

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda - DRAFT  
1712 Main Street, Coventry  
Town Hall Annex  
Thursday August 15, 2024, 4:30 PM\*

Call to Order

Approval of Minutes (April 18, 2024)

Public Comments

Old Business - none

New Business

1. Per Capita Grant in Aid Funding Application for SFY 2025 – Authorization
2. Tolland Employee Wellness Service Agreement - Ratification

Subcommittee Reports

3. Finance Committee – Financial report period ending 3/31/24 & 6/30/24
4. Personnel Committee - Director of Health Annual Performance Review Timeline
5. Executive Committee – Appointment of Auditor

Directors Report

6. Strategic Planning Activities – Update (no attachment)
7. Home Water Treatment Waste Water Disposal System workflow modification
8. CT Paid Leave Act
9. Quarterly activity report, period ending 3/31/24 & 6/30/24
10. EHHD staffing update (no attachment)

Medical Advisor Report

Communications/other

11. CT DPH re: Frequency of Radon Re-Evaluations in CT Public Schools
12. CT DPH re: reduction in Local Health Department Lead funding
13. Healthcarediver re: Prospect files suit demanding Yale New Haven purchase
14. CT DPH re: Evaluations for Existing Active Radon Mitigation Systems in Schools
15. CDC re: Bridge Access Program Ending
16. KFF Health re: Four Ways Vaccine Skeptics mislead you on measles, more
17. DataHaven Press release re: “Answering the Call to Improve Your Community”
18. CT DOE/DPH re: Measles
19. Patch re: PFAS- What the Latest Data Shows About CT’s Water
20. CT DPH re: EPA National Primary Drinking Water Rules for PFAS

21. CT DPH re: Reports TB cases in CT stable despite 16% increase nationally
22. CT Mirror re: State eyes easier access to methadone treatment

Town Reports

Other business

Adjournment

*Next Board Meeting – October 17, 2024, 4:30 PM*

**\*Virtual Meeting Option**

In accordance with PA 21-2 §149, meeting participants may also attend virtually. Please email [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHH.D.ORG within seven (7) days after the meeting.

Public comment will be accepted by email at [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District  
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, April 18, 2024

**Members present:** E. Anderson (Andover), R. Aylesworth (Mansfield - Virtual), M. Capriola (Mansfield – Virtual), J. Elsesser (Coventry), B. Foley (Tolland - Virtual), C. Silver-Smith (Ashford – Virtual), D. Walsh (Coventry), M. Walter (Columbia - Virtual)

**Staff present:** Director of Health R. Miller, Director of Finance A. Backhaus (Virtual), Medical Advisor Dr. K. Dardick, Office Manager M. Brosseau

J. Elsesser called the meeting to order at 4:34pm

### **Minutes**

E. Anderson made a MOTION, seconded by M. Capriola to approve the minutes of the January 18, 2024 meeting as presented. MOTION PASSED with C. Silver-Smith abstaining.

### **Public Comments**

Outreach was done per Executive order. No comments were received.

### **Strategic Planning – Process and Timeline to Update Plan**

R. Miller outlined the rationale for updating the plan and the timeline.

J. Elsesser requested that R. Miller send out an email inviting Board members to participate in the strategic planning committee.

E. Anderson made a MOTION, seconded by D. Walsh to establish the Eastern Highlands Health District Strategic Planning Committee. Such members can be appointed by the Board Chair in consultation with the Director of Health, and may comprise board members, staff, or other interested parties. MOTION PASSED unanimously.

M. Walter joined the meeting

### **Finance Committee – Financial Report period ending 12/31/23**

R. Miller presented an overview of the financial report for the period ending 12/31/2023 and noted the salient features.

E. Anderson made a Motion, seconded by R. Aylesworth to accept the financial report as presented. MOTION PASSED unanimously.

### **Medical Advisor Report**

Dr. Dardick reported there is nothing unusual in the community and noted the following:

- Ticks are out
- Respiratory infections are declining but still around
- Allergies are increasing

Dr. Dardick relayed an anecdote about a lead poisoning case that was difficult to determine the source of the lead. R. Miller noted that with the lowering of the blood level thresholds that trigger action by the

health department, staff is engaged with more cases and the exposure path is not always obvious during the investigative process.

J. Elsesser initiated discussion about the involvement of EHHD with the PFAS issue.

### **Town Reports**

**Tolland** B. Foley reported on the sodium chloride issue of concern in Tolland. He expressed thanks to EHHD for their involvement.

**Mansfield** R. Aylesworth reported that Mansfield is in the final stages of getting approval for the new drinking water treatment system for the elementary school

**Ashford** C. Silver-Smith reported that they are making progress on the issues at the Senior Center. She expressed thanks to Lynette for her support.

**Andover** E. Anderson reported that the Community Center/Senior Center is nearing completion. E. Anderson informed the board that with e-bikes will be purchased for the community to use. Funds are from a DOT micro grant.

**Coventry** D. Walsh informed the board that Lakeview Restaurant is open. J. Elsesser reported that the study on the sewer treatment plant has been completed. The results are that the town will build a new system rather than tie into Willimantic. In addition, slow progress is being made on extending into the Bolton sewer system. J. Elsesser noted that a water tower will be built. This will provide extra water to the other side of the lake and allow hydrants to be installed in the village area. J. Elsesser informed the board that there are salt & well issues in Coventry as well. R. Miller noted that a public meeting was held to present information from a consultant study. There is a schedule in place for the project to extend the waterline.

D. Walsh inquired about remediation being done at the former "Dip & Strip". J. Elsesser addressed concerns.

**Columbia** M. Walter reported that the Hunt Road culvert project is completed. M. Walter informed the board on a recent random test from OSHA where there were multiple items. M. Walter recommended that towns invite OSHA in for a voluntary consultation, if violations are found, there will be fines.

### **Directors Report**

#### **Auditor Appointment**

R. Miller informed the board that the auditor appointment will be delayed. The town of Mansfield is going out to bid for an auditor. Once the town chooses an auditor, the executive committee will need to reconvene on the issue.

#### **CADH Legislative Session Report**

R. Miller reported that CADH submitted testimony to increase the per capita grant.

R. Miller reported that the CADH is proposing modifications to the bill that makes private well data confidential. CADH has support from Senator Gordon and Representative Nuccio. Either an amendment to the floor this session or a separate bill next session will be introduced.

#### **Sodium Chloride groundwater contamination letter to residents & other mitigation activities – update**

R. Miller noted that a letter was sent to 150 residents informing them of the new electronic reporting system for homeowners to report damage caused by sodium chloride.

As part of efforts to educate the public, the workflow for reviewing water treatment wastewater systems by EHHD will be modified. A recent water test will be required with the submission of the application. This will be reviewed to determine if the water quality supports the system being installed. If it does not, educational material on water treatment options will be sent. In addition, the EHHD website will be upgraded to include additional educational materials.

### **Cosmetology Program Implementation Update – Second report**

R. Miller provided an update on the cosmetology program. He noted that the second annual permitting cycle has been completed. 81 of 85 businesses are in complete compliance. The 4 that are not have timelines established to come into compliance.

R. Miller noted that the program is reasonably well received. No changes in the program are recommended at this time.

### **Health District Staffing Update- Job opening**

R. Miller updated that board on the Public Health Nurse vacancy. Interviews will be held next week with anticipation of hiring someone within the next month.

### **Quarterly Activity Reports – 12/31/23**

R. Miller reported that the Community Health and Wellness program has coordinated 3 harm reduction events. Additional grant money is expected from North Central District Health Department to allow EHHD to continue providing these events.

### **Communications**

J. Elsesser initiated discussion about food contaminant issues seeming to be on the rise.

### **Adjournment**

D. Walsh made a MOTION, seconded by E. Anderson to adjourn the regular meeting at 5:42 pm. MOTION PASSED unanimously.

### **Next Board Meeting – June 20, 2024, 4:30 PM**

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

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**Memo**

To: Board of Directors

From: Robert Miller, Director of Health

Date: 8/8/2024

Re: FY 2024/2025 State Per Capita Grant Application

Attached for your review is a copy of the fiscal year 2024/2025 per capita grant application. As you may recall, this grant represents the state’s primary funding mechanism supporting local full-time health departments and health districts. The State Fiscal Year 2025 budget resulted in a rate of \$2.60 per capita, which represents no change from the previous fiscal year. The resulting total award is \$207,209.60. The deadline for application submittal was August, 2024.

We use this award to fund the salary and benefits of Sanitarian II positions (1.8 FTE). You will find the summary for the proposed budget on Page 2 in the attached application document.

I respectfully recommend the Board authorize the submittal this grant application.

Recommended motion: *Move, to authorize the submittal of the Eastern Highlands Health District’s Fiscal Year 2024/2025 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 15, 2024.*

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

Please select your Department or District:

<b>Eastern Highlands Health District</b>	<---Select here
<b>4 South Eagleville Road</b>	
<b>Mansfield CT, 06268</b>	
<b>SFY 2025 Allocation</b>	<b>\$207,209.60</b>
<b>Population Estimate (2021)</b>	<b>79,696</b>

[Click here for DPH provided support documents for SFY 2025 Per Capita application](#)

The Health Department shall use per capita funding that directly relates to the overall public health programs required of each local health department/district as defined in C.G.S. Section 19a-207a.

**Allowed services include:**

- (1) Monitoring of health status to identify and solve community health problems
- (2) Investigating and diagnosing health problems and health hazards in the community
- (3) Informing, educating, and empowering persons in the community concerning health issues
- (4) Mobilizing community partnerships and action to identify and solve health problems for persons in the community
- (5) Developing policies and plans that support individual and community health efforts
- (6) Enforcing laws and regulations that protect health and ensure safety
- (7) Connecting persons in the community to needed health care services when appropriate
- (8) Assuring a competent public health and personal care workforce
- (9) Evaluating effectiveness, accessibility and quality of personal and population-based health services
- (10) Researching to find innovative solutions to health problems

**Disallowed services/costs include:**

- a. Conferences/conventions/staff continuing education, membership dues
- b. Municipal reports
- c. Clothing
- d. Uniforms
- e. Capital/remodeling or improvement of facilities
- f. Salary for staff on educational leave
- g. Employee Assistance Programs
- h. Automobiles
- i. Real Estate

Budget Summary	
Health Department or District:	
Eastern Highlands Health District	
\$207,209.60	
July 1, 2024 - June 30, 2025	
Spending Category	Amount
<b>Personnel</b>	\$ 207,209.60
Salary	\$ 154,334.98
Fringe Benefits	\$ 52,874.61
<b>Contractual</b>	\$ -
<b>Office Supplies</b>	\$ -
<b>Other</b>	\$ -
<i>Balance to zero</i>	\$ 0.00
<b>SFY 2025 Total</b>	\$ 207,209.60

Carryover from SFY 2024:	
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**Lynette Swanson**

Name of Registered Sanitarian

647

Sanitarian License Number

7/31/2025

License Expiration Date

*Robert Miller*

Director of Health Signature

Robert L. Miller, MPH, RS Director of Health

8/8/2024

Date

Director of Finance

Financial Officer Signature

Title

Date

Chair, Board of Directors

Chief Elected Official (Municipalities) OR  
Board of Directors Chairman (Districts) Signature

Title

Date

**CONTRACTOR CERTIFICATION:** With checking the box and electronic signature, we certify that funds have been committed and/or allocated via an official accounting system of records, consistently applied and maintained, for approved purposes in accordance with applicable contract terms and conditions and for the expenses and activities represented herein.

DPH Per Capita Manager Signature

Title

Date



Please make sure the following items are uploaded along with this application:		
Application Check List	Documents DPH already has on file	
<input checked="" type="checkbox"/> 1. Organizational SFY 2025 Budget		
<input checked="" type="checkbox"/> 2. Organizational Chart		
<input checked="" type="checkbox"/> 3. Signed Invoice		
<input type="checkbox"/> 5. Job descriptions for Per Capita funded staff Please add or update any new job descriptions	Sanitarian II (2022)	
<input checked="" type="checkbox"/> 6. Director of Health Employment Agreement (if applicable) Start and End dates	9/6/2016	None
<input checked="" type="checkbox"/> 7. Recent Annual Report	2022	
<b>For Districts only:</b>		
<input checked="" type="checkbox"/> 8. 'Board of Health' Tab completed		
<input type="checkbox"/> 9. Copies of municipality first quarter contributions		
<input checked="" type="checkbox"/> 10. Schedule of Board Meetings SFY 2025		
<input checked="" type="checkbox"/> 11. Public hearing notice & meeting minutes SFY2025 budget		

Inclusive list of the documents needed for the application.



\*\*\*Complete UNSHADED cells only. Grey shaded cells will self-populate\*\*\*

Please add all supporting individual staff here with hours, hourly rate, and total weeks, along with fringe rate per year.

Provide a justification of staff activities and the program(s) supported for each position.

PERSONNEL							
Salary and Wages							
	hrs./wk.	wks./yr.	Hourly rate	Total salary charged	Fringe benefit rate (.xx)	Total fringe benefits	
Name: Glenn Bagdolan							
Title: Sanitarian II	37	52	45.16	\$ 86,887.84	43.00%	\$ 37,361.77	
Position Justification: Staff will conduct field sanitarian activities that include but is not limited to food service inspections, soil testing, permit/license review and approval, and complaint investigation. Services areas 2,3,6.							
Name: Chris Buter							
Title: Sanitarian II	30.404605	52	42.66	\$ 67,447.14	23.00%	\$ 15,512.84	
Position Justification: Staff will conduct field sanitarian activities that include but is not limited to food service inspections, soil testing, permit/license review and approval, and complaint investigation. Service areas 2,3,6.							
Name:							
Title:				\$ -		\$ -	
Position Justification:							
Name:							
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Title:				\$ -		\$ -	
Position Justification:							

Position Justification:

Salary TOTAL \$ 154,335

Fringe Benefit TOTAL \$ 52,875

Personnel TOTAL \$ 207,210

Eastern Highlands Health District  
Board of Directors Regular Meeting Minutes

Thursday, January 18, 2024

**Members present:** E. Anderson (Andover), R. Aylesworth (Mansfield - Virtual), M. Capriola (Mansfield - Virtual), K. Stargardter (Tolland - Virtual), D. Walsh (Coventry), M. Walter (Columbia - Virtual)

**Staff present:** Director of Health R. Miller, Director of Finance A. Backhaus, Office Manager M. Brosseau

Vice Chair M. Walter called the meeting to order at 4:39pm

***Scheduled Item: EHHD Public Hearing – Proposed FY24/25 Operating Budget, & Proposed FY24/25 CNR Budget.***

M. Walter made a MOTION, seconded by E. Anderson to open the public hearing at 4:39pm. R. Miller read the public notice into the record. (See attached). R. Miller noted that there were no written comments received. No public present.

D. Walsh made a MOTION, seconded by E. Anderson to close the Public Hearing at 4:42 pm. MOTION PASSED unanimously.

R. Miller introduced and welcomed Katherine Stargardter from Tolland. Board member introductions were made.

**Minutes**

M. Walter made a MOTION, seconded by E. Anderson to approve the minutes of the December 14, 2023 meeting as presented. MOTION PASSED unanimously.

**Public Comments**

Outreach was done per Executive order. No comments were received.

**Proposed Fiscal Year FY24/25 Operating Budget, & Proposed FY FY24/25 CNR Budget**

E. Anderson made a MOTION, seconded by D. Walsh to adopt the proposed FY **FY24/25** Operating and CNR budget as presented; The proposal includes a member town per capita rate of \$5.95, with total spending in the operating budget and CNR budget of \$1,010,076 and \$54,000, respectively. MOTION PASSED unanimously.

**Comprehensive Annual Financial Audit Report – June 30, 2023; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors**

D. Walsh made a MOTION, seconded by E. Anderson to accept the comprehensive annual financial audit report as presented.

A Backhaus provided an overview of the audit and noted that it is a standard audit. A. Baukhaus called attention to page 14 of the audit that presents and overview of the 3 funds.

MOTION PASSED unanimously.

### **Town Reports**

**Columbia** M. Walter reported that they are working with Square Peg Pizza to open a restaurant. The Main Moose and Winery are closed for the season

**Mansfield** R. Aylesworth reported that several new restaurants have opened in the downtown area: Haven Hot Chicken, Playa Bowls, Nautical Bowls. Husky Bar & Grill will be opening in downtown in the near future.

**Tolland** K. Stargardter reported that the town of Tolland continues working on the issue of a sodium chloride contamination of wells. There will be a public forum next week to talk with the residents of Tolland. The town is working on efforts to move toward resolutions. EHHD will be participating in the meeting and continue assisting with these efforts. R. Miller noted that his office will be providing educational support to residents.

**Coventry** D. Walsh informed the board that there was a fire at Woke restaurant and it is temporarily closed. Lakeside restaurant is awaiting a liquor permit before reopening.

**Andover** E. Anderson reported that progress is being made on the community center. He also noted that the town is engaged in a study aimed at making the town more walkable and bikeable. A STEAP grant will be used to add a playground and pickle ball courts as well as updates to the Veterans' memorial.

### **Directors Report**

**Staff Vacancy** R. Miller reported that the part-time public health nurse resigned. Recruiting for a replacement will begin in the next couple of weeks.

**COVID-19 Kit Distribution** R. Miller reported that over 6000 covid-19 test kits have been distributed to schools, daycares, senior centers and town halls. Additional kits are available at the main office.

**Radon kits** are available at the main office.

**Uninsured Vaccination Program** R. Miller reported that the district is participating in a Bridge Program with the state to bring COVID-19 vaccines to uninsured and underinsured individuals. In addition, as part of the Childhood Vaccination Program the district continues to offer COVID-19 vaccinations to children 5-18.

**ELC2 Grant** R. Miller informed the board that a 1 ½ year no cost extension has been extended to this grant.

R. Miller informed the board that he has executed a contract for billing to Connecticare. He is pursuing contracts with Anthem, Cigna and Aetna.

### **Communications**

E. Anderson inquired about what is being done regarding cybersecurity for EHHD. R. Miller noted that there is a service agreement in place with the Town of Mansfield IT department.

**Adjournment**

M. Walter made a MOTION, seconded by E. Anderson to adjourn the regular meeting 5:17 pm. MOTION PASSED unanimously.

**Next Board Meeting – February 15, 2024, 4:30 PM**

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. Miller', written over a horizontal line.

