud - Upgrade

Background

We first contracted with ViewPoint Government Solutions in the beginning of 2015 for an online application, and permit tracking service product called ViewPermit. After three years working with the vendor to tailor the system to fit our needs, we went live with ViewPermit in April 2018. We were subsequently notified in March 2019 by the vendor that the ViewPermit product will be sunsetted June 2020, and replaced with an upgraded product call ViewPoint Cloud (See the attached product summary). After a webinar presenting the product's upgraded features and functionality, the vendor provided a quote that represents a 74% increase in our current annual licensing costs.

Since receiving this information, working with the Mansfield Director of Information Technology, the office has engaged in an effort to consider health district options for the future. Below is a brief synopsis of each of these options:

Delay a Decision. Continue to use the current ViewPermit software, thereby delaying a decision on a long term solution. This approach would save funds in the short term. Provide additional time for further considering other software solutions, or alternatives. This options runs the risk of losing special incentive pricing cited by the vendor that expires 7/31/19.

Start Over. There are two options within this approach. One, we can issue an RFQ to solicit and select a new vendor that provides online applications, and permit tracking as a licensed service. Two, we could hire a software developing firm to build out our existing Filemaker Pro system currently running our food program, and operating off the Town of Mansfield servers.

Upgrade to ViewPoint Cloud. We can move forward, negotiate and execute a new contract with ViewPoint Government Solutions for the upgraded product.



Eastern Highlands Health District

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ViewPoint Cloud Upgrade – Financial Impact

Attached for your review is the quote provided by the ViewPoint Government Solutions. The total price is \$32,275. Of this total price, \$11,800 is primarily one-time implementation costs. The balance of \$20,475 is annual licensing. Our current actual annual licensing cost for ViewPermit is \$11,760 (This rate recently went up 3.7%). This is an increase of \$8,715, annually.

There are adequate funds in our CNR fund to cover implementation costs. I am currently negotiating with the vendor on a multi-year transition plan for the annual operating cost increase.

Recommendation

This office respectfully recommends upgrading to ViewPoint Cloud. While the product presentation by the vendor suggested a number of material improvements in functionality, and ease of use, this office nonetheless committed time to verifying these claims. Both the Towns of Willington, and Bolton are in various stages of implementation, with Willington having launched the software before March 2019, and Bolton scheduled to launch sometime in the next couple of months. Time was spent by this office reviewing the Bolton and Willington platforms, and interviewing town staff with their experience on the transition from ViewPermit to ViewPoint Cloud, functionality improvements, and its ease of use. Bolton staff provided an interactive demonstration of the product. Thus far, town staff appear satisfied.

An important note is that the time invested by health district staff over the past four years developing system workflows, output documents, reports and other components necessary to fit our unique needs will, for the most part, not be lost in the upgrade. These elements can and would be imported from the old system to the new as part of the upgrade, and implementation process.

Essentially, ViewPoint Cloud appears to solve many of the problems we encountered with the ViewPermit software over the past four years. These solutions include but are not limited to functional improvements in the searchable database, editing enhancements for output documents and reports, multi-town data point capacity, more admin flexibility, less reliance on vendor technical support, and a user friendly public portal.

If the board concurs with the recommendation then the following motion is in order: *Move, to authorize the Director of Health to negotiate and execute contracts with ViewPoint Government Solutions to upgrade from ViewPermit to ViewPoint Cloud; the Director is further authorized to expend up to \$12,000 from the CNR fund for the implementation, and up to \$4,600 from the general fund in FY 19/20 for increases in operating costs.*

Attachments:

Viewpoint quote
Viewpoint Cloud Upgrade overview

Proposal Information

Created Date	4/3/2019	Contract Start Date	8/1/2019
Quote Number	201904-665	Contract End Date	7/31/2020

Municipal Information

Account Name	Eastern Highlands Health District	Name	Rob Miller
Billing Address	4 South Eagleville Road Mansfield, Connecticut 06268	Phone	(860) 429-3325
		Email	millerrl@ehhd.org

Investment Line Items

Product	Product Description	Product Code	Total Price
ViewPoint Cloud	<p>For 1 Department (Health)</p> <p>Accept online requests, route through workflows, manage approvals, collect payments, and issue permits.</p> <p>Allows for public inspection requests, inspection scheduling, mobile field inspections, and inspection reporting.</p> <p>Also you will be able to create renewal campaigns on any record type that is currently active in ViewPoint Cloud.</p> <p>• Unlimited Users • Support & Maintenance</p> <p>• All Hosting & Storage • All Updates & Upgrades</p> <p>Unlimited usage annually for the Department(s) and/or record types listed.</p>	Annual Recurring	\$30,000.00
ViewPoint Cloud Discount	DISCOUNT "%" OFFER EXPIRES 7/31/19	Discount - Annual Recurring	(\$7,500.00)
ViewPoint Cloud Discount	DISCOUNT "%" OFFER EXPIRES 7/31/19	Discount - Annual Recurring	(\$5,625.00)
Master Address Table Annual Support	<p>Integrate your Master Address Table into ViewPoint Cloud for a weekly import of all location information. This will replace the automated Google Maps Address Search. It will be the municipalities responsibility to provide ViewPoint with the file initially and ongoing for any updates.</p> <p>Requirements: Same as 1 time import, plus (at least) read-only any-time access to the MAT database which must contain the parcel properties latitude/longitude coordinates.</p>	Annual Recurring	\$2,400.00
Contractor Integration Support	<p>Integrate ViewPoint Cloud with your contractor database to import licensed contractor information.</p> <p>*Small municipality discount (under 40k pop.) - 25% off monthly dues.</p> <p>Requirements: A clean contractor table including all information to be included on application forms.</p> <p>ViewPoint will train administrative staff and provide implementation services for your first department</p> <p>ViewPoint will provide implementation services for each department you subscribe for these services.</p> <p>This service spans the duration of department deployment from beginning to go-live, during which time ViewPoint will set up your records as we collaborate on tailoring the system to suit your community. Intended for 1-3 administrators and/or your Project Manager. ViewPoint Cloud will provide professional services consulting and best practice recommendations, delivered remotely. This involves interacting with your project manager and at times department(s) staff for setting up record types for the department(s) and covers forms, fees, attachments, workflows, access rights &</p>	Annual Recurring	\$1,200.00
Implementation & Deployment Services		One Time	\$19,500.00

	document outputs. Additional sample curriculum includes:		
	<ul style="list-style-type: none"> • Defining citizen service goals • Developing an online permitting strategy • How to customize forms and workflows • Testing & Training best practices 		
Discount	DISCOUNT "%" OFFER EXPIRES 7/31/19	Discount	(\$10,700.00)
End User Education Course	For 1 End User Training Session Expert assistance from a ViewPoint education specialist. Intended for end user staff. Price per department for single 2-hour end-user training webinar + recording. End Users will learn necessary skills to perform their jobs in the ViewPoint Cloud environment.	One Time	\$1,500.00
Master Address Table One Time Import	Import all of your location information from your Master Address Table into ViewPointCloud. This will replace the automated Google Maps Address Search. Requirements: A clean master address table including all of the community's location information and must contain the parcel properties latitude/longitude coordinates, as well as at least 1 unique ID field. ViewPoint does not take responsibility for 'dirty' data.	One Time	\$2,000.00
Discount	50% Discount for existing integrations	Discount	(\$1,000.00)
Contractor Integration	Integrate ViewPoint Cloud with your contractor database to import licensed contractor information.	One Time	\$1,000.00
Discount	50% Discount for existing integrations	Discount	(\$500.00)
Historical Data Migration	Import of permits, licenses, and associated data, as well as settings from ViewPermit. The community will need to indicate what modules and permit types are to be migrated. The migration is subject to the requirements in the "Notes" section below	One Time	\$5,000.00
Discount	Free Data Migration (Contract must be executed before 8/1/19) This offer expires 7/31/19	Discount	(\$5,000.00)

Total Investment from Items Above

Total Price

\$32,275.00

Notes

For a Single Department (Health)

The scope of migration includes:

Settings

- ViewPermit Permit/License types
 - Forms
 - Dropdown options: Permit Fors, Occupancy Types, Building Types, Use Groups, Hearing Types, Business Types, Establishment Types
 - Fixtures
 - Goods & Services
 - Custom Fields
 - Workflow
 - Standard ViewPermit order
 - Plan Review Approvals based on Permit For
 - CO Review Approvals based on Permit For
 - Inspection Steps based on Permit For
- Autofill Sources
 - NAICS codes
 - Personnel: Utilities, Architects, Engineers
 - Contractor Integration (either state list, local Personnel list, or full ViewPermit license type)
- Inspection Types & Checklist Items
- Fees (via assisted setup)
- Document Templates (via assisted setup)

Data

- Records (Permits, Licenses, etc.)
- Work Description and other Form Data
- Contractors and other Multi-Entry form data
- Project name
- Applicant data
- Location information (Records will only be linked to locations if an ID, MBL, or other logical link is provided to match up to the community's address integration)
- Fees and Payments (will be migrated as form data)
- Inspections (will be migrated as form data)
- Attachments that are cloud hosted by ViewPoint

The scope of migration does not include:

- Cleaning of any corrupted data
- Creation and linking of applicant accounts
- Migration of existing employee accounts (passwords, LDAP, etc)
- Integration of historical fees and payments into workflow or financial reports.
- Logs of permit changes
- Migration of any data into the workflow (i.e. pending or completed sign-offs, fee steps, document issuance, inspections).
- Contractor integration from sources not listed above
- Parent/Child relationships between permits
- Bonds not on permits
- Standard Comments settings
- Flags
- Attachments stored on town servers or computers

ViewPoint Contact

Prepared By Carl Anderson

Expiration Date 6/28/2019

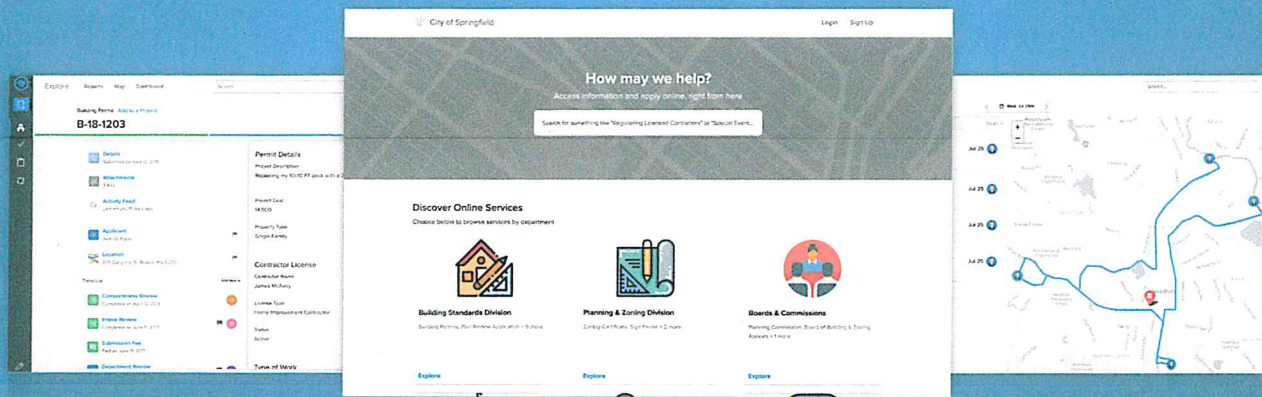
By signing below, you hereby agree to the ViewPoint Cloud Terms of Service and will be billed according to the terms therein. The terms of service can be found here - <http://viewpointcloud.com/terms-of-service/>. ViewPoint's Privacy Policy may be found here - <http://viewpointcloud.com/privacy-policy/>. Annual recurring costs not to exceed 5% increase per year as stated in the CRCOG agreement.

Signed

Date

Printed Name _____

Title _____



 **viewpoint** Cloud

Upgrade to a better way to work

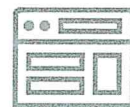
Become more adaptive and more capable by upgrading from ViewPermit to ViewPoint Cloud



Reduce IT burden with a modern cloud platform



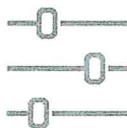
Process any permit, license, or case type



Offer easy online constituent services



Thoughtfully redesigned for the modern government



Drag-and-drop customization tools



Powerful new features to optimize your processes

ViewPermit vs. ViewPoint Cloud

	ViewPermit	ViewPoint Cloud
Accessibility	Hybrid cloud solution with desktop client software	100% browser-based web application with nothing to install
Functionality	Separate apps for permitting, inspections, and enforcement	All-in-one platform for permitting, inspections, and enforcement
Online Services	Fixed online service offerings	Make any permit or license type available in your public portal
Workflow	Limited workflow customization	Drag-and-drop workflow designer for complete process control
Form Fields	Minimal ability to customize fields	Drag-and-drop form builder to change, add, or remove any field
Reporting	External Microsoft Report Builder tool	Built-in user-friendly reporting engine
Inspections	Inspection management and scheduling	Enhanced inspections and scheduling with intelligent routing
Fees	Fixed fee schedules	User-friendly Fee Designer for easy fee schedule updates
Support	Tickets submitted in a separate system	Integrated Help Center and live Support Messenger

Frequently Asked Questions

Is the entire application web-based?

Yes. ViewPoint Cloud is a 100% browser-based web application with nothing to install. The software is accessible from any modern web browser on your computer, tablet, or smartphone. This also means that software updates happen automatically, and you're always using the latest version.

Will we have to redo the customizations we've made in ViewPermit?

No. Upgrading from ViewPermit to ViewPoint Cloud automatically transfers your forms, workflows, fees, custom fields, and configurations, in addition to all historical permits and custom reports. A dedicated ViewPoint project manager will guide you through the entire process to ensure a smooth transition.

Can we customize our forms in ViewPoint Cloud?

Yes. ViewPoint Cloud introduces a drag-and-drop form builder, allowing you to add, remove, or change any field on your permits, licenses, and cases. You can even create new forms from scratch!

Will we still use PayPal to process credit cards?

No. ViewPoint Cloud offers a new and improved payment system in partnership with Stripe. Accept all major credit cards, as well as e-check payments with e-verify, in a fully-integrated payment experience. Transactions are securely processed by ViewPoint, and revenue is deposited each day to your designated bank account. And now, authorized users can easily refund credit card payments without having to open a separate system. ViewPoint Cloud is PCI-DSS compliant.

How does Support work with the new software? What is the response time like?

In ViewPoint Cloud, you can talk to support in just minutes without leaving the app, using our built-in messenger. A dedicated support team is standing by to address any issue you or your team may encounter. You'll also get quick access to our Help Center to find the answers you need.

What is the cost of the upgrade?

ViewPermit communities qualify for preferential upgrade pricing for ViewPoint Cloud. Contact us to discuss your upgrade with a ViewPoint account manager and get your upgrade plan and pricing.

How long does it take to upgrade?

Upgrade timing depends on each community's individual needs, and typically occurs over a 2-6 month timeframe.

Have other communities already upgraded?


Yes. Many ViewPermit communities have already begun upgrading to ViewPoint Cloud, and several have already gone live.



Eastern Highlands Health District

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Memo

To: Board of Directors
From: Robert Miller, Director of Health 
Date: 6/6/2019
Re: Tolland Employee Wellness – FY19/20 Contract

As you may recall, the Board in past years has authorized an agreement for the Health District to provide employee wellness services to the Town of Tolland employees (This agreement does not include the BOE). In this regard, attached for your information is the following document:

- Agreement between the Health District and Town of Tolland extending employee wellness program services to June 2020

Funding for this program is provided entirely by the Town of Tolland. The total amount paid by Tolland is \$7,000. There is no cost to the Health District, nor an adverse impact to existing programs and services. The presence of this program within our scope of services continues to benefit the health district with improved grant competitiveness, and an improved wellness programming presence in the community.

I respectfully recommend the Board ratify the execution of this agreement between the Town of Tolland and the Health District to provide employee wellness services.

Recommended Motion: Move, to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented June 20, 2019.

Town of Tolland/ Eastern Highlands Health District Employee Wellness Service Agreement

This agreement is made this ^{6th} day of June, 2019 by and between the Eastern Highlands Health District (hereinafter the "DISTRICT") and the Town of Tolland (hereinafter the "TOWN") witness that:


Whereas the TOWN requires localized wellness services for employees and spouses and desires to retain the services of the Eastern Highlands Health District; and


Whereas the DISTRICT desires to provide such services to the TOWN for compensation and in accordance with the terms herein specified.

Now, therefore, the parties do mutually agree as follows:

1. The DISTRICT shall provide and/or coordinate in accordance with the terms herein, professional wellness services for the TOWN. Services to be provided and/or coordinated include:
 - Rewards kick-off event and quarterly on site wellness seminars, programs, and promotions targeting all town employees through Tolland Town Hall worksite location.
 - Coordination, implementation, promotion of two on-line surveys (behavior & interest) for all town employees.
 - Report of survey results and analysis after receiving a minimum of 20 surveys completed by employees or at the request of the Tolland Director of Administrative Services.
 - Quarterly employee wellness e-newsletter.
 - Employee Wellness Web site with resources, tools and general information on health & wellness.
 - Personal nutrition consultations and assessments when requested by employees
 - Promotion and tracking of incentive programs for employee and spouse participation in wellness programs
 - On-site biometric screening event once during contract year
 - Other services as mutually agreed upon
2. The TOWN agrees to pay as full and complete compensation for these services for the term of this agreement the total amount of \$7,000.
3. The TOWN agrees to provide internal email address for Be Well program, and provide collaborative support for wellness programming, and on-site events.
4. The TOWN acknowledges that the DISTRICT has other Health Education Program obligations and the days and times that the DISTRICT performs work in service to the TOWN will, within reason, be flexible to allow for attending to the needs of the DISTRICT.
5. The TOWN agrees to hold the DISTRICT and any of the Health District's officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the TOWN, unless such damages are caused by, or are the result of the misconduct of the Health District or any of the Health District's officers, agents or employees.

- IN WITNESS WHEREOF, the said TOWN OF TOLLAND, and the EASTERN HIGHLANDS HEALTH DISTRICT have executed this Contract as of the date first above written:


Robert L. Miller
Director of Health


Date



Eastern Highlands Health District

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

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 6/13/2019

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

Background

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

Attached for your review and consideration is the above referenced agreement updated for fiscal year 2019-2020. The agreement terms are the same from the previous fiscal, with one exception. The hourly rate is \$37.92. This is an 8.6% increase from the previous year. This increase is predominately due to an adjustment in the PHEPC compensation to better align with wages in this labor market.

Fiscal Impact

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

Recommendation

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

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

It is respectfully recommended that the board authorize execution of this agreement as presented. If the board concurs, the following motion is in order: *Move, to authorize execution of the "Agreement for Local Public Health Emergency Preparedness Services by and between the Eastern Highlands Health District and the Northeast District Department of Health" as presented on June 20, 2019.*

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

This Agreement for local public health services is entered into on this the 16th day of May, 2019 by and between the Eastern Highlands Health District, a public health district with offices located at 4 South Eagleville Road, Storrs, CT 06268, hereinafter referred to as "EHHD" and the Northeast District Department of Health, a public health district with offices located at 69 South Main Street, Brooklyn, CT 06234, hereinafter referred to as the "Contractor".

I. PURPOSE

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

II. CONTRACT PERIOD

Contractor will be retained for the period commencing July 1, 2019 and continuing through June 30, 2020. The terms of the contract may continue on a year-to-year basis by mutual consent of both parties unless terminated in accordance with Section V of this agreement.

III. PAYMENT

In consideration of Contractor's performance of these services, EHHD agrees to pay the Contractor as follows: thirty-seven dollars and ninety-two cents (\$37.92) per hour for twenty (20) hours per week and mileage equaling 50% of actual miles traveled. Mileage does not include miles from home to work/or miles between Health Districts. Travel time to or from home/worksites other than NDDH or EHHD shall be calculated as follows: miles from home to site less miles from home to worksite. Contractor will invoice EHHD on a quarterly basis. If employment of the Public Health Emergency Preparedness Coordinator is terminated, both parties will share equally in the cost of Earned Vacation Time due to employee in accordance with the Contractor's termination policy.

IV. DESCRIPTION OF SERVICES

A. The Contractor and EHHD agree that the following services will be provided by EHHD as required through this agreement:

1. Administrative supervision for EHHD will be provided through Robert Miller, Director of Health.
2. Provide appropriate supervision and resources, including, but not limited to office space, telephone, fax, copier, administrative support, and access to information to support the Contractor to fulfill the purpose of this agreement.
3. Provide and supply all appropriate forms, stationary and other supplies necessary for the performance of the functions of this agreement.
4. The work activities performed by the Contractor, as EHHD sponsored work activities, will have insurance coverage provided by the CONTACTOR as stated in Section VI Indemnification.
5. EHHD shall maintain all appropriate records of actions taken in performance of this agreement, including, but not limited to, emergency response plans, and training and exercise records. The terms of this section IV.A.S. shall survive the termination of this agreement.

