

Eastern Highlands Health District

2013-2014

ASHFORD TOLLAND WILLINGTON CHAPLIN **MANSFIELD** COVENTRY BOLTON ANDOVER SCOTLAND COLUMBIA SERVING THE TOWNS OF:

Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington

POPULATION: 81,004 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

Health District Staff

Robert L. Miller, MPH, RS, .	Director of Health
Kenneth Dardick, MD,	Medical Advisor
Glenn Bagdoian, RS,	Sanitarian II
Millie Brosseau,	Administrative Assistant
John Degnan, MA,	D 1 C 1
Jordana Frost, MPH, CPH	Project Specialist
Geoffrey Havens, RS,	Sanitarian II
Holly Hood, MPH, RS,	Sanitarian II
Rita Kornblum,	Community Health and Wellness Coordinator
Jeff Polhemus, RS,	Chief Sanitarian
Jody Schmidt, MS, RS,	Sanitarian II
Lynette Swanson,Envi	ronmental Health Inspector



Back: Robert Miller, Jeff Polhemus, Geoff Havens, Jordana Frost, John Degnan Front: Millie Brosseau, Glenn Bagdoian, Holly Hood

EHHD Board of Directors

Elizabeth Paterson (Chair)	Town of Mansfield
John Elsesser (Vice Chair)	Town of Coventry
Joyce Stille (Assistant Treasurer).	Town of Bolton
Alisa Bray	Town of Chaplin
Maria Capriola (Alternate)	Town of Mansfield
Rick Field	Town of Tolland
Matt Hart	Town of Mansfield
Michael Kurland	Town of Mansfield
Jonathan Luiz	Town of Columbia
Christina Mailhos (Alternate)	Town of Willington
Paul Schur	Town of Willington
M. Deborah Walsh	Town of Coventry
Steve Werbner	Town of Tolland
Mike Zambo	Town of Ashford
Ralph Fletcher	
Vacant	Town of Andover
Vacant	Town of Scotland



Back: Rick Field, Steve Werbner, Jonathan Luiz, John Elsesser, Ralph Fletcher, Michael Kurland Front: Matt Hart, Joyce Stille, Elizabeth Paterson, Christine Mailhos, Paul Schur

Mission Statement -

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

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



Message from the Director

Once again I have the great pleasure of presenting our communities with the Eastern Highlands Health District Annual Report for the 2013 – 2014 Fiscal Year. I would like to take this opportunity to highlight just a few of the many new and exciting programs and initiatives implemented by the Health District.

Information technology – Development and implementation of a Health District Information Technology Plan is a priority objective within our Five Year Strategic Plan. The Plan was completed and presented to the Board in January. The plan includes the implementation of a cloud based permit, license tracking and code enforcement software. The software includes an updated customer service web portal, and field tablet capabilities for field staff. We look forward to these improvements in fiscal year 2014-2015!

Community Health – The community health program was very busy this past year. In response to priorities identified in the county wide community health needs assessment, the Health District, in partnership with a number of our community partners, implemented two pilot projects (1) targeting hypertension in at risk populations, and (2) tobacco free open spaces in our parks and playgrounds and multi-unit housing complexes.

In partnership with the Eastern Connecticut Health Network, the Health District implemented a Hypertension Control Program that combines home blood pressure monitoring with conventional and functional medicine approaches. Preliminary program results suggest material improvements in those patients enrolled in the program.

In an effort to reduce smoking in town parks and playgrounds, the health district developed and distributed "Tobacco Free Open Space Tool Kits" to local parks and recreation departments in health district towns. As a result of these efforts Mansfield, Coventry, Tolland, Chaplin, and Scotland modified or changed policies designed to deter smoking in and near parks and playgrounds.

Emergency Public Health Preparedness – As part of our ongoing efforts to expand our local capacity to respond to a public health emergency, the Health District established the Eastern Highlands Medical Reserve Corps (MRC) unit. The MRC is part of a national network of local volunteers who seek to support their local communities during times of emergency public health need. The EHHD unit is comprised of both medical and non-medical volunteers. If you are interested in volunteering please go to our website at www.ehhd.org/ Volunteer .

As always, it is immensely important to recognize our community partners. Their support in our efforts to prevent illness and promote wellness in the citizens we serve cannot be under-valued. Together we comprise a local public health network that continues to make great strides in protecting the communities we serve. I thank you for your dedication and commitment to local public health.