Robert Miller  
Secretary

**VENDOR INVOICE FOR GOODS OR SERVICES  
RENDERED TO THE STATE OF CONNECTICUT**

**STATE OF CONNECTICUT OFFICE OF  
THE STATE COMPTROLLER  
ACCOUNTS PAYABLE DIVISION**

CO - 17 REV. 10/2010

PLEASE COMPLETE THIS FORM AND SEND IT TO THE

**VENDOR:** DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER



(1) BUSINESS UNIT NAME <b>DPHM1</b>	(2) BUSINESS UNIT NO. <b>DPHM1</b>	(3) INVOICE NO. <b>SFY2025GOVAPPRBUDGET</b>	(4) INVOICE AMOUNT <b>\$207,209.60</b>		
(5) DOCUMENT DATE <b>July 1, 2024</b>	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE 00000 00000 418	

**VENDOR / PAYEE: FIELDS 9,10, 14 & 18 ARE MANDATORY FOR PAYMENT**

(10) PAYEE: <b>Eastern Highlands Health District</b>			(11) VOUCHER NO.		
PAYEE:			(12) VOUCHER DATE		
ADDRESS: <b>4 South Eagleville Road</b>			PREPARED BY		
ADDRESS:					
ADDRESS:					
CITY: <b>Mansfield</b>	STATE: <b>CT</b>	COUNTRY:	ZIP CODE: <b>06268</b>		

(13) VENDOR COMMENTS SFY 2025 Per Capita Grant

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
SFY 2025 State Aid pursuant to the SFY 2025 Governor's Appropriated Budget and Section 19a-245 of the Connecticut General Statutes.  For the period 7/1/24- 6/30/25  I certify that the above is a valid claim and has not been paid.				<b>\$207,209.60</b>

XX   
**(Contractor) Signature of Authorized Person**  
 Robert L. Miller, MPH, RS, Director of Health  
  
**Print or type Name, and Title**

**BUSINESS UNIT USE ONLY**

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE
<b>\$207,209.60</b>	<b>1</b>	<b>11000</b>	<b>DPH48558</b>	<b>17009</b>	<b>42003</b>	<b>55070</b>	<b>DPH17009LOC</b>	<b>N/A</b>	<b>N/A</b>	<b>2025</b>

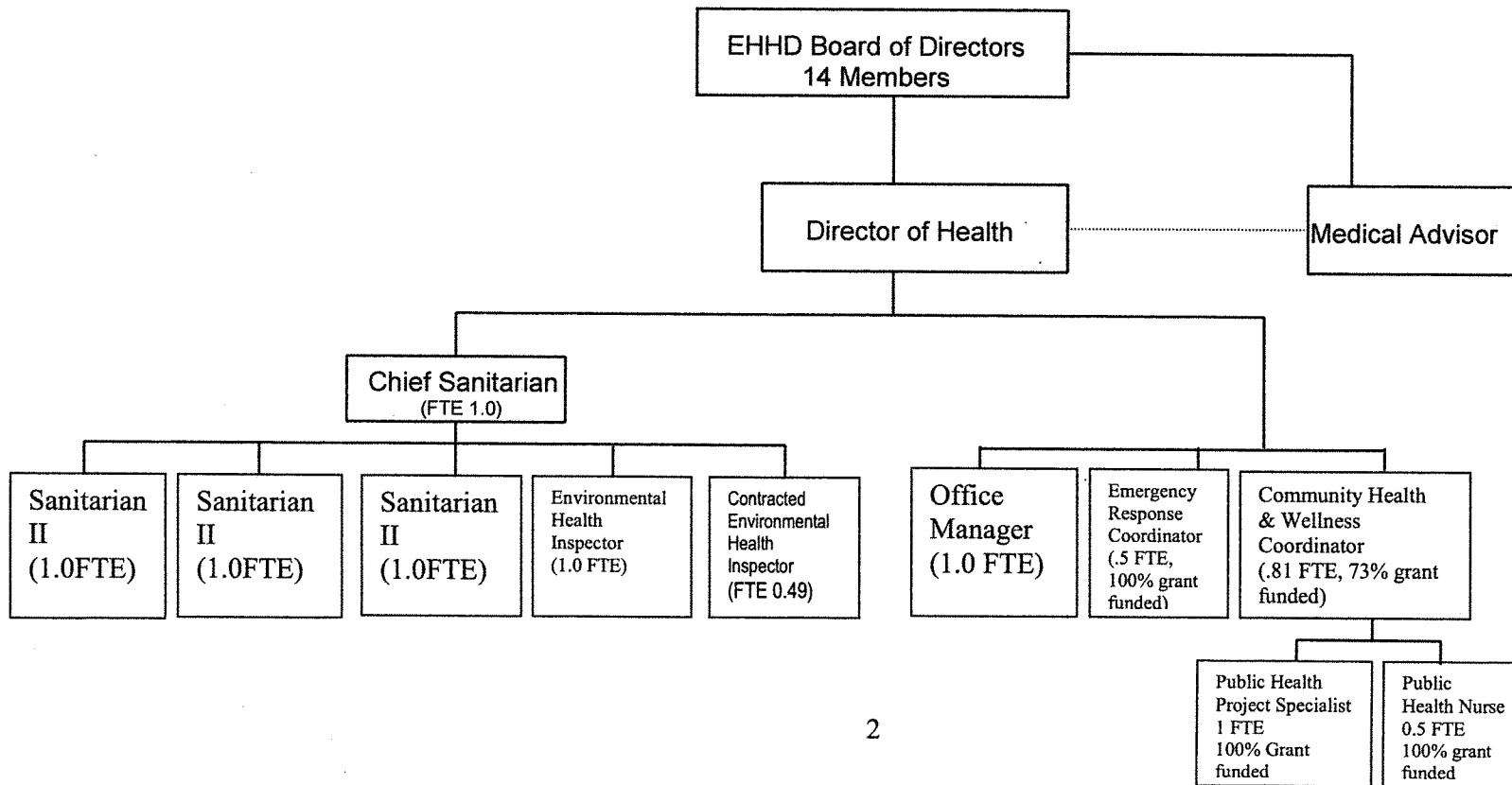
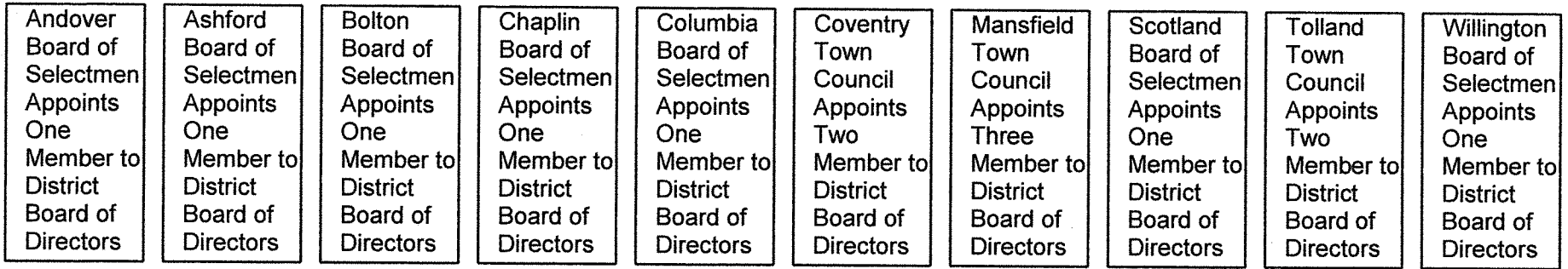
(30) DEPARTMENT NAME AND ADDRESS STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 13LOC PO BOX 340308 HARTFORD, CT. 06134-0308	(31) PO NO.	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE <b>(DPH AUTHORIZED SIGNATURE)</b>	
	(33) PO BUSINESS UNIT <b>DPHM1DPH1</b>	(34) RECEIVING REPORT NO.	(35) DATE(S) OF RECEIPT(S)

**SHIPPING INFORMATION**

(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.
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## Proposed Fiscal Year 2024/2025 Eastern Highlands Health District Organizational Chart





Eastern Highlands Health District

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

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**Memo**

**To:** Board of Directors  
**From:** Robert L. Miller, Director of Health  
**Date:** 10/16/2023  
**Re:** Proposed 2024 Regular Meeting Schedule

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Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2024 calendar year:

- January 18 (Typically, Budget Public Hearing)
- February 15
- April 18
- June 20
- August 15
- October 17 (Jewish Holiday, Sukkot)
- December 12

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that a virtual option may be provided for these meetings until such time board leadership determines it is appropriate to go back to full in-person meetings. (With the exceptions of December 12, all dates fall on the third Thursday of the Month.)

*Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2024 regular meeting schedule as presented.*



Eastern Highlands Health District

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

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**Eastern Highlands Health District  
Public Hearing\*  
Proposed FY 24/25 Operating Budget & CNR Budget**

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 18, 2024, at 4:30 p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2024-2025 District Operating, and Capital Nonrecurring Budget. At this hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

\*Virtual Hearing Option: In accordance with PA 22-3, this will be a hybrid meeting. Please email [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at [EHHD.ORG](http://EHHD.ORG) within seven (7) days after the meeting. Public comment will be accepted by email at [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and will be received up to the close of the hearing.

Dated at Mansfield, Connecticut, this 4th day of January, 2024.

Robert L. Miller  
Director of Health



Eastern Highlands Health District

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

## Memorandum

**To:** Board of Directors  
**From:** Robert L. Miller, MPH, RS, Director of Health  
**CC:** Amanda Backus, Chief Financial Officer  
Finance Committee  
**Date:** 12/11/2023  
**Re:** Proposed Operating Budget and CNR Budget

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### Proposed Fiscal Year 2024/2025 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2024/2025. The proposal incorporates an expenditure increase of \$18,127 or 1.8%. The total budget has increased from \$991,949 to \$1,010,076. The member town contribution rate increased by 2.5% from \$5.81 to \$5.95 per capita (The average FY23/24 member town contribution rate for contiguous health districts in the state is \$8.06).

### Primary Budget Drivers

The primary issues driving the fiscal year 2024/2025 budget are a proposed increase in the staff salaries, and anticipated increases in operational expenses. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 3.2%. The increase in the account appropriation accommodates general wage and merit increases for eligible staff.
2. A **Benefits** expenditure decrease of 3.0%. The allocation accommodates corresponding increases in wage linked benefits, and 15% place holder increase in the medical insurance line item.
3. No change in the appropriation from the adopted amended FY23/24 figure is proposed for the **state grant – in – aid**. The state appropriated and we have received, 100% of the FY23/24 adopted revenues for this line. At this time, we are anticipating level funding into FY24/25 for local health departments.
4. A total member **town contribution** increase of 2.5% in the per capita rate. There are no changes in the population estimates.
5. A **fee for service** revenue increase of 3.4%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year and extrapolates them into FY24/25.
6. An **appropriation from fund balance** of \$63,406 is proposed to balance the budget. This appropriation is a decrease of \$1,913 as compared to the FY23/24 adopted amended budget.

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*Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut*  
Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington

7. An increase of 13.1% in **grant deductions** for regular staff salary, benefits, and other offsets is estimated.
8. An increase in **operational expenditures** of 9.7%. This increase is driven by an anticipated increase from professional services, and supplies such as auditing, fleet vehicle maintenance, administrative services, office equipment, fuel, and other miscellaneous operational accounts.
9. A level appropriation in **Transfers Out of CNR** of \$3,000. This is consistent with the 5 year roll forward plan for the CNR.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY24/25				
	Adopted Amended 23/24	Proposed 24/25	Change	Percent
<b>Revenues</b>				
State Grant in Aid	\$ 207,210	\$ 207,210	\$ -	0.0%
Town contributions	\$ 463,210	\$ 474,660	\$ 11,450	2.5%
Fees for Service	\$ 256,210	\$ 264,800	\$ 8,590	3.4%
Appropriation of Fund Balance	\$ 65,319	\$ 63,406	\$ (1,913)	-2.9%
<b>Total</b>	<b>\$ 991,949</b>	<b>\$ 1,010,076</b>	<b>\$ 18,127</b>	<b>1.8%</b>
<b>Expenditures</b>				
Grant Deductions	\$ (63,088)	\$ (71,369)	\$ (8,281)	13.1%
Salaries	\$ 680,693	\$ 702,470	\$ 21,777	3.2%
Benefits	\$ 247,210	\$ 239,790	\$ (7,420)	-3.0%
Operations	\$ 124,134	\$ 136,185	\$ 12,051	9.7%
Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -	
<b>Total</b>	<b>\$ 991,949</b>	<b>\$ 1,010,076</b>	<b>\$ 18,127</b>	<b>1.8%</b>

**Highlighted below is additional narrative for selected account proposals for FY24/25**

**Revenues**

- **State Grant – in – Aid.** There is no change with a total proposed appropriation of \$207,210. This is anticipated flat funding as proposed in the second year of the state biennial budget. There is no information from the state at this time regarding anticipated actual appropriations for FY24/25.
- **Town Contributions.** A total combined increase of \$11,450 or 2.5% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.5%. Due to errors in the most recent member town population estimates provided by DPH, OPM is directing that the previous year's estimates shall be used for budgeting purposes. Contribution rate history can be found on page 13 of the budget presentation.

- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$8,590, or 3.4%. This estimate is based on a number of factors. There are no changes proposed to the agency service fee rates. The FY23/24 adopted revenues took a conservative approach and reflect an anticipated slowdown in the economy that has not materialized. Given this, and a review of historic revenue lines suggest a modest projected increase in fee for service revenues is reasonable for this budget cycle. The revenue estimates for FY23/24 can be found on page 10. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

It should be noted that a significant reduction in estimated FY23/24 revenues, and proposed FY24/25 revenues in the vaccination program is due to unanticipated challenges with obtaining billing agreements with private health insurance companies. We do anticipate having some contracts executed for the next vaccination season.

- **General Fund Appropriation.** An appropriation of \$63,406 is proposed in this budget. This is a decrease of \$1,913 from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2025 will be 47.05% of the FY24/25 operating expenditures. (See page 4 for the GF roll forward report for FY24/25.)

## Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 13.1% in grant deductions. This based on the fact that we have recently secured new grant awards in the areas of high-blood pressure prevention, work force development, and immunization promotion. (See page 15 for details on total grant revenue anticipated for FY25.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$21,777, or 3.2%. This increase includes a 2.5% general wage increase. Pursuant to our merit based pay plan this also includes a 0.5 % appropriation to fund merit increases for eligible regular staff. Actual individual merit increases are determined by the availability of funds, an annual performance evaluation, and at the discretion of management. The proposed appropriation for this line item is higher than the combined 3% total due to amendments approved to the budget in the prior fiscal year, associated with pay plan changes designed to retain staff.
- **52105 Medical Insurance.** The total decrease anticipated is \$10,735, or 7.9%. This includes a 15% increase place holder figure provided by the Mansfield Finance Department that reflects the potential increase in premiums. The final figure is not yet available. This also includes changes in the roster of enrolled employees.
- **53125 Audit Expense.** The total increase anticipated is 54%, or \$4,050. This is due to a rate increase imposed by our auditor, CliftonLarsonAllen, LLP.
- **53303 Vehicle Repair & Maintenance.** This total increase anticipated is \$1,500, or 60%. This is based actual expenses from the previous fiscal years.
- **53960 Other Purchased Services.** A total anticipated increase of \$1,024, or 5.0 % is proposed. This is an anticipated payment increase to our software vendor for our online permit application and payment software.
- **Clinical Supplies.** This is an increase of \$1,000, or 25% in proposed Influenza Vaccine Program expenditures. This is due to anticipated demand for seasonal flu vaccine.
- **54601 Gasoline.** An increase of \$1,000, or 33% is anticipated. This is due to an anticipated increase in fuel costs based on actual costs in previous fiscal year.

- **55420 Office Equipment.** A total increase of \$1,000, or 33% is proposed. This is due to the need to phase in replacement field tablets for sanitarians. This replaces two tablets.
- **56302 Administrative Overhead.** A total increase \$1,185 or 3.5% is proposed. This is a contractual payment increase linked to the CPI to the Town of Mansfield for accounting, financial reporting, HR, and IT services.
- **58410 Capital Nonrecurring Fund transfer.** Level appropriation of \$3,000 is proposed. This is consistent with our roll forward CNR fund five projection (See page 14).

### **Proposed FY 24/25 Capital Nonrecurring Budget Narrative (See Page 14)**

#### **Revenues**

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund. This appropriation is consistent with our 5 year CNR roll forward plan.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$5,000 from the surplus sale of one fleet vehicle.

#### **Expenditures**

- **Automobiles.** An expenditure of \$29,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **Community Health Assessment/Strategic Planning (Community Survey & Improvement Plan).** An expenditure of \$10,000 is proposed to fund a community wellness survey administered by DataHaven and supports the development of our Community Health Assessment, and improvement plan.
- **Food Establishment Inspection Management Platform.** An anticipated expenditure of \$15,000 is proposed to support an update to our FileMaker system, or similar software, to align with the new FDA Food Code.

### **Recommendation**

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 20, 2023 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 18, 2024 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2024/2025 Operating Budget, Capital non-recurring budget, as presented on December 14, 2023.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2024 – 2025**

**December 14, 2023**

**Board of Directors Meeting**



<b>Table of Contents</b>	<b>Page #</b>
Budget Presentation	1
Organizational Chart	2
Budget Calendar	3
Estimated Statement of Revenues and Expenditures & Change in Fund Balance	4
Proposed Budget Summary	5
Rational of Objects	6
Analysis of Service Fee Revenues	10
Current Fee Schedule (Adopted FY 20/21)	11
Fee Schedule w/ Average & Median Comparisons to Other HD	12
Town Contribution, CPI, Per Capita Expenditure, Per Capita Grant - Comparisons	13
Capital Nonrecurring Budget & Changes in Fund Balance	14
Estimated Statement of Revenues & Expenditures – Special Grants & Programs	15
Fund Balance Analysis	16

# Eastern Highlands Health District Budget Presentation FY 24/25

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

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.

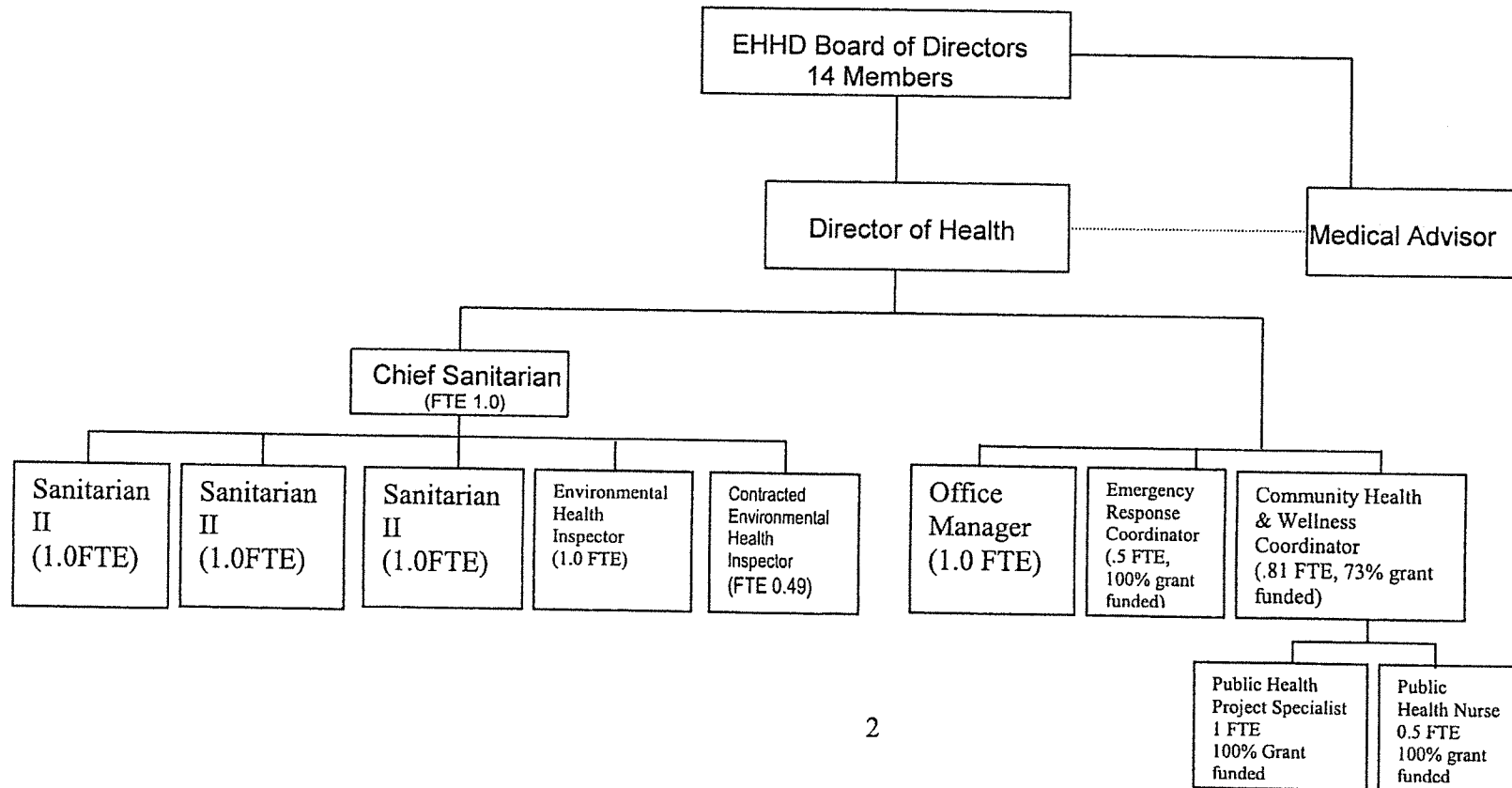
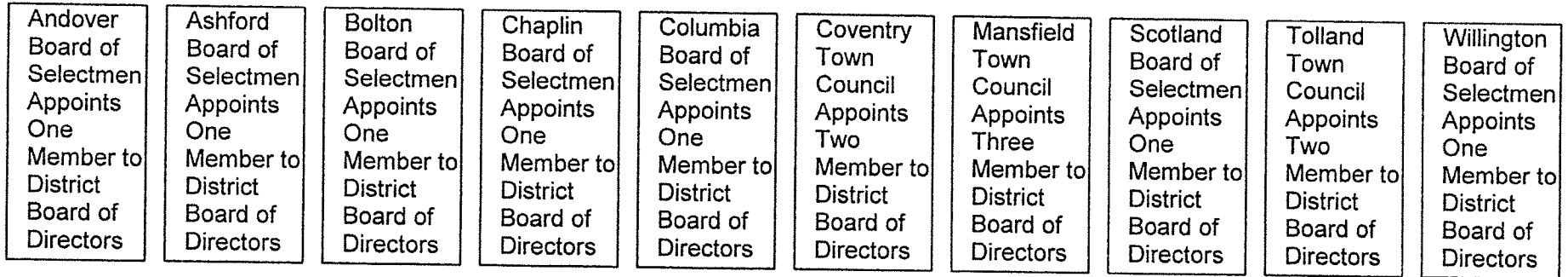
## AGENCY SUMMARY AND AUTHORITY

The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 79,696.

The District is a governmental entity authorized under Connecticut statutes for the purpose of providing local public health services. The governing authority is by a Board of Directors and the Director of Health, who acts as an agent of the State Commissioner of Public Health for the purpose of enforcing the Public Health Code.

The District services include regulatory activities in the area of environmental health, including septic system inspection and approval; well and water quality monitoring; food service; lead investigations; radon, bathing water monitoring; and public health complaint investigations. Preventing epidemics is a critical service, which includes communicable disease control involving disease surveillance and outbreak investigation. Through grants and other alternative funding, the District is expanding the number of programs it provides on a variety of public health topics that affect membership communities, such as cardiovascular health, cancer prevention and emergency preparedness. Other public health functions conducted by the District include data collection, analysis and health planning activities.

