



Eastern Highlands Health District

2009-2010 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 52 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 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 monitors public bathing water to assure that the drinking and bathing water is free of harmful bacteria, chemicals and pollutants.



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

Campground/Daycare/Youth Camp Food Service Inspection – EHHD conducts annual 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 to housing concerns. Complaints violating the Public Health Code and Connecticut General Statutes are subject to enforcement procedures.



Food Protection – All food service establishments are inspected frequently and operating licenses are renewed annually.

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 – Since 2004, Eastern Highlands Health District has completed and updated the Local Public Health Emergency Response Plan, and the Mass Dispensing Plan. Through the development of these

plans, the EHHD has engaged district-wide partners to ensure that in the event of a large-scale emergency, resources would be coordinated effectively.

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



Pandemic Influenza – Preparedness planning for pandemic influenza has included the development of a district-wide Pandemic Influenza Response Annex, including a section on Isolation and Quarantine. A number of events were held to advance community understanding of the need to anticipate the widespread effects of a pandemic.



EHHD implemented the Public Health Emergency Plan and the Pandemic Vaccine Dispensing Annex in April 2009 in response to the outbreak of the 2009 H1N1 virus. Coordination with the CDC and DPH, through conference calls and HAN (Health Alert Network) updates, provided regularly updated information throughout the 2009 H1N1 emergency. On the local level, surveillance was increased in the EHHD communities, consultation was provided to school systems and health providers, and a Director's letter was issued regularly to community stakeholders. 9,360 Vaccinations were administered by the Health District.

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, the general practice of the Health District is to concentrate on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors.

Asthma – The EHHD is represented on the Region 3 Asthma Coalition. State DPH funding provided through



this regional initiative allows for free in-home assessments for environmental asthma triggers to families requesting this service.

Matters of the Heart Partnership

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.

Be Well – Developed by the 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 2009 – 2010, the EHHD utilized the State Preventive Health Block Grant funding to expand basic employee 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.



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.

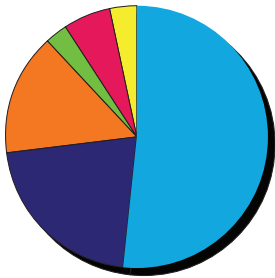
Four local hardware stores (two in Mansfield, one in Tolland and one in Bolton) participated in the program and received materials for both consumers & employee training.

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. To meet this challenge, the EHHD convened a Community Health Action Response Team (CHART). The CHART is comprised of 13 individuals active in many aspects of the local community, and provides an interdisciplinary approach to the EHHD initiative. Through the work of the CHART, there have been many points of contact within the communities served by the EHHD, and numerous policy and environmental changes were put into action this past year.

EHHD Budget Fiscal Year 2009/2010

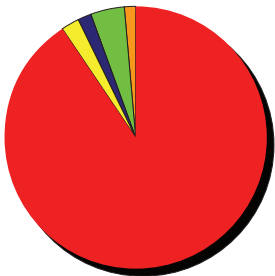
EHHD receives funds from a variety of sources including member town contributions, State and Federal grants, and permit fees. Towns are charged on a per-capita basis, which supports local public health services.

EHHD Operating Revenues



Member Town Contributions	\$361,620
State Grants	\$148,333
Sewage Disposal Program	\$105,489
Well Permits	\$18,694
Food Protection Service	\$41,222
Other Health Services	\$22,421

EHHD Operating Expenditures



Salary & Benefits	\$597,437
Liability Insurance	\$14,456
Professional & Technical Services	\$11,250
Other Purchased Services	\$27,926
Supplies	\$7,371