My door is always open.

Yours in Health,

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



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



Local health departments work across the nation to prevent disease, promote health and protect communities. The National Association of County and City Health Officials (NACCHO)

developed this logo to promote universal recognition of this critical work and to provide a consistent image and message for local health departments. EHHD is proud to support this national effort.

What is a Health District?

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

EHHD History

As one of 50 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 fulltime 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 essential services of local public health are met for these communities.

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

- A professionally staffed department with fully trained and certified personnel.
- Improved availability of services; seven days a week, 24 hours a day for emergencies.
- 3. Less fragmentation of services.
- Uniform enforcement of state laws and regulations, codes and ordinances.
- 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.
- 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.
- An opportunity for your town to network with other local health departments and state agencies.

10 Essential Services of Local Public Health:

- 1. Monitor health status to identify community health problems.
- 2. **Diagnose** and **investigate** health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- 4. **Mobilize** community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- 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.
- Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- 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.

Emergency Preparedness

The Eastern Highlands Health District (EHHD) continues to update its Local Public Health Emergency Response Plan and the Mass Dispensing of Prophylactic Medications Annex to that plan. These plans provide processes that can be used in the event of a large-scale natural or manmade public health emergency, to ensure that the appropriate public health and medical resources will be available and coordinated effectively. The EHHD Mass Dispensing Annex received a score of 98.0 in its Technical Assistance Review (TAR) conducted by the Connecticut Department of Public Health (CT DPH) and the Centers for Disease Control and Prevention (CDC).

EHHD participates fully in the Connecticut Division of Emergency Management and Homeland Security (DEMHS) regional planning process in Region 3 and



Region 4. Both the Region 3 and Region 4 planning processes have been recognized for excellence by the National Association of County and City Health Officials (NACCHO) – Project Public Health Ready. Community Volunteers also play a critical role in emergency response planning. An effective response to a public health or other emergency situation would be impossible without a dedicated core of volunteers. EHHD continues to recruit for a registry of Public Health Reservists and Medical Reserve Corps volunteers from the community to fill medical and non-medical roles in an emergency. The Eastern Highlands Medical Reserve Corps Unit was recognized nationally earlier this year and consists of 28 members including nurses, doctors, pharmacists and non-medical personnel.

District staff receives ongoing training and experience through exercises. This year, staff have been involved in a number of state-wide exercises, regional drills and local exercises. These included: regional communication drills to staff and volunteer, regional clinic operations drills, the DPH Statewide RDS exercise and the Governor's Statewide Winter Storm Exercise.

Environmental Programs



Water Quality - EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals

and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to assure compliance with water quality and health safety standards.

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

The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by onsite subsurface sewage disposal systems.

Food Protection - All food service establishments are inspected frequently and operating licenses are renewed annually. Temporary and special events, including Farmers' Markets, where food is served to



the public, are also licensed and inspected for food safety compliance.

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

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

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

Communicable Disease 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 foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns. (It is generally acknowledged that these diseases are underreported within the population.)

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

Community Health

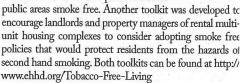
Health Promotion initiatives in the Health District focus on sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy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

Quality Clinical Preventive Care - CDC funding awarded to the district in 2011 through the State Department of Public Health enabled Eastern Highlands



Health District (EHHD) and Eastern Connecticut Health Network (ECHN) to form a partnership to introduce a self blood pressure monitoring program to hypertensive patients. This program combines home blood pressure monitoring with conventional and functional medicine approaches ECHN nurses who have been specially trained will act a intermediaries between clinicians and patients, providing real-time disease management, medication adjustment, and care coordination. Approximately 50 patients with a history of uncontrolled hypertension were selected and trained or how to use home blood pressure monitoring equipmen and record results. Self-management practices emphasiza patient empowerment, goal setting, and problem-solving skills.

Tobacco Free Living - Focusing on policy, systems and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their parks and other



The Tolland County Community Health Action Response Team (CHART) - A community-based coalition composed of individuals and agencies, that has worked to develop a comprehensive plan to address health inequities to eliminate health disparities and to improve the health of county residents continues to work on the issues identified through the Community Health Needs Assessment which can also be found at http://www.ehhd.org/CTG.