## Proposed Fiscal Year 2024/2025 Eastern Highlands Health District Organizational Chart



### **Fiscal Year 2024/2025 Budget Calendar**

Finance Committee Budget Meeting	November 20, 2023
Finance Committee Budget Meeting	December 14, 2023 (If needed)
Budget Presentation to Board	December 14, 2023
Deadline for final budget estimates per By Laws	January 1, 2024
Fiscal Year 2024/2025 Budget Public Hearing	January 18, 2024 (Recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2024
Adoption of Budget	February 15, 2024 (If needed)

EASTERN HIGHLANDS HEALTH DISTRICT  
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE

Roll Forward FY 2024/25

	Actual 20/21	Actual 21/22	Actual 22/23	Amended 23/24	Estimated 23/24	Proposed 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30
<b>Revenues:</b>											
Member Town Contributions	457,536	455,033	451,519	463,210	463,210	474,660	486,527	498,690	511,157	523,936	537,034
State Grant-in-Aid	136,253	208,107	206,500	207,210	207,210	207,210	207,210	207,210	207,210	207,210	207,210
Services Fees	295,398	283,453	268,298	256,210	256,210	264,800	272,744	280,926	289,354	298,035	306,976
Other					35,194						
<b>Total Revenues</b>	<b>889,187</b>	<b>946,593</b>	<b>926,317</b>	<b>926,630</b>	<b>961,824</b>	<b>946,670</b>	<b>966,481</b>	<b>986,826</b>	<b>1,007,721</b>	<b>1,029,181</b>	<b>1,051,220</b>
<b>Expenditures:</b>											
Salaries & Benefits	665,199	776,797	755,035	871,015	871,015	877,091	894,633	912,525	930,776	949,392	968,379
Insurance	14,603	14,115	14,001	15,050	15,050	15,050	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	16,574	32,450	27,673	21,845	21,845	26,720	26,854	26,988	27,123	27,258	27,395
Other Purchased Services & Supplies	72,222	54,007	71,470	77,439	77,439	83,315	83,732	84,150	84,571	84,994	85,419
Equipment	2,774	4,068	3,074	3,600	3,600	4,900	4,000	4,000	4,000	4,000	4,000
<b>Sub-total Expenditures</b>	<b>771,372</b>	<b>881,437</b>	<b>871,253</b>	<b>988,949</b>	<b>988,949</b>	<b>1,007,076</b>	<b>1,025,018</b>	<b>1,043,464</b>	<b>1,062,270</b>	<b>1,081,444</b>	<b>1,100,993</b>
Operating Transfers Out	3,000		3,000	3,000	3,000	3,000	5,000	9,000	12,000	15,000	18,000
<b>Total Expenditures and Operating Transfers Out</b>	<b>774,372</b>	<b>881,437</b>	<b>874,253</b>	<b>991,949</b>	<b>991,949</b>	<b>1,010,076</b>	<b>1,030,018</b>	<b>1,052,464</b>	<b>1,074,270</b>	<b>1,096,444</b>	<b>1,118,993</b>
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>114,815</b>	<b>65,156</b>	<b>52,064</b>	<b>(65,319)</b>	<b>(30,125)</b>	<b>(63,406)</b>	<b>(63,537)</b>	<b>(65,638)</b>	<b>(66,549)</b>	<b>(67,263)</b>	<b>(67,773)</b>
Equity Fund Transfer to Capital Nonrecurring Fund			(125,000)	(125,000)	(125,000)						
<b>Fund Balance, July 1</b>	<b>495,338</b>	<b>610,153</b>	<b>675,309</b>	<b>727,373</b>	<b>727,373</b>	<b>572,248</b>	<b>508,842</b>	<b>445,304</b>	<b>379,667</b>	<b>313,118</b>	<b>245,855</b>
<b>Fund Balance, June 30</b>	<b>\$610,153</b>	<b>\$675,309</b>	<b>\$727,373</b>	<b>537,054</b>	<b>572,248</b>	<b>508,842</b>	<b>\$445,304</b>	<b>\$379,667</b>	<b>\$313,118</b>	<b>\$245,855</b>	<b>\$178,082</b>
<b>Expenditures per Above</b>	<b>774,372</b>	<b>881,437</b>	<b>871,253</b>	<b>991,949</b>	<b>991,949</b>	<b>1,010,076</b>	<b>1,030,018</b>	<b>1,052,464</b>	<b>1,074,270</b>	<b>1,096,444</b>	<b>1,118,993</b>
Grant Deduction	156,240	88,105	108,356	63,088	63,088	71,369	71,369	63,088	63,088	63,088	63,088
<b>Total Expenditures</b>	<b>930,612</b>	<b>969,542</b>	<b>979,609</b>	<b>1,055,037</b>	<b>1,055,037</b>	<b>1,081,445</b>	<b>1,101,387</b>	<b>1,115,552</b>	<b>1,137,358</b>	<b>1,159,532</b>	<b>1,182,081</b>
FB as a % of Total Exp	65.56%	69.65%	74.25%	50.90%	54.24%	47.05%	40.43%	34.03%	27.53%	21.20%	15.07%

**Assumptions:**

- Member Town increase of 2.5% per year
- State Grant-in-Aid: held flat each year after
- Service Fee revenue increase of 3% annually
- Salary & Benefit increases of 2% per year
- Grant Deduction line for salaries held flat at \$63,088 per year starting FY27
- Professional & Technical increase of .5% per year
- Purchased Services increase of .5% per year

**Eastern Highlands Health District  
Summary of Revenues and Expenditures for FY24/25**

**Fund: 634 Eastern Highlands Health District  
Activity: 41200**

Object	Description	Actual	Actual	Actual	Amended	Estimated	Proposed	%	Dollar
		20/21	21/22	22/23	23/24	23/24	Budget 24/25		
<b>Revenues:</b>									
40220	Septic Permits	61,170	60,822	55,770	47,880	47,880	50,000	4.4%	2,120
40221	Well Permits	22,395	12,875	14,250	12,090	12,090	13,000	7.5%	910
40491	State Grant-In-Aid	136,253	208,107	206,500	207,210	207,210	207,210	-	-
40630	Health Inspec. Service Fees	5,245	2,410	3,992	3,500	3,500	3,500	-	-
40633	Health Services-Bolton	27,800	27,766	27,674	28,010	28,010	28,700	2.5%	690
40634	Health Services-Coventry	70,574	70,534	69,573	70,940	70,940	72,690	2.5%	1,750
40635	Health Services-Mansfield	146,770	144,894	147,145	153,190	153,190	156,980	2.5%	3,790
40636	Soil Testing Service	46,388	51,980	36,125	43,050	43,050	41,000	(4.8%)	(2,050)
40637	Food Protection Service	78,455	82,996	80,811	81,000	81,000	82,000	1.2%	1,000
40638	B100a Review	38,175	26,810	29,460	20,710	20,710	26,000	25.5%	5,290
40639	Engineered Plan Rev	36,575	39,830	35,940	28,780	28,780	32,000	11.2%	3,220
40642	Health Services - Ashford	24,224	24,190	23,792	24,330	24,330	24,930	2.5%	600
40643	Health Services - Willington	33,468	33,337	31,654	32,130	32,130	32,920	2.5%	790
40646	GroupHome/Daycare inspection	880	1,650	770	1,200	1,200	1,200	-	-
40647	Subdivision Review	2,640	1,375	1,375	1,500	1,500	1,500	-	-
40648	Food Plan Review	3,475	2,705	3,230	2,500	2,500	3,000	20.0%	500
40649	Health Services - Tolland	83,314	83,103	82,728	84,340	84,340	86,430	2.5%	2,090
40685	Health Services - Chaplin	12,825	12,729	12,172	12,460	12,460	12,760	2.4%	300
40686	Health Services - Andover	18,368	18,396	17,902	18,210	18,210	18,660	2.5%	450
40687	Health Services - Columbia	30,614	30,579	29,920	30,490	30,490	31,250	2.5%	760
40688	Health Services - Scotland	9,579	9,505	8,959	9,110	9,110	9,340	2.5%	230
	Cosmetology Inspections		-	6,575	5,500	5,500	6,600	20.0%	1,100
	Vaccine Administration				8,500	8,500	5,000	(41.2%)	(3,500)
40999	Appropriation of Fund Balance		-	65,319	65,319	65,319	63,406	(2.9%)	(1,913)
	<b>Total Revenues</b>	<b>889,187</b>	<b>946,593</b>	<b>926,317</b>	<b>991,949</b>	<b>991,949</b>	<b>1,010,076</b>	<b>1.8%</b>	<b>18,127</b>
<b>Expenditures:</b>									
51050	Grant deductions	(156,240)	(88,105)	(86,757)	(63,088)	(63,088)	(71,369)	13.1%	(8,281)
51601	Regular Salaries - Non-Union	591,565	603,011	625,127	680,693	680,693	702,470	3.2%	21,777
52001	Social Security	42,013	44,348	48,472	42,203	42,203	43,550	3.2%	1,347
52002	Workers Compensation	10,875	9,306	9,306	9,400	9,400	9,400	-	-
52005	Unemployment Compensation		25	-					
52007	Medicare	9,236	10,372	11,336	9,870	9,870	10,185	3.2%	315
52009	Salary Related Benefits		-	(21,599)					-
52010	MissionSquare (Retirement)	20,319	32,493	33,101	38,696	38,696	40,130	3.7%	1,434
52103	Life Insurance	1,610	1,832	2,334	2,920	2,920	3,030	3.8%	110
52105	Medical Insurance	135,540	150,770	122,275	135,460	135,460	124,725	(7.9%)	(10,735)
52117	RHS	2,280	2,516	2,486	2,530	2,530	2,610	3.2%	80
52112	LTD	644	659	698	731	731	760	4.0%	29
52002	Travel/Conference Fees		-	50					-
52203	Dues & Subscriptions	2,139	2,634	1,707	2,100	2,100	2,100	-	-
52210	Training	(181)	-	1,150	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	5,399	5,399	-	600	600	600	-	-
52220	Vehicle Allowance	-	1,537	5,399	5,400	5,400	5,400	-	-
53120	Professional & Tech	8,008	23,322	19,413	11,345	11,345	12,170	7.3%	825
53122	Legal	1,666	2,128	760	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	7,000	7,500	7,500	7,500	11,550	54.0%	4,050
53303	Vehicle Repair & Maintenance	1,522	4,081	5,482	2,500	2,500	4,000	60.0%	1,500
53801	General Liability	14,603	14,115	14,001	15,050	15,050	15,050	-	-
53924	Advertising	249	1,943	498	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,209	906	1,539	1,200	1,200	1,500	25.0%	300
53926	Postage	1,500	1,523	1,539	1,500	1,500	1,500	-	-
53940	Copier maintenance	80		675	1,000	1,000	1,000	-	-
53960	Other Purchased Services	16,191	18,336	20,475	21,499	21,499	22,390	4.1%	891
53964	Voice Communications	1,716	3,552	4,062	4,850	4,850	4,850	-	-
54101	Instructional Supplies	-	-	300	800	800	800	-	-
54214	Books & Periodicals	-	-		200	200	200	-	-
54301	Office Supplies	1,863	845	1,735	2,000	2,000	2,000	-	-
	Clinical Supplies				4,000	4,000	5,000	25.0%	1,000
54601	Gasoline	1,569	2,701	3,845	3,000	3,000	4,000	33.3%	1,000
54913	Other Supplies & Materials (+COVID-:	16,653	(9,970)						
55420	Office Equipment	2,385	2,985	2,205	3,000	3,000	4,000	33.3%	1,000
55430	Equipment - Other	389	1,083	869	600	600	900	50.0%	300
56302	Admin. Overhead	29,670	30,090	31,320	33,890	33,890	35,075	3.5%	1,185
58410	Capital Nonrecurring Fund	3,000	-	128,000	3,000	3,000	3,000	-	-
	<b>Total Expenditures</b>	<b>774,372</b>	<b>881,437</b>	<b>999,303</b>	<b>991,949</b>	<b>991,949</b>	<b>1,010,076</b>	<b>1.8%</b>	<b>18,127</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits  
Proposed estimate: **\$50,000**

40221 Well Permits  
Proposed estimate: **\$13,000**

40491 State Grant-in-aid

	<u>Population 2021</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,133	2.60	8,146
Ashford	4,186	2.60	10,884
Bolton	4,819	2.60	12,529
Chaplin	2,143	2.60	5,572
Columbia	5,246	2.60	13,640
Coventry	12,205	2.60	31,733
Scotland	1,568	2.60	4,077
Tolland	14,511	2.60	37,729
Mansfield	26,357	2.60	68,528
Willington	5,528	2.60	14,373
<b>Total</b>	<b>79,696</b>		<b>\$207,211</b>

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,819	\$ 5.956	<b>\$28,700</b>	\$690	2.46

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,205	\$ 5.956	<b>\$72,690</b>	\$1,750	2.47

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
26,357	\$ 5.956	<b>\$156,980</b>	\$3,790	2.47

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,186	\$ 5.956	<b>\$24,930</b>	\$600	2.47

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,511	\$ 5.956	<b>\$86,430</b>	\$2,090	2.48

40643 Health Services - Willington

<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,528	\$ 5.956	<b>\$32,920</b>	\$790	2.46

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,143	\$ 5.956	<b>\$12,760</b>	\$300	2.41

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,133	\$ 5.956	<b>\$18,660</b>	\$450	2.47

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,246	\$ 5.956	<b>\$31,250</b>	\$760	2.49

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,568	\$ 5.956	<b>\$9,340</b>	\$230	2.52

40630 Health Inspection Service Fees  
Proposed estimate: **\$3,500**

40636 Health Services - Soil Testing  
Proposed estimate: **\$41,000**

40637 Food Protection Service  
Proposed estimate: **\$82,000**

40638 B100a (Public Health Review)  
Proposed estimate: **\$26,000**

40639 Plan Review Engineered Design  
Proposed estimate: **\$32,000**

40645 Plan Review Non-engineered Design  
Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections  
Proposed estimate: **\$1,200**

40647 Subdivision Review  
Proposed estimate: **\$1,500**

40648 Food Plan Review  
Proposed estimate: **\$3,000**

40890 Cosmetology Inspections **\$6,600**

Vaccine Administration **\$5,000** Billing/reimbursement for flu shots

40999 Appropriation of Fund Balance **\$ 63,406**



DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 24/25 Proposed Appropr	FY 24/25 FTE Grant deduct	FTE
	700,869	8.35 (64,262)	0.93
Longevity/bonus	<b>\$1,600</b>		
<b>Total Salaries</b>	<b>\$702,469</b>		

	<b>Salary Deductions</b>	(64,262)
	<b>Benefit Deductions</b>	(7,107)
51050 Grant Deductions	<b>Total Grant Deductions</b>	<b>\$ (71,369)</b>

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
702,469	<b>\$43,555</b>

52002 Workers compensation

Estimated Premium	<b>\$9,400</b>
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52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 702,469	<b>\$10,185</b>

52010 MissionSquare (Pension Plan)

Estimated Salaries of Full-time employees	668,869
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	<b>Total 40,132</b>

52103 Life Insurance

Proposed estimate:	<b>\$3,078</b>
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52105 Medical Insurance

Proposed estimate:	<b>\$124,725</b>	Place holder provided by Finance Dept
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52117 RHS Contribution

Proposed estimate:	<b>\$2,610</b>
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52112 LTD

Proposed estimate:	<b>\$760</b>
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52203 Dues & Subscriptions

Proposed estimate:	<b>\$2,100</b>
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52210 Training

Proposed estimate:	<b>\$3,500</b>
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52212 Mileage Reimbursement

Proposed estimate:	<b>\$600</b>
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52220 Vehicle Allowance

**\$5,400**

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1470
Survey monkey	375
Lead XRF inspection	4000
Transactrx	<u>825</u>
<b>Total</b>	<b>\$12,170</b>

53122 Legal Services

Proposed estimate:	<b>\$3,000</b>
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53125 Audit Expense

Proposed estimate:	<b>\$11,550</b>
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53303 Vehicle Maintenance and Repair

Proposed estimate:	<b>\$4,000</b>
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DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

Coverage by CIRMA:

General Liability, Auto liability, Professional and Public Official Liability, and Crime

Estimated premium: **\$15,050**

53924 Advertising

Proposed estimate: **\$1,000**

53925 Printing and Binding

Proposed estimate: **\$1,500**

53926 Postage

Proposed estimate: **\$1,500**

53940 Copier Maintenance

Proposed estimate: **\$1,000**

53960 Other Purchased Services

Proposed estimate: **22,390** (Viewpermit contract)

53964 Voice Communications

Proposed estimate: **\$4,850** (cell/ipad data + Code red)

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

Proposed estimate: **\$2,000**

54601 Gasoline

Proposed estimate: **\$4,000**

55420 Office equipment

Maintenance and replacement **\$4,000** (3 PC replacements & 2 ipad replacements)

Clinic Supplies

Vaccine & Ancillary Supplies **\$5,000**

55430 Equipment - Other

Field Equipment: **\$900**

56302 Administrative Overhead

Propose estimate: **\$35,075** (Sept 21 to Sept 22 -CPI, 3.5%)

This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

56312 Contingency

**\$0**

58410 Capital Nonrecurring Fund

**\$3,000**

**Analysis of Service Fee Revenues**

REVENUE PERFORMANCE	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted	Received	Received	Received	Estimated	
	2012 - 13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	10/1/2021	11/10/2022	10/31/2023	2023-24	2024-2025	
40220 Septic Permits (New and repair permits)	28,455	31,845	31,655	31,285	34,400	43,880	51,145	49,133	61,170	60,822	55,770	47,880	15,060	23,940	19,685	41%	50,000	50,000
40221 Well permits	12,505	13,600	15,535	14,345	16,985	12,925	12,955	10,680	22,395	12,875	14,250	12,090	3,875	5,375	5,250	43%	13,000	13,000
40630 Health Inspection Services ( Other inspections & services)	14,621	1,857	3,318	5,375	13,716	3,993	3,210	9,151	5,244	2,411	3,991	3,500	188	580	319	9%	3,500	3,500
40636 Health Services - Soil testing (Test Holes & Perc Tests)	33,590	32,380	32,965	39,710	33,585	41,775	40,960	49,490	46,388	51,980	36,125	43,050	13,950	14,350	16,030	37%	41,000	41,000
40637 Food Protection Service (License fees)	55,060	57,796	60,068	61,743	66,413	71,399	83,961	79,718	78,455	82,995	80,811	81,000	6,475	6,772	4,743	6%	82,000	82,000
40638 B100a Review (Public health review)	24,790	26,005	24,610	29,225	30,040	27,470	29,445	33,690	38,175	26,810	29,460	20,710	6,160	10,355	9,450	46%	26,000	26,000
40639 Engineered Plan Review	9,585	10,360	8,685	8,905	7,290	8,175	29,535	32,860	36,575	39,610	35,940	28,780	8,660	14,390	11,420	40%	32,000	32,000
40645 Nonengineered Plan Review	10,575	13,500	12,870	14,205	15,820	18,565	60			220								
40646 Group Home / Daycare Insp.	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	880	1,650	770	1,200	330	330	440	37%	1,200	1,200
40647 Subdivision Review	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,375	2640	1,375	1,375	1,500	-	875	250	17%	1,500	1,500
40648 Food Plan Review	4,841	3,075	3,220	3,790	3,035	2,670	4,290	2,481	3,475	2,705	3,230	2,500	855	1,075	1,775	71%	3,000	3,000
40890 Cosmetology (other)											6,575	5,500		5,125	150	3%	6,600	6,600
Vaccine Administration												8,500			500	6%	500	5,000
<b>Total</b>	<b>201,007</b>	<b>193,819</b>	<b>197,796</b>	<b>212,943</b>	<b>224,874</b>	<b>234,392</b>	<b>257,941</b>	<b>270,008</b>	<b>295,397</b>	<b>283,453</b>	<b>268,297</b>	<b>256,210</b>	<b>55,553</b>	<b>83,167</b>	<b>70,012</b>	<b>27%</b>	<b>260,300</b>	<b>264,800</b>



## Adopted Fee Schedule FY 20/21

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Adopted FY 19/20	Adopted FY 20/21
<b>Food Service Fees*</b>						
Application Review**	\$85	\$90	\$95	\$95	\$95	\$95
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	\$175
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	\$245
Class I License	\$120	\$125	\$125	\$125	\$125	\$135
Class II License	\$160	\$165	\$165	\$255	\$255	\$255
Class III License	\$240	\$245	\$255	\$355	\$355	\$355
Class IV License	\$330	\$340	\$355	\$380	\$380	\$380
Grocery Store >10,000ft <sup>2</sup> - Class II&III				\$420	\$420	\$420
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	\$65
Temporary Permit - samples only		\$30	\$30	\$30	\$30	\$30
Expedited Temp food permit application review***				\$20	\$20	\$20
Late License renewal (plus app fee)/operating without License				\$200	\$200	\$200
CFM Process Fee (No CFM in place)				\$50	\$50	\$50
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	\$120
2 <sup>nd</sup> Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135
<b>Subsurface Sewage Disposal</b>						
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190
Permit - Construction by owner occupant				\$275	\$275	\$275
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	\$350
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	\$460
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	\$60
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	\$40
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	\$60
<b>Soil Testing</b>						
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	\$90
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	\$30
<b>Public Health &amp; Subdivision Reviews</b>						
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	\$70
Subdivision Plan Review (per lot)						
(Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	\$125
Subdivision Plan Revisions Reviewed (per lot)						
(Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	\$40
<b>Miscellaneous</b>						
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	\$115
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	\$130
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	\$75
Pool Inspection	\$75	\$80	\$100	\$105	\$105	\$105
Private well Water Treatment Waste disposal plan review					\$50	\$50
Cosmotology Permit/Inspection - Independent contractor						\$25
Cosmotology Permit/Inspection - One or two chairs					\$80	\$100
Cosmotology Permit/Inspection - Three chairs or more					\$150	\$150
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125
<b>Farmers Market Food Vendor Seasonal License Categories</b>						
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	\$60
Non-farmer Food Vendor License - Cold samples only						
One market location	\$30	\$35	\$35	\$40	\$75	\$75
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation						
One market location	\$45	\$50	\$50	\$75	\$90	\$90
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	\$220

\* License application fees waived for non-profit and municipal entities. Late fees and re-inspection fees still apply.

