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## HEALTH DISTRICT STAFF

#### Robert L. Miller MPH, RS Director of Health

Kenneth Dardick MD, Medical Advisor

Glenn Bagdoian, RS	Sanitarian II
Ande Bloom, MS, RD	Health Education Program Coordinator
Jeff Catlett	Sanitarian I
John Degnan, MAP	Public Health Emergency Response Coordinator
Geoffrey Havens, RS	Sanitarian II
Holly Hood, MPH, RS	Sanitarian II
Jessica Ippedico, MSW	Health Education Project Coordinator
Jeff Polhemus, RS	Chief Sanitarian
Cheryl ProctorEnviro	nmental Health Inspector
Maria Remy	Secretary
Jody Schmidt, MS, RS	Sanitarian II

## EHHD BOARD OF DIRECTORS



Back left: Steve Werbner, Michael Kurland, Doug Cameron, John Elsesser, Paul Schur Front left: Charles Johnson, Joyce Stille, Elizabeth Paterson, Tierney Tully

Officers:	
Elizabeth Paterson (Chair)	Town of Mansfield
John Elsesser (Vice Chair)	Town of Coventry
Joyce Stille (Asst. Treasurer)	Town of Bolton
Connie Anderson (Alternate)	
Doug Cameron	Town of Scotland
Susan Chace (Alternate)	
Don Cianci (Alternate)	Town of Columbia
Frederick Daniels	Town of Tolland
Louise Eldridge (Alternate)	Town of Willington
Ralph Fletcher (Alternate)	Town of Ashford
Matt Hart	
Charles Johnson	
Michael Kurland	
Paul Schur	9
Robert Skinner	Town of Columbia
Tierney Tully	Town of Chaplin
Deborah Walsh	Town of Coventry
Steve Werbner	
Vacancy	Town of Andover



Back left: Ande Bloom, Cheryl Proctor, Robert Miller, Holly Hood, Jody Schmidt, Maria Remy Front left: Glenn Bagdoian, Jeff Catlett, Jeff Polhemus, John Degnan, Geoff Havens Not pictured: Jessica Ippedico, Dr. Ken Dardick

## **MISSION STATEMENT**

The mission of the Eastern Highlands Health District is to preserve public health through the prevention of illness and promotion of wellness within its local communities.

This mission is achieved through enforcing state and local health regulations; monitoring the health status of the community; informing and educating citizens on health issues; operating programs that support community health efforts; and collaborating with other public health partners in pursuit of our common goal.



## A Message From the Director of Health

am pleased to be able to present the fiscal year 2007/2008 Eastern Highlands Health District Annual Report, as the past year was marked with the expansion of services and planning for the future. In particular, there are two program areas I wish to highlight. Our health promotion program continues to expand with the availability of grant funding from the Connecticut Department of Public

Health. Additionally, plans to upgrade the organization's information technology infrastructure seeks to improve the quality of service we provide in the area of environmental health.

In our continuing efforts to improve and expand our health promotion programs, the EHHD successfully procured \$161,000 in grant funding, which originates from Connecticut tobacco settlement funds, to create programs to promote healthy behaviors targeting two demographic groups in our population. The Women's Healthy Heart grant is working to institutionalize partnerships and environmental changes that encourage women 55 and older to exercise and seeking early health screenings. The Healthy Eating Active Living grant funds programs that make low or no cost physical exercise opportunities available to school age children and their families, while also promoting nutritional curriculum within local schools. These grant funded initiatives, along with the EHHD employee wellness program *Be Well* constitute the backbone of our current efforts to prevent illness and promote wellness in our community.

The EHHD recently completed the development of an 'Information Technology Road Map'. This road map will guide us as we initiate upgrades to our information technology infrastructure. Upgrades to our website will provide public access to on-line applications and application review status. Changes to our databases will link on-line public access to our internal permit/project tracking system. In combination with planned improvements to our internal databases the typical applicant will benefit from improved access to information and greater efficiency in the EHHD's application review and approval process. The benefits from this initiative will be realized in the upcoming year.