B. The Contractor and EHHD agree that the following services will be provided by the Contractor as required through this agreement:

1. Maintain a responsive and professional public image representing the EHHD in planning for a public health emergency response for the EHHD and the ten towns served by the EHHD.
2. Assume the lead staff role for building and enhancing the public health emergency response capabilities of the EHHD consistent with the guidelines of the Centers of Disease Control and the State of Connecticut Department of Public Health.
3. Develop, orchestrate and assist in trainings, drills and exercises as directed to build the capability of the EHHD to respond to public health emergencies within the EHHD and ESF Regions 3 & 4.
4. Maintain and routinely test a comprehensive local Health Alert Network for the rapid dissemination of public health alerts and emergency risk communications to community providers, partners and volunteers.
5. Develop a strategy for the recruitment and retention of volunteers from community agencies, municipalities, health care providers and lay persons to respond to a public health emergency.
6. Develop and maintain job descriptions and training protocols for identified skilled and non-skilled volunteer positions to carry out activation of local emergency response to public health emergencies

7. Maintain positive relations with co-workers, partnering agencies and volunteers.
8. Respond to EHHD in a timely manner after being notified by EHHD of a public health emergency or by a Regional Coordinator in the event of a multi-jurisdictional public health emergency.
9. Other Public Health Services as identified by mutual written agreements.

V. TERMINATION OF CONTRACT

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

VI. INDEMNIFICATION

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

A. The Contractor shall furnish Certificates of Insurance, including Automobile, Commercial General Liability, Professional Liability, and Worker's Compensation insurance in the following amounts:

1. Commercial General Liability Insurance:
The Contractor shall provide Commercial General Liability insurance with a combined single limit of \$1,000,000 per occurrence, \$1,000,000 aggregate for bodily injury and property damage.
2. Commercial Automobile Liability Insurance:
The Contractor shall provide Commercial Automobile Liability insurance with a combined single limit of \$1,000,000 per occurrence, \$1,000,000 aggregate, and shall include coverage for all owned, hired, and non-owned vehicles.
3. Workers Compensation Insurance:
The Contractor shall provide Worker's Compensation Insurance in the required amount as applies to the State of Connecticut and Employers Liability Insurance as follows:
Bodily Injury by Accident -- \$100,000 each accident; Bodily Injury by Disease -- \$500,000 policy limit ; Bodily Injury by Disease-- \$100,000 each employee.
4. Professional Liability Insurance:
The Contractor shall provide Professional Liability insurance with a combined single limit of \$1,000,000 per occurrence, \$1,000,000 aggregate.

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

Automobile, and Professional Liability shall name the EHHD as an additional insured.

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

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

VII. Miscellaneous

A. This agreement is not assignable by either party.

B. This agreement may be amended only in writing signed by both parties.

VIII. Mediation

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

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

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

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

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

B. Court Litigation and Waiver of Jury Trial. Notwithstanding the existence of any provision for arbitration, any dispute arising under this Agreement shall not be submitted to arbitration and the parties shall be left to their remedies at law. It is further expressly agreed that both parties waive and relinquish their right to a trial by jury of any dispute arising out of this Agreement. The intent of the parties is not to have a jury decide any aspect of any dispute which may arise under this Agreement.

C. Equitable Relief. Nothing herein shall prevent either party from obtaining a court order enforcing the mediation process or such other temporary or equitable relief until such time that the dispute is settled or finally adjudicated.

D. Successors. This Agreement shall be binding upon the heirs, successors, and assigns of the parties. Contractor has no right to assign its obligations under this Agreement without written approval of EHHD.

IX.

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

Robert L. Miller, EHHD

Susan Starkey, NDDH

Date

Date

Witness

Witness

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31st, 2019
(with comparative totals for March 31, 2018)

	Adopted Budget 2018/19	Estimated Actuals 2018/19	Percent of Adopted Budget		
			2019		2018
Revenues					
Member Town Contributions	\$ 429,270	\$ 429,270	\$ 321,945	75.0%	\$ 338,426
State Grants	123,280	133,327	133,327	108.2%	149,985
Septic Permits	40,080	40,080	36,730	91.6%	31,100
Well Permits	15,960	15,960	11,275	70.6%	9,805
Soil Testing Service	32,550	32,550	27,510	84.5%	27,731
Food Protection Service	76,220	76,220	72,111	94.6%	66,049
B100a Reviews	30,700	30,700	20,550	66.9%	18,340
Septic Plan Reviews	26,470	26,470	22,320	84.3%	20,090
Other Health Services	6,300	6,300	2,060	32.7%	3,020
Appropriation of Fund Balance	31,407	21,360	-	0.0%	-
Total Revenues	812,237	812,237	647,829	79.8%	664,545
Expenditures					
Salaries & Wages	584,555	584,555	415,248	71.0%	411,455
Grant Deductions	(82,542)	(82,542)	(67,015)	81.2%	(67,220)
Benefits	208,110	208,110	152,676	73.4%	169,236
Miscellaneous Benefits	6,810	6,810	3,804	55.9%	4,418
Insurance	15,800	15,800	14,351	90.8%	15,599
Professional & Technical Services	15,920	15,920	7,652	48.1%	8,357
Vehicle Repairs & Maintenance	3,200	3,200	2,474	77.3%	1,161
Health Reg*Admin Overhead	28,544	28,544	21,090	73.9%	20,880
Other Purchased Services	19,640	19,640	14,103	71.8%	5,271
Other Supplies	5,600	5,600	3,385	60.5%	2,789
Equipment - Minor	3,600	3,600	1,007	28.0%	930
Total Expenditures	809,237	809,237	568,776	70.3%	572,875
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	812,237	812,237	568,776	70.0%	572,875
Excess (Deficiency) of Revenues	-		79,053		91,670
Fund Balance, July 1	358,081	358,081	358,081		316,261
Fund Balance plus Cont. Capital, Mar. 31	\$ 358,081	\$ 358,081	\$ 437,134		\$ 407,931

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
March 31, 2019
(with comparative totals for March 31st, 2018)

	<u>2019</u>	<u>2018</u>
Assets		
Cash and Cash Equivalents	\$ <u>128,780</u>	\$ <u>144,848</u>
Total Assets	<u><u>128,780</u></u>	<u><u>144,848</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>128,780</u>	<u>144,848</u>
Total Liabilities and Fund Balance	\$ <u><u>128,780</u></u>	\$ <u><u>144,848</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2019
(with comparative totals for March 31, 2018)

	<u>2019</u>	<u>2018</u>
Revenues		
General Fund	\$ 1,910	\$ -
Total Revenues	<u>1,910</u>	<u>-</u>
Operating Transfers		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>1,910</u>	<u>-</u>
Expenditures		
Professional & Technical Services	-	-
Vehicles	-	15,992
Office Equipment	<u>-</u>	<u>725</u>
Total Expenditures	<u>-</u>	<u>16,717</u>
Excess (Deficiency) of Revenues	1,910	(16,717)
Fund Balance, July 1	<u>126,870</u>	<u>161,565</u>
Fund Balance plus Cont. Capital, Mar. 31	<u>\$ 128,780</u>	<u>\$ 144,848</u>

Eastern Highlands Health District
General Fund
Balance Sheet
March 31, 2019
(with comparative totals for March 31, 2018)

	<u>2019</u>	<u>2018</u>
Assets		
Cash and Cash Equivalents	\$ <u>437,269</u>	\$ <u>408,101</u>
Total Assets	<u><u>437,269</u></u>	<u><u>408,101</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>135</u>	<u>170</u>
Total Liabilities	<u>135</u>	<u>170</u>
Fund Balance	<u>437,134</u>	<u>407,931</u>
Total Liabilities and Fund Balance	\$ <u><u>437,269</u></u>	\$ <u><u>408,101</u></u>

Substance Abuse in Our Communities Workgroup

Meeting Agenda

June 17, 2019

Introductions

New Opioid Data system updates & local data review

- EpiCenter – Syndromic surveillance

- SWORD – Statewide Opioid Reporting Directive

- Alerts to EHHD, response plan discussion

Proposed Opioid Prevention Activities

Awareness campaign activities

- Social media

- Websites

- Print material

Community education sessions

- Drug take back day

- Pre-staging NARCAN in public buildings – policy & standing order template for review

- Promotion, support, implementation

Other workgroup member items?

Adjournment

Unintentional Drug Overdose Deaths
Eastern Highlands Health District, January 1 – September 30, 2018

Victim Characteristics	Eastern Highlands Resident ^a		Eastern Highlands Occurrent ^b		Connecticut	
	n (%) ^c		n (%) ^c		n (%) ^c	
Total	10	(100.0)	7	(100.0)	774	(100.0)
Sex						
Male	7	(70.0)	5	(71.4)	580	(74.9)
Female	3	(30.0)	2	(28.6)	194	(25.1)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Age						
Mean	42.8		40.4		43.0	
Range	20–65		20–59		15–84	
0–14	0	(0.0)	0	(0.0)	0	(0.0)
15–24	3	(30.0)	2	(28.6)	53	(6.8)
25–34	1	(10.0)	1	(14.3)	178	(23.0)
35–44	1	(10.0)	1	(14.3)	190	(24.5)
45–54	1	(10.0)	1	(14.3)	194	(25.1)
55–64	3	(30.0)	2	(28.6)	127	(16.4)
65+	1	(10.0)	0	(0.0)	32	(4.1)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Race/ethnicity						
White, non-Hispanic	10	(100.0)	7	(100.0)	577	(74.5)
Black, non-Hispanic	0	(0.0)	0	(0.0)	80	(10.3)
Hispanic	0	(0.0)	0	(0.0)	103	(13.3)
Other, non-Hispanic	0	(0.0)	0	(0.0)	12	(1.6)
Unknown/missing	0	(0.0)	0	(0.0)	2	(0.3)
Homeless						
No	9	(90.0)	7	(100.0)	740	(95.6)
Yes	0	(0.0)	0	(0.0)	19	(2.5)
Unknown/missing	0	(0.0)	0	(0.0)	12	(1.6)
Location of injury/overdose						
House/apartment	9	(90.0)	6	(85.7)	621	(80.2)
Hotel/motel	0	(0.0)	1	(14.3)	40	(5.2)
Supervised residential facility (e.g., shelter, sober house)	0	(0.0)	0	(0.0)	8	(1.0)
Motor vehicle	0	(0.0)	0	(0.0)	25	(3.2)
Other (e.g., sidewalk, parking lot, commercial establishment, etc.)	1	(10.0)	0	(0.0)	69	(8.9)
Unknown/missing	0	(0.0)	0	(0.0)	11	(1.4)
Type of substances causing the death ^d						
Any opioid	8	(80.0)	7	(100.0)	662	(85.5)
Any benzodiazepine	2	(20.0)	1	(14.3)	177	(22.9)
Any opioid and any benzodiazepine	2	(20.0)	1	(14.3)	162	(20.9)
Heroin	2	(20.0)	2	(28.6)	254	(32.8)
Fentanyl ^e	7	(70.0)	6	(85.7)	529	(68.3)
Naloxone Administered						
Yes ^f	3	(30.0)	1	(14.3)	226	(29.2)
Yes, unknown by whom	1	(10.0)	0	(0.0)	77	(9.9)
Yes, by EMS/fire	2	(20.0)	1	(14.3)	123	(15.9)
Yes, by police	0	(0.0)	0	(0.0)	0	(0.0)
Yes, by hospital	0	(0.0)	0	(0.0)	38	(4.9)
Yes, by bystander	0	(0.0)	0	(0.0)	12	(1.6)
Yes, by other	0	(0.0)	0	(0.0)	1	(0.1)
No/unknown	5	(50.0)	6	(85.7)	486	(62.8)

^a Includes only overdoses to Eastern Highlands residents, regardless of where the overdose occurred

^b Includes only overdoses that occurred in Eastern Highlands, regardless of residence

^c Percentages may not add to 100% because of rounding

^d Categories are not mutually exclusive, multiple types of drugs may contribute to causing the death

^e Includes both prescription and illicit Fentanyl

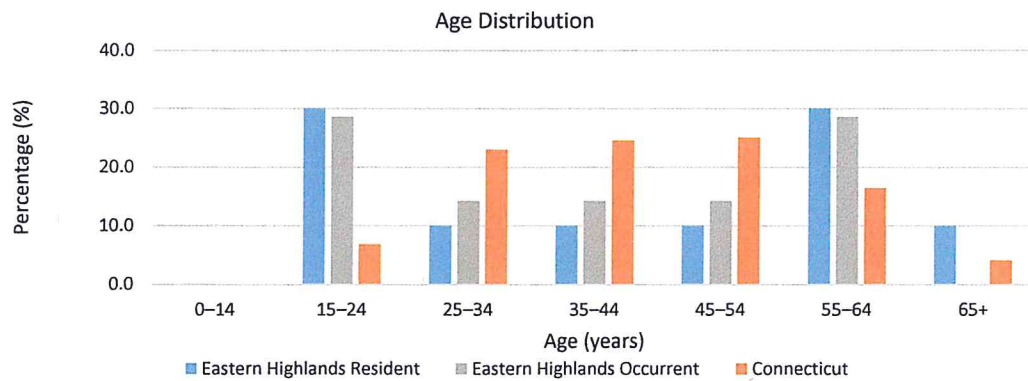
^f Total number of victims that received naloxone; naloxone may have been administered more than once



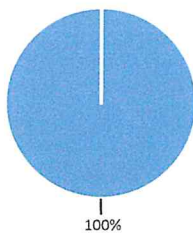
Office of Injury Prevention
Connecticut Department of Public Health
Last modified 5/23/19

Note: Data source is the Connecticut Violent Death Reporting System

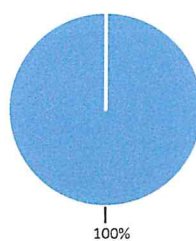
Unintentional Drug Overdose Deaths Eastern Highlands Health District, January 1 – September 30, 2018



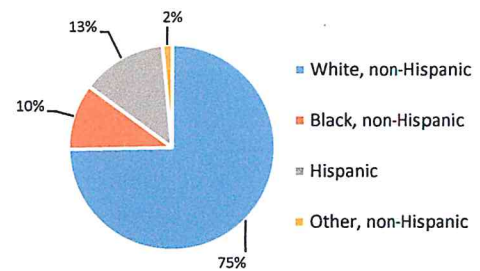
Race/Ethnicity, Eastern Highlands Resident



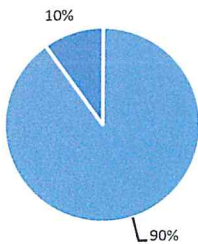
Race/Ethnicity, Eastern Highlands Occurrent



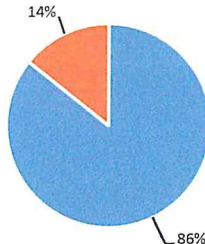
Race/Ethnicity, Connecticut



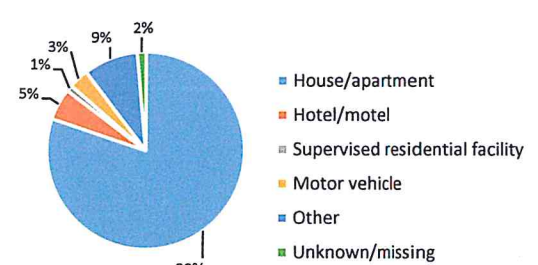
Location of Injury, Eastern Highlands Resident



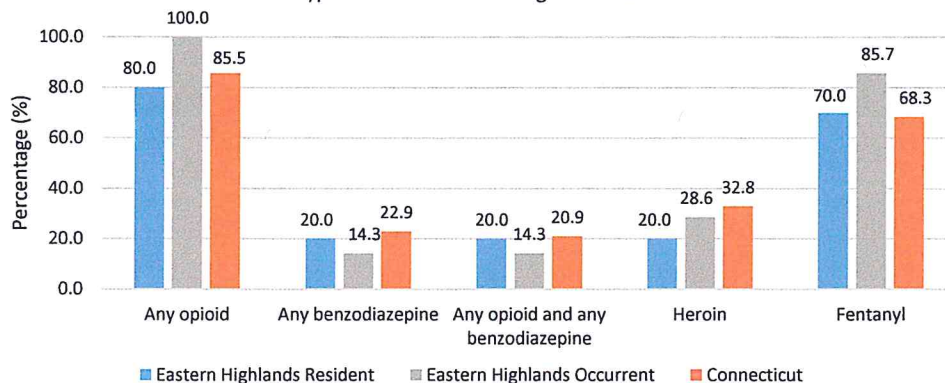
Location of Injury, Eastern Highlands Occurrent



Location of Injury, Connecticut

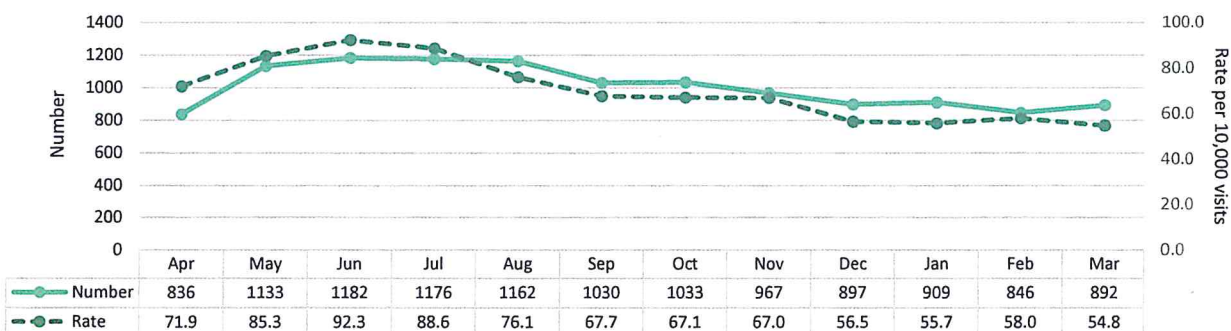


Type of Substances Causing the Death

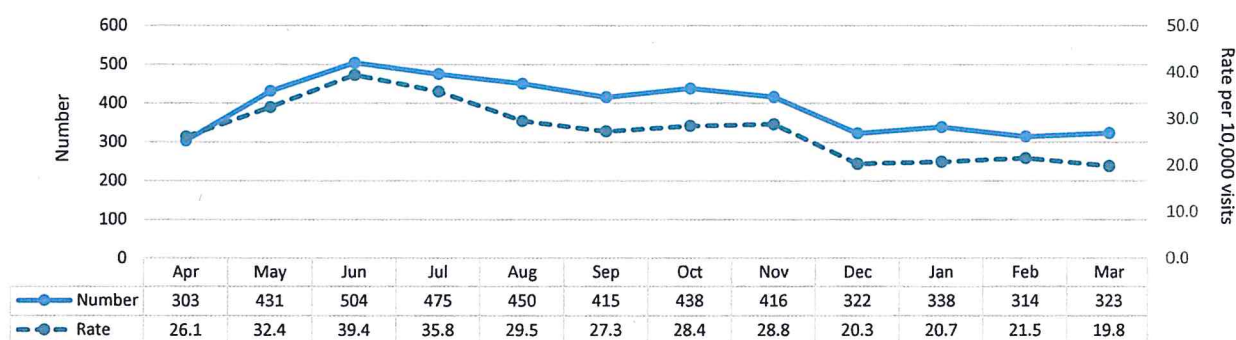


Suspected Drug, Opioid, and Heroin Overdose Emergency Department Visits in Connecticut, April 1, 2018 – March 31, 2019

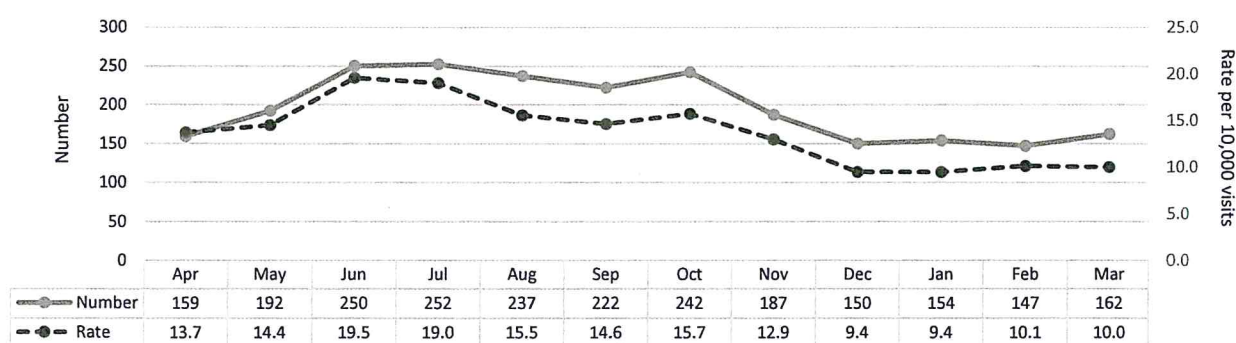
Number and Rate per 10,000 Visits of Suspected Drug Overdose (OD) Emergency Department Visits in Connecticut by Month, April 1, 2018 – March 31, 2019



Number and Rate per 10,000 Visits of Suspected Opioid Overdose (OD) Emergency Department Visits in Connecticut by Month, April 1, 2018 – March 31, 2019