All food service fees apply to public school food operations.

\*\*This fee will be deducted against the total plan review fee

\*\*\*Application of expedited review fee is subject to written policy established by the Director

\*\*\*\*Application of this service fee is subject to written policy established by the Director.

TABLE A

FY23 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

	EHHD Adopted FY2021	Four Contiguous Districts	Four Contiguous Districts	Eastern Ct	Eastern Ct	ALL CT HD	ALL CT HD	5% increase	10% increase	15% Increase	20% Increase
		Median	Average	Median	Average	Median	Average				
Food Protection(3)											
<i>Class I License</i>	\$ 135	\$ 150	\$ 148	\$ 150	\$ 152	\$ 173	\$ 175	\$ 142	\$ 149	\$ 155	\$ 162
<i>Class II License</i>	\$ 255	\$ 250	\$ 264	\$ 250	\$ 254	\$ 275	\$ 292	\$ 268	\$ 281	\$ 293	\$ 306
<i>Class III License</i>	\$ 355	\$ 350	\$ 373	\$ 330	\$ 344	\$ 393	\$ 400	\$ 373	\$ 391	\$ 408	\$ 426
<i>Class IV License</i>	\$ 380	\$ 350	\$ 419	\$ 350	\$ 379	\$ 433	\$ 431	\$ 399	\$ 418	\$ 437	\$ 456
Temp event	\$ 65	\$ 140	\$ 213	\$ 140	\$ 59	\$ 70	\$ 72	\$ 68	\$ 45	\$ 75	\$ 78
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162
Plan review - Class I	\$ 175	\$ 185	\$ 202	\$ 200	\$ 223	\$ 193	\$ 218	\$ 184	\$ 193	\$ 201	\$ 210
Plan review - Class II	\$ 175	\$ 185	\$ 212	\$ 200	\$ 230	\$ 270	\$ 281	\$ 184	\$ 193	\$ 201	\$ 210
Plan review - Class III	\$ 245	\$ 245	\$ 242	\$ 250	\$ 251	\$ 338	\$ 349	\$ 257	\$ 270	\$ 282	\$ 294
Plan review - Class IV	\$ 245	\$ 245	\$ 245	\$ 250	\$ 254	\$ 357	\$ 254	\$ 257	\$ 270	\$ 282	\$ 294
Subsurface Sewage Disposal											
<i>Permit - new</i>	\$ 220	\$ 220	\$ 224	\$ 185	\$ 208	\$ 235	\$ 244	\$ 231	\$ 242	\$ 253	\$ 264
<i>Permit - Major repair</i>	\$ 190	\$ 185	\$ 193	\$ 150	\$ 170	\$ 188	\$ 196	\$ 200	\$ 209	\$ 219	\$ 228
Permit - Minor repair	\$ 100	\$ 100	\$ 105	\$ 100	\$ 104	\$ 125	\$ 132	\$ 105	\$ 110	\$ 115	\$ 120
Permit - Design flow >2000GPD	\$ 350	\$ 350	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420
<i>Percolation Test(4)</i>	\$ 200	\$ 220	\$ 180	\$ 160	\$ 171	\$ 200	\$ 192	\$ 210	\$ 220	\$ 230	\$ 240
<i>Deep Hole Test</i>											
each additional pit	\$ 30	\$ 40	\$ 48	\$ 40	\$ 48	\$ 75	\$ 79	\$ 32	\$ 33	\$ 35	\$ 36
Subdivision Plan Review (per lot)	\$ 125	\$ 100	\$ 116	\$ 125	\$ 119	\$ 125	\$ 133	\$ 131	\$ 138	\$ 144	\$ 150
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	NA	NA	NA	\$ 50	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48
<i>Plan review (per plan)</i>	\$ 130	\$ 65	\$ 144	\$ 145	\$ 143	\$ 233	\$ 213	\$ 137	\$ 143	\$ 150	\$ 156
Review plan revisions	\$ 40	\$ 145	NA	NA	NA	\$ 50	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72
<i>B100a - assessor structure</i>	\$ 50	\$ 50	\$ 60	\$ 50	\$ 64	\$ 55	\$ 76	\$ 53	\$ 55	\$ 58	\$ 60
<i>B100a - addition/use change</i>	\$ 70	\$ 70	\$ 64	\$ 70	\$ 67	\$ 78	\$ 96	\$ 74	\$ 77	\$ 81	\$ 84
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72
Misc											
<i>Well Permit</i>	\$ 125	\$ 130	\$ 133	\$ 125	\$ 124	\$ 140	\$ 138	\$ 131	\$ 138	\$ 144	\$ 150
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138
Group Home inspection	\$ 110	\$ 105	\$ 115	\$ 100	\$ 110	\$ 100	\$ 94	\$ 116	\$ 121	\$ 127	\$ 132
Daycare inspection	\$ 110	\$ 108	\$ 116	\$ 108	\$ 114	\$ 150	\$ 140	\$ 116	\$ 121	\$ 127	\$ 132
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78
Family Camp ground Inspection	\$ 130	\$ 135	\$ 146	\$ 133	\$ 138	\$ 133	\$ 135	\$ 137	\$ 143	\$ 150	\$ 156
Pool Registration/inspection	\$ 105	\$ 110	\$ 124	\$ 105	\$ 117	\$ 155	\$ 174	\$ 110	\$ 116	\$ 121	\$ 126
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180
<b>Fee total for single lot development(5)</b>	<b>\$ 675</b>	<b>\$ 695</b>	<b>\$ 671</b>	<b>\$ 615</b>	<b>\$ 646</b>	<b>\$ 808</b>	<b>\$ 788</b>				
<b>FY23 Health District Per Capita Rate</b>	<b>\$ 5.81</b>	<b>\$ 7.26</b>	<b>\$ 8.06</b>	<b>\$ 7.59</b>	<b>\$ 8.47</b>	<b>\$ 8.10</b>	<b>\$ 9.91</b>				

(1) Data obtained from attached documents titled, " Food Protection Program Fee Survey for All Connecticut Health Districts FY 2023", and "Survey of Fees Selected Services FY22/23 - All Connecticut Health Districts"

(2) Categories in *bold italics* are high volume, high revenue generating service areas.

(3) Many Health Districts use a range of fees based on class and seating capacity.

(4) Most Health Districts use a single fee that includes both a perc and deep hole testing.

(5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

Eastern Highlands Health District  
Town Contribution, CPI, Per Capita Expenditure, State Per Capita Grant - Comparisons

Fiscal Year	Town Contribution Increases		Town Contribution		Adopted Expenditures	State grant allocation per capita (\$)	
	Proposed %	Adopted % (or amended)	CPI (1)	Per Capita (\$)	Per Capita (4)	Pop. < 5000	Pop. > 5000
1999	NA	NA	2.2	3.51	6.86	1.78	1.52
2000	2.85	0	3.4	3.51	6.93	1.78	1.52
2001	3.1	1	2.8	3.54	7.31	2.09	1.79
2002	1	1	1.6	3.58	9.42	2.32	1.99
2003	0	0	2.3	3.58	8.67	2.32	1.99
2004	3	3	2.7	3.69	8.74	1.96	1.68
2005	3	0	3.4	3.69	8.55	1.95	1.66
2006	6.77	6.77	3.2	3.94	8.91	1.95	1.66
2007	6.6	2.9	2.9	4.06	8.73	1.95	1.66
2008	3.08	0.62	3.8	4.08	8.87	1.95	1.66
2009	5.15	5.15	-0.4	4.29	9.35	2.43	2.08
2010	5.1	5.1	1.6	4.51	9.85	2.43	2.08
2011	0	0	3.2	4.51	9.09	1.85	1.85
2012	0	0	2.1	4.51	8.99	1.85	1.85
2013	1.9	0	1.5	4.51	8.85	1.85	1.85
2014	2	2	1.6	4.6	8.67	1.85	1.85
2015	4.9	4.9	0.1	4.83	8.83	1.85	1.85
2016	3.8	3.8	1.3	5.01	9.46	1.85	1.85
2017	3.8	4	2.1	5.22	9.77	1.76	1.76
2018	1.5	1.5	2.4	5.3	10.2	1.64	1.64
2019	0.3	0.3	1.8	5.31	10.1	1.85	1.85
2020	2	2	1.2	5.42	10.1	1.65	1.65
2021	6	4.9	4.7	5.68	10.4	1.66	1.66
2022	3.6	0	8.0	5.68	11.8	2.6	2.6
2023	2.9	0	3.5	5.68	11.7	2.6	2.6
2024	3.25	2.23		5.81	12.3	2.6	2.6
<b>Total % change (3)</b>			<b>82</b>	<b>65</b>	<b>79</b>	<b>45</b>	<b>71</b>

(1) Each number represents the percentage change in calendar year for "All Urban Consumers", with the exception of 2023 is based on the change from 2022 third quarter to 2023 third quarter (source: Federal Reserve bank of Minnea

(3) Total percentage increase from 1999 to 2024.

(4) Figures do not include other state, federal grants, nor contracted services.

EASTERN HIGHLANDS HEALTH DISTRICT  
 CAPITAL NONRECURRING FUND - FUND 635  
 ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
 CHANGES IN FUND BALANCE

Roll Forward FY 2024/25

	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Adopted 23/24	Proposed 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30
<b>Revenues:</b>											
Transfer In - General Fund	3,000	3,000		3,000	3,000	3,000	5,000	9,000	12,000	15,000	18,000
Equity Fund Transfer				125,000	125,000						
Surplus Vehicle proceeds			5,200	6,250	5,000	5,000		5,000	5,000		5,000
<b>Total Revenues</b>	<b>3,000</b>	<b>3,000</b>	<b>5,200</b>	<b>134,250</b>	<b>133,000</b>	<b>8,000</b>	<b>5,000</b>	<b>14,000</b>	<b>17,000</b>	<b>15,000</b>	<b>23,000</b>
<b>Expenditures by Project:</b>											
Automobiles				24,035	29,000	29,000		27,000	27,000		29,000
Computer/Office Equipment	11,800										
Vaccine Refrigerator											
<b>Strategic Planning Priorities:</b>											
Strategic Planning & CHA/CHIP					8,000	10,000	10,000				
IT Infrastructure Upgrade (Food Inspection Tracking)			1,068			15,000					
Websites							10,000				
Office Reorganizing Project					50,000		100,000				
Digitizing records								10,000	10,000	10,000	
<b>Total Expenditures</b>	<b>11,800</b>		<b>1,068</b>	<b>24,035</b>	<b>87,000</b>	<b>54,000</b>	<b>120,000</b>	<b>37,000</b>	<b>37,000</b>	<b>10,000</b>	<b>29,000</b>
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>(8,800)</b>	<b>3,000</b>	<b>4,132</b>	<b>110,215</b>	<b>46,000</b>	<b>(46,000)</b>	<b>(115,000)</b>	<b>(23,000)</b>	<b>(20,000)</b>	<b>5,000</b>	<b>(6,000)</b>
<b>Fund Balance, July 1</b>	<b>131,780</b>	<b>122,980</b>	<b>125,980</b>	<b>130,112</b>	<b>240,327</b>	<b>286,327</b>	<b>240,327</b>	<b>125,327</b>	<b>102,327</b>	<b>82,327</b>	<b>87,327</b>
<b>Fund Balance, June 30</b>	<b>\$122,980</b>	<b>\$125,980</b>	<b>\$130,112</b>	<b>\$240,327</b>	<b>\$286,327</b>	<b>\$240,327</b>	<b>\$125,327</b>	<b>\$102,327</b>	<b>\$82,327</b>	<b>\$87,327</b>	<b>\$81,327</b>

EASTERN HIGHLANDS HEALTH DISTRICT  
 OTHER OPERATING - FUND 636  
 ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
 CHANGES IN FUND BALANCE

Roll Forward FY 2024/25

	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Estimated 23/24	Projected 24/25
<b>Revenues:</b>										
State Support - Preventive Health Block		\$15,248	\$5,254	\$21,680	\$4,089	\$7,754	\$4,111		23,950	30,000
State Support - Bioterrorism Response-Base	58,908	58,569	55,456	56,011	54,478	54,478			52,250	52,250
State Support - Crisis COVID					17,291	12,303				
State Support - CRF Proceeds from Town of Mansfield						104,878				
State Support- Policy/Environ. Change for Chronic Disea	17,024	4,386	13,604		11,288	1,845	14,990	24,901		
State Support - ELC						101,316				
State Support - ELC 2								148,691	195,536	
State Support - ELC BP-2						18,881	183,562	80,728		
Local Support - Be Well Program Mansfield	55,741	56,707	61,064	40,946						
Local Support - Be Well Program Tolland	7,903	6,886	7,579	8,307	7,911	7,833	7,970	7,827	7,500	7,500
Cooperative Grant - CT Chapter of American Planning	72,969									
State Support -Lead Poisoning	5,428	7,817							8,400	4,200
Cooperative Grant - ACHIEVE	228	3,451	5,000	1,709	441	5,000		3,782	2,000	2,000
Cooperative Grant - CRI Cities Readiness Initiatives	5,622	378								
MRC Capacity Building Award	2,479									
MRC Region 4	8,598	58		2,344	1,470	6,844	4,525	399		
HHP/MRC					13,500	13,500				
Hospital Preparedness Program							12,003			
Public Health Emergency Response							51,711	52,250		
IOSPLL									5,700	5,000
Workforce Development										5,000
Immunization Grant									58,000	139,215
Community Based Wellness Service										
	<b>234,902</b>	<b>153,500</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>278,872</b>	<b>318,578</b>	<b>353,336</b>	<b>245,165</b>
<b>Expenditures by Project:</b>										
Salaries & Benefits	170,608	132,149	114,068	79,908	67,385	269,490	233,899	294,910	215,535	149,551
Professional & Technical Services	28,538	8,981	6,540	1,310	1,105	47,715	200	6,660	3,533	2,452
Other Purchased Services & Supplies	35,756	12,070	27,348	49,779	41,977	17,427	44,773	17,008	134,268	93,163
Equipment		300								
Total Expenditures	<b>234,902</b>	<b>153,500</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>278,872</b>	<b>318,578</b>	<b>353,336</b>	<b>245,165</b>



**EASTERN HIGHLANDS HEALTH DISTRICT  
FUND BALANCE ANALYSIS**

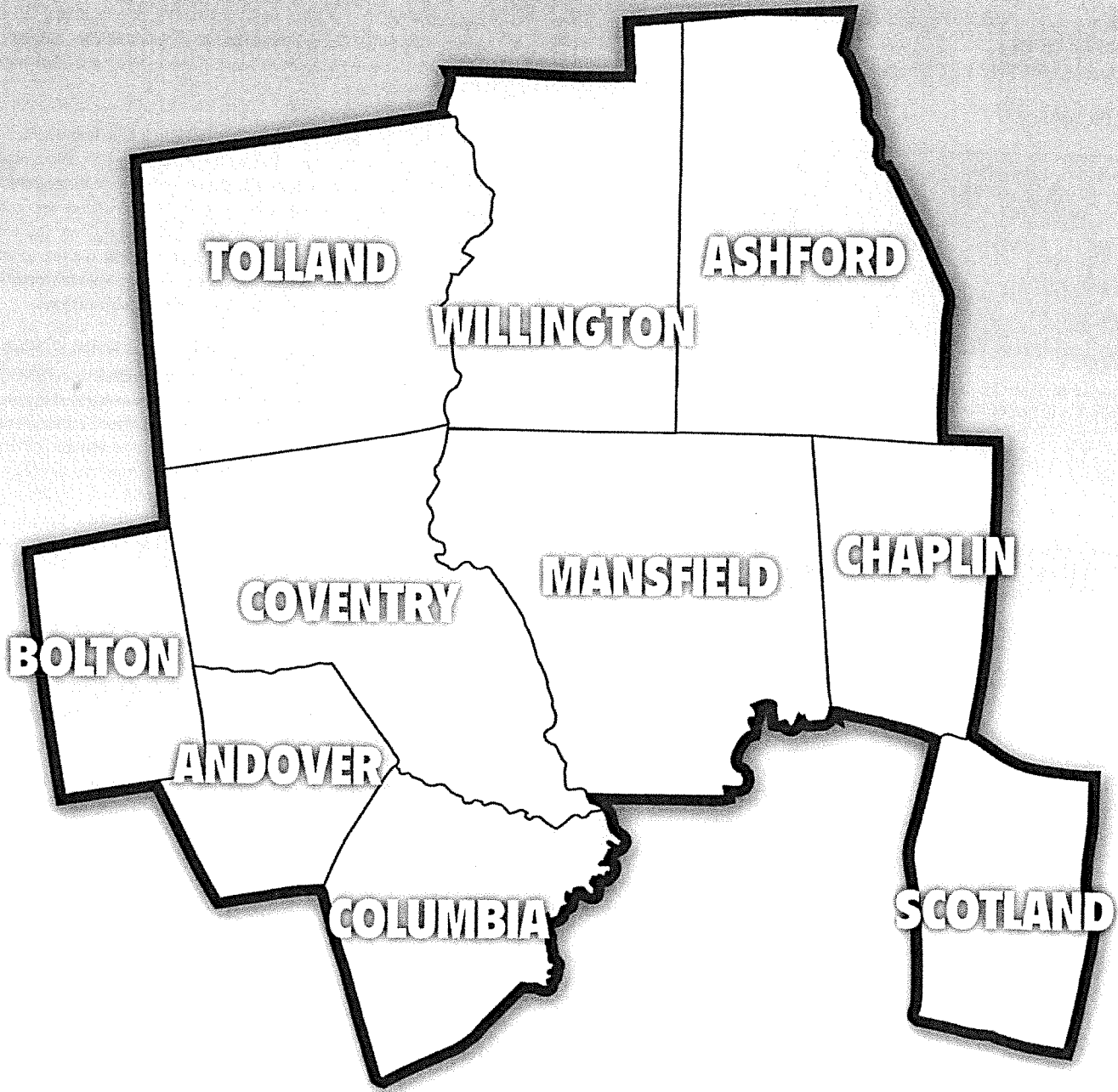
FY 2019/20 - Projected FY 2029/30

	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Amended 23/24	Estimated 23/24	Proposed 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30
<b>General Fund</b>												
Operating Expenditures	778,994	774,372	881,437	874,253	991,949	991,949	1,010,076	1,030,018	1,052,464	1,074,270	1,096,444	1,118,993
Grant Deduction	63,084	156,240	88,105	108,356	63,088	63,088	71,369	71,369	63,088	63,088	63,088	63,088
Total Expenditures	842,078	930,612	969,542	982,609	1,055,037	1,055,037	1,081,445	1,101,387	1,115,552	1,137,358	1,159,532	1,182,081
Fund Balance	495,338	610,153	675,309	727,373	572,248	572,248	508,842	445,304	379,667	313,118	245,855	178,082
FB as a % of Total Expenditures	58.82%	65.56%	69.65%	74.02%	54.24%	54.24%	47.05%	40.43%	34.03%	27.53%	21.20%	15.07%
<b>Capital Non-Recurring Fund</b>												
Total Expenditures	11,800	-	1,068	24,035	87,000	87,000	54,000	120,000	37,000	37,000	10,000	29,000
Fund Balance	122,980	125,980	130,112	240,327	286,327	286,327	240,327	125,327	102,327	82,327	87,327	81,327
<b>All Funds</b>												
Total Expenditures	853,878	930,612	970,610	1,006,644	1,142,037	1,142,037	1,135,445	1,221,387	1,152,552	1,174,358	1,169,532	1,211,081
Fund Balance	618,318	736,133	805,421	967,700	858,575	858,575	749,169	570,632	481,994	395,445	333,182	259,409
FB as a % of Total Expenditures	72.41%	79.10%	82.98%	96.13%	75.18%	75.18%	65.98%	46.72%	41.82%	33.67%	28.49%	21.42%
Service Fees & State Grant Revenue	404,436	431,651	491,560	474,798	463,420	463,420	472,010	479,954	488,136	496,564	505,245	514,186
Target Fund Balance - 50% of Service Fees & State Grant Revenue	202,218	215,826	245,780	237,399	231,710	231,710	236,005	239,977	244,068	248,282	252,622	257,093
General Fund - Fund Balance	495,338	610,153	675,309	727,373	572,248	572,248	508,842	445,304	379,667	313,118	245,855	178,082
Variance	293,120	394,327	429,529	489,974	340,538	340,538	272,837	205,327	135,599	64,836	(6,767)	(79,011)



# 2022-2023

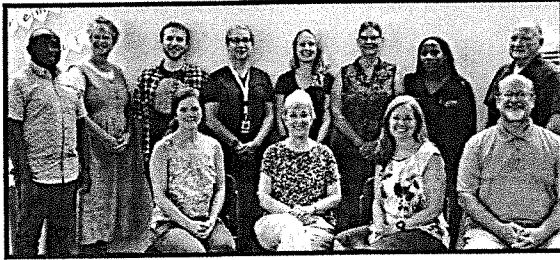
## ANNUAL REPORT



Serving the towns of:  
Andover, Ashford, Bolton, Chaplin, Columbia, Coventry,  
Mansfield, Scotland, Tolland and Willington  
Population: 79,696    Service Area: Approximately 208 Square Miles

## Health District Staff

Robert L. Miller, MPH, RS ..... Director of Health  
 Kenneth Dardick, MD..... Medical Advisor  
 Andrew Abbagnaro ..... Environmental Health Inspector  
 Glenn Bagdoian, RS..... Sanitarian II  
 Ande Bloom ..... Project Specialist  
 Millie Brosseau ..... Office Manager  
 Christopher Buter, MPH, REHS..... Sanitarian II  
 Christine Grulke BSN, MSEd, RN..... Public Health Nurse  
 Holly Hood, MPH, RS ..... Sanitarian II  
 Thad King, MPH, REHS, RS ..... Sanitarian II  
 Courtney LeBlanc, BSN, RN ..... Public Health Nurse  
 Mia Mitoma ..... Vaccine Program Administrative Assistant  
 Lynette Swanson, RS..... Chief Sanitarian  
 Cecile Serazo, BSN, RN ..... Community Health and Wellness  
 Coordinator  
 Nishel Thompson, MS ..... Public Health Emergency  
 Preparedness Coordinator



Back Row left to right: Christopher Buter, Christine Grulke, Andrew Abbagnaro, Cecile Serazo, Courtney LeBlanc, Lynette Swanson, Nishel Thompson, Glenn Bagdoian  
 Front Row left to right: Mia Mitoma, Holly Hood, Millie Brosseau, Robert Miller

## EHHD Board of Directors

John Elsesser (Chair) ..... Town of Coventry  
 Mark Walter (Vice Chair) ..... Town of Columbia  
 Eric Anderson (Assistant Treasurer)..... Town of Andover  
 Cathryn Silver-Smith ..... Town of Ashford  
 Jim Rupert ..... Town of Bolton  
 Vacant ..... Town of Chaplin  
 M. Deborah Walsh ..... Town of Coventry  
 Ryan Aylesworth ..... Town of Mansfield  
 Heather Evans ..... Town of Mansfield  
 William Kaufold ..... Town of Mansfield  
 Susan Powers ..... Town of Scotland  
 Brian Foley ..... Town of Tolland  
 Tammy Nuccio ..... Town of Tolland  
 Erica Wiczenski ..... Town of Willington

## 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

## Back to Normalcy

With COVID-19 case counts finally down our agency was able to catch its collective breath and jump back into the fray of providing a full scope of quality local public health services to our partners, families, and community members. Below is a rundown of some of those items and other highlighted activities for Fiscal Year 2023.

