



Eastern Highlands Health District

2010-2011 Annual Report



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

Population: 80,008 Service Area: Approximately 208 Square Miles

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Public Health

Prevent. Promote. Protect.

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

What is a Health District?

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

EHHD History

As one of 51 full time health departments in Connecticut, the Eastern Highlands Health District provides services to a little more than two percent of the state's population. The district was formed in June of 1997, when the town leaders and residents of Bolton, Coventry and Mansfield realized that pooling resources could increase the scope and quality of public health services by providing a full-time public health staff while reducing expenses. In 2000, the Town of Tolland joined the District, and subsequently, the Towns of Willington (in 2001) and Ashford (in 2004) also joined. In June of 2005, four other contiguous towns (Andover, Chaplin, Columbia and Scotland) became part of the Health District. Each of these ten towns now has the benefits of full-time public health services, ensuring that the core functions of public health are met for these communities.

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

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

Public Health's 10 Core Functions:

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

EHHD'S PROGRAMS AND SERVICES

Eastern Highlands Health District works diligently to comply with all State of Connecticut mandates for district health departments. We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

Environmental Programs

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



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

Subsurface Sewage Disposal – EHHD's sanitarians conduct soil testing, review septic system design plans, issue permits to construct, and conduct site inspections during construction to verify compliance with codes and technical standards.



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

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

Communicable Disease Control & Surveillance

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

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

Emergency Preparedness

Public Health Emergency Preparedness Planning Eastern Highlands Health District has updated the Local Public Health Emergency Response Plan and a Mass Dispensing of Prophylactic Medications

Annex. The development of these plans engages district-wide partners to ensure that, in the event of a large-scale natural or man made emergency, appropriate resources will be available and coordinated effectively.

EHHD participates fully in the Connecticut Division of Emergency Management and Homeland Security (DEMHS) regional planning process in Regions 3 and 4, to develop all-hazards plans for emergencies. The towns covered by the Northeast, Windham and Southeast Councils of Government constitute DEMHS planning Region 4 and include the majority of the EHHD member towns. The Capital Region Emergency Planning Committee (CREPC) encompasses DEMHS Region 3 and includes three EHHD member towns. This framework facilitates the coordination of regional approaches to public health and medical preparedness response, and supports an all-hazards approach when responding to various emergencies.

Community Volunteers play a critical role in emergency response planning. An effective response to a public health or other emergency would be impossible without a dedicated core of volunteers. EHHD continues to recruit volunteers from the community to fill medical and non-medical roles in an emergency. While medical volunteers fill key roles in the emergency response team, additional non-medical volunteers are needed to work in areas such as patient registration, clinic flow control, medical assistant, security, and medical materials management. Training and practice are ongoing to improve the skill levels of volunteers and District staff.



Eastern Highlands Health District works closely with local Emergency Managers, social service departments, and other community partners to meet the needs of individuals requiring additional assistance during emergencies. These vulnerable members of our communities often have medical conditions that limit mobility or transportation issues that may restrict their participation in the dispensing process. Plans are developed that include an out-reach component to distribute medications door-to-door in the community and provide special transportation directly to the Point of Distribution.

Health Promotion

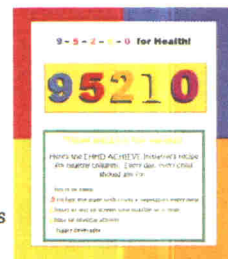
Health Promotion initiatives in the Health District focus on sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors.

Matters of the Heart Partnership – This broad-based community partnership meets



on a semi-annual basis to address issues that impact community health, with an emphasis on modifiable risk factors for cardiovascular disease. The Partnership awarded the 2010 Cardiovascular Health Awards to: VNA East, Mansfield Community Center, and the 2nd Congregational Church of Coventry.