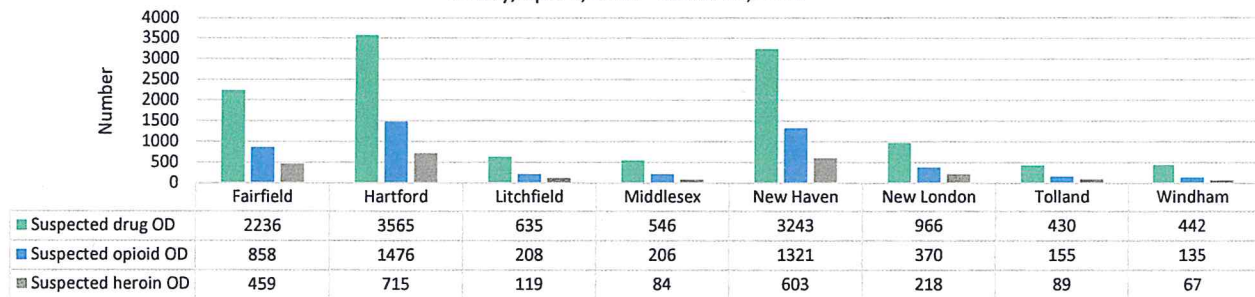


Number and Rate per 10,000 Visits of Suspected Heroin Overdose (OD) Emergency Department Visits in Connecticut by Month, April 1, 2018 – March 31, 2019

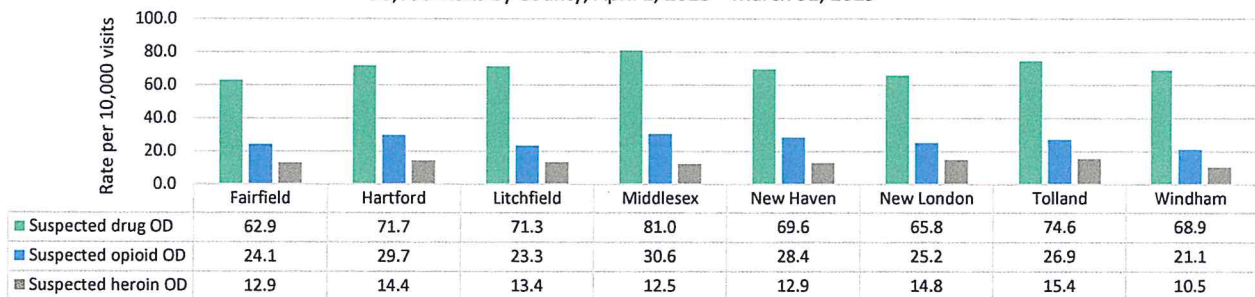


Suspected Drug, Opioid, and Heroin Overdose Emergency Department Visits in Connecticut, April 1, 2018 – March 31, 2019

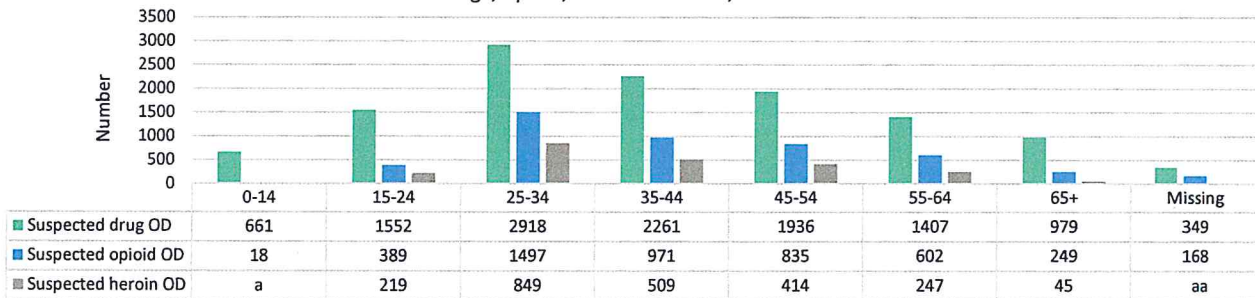
Number of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut by County, April 1, 2018 – March 31, 2019



Rate of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut per 10,000 Visits by County, April 1, 2018 – March 31, 2019

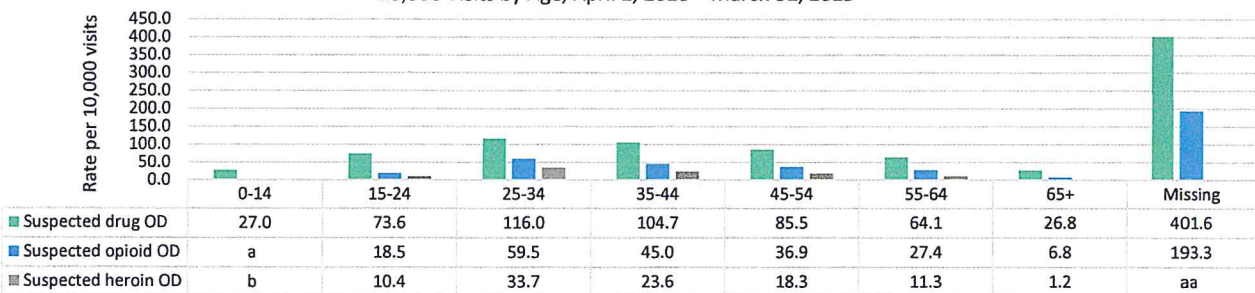


Number of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut by Age, April 1, 2018 – March 31, 2019



In keeping with confidentiality regulations, numbers and rates are not disclosed for between one and five events ("a"), and marked "aa" when 6 or greater, but suppressed to preserve censoring of an adjacent cell.

Rate of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut per 10,000 Visits by Age, April 1, 2018 – March 31, 2019



In keeping with confidentiality regulations, numbers and rates are not disclosed for between one and five events ("a"), and marked "aa" when 6 or greater, but suppressed to preserve censoring of an adjacent cell. Rates based on counts less than 20 are not calculated due to the instability of rates ("b").





Eastern Highlands Health District

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

May 1, 2019

To: EHHD Prescribers in the CT Prescription Monitoring & Reporting System (CPMRS)

RE: Promoting use of the CPMRS

Overall, opioid-related deaths in the CT have grown at 4 times the rate of the national average. In February 2018, the CT Chief Medical Examiner, Dr. James Gill, announced that 1,040 people died from overdoses in 2017, a 13 % increase from the 917 deaths in 2016. Since December 2018, within our local communities there have been twenty four (24) suspected overdose cases involving any opioid. These are sobering statistics.

Currently CPMRS has a 99% enrollment rate but, as of 2016, only an estimated 40% usage rate.

By utilizing CPMRS, prescribers can review a patient's controlled substance history and provide better patient care while reducing factors that contribute to prescription drug misuse, addiction, and overdose. Please review the enclosed brochure which outlines the benefits of CPMRS as well as the mandatory usage requirements. Other benefits include:

- 24/7 online access to a patient's controlled substance prescription history report, allowing **you as the prescriber** to have more information in your decision making, helping you keep your patients healthy and reducing their risk
- Review your own controlled substance prescribing history to identify forgeries or dispensing errors and protect your professional identity
- PMP AWARe mobile app provides easy access
- CPMRS can be integrated into a healthcare institution's Electronic Health Record

Visit www.ct.gov/dcp/pmp for additional information regarding CPMRS.

Have patients you think may need help for opioid use disorder? There's help close to home – please see the brochure provided by EHHD. Please distribute the enclosed brochures to all prescribers at your practice.

Sincerely,

Robert L. Miller, MPH, RS



Opioid Community Prevention Activities Funding Request Form

Please indicate the activity or activities your local health department will complete and submit for reimbursement through the non-voucher PO process. Provide a description of the proposed work and budget. Return the form no later than February 28, 2019 to DPH at olha.dph@ct.gov.

LOCAL HEALTH DEPT: Eastern Highlands Health District - UPDATED PROPOSAL
 CONTACT NAME: Robert Miller, Director of Health
 PHONE #: (860) 429-3325
 E-MAIL: millerrl@ehhd.org

SELECT	ACTIVITIES	PROPOSED WORK/BUDGET
<input checked="" type="checkbox"/>	Hold a community education/training session(s) on opioid overdose prevention	Coordinate & schedule a "Conversation/Training Series". Up to 3 events targeting community organizations and their mem. Budget: \$1,500
<input checked="" type="checkbox"/>	With community partners, promote prescription drug take back events and messages around safe storage and disposal of prescription drug	Working with Coventry Police Department, UConn Police Department, or Troop C coordinate, schedule, and promote health district wide drug take back day using messaging around safe storage and disposal. Budget: \$2,500
<input checked="" type="checkbox"/>	Conduct public information and media campaigns on opioid overdose prevention, education, and awareness for the general public or focused on a special population, such as youth and young adults or pregnant women	Working with the EHHD "Substance Abuse in Our Communities Work Group" provide education and awareness to general public. Activities may include press releases, media interviews, social media posts, hot topic posts to website, distribution of print material resources to public buildings/settings. Budget: \$1000
<input checked="" type="checkbox"/>	Post information on LHD website on naloxone access and opioid overdose prevention that is culturally and linguistically appropriate. Information may include providing hotlines and harm reduction resources, such as linkages to needle exchange services	Update and expand existing EHHD website information enhancing information regarding area availability of NARCAN (listing of area pharmacies) and other harm reduction resources regarding prevention, treatment, and recovery. Budget \$500
<input checked="" type="checkbox"/>	Establish or expand a community substance misuse prevention coalition that facilitates community action partnerships and funding community initiatives	Expand EHHD "Substance Abuse in Our Communities Work Group" activities to involve public building NARCAN staging, including development of policies/standing orders, & implementation at multiple buildings. Budget: \$3250

Kindergarten MMR Immunization Data from the 2017 - 2018 School Immunization Survey
Towns Included in the Eastern Highlands Health District

Name	Town	County	Type	MMR vaccinated	Religious Exemption	Medical Exemption	Not Vaccinate & Not Exempt	Total
Private Schools								
Oak Grove Montessori	Mansfield	Tolland	Nonpublic	*	*	*	*	*
Public Schools								
Andover Elementary School	Andover	Tolland	Public	*	*	*	*	*
Ashford School	Ashford	Windham	Public	90.0%	5.0%	2.5%	2.5%	100.0%
Bolton Center School	Bolton	Tolland	Public	93.9%	6.1%	0.0%	0.0%	100.0%
Chaplin Elementary School	Chaplin	Windham	Public	*	*	*	*	*
Horace W. Porter School	Columbia	Tolland	Public	98.0%	2.0%	0.0%	0.0%	100.0%
Coventry Grammar School	Coventry	Tolland	Public	98.4%	0.8%	0.0%	0.8%	100.0%
Annie E. Vinton School	Mansfield	Tolland	Public	*	*	*	*	*
Dorothy C. Goodwin School	Mansfield	Tolland	Public	87.1%	6.5%	0.0%	6.5%	100.0%
Southeast Elementary School	Mansfield	Tolland	Public	*	*	*	*	*
Scotland Elementary School	Scotland	Windham	Public	*	*	*	*	*
Birch Grove Primary School	Tolland	Tolland	Public	97.4%	2.6%	0.0%	0.0%	100.0%
Center School	Willington	Tolland	Public	97.2%	2.8%	0.0%	0.0%	100.0%
Public schools in Mansfield	Mansfield	Tolland	Public	93.1%	4.6%	0.0%	2.3%	100.0%

Oak Grove Montessori (Total school population)
Southeast Elementary School (Total school population)

17.6%
8.2%

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, May 22, 2019 1:35 PM
To: 'Mansfield Oak Grove'
Cc: Carol Lavigne; Ken Dardick (kdardick@gmail.com)
Subject: Vaccine Information for Parents
Attachments: importance of vaccinations.docx

Dear Ms. Angelides - With the state DPH publication of immunization data by school, I consider this a teachable moment. To assist with leveraging this moment the health district has put together a two page word document targeting parents, and promoting the benefits of vaccination for your use (Please see attachment.)

Please let me know if you have any questions, or comments.

Yours in Health,
Rob

Robert L. Miller, MPH, RS
Director of Health
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www.ehhd.org

Preventing Illness and Promoting Wellness in the Communities We Serve

-----Original Message-----

From: Robert L. Miller
Sent: Wednesday, May 22, 2019 11:22 AM
To: 'OGMS Nurse' <nurses@ogms.org>
Cc: Ken Dardick (kdardick@gmail.com) <kdardick@gmail.com>; Cecile C. Serazo <SerazoCC@ehhd.org>
Subject: RE: definition of outbreak

Hello Jo Ann - With the state DPH publication of immunization data by school, I consider this a teachable moment. To assist with leveraging this moment the health district has put together a two page word document targeting parents, and promoting the benefits of vaccination for your use (Please see attachment.)

Please let me know if you have any questions, or comments.

Yours in Health,
Rob

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, May 22, 2019 11:30 AM
To: 'Ashford Elementary'
Cc: 'Ashford School - Martha Sibley-Jett '; Cecile C. Serazo; Ken Dardick (kdardick@gmail.com)
Subject: Vaccination Information for Parents
Attachments: importance of vaccinations.docx

Hi Troy - With the state DPH publication of immunization data by school, I consider this a teachable moment. To assist with leveraging this moment the health district has put together a two page word document targeting parents, and promoting the benefits of vaccination for your use (Please see attachment.)

Please let me know if you have any questions, or comments.

Yours in Health,
Rob

Robert L. Miller, MPH, RS

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Preventing Illness and Promoting Wellness in the Communities We Serve

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, May 22, 2019 11:18 AM
To: 'Bolton Superintendant'
Cc: Cecile C. Serazo; Ken Dardick (kdardick@gmail.com)
Subject: Vaccination information for parents
Attachments: importance of vaccinations.docx

Hello Kristin – With the state DPH publication of immunization data by school, I consider this a teachable moment. To assist with leveraging this moment the health district has put together a two page word document targeting parents, and promoting the benefits of vaccination for your use (Please see attachment.)

Please let me know if you have any questions, or comments.

Yours in Health,
Rob

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Preventing Illness and Promoting Wellness in the Communities We Serve

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, May 22, 2019 11:07 AM
To: Kelly M. Lyman
Cc: Derrik M. Kennedy; Cecile C. Serazo
Subject: Vaccination Information for Parents
Attachments: importance of vaccinations.docx

Hi Kelly – Following up our conversation last week, attached for your use is a two page word document targeting parents, promoting the benefits of vaccination.

Please let me know if you have any questions, or comments.

Regards,
Rob

Robert L. Miller, MPA, RS

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Preventing Illness and Promoting Wellness in the Communities We Serve

From: Robert L. Miller
Sent: Wednesday, May 15, 2019 3:37 PM
To: Kelly M. Lyman <lymankm@mansfieldct.org>
Cc: Derrik M. Kennedy <KennedyDM@mansfieldct.org>
Subject: Re: Vaccination Rates

Hi Kelly - One clarification comment. The health apartment published data was for last year's kindergarten class.

Rob

Sent from my iPhone

On May 15, 2019, at 1:34 PM, Kelly Lyman <lymankm@mansfieldct.org> wrote:

Don't Wait..... Vaccinate!



Vaccines Protect Everyone in Our Community

Why vaccinate?

Over the years, vaccines have prevented countless cases of disease and saved millions of children and adults. Common diseases, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, rotavirus and *Haemophilus influenza* type b (Hib) are now prevented through vaccination. The smallpox vaccine has insured that one of the most terrible diseases in history currently can only be found in a lab. For more information on how vaccines prevent disease visit the Connecticut State Department of Public Health at: <https://portal.ct.gov/DPH/Immunizations/Public-Information>.

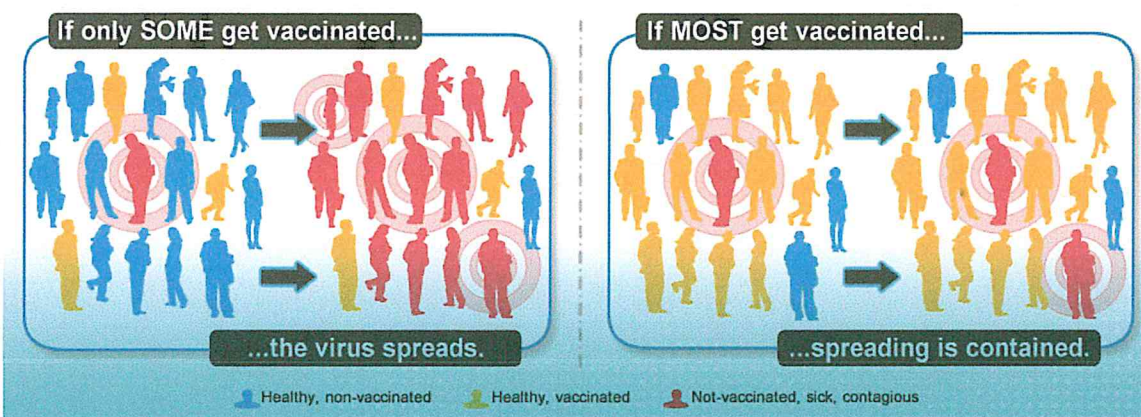
Who do vaccines protect?

Vaccines protect everyone and in particular children. If we vaccinate according to current recommendations, in the future parents may be able to trust that some diseases of today will no longer be around to harm their children.

Vaccines protect others in our community too. Serious vaccine –preventable diseases still happen. Unfortunately, some children are too young to be vaccinated and some people may not be able to receive vaccinations because of allergies, illness, weakened immune systems, cancer treatment or other reasons. To protect these people, it is important that you and your children who are able, get vaccinated. **“This not only protects your family, but also helps prevent the spread of these diseases to your friends and loved ones”** For more information visit:

<https://www.cdc.gov/media/subtopic/matte/pdf/CDCFiveReasonstoVaccinateYourChild.pdf>

When enough people are vaccinated, the entire community gains protection from the disease. This is called community immunity or herd immunity. It helps to stop the spread of disease and protects the most vulnerable. These vulnerable people need to avoid exposure. The CDC illustrates this in the following:



Source: Center for Disease Control and Prevention

Don't Wait..... Vaccinate!



For vaccine schedule information go to: <https://www.cdc.gov/vaccines/schedules>

Are Vaccines Safe?

Vaccines are very safe. "Health officials are continuously monitoring information from many sources for any clues that a particular vaccine may cause an adverse health event. The United States has one of the best vaccine safety programs in the world". (CDC).

Like any medication, vaccines can cause side effects. Most common side effects are mild, such as redness and swelling where the shot was given, and go away within a few days.

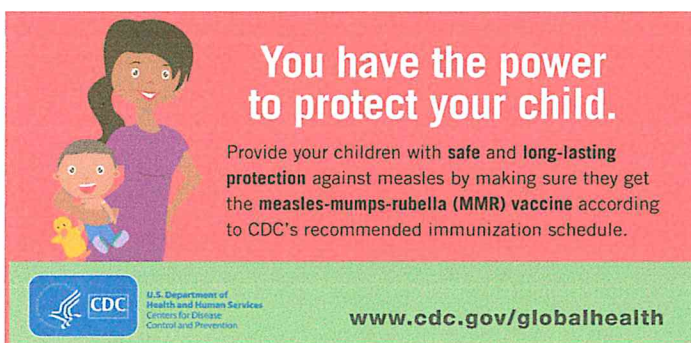
Serious side effects after vaccination, such as severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. Pay extra attention to your child for a few days after vaccination. **If you see something that concerns you, call your child's doctor.** For more information visit the CDC's website at <https://www.cdc.gov/Features/VaccineSafety/>

Should I be worried about measles?

Measles is a very contagious disease and is spread through sneezing and coughing. It has been estimated that since 2000 17.1 million lives, worldwide, have been saved by the measles vaccine. Recent outbreaks of measles in the US and CT are primarily related to unvaccinated individuals.

The MMR vaccine protects people against measles, mumps, and rubella. It is very safe and effective. It is recommended as a two dose series and is about 97% effective at preventing measles; one dose is about 93% effective. The first recommended dose of the MMR vaccine is at 12 months. Children under the age of 12 months are at risk for contracting measles. More information about measles can be found at:

<https://www.cdc.gov/features/measles/>



Protect yourself, loved ones and your community and immunize everyone in your family.

If you have any questions or concerns contact your healthcare provider.

Information obtained from:

The Center for Disease Control, The State of Connecticut Department of Public Health and the US Department of Health and Human Services.