Asthma - The Putting on AIRS (Asthma Indoor Risk Strategies) program offers assistance to families in developing a plan to better manage their children's asthma. This free program includes a home visit to identify sources in the home that may trigger

the child's asthma, education and allergen reducing materials such as mattress covers and pillowcases. Referrals can be made by contacting EHHD at (860) 429-3325.

Be Well - Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness

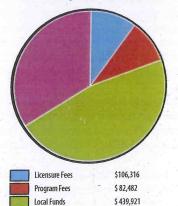


program is to improve the overall health and wellness of employees through initiatives that target risk factors and issues that influence health. Provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland), basic Be Well initiatives are also provided to member town and school employees through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. You may learn more about the program at www.ehhd.org/be_well.

EHHD Budget Fiscal Year 2013/2014

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.

FY 2013/2014 Revenue



FY 2013/2014 Expenses

\$ 346,810

\$ 975,528

State Funds

Total Operating Revenues



Personnel: Administrative/Management	\$180,499
Personnel: Environmental Health	\$456,773
Personnel: Community Health	\$113,144
Personnel: Emergency Preparedness	\$31,980
Contractual	\$117,451
Legal	\$0
Vehicles/Travel	\$33,156
Insurance	\$26,562
Communications	\$4,893
Education/Training	\$2,705
Other	\$14,978

^{*} Figures not audited at the time of this publication.

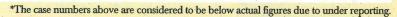
\$ 982,142

Total Operating Expenditures

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	1	0	0	1	0	0	0	1	0	3
ANIMALS/ANIMAL WASTE	1	0	0	0	0	0	1	0	0	0	2
ACTIVITY WITHOUT PROPER PERMI	ITS 0	- 0	0	.1	0	. 0	0	0	. 0	0	1
FOOD PROTECTION	2	2	. 2	0	0	1	3	0	1	2	13
HOUSING ISSSUES	1	4	2	2	1	7	4	0 -	1	0	22
EMERGENCY RESPONSE	0	0	0	0	0	1.	1	0	1	0	3
REFUSE/GARBAGE	1	1	- 1	0	0	0	2	0	1	2	8
RODENTS/INSECTS	0	0	1	0	0	1	0	0	0	1	3
SEPTIC/SEWAGE	1	2	4	0	0	1	7	1	1	. 0	17
OTHER	0	0	0	0	0	0	5	0	3	0	8
WATER QUALITY	1.	.0 .	1	1	0	0	3	0	1	1 .	8
TOTAL	7	10	11	4	2	11	26	_1	10	6	88
HEALTH INSPECTION											
GROUP HOMES	0	0	0	1	0	1	1	0	0	0	3
DAY CARE	1	2	0	1	2	1	1	0	3	3	14
CAMPS	0	3	0	1	1	1	0	0	1	3	10
PUBLIC POOL	0.	2	. 0	0	2	3	2	0	1	0	10
OTHER	0	0	0	0	0	0	0	0	0	0 /	0
SCHOOLS	0	0	0	0	0	0	2	0	0	0	2
MORTGAGE, FHA, VA	0	0	0	1	0	5	0	0	0	0	6
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	7	0	4	5	11	6	0	5	6	45
ON-SITE SEWAGE DISPOSAL											
Site inspection all site visits	24	38	41	53	55	144	161	37	252	50	855
Deep hole tests number of holes	43	44	89	18	61	94	139	25	91	45	649
Percolation tests number of holes	s 9	19	14	8	12	12	35	5	21	10	145
Permits issued, new	5	6	11	1	16	28	12	2	12	3	96
Permits issued, repair	5	6	7	9	8	14	25	3	44	9	130
Site plans reviewed	10	17	21	12	25	49	34	4	50	14	236
B100a reviews	37	31	27	17	57	73	103	6	132	40	523
WELLS											
Well sites inspected	0	6	1	5	1	43	3	6	14	8	87
Well permits issued	7	7	13	3	17	21	28	3	15	3	117
LABORATORY ACTIVITIES (Samp	les Taken	1									
POTABLE WATER	0	0	0	0	0	0	2	0	0	0	2
SURFACE WATER	33	19	52	0	49	200	40	0	48	50	491
GROUND WATER	. 0	0	0	0	0	0	0.	0	0	0	0
RABIES	0	0	0	2	0	0	0	0	0	0	2
LEAD	0	0	0	0	0	0	0	0	0	0	. 0
OTHER	0	0	0	0.	0	0	13	0	0	0	13
FOOD PROTECTION											
Inspections	32	48	37	31	33	102	201	2	95	47	628
Reinspections	9	2	2	8	2	5	33	0	2	5	68
Temporary permits	2	27	26	5	13	74	29	8	18	11	213
Temporary inspections	0	1	3	1	0	133	13	6	3	0	160
Plan reviews	1	1	2	0	0	2	8	0	3	0.	17
Pre-operational inspections	1	3	4	4	3	3	9	0	13	5	45
LEAD ACTIVITIES											
Housing inspection	1	0	0	0	0	2	0	0	0	0	3
Abate plan reviewed	0	0	0	0	0	0	0	0	0	0	0
	U	J	•					V-UL			
MISCELLANEOUS ACTIVITIES	1	0	1	0	0	2	7	0	0	2	14
Planning and Zoning referrals Subdivision reviewed (per lot)	1	0	1	0	0	3 5	2	0	0	0	14
Subulvision reviewed (per loc)	3	4	U	U	1	J			U	U	17