As always, I do not want to forget the many partners we have in the community. Because of the nature of public health in Connecticut, local public health is dependent on the cooperation and collaboration of many in the local community. Without these community partners' dedication to the local public health system, we could not be achieving the success detailed in this report. Therefore, on behalf of the Eastern Highlands Health District Board of Directors, and myself...thank you!

My door is always open.

Sincerely,

tot will

Robert L. Miller, MPH, RS Director of Health





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 grantfunded 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.

## In Memory

Charles Johnson served on the Health District Board of Directors since 2004 when Ashford joined the EHHD. Prior to that, he served on the Northeast District Department of Health with a combined service to Public Health of over a dozen years. Charles was a life-long resident of Ashford, and the owner of S&K Johnson Excavation Company for over 30 years. He was an active member of the Ashford community, serving on various boards over the years. Charles passed away this past May while wintering in Florida. The EHHD community will miss his contributions and is thankful for his dedication over the years.

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

- I. 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.
- 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:

- I. **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 our drinking and bathing water quality is free of harmful bacteria, chemicals and pollutants.



Subsurface Sewage Disposal -EHHD's sanitarians conduct soiltesting, review septic plans and issue permits to construct according to technical standards.

Campground/Daycare/Youth Camp Food Service Inspection - EHHD conducts annual campground inspections, bi-annual daycare inspections, and assists the State of CT with youth camp kitchen inspections.

#### Complaint Investigation/Code Enforcement -

EHHD staff investigate all complaints received ranging from food protection to housing. Complaints violating the Public Health Code and CT General Statutes are subject to enforcement procedures.

Food Protection – All food service establishments are inspected regularly and permitted 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, the EHHD has maintained a state-mandated Emergency Response Plan for its jurisdiction. Through the development of this plan,

district-wide partners to ensure that in the event of a large-scale emergency, resources would be coordinated effectively. During the 2007-2008 fiscal year all of the plans and annexes were updated and additional plans were created. The district now has a comprehensive Emergency Response Plan.

The Connecticut Department of Emergency Management and Homeland Security (DEMHS) has assigned all of the towns in the state to "emergency planning regions" to develop regional responses to emergencies. The towns covered by the Northeast, Windham and Southeast Councils of Government have begun their work together as DEMHS Planning Region 4. This framework facilitates the coordination of regional public health and medical preparedness response, and supports an all-hazards approach when responding to emergencies. EHHD continues to work with the Capital Region Emergency Planning Committee as they seek to establish a regional approach to establishing a training and exercising plan.

Pandemic Influenza – In August of 2007, the EHHD participated in the Host Community drill in partnership with Millstone at the University of Connecticut. In March 2008, a full-scale drill in cooperation with Windham Hospital, the University of Connecticut, Eastern Connecticut State University, North Central District Health Department, and the VNA East was held to simulate the establishment of an Alternative Care Facility (ACF) on the campus of the Windham Technical High School in the event of a pandemic. The site was designed to provide triage and short-term care for influenza patients in the event of overburdened health care systems. This type of collaboration with regional partners has further solidified the District's ability to respond to any type of public health emergency. The Health District continues to recruit volunteers to participate in drills and respond in the event of a public health emergency.

#### **HEALTH PROMOTION**

Matters of the Heart Partnership – In January 2008, the EHHD was awarded two grants from



Public Health; one that addresses healthy eating and active living (HEAL) to reduce obesity, and the other that

the Department of

focuses on women's cardiovascular health. With both of these grants, the Matters of the Heart Partnership has become revitalized and is engaging community members from all EHHD towns through coalition work tied to each grant.

HeartSAFE Communities - This statewide program focuses on strengthening each link of the cardiac 'chain of survival' in local communities.

Communities must document access to services (available AEDs & emergency care) and knowledge of skills (CPR & AED training) to qualify. Four EHHD towns are currently designated as HeartSAFE. while other member towns

are working on receiving the designation.