Robert L. Miller

From: Robert L. Miller
Sent: Monday, May 13, 2019 12:14 PM
To: Tolland - Birch Grove Primary- Byrne ; Andover - RHAM High School - Joanne Vasques ; Andover - RHAM Middle - Carolyn Larrivee; Andover Elementary - Karen Zito; Ashford School - Martha Sibley-Jett ; Bolton Center School; Bolton High School; Chaplin & Scotland - Parish Hill; Chaplin Elementary - Charlene Petrone ; Columbia Horace Porter - Fayne Sears ; Coventry - GH Robertson Int - Therese McKeever; Coventry Grammar School - IPaula Curtiss; Coventry High School - Janean Heckman ; Coventry NH Middle School; EASTCONN EVC Nurse - Cathy White; Anne R. Wiant-Rudd; Karen Molloy; Ingrid F. Hanka; Lisa Z. Eaton; Mansfield&Ashford&Willington - EO Smith High School - Kathleen Mindek ; Darcy Batherson; Scotland Elementary - Christina Caggiano ; Tolland - Birch Grove Primary - Dolcelli ; Tolland - Tolland High - Cindy Davidson; Tolland - Tolland Intermediate - Rose Hierl; Tolland - Tolland Middle - christine Grulke; Willington - Hall Memorial - Marcia Panciera; Willington - Willington Center Elem - Lynn Fox; Carol Lavigne
Cc: Cecile C. Serazo; Elizabeth Paterson (home); EHHD-Staff; Andover Elementary; Andover RHAM (Region 8); Ashford Elementary; Bolton Elementary; Bolton High School; Chaplin & Scotland Parish Hill; Chaplin Elementary; Columbia - Horace Porter; Coventry GH Robertson; Coventry Grammar; Coventry High; Coventry Nathan Hale; Mansfield EO Smith; Mansfield Goodwin; Mansfield Middle School; Mansfield Mt Hope; Mansfield Oak Grove; Mansfield Southeast; Mansfield Vinton; Scotland elementary; Tolland Birch Grove; Tolland High School; Tolland Intermediate; Tolland Middle; Willington Center School; Willington Hall Memorial; Sally Doyen; Ashford Superintendent; Bolton Superintendent; Chaplin Superintendent; Columbia Superintendent; Coventry Superintendent; Frances Baran (fbaran@scotlandes.org); Mansfield Superintendent (k-8); Region 8 Superintendent; supt@eosmith.org; Tolland Superintendent; Willington Interim Superintendent; docroc@alum.mit.edu; Dr. Angela Moemeka - Coventry; Dr. Craig Elliott - Scotland, Willington; Dr. Gorin - Chaplin, Parish Hill; Dr. Kristen Gildersleeve - Columbia; Dr. Peter Hine - Andover; Dr. Ron Kelly - Ashford, Mansfield, Region 19; Maria MacDonald - Office Manager for Elliott, Gorin, Kelly; Martha A. Kelly
Subject: RE: Measles in a school setting - Health Department Response protocols

Greetings Everyone – As a follow up to my previous email please find below the link to the latest updated data regarding immunization rates by school from the Connecticut Department of Public Health website. Some of you may be aware that the data was updated on Friday, May 10th. Consequently, some individual school rates have changed since the original DPH announcement on May 3rd.

<https://portal.ct.gov/DPH/Immunizations/School-Survey>

Regards,

Robert L. Miller, MPH, RS

Director of Health
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Twitter: @RobMillerMPH



Preventing Illness and Promoting Wellness in the Communities We Serve

From: Robert L. Miller

Sent: Monday, May 13, 2019 11:03 AM

To: 'Tolland - Birch Grove Primary- Byrne' <lbyrne@tolland.k12.ct.us>; 'Andover - RHAM High School - Joanne Vasques' <vasquesjoa@reg8.k12.ct.us>; 'Andover - RHAM Middle - Carolyn Larrivee' <larriveecar@reg8.k12.ct.us>; 'Andover Elementary - Karen Zito' <zitok@andover.k12.ct.us>; 'Ashford School - Martha Sibley-Jett' <Msibleyjett@ashfordct.org>; 'Bolton Center School' <mary.welsh@boltonct.org>; 'Bolton High School' <deborah.mccarthy@boltonct.org>; 'Chaplin & Scotland - Parish Hill' <lquiros@parishhill.org>; 'Chaplin Elementary - Charlene Petrone' <cpetrone@chaplinschool.org>; 'Columbia Horace Porter - Fayne Sears' <fsears@hwporter.org>; 'Coventry - GH Robertson Int - Therese McKeever' <tmckeever@coventryct.org>; 'Coventry Grammar School - Paula Curtiss' <pcurtiss@coventryct.org>; 'Coventry High School - Janean Heckman' <jheckman@coventryct.org>; 'Coventry NH Middle School' <lrockx@coventryct.org>; 'EASTCONN EVC Nurse - Cathy White' <cwhite@eastconn.org>; 'Mansfield- Goodwin school - Anne Wiant-Rudd' <wiantruddar@mansfieldct.org>; 'Mansfield Middle School - Karen Molloy' <molloykj@mansfieldct.org>; 'Mansfield Southeast School - Ingrid Hanka' <hankaif@mansfieldct.org>; 'Mansfield Vinton - Lisa Eaton' <eatonz@mansfieldct.org>; 'Mansfield&Ashford&Willington - EO Smith High School - Kathleen Mindek' <kmindek@eosmith.org>; 'Mansfield&Ashford&Willington - EO Smith High School - Darcy Batherson' <dbatherson@eosmith.org>; 'Scotland Elementary - Christina Caggiano' <ccaggiano@scotlandschool.com>; 'Tolland - Birch Grove Primary - Dolcelli' <ldolcelli@tolland.k12.ct.us>; 'Tolland - Tolland High - Cindy Davidson' <cdavidson@tolland.k12.ct.us>; 'Tolland - Tolland Intermediate - Rose Hierl' <rhierl@tolland.k12.ct.us>; 'Tolland - Tolland Middle - christine Grulke' <cgrulke@tolland.k12.ct.us>; 'Willington - Hall Memorial - Marcia Panciera' <mpanciera@willingtonct.org>; 'Willington - Willington Center Elem - Lynn Fox' <lfox@willingtonct.org>; 'OGMS Nurse' <nurses@ogms.org>
Cc: Cecile C. Serazo <SerazoCC@ehhd.org>; Elizabeth Paterson (home) <betsypaterson725@GMail.com>; EHHD-Staff <EHHD-Staff@mansfieldct.org>; 'Andover Elementary' <griffind@andoverct.org>; 'Andover RHAM (Region 8)' <lesliesco@reg8.k12.ct.us>; 'Ashford Elementary' <thopkins@ashfordct.org>; 'Bolton Elementary' <mary.grande@boltonct.org>; 'Bolton High School' <jmasselli@boltonct.org>; 'Chaplin & Scotland Parish Hill' <dsmith@parishhill.org>; 'Chaplin Elementary' <pking@chaplinschools.org>; 'Columbia - Horace Porter' <agwinnell@hwporter.org>; 'Coventry GH Robertson' <bgiller@coventryct.org>; 'Coventry Grammar' <mmoyer@coventryct.org>; 'Coventry High' <jblake@coventryct.org>; 'Coventry Nathan Hale' <ddejulius@coventryct.org>; 'Mansfield EO Smith' <dloreto@eosmith.org>; 'Mansfield Goodwin' <susan.muirhead@mansfieldct.org>; 'Mansfield Middle School' <morrellcv@mansfieldct.org>; 'Mansfield Mt Hope' <mthopemontessori@snet.net>; 'Mansfield Oak Grove' <admin@ogms.org>; 'Mansfield Southeast' <lauren.rodriquez@mansfieldct.org>; 'Mansfield Vinton' <james.palmer@mansfieldct.org>; 'Scotland elementary' <cpinsonneault@scotlandct.org>; 'Tolland Birch Grove' <tswanson@tolland.k12.ct.us>; 'Tolland High School' <dfox@tolland.k12.ct.us>; 'Tolland Intermediate' <jdineen@tolland.k12.ct.us>; 'Tolland Middle' <wwillet@tolland.k12.ct.us>; 'Willington Center School' <pstevens@willingtonct.org>; 'Willington Hall Memorial' <dsullivan@willingtonct.org>; 'Andover Superintendent' <sally.doyen@gmail.com>; 'Ashford Superintendent' <jplongo@ashfordct.org>; 'Bolton Superintendent' <Kristin.heckt@boltonct.org>; 'Chaplin Superintendent' <khenrici@parishhill.org>; 'Columbia Superintendent' <lfearon@hwporter.org>; 'Coventry Superintendent' <dpetrone@coventryct.org>; 'Frances Baran (fbaran@scotlandes.org)' <fbaran@scotlandes.org>; 'Mansfield Superintendent (k-8)' <MBOESupt@mansfieldct.org>; 'Region 8 Superintendent' <Patricia.law@rhamsschools.org>;

'supt@eosmith.org' <supt@eosmith.org>; 'Tolland Superintendent' <wwillett@tolland.k12.ct.us>; 'Willington Interim Superintendent' <pstevens@willingtonct.org>; docroc@alum.mit.edu; 'Dr. Angela Moemeka - Coventry' <Angelamd24@yahoo.com>; 'Dr. Craig Elliott - Scotland, Willington' <celliott@wcmh.org>; 'Dr. Gorin - Chaplin, Parish Hill' <tgorin@wcmh.org>; 'Dr. Kristen Gildersleeve - Columbia' <hebronfamilyphysicians@gmail.com>; 'Dr. Peter Hine - Andover' <phine@prohealthmd.com>; 'Dr. Ron Kelly - Ashford, Mansfield, Region 19' <rkelly@wcmh.org>; 'Maria MacDonald - Office Manager for Elliott, Gorin, Kelly' <mamacdonald1@wcmh.org>; rwolzkelly@sbcglobal.net

Subject: Measles in a school setting - Health Department Response protocols

Importance: High

Greetings School Nurses – I am sure by now most are aware that the Connecticut Department of Public Health released immunization rate data, by school, state-wide. In response to this, our office has received a few questions from both the general public, and local school nurses. To assist in answering questions from our school nurses, the Connecticut Department of Public Health has published an informative video on the issue of measles in a school setting in Connecticut. I encourage you to review this video. The video link is below:

<http://publichealth.mediasite.com/mediasite/Play/fa5e2a76da3b4ef7b9a4c10f42569c0e1d?catalog=6fad19e7-4ad3-4e9e-afb9-136118c57c51>

Also for your information below is a link to the DPH fact sheet, “Protect Yourself from Measles”:

https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/fact_sheets/MEASLESFACTSHEET2014Englishpdf.pdf?la=en

The Eastern Highlands Health District is committed to preventing illness in the communities we serve. Please do not hesitate to contact us if you have any additional questions, concerns, or comments.

Yours in Health,

Robert L. Miller, MPH, RS

Director of Health
Eastern Highlands Health District
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Preventing Illness and Promoting Wellness in the Communities We Serve

Low rates create health risk

State vaccination report shows 102 Connecticut schools under 'blanket immunity' threshold, concerning some public officials

BY JOSH KOVNER

Connecticut's vaccination rate still shields the large majority of school children from measles and other preventable diseases. But new numbers show alarming pockets where more than 100 schools have fallen below the 95 percent "blanket immunity" level, creating concern among public health officials.

Individual examples — a rare trifecta of public schools with double-digit waiver percentages in Stafford; a lone public magnet school with a high exemption rate in Bridgeport; a specialized Waldorf school in Newtown that equates high vaccine waiver rates with a "welcoming atmosphere" for families — suggest how we got here.

As the legislature debates abolishing the religious exemption against the backdrop of the country's worst measles outbreak in 25 years, a certain view of the religious waiver is hardening into a hypothesis among public-health officials and pediatricians in New England and beyond.

"It is that most of the religious waivers are most likely 'personal-belief' exemptions and are not based on true religious beliefs, since there are so few religions" expressly banning vaccines, said Pejman Talebian, a nationally known public-health official who directs the immunization program for the state of Massachusetts.

The Connecticut Department of Public Health on Friday released a corrected copy of its first-ever school-by-school report on vaccine waiver rates. After the initial release a week earlier, DPH received a dozen calls from school districts saying their waiver rates were incorrectly reported.

LeeAnn Ducat, founder of Informed Choice CT, was among a group of parents that protested outside the Department of Public Health offices recently, arguing the initial data contain errors and shouldn't have been released. Ducat said the report skewed the numbers and unnecessarily confused many people.

"They're acting like there are these little Typhoid Marys walking around everywhere, and they're just inciting panic in people," she said.

But when immunization levels drop below 95 percent, as they have in 102 schools, the blanket protection known as herd immunity is lost "and that child being treated for leukemia is no longer protected," said Dr. Sandra Carbonari, a Waterbury pediatrician.

The public-health agency has collected information from school districts for years, along with the vaccine rates for incoming kindergartners, but this is the first time waiver rates for individual schools have been released.

Dr. Matthew Carter, Connecticut's epidemiologist, said that digging down to the school-by-school data is the only way to identify the isolated pockets of under-vaccinated children that drive outbreaks like the one at Disney World in Orlando in 2013.

Rep. Liz Linehan, a Democrat of Cheshire and co-chair of the public health committee, said the data might make it easier to have a policy discussion on the often contentious subject of vaccinations. Critics have spoken out at public hearings and forums at the state Capitol, but the voices of vaccine supporters have generally been more muted.

"We need the public to say what they want us to do. ... This is the time to speak up," Linehan said.

Most of the New England states have already been releasing school-by-school data for several years. Talebian said various groups in Connecticut, from educators, to local health-district officials, to parents, will find it valuable.

"We were getting requests from local health care providers and advocates who wanted access to this data to identify areas of concern and do more targeted outreach," Talebian said. "Pediatricians were also very vocal. They wanted to know about schools with high exemption rates so they could work with the school nurses."

The more granular the information is on vaccine waivers, the better, said Patrice Sulik, director of the North Central District Health Department. The agency covers East Windsor, Ellington, Enfield, Stafford, Suffield, Vernon and Windsor Locks.

Within that grouping, there are three public elementary schools with double-digit percentages for vaccine waivers. They are all in Stafford — Staffordville School, 13.8 percent; West Stafford School, 10.7 percent; and Stafford Elementary School, 10.6 percent.

From a national perspective, it's unusual to see a community with three public schools in double digits, in a region where the rest of the schools have much lower vaccine waiver rates, Talebian said.

Sulik said her staff is working with school nurses in Stafford and throughout the district to give parents the information needed to make informed choices.

"We're very active in putting that out. What none of us can do is act against a family's right to pursue a vaccine waiver," Sulik said. "What we can do is discuss how it puts another group of children — those who are medically fragile — at risk."

Steven Moccio, the superintendent of schools in Stafford, acknowledged the three schools are above the 10 percent threshold.

"The parents have the right to these exemptions," Moccio said. "From a public-school standpoint, we make sure we are in 100 percent compliance with the state requirements."

He noted that the waiver percentages drop markedly by the time the children get to Stafford Middle School, where exemptions totaled 1.9 percent for the 2017-18 school year.

Talebian said it's common to see the exemption rates shrink within a community as children get older.

"It's a combination of factors — less parental concern, the shots are fewer and more spread out, and there is the greater opportunity for public education," he said.

At Six to Six Magnet School in Bridgeport, the vaccine waiver rate in the 44-pupil kindergarten class was 15 percent last year, which stood in stark contrast to rest of the city's schools. For the older children in the K-8 magnet school, the waiver rate dipped to 7.4 percent.

Anna Selmes-Stoughton, principal at Six to Six, was asked why the waiver rate was so high compared with other Bridgeport schools.

"For us percentages are tricky because our kindergarten class is small. We do our absolute best to provide a healthy, high quality learning environment for all of our kiddos," Selmes-Stoughton said.

The school nurse, she said, "has communication with every family and works to make sure they're fully informed."

Still, is she concerned about the kindergarten waiver rate?

Selmes-Stoughton reiterated the attention paid to the classroom environment, but added, "It is interesting that the percentage does decline in the upper grades."

In addition to pockets of the state where parents are using religious exemptions to avoid immunizing their children, lawmakers also have voiced concerns about the number of parents who are citing medical reasons for forgoing vaccinations.

"It appears that medical exemptions are also unusually high in some areas," said House Majority Leader Matt Ritter, D-Hartford. "We'll have to look at that."

Some school directors said they are taking this to heart.

On Monday legislators will hold an informational public hearing on a proposal to eliminate the state's religious exemption for vaccinations. The hearing begins at 9:30 a.m. in Room 2E.

Medical waivers have increased from 149 in 2003-2004 to 258 last year, while religious exemptions have jumped from 316 in 2003-2004 to 1,255 last year.

Public health officials have long taken pride in the state's vaccination rate, among the nation's highest. Yet the school-by-school information shows the overall rate of immunizations can spawn a false sense of security.

Public Health Commissioner Renée Coleman-Mitchell said while Connecticut's immunization rate for measles, mumps, and rubella vaccination of kindergartners "remains high at 96.5 percent, we are also seeing a troubling trend that the number of students entering kindergarten who are not fully immunized is growing."

Some school directors said they are taking this to heart.

At Milford Christian Academy, slightly more than 23 percent of the students had vaccine waivers.

"I am going to encourage families to reconsider vaccines, if for no other reason than the well-being of others," said the Rev. Jim Loomer.

At Giants Steps School in Fairfield, 34 percent of the children had waivers. The school, for children on the autism spectrum, has 38 students.

"Especially when there is an uptick, we want to make sure our families have the best information available so they can make the most informed choices possible," said Darci LaBash, executive director of Giants Steps.

"We want to do our part in promoting an understanding," she added. "In our world, when you connect the word vaccine with autism, people get a little more anxious. But it's like everything else we do — best practices, best information."

In Newtown, 37.7 percent of students at Housatonic Valley Waldorf School had exemptions — all were religious waivers, according to the updated report from the Department of Public Health.

Christina Dixcy, the school's communications director, said the school's leaders did not want to talk about the waivers.

She said the school doesn't make recommendations on what parents should decide.

"We want to maintain a welcoming atmosphere for our families," Dixcy said.

Josh Kovner can be reached at jkovner@courant.com.

2019 Legislative Recap

GPSI ▶
Graff Public Solutions, LLC

CADH | Connecticut Association
of Directors of Health

2019 Connecticut General Assembly At A Glance

- House of Representatives
 - 91 Democrats
 - 60 Republicans
- State Senate
 - 22 Democrats
 - 14 Republicans



2019 Major Issues

- Paid Family And Medical Leave Act
- Increasing the Minimum Wage
- Gun Safety Measures
- Raising Smoking and Vaping Age to 21
- Recreational Marijuana
- Sports Gambling
- Tolls
- Budget Deficit



CADH Major Issues

- SB 920 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES
- HB 6742 AN ACT CONCERNING STANDARDS FOR THE INSPECTION OF SALONS AND A SCOPE OF PRACTICE REVIEW FOR ESTHETICIANS, NAIL TECHNICIANS AND EYELASH TECHNICIANS
- HB 7133 AN ACT CONCERNING BLOOD LEAD LEVEL REQUIREMENTS
- HB 7200 AN ACT PROHIBITING THE SALE OF CIGARETTES, TOBACCO PRODUCTS, ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS TO PERSONS UNDER AGE TWENTY-ONE

CADH Major Issues...Cont'd

▪ **SB 1085** AN ACT CONCERNING THE LEGALIZATION OF THE RETAIL SALE AND POSSESSION OF CANNABIS AND CONCERNING ERASURE OF CRIMINAL RECORDS IN THE CASE OF CONVICTIONS BASED ON THE POSSESSION OF A SMALL AMOUNT OF CANNABIS

▪ **SB 608** AN ACT CONCERNING THE IMPROVEMENT OF RENTAL UNIT SAFETY

▪ **HB 7424** AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR, AND IMPLEMENTING PROVISIONS OF THE BUDGET

SB 920 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

▪ MODEL FOOD CODE

- The bill extends by one year, from January 1, 2019, to January 1, 2020, the date by which DPH must adopt the federal Food and Drug Administration's (FDA) Model Food Code as the state's food code for regulating food establishments.

HB 6742 AN ACT CONCERNING STANDARDS FOR THE INSPECTION OF SALONS AND A SCOPE OF PRACTICE REVIEW FOR ESTHETICIANS, NAIL TECHNICIANS AND EYELASH TECHNICIANS.

- Requires DPH to establish a standardized inspection form and guidelines by Oct. 1, 2020, concerning the standards for salon sanitary inspections (any shop, day spa, or other establishment where barbering, hairdressing, cosmetology, or nail technician services take place)
- Creates a process to evaluate the scope of practice for estheticians, nail technicians, and eyelash technicians.
- Establishes a scope of practice review committee to review the scope of practice for these professions.
- Increases the maximum inspection fee that a health director may charge from \$100 to \$250.

HB 7133 AN ACT CONCERNING BLOOD LEAD LEVEL REQUIREMENTS

- Would lower the threshold for blood lead levels in individuals at which the DPH and local health departments must take certain action.
- Lowers from 20 to 5 micrograms per deciliter, the threshold for local health departments to conduct an epidemiological investigation of the source of a child's lead poisoning and provide case management services for children with lead poisoning.

HB 7133 AN ACT CONCERNING BLOOD LEAD LEVEL REQUIREMENTS...Cont'd

- Would have lowered, from 10 to 5 micrograms per deciliter, the threshold at which:
 - 1) Licensed health care institutions and clinical laboratories must report lead poisoning cases to DPH and local health departments;
 - 2) Local health directors must conduct on-site inspections and remediation for children with lead poisoning; and
 - 3) Local health departments must distribute educational materials on lead poisoning prevention to parents, legal guardians, and appropriate health care providers.