Selecte	a Ke	portai	ne Di	seases	ior Ca	uenda	endar Year 2013 by Town *					
	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals	
Babesiosis	1	0	0 4	0	0	0	5	0	1	0	. 7	
Campylobacter	0	0	1	0	0	0	4	0	3	2	10	
Chlamydia	7	7	10	5	15	18	32	0	22	7	123	
Cryptosporidium	0	0	0	0	0	0	0	0	1	0	1	
Cyclospora	0	0	0	0	0	0	0	0	0	0	0	
E. Coli 0157/STEC	0	1	2	0	1	1	2	0	1	0	8	
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0.	0	0	0	0	- 0	
Giardia	0	1	0	1	0	0	1	0	0	0	3	
Gonorrhea	. 0	- 0	. 1	1	2	1	6	0	3	. 0	14	
Group A Streptococcus	0	. 1	0	0	0	0	0	0	1	0	2	
Group B Streptococcus	0	1	0	.0	2	0	0	0	i	0	4	
łaemophilus Influenzae	0	0	1	1	0	0	0	0	0	0	2	
lepatitis A	0	0	0	0	0	0	. 0	.0	0	0	0	
lepatitis B	0	0	0	0	0	0	0	0	0	0	Ö	
lepatitis C	0	3	4	1	3	2	5	0	5	2	25	
ead-Elevated Blood Lead Levels in children p to age 6 (5-9.9 ug/dl) *tracked after 4/19/	13 0	1	0	0	5	3	5	0	3	3	20	
ead-Elevated Blood Lead Levels in children p to age 6 (10-19 ug/dl)	2	0	0	0	0	2	2	0	0	0	6	
ead-Elevated Blood Lead Levels in children p to age 6>20 ug/dl	0	0	0	0	0	0	0	0	0	.0	0	
isteria	0	0	0	0	0	0	0	0	0	0	0	
yme Disease	11	7	6	16	13	28	40	3	28	19	171	
leasles	0	0	0	0	0	0	0	0	. 0	0	0	
lethicillin Resistant Staphylococcus Aureus	s 0	0	2	0	0	1	3	0	7	1	14	
lumps	0	0	0	0	0	0	1	0	0	Ô	1	
eisseria Meningitis	0	0	0	0	0	0	. 0	0	0	0	0	
ertussis	0	0	0	. 0	0	0	0	Ö	0	1	1	
ubella	0	0	0	0	0	0	0	. 0	0	0	Ô	
almonella	0	0.	1	0	Õ	2	1	0	2	0	6	
higella	0	1	2	0	1 1 1	1	2	0	1	0	8	
treptococcus Pneumoniae	1	Ô	0	0	0	î	1	0	0	2	5	
yphilis	0	0	0	0	0	0	0	0	0	0	0	
berculosis Cases (Active)	0	0	0	0	0	1	0	0	0	0	1	
aricella	0	0	0	0	0	0	0	0	0	0	0	
brio	0	0	0	0	0	0	0	0	0	0	0	
est Nile Virus	0	0	0	0	0	0	0	0	0	0	0	
ersinia	0	0	0	0	0	0	0	0	0	0	0	





4 South Eagleville Road Mansfield, CT 06268