ACHIEVE Initiative – Working under the umbrella of the Matters of the Heart Partnership, the EHHD was awarded a three-year grant by the National Association of Chronic Disease Directors in January 2009, to address modifiable risk factors for chronic disease and obesity in the community, focusing primarily on local access to opportunities for physical activity, and access to nutritious foods. Highlights this year for the EHHD ACHIEVE Community Health Action Response Team (CHART) include: A Farm-to-Table Dinner event with keynote speaker, Dr. David Katz (Director, Yale Prevention Research Center) in September with 100 community participants; supporting Safe Routes to School funding proposals from several member towns; the launching of the 9-5-2-1-0 for Health! Campaign (www.ehhd.org/95210) and the contribution of technical assistance and support to member towns' efforts to implement policies and change the environment to make the healthy choice the easy choice (such as snack policies at pre-k & recreation programs; nursing mother protocol for worksites; community plans that improve walking and biking access; community assessments).



Asthma – The EHHD is represented on the Region 3 Asthma Coalition. Funding through the State Department of Public Health provided three free in-home assessments for environmental asthma triggers to families requesting this service this year.

Keep It Clean – A New England regional campaign to educate homeowners on lead safety issues during home painting and renovation projects is supported by the EHHD Health Education Program. Local hardware stores participated in the program and received materials to distribute to consumers as well as resources for employee training.



Be Well – Developed by EHHD, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors and issues that influence health. In 2010 – 2011, State Preventive Health Block Grant funding allowed the EHHD to continue to offer basic wellness initiatives to member town school and town hall employees. The Preventive Health Block Grant initiatives focus on policy and environmental changes to reduce the incidence of obesity in worksites. (www.ehhd.org/be_well)

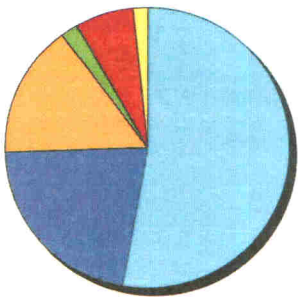


EHHD

Budget Fiscal Year 2010/2011

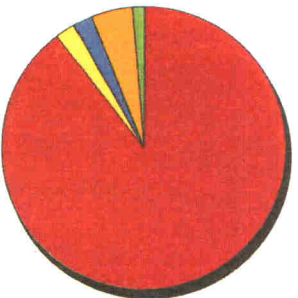
EHHD receives funds from a variety of sources including member town contributions, State and Federal grants, and permit fees. Towns are charged on a per-capita basis, which supports local public health services.

EHHD Operating Revenues



Member Town Contributions	\$360,946
State Grants	\$148,015
Sewage Disposal Program	\$104,525
Well Permits	\$13,604
Food Protection Service	\$46,609
Other Health Services	\$9,508
Total Operating Revenues	\$683,207

EHHD Operating Expenditures



Salary & Benefits	\$589,842
Liability Insurance	\$14,376
Professional & Technical Services	\$14,139
Other Purchased Services	\$31,998
Supplies	\$7,583
Total Operating Expenditures	\$657,938