HB 7200 AN ACT PROHIBITING THE SALE OF CIGARETTES, TOBACCO PRODUCTS, ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS TO PERSONS UNDER AGE TWENTY-ONE

- Raises, from 18 to 21, the legal age to purchase cigarettes, other tobacco products, and e-cigarettes
- Requires dealers who sell e-cigarettes and ship them directly to consumers to obtain the signature of a person aged 21 or older at the shipping address prior to delivery and require the signer to show proof of age
- Increases, from \$50 to \$200, the annual license fee for cigarette dealers
- Increases certain penalties for cigarette, tobacco product, and e-cigarette sales and purchases involving individuals under the legal age.
- Effective October 1, 2019

SB 1085 AN ACT CONCERNING THE LEGALIZATION OF THE RETAIL SALE AND POSSESSION OF CANNABIS AND CONCERNING ERASURE OF CRIMINAL RECORDS IN THE CASE OF CONVICTIONS BASED ON THE POSSESSION OF A SMALL AMOUNT OF CANNABIS

- Would have allowed individuals age 21 or older to possess, use, and otherwise consume cannabis.
- Sets a possession limit of 1.5 ounces per consumer, with no more than five grams in the form of cannabis concentrate.
- Allowed anyone convicted for possessing 1.5 ounces or less of cannabis to file a court petition to erase the related police, court, and prosecutorial records.
- Allows consumers to manufacture, possess, and purchase cannabis related paraphernalia or distribute or sell these items to other consumers

SB 608 AN ACT CONCERNING THE IMPROVEMENT OF RENTAL UNIT SAFETY

- Would have made various changes affecting the health and safety of certain types of rental housing. Specifically, it:
 - 1) Authorizes local building officials to issue stop-work order for unpermitted work at rental unit construction sites and impose fines of up to \$250 violations;
 - 2) Authorizes municipalities to establish penalties for residential licensing program violations
 - 3) Makes owners of certain residential buildings who fail to abate lead levels in accordance with DPH regulations strictly liable for the death or injury of a person that is caused by the violation.

SB 608 AN ACT CONCERNING THE IMPROVEMENT OF RENTAL UNIT SAFETY...CONT'D

- Makes any person whose act or omission constitutes a violation of lead abatement requirements strictly liable for the injury or death of a person resulting from the violation, whether or not negligence exists.

HB 7424 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR, AND IMPLEMENTING PROVISIONS OF THE BUDGET

- By October 1, 2019, the commissioner or her designee, in collaboration with the state's local health directors, must establish infection prevention and control plan guidelines for licensed nail or eyelash technicians or estheticians, which must be posted on DPH's website.
- The bill requires DPH to reduce, on a proportional basis, payments to municipal and district health departments if the payments in a fiscal year exceed the amount appropriated for that year.
- To receive such funding, existing law requires that, among other things, (1) municipalities have a full-time health department and a population of at least 50,000 and (2) health districts have a total population of at least 50,000 or serve three or more municipalities, regardless of their combined total population.

HB 7424 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR, AND IMPLEMENTING PROVISIONS OF THE BUDGET

Year	2019-2020	2020-2021
Amount Appropriated	4,210,499	4,210,499

QUESTIONS AND FEEDBACK



Robert L. Miller

From: Knauf, David <dknauf@darienct.gov>
Sent: Wednesday, June 5, 2019 10:22 AM
To: Shane Lockwood; 'Laura Vasile'; 'Robert Rubbo'; Brendan Finley
Cc: 'Mark Cooper'; 'Cleary, Sands'; 'amohammad@orange-ct.gov'; 'Sartori, Luigi'; 'Sharon Health Department'; 'Michael Pascucilla'; 'William Quinn'; 'Wendy Mis'; 'Trent Joseph'; 'Timothy Simpkins'; 'Susan Starkey'; 'Steven Huleatt'; 'Stephen Mansfield'; 'Sonia Marino'; 'Sergio Lupo'; 'Scott Sjoquist'; 'S. Jacobs'; 'Robert Powitz'; Robert L. Miller; 'Rhonda Capuano'; 'Raymond Sullivan'; 'Polly Edwards'; 'Paul Hutcheon'; 'Patrick McCormack'; 'Patrice Sulik'; 'Nancy Brault'; 'Michael Pepe'; 'Michael Crespan'; 'Maureen Lillis'; 'Maura Esposito'; 'Lisa Fasulo'; 'Leslie Balch'; 'Lea Crown'; 'Lawrence Lebowitz'; 'Joseph Havlicek'; 'Jennifer Kertanis'; 'Jeff Catlett'; 'James Cordier'; 'Wesley Bell'; 'Edward Briggs'; 'Donna Culbert'; 'Don Mitchell'; 'Dennis Johnson'; 'Deepa Joseph'; 'Dana Cavicke'; 'Charles Brown'; 'Caroline Baisley'; 'Byron Kennedy'; 'Barrington Bogle'; 'Andrea Boissevain'; 'Aimee Eberly'; 'Jennifer Calder'; 'Bond, Maritza'; 'Lisa Morrissey'; 'D'Amore, Deanna'; 'Neal Lustig'; 'Marco Palmeri'; 'Arroyo, Liany'; 'smartinson@crahd.net'; 'jstelmaszek@nvhd.org'; Eielson, Jen (Jen.Eielson@newcanaanct.gov); Steve Civitelli (health@wallingfordct.gov); 'russell.melmed@chathamhealth.org'
Subject: Budget Approval

Colleagues

Please see the message below from Brendan Finley regarding the budget - the proposed cuts to local public health have NOT gone forward and current funding levels have been maintained for the next two years. I'd like to think of this as a BIG success for CADH and thank those who reached out to legislators. Our next step would be to seek increased funding levels and make sure that funding is provided to ALL jurisdictions!

The other PH successes for the year include support for a bill raising the smoking/vaping age to 21, working to oppose the reduced lead action levels and adoption of the International Property Maintenance Code which would have fundamentally impacted our workloads, while supporting the only approved bill that may impact some health departments - regarding licensing and regulation of nail/eye techs and estheticians.

For more details on the recent legislative session, and to participate in the upcoming CADH Executive Board election, make sure you attend the membership meeting next Wednesday, June 12th, at the Mohegan Sun. Expect directions and an agenda soon.

Hope to see you all next week!

David

David Knauf, REHS, MS, MPH
CADH Advocacy Chair (until June 12th!)

Good evening,

The Senate just passed the state budget, HB 7424 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR, AND IMPLEMENTING PROVISIONS OF THE

BUDGET, in concurrence with the House. The bill now heads to Governor Lamont's desk for his signature, which is expected.

If you have any specific questions about the adopted budget, please let us know. Please see below for a link to a summary of the passed legislation. Thank you.

Link to summary:

<https://www.cga.ct.gov/2019/FN/pdf/2019HB-07424-R01-FN.pdf>

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Brendan Finley
Manager Public Affairs
Graff Public Solutions, LLC
101 Oak Street
Hartford, CT 06106
Work: 860-761-8520
Cell: 203-379-7590

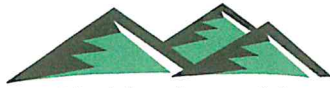
T254	Elderly Congregate Rent Subsidy	1,942,424	1,942,424
T255	Housing/Homeless Services	80,388,870	85,779,130
T256	Housing/Homeless Services - Municipality	575,226	575,226
T257	AGENCY TOTAL	98,057,720	103,590,249
T258			
T259	AGRICULTURAL EXPERIMENT STATION		
T260	Personal Services	5,755,367	6,012,727
T261	Other Expenses	865,032	865,032
T262	Mosquito and Tick Disease Prevention	512,276	522,880
T263	Wildlife Disease Prevention	95,809	99,149
T264	AGENCY TOTAL	7,228,484	7,499,788
T265			
T266	HEALTH		
T267			
T268	DEPARTMENT OF PUBLIC HEALTH		
T269	Personal Services	34,869,904	36,847,046
T270	Other Expenses	7,639,067	7,618,240
T271	LGBTQ Health and Human Services Network	250,000	250,000
T272	Community Health Services	1,486,753	1,486,753
T273	Rape Crisis	548,128	548,128
T274	Local and District Departments of Health	4,210,499	4,210,499
T275	School Based Health Clinics	10,550,187	10,550,187
T276	AGENCY TOTAL	59,554,538	61,510,853
T277			
T278	OFFICE OF HEALTH STRATEGY		
T279	Personal Services	2,029,556	2,111,198
T280	Other Expenses	1,038,042	38,042
T281	AGENCY TOTAL	3,067,598	2,149,240
T282			
T283	OFFICE OF THE CHIEF MEDICAL EXAMINER		
T284	Personal Services	5,527,527	5,838,564
T285	Other Expenses	1,442,198	1,442,198
T286	Equipment	23,310	23,310
T287	Medicolegal Investigations	22,150	22,150
T288	AGENCY TOTAL	7,015,185	7,326,222
T289			



Quarterly Activity Report January 1, 2019 – March 31, 2019

Highlighted Accomplishments/Activities

- Working with the Board of Directors adopted the Fiscal Year 2019/2020 proposed operating budget, proposed Capital non-recurring budget, and proposed fee schedule, which as subsequently amended by the board due to new information associated with anticipated revenue reductions.
- Ongoing work toward the agency transition from the Connecticut Public Health Code to the FDA Food Code. Activities during this quarter include: communicating with area food service establishments updating them on state delays regarding implementation, and participating in DPH update and training calls, & webinars.
- The Substance Abuse in our Communities Workgroup members have been active over this quarter. These activities include but are not limited to: Presentation to area public libraries on participating in a program to obtain free NARCAN kits; active support of opioid mini grant activities for Mansfield youth services; surveillance of epicenter local data sets associated with ED visits. And, application submission for DPH mini grant for prevention activities.
- Ongoing support of the Town of Tolland regarding NaCl contamination in private wells. This period included ongoing communication with the Town and DEEP, including a meeting with DEEP regarding assessment and education of water softener impacts.
- Active support and participation on UConn Student Health Services Infections Control Committee monthly meetings.
- Continue to work cooperatively with DEEP on behalf of Tolland providing information and technical support regarding an environmental investigation into sodium chloride contamination in ground water in the Old Post road area. This includes completing fall monitoring in November, and responding to inquiries and concerns from property owners during this period.
- Active support of the Town of Scotland related to community concerns with arsenic in the ground water. Provided short article in community newsletter and consultations for First Selectmen's office.
- Initiated the drafting of health district cosmetology regulations.
- Recruited, interviewed, and hired a new Chief Sanitarian.
- *Emergency Preparedness Program:* Highlighted activities during this period include: (1) participated in MDA restructuring meetings and discussions; (2) conducted operational readiness



Eastern Highlands Health District

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

review with the CT DPH (3) participated in statewide MRC reorganization discussions (4) conducted orientation for two new EHHD MRC unit volunteers. (See attached EHHD Public Health Preparedness program report at the end of this packet for more details, and activities.)

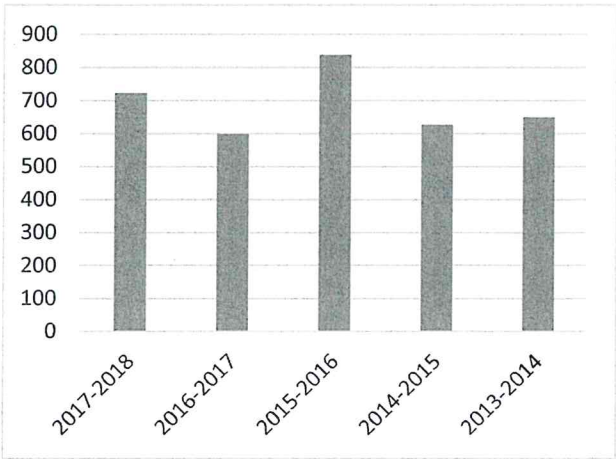
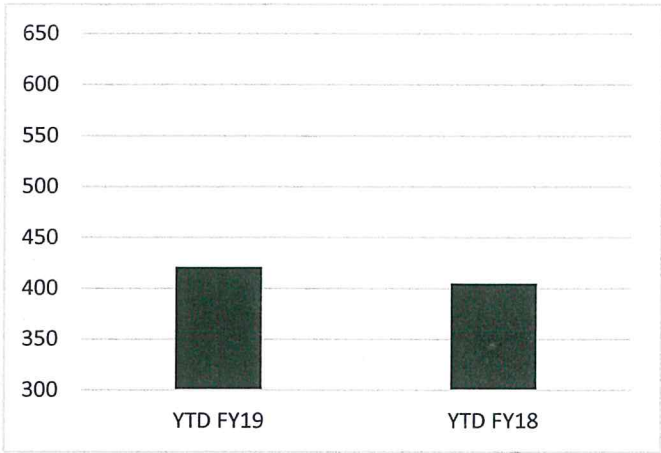
- *Community Health Program:* Highlighted activities include: (1) ongoing coordination of employee wellness programming (2) supporting UConn bike friendly initiative, and (3) on going implementation of DPH home radon testing program. (See attached Community Health and Wellness program report at the end of this packet for more details.)

Plans for the Next Quarter

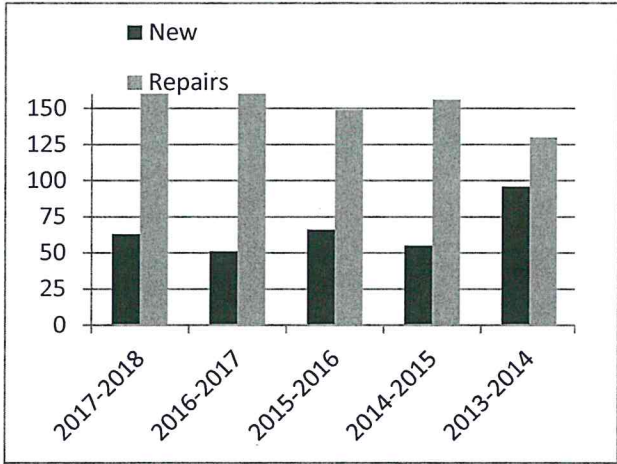
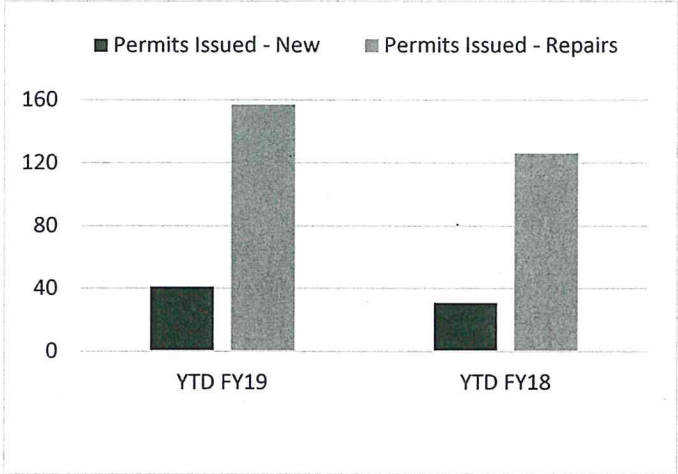
- Recruit and retain Community Health & Wellness Coordinator and Sanitarian to fill vacancies.
- Continue work on updating sanitary codes associated with cosmetology, and food code.
- Maintain progress on implementation of EHHD FDA Food Code Transition Plan.
- Advance progress on Substance Abuse in Our Communities Workgroup prevention activities funded by mini grants.
- Progress on Information Technology initiative and ViewPoint online platform; Hard launch the public portal.

Statistical Report (Attached)

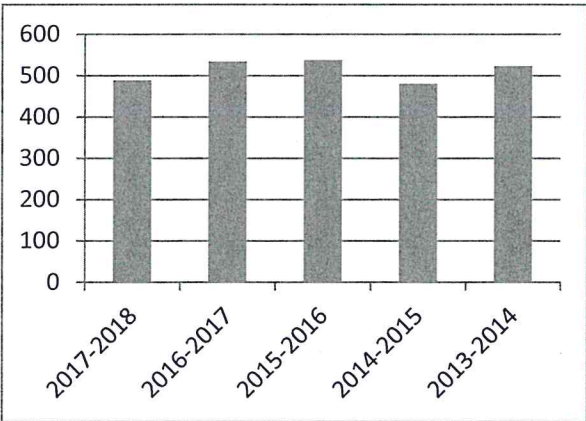
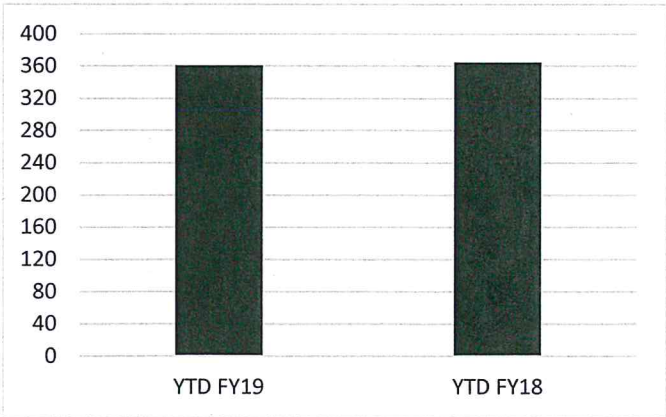
Deep Test Holes



Septic Permits Issued

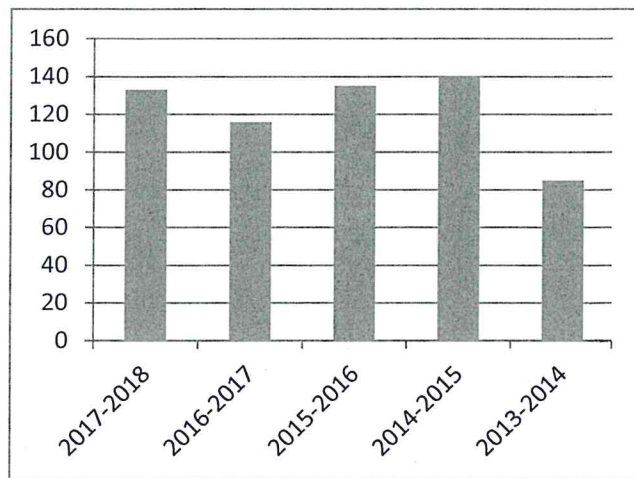
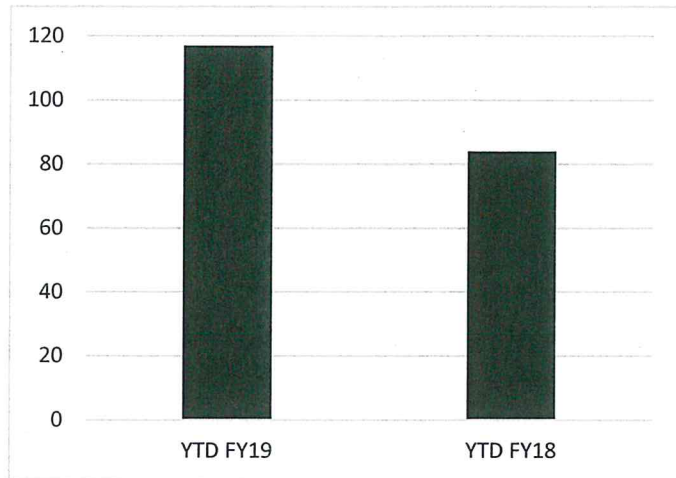


Public Health Reviews

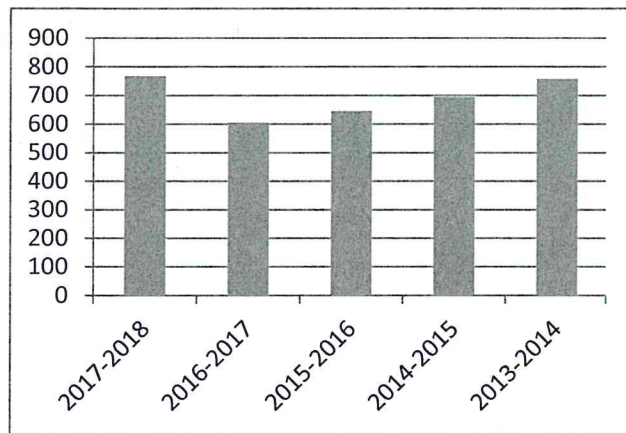
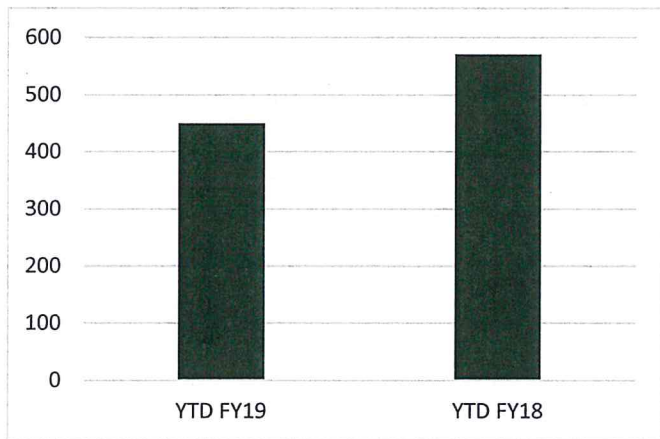


Quarterly Report January 1, 2019 - March 31, 2019
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