**Environmental Health** – The new Cosmetology Sanitary Code was fully implemented with 97 businesses inspected and approved. We continued to build out the OpenGov online platform by fully transitioning our complaint investigation, and enforcement workflows to the new system. The transition from the old state food safety regulations to the new FDA Food Code was completed. That involved a significant outlay of resources to train staff, update workflows, and work with the regulated community on the code changes. Finally, this agency executed a memorandum of understanding establishing licensing reciprocity for itinerant food vendors with other participating jurisdiction, thereby reducing costs and other redundancies on those small businesses.

**Community Health** – The Health District continued to expand its scope of clinical services during fiscal year 2023. We hosted 10 flu clinics at which 234 shots were administered, and 95 COVID-19 clinics where 918 shots were administered. Our public health nurses also engaged in a number of community outreach and public health messaging efforts in the areas of vector disease prevention, Stop The Bleed trainings, and continued infectious respiratory disease prevention. We completed 5 Active Living Projects, which are special projects implanting environmental or policy changes that promote healthy life styles. We completed projects in the Towns of Ashford, Bolton, Columbia, Mansfield, and Tolland. In partnership with a sister health district we have been hosting a number harm reduction events providing NARCAN training, kit distribution, and other harm reduction materials as part of our efforts to prevent opioid mis-use, and associated fatalities in our local community.

**Public Health Emergency Preparedness and Response** – Our Medical Reserve Corps has been very busy this past year. Over 160 volunteers were activated in support of multiple clinics, drills, and trainings. Staff participated in a number of drills and exercises including an Anthrax and Post Pandemic table top exercise. We also completed the most recent updates to our agency's Public Health Emergency Response Plan.

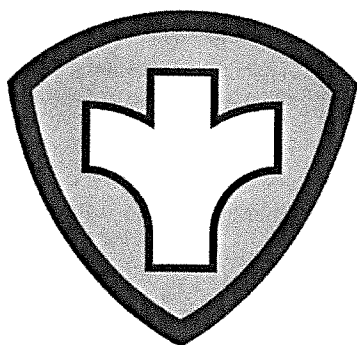
Reestablishing normalcy within our agency was not about returning to the way things were, but rather about leveraging our experiences to make a better Health District. The above described Health District initiatives and projects have not only helped regain that sense of normalcy but also represent important steps towards new public health successes in the future.

My door is always open.

Yours in Health,

Robert L. Miller, MPH, RS  
 Director of Health





## 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 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 have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided access to full-time public health services at minimal cost. Towns that are members of health districts provide annual per capita contributions to support health district operations. District membership increases the ability of a town to benefit from grant-funded public health programs.

### 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.

### 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.
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.

# EHHH'S PROGRAMS AND SERVICES

We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

## Emergency Preparedness

This year Eastern Highland Health District's Emergency Preparedness program concluded its emergency response to the COVID-19 pandemic. EHHH closely monitored positive cases in efforts to support and guide local schools and businesses with any concerns they may have. With the support of the CT Department of Public Health, EHHH provided thousands of COVID-19 home tests kits to the community. EHHH delivered more than 13,386 vaccinations against COVID-19 through the end of June 2023. EHHH continued conducting weekly on-site COVID-19 vaccinations and seasonal flu clinics at their local health and fire departments,



farmers market, libraries and community events. The EHHH Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, continued to dedicate their time and effort to support all local vaccination events.

All-hazards emergency preparedness cannot be addressed by one agency working alone. Eastern Highlands Health District continues to build partnerships and link services to prepare for a successful community response to any emergency or disaster. On April 13, 2023, EHHH assisted in the coordination and training for the Region 4 Anthrax Tabletop Exercise in efforts to stay informed and equipped for a potential bioterrorism crisis. April 25th, 2023 EHHH was also in attendance for the CT Emergency Management Symposium in Prospect, CT, a conference that brought awareness to the different government levels and partners available for emergency management resources. EHHH also partnered with Region 4 Health Districts and Yale New Haven Hospital to host the COVID-19 After Action Tabletop Exercise. This virtual debrief allowed our partners to share their experiences of the pandemic and discuss possible improvements for the future.

EHHH will continue to keep its partners and constituents informed of any necessary COVID-19 information. For continued information and announcements in regards to any COVID-19 updates please visit our social media pages or website [www.ehhd.org](http://www.ehhd.org)

## Environmental Programs



**Water Quality** – EHHH 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 ensure compliance with water quality and health safety standards.

**Subsurface Sewage Disposal** – EHHH sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform 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 on-site subsurface sewage disposal systems



**Salons** – All barbershop, hairdressing, cosmetology, nail salons and spas are inspected annually for compliance with State and local laws and operating licenses are renewed annually.



**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 permitted and inspected for food safety compliance.

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

**Complaint Investigation/Code Enforcement** – EHHH staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, vermin problems, and COVID-19. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected voluntarily, property owners or violators are then subject to enforcement procedures.

**Childhood Lead Poisoning Prevention** – EHHH receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 3.5 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 Surveillance & Control

**Disease Surveillance** – EHHH conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: COVID-19, 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. The second half of the fiscal year has been heavy on COVID-19 response efforts.

## Community Health

EHHH Health Promotion initiatives focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our primary focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. EHHH continued to provide information on the prevention of acquiring Lyme disease, and other tick-borne illness as the use of outdoor spaces increased. EHHH continued to promote the importance of keeping up-to-date on immunizations and provided Covid-19 vaccines to the community. EHHH promoted awareness about

opioid overdose prevention, equipping individuals with the necessary knowledge and resources to save lives. During the winter, EHHH distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary.



**Tobacco Free Living** – EHHH continues to focus on policy systems, and environmental changes, EHHH developed toolkits to encourage town in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found on the EHHH website. EHHH continues to assist the Town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. In addition, EHHH continues to update a summary of smoking cessation resources. The resources include web, phone, text and nicotine replacement therapy cessation methods.

**Be Well** – Developed by EHHH 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 initiative that target risk factors for health. This program is provided as a fully contracted service to the Town of Tolland. Basic Be Well initiatives are also provided to member towns, school employees and private sector businesses through the State of Connecticut 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. Examples of programs and policies implemented include, but aren't limited to, quarterly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at [www.ehhd.org/be\\_well](http://www.ehhd.org/be_well). Find more information about having Be Well as part of your business organization by sending an email to [Be\\_well@ehhd.org](mailto:Be_well@ehhd.org).



**Health Education:** EHHH provides its member towns and residents with newsletters, social media sites and web page for health information, and regular updates with health and wellness "hot topics." EHHH continually updates the social media pages (Facebook and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHH participated in several educational workshops and health fairs throughout the year focusing on topics such as Covid-19 awareness and prevention, vaccines, air quality, opioid overdose prevention, planning for care as you age, and flu prevention and treatment.



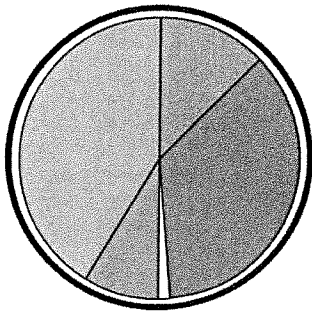
**Plan4Health Initiative:** Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHH and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. EHHH continues to market the Toolkit to the planning and zoning boards and commissions of small and rural towns in Connecticut. The Toolkit is maintained and updated to provide the current and accurate information. The toolkit is available online at [www.healthyeasternct.com](http://www.healthyeasternct.com)



# EHHD

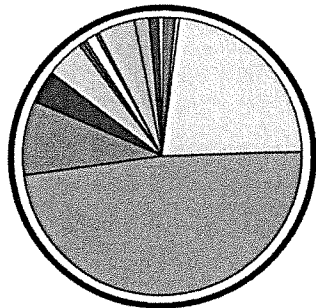
Budget Fiscal Year  
2022/2023\*

## FY23 TOTAL REVENUE



Licensure Fees	\$160,636
Local Funds	\$459,745
Other	\$9,250
Program Fees	\$107,662
State	\$516,850
<b>Total</b>	<b>\$1,254,143</b>

## FY23 TOTAL EXPENDITURE



Personnel: Administrative/Management	\$306,167
Personnel: Environmental Health	\$601,132
Personnel: Community Health	\$105,576
Automobile	\$47,917
Administrative Overhead	\$57,303
Communications	\$5,920
Educational/Training	\$1,150
Equipment	\$3,074
Insurance	\$14,001
Legal	\$760
Other	\$3,000
Purchased Services	\$55,887
Supplies&Materials	\$19,639
Vehicle&Travel	\$15,120
Miscellaneous	\$4,691
<b>Total</b>	<b>\$1,241,337</b>

\* Figures not audited at the time of this publication.

## EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
<b>COMPLAINTS</b>											
AIR QUALITY	0	0	0	0	0	0	0	0	2	0	2
ANIMALS/ANIMAL WASTE	0	0	0	1	0	0	1	0	1	0	3
ACTIVITY WITHOUT PROPER PERMITS	0	3	0	0	0	0	0	0	0	0	3
FOOD PROTECTION	0	0	1	0	0	0	5	0	0	1	7
HOUSING ISSUES	3	10	0	0	0	3	13	0	8	4	41
EMERGENCY RESPONSE	0	0	0	0	0	0	1	0	1	0	2
REFUSE/GARBAGE	0	1	0	0	0	0	1	0	4	2	8
RODENTS/INSECTS	2	1	3	2	0	1	1	0	0	3	13
SEPTIC/SEWAGE	0	7	0	2	0	1	3	0	6	1	20
OTHER	0	2	0	0	0	0	4	0	3	2	11
WATER QUALITY	0	2	0	0	0	0	5	0	5	1	13
COVID-19	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>26</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>34</b>	<b>0</b>	<b>30</b>	<b>14</b>	<b>123</b>
<b>HEALTH INSPECTION</b>											
GROUP HOMES	0	0	0	0	0	0	0	0	0	0	0
DAY CARE	0	0	1	0	0	1	2	0	0	1	5
CAMPS	0	1	0	1	0	0	0	0	1	2	5
PUBLIC POOL	0	2	0	0	0	0	10	0	0	3	15
OTHER	3	0	0	0	0	0	0	0	0	0	3
SCHOOLS	0	0	1	0	0	0	1	0	4	0	6
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	3	0	6	0	0	0	2	0	0	0	11
COSMETOLOGY	0	7	3	0	7	8	34	0	32	3	94
<b>TOTAL</b>	<b>6</b>	<b>10</b>	<b>11</b>	<b>1</b>	<b>7</b>	<b>9</b>	<b>49</b>	<b>0</b>	<b>37</b>	<b>9</b>	<b>139</b>
<b>ON-SITE SEWAGE DISPOSAL</b>											
SITE INSPECTION -- ALL SITE VISITS	33	67	56	29	103	159	159	7	160	57	830
DEEP HOLE TESTS -- NUMBER OF HOLES	22	57	45	11	61	95	90	35	153	66	635
PERCOLATION TESTS -- NUMBER OF HOLES	6	14	15	4	11	23	32	9	35	14	163
PERMITS ISSUED, NEW	2	5	6	5	4	13	19	2	18	7	81
PERMITS ISSUED, REPAIR	12	12	23	6	25	34	52	7	65	23	259
SITE PLANS REVIEWED	11	24	25	4	27	48	47	14	71	29	300
PUBLIC HEALTH REVIEWS	41	42	30	20	35	116	63	9	117	41	514
<b>WELLS</b>											
WELL SITES INSPECTED	3	4	5	5	21	22	16	3	3	2	84
WELL PERMITS ISSUED	3	4	4	8	8	24	23	6	22	11	113
<b>LABORATORY ACTIVITIES (SAMPLES TAKEN)</b>											
POTABLE WATER	0	0	0	0	0	3	0	0	1	1	5
SURFACE WATER	19	17	30	0	39	129	20	0	30	25	309
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	1	0	0	0	0	0	0	0	1
LEAD	0	0	8	0	0	0	0	0	0	2	10
OTHER	2	2	2	3	2	6	9	0	2	1	29
<b>FOOD PROTECTION</b>											
INSPECTIONS	19	30	31	19	26	64	189	5	47	32	462
REINSPECTIONS	1	8	2	5	4	11	43	1	10	4	89
TEMPORARY PERMITS	5	14	24	4	9	58	6	11	21	6	158
TEMPORARY INSPECTIONS	0	6	3	0	0	88	3	9	8	2	119
PLAN REVIEWS	0	2	0	0	1	3	8	0	3	1	18
PRE-OPERATIONAL INSPECTIONS	0	2	1	1	2	2	9	0	9	5	31
<b>TOTAL INSPECTIONS AND OTHER</b>	<b>26</b>	<b>56</b>	<b>48</b>	<b>26</b>	<b>39</b>	<b>174</b>	<b>293</b>	<b>15</b>	<b>111</b>	<b>52</b>	<b>840</b>
<b>LEAD ACTIVITIES</b>											
HOUSING INSPECTION	0	0	1	0	0	0	3	0	0	0	4
ABATE PLAN REVIEWED	0	0	2	0	0	0	0	0	0	0	2
<b>MISCELLANEOUS ACTIVITIES</b>											
PLANNING AND ZONING REFERRALS	0	0	0	0	0	1	0	0	1	0	2
SUBDIVISION REVIEWED (PER LOT)	0	3	0	0	0	2	0	1	0	0	6

## Selected Reportable Diseases by Town\*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	1	0	2	1	0	3	0	0	1	8
Campylobacter	0	0	0	0	0	1	0	0	1	0	2
COVID-19	127	145	182	72	231	510	681	20	450	190	2608
Cryptosporidium	0	0	0	0	0	0	1	0	0	0	1
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli O157/STEC	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	1	1	0	0	0	2
Giardia	0	0	0	0	0	0	0	0	0	2	2
Group A Streptococcus	0	0	1	0	0	0	2	0	0	0	3
Group B Streptococcus	0	0	1	0	1	3	1	0	1	0	7
Haemophilus Influenzae	0	1	0	0	0	0	0	0	2	0	3
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	1	1	0	1	1	4
Influenza	6	22	18	19	34	64	192	5	83	34	477
Lead-Elevated Blood Lead Levels in children up to age 6 (3.5-9.9 ug/dl)	0	0	0	1	1	3	1	0	1	2	9
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19.9 ug/dl)	0	0	0	0	0	0	1	0	0	0	1
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	1	0	0	0	0	0	0	0	1
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	14	5	7	9	7	23	31	2	5	5	108
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	2	1	1	4	6	2	0	2	2	20
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	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	1	0	0	0	1	1	1	0	0	0	4
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	1	0	0	0	1	0	1	1	4
Varicella	0	0	0	0	0	0	0	0	0	0	0
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 case numbers above are considered to be below actual figures due to under reporting.



4 South Eagleville Road  
Mansfield, CT 06268



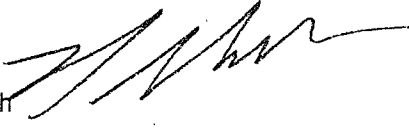
Eastern Highlands Health District

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

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2

## Memo

**To:** Board of Directors  
**From:** Robert Miller, Director of Health   
**Date:** 6/14/2024  
**Re:** Tolland Employee Wellness – FY24/25 Contract

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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 2024

Funding for this program is provided entirely by the Town of Tolland. The total amount paid by Tolland is \$7,870. 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 authorize the execution of this agreement between the Town of Tolland and the Health District to provide employee wellness services.

*Recommended Motion: Move, to authorize the Director of Health to execute the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented June 20, 2024.*



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

This agreement is made this     day of June, 2024 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 on 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 \$7,870.
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.

6. The DISTRICT agrees to hold the TOWN and any of the Towns 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 DISTRICT, unless such damages are caused by, or are the result of, the misconduct of the TOWN or any of the Town's officers, agents or employees.
7. The TOWN and DISTRICT also agree that:
  - a. The term of this Agreement shall be from July 1, 2024 to June 30, 2025;
  - b. This agreement may be extended by mutual agreement of the parties for such periods to which the parties mutually consent;
  - c. This agreement may be terminated by either party. Such termination must be provided in writing 90 days in advance.
  - d. This agreement shall not be altered, changed or amended except for formal written amendment duly executed by both parties hereto. The performance by either party of its obligations under this Agreement shall not operate in any way as a waiver of non-compliance or breach by the other party.