EHHD 2009-2010 ACTIVITY TOTALS

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Environmental Health Activities											
Complaints											
Air Quality	0	0	0	0	0	0	2	0	0	0	2
Animals/Animal Waste	0	0	0	0	0	0	1	1	0	0	2
Activity without a Permit	0	0	0	0	0	0	0	0	0	0	0
Food Protection	1	0	0	0	1	0	3	1	1	5	12
Housing Issues	2	7	0	3	0	0	8	0	2	5	27
Emergency Response	0	1	0	0	0	0	4	0	0	0	5
Refuse/Garbage	3	0	0	0	2	2	7	0	7	2	23
Rodents/Insects	0	2	0	0	0	0	4	1	1	0	8
Septic/Sewage	2	2	5	4	5	1	10	0	6	3	38
Other	0	0	1	0	1	0	5	0	3	0	10
Water Quality	0	0	2	0	2	0	1	0	1	0	6
Complaint Follow Up	4	0	3	31	4	21	1	9	17	3	93
Inspection											
Group Homes	0	0	1	1	0	3	0	0	0	1	6
Day Care	1	0	1	0	2	0	1	0	6	5	16
Camps	0	0	0	1	0	0	0	2	2	3	8
Public Pools/Bathing Areas	0	0	0	2	2	4	4	5	1	0	18
Other	0	0	0	1	0	0	4	0	0	0	5
Food Protection											
Inspection	35	41	27	32	39	79	206	17	86	45	607
Re-inspection	3	5	5	1	3	3	24	0	9	3	56
Temporary License Issued	2	20	30	11	7	59	44	9	19	18	219
Plan Reviews/Site Inspections	0	3	4	3	2	4	7	2	4	2	31
Wells											
Well Sites Inspected	2	4	3	2	6	27	3	1	15	5	68
Well Permits Issues	11	12	17	5	31	42	30	14	19	12	193
On-Site Sewage Disposal											
Site Inspection - All Site Visits	63	150	44	58	59	177	160	48	208	70	1037
Deep Hole Tests - # of Holes	77	66	46	38	100	147	110	31	154	80	849
Perc Tests - # of Holes	19	10	11	9	34	24	42	8	43	25	225
Permits Issued - New	7	8	2	1	6	33	17	5	20	8	107
Permits Issued - Repair	10	4	11	5	17	29	29	8	27	8	148
BI00a Reviews	33	25	41	6	34	95	121	9	147	40	551
Laboratory Activities (Samples Taken)											
Potable Water	0	0	0	15	0	2	0	3	1	21	0
Surface Water	12	10	25	0	10	95	13	0	33	23	221
Ground Water	0	0	0	0	0	0	0	0	0	0	0
Rabies	0	1	0	0	0	0	0	0	1	1	3
Lead	0	0	0	0	0	0	0	0	0	0	0
Other (Birds, etc.)	0	0	0	0	0	0	0	0	0	0	0
Lead Activities											
Housing Inspections	0	1	0	0	0	0	1	0	0	0	2
Abate Plan Reviewed	0	0	1	0	0	0	0	0	1	3	5
Miscellaneous Activities											
Planning and Zoning Referrals	1	0	3	0	0	10	68	0	5	0	87
Subdivision Reviewed (Per Lot)	12	0	5	0	2	4	0	0	6	1	30

Selected Reportable Diseases for Calendar Year 2009 by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
2009 H1N1	10	5	16	1	6	9	13	2	11	3	76
Babesiosis	0	0	0	1	0	0	0	0	0	0	1
Campylobacteriosis	2	2	0	0	1	4	4	0	1	0	14
Chlamydia	13	6	8	5	4	14	53	0	10	7	120
Cryptosporidium	0	0	0	0	0	0	0	0	0	0	0
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157	0	0	0	0	0	0	0	0	0	1	1
Ehrlichiosis	0	0	1	0	0	1	0	0	0	1	3
Giardia	0	1	0	1	0	1	2	0	1	0	6
Gonorrhea	2	0	0	0	0	2	0	0	1	0	5
Group A Streptococcus	0	0	0	0	0	0	0	0	0	0	0
Group B Streptococcus	0	1	0	0	0	1	0	0	1	0	3
Haemophilus Influenzae	0	0	0	0	0	0	0	0	1	0	1
Hepatitis A	0	1	0	0	0	0	1	0	0	0	2
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	0	0	1	0	0	0	0	0	1
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	0	0	0	0	0	0	0
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	13	25	6	22	21	41	71	3	43	17	262
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	1	1	1	2	1	1	0	1	2	10
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitidis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	1	0	0	0	0	0	1	0	0	0	2
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	0	0	0	1	0	0	3	0	5
Shigella	0	0	0	0	0	0	1	0	0	0	1
Streptococcus Pneumoniae	0	1	0	0	0	0	0	0	3	2	6
Syphilis	0	1	0	0	0	0	0	0	0	0	1
Tuberculosis Cases (Active)	0	0	0	0	0	0	0	0	0	0	0
Varicella	0	0	1	0	7	2	4	0	4	1	19
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



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