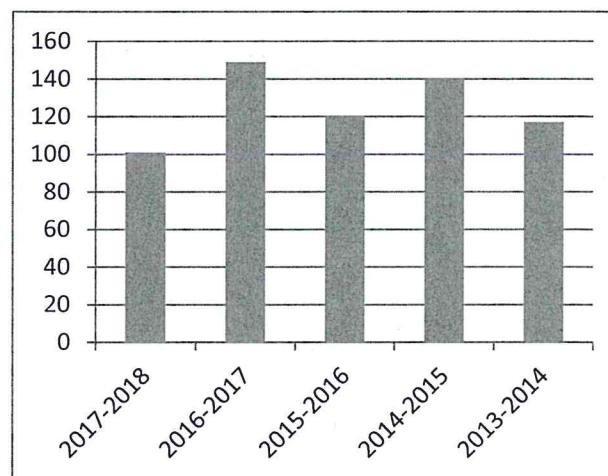
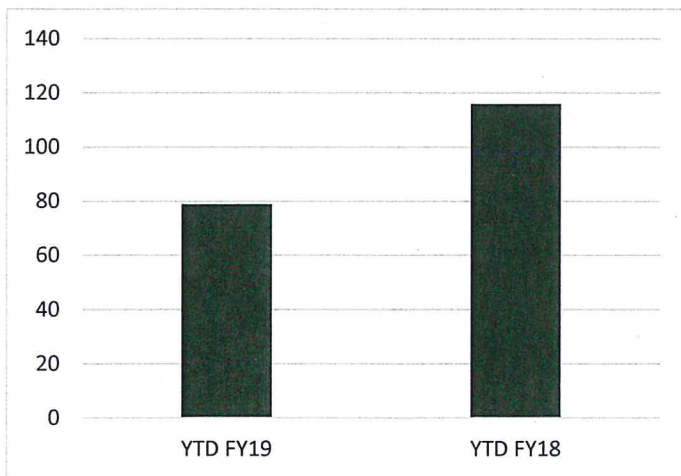
Complaints



Food Service Inspections



Well Permits



EASTERN HIGHLANDS HEALTH DISTRICT THIRD QUARTER FISCAL YEAR 2017-2018							
January 1, 2019 - March 31, 2019							
Activity Indicators		MONTHS				Current	Previous
		January	February	March	Total	YTD FY19	YTD FY18
COMMUNITY HEALTH ACTIVITIES							
<i>Communicable Disease Control</i>							
	Case reports reviewed	49	110	92	251	751	916
	Preliminary follow ups				0	10	20
	Investigations	0	0	1	1	9	14
<i>Public Health Education</i>							
	Programs	(see narrative for program description)					
ENVIRONMENTAL HEALTH ACTIVITIES							
<i>Complaints</i>							
	Air Quality	0	0	0	0	2	5
	Animals/Animal Waste	0	0	0	0	3	3
	Activity without Permit	0	0	0	0	0	2
	Food Protection	1	2	1	4	15	14
	Housing Issues	4	6	8	18	46	21
	Emergency Response	1	0	0	1	8	2
	Refuse/Garbage	2	0	0	2	4	4
	Rodents/Insects	0	0	0	0	3	6
	Septic/Sewage	3	1	2	6	14	14
	Other	1	1	0	2	8	5
	Water Quality	5	1	2	8	14	8
	Total	17	11	13	41	117	84
<i>Health Inspection</i>							
	Group homes	0	0	0	0	1	2
	Day Care	0	1	0	1	3	14
	Camps	0	0	0	0	7	2
	Public Pool	0	0	0	0	5	11
	Other	0	0	0	0	0	2
	Schools	0	0	0	0	4	3
	Mortgage, FHA, VA	0	0	0	0	0	3
	Bathing Areas	0	0	0	0	0	2
<i>On-site Sewage Disposal & Wells</i>							
	Site inspection	54	43	49	146	760	526
	Deep hole tests	37	31	40	108	421	405
	Percolation tests	7	5	6	18	118	96
	Permits issued, new	1	3	3	7	41	31
	Permits issued, repair	12	4	5	21	157	126
	Site Plans Reviewed	21	7	10	38	193	150
	Public Health Reviews	24	27	24	75	361	365
<i>Wells</i>							
	Well sites inspected	4	0	1	5	52	84
	Well permits issued	5	4	5	14	79	116
<i>Laboratory Activities (samples taken)</i>							
	Potable water	0	2	1	3	5	20
	Surface water	0	0	0	0	181	140
	Ground water	0	0	0	0	0	0
	Rabies	0	0	0	0	1	0
	Lead	0	8	0	8	8	5
	Other	0	0	0	0	5	6
<i>Food Protection</i>							
	Inspections	41	33	51	125	303	380
	Reinspections	2	9	4	15	53	42
	Temporary permit	2	2	3	7	158	149
	Temporary inspections*	0	0	0	0	72	119
	Plan review	3	1	0	4	15	9
	Pre-operational inspections	0	4	4	8	22	30
	Total Inspections	43	46	59	148	450	571
<i>Lead Activities</i>							
	Housing inspection	1	0	1	2	3	4
	Abate plan reviewed	0	0	0	0	0	1
<i>Miscellaneous Activities</i>							
	Planning and Zoning referrals	1	1	0	2	2	10
	Subdivision reviewed (# of lots)	2	0	0	2	4	16

January 1, 2019 - March 31, 2019

January 1, 2019 - March 31, 2019

Page 4 of 13

ASHFORD QUARTERLY REPORT

January 1, 2019 - March 31, 2019

Activity Indicators

	January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection		1		1	4
Housing Issues	1	1	2	4	18
Emergency Response				0	1
Refuse/Garbage	1			1	2
Rodents/Insects				0	0
Septic/Sewage	1		1	2	6
Other				0	2
Water Quality				0	8
Total	3	2	3	8	41
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	1
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	1	4	1	6	130
Deep hole tests -- number of holes			3	3	108
Percolation tests -- number of holes			1	1	18
Permits issued, new		1		1	7
Permits issued, repair	1	1	2	4	21
Site plans reviewed	1	1	1	3	38
Public Health Reviews	1	3	1	5	75
<i>Wells</i>					
Well sites inspected			1	1	5
Well permits issued	1			1	14
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	3
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	8
Other				0	0
<i>Food Protection</i>					
Inspections	8		1	9	125
Reinspections				0	15
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews				0	4
Pre-operational inspections				0	8
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	2
Subdivision reviewed (per lot)				0	2

BOLTON QUARTERLY REPORT
January 1, 2019 - March 31, 2019

Activity Indicators

	January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	4
Housing Issues			1	1	18
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage	1			1	6
Other				0	2
Water Quality				0	8
Total	1	0	1	2	41
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	1
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits		4	6	10	130
Deep hole tests -- number of holes	2	3	3	8	108
Percolation tests -- number of holes		1		1	18
Permits issued, new		1		1	7
Permits issued, repair	1	1	1	3	21
Site plans reviewed	1	2	1	4	38
Public Health Reviews	3	2	3	8	75
<i>Wells</i>					
Well sites inspected				0	5
Well permits issued				0	14
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	3
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	8
Other				0	0
<i>Food Protection</i>					
Inspections	1		3	4	125
Reinspections				0	15
Temporary permits		1	1	2	7
Temporary inspections				0	0
Plan reviews	1			1	4
Pre-operational inspections				0	8
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	2
Subdivision reviewed (per lot)				0	2

CHAPLIN QUARTERLY REPORT

January 1, 2019 - March 31, 2019

Activity Indicators

	January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	4
Housing Issues				0	18
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage		1		1	6
Other				0	2
Water Quality				0	8
Total	0	1	0	1	41
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	1
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	8	7	5	4	130
Deep hole tests -- number of holes				0	108
Percolation tests -- number of holes				0	18
Permits issued, new				0	7
Permits issued, repair	1			1	21
Site plans reviewed	2			2	38
Public Health Reviews		1		1	75
<i>Wells</i>					
Well sites inspected	1			1	5
Well permits issued	1			1	14
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	3
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	8
Other				0	0
<i>Food Protection</i>					
Inspections	1	1	4	6	125
Reinspections				0	15
Temporary permits			1	1	7
Temporary inspections				0	0
Plan reviews				0	4
Pre-operational inspections				0	8
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	2
Subdivision reviewed (per lot)				0	2

January 1, 2019 - March 31, 2019

January 1, 2019 - March 31, 2019

Page 8 of 13

COVENTRY QUARTERLY REPORT

January 1, 2019 - March 31, 2019

Activity Indicators						
		<u>January</u>	<u>February</u>	<u>March</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality					0	0
Animals/Animal Waste					0	0
Activity Without Proper Permits					0	0
Food Protection					0	4
Housing Issues			3	1	4	18
Emergency Response					0	1
Refuse/Garbage					0	2
Rodents/Insects					0	0
Septic/Sewage	1				1	6
Other					0	2
Water Quality	1				1	8
Total	2	3	1		6	41
<i>Health Inspection</i>						
Group homes					0	0
Day Care					0	1
Camps					0	0
Public Pool					0	0
Other					0	0
Schools					0	0
Mortgage, FHA, VA					0	0
Bathing Areas					0	0
Total	0	0	0		0	1
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	6	12	14		32	130
Deep hole tests -- number of holes	18	8	23		49	108
Percolation tests -- number of holes	1	1	3		5	18
Permits issued, new					0	7
Permits issued, repair		1			1	21
Site plans reviewed	7	1			8	38
Public Health Reviews	4	8	1		13	75
<i>Wells</i>						
Well sites inspected	1				1	5
Well permits issued		3			3	14
<i>Laboratory Activities (samples taken)</i>						
Potable water					0	3
Surface water					0	0
Ground water					0	0
Rabies					0	0
Lead					0	8
Other					0	0
<i>Food Protection</i>						
Inspections	5	5	5		15	125
Reinspections					0	15
Temporary permits	1		1		2	7
Temporary inspections					0	0
Plan reviews					0	4
Pre-operational inspections					0	8
<i>Lead Activities</i>						
Housing inspection	1		1		2	2
Abate plan reviewed					0	0
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals	1				1	2
Subdivision reviewed (per lot)	1				1	2

MANSFIELD QUARTERLY REPORT

January 1, 2019 - March 31, 2019

Activity Indicators

	January	February	March	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection		1	1	2	4
Housing Issues	3	2	3	8	18
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	6
Other	1			1	2
Water Quality				0	8
Total	4	3	4	11	41

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	1

On-site Sewage Disposal

Site inspection -- all site visits	16	5	1	22	130
Deep hole tests -- number of holes		3		3	108
Percolation tests -- number of holes		1		1	18
Permits issued, new			2	2	7
Permits issued, repair	2	1		3	21
Site plans reviewed	2	1	2	5	38
Public Health Reviews	6	6	6	18	75

Wells

Well sites inspected	2			2	5
Well permits issued	1			1	14

Laboratory Activities (samples taken)

Potable water			1	1	3
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	8
Other				0	0

Food Protection

Inspections	16	20	19	55	125
Reinspections	1	3	3	7	15
Temporary permits		1		1	7
Temporary inspections				0	0
Plan reviews	2			2	4
Pre-operational inspections		4	4	8	8

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

January 1, 2019 - March 31, 2019

Page 11 of 13

January 1, 2019 - March 31, 2019

Page 12 of 13

WILLINGTON QUARTERLY REPORT

January 1, 2019 - March 31, 2019

Activity Indicators

	January	February	March	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	4
Housing Issues			1	1	18
Emergency Response				0	1
Refuse/Garbage	1			1	2
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	2
Water Quality	2			2	8
Total	3	0	1	4	41

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	1

On-site Sewage Disposal

Site inspection -- all site visits	5			5	130
Deep hole tests -- number of holes	3	3		6	108
Percolation tests -- number of holes	1			1	18
Permits issued, new				0	7
Permits issued, repair				0	21
Site plans reviewed			1	1	38
Public Health Reviews			1	1	75

Wells

Well sites inspected				0	5
Well permits issued			1	1	14

Laboratory Activities (samples taken)

Potable water		2		2	3
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead		8		8	8
Other				0	0

Food Protection

Inspections	1	4	9	14	125
Reinspections		2		2	15
Temporary permits			1	1	7
Temporary inspections				0	0
Plan reviews				0	4
Pre-operational inspections				0	8

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

Eastern Highlands Health District
Public Health Preparedness Program
January- March 2019

- **Activities:**
 - Conducted Operational Readiness Review (ORR) of EHHD Medical Counter Measures (MCM) plan with CT DPH.
 - Prepared and submitted After Action Report (AAR) for December flu clinic.
 - Region 4 ESF8 Health Care Coalition (HCC) and steering committee meetings.
 - Region 3 ESF8 Health Care Coalition (HCC) and PHEP workgroup meetings.
 - Advocated the need for a nurse to support PHEP and MRC work at EHHD.
 - Engaged EHHD Emergency Management Directors through RESF5.
- **Training**
 - Began planning with UConn / Mansfield to support upcoming Millstone Host Community Exercise with Potassium Iodide (KI) distribution.
 - Support R4 HCC Training and Exercise workgroup.
 - Helped design Region 4 HCC Coalition Surge Test (CST) and Redundant Communications Drills (RCD) to be held in April.
- **Regional Planning Activities:**
 - Participated in MDA restructuring discussions with CT DPH.
 - Participated in regional planning workgroups on Ebola and Veoci.
 - Per CT DPH the regional HCCs will be replaced by a single statewide HCC. Collaboration as of July, 2019.
- **Medical Reserve Corps (MRC)**
 - Participated in statewide MRC strategy session meetings, MRC potential reorganization discussions, and Region 4 MRC unit leader meetings.
 - Worked with Scotland EMD to arrange Medical Aid Station Team (MAST) training in Scotland 5/19.
 - Completed annual MRC reporting to Citizen Corps.
 - Conducted EHHD MRC Orientation for two volunteers.
- **Plans and Annexes:**
 - EHHD MCM planning will be transitioning to a component of a regional Mass Dispensing Area (MDA) with other health districts in Eastern CT.
- **Plans for Next Quarter:**
 - Complete scheduled commitments and complete grant deliverables by June 30.
 - Support CST and RCD in April.
 - Support UConn and town of Mansfield with the Millstone host community exercises in May and June.
 - Work to integrate new wellness coordinator into PHEP and MRC activities.
 - Continue to plan for a Region 4 Ebola/EID exercise to be held in fall 2019.
 - Increase capacity for EHHD to deliver seasonal flu or emergency vaccinations, including investigate enrolling in CT Vaccine Program (CVP).

- Move toward an anticipated regional MDA vaccination exercise in the fall.
- Deliver MRC MAST training in Scotland 5/19.
- Offer MRC MAST the opportunity to support the “Angelride” charity bike ride on 6/1.
- Work with R4 HCC and CT DPH toward single regional MDA model.
- Plan for regional Ebola/EID tabletop exercise to be held in September 2019

**Eastern Highlands Health District
Community Health and Wellness
Third Quarter Report January 1 – March 31, 2019**

Programs and services provided through the EHHD Community Health and Wellness efforts were extended to **5830 individuals in member towns** this quarter primarily through the *Be Well* monthly newsletter and additional activities provided this quarter. A list of services by town can be found in Appendix A.

EHHD Strategic Plan Progress

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	Did not find any grants this quarter.	The CHWC will continue looking for opportunities for grants for EHHD and will work with CHART to explore opportunities.
1g (1) Explore and expand partnership opportunities	No activity	
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC has routinely updated "Hot Topics" section of the EHHD webpage. CHWC continues to produce monthly newsletters.	Bulletin boards reflected seasonally appropriate health and safety messages. Topics included info on private well water testing, free radon test kits, a free Narcan training event and a drug take-back event. Newsletters are distributed to member town officials and residents.
3a (2) Work cooperatively with school food service staff, school nurses and parents' groups to address nutrition and physical activity for students	No activity	

3c (1) Engage in advocacy events and activities	EHHD has been accepted into the DPH Radon Partnership Program	EHHD has distributed 34 radon test kits (as of May 14 th).
Other		
CHWC Training and Continued Education	No activity	

Emergency Preparedness/Response

No news

Regional Asthma Coalition

No news

Employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland, Town of Mansfield, Mansfield BOE, and Region 19 BOE) continue as planned.

Mansfield

During the month of January, the “Eat Your Greens” challenge was conducted. The aim of this challenge was to encourage employees to eat at least 2 cups of vegetables per day for the month. Out of the 43 participants, 38 achieved this goal (88%).

In February, the “Health Risk Assessment” challenge was held. The goal was to have employees complete the HRA to help them better recognize areas of their lives which impact their health and well-being. A total of 180 Mansfield employees filled out an HRA.

During the month of March, a sleep awareness challenge was conducted in which employees were asked to record the amount of sleep they got each night. The goal was to improve sleeping habits and encourage employees to get at least 6 hours of sleep each night. There were 76 participants, and all but one was able to reach this benchmark.

The “New Year, New You” campaign allowed employees to set and work toward a measurable, achievable health goal over a 6-week period. This activity had 27 participants.

A Financial Wellness event was held in March. Financial advisor Tyler Boling presented on Social Security and the Foundations of Financial Planning. Ten employees attended.

Tolland

The Third Quarter Educational Program was completed on March 21st 2019. Dr. Rebecca Acabchuk presented on the health benefits of mindfulness meditation. A total of 11 Tolland employees attended.

Appendix B includes copies of the Be Well Newsletters, bulletin boards, and flyers.

Preventive Health Block Grant

No news

Community Outreach

No news

Appendix A

Health Education Services by Town- January, February, March 2019

Date	Description	# served	Community
January, February, March 2019	Employee Wellness Newsletter (UConn) 182/monthly	546	UConn
January, February, March 2019	Employee Wellness Newsletter 60/monthly	180	Andover
January, February, March 2019	Employee Wellness Newsletter 60/monthly	180	Ashford
January, February, March 2019	Employee Wellness Newsletter 200/monthly	600	Bolton
January, February, March 2019	Employee Wellness Newsletter 30/monthly	90	Chaplin
January, February, March 2019	Employee Wellness Newsletter 60/monthly	180	Columbia
January, February, March 2019	Employee Wellness Newsletter 60/monthly	180	Coventry
January, February, March 2019	Employee Wellness Newsletter 600/monthly	1800	Mansfield
January, February, March 2019	Employee Wellness Newsletter 60/monthly	180	Scotland
January, February, March 2019	Employee Wellness Newsletter 430/monthly	1290	Tolland
January, February, March 2019	Employee Wellness Newsletter 40/monthly	120	Willington
Meetings/events			
January	"Eat Your Greens" Challenge	43	Mansfield
February	Health Risk Assessment Challenge	180	Mansfield
March	Sleep Awareness Challenge	76	Mansfield
March 21st	3 rd Qtr. Be Well Education Program – Mindfulness Meditation	11	Tolland
January- March	New Year, New You Campaign	27	Mansfield
	Total served		

The Buzz



THE UNEXPECTED BENEFIT OF EXERCISE

As many as 50 million Americans are living sedentary lives, putting them at increased risk of health problems and even early death, a leading expert in exercise science told the American Psychological Association today.

Nationwide, we spend more than half of our waking hours sitting or inactive for long stretches of time—at work, at school, in the car or watching TV or another type of screen.

Scientists estimate that Americans ages 12 and up now spend about 8 to 10 hours a day sitting and doing things that require little energy. The groups who sit the most are teens and older adults.

Studies have found that any time you get up and move, you're improving your chances for good health.

"Some of us are sort of forced into sedentary lifestyles by our jobs, by school or by commuting," says Dr. Donna Spruijt-Metz, who studies childhood obesity at the University of Southern California. "But research suggests that breaking up sedentary time with even short bouts of activity—like getting up from your desk and moving around—is associated with smaller waist circumference and other indicators of good health."

When you're upright and active, even briefly, your body is at work. "You're engaging a wide range of systems in your body when you move throughout your day," says Dr. Charles E. Matthews, who studies physical activity and cancer risk at NIH. "Your muscles are contracting, you're maintaining your balance, and you're resisting the force of gravity."

When you're sitting, Matthews says,

"muscle contractions go way down, and your body's resistance to gravity decreases." When you sit for long periods, your body adapts to the reduced physical demand and slows down its metabolism. When metabolism slows, you burn fewer calories and boost the chance that extra energy will be stored as fat.

But exercise has many more benefits to your health and wellbeing.

Studies indicate that a exercise and yoga can help in [treating depression](#) and [anxiety](#), and managing [stress](#).

[One study](#), lends further support to the spillover benefits of exercise. A team of researchers compared the performance of 11 professional cyclists and 9 recreational cyclists on something called a "Stroop test." Stroop tests, which require subjects to quickly and correctly name colors appearing in the text of other colors. For example, the word "blue" written in red text. This type of test is often used to examine what scientists call inhibitory control, commonly referred to as willpower. The results found that the professional cyclists outperformed the recreational cyclists on the Stroop test. In addition, the professional cyclists also performed better against a relative baseline, than the recreational cyclists in a hard bike ride following the Stroop test. In the words of the researchers, the professional cyclists showed both "stronger inhibitory control than the recreational cyclists" as well as "greater resistance to the effects of mental fatigue."

[Samuele Marcora](#), director of research at the University of Kent's School of Sport and Exercise Science, says that "the two effects go hand in hand, because becoming resistant to mental

fatigue bolsters self-control." He speculates that resistance to mental fatigue is trainable through practice. [Another study](#) found that when young people take up a meditation-and-running program, symptoms of major depressive disorder lessened by 40 percent on average, and [another study](#) found that when college students went from not exercising at all to visiting the gym a couple times a week, they had a greater "capacity for self-regulation," meaning that they could depend more on themselves than on substances. These students also reported less stress, smoking, and drinking and better eating, spending, and study habits.