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:

\_\_\_\_\_ Date  
Tolland Town Manager

\_\_\_\_\_ Date  
Robert L. Miller  
Director of Health

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**March 31, 2024**  
(with comparative totals for March 31, 2023)

	Adopted Budget	Amended Budget	Percent of Amended		
	2023/24	2023/24	2024	Budget	
<b>Revenues</b>					
Member Town Contributions	\$ 463,210	\$ 463,210	\$ 347,395	75.0%	\$ 341,916
State Grants	207,210	207,210	207,210	100.0%	206,500
Septic Permits	47,880	47,880	35,707	74.6%	41,760
Well Permits	12,090	12,090	9,925	82.1%	12,000
Soil Testing Service	43,050	43,050	29,660	68.9%	24,810
Food Protection Service	83,500	83,500	61,174	73.3%	65,126
B100a Reviews	20,710	20,710	17,560	84.8%	19,000
Septic Plan Reviews	30,280	30,280	22,905	75.6%	26,915
Other Health Services	4,700	4,700	1,835	39.0%	1,821
Cosm Insp	5,500	5,500	6,650	120.9%	6,575
Vaccine Adm	8,500	8,500	-	0.0%	-
Appropriation of Fund Balance	49,944	65,319	-	0.0%	-
<b>Total Revenues</b>	<u>976,574</u>	<u>991,949</u>	<u>740,021</u>	<u>74.6%</u>	<u>746,423</u>
<b>Expenditures</b>					
Salaries & Wages	666,723	680,693	458,881	67.4%	452,120
Grant Deductions	(63,088)	(63,088)	(77,363)	122.6%	(65,558)
Benefits	237,875	239,280	132,351	55.3%	154,842
Miscellaneous Benefits	14,130	14,130	5,391	38.2%	7,422
Insurance	15,050	15,050	15,390	102.3%	14,001
Professional & Technical Services	21,845	21,845	19,963	91.4%	19,338
Vehicle Repairs & Maintenance	2,500	2,500	6,167	246.7%	4,580
Health Reg*Admin Overhead	33,890	33,890	25,418	75.0%	23,490
Other Purchased Services	31,049	31,049	27,807	89.6%	28,869
Other Supplies	10,000	10,000	3,406	34.1%	3,978
Equipment - Minor	3,600	3,600	2,662	73.9%	2,122
<b>Total Expenditures</b>	<u>973,574</u>	<u>988,949</u>	<u>620,072</u>	<u>62.7%</u>	<u>645,205</u>
<b>Operating Transfers</b>					
Transfer to CNR Fund	3,000	3,000	-	0.0%	125,000
<b>Total Exp &amp; Oper Trans</b>	<u>976,574</u>	<u>991,949</u>	<u>620,072</u>	<u>62.5%</u>	<u>770,205</u>
Excess (Deficiency) of Revenues	-	-	119,949		(23,782)
Fund Balance, July 1	601,782	601,782	601,782		675,309
Fund Balance plus Cont. Capital, Mar.31	<u>\$ 601,782</u>	<u>\$ 601,782</u>	<u>\$ 721,731</u>		<u>\$ 651,527</u>

**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**March 31, 2024**  
(with comparative totals for March 31, 2023)

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 721,731	\$ 651,748
Accounts Receivable	<u>-</u>	<u>-</u>
Total Assets	<u>721,731</u>	<u>651,748</u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>221</u>
Total Liabilities	<u>-</u>	<u>221</u>
Fund Balance	<u>721,731</u>	<u>651,527</u>
Total Liabilities and Fund Balance	<u>\$ 721,731</u>	<u>\$ 651,748</u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**March 31, 2024**  
(with comparative totals for March 31, 2023)

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 221,817	\$ 207,195
Total Assets	<u>221,817</u>	<u>207,195</u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>221,817</u>	<u>207,195</u>
Total Liabilities and Fund Balance	<u>\$ 221,817</u>	<u>\$ 207,195</u>

**Eastern Highlands Health District  
Capital Non-Recurring Fund  
Comparative Statement of Revenues, Expenditures  
and Changes in Fund Balance  
March 31, 2024  
(with comparative totals for March 31, 2023)**

	<b>2024</b>	<b>2023</b>
<b>Revenues</b>		
General Fund	\$ 5,372	\$ 125,000
Total Revenues	5,372	125,000
<b>Operating Transfers</b>		
General Fund	-	-
Total Operating Transfers	-	-
Total Rev & Oper Trans	5,372	125,000
<b>Expenditures</b>		
Professional & Technical Services	-	-
Vehicles	-	47,917
Office Equipment	-	-
Total Expenditures	-	47,917
Excess (Deficiency) of Revenues	5,372	77,083
Fund Balance, July 1	216,445	130,112
Fund Balance plus Cont. Capital, Mar.31	\$ 221,817	\$ 207,195

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**June 30, 2024**  
(with comparative totals for June 30, 2023)

	Adopted Budget <u>2023/24</u>	Amended Budget <u>2023/24</u>	Percent of Amended Budget		<u>2023</u>
			<u>2024</u>		
<b>Revenues</b>					
Member Town Contributions	\$ 463,210	\$ 463,210	\$ 463,193	100.0%	\$ 451,520
State Grants	207,210	207,210	207,210	100.0%	206,500
Septic Permits	47,880	47,880	51,377	107.3%	55,770
Well Permits	12,090	12,090	12,675	104.8%	14,250
Soil Testing Service	43,050	43,050	41,665	96.8%	36,125
Food Protection Service	83,500	83,500	88,764	106.3%	84,041
B100a Reviews	20,710	20,710	24,760	119.6%	29,460
Septic Plan Reviews	30,280	30,280	34,335	113.4%	37,315
Other Health Services	4,700	4,700	4,178	88.9%	4,762
Cosm Insp	5,500	5,500	6,675	121.4%	6,575
Vaccine Adm	8,500	8,500	-	0.0%	-
Appropriation of Fund Balance	49,944	65,319	-	0.0%	-
<b>Total Revenues</b>	<u>976,574</u>	<u>991,949</u>	<u>934,832</u>	<u>94.2%</u>	<u>926,317</u>
<b>Expenditures</b>					
Salaries & Wages	666,723	680,693	633,701	93.1%	625,127
Grant Deductions	(63,088)	(63,088)	(96,722)	153.3%	(86,757)
Benefits	237,875	239,280	187,399	78.3%	205,923
Miscellaneous Benefits	14,130	14,130	10,588	74.9%	10,792
Insurance	15,050	15,050	15,390	102.3%	14,001
Professional & Technical Services	21,845	21,845	30,522	139.7%	27,673
Vehicle Repairs & Maintenance	2,500	2,500	5,433	217.3%	5,482
Health Reg*Admin Overhead	33,890	33,890	33,890	100.0%	31,320
Other Purchased Services	31,049	31,049	28,394	91.4%	29,329
Other Supplies	10,000	10,000	4,490	44.9%	5,880
Equipment - Minor	3,600	3,600	4,145	115.1%	3,074
<b>Total Expenditures</b>	<u>973,574</u>	<u>988,949</u>	<u>857,231</u>	<u>86.7%</u>	<u>871,844</u>
<b>Operating Transfers</b>					
Transfer to CNR Fund	3,000	3,000	128,000	4266.7%	128,000
<b>Total Exp &amp; Oper Trans</b>	<u>976,574</u>	<u>991,949</u>	<u>985,231</u>	<u>99.3%</u>	<u>999,844</u>
Excess (Deficiency) of Revenues	-	-	(50,399)		(73,527)
Fund Balance, July 1	601,782	601,782	601,782		675,309
Fund Balance plus Cont. Capital, Jun.30	<u>\$ 601,782</u>	<u>\$ 601,782</u>	<u>\$ 551,383</u>		<u>\$ 601,782</u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**June 30, 2024**  
(with comparative totals for June 30, 2024)

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ <u>311,647</u>	\$ <u>216,445</u>
Total Assets	<u><u>311,647</u></u>	<u><u>216,445</u></u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>311,647</u>	<u>216,445</u>
Total Liabilities and Fund Balance	<u><u>\$ 311,647</u></u>	<u><u>\$ 216,445</u></u>



**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**June 30, 2024**  
(with comparative totals for June 30, 2023)

	<u>2024</u>	<u>2023</u>
<b>Revenues</b>		
General Fund	\$ 5,372	\$ 6,250
Total Revenues	<u>5,372</u>	<u>6,250</u>
<b>Operating Transfers</b>		
General Fund	<u>128,000</u>	<u>128,000</u>
Total Operating Transfers	<u>128,000</u>	<u>128,000</u>
Total Rev & Oper Trans	<u>133,372</u>	<u>134,250</u>
<b>Expenditures</b>		
Professional & Technical Services	8,000	-
Vehicles	30,170	47,917
Office Equipment	-	-
Total Expenditures	<u>38,170</u>	<u>47,917</u>
Excess (Deficiency) of Revenues	95,202	86,333
Fund Balance, July 1	<u>216,445</u>	<u>130,112</u>
Fund Balance plus Cont. Capital, Jun.30	<u>\$ 311,647</u>	<u>\$ 216,445</u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**June 30, 2024**  
(with comparative totals for June 30, 2023)

	<u>2024</u>	<u>2023</u>
<b>Revenues</b>		
General Fund	\$ 5,372	\$ 6,250
Total Revenues	<u>5,372</u>	<u>6,250</u>
<b>Operating Transfers</b>		
General Fund	<u>128,000</u>	<u>128,000</u>
Total Operating Transfers	<u>128,000</u>	<u>128,000</u>
Total Rev & Oper Trans	<u>133,372</u>	<u>134,250</u>
<b>Expenditures</b>		
Professional & Technical Services	8,000	-
Vehicles	30,170	47,917
Office Equipment	<u>-</u>	<u>-</u>
Total Expenditures	<u>38,170</u>	<u>47,917</u>
Excess (Deficiency) of Revenues	95,202	86,333
Fund Balance, July 1	<u>216,445</u>	<u>130,112</u>
Fund Balance plus Cont. Capital, Jun.30	<u>\$ 311,647</u>	<u>\$ 216,445</u>

**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**June 30, 2024**  
(with comparative totals for June 30, 2024)

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 582,419	\$ 653,743
Accounts Receivable	<u>1,170</u>	<u>885</u>
Total Assets	<u><u>583,589</u></u>	<u><u>654,628</u></u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>32,206</u>	<u>52,846</u>
Total Liabilities	<u>32,206</u>	<u>52,846</u>
Fund Balance	<u>551,383</u>	<u>601,782</u>
Total Liabilities and Fund Balance	<u><u>\$ 583,589</u></u>	<u><u>\$ 654,628</u></u>

Maria E. Capriola  
 Chief of Shared Services & Administration

**MEMORANDUM**

To: EHHD Board of Directors

cc: Rob Miller, EHHD Executive Director

From: Maria Capriola, Personnel Committee Chairperson

Date: August 5, 2024

Re: Timeline – EHHD Executive Director Performance Review Process

Below please find the timeline for the Executive Director's performance review for Fiscal Year 2023/2024.

<b>Task</b>	<b>Date</b>	<b>Person/People Responsible</b>
Survey Instrument and contacts updated	8/22/2024	Millie Brosseau
Self-evaluation submitted to Board	8/22/2024	Rob Miller/Maria
Board members complete performance Review online via Survey Monkey	8/23/202 -9/15/2024	Board Members
Personnel Committee prepares draft evaluation	9/16/2024-10/10/20234	Personnel Committee
Board meets in Executive Session to discuss performance review and conduct performance review with Director	10/17/2024 <i>(at Board meeting)</i>	Board Members/Rob
Board adopts review and makes changes to compensation plan, if any	10/17/2024 <i>(after executive session)</i>	Board Members

All Board members are encouraged to participate and complete the assessment. Thank you.



## Eastern Highlands Health District

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**To:** Eastern Highland Health District – Executive Committee  
**From:** Amanda L. Backhaus, CPA, Director of Finance  
**Date:** May 8, 2024  
**Re:** Appointment of Auditor to Conduct Financial Audit for Fiscal Year 2023/24

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### Subject Matter/Background

Section 7-396 and 4-232 of the Connecticut General Statutes, as amended, requires that each audited agency annually designate an independent public accounting firm to audit the books and accounts of that government. Services were put out to bid out in 2016/17 with the award going to CliftonLarsonAllen LLP (“CLA”) who have performed the annual audit for EHHD since.

A request for proposals for auditing services was released on Thursday April 4 requesting audit pricing for the Town, Regional School District 19, and Eastern Highland Health District for FY23/24 and two subsequent years. This was posted publicly on the Town’s website as well as emailed directly to the five audit firms who perform the highest percentage of municipal audits. Two firms submitted questions which were published publically on April 18. Bids were due on Thursday May 2 at 2:00 pm.

The following bids were received for audit services:

Firm	Year 1 (FY24)	Year 2 (FY25)	Year 3 (FY26)
CLA	\$139,400	\$144,900	\$150,700

### Financial Impact

Funds are included in the proposed 24/25 budget to cover the audit fees of \$12,730. EHHD’s portion of the proposal was \$11,550. Additional funds to coverage the overage will be identified during FY2025.

### Recommendation

The following motion is in order:

*Move, effective May 23, 2024 to appoint CliftonLarsonAllen LLP as the auditing firm for Eastern Highland Health District for the Fiscal Year 2023/24 (July 1, 2023 to June 30, 2024).*

EHHD Executive Committee

May 23, 2024

Special Meeting Minutes – DRAFT

Via Zoom

Meeting call to order at 4:30pm.

Present: J Elsesser, Mark Walter, E Anderson

Staff present: R Miller, A Backhaus

E Anderson MOVED, M Walter seconded to approve the May 25, 2022 meeting minutes as presented. Motion PASSED unanimously.

M Walter MOVED, E Anderson seconded to appointment CliftonLarsonAllen LLP as the auditing firm for the Eastern Highlands Health District for the Fiscal Year 2023/24. E Anderson friendly amendment: note the auditing fee of \$12,730. M Walter accepted the amendment. With amendment, motion PASSED unanimously.

E Anderson MOVED, M Walter seconded to adjourn the meeting. Motion PASSED unanimously.

Meeting adjourned at 4:41pm.

Respectfully submitted,

Robert Miller

Secretary

**APPOINTMENT OF AUDITOR ANNUAL NOTIFICATION**

Please complete this fillable form and return by e-mail attachment to OPM.mfsforms@ct.gov

Entity Name: Eastern Highlands Health District

Entity Address: 4 South Eagleville Road  
Storrs, CT 06268

Federal Employer Identification Number (FEIN): 06-1498232

Chief Fiscal Officer: Amanda L. Backhaus

Executive Director/CEO: Robert L. Miller

Telephone (w/ area code): 860-429-3325 Email Address: backhaus@mansfieldct.org

*The following information is furnished in compliance with CT General Statutes 7-396 and/or 4-232*

Audit Firm Name: CliftonLarsonAllen LLP

Audit Firm Address: 29 South Main St. 4th Floor  
West Hartford, CT 06017

State of CT CPA Firm Permit: CPAP.0005530 Audit Firm FEIN: 41-0746749

Contact Person: Vanessa Rossitto Title: Principal

Telephone (w/ area code): 860-561-6824 Email Address: vanessa.rossitto@claonnect.com

Fiscal Period of Audit: From: 7/1/2023 To: 6/30/2024  
(beginning of fiscal year) (end of fiscal year)

Note: C.G.S. 7-396 and 4-232 require this form to be submitted on an annual basis no later than 30 days prior to the fiscal year end of the entity to be audited. This form will not be accepted without a complete and accurate federal employer identification number of the entity and its auditor.



Eastern Highlands Health District

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Dear *Property Owner/Resident*,

I hope this letter finds you well. We are writing to you regarding your recent application for the review of a proposed plan for the installation of a Water Treatment Waste Water disposal system on your property. Based on the information submitted with your application, we note that there may be alternatives to the installation of a water softening treatment system that may be considered.

Enclosed with this letter you will find helpful information on the issues associated with the proposed water softening treatment system. We believe that exploring this information could offer a more suitable solution for your water treatment needs that are more protective of the environment. These include a review of hardwater treatment considerations and options as well as an FAQ explaining the advantages and concerns that come with hardwater treatment.

We encourage you to carefully review the attached information to gain a comprehensive understanding of the available options and concerns associated with any potential decisions. Should you have any questions or require further clarification, please do not hesitate to reach out to us. We further encourage you to speak with your home water treatment contractor about possible treatment options.

Thank you for your attention to this important matter, and your cooperation in supporting the health and safety of our community. Please call 860-429-3325 or email us at [ehhd@ehhd.org](mailto:ehhd@ehhd.org) with any questions.

Yours in Health,

The Eastern Highlands Health District Team





# Home Water Softening

Answers and Issues

## What is hard water?

Water naturally has a variety of minerals such as calcium and magnesium. Whether a water supply is considered “hard” or “soft” depends on how much of these minerals are in your water. Historic CT DPH guidelines have recommended that hard water contains higher levels of calcium and/or magnesium, > 150 mg/l calcium carbonate.

## Do I need to soften my water?

There is no requirement to soften your water. The decision to soften is a personal choice that can affect your home and the environment. As indicated above there is not a strict standard, but if your total hardness exceeds, or is in the high end of the range of 80 to 150 mg/l, then you may need a water softener to ensure your appliances run well and to improve the taste, smell, or look of your water.

## Understand the hardness of your water

To decide if you need a home water softener, learn about the hardness of your home’s water. You can measure the hardness of your water using a test kit or an independent laboratory. Search for labs at: [The CT Department of Public Health Website](http://portal.ct.gov/dph/environmental-health/environmental-laboratory-certification/environmental-laboratory-certification)

Labs - <https://portal.ct.gov/dph/environmental-health/environmental-laboratory-certification/environmental-laboratory-certification>

Treatment - [https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental\\_health/private\\_wells/2024/29hardwatersoftenersfactsandissues-nov-2023.pdf](https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental_health/private_wells/2024/29hardwatersoftenersfactsandissues-nov-2023.pdf)

If you get your water from a community water system, you can contact them directly for information about your water’s hardness.

## Advantages of home water softening

- Prevents build-up of minerals (scale) on the inside of pipes, fixtures, and hot water heaters.
- Lengthens the life of some appliances.
- Reduces or prevents mineral spots on glassware.
- Prevents or reduces soap films and detergent curds in sinks, bathtubs, and washing machines.



## Disadvantages of home water softening

- Can corrode your pipes. The corroded metal from the pipes can end up in your water. This can contribute to elevated lead and copper levels in drinking water.
- Potential health effects from additional sodium.
- Regular testing of the water and maintenance of the softener is necessary to make sure the softener is working properly.
- Negative impacts to the environment from salt use, added sodium.
- The water used to regenerate the softener beads ends up as waste.

## If I have a home softener, how do I use it correctly?

Make sure you have your softener installed and maintained according to the manufacturer's instructions. Read the manufacturer's instructions before adding any chemicals to the unit. Maintaining your softener will keep your water quality stable. This will help prevent issues with corrosion. In addition:

- If you get your water from a community water system, check to see if your community already softens the water. Soft water provided by a utility does not need additional softening and may cause corrosion issues for your home.
- Make sure the softener is set to the hardness of your water supply. If the hardness is set too high, the softener will cost more to operate and waste water, costing you extra money.
- If your home has new copper plumbing, do not run the water softener for at least the first few weeks you use water at your house. This will help the plumbing form a protective mineral layer to reduce the risk of consuming excess copper.
- Ensure softeners are filled with sodium or potassium chloride per manufacturer's recommendations.
- Soften only what you need to. People often choose to soften showers, sinks, and laundry hookups. Toilets, hose bibs, basement sinks, and other cold water taps typically do not need to be connected to a softener. In many cases, people choose to soften only the hot water.
- Check your manufacturer's instructions for dealing with common issues like clogging, iron fouling, and bacteria and fungi.
- Depending on your water quality, some softeners may be able to fully or partially remove additional minerals like Iron and manganese. It is important to note, however, that treatment alternatives for these minerals are available which do not discharge salt laden waste water into the environment. Learn more at [https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental\\_health/private\\_wells/2022/iron-and-manganese-in-well-water\\_updated-042522.pdf](https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental_health/private_wells/2022/iron-and-manganese-in-well-water_updated-042522.pdf)



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## Additional resources

- [Chloride \(salts\) \(https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental\\_health/private\\_wells/2018-downloads/sodium-chloride-fs-aug-2015.pdf?la=en#:~:text=The%20Connecticut%20Maximum%20Contaminant%20Level,liter%20\(mg%2FL\).](https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental_health/private_wells/2018-downloads/sodium-chloride-fs-aug-2015.pdf?la=en#:~:text=The%20Connecticut%20Maximum%20Contaminant%20Level,liter%20(mg%2FL).)
- [Home Water Treatment \(https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental\\_health/private\\_wells/2018-downloads/061218-pwtreatment-how-to-get-started-helpful-resources.pdf\)](https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental_health/private_wells/2018-downloads/061218-pwtreatment-how-to-get-started-helpful-resources.pdf)
- [Water Softening \(https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental\\_health/private\\_wells/2024/29hardwatersoftenersfactsandissues-nov-2023.pdf\)](https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/environmental_health/private_wells/2024/29hardwatersoftenersfactsandissues-nov-2023.pdf)

Document adapted from Minnesota Department of Health/Pollution Control Agency (September 2019)

**Robert L. Miller**

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**From:** Robert L. Miller  
**Sent:** Monday, June 3, 2024 12:58 PM  
**To:** 'Patrice Sulik'; doh@uncashd.org; Russell Melmed; 'Jennifer Muggeo'  
**Subject:** FW: CT Paid Leave: new definition of municipality effective 10/1/24  
**Attachments:** P.A. 24-5 CT Paid Leave Definition of Municipality.pdf

Anyone else get this email? It appears that we may be covered employers.

**From:** Granato, Madeline [mailto:Madeline.Granato@ct.gov]  
**Sent:** Monday, June 3, 2024 12:21 PM  
**To:** Granato, Madeline <Madeline.Granato@ct.gov>  
**Subject:** CT Paid Leave: new definition of municipality effective 10/1/24

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I'm reaching out on behalf of the CT Paid Leave Authority regarding changes to the CT Paid Leave Act passed during the 2024 legislative session of interest to your organization.

As you know, municipalities are not covered employers under CT Paid Leave unless their unionized employees collectively bargain to participate in the program; however, the term "municipality" was previously undefined in statute. *P.A. 24-5: An Act Concerning Changes to the Paid Family and Medical Leave Statutes* establishes the following definition of municipality for both the CT Paid Leave Act and the CT Family & Medical Leave Act, effective 10/1/24: "municipality" means any metropolitan district, town, consolidated town and city, consolidated town and borough, city, borough, village, fire and sewer district, sewer district and each municipal organization having authority to levy and collect taxes.

Attached is a one pager with additional information. The CT Paid Leave Authority is available to meet one on one or to schedule a webinar or training with your organization. Please contact me with any questions or to discuss further.