Safe Routes to School - The EHHD was awarded a 12-month competitive grant in June by the State and Territorial Injury Prevention Directors Association to



facilitate the coordination of a SRTS effort in the district. SRTS provides a framework to address barriers to children walking or riding a bike to

school. As one of six sites in the country, EHHD worked with Parker school in Tolland to establish a coalition to identify and address barriers and create a SRTS plan.

Skin Cancer Prevention Program --Supported by a Preventative Health Block Grant

administered by the State Department of Public Health, this program 🔏 provided free training sessions on how to prevent skin cancer from over exposure to ultraviolet rays.



Training is offered to daycare providers (who receive certificates of participation upon completion of the program), students, community groups, employees and other interested individuals within the District. Educational and promotional items have also been developed through this grant to further educate the EHHD community on skin cancer prevention.

Asthma - The EHHD is represented on two Regional Asthma Coalitions (RAC), that provide resources and services to all member towns. RACs bring together local health departments & districts to address community issues regarding asthma education for various groups. This year with RAC 3 funding, the health educator and a sanitarian provided families with in-home assessments for environmental asthma triggers. This home assessment program will continue through next fiscal 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, 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.

**Be Well –** Developed by the EHHD, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of

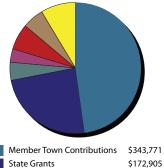
this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors and issues that influence health.



# **EHHD** Budget Fiscal Year 2007/2008

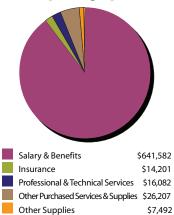
EHHD receives funds from a variety of sources including member town contributions, State and Federal grants, and permit fees. Towns are charged on a per-capita basis, which supports local public health services.

#### **EHHD Operating Revenues**



	Member 10WII Contributions	2242,771
	State Grants	\$172,905
	Septic Permits	\$31,410
	Well Permits	\$22,695
	Soil Testing Service	\$46,805
	Food Protection Service	\$37,973
	Health Inspection Service	\$59,953

#### **EHHD Operating Expenditures**



\$1,339

Equipment - Minor

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27	17	15	14	70	50	4	53	17	284
153	64	69	165	219	235	27	294	52	1352
96	105	37	96	213	197	45	158	129	1153
35	14	8	28	38	51	7	41	19	256
9	7	8	4	23	23	1	50	8	141
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## EHHD 2007-2008 ACTIVITY TOTALS

Selected Reportable Diseases for Calendar Year 2007 by Town											
	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington I	District Totals
Babesiosis	0	2	0	0	0	0	4	1	1	Ō	8
Campylobacter	0	2		0	1	1	3	0	0	1	9
Chlamydia	10	7	7	8	7	12	31	3	11	8	104
Cryptosporidium	0	0		0	0	0	0	0	0	0	1
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157	0	0	0	1	0	0	0	0	0	0	1
Ehrlichiosis	0	0	0	0	0	I	0	0	0	0	I
Giardia	0	0	0	0	0	0		0	0	0	I
Gonorrhea	2	2	1	1	0	0	2	0	0	I	9
Group A Streptococcus	0	0	0	0	0	0	0	0	0	0	0
Group B Streptococcus	0	I	0	0	0	2	2	0	0	1	6
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	1	
Hepatitis A	0	0	0	0	0	2	0	0	0	0	2
Hepatitis B	0	0	0	0	0	I	1	0	2	I	5
Hepatitis C	0	2	3	I.	2	5	8	0	4	2	27
Lead-Elevated Blood Lead Levels in											
children up to age 6 (10-19 ug/dl)	0	1	0	0	0	0	0	0	0	0	I.
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	5	13	7	6	7	36	23	4	35	10	146
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureu	us O	0	0	L	0	4	3	0	4	0	12
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitidis	0	0	0	0	0	0	I.	0	0	0	1
Pertussis	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	0	2	0	0	I	4	0	2	0	9
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	2	0	0	0	0	0	1	0	3
Syphilis	0	0	0	0	0	I	0	0	0	0	I
Tuberculosis Cases (Active)	0	0	0	0	0	0	0	0	0	1	
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



4 South Eagleville Road Mansfield CT, 06268