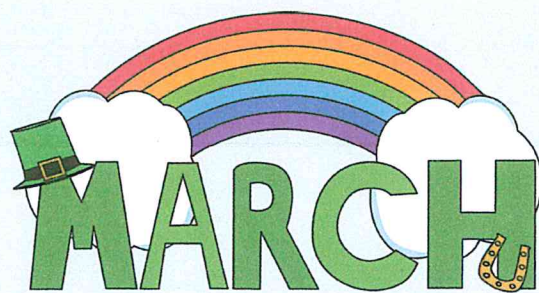
People who undertake and endure exercise challenges tend to perform better in hard, yet unrelated, areas of their lives, such as quitting smoking or remaining calm during final exams. The scientific theory underlying this phenomenon is called the "[cross-stressor adaptation hypothesis](#)." In layperson's terms, exercise, likely due to its unique combination of being hard on the brain and the physiological changes it elicits, makes people more resilient not only to physical stress, but also to emotional and cognitive stress. It is for these reasons that [scientists have written](#) that "exercise is associated with emotional resilience to acute stress in healthy adults" and that exercise has been called a keystone habit, or an activity that leads to positive changes in other areas of life.

HAPPENINGS AROUND TOWN

Meditation and Yoga- Mansfield Public Library is offering free meditation and yoga courses in Buchanan Auditorium. The classes are offered on March 6, 13, 27 from 10:00– 11:30 am. Check out the website for more information!

O'Hartford 5K- The Hartford Marathon Foundation presents the O'Hartford 5K. The event will take place on Sunday March 17th. Bring your little leprechauns for the Wee Mile, a ¼ mile, ½ mile or one-mile race for kids ages 2-11. For more information and to register, click the link!

Hebron Maple Festival- Enjoy maple syrup, candy, and other goodies at the Hebron Maple Festival! There are many vendors and activities for the family to enjoy. You can even check out the maple sugar houses to see how to make REAL maple syrup. The festival runs from 10 am-4 pm on Saturday the 16th and Sunday the 17th.



Broccoli Soup

INGREDIENTS

- ♦ 1 1/2 cups chopped broccoli (or 10-ounce pkg. frozen broccoli)
- ♦ 1/4 cup diced celery
- ♦ 1/4 cup chopped onion
- ♦ 1 cup low sodium chicken broth
- ♦ 2 cups nonfat milk
- ♦ 2 Tbsp. cornstarch
- ♦ 1/4 tsp. salt
- ♦ Dash pepper
- ♦ Dash ground thyme
- ♦ 1/4 cup grated Swiss cheese

DIRECTIONS

Place vegetables and broth in saucepan. Bring to boil, reduce heat, cover, and cook until vegetables are tender (about 8 minutes). Mix milk, cornstarch, salt, pepper, and thyme; add to cooked vegetables. Cook, stirring constantly, until soup is lightly thickened and mixture just begins to boil. Remove from heat. Add cheese and stir until melted.



Sleep Awareness

Sleep helps you think more clearly, have quicker reflexes and focus better. But sleep isn't just essential for the brain. "Sleep affects almost every tissue in our bodies," says [Dr. Michael Twery](#), a sleep expert. "It affects growth and stress hormones, our immune system, appetite, breathing, blood pressure and cardiovascular health." Research shows that lack of sleep increases the risk for obesity, heart disease and infections. Throughout the night, your heart rate, breathing rate and blood pressure rise and fall, a process that may be important for cardiovascular health. Your body releases hormones during sleep that help repair cells and control the body's use of energy. These hormone changes can affect your body weight.

"Ongoing research shows a lack of sleep can produce diabetic-like conditions in otherwise healthy people," says [Dr. Merrill Mitler](#), a sleep expert.

Although personal needs vary, on average, adults need 7 to 8 hours of sleep per night. Babies typically sleep about 16 hours a day. Young children need at least 10 hours of sleep, while teenagers need at least 9 hours. To attain the maximum restorative benefits of sleep, getting a full night of quality sleep is important.

Sleep can be disrupted by many things. Stimulants such as caffeine or certain medications can keep you up. Distractions such as electronics, especially the light from TVs, cell phones, tablets and e-readers, can prevent you from falling asleep.

A good night's sleep consists of 4 to 5 sleep cycles. Each cycle includes periods of deep sleep and rapid eye movement (REM) sleep, when we dream. "As the night goes on, the portion of that cycle that is in REM sleep increases. It turns

out that this pattern of cycling and progression is critical to the biology of sleep," Twery says.

But how much sleep do you really need? The National Sleep Foundation released the results of a world-class study that took more than two years of research to complete. [Read the report by clicking this link.](#)

Be Well is an employee wellness program provided through the Eastern Highlands Health District with funding from CT Department of Public Health. The goal of the program is to make the healthy choice the easy choice.



Financial Wellness Workshop

What? Be Well presents a financial wellness workshop featuring Tyler Boling. Topics that will be presented on include Social Security and the Foundations of Financial Planning.

Where? Mansfield Middle School, Room 99-100

When? Wednesday March 20th 5:00 pm- 7:00 pm

AND

Thursday March 21st 5:00 pm- 7:00 pm

****All who attend will receive a Be Well flash drive AND have their name included in a drawing to win some great prizes!**

Eat Your Greens

Voluntary Wellness Activity

January 2019

About the Challenge

This month-long challenge is designed to encourage you to eat your recommended amount of servings of vegetables, while this number can vary the United States Department of Agriculture has some recommended guidelines listed at <https://www.choosemyplate.gov/vegetables>.

During the *Eat Your Greens* challenge, the goal is to eat your daily recommended amount of vegetables based on the US Department of Agriculture's recommended amount.

Category	Age	Cups
Women	19 – 50 years old	2.5 Cups
	51+ years old	2 Cups
Men	19 – 50 years old	3 Cups
	51+ years old	2.5 Cups

How the Challenge Works

Track your daily intake of vegetables using your tracking sheet. Employees who submit a signed Monthly Veggie Tracker, with at least 62 cups of vegetables consumed, (equivalent of 2 cups per day) recorded will be entered into a drawing for a 1st place (\$200 value), 2nd place (\$150 value) and 3rd place (\$100) reward.

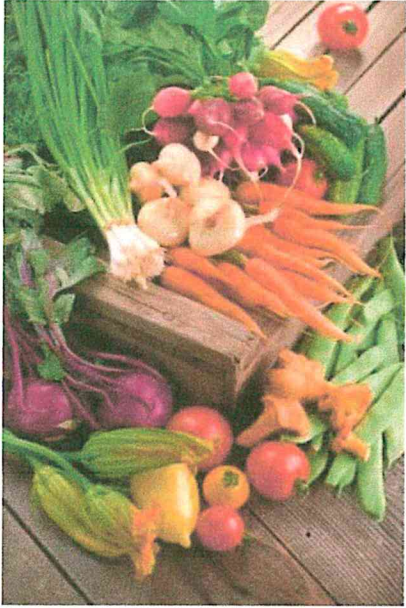
All employees who participate in this challenge with at least 31 cups (equivalent to 1 cup per day) will receive a Be Well gym bag!

Instructions

Beginning, January 1, track how many cups of vegetables you consume daily on your tracking sheet (found on the Be Well Challenges and Events page www.ehhd.org/Events

- On January 31, total the number of cups you ate during the month of January.
- Submit your *Eat Your Greens* tracking sheet to Be Well (Be_Well@ehhd.org), no later than Thursday, February 7 at 6:30 PM.





Healthy Lifestyles Assessment (HRA)

The Healthy Lifestyles Assessment (HRA) is a tool for you to better recognize areas in your life that impact your health and well-being. This assessment will ask for you to input your biometrics (weight, blood pressure, blood cholesterol, etc), as well as ask about other behaviors you take part in. ALL EMPLOYEES are eligible to log on and take the HRA

The HRA takes about 15-20 minutes to complete, is free, and you get a personal report within minutes!

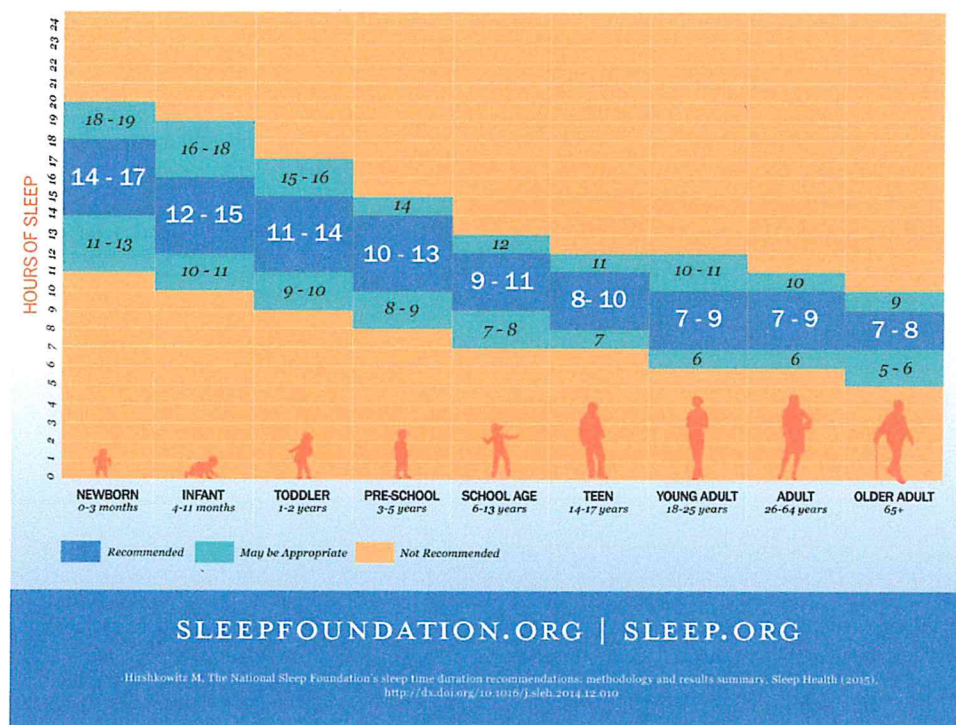
All information you submit is confidential, and will only be used as aggregate data (combined with everyone who uses the HRA and with no identifying information attached for statistical purposes)

So, take advantage of this tool to gain an objective perspective on your health and wellness!

Log on with your work email here: [HRA Log-on](#)

More information about how to log on and your privacy: [Log-on Assistance](#)

SLEEP DURATION RECOMMENDATIONS



The Challenge:

For this challenge we will be asking you to track the number of hours of sleep you get each night during the month of March. It's important to note that everybody is different—the amount of sleep each person needs varies depending on many factors including age. But, the *average* adult should try to aim for **at least 7 hours** of sleep each night.

How It Works:

On Friday March 1st you will begin to track how much sleep you get each night on your [tracking sheet](#).

On Sunday March 31st, you will total the number of hours of sleep you got during the entire month of March.

Submit your tracking sheets to Be Well (Be_Well@ehhd.org) by **Friday April 5th**.

Sleep Awareness Challenge

According to the [National Institutes of Health](#) (NIH), the average adult needs **7 to 8 hours** of sleep each night. Unfortunately, many of us fall short of this goal.

Getting enough sleep is a very important part of maintaining good health. Inadequate sleep can negatively affect your judgement, mood, memory, and ability to learn new information. It can lead to low levels of alertness and focus, and may even increase the risk of accidents. In the long run, not getting enough sleep may contribute to a higher risk of diabetes, heart disease, and obesity.

Source: <http://healthysleep.med.harvard.edu/healthy/matters/consequences>

The good news is we can combat these negative effects by practicing healthy sleeping habits, or having good [sleep hygiene](#). There are a number of ways to improve your sleep hygiene:

1. **Stick to a routine-** Try to go to bed and wake up around the same time every day (even on weekends). This will help regulate your body's internal clock.
2. **Relaxing bedtime routine-** Calming activities like reading a book or listening to music can help you unwind and destress, making it easier to fall asleep and stay asleep.
3. **Avoid afternoon naps-** If you're having trouble falling asleep at night, try to eliminate your afternoon nap, especially after 3 pm.
4. **Avoid alcohol, nicotine, and caffeine close to bedtime.**
5. **Avoid heavy meals at night-** Eating a big meal right before bed can lead to discomfort and indigestion, making sleep difficult.
6. **Exercise daily-** Regular exercise can improve sleep quality—even as little as 10 minutes of vigorous exercise can make a difference!
7. **Avoid electronic/screen use before bed-** The type of light emitted from electronics is activating to the brain—so try to avoid looking at your phone or laptop right before you go to sleep!
8. **Don't lie in bed awake-** If you can't fall asleep within about 20 minutes, it's best to get up and do a calming activity until you feel sleepy.
9. **Keep all work-related materials out of your bedroom/bed-** This will help strengthen the association between bed and sleep, making it easier to fall asleep at night.

Third Quarter Educational Workshop

Be Well is excited to announce that **Rebecca Acabchuk, Ph.D** will be presenting on the health benefits of mindfulness and meditation!

Title: Mindfulness in the Workplace: Benefits and strategies for building a practice

Background: Mindfulness is a fast growing topic of interest in research and in the general public. Learning how to incorporate mindfulness techniques into the workplace can facilitate productivity, creativity, and cooperation, while enhancing employee health and well-being. In this workshop, we will learn the key elements of mindfulness meditation, discuss the latest research findings, and learn ways to build these skills into our daily lives to reduce stress and improve overall health.

Objectives:

- Review latest scientific findings on mindfulness/meditation from a neurobiological perspective
- Illustrate through experiential learning how mindfulness techniques work
- Discuss how to incorporate mindfulness practices, such as mini-mindfulness moments, into the workday
- Address obstacles, pitfalls, and common misconceptions about mindfulness practices
- Provide strategies for maximizing benefits of mindfulness in daily life, to improve health and to better serve others

Date: Thursday March 21st, 2019

Time: Session 1 10:00 am

Session 2 11:00 am

Location: Council Chambers, 6th Floor Tolland Town Hall

Please RSVP by clicking [HERE](#).

** If you are unable to attend either seminar, there will be an alternative opportunity to receive rewards credit made available online.

From: Robert L. Miller
Sent: Wednesday, April 24, 2019 10:58 AM
To: 'Barbara Syme'; Cherie Trahan; 'Daniel Syme'; 'Deb Walsh'; Derrik M. Kennedy; 'Elizabeth Paterson'; 'Erika Wicinski 1st Selectman Willington'; John Elsesser; 'Joseph Higgins - Andover'; 'joyce.stille@boltonct.org'; 'Kenneth Dardick'; 'Matthew Cunningham (firstselectman@chaplinct.org)'; 'Michael Zambo'; 'millerrl@mansfieldct.org'; Paul M. Shapiro; 'Robert Burbank (andoverselectman1@comcast.net)'; 'Robert Devito (r.devito27@gmail.com)'; 'robertmorra@snet.net'; 'swerbner@tolland.org'; 'Tammy Nuccio'; 'Town Administrator (townadministrator@columbiact.org)'
Cc: Derek N. May; EHHDIntern; Glenn H. Bagdoian; Holly D. Hood; Jeffrey W. Polhemus; Lindsay M. Phaneuf; Lynette S. Swanson; Millie C. Brosseau; Robert L. Miller; Sherry L. McGann; Ken Dardick (kdardick@gmail.com)
Subject: Sodium Chloride in Private Wells

Greetings Board Member and Member Town CEO's –

Last week NBC Connecticut inquired with the Tolland Town Managers Office regarding a number of properties in town with NaCl concerns. As a number of the initial questions were associated with the local response and investigation to these concern, the media inquiry was referred to this office. The purpose of this email is to provide early notice of my interview, and a report that may be aired sometime in the next few days regarding Sodium Chloride contamination in private wells. During that interview this office did express concern with what is an observed “up-tick” in Sodium and/or Chloride exceedances in private well water test results over the past few years in our health district. It was further discussed that this is consistent with what other local jurisdictions, and the DEEP are also observing state-wide (The number of DEEP private well investigations since 2014 increased from single digits to over 120 cases.) This office did not attribute the cause of this up-tick to any one source. We noted that each complaint received is evaluated on a case by case basis for merit. Then referred to the DEEP, and the Town accordingly. While there are others, the two primary sources of Sodium and Chloride contamination were discussed. They include home NaCl/KCl based water treatment systems, and road de-icing activities.

If and when this report is aired, please feel free to refer any questions you may receive from residents generated by the report to the health district main office. We have a wealth of information that can address many concerns that may arise. We would be glad to discuss them.

Helpful information can be found on the EHHD website at <http://www.ehhd.org/content/101/286/default.aspx>
Additional information can be found on the DPH website at <https://portal.ct.gov/DPH/Environmental-Health/Private-Well-Water-Program/Private-Wells>

Please feel free to contact me directly with any questions.

Yours in Health,
Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325

Well Water Woes: Winter Road Treatments Causing Contamination, Says State

NBC Connecticut Investigates has learned thousands who use well water in our state may have a new issue to worry about: contamination from road salt.

By [Len Besthoff](#) and [Katherine Loy](#)

Published Apr 25, 2019 at 4:01 PM | Updated at 11:17 AM EDT on Apr 26, 2019

NBC Connecticut Investigates has learned thousands who use well water in our state may have a new issue to worry about: contamination from road salt.

(Published Friday, April 26, 2019)

While visible signs of winter have gone, its effects linger in our water supply.

NBC Connecticut Investigates has learned thousands who use well water in our state may have a new issue to worry about: contamination from road salt.

Approximately 130 wells across the state have been contaminated by road salt according to the Department of Energy and Environmental Protection (DEEP).

In Tolland, at least three homeowners are spending thousands of dollars to keep their water clean.

- [3 Deaths in Missouri as Tornado Strikes State Capital](#)

Bob DeRoy no longer uses water straight from the tap to make his morning coffee. His daily cup of joe eventually tipped him off to a problem.

"When we made coffee and it tasted really bad and the cream was curdling in the coffee, we were kind of like, something's up", DeRoy said.

DeRoy's water comes from a private well. Test results showed the chloride level was 528 milligrams per liter, more than twice the maximum contaminant level (MCL) of 250 mg/l set by the Environmental Protection Agency.

- [Claim Seeks \\$45M for Incapacitated Woman Who Gave Birth](#)

"Over time, we've seen an uptick in this, in sodium chloride detections in private wells. It creates very aggressive water, very corrosive water," said Robert Miller, director of health for the Eastern Highlands Health District.

At that level, the water not only develops a salty taste, but can corrode pipes and release other potentially harmful metals, such as lead and copper, into the water.

Miller said the chloride does not pose a human health concern, but people on low sodium diets should keep an eye on the sodium levels in their water.

Find this article at:

<https://www.nbcconnecticut.com/investigations/Well-Water-Woes-Winter-Road-Treatments-Causing-Contamination-Says-State-509071301.html>

☐ Check the box to include the list of links referenced in the article.

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New Haven hit with class-action suit over child lead poisoning

By Mary E. O'Leary Updated 6:52 pm EDT, Wednesday, May 8, 2019



IMAGE 1 OF 12

In this file photo, attorney Amy Marx and New Haven Counsel Roderick Williams in Housing Court in New Haven.

NEW HAVEN — A class-action suit over the city's new protocols that wait for a child's blood lead level to increase three to four times what now triggers a home inspection and abatement order, has been filed against the mayor, public health director and director of environmental health.

The plaintiffs, two children whose blood lead levels remained high as the city allegedly failed to inspect their apartments

for toxic levels of lead paint, are representative of a class of some 300 children as estimated by New Haven Legal Assistance Association attorney Amy Marx.

RECOMMENDED VIDEO

Both plaintiffs now are exhibiting developmental delays, the suit states.

A child under age 6 is considered lead poisoned if he or she has a blood lead level equal to or greater than 5 micrograms per deciliter of blood, according to the [Centers for Disease Control and Prevention](#).



sick



Attorney: New Haven using outdated standard for lead poisoning cases



Activist: Possible change in New Haven lead poisoning policy 'outrageous'

brains are rapidly developing. [The](#) [avior and hearing and speech](#)

micrograms standard is the level which health department inspectors go in and test lead paint levels under the city's ordinance. This would set off a tight time frame to abate, a process for which city officials say they do not have enough inspectors.

There are about a dozen new positions in the proposed 2019-20 budget, but no additional lead inspectors.

The city has been advised by [attorney Nancy Mendel](#) that it can wait to check the lead conditions in an apartment until a child under age 6 shows two blood lead levels of 15 micrograms per deciliter

over a three-month period, or until the level reaches 20 micrograms per deciliter.

The suit charges Mayor Toni Harp, Public Health Director Byron Kennedy and Paul Kowalski, city director of environmental health, with violating the city ordinance that mandates earlier intervention in a policy that dates back to 1990.

Mayoral spokesman Laurence Grotheer said the city does not comment on pending litigation.

The suit seeks a preliminary injunction and an order from the court to immediately give proper notice to the families and inspect their Fair Haven apartments for toxic levels of lead in paint chips and dust and then issue an abatement order, if necessary.