Thank you,  
Maddie

Madeline Granato  
Government & Community Relations Manager  
Connecticut Paid Leave Authority  
Email: [madeline.granato@ct.gov](mailto:madeline.granato@ct.gov)  
Phone: 860-508-0402



Connecticut  
Paid Leave

[www.ctpaidleave.org](http://www.ctpaidleave.org)



**P.A. 24-5: An Act Concerning Changes to the Paid Family and Medical Leave Statutes**

Sec. 1 and Sec. 7: Definition of Municipality in CT Paid Leave and CT FMLA

**Background:**

Under the current CT Paid Leave Act, municipalities are not covered employers unless their unionized employees collectively bargain to participate in the program; however, the term “municipality” was not clearly defined in statute. Through its policy-making authority, the CT Paid Leave Authority previously adopted a definition of municipality that incorporates language from various statutes. That policy definition will be superseded by P.A. 24-5.

**New changes in P.A. 24-5, effective October 1, 2024:**

P.A. 24-5 defines “municipality” in CT Paid Leave and CT FMLA as *any metropolitan district, town, consolidated town and city, consolidated town and borough, city, borough, village, fire and sewer district, sewer district and each municipal organization having authority to levy and collect taxes.*

If an entity <b>meets</b> this definition:	If an entity <b>does not</b> meet this definition:
<ul style="list-style-type: none"> <li>• The entity is <b>not</b> a covered employer under CT Paid Leave unless one or more of its bargaining units collectively bargains to be included.</li> <li>• If one or more bargaining units in a municipality collectively bargain to participate in the CT Paid Leave program, then all of the non-represented employees of that municipality will also become participants in the program.</li> <li>• The CT Paid Leave Authority has adopted a policy regarding the effective date of participation in the program via collective bargaining: <u>CTPL-002-ELIG (d) Municipal and Board of Education Employers Effective Date.</u></li> <li>• Employees represented by any bargaining unit in that municipality that did not bargain for participation will continue to be excluded from the program.</li> <li>• Collectively bargaining for participation in the CT Paid Leave program does not automatically result in changing the employees’ rights to job-protected leave.</li> <li>• Employees cannot collectively bargain into coverage under the CT FMLA, as enforced by the CT DOL, but they may collectively bargain for a policy that adopts the provisions of CT FMLA, such as eligibility for job-protected leave after 3 months of employment and the broader definition of family for caregiver leave.</li> </ul>	<ul style="list-style-type: none"> <li>• The entity is a covered employer under CT Paid Leave and CT FMLA.</li> <li>• Beginning 10/1/24, employees will be covered under CT Paid Leave and CT FMLA and, if they meet the worker-specific eligibility requirements, may qualify to take job-protected leave under CT FMLA and receive income-replacement benefits while on leave from CT Paid Leave.</li> <li>• As a covered employer, the entity is required to register with the CT Paid Leave Authority; deduct the 0.5% contributions from its employees’ wages and remit those contributions quarterly.</li> <li>• Additional information on registering and employer responsibilities are available via <a href="http://ctpaidleave.org">ctpaidleave.org</a>.</li> </ul>



Eastern Highlands Health District

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## Activity Report January 1, 2024 – March 31, 2024

### Highlighted Accomplishments/Activities

- Working with the Board of Directors, adopted the Fiscal Year 2024/2025 Operating and CNR Budgets authorizing a total spending package of \$1,010,076, which represents a total spending increase of 1.8%.
- Working actively on the CADH Advocacy Committee during this spring legislative session to advance local public health interests. Highlighted activities during this quarter include participation in a legislative breakfast at the LOB, development of a master list of unfunded or underfunded state mandates, drafting of public hearing testimony regarding private well data confidentiality.
- We continue to support the Coventry's effort to address sodium and chloride contamination in private water supply well. This office attended and spoke at public forum updating the community on efforts to extend public water to the affected areas on Plains Road.
- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:
  1. Participated in a number of meetings including a public meeting in which we presented information updating the community on agency efforts to address the issue.
  2. Spearheaded the coordination and deployment of resources to collect and analyze private well water samples from 31 properties.
- District wide efforts to mitigate impacts of NaCl on the environment include creating a posting an online form that residents can use to report private property damage caused by NaCl; and, beginning the development of internal protocols to distribute educational information to property owners applying for approvals to install water treatment systems.
- Attended and participated as active member of the UConn Institutional Bio-safety Committee, community member at-large.
- This office continues incremental progress the quarter towards enrolling and credentialing for 3<sup>rd</sup> party billing of vaccines and vaccinations. Currently working with Anthem, Cigna, and Connecticare.
- We effectively completed the annual permitting renewal process for 85 cosmetology businesses during this quarter.
- Staff is currently managing 27 cases of Elevated Blood Lead Levels in children. Three of these cases involved in depth investigations on the causes of their environmental lead exposures.
- Conducted 2 infectious disease outbreak investigations during this period.



## Eastern Highlands Health District

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- The Health District distributed approximately 1130 free COVID-19 self-test kits to area schools, Town Halls, and the general public.
- *Community Health and Wellness Programs:* Conducted weekly vaccination clinics at the EHHD main office; Provided QPR training to MRC Volunteers; Organized and hosted education session for area school nurses. (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)
- *Emergency Preparedness Program:* Highlighted EP activities for this period include active support and participation in the development of the Region 3 Project Public Health Ready application; updated the main content of the EHHD mass vaccination plan. (See separate EHHD PHPP report attached.)

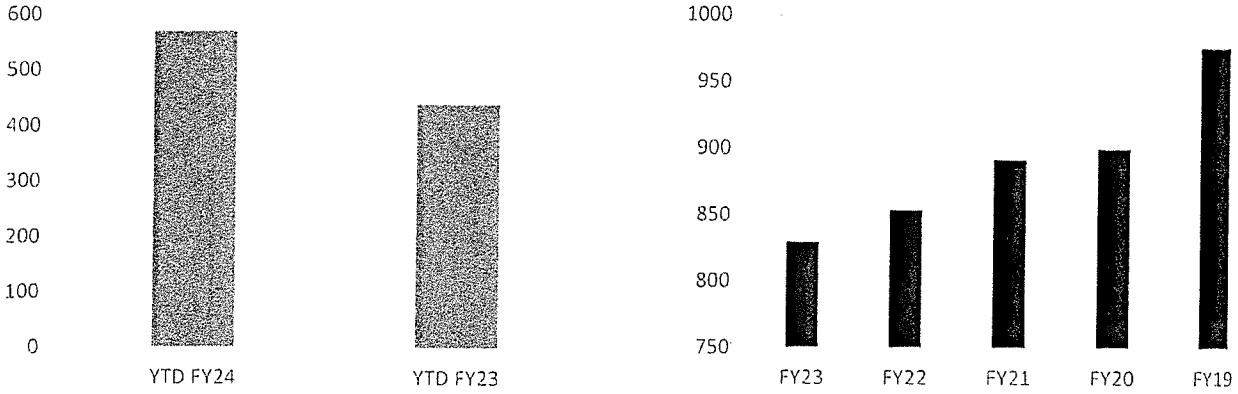
### Plans for the Next Quarter

- Initiate and complete operating license renewals for all food service establishments. Pursuant to the FDA Food Code this includes for the first time all establishments providing Temperature Controlled for Safety (TCS) foods.
- Continue efforts to enroll and credential with 3<sup>rd</sup> party payers for vaccinations and vaccine.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- Begin work on the Preventive Health and Human Services Block Grant (\$150,000) to prevent hypertension.
- Begin work on the Health District immunization promotion initiative funded by the newly awarded Immunization grant (\$185,000).
- Hire summer intern and initiated the summer bathing water monitoring program.
- Prepare and schedule deployment of staff and resources for the summer temporary food event season.
- Issue and RFP to select and engage a consultant to facilitate the agency strategic planning process.

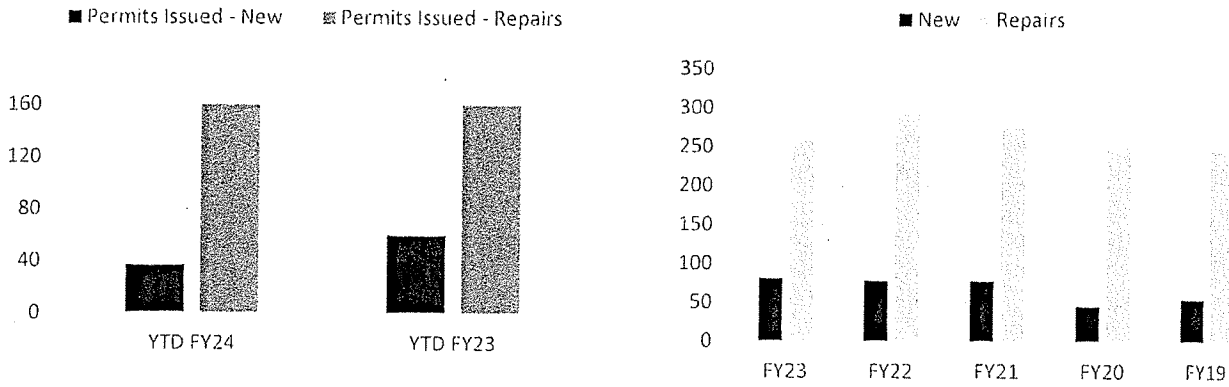
### Statistical Report (Attached)

Quarterly Report January 1, 2024 - March 31, 2024  
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

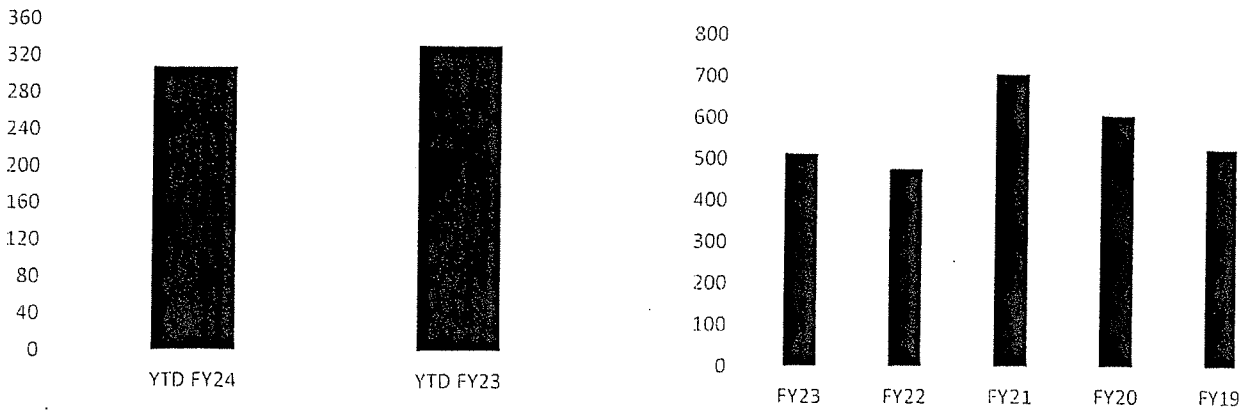
Deep Test Holes



Septic Permits Issued



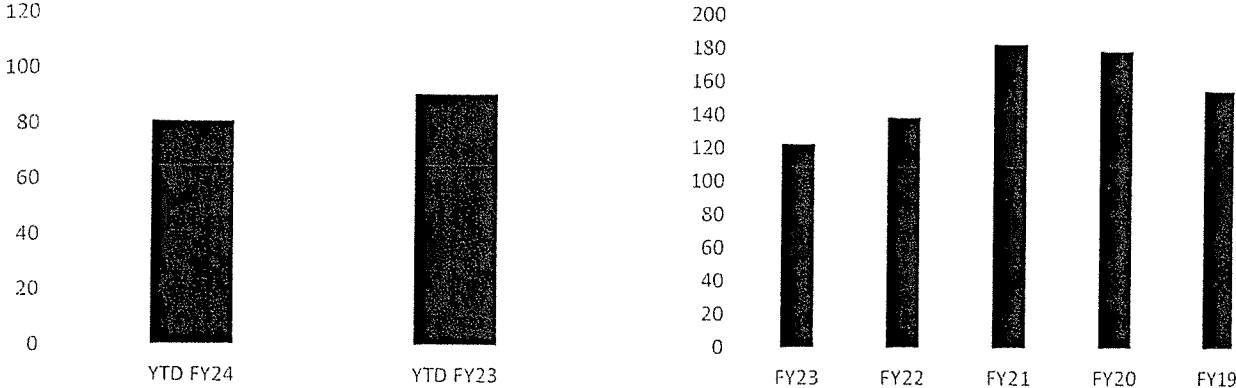
Public Health Reviews



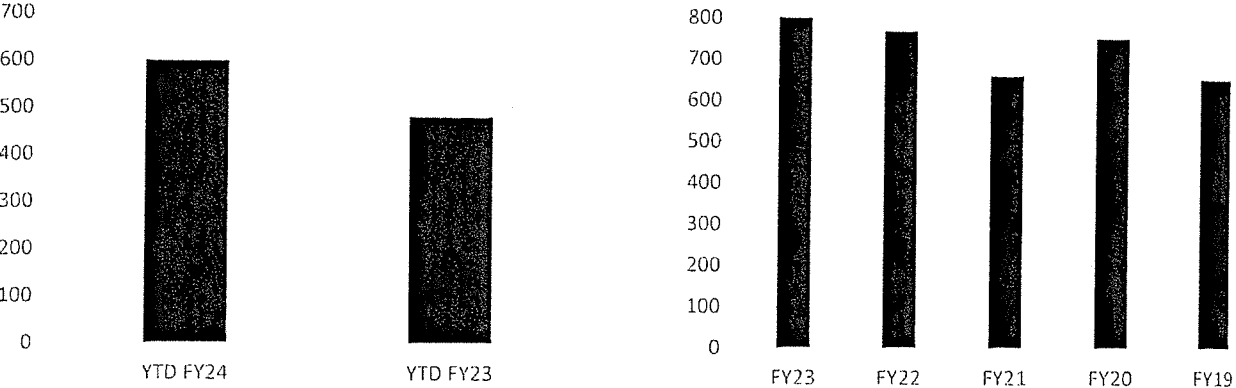


Quarterly Report January 1, 2024 - March 31, 2024  
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

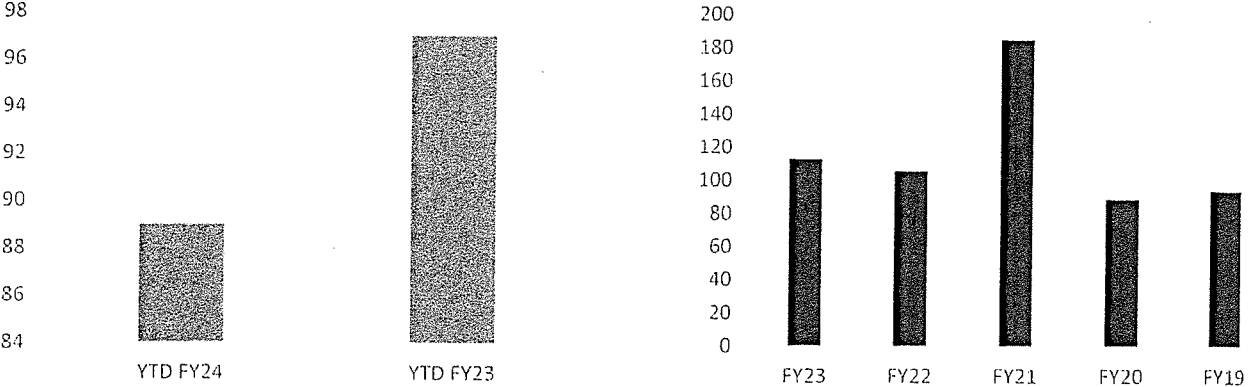
Complaints



Food Service Inspections



Well Permits



**EASTERN HIGHLANDS HEALTH DISTRICT THIRD QUARTER FISCAL YEAR 2023-2024**

January 1, 2024 - March 31, 2024

Activity Indicators	MONTHS				Total	Current YTD FY24	Previous YTD FY23
	January	February	March				
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>							
<i>Complaints</i>							
Air Quality	0	0	0	0	0	2	
Animals/Animal Waste	0	0	0	0	2	2	
Activity without Permit	0	0	1	1	2	2	
Food Protection	1	0	2	3	5	5	
Housing Issues	7	1	3	11	21	35	
Emergency Response	0	1	1	2	4	1	
Refuse/Garbage	1	0	0	1	3	5	
Rodents/Insects	3	0	0	3	8	8	
Septic/Sewage	2	1	3	6	21	16	
Other	1	1	0	2	9	7	
Water Quality	2	0	0	2	6	8	
COVID-19	0	0	0	0	0	0	
<b>Total</b>	<b>17</b>	<b>4</b>	<b>10</b>	<b>31</b>	<b>81</b>	<b>91</b>	
<i>Health Inspection</i>							
Group homes	0	0	1	1	4	0	
Day Care	2	1	1	4	10	4	
Camps	0	0	2	2	4	0	
Public Pool	0	0	0	0	4	5	
Other	7	0	6	13	13	3	
Schools	0	0	0	0	0	6	
Mortgage, FHA, VA	0	0	0	0	0	0	
Bathing Areas	0	0	0	0	0	11	
Cosmetology	45	4	6	55	96	88	
<b>Total Health Inspections</b>	<b>54</b>	<b>5</b>	<b>16</b>	<b>75</b>	<b>131</b>	<b>117</b>	
<i>On-site Sewage Disposal &amp; Wells</i>							
Site inspection	42	54	26	122	566	621	
Deep hole tests	46	60	89	195	571	441	
Percolation tests	9	15	17	41	135	114	
Permits issued, new	2	2	3	7	37	60	
Permits issued, repair	18	16	14	48	192	197	
Site Plans Reviewed	25	22	18	65	238	201	
Public Health Reviews	24	21	43	88	308	332	
<i>Wells</i>							
Well sites inspected	8	8	6	22	96	65	
Well permits issued	13	5	10	28	89	97	
<i>Laboratory Activities (samples taken)</i>							
Potable water	2	0	40	42	43	5	
Surface water	0	0	0	0	213	184	
Ground water	0	0	0	0	0	0	
Rabies	0	0	0	0	0	0	
Lead	72	0	0	72	137	2	
Other	0	1	3	4	14	9	
<i>Food Protection</i>							
Inspections	33	53	48	134	383	343	
On Site inspection violation follow up	10	6	8	24	66	42	
Documented inspection violation follow up	3	11	16	30	92		
Temporary permit	10	31	15	56	189	115	
Temporary inspections*	0	0	18	18	42	80	
Plan review	0	1	2	3	17	15	
Pre-operational inspections	1	1	2	4	16	16	
<b>Total Inspections</b>	<b>47</b>	<b>71</b>	<b>92</b>	<b>210</b>	<b>599</b>	<b>481</b>	
<i>Lead Activities</i>							
Housing inspection	4	0	0	4	7	2	
Abate plan reviewed	0	0	0	0	0	2	
<i>Miscellaneous Activities</i>							
Planning and Zoning referrals	0	0	0	0	1	1	
Subdivision reviewed (# of lots)	0	0	0	0	1	5	

## ANDOVER QUARTERLY REPORT

January 1, 2024 - March 31, 2024

**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	1
Food Protection				0	3
Housing Issues				0	11
Emergency Response				0	2
Refuse/Garbage				0	1
Rodents/Insects				0	3
Septic/Sewage				0	6
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>

Group homes				0	1
Day Care				0	4
Camps				0	2
Public Pool				0	0
Other	1		1	2	13
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	55
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>75</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	3	3		6	122
Deep hole tests -- number of holes	5		3	8	195
Percolation tests -- number of holes	1	1	1	3	41
Permits issued, new	1			1	7
Permits issued, repair	1	1	1	3	48
Site plans reviewed		1	2	3	65
Public Health Reviews	1	1	2	4	88

*Wells*

Well sites inspected				0	22
Well permits issued				0	28

*Laboratory Activities (samples taken)*

Potable water				0	42
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead				0	72
Other				0	4

*Food Protection*

Inspections			1	1	134
On Site inspection violation follow up	1			1	24
Documented inspection violation follow up				0	30
Temporary permits	1	1		2	56
Temporary inspections				0	18
Plan reviews				0	3
Pre-operational inspections				0	4

*Lead Activities*

Housing inspection				0	4
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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