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
Air Quality	0	0	3	0	0	1	1	1	0	0	6
Animals/Animal Waste	0	0	0	0	0	1	0	2	1	1	5
Activity without a Permit	0	0	0	0	1	0	0	0	0	0	1
Food Protection	4	0	3	0	2	2	6	0	2	1	20
Housing Issues	2	3	9	1	5	6	5	0	3	4	38
Emergency Response	0	1	0	0	0	2	3	0	4	0	10
Refuse/Garbage	2	3	3	0	1	2	4	2	2	2	21
Rodents/Insects	0	1	1	0	3	0	5	0	0	0	10
Septic/Sewage	3	3	8	2	5	4	4	0	3	0	32
Other	0	1	5	0	0	1	0	1	0	3	11
Water Quality	0	0	0	0	1	1	2	0	0	1	5
INSPECTION											
Group Homes	0	0	0	0	0	2	1	0	0	0	3
Day Care	0	0	1	1	2	1	1	0	4	1	11
Camps	0	0	0	1	0	1	0	0	0	1	3
Public Pools/Bathing Areas	0	1	9	2	0	1	0	0	1	1	15
Other	1	1	1	0	1	1	1	0	0	0	6
FOOD PROTECTION											
Inspection	25	40	21	26	21	53	179	5	60	34	464
Reinspection	6	7	0	1	3	8	25	1	8	9	68
Temporary License Issued	3	23	28	1	7	81	45	5	22	22	237
Plan Reviews/Site Inspections	2	3	13	5	3	8	12	0	4	1	51
WELLS											
Well Sites Inspected	3	7	4	3	9	29	9	8	8	7	87
Well Permits Issued	11	8	13	3	24	33	34	6	14	17	163
ON-SITE SEWAGE DISPOSAL											
Site Inspection - All Site Visits	49	67	57	39	39	170	109	30	204	50	814
Deep Hole Tests - # of Holes	50	50	81	41	124	184	90	56	105	52	833
Perc Tests - # of Holes	21	20	23	13	18	45	36	8	24	6	214
Permits Issued - New	2	4	2	3	10	38	5	0	11	5	80
Permits Issued - Repair	7	13	7	5	10	20	31	2	33	11	139
Site Plans Reviewed	14	21	14	9	27	56	33	1	29	12	216
B100a Reviews	32	26	34	14	45	129	71	3	152	53	559
LABORATORY ACTIVITIES (Samples Taken)											
Potable Water	0	0	2	1	0	2	5	0	2	0	12
Surface Water	16	15	37	0	29	169	21	0	33	32	352
Ground Water	0	0	0	0	0	0	0	0	0	0	0
Rabies	0	0	0	0	0	0	1	0	0	0	1
Lead	0	0	0	2	0	16	0	0	0	0	18
Other	0	0	0	0	0	0	12	0	0	0	12
LEAD ACTIVITIES											
Housing Inspections	0	0	0	0	0	1	0	0	0	0	1
Abate Plan Reviewed	0	0	0	1	0	2	0	0	0	0	3
MISCELLANEOUS ACTIVITIES											
Planning and Zoning Referrals	1	1	4	1	5	17	76	0	1	10	116
Subdivision Reviewed (Per Lot)	3	0	4	2	9	4	1	1	0	0	24

Selected Reportable Diseases for Calendar Year 2010 by Town *

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	1	1	0	0	0	0	1	0	0	0	3
Campylobacter	0	1	1	1	1	2	2	0	5	4	17
Chlamydia	12	6	10	7	1	9	45	1	15	12	118
Cryptosporidium	0	0	0	0	0	1	0	0	0	1	2
Cyclospora	0	0	0	0	0	1	0	0	1	0	2
E. Coli O157	0	0	0	0	0	1	0	0	1	0	2
Ehrlichiosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	0	1	0	0	1	0	2	1	5
Gonorrhea	1	0	0	0	1	0	3	0	2	1	8
Group A Streptococcus	0	0	0	0	0	1	0	0	0	0	1
Group B Streptococcus	0	0	3	0	1	0	4	0	2	0	10
Haemophilus Influenzae	0	0	0	0	1	0	0	0	0	0	1
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	0	0	0	0	0	0	0	0	0
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	1	0	2	1	0	1	5	10
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	1	0	0	0	0	0	1
Lyme Disease	9	11	6	9	12	17	38	0	22	10	134
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	1	1	1	0	0	2	3	1	1	1	11
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	1	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	1	0	2	0	0	0	2	0	2	1	8
Shigella	0	0	0	0	0	0	1	0	0	0	1
Streptococcus Pneumoniae	0	0	0	0	1	2	2	0	2	1	8
Syphilis	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis Cases (Active)	0	0	1	0	0	0	1	0	0	0	2
Varicella	1	0	0	0	2	3	1	0	2	0	9
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

*The numbers above represent a fraction of the number of occurrences.



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