The mayor has also been accused in the suit of violating the separation of powers doctrine by infringing on the legislative authority of the Board of Alders to make and change laws, which is not within her purview.

The suit claims that Kowalski and Kennedy "overstepped their regulatory authority" when they enacted a new rule to no longer conduct a full lead hazard risk assessment for children previously covered.

A third claim alleges that the actions of the three officials violate federal and state due process rights as there was no public notice or comment on the changes.

Kennedy has said the department only has two lead inspectors, down from a high of six when the policy was first initiated. New Haven has the strictest intervention level in Connecticut.

"We have not changed our policy in terms of what we tried to do when we had more resources, more capacity. When we have more and had more we obviously were able to do more with that," he said in an interview last week.

He said his department lost an inspector when state funds were cut and more when other funding dropped. "Obviously you prioritize what you actually have on your plate," he said, referring to meeting the state's less-strict mandate.

Asked, as a physician, did he think it was a good idea to wait for a child to be much sicker before moving toward abatement of the apartment where they live?

"I think the issue that we have, and other experts have talked about this already, we know we have some of the oldest housing stock in this country, and so the resources should actually be focused on addressing that comprehensively," he said. "As a community and a country, what do we want to do to address that? It's a housing issue."

He said around the country, tapping other resources, such as philanthropists and foundations who would add to the pot to defray the cost of abatements, has proven beneficial. California sued paint manufacturers and won \$1.1 billion for cleanup in 2014. **That was reduced to \$400 million** when it was limited to homes built before 1951 in an Appellate Court ruling.

Would he recommend such action here?

Kennedy said maybe a suit involving New England, which has the largest percentage of homes built before 1978 when lead paint was banned. A total of 83 percent of New Haven's housing units were built before that date. Abating them all would cost more than the city's budget, he estimated.

Marx said she agrees that the cost issue should be addressed, but "the city can't make a responsible decision if it doesn't have an open conversation" that involves the families whose children have been hurt, and experts who know how to reach improved outcomes.

She said court cases she has brought showed the health department has not done a good job on lead and the city should fix those shortcomings, rather than throw out the ordinance.

"This is an opportunity for New Haven to be a leader and come up with best practices. It is not for the mayor and any department head to unilaterally change the law. The city is going in the wrong direction," she said, at a time when researchers are discovering how increasingly smaller amounts of lead are dangerous to young children.

She views it as a moral issue as the children impacted are usually from lower-income neighborhoods. As for saving money, Marx said society should consider the cost of special education needed for those who have been hurt.

Marx has brought five suits on behalf of families who need their apartments abated. Several have been in hotels for an extended period as obtaining federal Housing and Urban Development funds for a landlord is a long process. The attorney feels it could be done more efficiently.

Kowalski said the cost to the city, so far, has been more than \$60,000 when the court ordered New Haven to abate a property and relocate the family while the work was underway. But that money was quickly repaid when the home recently sold and a lien was removed. A request has been made for records on the cost of relocating families and if that was covered by the landlords or the city.

City officials have evaded questions as to when it would switch to using the state standard. Marx, however, said city records indicate inspections have been curtailed since November. Also, a city attorney told Marx last month that no inspections were currently anticipated for either the Lombard or Wolcott street properties where the two plaintiffs live.

Kennedy, as late as last week, estimated the new policy would kick in this summer, but said to check with Dakibu Muley, head of the city's Community Services Administration. Muley has been directed to find additional resources to deal with the lead cases and to look for efficiencies.

Muley said he is working on putting a lead abatement advisory group together as required by ordinance.

The CSA director, who is now Kennedy's boss, on Monday said he would have to check his notes on the switch. He did not answer an email seeking a clarification Tuesday.

Nyriel Smith, 2, first showed she was poisoned by lead starting in July 2018, according to the suit, four months after she and her mother, Nichelle Hobby, moved into their Lombard Street home. Her levels were normal prior to living in the Fair Haven house.

Nyriel's blood lead level was 8 micrograms per deciliter of blood in July 2018; it was six micrograms on Aug. 27, 2018; 11 micrograms in December 2018; 9 micrograms in January 2019; and 9 micrograms in February 2019.

The health department on Sept. 7 and 18 called Hobby to schedule an inspection, according to records. Not reaching her, it took no further action to set up an inspection. Marx said it was shortly after that that the city changed its policy with no public notice.

The suit says Nyriel now "suffers from developmental delays and intellectual disabilities, which emerged with regression and loss of language at the age of two when her blood lead levels first tested at a dangerously high level. She presently receives services from the Birth to Three Program regarding speech delay."

"Nyriel suffers irreparable harm from continuing to live in a unit with unabated lead hazards," the suit reads.

Each time she had a blood test, the results were sent to the city's Health Department.

Muhawenimana Sara, now 5, lives on Wolcott Street with her parents — refugees from the Democratic Republic of Congo — and three siblings.

Both apartments show signs of chipping and flaking paint on door frames, window frames and window sills. It appears to extend to the front porch railings and columns, as well as the exterior front door at Hobby's home. At the Wolcott apartment, chipping is present on the floor boards, and in the bedrooms "within reach of the small children in the family," the suit reads.

The Health Department was notified in February 2018 that then-3-year-old Muhawenimana, whom they call Sara, had a blood lead level of 8 micrograms per deciliter in February 2018. An inspector, in an unannounced home visit, made one attempt to schedule a lead hazard inspection, according to the suit.

He left a business card with a note and education materials that were in English. Prior to the visit, the suit said he was in touch with the Yale Lead Clinic and was told the family spoke Swahili. The case was closed on April 5, 2018, because he had not heard back from them. In June, Sara had an elevated blood level of 10. The case was reopened but the inspector did not reach out to the family. Her blood lead level was 9 in October 2018 and 10 in February and April 2019. Integrated Refugee and Immigrant Services had offered to translate.

The case was brought to the attention of advocates by church members who know the family. Marx said Sara's teachers were upset to see her regression when she was back in school after the summer.

Sara suffers from "significant development and intellectual disabilities" and has regressed on language and pediatric milestones. She requires special education services, the suit states.

mary.oleary@hearstmediact.com 203-641-2577

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H E A R S T

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

April 29, 2019

Dear School Superintendents, Medical Advisors, School Nurses and Supervisors:

Re: School Immunization Rates

As Connecticut's new Commissioner for the Department of Public Health, I am writing to inform you about a decision I have made regarding school immunization data in our state. As you are aware, per State of Connecticut Regulation ([Sec. 10-204a-4](#)), the Department of Public Health has been collecting data on immunization rates at schools for decades. Currently, statewide and county-level data are available to the public. By the end of this week, the Department of Public Health will be publishing immunization rate data at the school level.

As of April 26th, at least 704 measles cases have been confirmed nationally in 22 states during 2019. This is the greatest number of cases reported in the United States since measles was eliminated from this country in 2000. There is currently an active, major measles outbreak in New York City impacting hundreds of families. In Connecticut, so far this year three measles cases have been confirmed.

With your help, Connecticut has become a national leader in the percentage of children up-to-date with immunization schedules. While Connecticut's immunization rate for measles, mumps, and rubella vaccination of kindergarteners remained high last year at 96.5% the number of fully immunized students, upon Kindergarten and 7th Grade entry, is trending lower.

A disease outbreak is less likely to occur at schools where high numbers of students are immunized. Known as Herd Immunity, when almost all the children have immunity, a disease is much less likely to appear at the school and infect children who have not been vaccinated. Herd Immunity is achieved when the vaccination rate in a community is high enough to protect unvaccinated children. This is especially important for medically fragile children. Some children have conditions that affect their immunity, including illnesses that require chemotherapy or drugs that suppress their immune systems. These children cannot be safely vaccinated, and at the same time, they are less able to fight off illness when they are infected. Consequently, this information bears special importance to the parents or guardians of such children, who may wish to access information about their child's school vaccination rates for their child's protection.



Phone: (860) 509-7929 • Fax: (860) 706-5429
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



In addition, the Department of Public Health's goal in releasing school-level information is to increase public awareness of immunization rates in local communities, which may lead to increased engagement and focus on increasing immunization rates to reduce the risk of vaccine-preventable diseases.

By the end of this week, the Department of Public Health will be posting public and private school immunization-related rates from the 2017-2018 school survey on our website. It is also anticipated that school-level immunization rate data will be released annually hereafter. Schools will not have to gather any more information than is already reported on the annual school survey.

More information on school immunization and exemption rates, as measured by the annual immunization survey is available on the Department of Public Health's [website](#). The Department of Public Health anticipates that the school-level data will also be posted on this webpage.

I have consulted with Connecticut Department of Education Commissioner Dianna R. Wentzell, E.D., and she supports my decision to publish immunization rate data at the school level for the purpose of improving school immunization rates and reducing the risk of vaccine preventable diseases.

Thank you for all the hard work you do to educate our children and your continued partnership to ensure their good health and safety.

If you have any questions or concerns regarding this matter, please contact the Department of Public Health's Immunization Program at 860-509-7929 or via email at dph.immunizations@ct.gov

Sincerely,



Renée D. Coleman-Mitchell
Commissioner, Connecticut Department of Public Health

Cc: Connecticut Department of Education Commissioner Dianna R. Wentzell, Ed.D.

'Patient Zero' offers a cautionary tale about how speedily one of the most infectious pathogens on the planet can spread

April 16 at 6:00 AM

During the next two weeks, the traveler would become Michigan's Patient Zero, spreading the highly contagious [respiratory virus](#) to 39 people as he stayed in private homes, attended synagogue daily and shopped in kosher markets. His case offers a cautionary tale about how easily one of the [most infectious pathogens](#) on the planet spreads within close-knit communities — especially those whose members live, work and socialize outside the mainstream.

In the past five years, 75 percent of measles cases reported to the Centers for Disease Control and Prevention occurred in various insular communities, among them the [Amish in Ohio](#), the [Somali community](#) in Minnesota, Eastern European groups in the [Pacific Northwest](#) and the ultra-[Orthodox Jewish](#) community in New York.

In the current outbreak, the New York contagion has spread through Patient Zero and other travelers to predominantly ultra-Orthodox communities in [Westchester](#) and [Rockland](#) Counties in New York; [Oakland County](#) in Michigan, and [Baltimore County](#) in Maryland. On Friday, Connecticut officials said an [adult contracted measles](#) while visiting Brooklyn in late March. New Jersey officials are [investigating possible links](#) between 11 cases in the Ocean County area and those in New York.

"What's similar about all of these communities is that they live in proximity to each other and spend a lot of their time interacting with each other," said Daniel Salmon, a professor of international health at the Johns Hopkins Bloomberg School of Public Health and director of the school's Institute for Vaccine Safety. "That's what matters. Measles doesn't care what your cultural heritage is."

Many of these communities are wary of government, avoid television and the Internet, and often rely on their own clinicians for medical care. In such a void, anti-vaccine misinformation has sometimes gained a foothold, deterring parents from fully vaccinating their children.

To get information out to the ultra-Orthodox community, health officials used its internal messaging system known as a calling post. Recorded voice messages ring on about 1,200 mobile phones. McGraw recorded a message that

rabbinical leaders approved for delivery, the first of several that provided information about the disease and vaccination clinics.

Over the next few weeks, Janet Snider, a pediatrician for many ultra-Orthodox families, and Gedalya Cooper, an emergency medicine doctor, both members of the Hatzalah, visited people in their homes to diagnose and test them for measles.

The Council of Orthodox Rabbis of Greater Detroit issued an unequivocal [statement](#), saying Jewish law obligated every community member to be “properly and fully vaccinated” according to the CDC. The agency [recommends](#) children get two measles, mumps and rubella (MMR) doses, starting with the first dose at age 12 through 15 months and the second dose at age 4 through 6 years.

“In order to protect and safeguard each and every individual within the larger community, every individual, family and institution must take the necessary precautions against anyone who chooses not to be vaccinated,” the statement said.

The Hatzalah and rabbinical leaders helped the health department set up three clinics at one synagogue, immunizing nearly 1,000 people in one week. As of early April, health officials have given more than 2,100 vaccinations. Vaccine refusal does not appear to be a major factor in the Oakland County cluster, officials said.

In Michigan, at least, the close collaboration between health officials and the religious community appears to have controlled the spread of the disease, which can cause severe complications including deafness, pneumonia, brain damage and [death](#).

Now, with [555 measles cases](#) in 20 states — the highest in five years — other localities are looking at that model. Hatzalah groups in other parts of the country are reaching out to county officials for advice on boosting vaccination within the ultra-Orthodox community, Faust said.

Oakland County had something else going for it: Measles outbreaks typically start with children. But Patient Zero had spent most of his time with adults, and most of the 39 cases are in adults. Many adults who got sick had believed they were immune, as some had been told they had the disease as children or were vaccinated.

“There are a fair number of nonimmunized or under-immunized adults,” said Faust, the medical director. Some of the adults infected also were born before 1957, when most people caught measles and are thought to have natural immunity.

Officials said the risk remains high for those who are unvaccinated or under-vaccinated and who travel to communities here or abroad where measles cases are raging.

Gaps in [vaccination coverage](#) have led to a 20-year high in measles cases in Europe. Major outbreaks also are taking place in parts of the Middle East, Southeast Asia and Japan. More than [1,200 people have died](#) in Madagascar. With spring break and summer vacations approaching, travelers visiting European countries with outbreaks, such as [France](#) and [Italy](#), have a much higher chance of bringing infections back to “islands or pockets of vulnerability,” said Saad Omer, an infectious disease expert at Emory University.

the Chronicle, Willimantic, Conn., Friday, April 5, 2019 3

Apartments to get lead out of water

MICHELLE FIRESTONE
CHRONICLE STAFF WRITER



Residents of Ashford Hills Apartments were recently notified of plans rectify a problem with lead in the water. Claire Galvin | Staff

The notice indicates action must be taken if results are greater than 0.015 mg/l in 10 percent or more of the samples collected from a public water system.

That notice indicates testing would be done more frequently, every six months, so lead levels can be constantly monitored.

In Tuesday's notice, residents were notified elevated lead levels can be very dangerous.

"Lead can cause serious health problems, especially for pregnant woman and young children," the Thursday notice stated. "Although most homes have very low levels of lead in their

APARTMENTS, Page 4

Inside

Abby	6
Classified	11
Comics	6
Editorial	5
Features	6, 8
Horoscopes	6
Local News	2-3
Nation/World	7
Obituaries	4
Public Notices	11
Sports	9-12
State	7
Television	7
Weather	2

Around town

Wine tasting fundraiser,
5 to 9 p.m. Saturday at St.
Philip the Apostle Church
in Ashford. See more
calendar on Page 3.

Lotteries

THURSDAY

Mid-Day 3: 5-1-7
Mid-Day 4: 3-2-7-0
Play 3: 8-0-0
Play 4: 3-8-1-8
Cash 5: 4-17-18-25-28
Lotto: 9-16-21-28-41-42

Lucky For Life

3-4-8-16-27/3

Apartments to get lead out of water

Continued from Page 1

drinking water, some homes in the community have lead levels above the EPA action level of 15 parts-per-billion, or 0.015 milligrams of lead per liter of water."

Residents were told in Tuesday's notice a Dec. 24, 2018, administrative order was issued to assure compliance with state regulations for Jan. 1, 2018, to June 30, 2018, in connection with the lead contamination.

The notice states the order, which was issued for a public water system, was violated.

An explanation behind the violation was unavailable by press time.

"Although this was not an emergency, as our custom-

what happened and what we did to correct the situation," Tuesday's notice stated.

If the situation was an emergency, the notice indicated residents would have been notified immediately.

Ashford Hills Apartments Property Manager Penny Damio said this morning the water is "drinkable" and was barely over the limits.

Steve Klobukowski, who owns Aqua Compliance Specialists in Salem, a company that is assisting with remediation, could not be reached for comment this morning.

Those who have questions should contact Klobukowski at 860-823-1227 or at 290 Buckley Road, Salem 06420.

Follow Michelle Firestone on Twitter - @mfirestonetc.

dressed those concerns.

In a recent emailed statement, LAZ Parking spokesperson Mary Brennan Coursey said the company was working with the partnership and businesses to review the parking policies.

"As the implementers of the parking policies set forth by the Town of Mansfield, we continue to work with the Mansfield Downtown Partnership and its stakeholders to improve the parking system overall, including addressing the concerns of local businesses and residents while meeting the needs of the community," she wrote.

Shapiro said the partnership board has been discussing the possibility of a new parking system, such as one where people can pay for parking by downloading an application on their cellphone.

Any proposed changes to the parking system would have to be approved by the town's parking authority.

"It may not be the only

"There are time limits for the on-street parking because we're trying to meet different needs," Paterson said.

For example, she said the parking spots in front of Educational Playcare, a pre-school and day-care center have 30-minute time limit because they are designed for parents dropping off children.

Van Zelm said they are trying to encourage people to park in the longer-term areas, such as the garage, they plan to stay for a length period of time.

Parking is free for the first two hours in the garage and \$1 per hour after that, with maximum of \$8 per day from 6 a.m. to midnight.

After midnight and until a.m., parking in the garage costs \$2 per hour with

I've been business time and people te aren't co.

Barry



Eastern Highlands Health District

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

15

MEMORANDUM

TO: Robert Burbank, Andover First Selectman
William Rose, Chaplin First Selectman
Mark Walter, Columbia Administrative Officer
Daniel Syme, Scotland First Selectman
Mike Zambo, Ashford First Selectman
Joyce Stille, Bolton Administrative Officer
John Elsesser, Coventry Town Manager
Derrik Kennedy, Mansfield Town Manager
Steven Werbner, Tolland Town Manager
Erika Wiecenski, Willington First Selectman
Mark Palmer, Coventry Police Chief
Fire Chief, NCVFD
Fire Chief, CVFD
Tolland County Coordinator, BVFD
Fran Raiola, Chief, MFD
John Littell, Chief, TFD
Fire Chief, Willington Hill FD
Fire Chief, Willington # 1 FD
Tolland County Dispatch Center (TN)
Windham County Dispatch Center (WW)
Quinebaug Valley Dispatch Center (QV)
Adam Libros, Fire Marshal, Mansfield
James McLoughlin, Emergency Management Director, Coventry
Hans Rhynhart, UConn Director of Public Safety
Suzanne Onorato, UConn Director of Student Health Services
Dr. Elyssa Eror, Medical Director, UConn Student Health Services
Resident Trooper, Tolland

Resident Trooper, Columbia
Resident Trooper, Bolton
Resident Trooper, Chaplin
Resident Trooper, Mansfield
Fire Chief, Chaplin
Fire Chief, Columbia
Fire Chief, Andover
Fire Chief, Scotland
Fire Chief, Ashford

FROM: Robert L. Miller, MPH, RS
Director of Health

DATE: May 1, 2019
(Discard memo dated 10/22/18 and note revisions.)

RE: **Eastern Highlands Health District Emergency Contact Protocols - Updated**

CC: Dr. Kenneth Dardick, Medical Advisor
Board of Directors
Health District Staff

PROCEDURES FOR EMERGENCY CALLS

The director of health or a health district representative should be contacted and notified of any emergencies within the Towns we serve involving environmental pollution problems or any situations posing a significant or immediate threat to public health. Examples of such include but are not limited to:



Eastern Highlands Health District

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

Eastern Highlands Health District
Emergency Contact Protocols
May 1, 2019
Page 2

Fires, accidents, or hazardous material releases involving food establishments, schools, public buildings, or health care facilities; discharges of hazardous, regulated, biological waste or biological agents into air, water, or soil; any emergencies involving community water supplies and sewage disposal systems; and any accident or incident that may require communicable disease control and countermeasures implemented within the community.

Calls during normal business hours (Monday through Wednesday, 8:15 AM to 4:30 PM, Thursday, 8:15 AM to 6:30 PM, Friday, 8:00 AM to 12:00 PM) can be made directly to District Main Office at 860-429-3325. **During off-hours and unless otherwise notified, the following call down list shall be employed when requesting the Health District to respond to an incident:**

1. Robert L. Miller, Director of Health	Home	860-742-2348
	Cell	860-209-8990
2. Lynette Swanson, Chief Sanitarian	Home	860-774-9184
	Cell	860-234-2075
3. Holly Hood, Sanitarian II	Home	860-646-2753
	Cell	860-377-3909
4. Glenn Bagdoian, Sanitarian II	Home	860-230-7366
	Cell	860-208-9942
5. Sherry McGann, Sanitarian II	Home	860-208-7192
	Cell	860-208-9940

PLEASE DO NOT PROVIDE ABOVE CONTACT INFORMATION TO GENERAL PUBLIC.

The District will provide notification to the Town Managers, First Selectman's Office, and dispatch centers of each member Town for those times when the above call down list is temporarily modified due to sick, vacation, personal time, or due to staffing changes.

Finally, the Eastern Highlands Health District is dedicated to providing public health services to its member towns. Please do not hesitate to call us for any reason for which you feel may be a public health issue. If there are any questions regarding any of the above information please call the District Main Office at 860-429-3325, Monday through Wednesday, 8:15 AM to 4:30 PM, Thursday, 8:15 AM to 6:30 PM, Friday, 8:00 AM to 12:00 PM.