	A	B	C	D	E	F	G	H	I
1	<b>ASHFORD QUARTERLY REPORT</b>								
2	<b>January 1, 2024 - March 31, 2024</b>								
3									
4	<b>Activity Indicators</b>								
5									
6									
7	<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>								
8	<b>Complaints</b>								
9		Air Quality						0	0
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits						0	1
12		Food Protection						0	3
13		Housing Issues		3				3	11
14		Emergency Response						0	2
15		Refuse/Garbage						0	1
16		Rodents/Insects						0	3
17		Septic/Sewage		1				1	6
18		Other						0	2
19		Water Quality						0	2
20		COVID-19						0	0
21		<b>Total</b>		<b>4</b>	<b>0</b>	<b>0</b>		<b>4</b>	<b>31</b>
22	<b>Health Inspection</b>								
23		Group homes						0	1
24		Day Care						0	4
25		Camps				1		1	2
26		Public Pool						0	0
27		Other						0	13
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Cosmetology		3				3	55
32		<b>Total</b>		<b>3</b>	<b>0</b>	<b>1</b>		<b>4</b>	<b>75</b>
33	<b>On-site Sewage Disposal</b>								
34		Site inspection -- all site visits			3	7		10	122
35		Deep hole tests -- number of holes		6	3	22		31	195
36		Percolation tests -- number of holes		1	1	3		5	41
37		Permits issued, new				1		1	7
38		Permits issued, repair		1	3	4		8	48
39		Site plans reviewed		3	3	3		9	65
40		Public Health Reviews		6	1	5		12	88
41	<b>Wells</b>								
42		Well sites inspected				1		1	22
43		Well permits issued				4		4	28
44	<b>Laboratory Activities (samples taken)</b>								
45		Potable water						0	42
46		Surface water						0	0
47		Ground water						0	0
48		Rabies						0	0
49		Lead						0	72
50		Other						0	4
51	<b>Food Protection</b>								
52		Inspections			1	1		2	134
53		On Site inspection violation follow up						0	24
54		Documented inspection violation follow up						0	30
55		Temporary permits				2		2	56
56		Temporary inspections						0	18
57		Plan reviews						0	3
58		Pre-operational inspections						0	4
59	<b>Lead Activities</b>								
60		Housing inspection						0	4
61		Abate plan reviewed						0	0
62	<b>MISCELLANEOUS ACTIVITIES</b>								
63		Planning and Zoning referrals						0	0
64		Subdivision reviewed (per lot)						0	0

**BOLTON QUARTERLY REPORT**  
**January 1, 2024 - March 31, 2024**

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<b>Complaints</b>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues	1			1	11	
Emergency Response				0	2	
Refuse/Garbage				0	1	
Rodents/Insects				0	3	
Septic/Sewage				0	6	
Other	1			1	2	
Water Quality				0	2	
COVID-19				0	0	
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>31</b>	
<b>Health Inspection</b>						
Group homes				0	1	
Day Care			1	1	4	
Camps				0	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology	3		1	4	55	
<b>Total</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>75</b>	
<b>On-site Sewage Disposal</b>						
Site inspection -- all site visits				0	122	
Deep hole tests -- number of holes			3	3	195	
Percolation tests -- number of holes			1	1	41	
Permits issued, new				0	7	
Permits issued, repair	1		1	2	48	
Site plans reviewed	2		1	3	65	
Public Health Reviews	2	1	3	6	88	
<b>Wells</b>						
Well sites inspected				0	22	
Well permits issued			1	1	28	
<b>Laboratory Activities (samples taken)</b>						
Potable water				0	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other			1	1	4	
<b>Food Protection</b>						
Inspections		3	3	6	134	
On Site inspection violation follow up				0	24	
Documented inspection violation follow up				0	30	
Temporary permits	3	7	3	13	56	
Temporary inspections				0	18	
Plan reviews				0	3	
Pre-operational inspections			1	1	4	
<b>Lead Activities</b>						
Housing inspection				0	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## CHAPLIN QUARTERLY REPORT

January 1, 2024 - March 31, 2024

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues				0	11	
Emergency Response				0	2	
Refuse/Garbage				0	1	
Rodents/Insects				0	3	
Septic/Sewage				0	6	
Other				0	2	
Water Quality				0	2	
COVID-19				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	
<i>Health Inspection</i>						
Group homes				0	1	
Day Care		1		1	4	
Camps				0	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	55	
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>75</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits				0	122	
Deep hole tests -- number of holes			6	6	195	
Percolation tests -- number of holes			2	2	41	
Permits issued, new				0	7	
Permits issued, repair			1	1	48	
Site plans reviewed			2	2	65	
Public Health Reviews				0	88	
<i>Wells</i>						
Well sites inspected	1			1	22	
Well permits issued	1			1	28	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other				0	4	
<i>Food Protection</i>						
Inspections	1	4	1	6	134	
On Site inspection violation follow up	1			1	24	
Documented inspection violation follow up	1		3	4	30	
Temporary permits				0	56	
Temporary inspections				0	18	
Plan reviews			1	1	3	
Pre-operational inspections				0	4	
<i>Lead Activities</i>						
Housing inspection				0	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## COLUMBIA QUARTERLY REPORT

January 1, 2024 - March 31, 2024

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues				0	11	
Emergency Response				0	2	
Refuse/Garbage				0	1	
Rodents/Insects				0	3	
Septic/Sewage				0	6	
Other				0	2	
Water Quality				0	2	
COVID-19				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	
<i>Health Inspection</i>						
Group homes				0	1	
Day Care				0	4	
Camps				0	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology	5		1	6	55	
<b>Total</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>75</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	11	10	1	22	122	
Deep hole tests -- number of holes	3	9	3	15	195	
Percolation tests -- number of holes	1	3	1	5	41	
Permits issued, new				0	7	
Permits issued, repair	4	1	1	6	48	
Site plans reviewed	4	2	2	8	65	
Public Health Reviews	1	1	4	6	88	
<i>Wells</i>						
Well sites inspected	1			1	22	
Well permits issued	3			3	28	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other			1	1	4	
<i>Food Protection</i>						
Inspections	4	1	4	9	134	
On Site inspection violation follow up				0	24	
Documented inspection violation follow up		1	1	2	30	
Temporary permits				0	56	
Temporary inspections				0	18	
Plan reviews				0	3	
Pre-operational inspections				0	4	
<i>Lead Activities</i>						
Housing inspection				0	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## COVENTRY QUARTERLY REPORT

January 1, 2024 - March 31, 2024

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection			1	1	3	
Housing Issues	2			2	11	
Emergency Response				0	2	
Refuse/Garbage				0	1	
Rodents/Insects				0	3	
Septic/Sewage			1	1	6	
Other				0	2	
Water Quality				0	2	
COVID-19				0	0	
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>31</b>	
<i>Health Inspection</i>						
Group homes			1	1	1	
Day Care				0	4	
Camps				0	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology	6			6	55	
<b>Total</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>75</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	15	20	5	40	122	
Deep hole tests -- number of holes	6	11	18	35	195	
Percolation tests -- number of holes	2	3	1	6	41	
Permits issued, new			1	1	7	
Permits issued, repair	3	6		9	48	
Site plans reviewed	3	6	2	11	65	
Public Health Reviews	5	6	10	21	88	
<i>Wells</i>						
Well sites inspected				0	22	
Well permits issued			1	1	28	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other		1		1	4	
<i>Food Protection</i>						
Inspections	5	7	3	15	134	
On Site inspection violation follow up		1	1	2	24	
Documented inspection violation follow up			1	1	30	
Temporary permits	1	2	7	10	56	
Temporary inspections				0	18	
Plan reviews				0	3	
Pre-operational inspections		1		1	4	
<i>Lead Activities</i>						
Housing inspection	1			1	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	



**MANSFIELD QUARTERLY REPORT**

**January 1, 2024 - March 31, 2024**

**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			1	1	1
Food Protection	1		1	2	3
Housing Issues	1		2	3	11
Emergency Response			1	1	2
Refuse/Garbage				0	1
Rodents/Insects	1			1	3
Septic/Sewage		1	1	2	6
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>10</b>	<b>31</b>

*Health Inspection*

Group homes				0	1
Day Care	1			1	4
Camps				0	2
Public Pool				0	0
Other	6		5	11	13
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology	12	2	2	16	55
<b>Total</b>	<b>19</b>	<b>2</b>	<b>7</b>	<b>28</b>	<b>75</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	7	10	3	20	122
Deep hole tests -- number of holes	6	9	9	24	195
Percolation tests -- number of holes	2	2	2	6	41
Permits issued, new	1			1	7
Permits issued, repair	3		2	5	48
Site plans reviewed	3		2	5	65
Public Health Reviews	3	4	8	15	88

*Wells*

Well sites inspected	2	4	1	7	22
Well permits issued	4	3	3	10	28

*Laboratory Activities (samples taken)*

Potable water	2			2	42
Surface water				0	0
Ground water				0	0
Rabies				0	0
Lead	72			72	72
Other				0	4

*Food Protection*

Inspections	14	24	17	55	134
On Site inspection violation follow up	6	4	5	15	24
Documented inspection violation follow up	1	7	7	15	30
Temporary permits	5	18	2	25	56
Temporary inspections			18	18	18
Plan reviews				0	3
Pre-operational inspections	1		1	2	4

*Lead Activities*

Housing inspection	3			3	4
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	0
Subdivision reviewed (per lol)				0	0

**SCOTLAND QUARTERLY REPORT**

January 1, 2024 - March 31, 2024

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<b>Complaints</b>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues				0	11	
Emergency Response				0	2	
Refuse/Garbage				0	1	
Rodents/Insects				0	3	
Sepic/Sewage				0	6	
Other				0	2	
Water Quality	1			1	2	
COVID-19				0	0	
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>31</b>	
<b>Health Inspection</b>						
Group homes				0	1	
Day Care				0	4	
Camps				0	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	55	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>	
<b>On-site Sewage Disposal</b>						
Site inspection -- all site visits	1	2		3	122	
Deep hole tests -- number of holes		8		8	195	
Percolation tests -- number of holes		2		2	41	
Permits issued, new		1		1	7	
Permits issued, repair				0	46	
Site plans reviewed			1	1	65	
Public Health Reviews				0	88	
<b>Wells</b>						
Well sites inspected	1	1	1	3	22	
Well permits issued				0	28	
<b>Laboratory Activities (samples taken)</b>						
Potable water				0	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other				0	4	
<b>Food Protection</b>						
Inspections	1			1	134	
On Site inspection violation follow up				0	24	
Documented inspection violation follow up	1			1	30	
Temporary permits				0	56	
Temporary inspections				0	18	
Plan reviews				0	3	
Pre-operational inspections				0	4	
<b>Lead Activities</b>						
Housing inspection				0	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## TOLLAND QUARTERLY REPORT

January 1, 2024 - March 31, 2024

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues			1	1	11	
Emergency Response				0	2	
Refuse/Garbage				0	1	
Rodents/Insects				0	3	
Septic/Sewage	1		1	2	6	
Other		1		1	2	
Water Quality	1			1	2	
COVID-19				0	0	
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>31</b>	
<i>Health Inspection</i>						
Group homes				0	1	
Day Care	1			1	4	
Camps			1	1	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology	16	2	2	20	55	
<b>Total</b>	<b>17</b>	<b>2</b>	<b>3</b>	<b>22</b>	<b>75</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	2	3	7	12	122	
Deep hole tests -- number of holes	20	13	11	44	195	
Percolation tests -- number of holes	2	3	3	8	41	
Permits issued, new		1	1	2	7	
Permits issued, repair	4	3	3	10	48	
Site plans reviewed	8	8	3	19	65	
Public Health Reviews	3	5	8	16	88	
<i>Wells</i>						
Well sites inspected	1	3	3	7	22	
Well permits issued	2	1	1	4	28	
<i>Laboratory Activities (samples taken)</i>						
Potable water			40	40	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other			1	1	4	
<i>Food Protection</i>						
Inspections	4	8	13	25	134	
On Site inspection violation follow up	1	1	1	3	24	
Documented inspection violation follow up		1	2	3	30	
Temporary permits		1		1	56	
Temporary inspections				0	18	
Plan reviews		1	1	2	3	
Pre-operational inspections				0	4	
<i>Lead Activities</i>						
Housing inspection				0	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

**WILLINGTON QUARTERLY REPORT**

**January 1, 2024 - March 31, 2024**

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues		1		1	11	
Emergency Response		1		1	2	
Refuse/Garbage	1			1	1	
Rodents/Insects	2			2	3	
Septic/Sewage				0	6	
Other				0	2	
Water Quality				0	2	
COVID-19				0	0	
<b>Total</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>31</b>	
<i>Health Inspection</i>						
Group homes				0	1	
Day Care				0	4	
Camps				0	2	
Public Pool				0	0	
Other				0	13	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	55	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	3	3	3	9	122	
Deep hole tests -- number of holes		7	14	21	195	
Percolation tests -- number of holes			3	3	41	
Permits issued, new				0	7	
Permits issued, repair	1	2	1	4	48	
Site plans reviewed	2	2		4	65	
Public Health Reviews	3	2	3	8	88	
<i>Wells</i>						
Well sites inspected	2			2	22	
Well permits issued	3	1		4	28	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	42	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	72	
Other				0	4	
<i>Food Protection</i>						
Inspections	4	5	5	14	134	
On Site inspection violation follow up	1		1	2	24	
Documented inspection violation follow up		2	2	4	30	
Temporary permits		2	1	3	56	
Temporary inspections				0	18	
Plan reviews				0	3	
Pre-operational inspections				0	4	
<i>Lead Activities</i>						
Housing inspection				0	4	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

**Eastern Highlands Health District  
Community Health and Wellness Coordinator  
3rd Quarter Report January 1, 2024 –March 31, 2024**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,207 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
<p><b>1b (1)</b> Refine/update grant monitoring network</p>	<p>CHWC applied for radon kits through the CT Partnership with DPH . 50 kits were granted.</p>	<p>CHWC organized a campaign and distributed all 50 radon kits. CHWC followed up with residents and verified that 40/50 kits were deployed.</p>
<p><b>1g (1)</b> Explore and expand partnership opportunities</p>	<p>CHWC is part of the Immunization Coalition and attended 2 meetings The CHWC attended 1 quarterly meeting of the Coventry Worker’s Safety and Wellness meeting.</p> <p>CHWC organized a meeting of school nurses with a training from Connecticut Poison Control.</p>	<p>CHWC provided feedback to the meetings.</p>
<p><b>2a (2)</b> Effective communication of health district programs and news with staff and member towns officials</p>	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.</p> <p>CHWC continues to produce quarterly newsletters.</p> <p>CHWC oversees the COVID-19 clinical staff and volunteers for vaccination clinics.</p> <p>CHWC is a voting member of the Chaplin School Readiness Committee.</p>	<p>Bulletin boards with health and safety messages were updated.</p> <p>Topics included: Physical activity information, seasonal affective disorder, tick-borne illness, and oral health.</p> <p>Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.</p> <p>CHWC attended one meeting of the Chaplin School Readiness Committee.</p>
<p><b>3c (1)</b> Engage in advocacy events and activities</p>	<p>CHWC is a source for the public on immunization information, including Covid-19</p>	<p>CHWC will continue to explore ways to support community events</p>

<b>Childhood Lead Activities</b>	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were <b>27 cases</b> followed in this reporting period. <b>3 events</b> were closed. <b>12 phone calls</b> were made to families and providers. <b>11 correspondences completed to families.</b> CHWC worked with the Chief Sanitarian on 3 investigations for elevated lead levels. CHWC completed the paperwork and submission for DPH reimbursement of these investigations.
<b>Communicable Disease Control</b>	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
<b>CHWC Training and Continued Education</b>	02/29/24- COCA Call: Overdoses Involving Xylazine Mixed with Fentanyl: Clinical and Public Health Implications (1 contact hr) 03/12-03/13/24- TEEX MGT 341 Disaster Preparedness for Healthcare Organizations Within The Community Infrastructure (16 hours, 1.6 contact hrs)	CHWC will continue to explore opportunities to participate in continuing education when appropriate
<b>Vaccine Program</b>	CHWC attended 3 monthly meetings of the Immunization Coalition. EHHD performed biweekly vaccine clinics one for adults and one for children. EHHD provided vaccine clinics (some Covid-19 and others flu) at,	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination.

### Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CTResponds system. In total, in this reporting period there are 128 volunteers. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases. CHWC also provides important information to the Covid-19 Project Staffer to circulate on social media and on EHHD bulletin boards. **CHWC also coordinated the distribution of Covid-19 test kits to schools, the community, senior centers: 1131 test kits were distributed during this period**

**CHWC trains clinic staff and supervises clinical operations. EHHD performed weekly vaccination clinics in Mansfield. CHWC provided QPR Suicide Training to MRC volunteers on February 21, 10 people attended. CHWC sends emails to MRC volunteers to staff the upcoming clinics and then assigns the volunteers to the clinics. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters. CHWC keeps standing orders updated with the Medical Director.**

CHWC continues to attend PHEP/Region 4 MRC and Statewide MRC meetings and to maintain the National MRC activity log.

**CHWC organized a District School Nurse Meeting. 5 school nurses attended. CT Poison Control provided education on services for school nurses. EHHD information on current respiratory illness numbers and vaccination were provided.**

**Employee Wellness Programs**

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

**Tolland**

The CHWC conducted the 3<sup>rd</sup> Quarterly Educational Event, on for the Tolland Town employees **Importance of Oral Health, 16** attended in person and an online version was posted to the Be Well website for people unable to attend.

**Community Outreach**

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

CHWC participated in 1 meeting of the Coventry Safety and Wellness Committee.

Communicable disease*	January	February	March	Quarter
Number of reported cases	17	9	10	36
Interviews	1	8	0	9
Investigations	1	1	0	2

\*These numbers do not include SAR-Covid-19 cases.

Date	Description	# served	Community
Spring 2024	Employee Wellness Newsletter (UConn) 201	202	UConn
Spring 2024	Employee Wellness Newsletter 60	60	Andover
Spring 2024	Employee Wellness Newsletter 60	60	Ashford
Spring 2024	Employee Wellness Newsletter 200	200	Bolton
Spring 2024	Employee Wellness Newsletter 30	30	Chaplin
Spring 2024	Employee Wellness Newsletter 60	60	Columbia
Spring 2024	Employee Wellness Newsletter 60	60	Coventry
Spring 2024	Employee Wellness Newsletter 60	60	Scotland
Spring 2024	Employee Wellness Newsletter 435	435	Tolland
Spring 2024	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	Will resume in January	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	2	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
UConn Bike Friendly Campus	UConn staff and students along with other stakeholders working on improving biking on UConn campus. The goal of the group is to obtain the League of American Bicyclists Bike Friendly Status.	0	
R-4 ESF 8 meeting	Region 4 emergency response meeting	0	
Bolton Health and Wellness		0	
Coventry Safety and Wellness		1	
Chaplin School Readiness Program		2	



## **Eastern Highlands Health District Public Health Preparedness Program**

January – March 2024

- **PHEP Activities:**
  - Fulfilled PHEP/MRC deliverables for BP5:
    - BP5 Quarter 2 Progress Report was completed and submitted on 1/9/2024. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.
  - Starting January 12<sup>th</sup> EHHD supported Regions with their Project Public Health Ready (PPHR) application. This application ensures that Region 3's PHERP has all the necessary components to meet NACCHO's requirements for Public Health recognition.
  - On February 9th the EHHD Mass Dispensing Plan updates efforts were completed. This plan provides a detailed guideline and logistics on how to effectively distribute mass drug dispensing or vaccination in efforts to mitigate a real world emergency such as Anthrax and COBID-19.

### **Regional Activities:**

- Participated Region4 & Region3 PHEP, MRC, and CRI monthly meetings 01/05/24, 1/8/24, 02/02/24, 2/12/24, 03/01/24, 3/11/24,
  - Participated in Region 4 ESF-8 monthly meetings on 01/25/24, 02/09/24, 03/28/24
  - Participated in Region 3 PPHR weekly work group meetings on 1/22/24, 1/30/24, 2/6/24, 2/13/24, 2/20/24, 2/27/24. 3/5/24, 3/19/24, 3/26/24
- **Plans for Next Quarter:**
    - Continue with BP5 PHEP deliverables and any necessary Q3 requirements
    - Support CRI Region 4 partners to complete MCM action plan and ORR
    - Update local EHHD preparedness plans
    - Continue to Support Region 3 with Project Public Health Ready application.
    - Attend various upcoming table top exercises.

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    - BP5 Quarter 2 Progress Report was completed and submitted on 1/9/2024. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.
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    - Continue with BP5 PHEP deliverables and any necessary Q3 requirements
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    - Update local EHHD preparedness plans
    - Continue to Support Region 3 with Project Public Health Ready application.
    - Attend various upcoming table top exercises.



## Eastern Highlands Health District

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# Activity Report

## April 1, 2024 – June 30, 2024

### Highlighted Accomplishments/Activities

- Working actively on the CADH Advocacy Committee during this spring legislative session to advance local public health interests. Highlighted activities during this quarter include reviewing draft CADH testimony, and meeting with legislators regarding pending legislation.
- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:
  1. Participated in bi-weekly status meetings on efforts to address Tolland NaCl challenges
  2. Providing additional technical support regarding the new well at 68 MT Spring Rd
- District wide efforts to mitigate impacts of NaCl on the environment include finalizing and implementing internal protocols it distribute educational information to property owners applying for approvals to install water treatment systems.
- Attended and participated as active member of the UConn Institutional Bio-safety Committee, community member at-large.
- Hired summer intern and initiated the summer bathing water monitoring program. We have 27 sites we monitor weekly.
- Completed operating license renewals for all food service establishments. Pursuant to the FDA Food Code this includes for the first time all establishments providing Temperature Controlled for Safety (TCS) foods.
- Active participation in the Governors Opioid Settlement Advisory Committee. Next meeting is in September.
- This office continues incremental progress the quarter towards enrolling and credentialing for 3<sup>rd</sup> party billing of vaccines and vaccinations. We recently executed enrollment agreement with Anthem and Cigna. Agreement with Connecticare, and Aetna still in progress.
- An RFP was issued this quarter to solicit proposal for a consulting firm to support the update of our strategic plan. A consultant was selected with the support of the Strategic Planning Team, which is comprised of four board members.
- We completed and recruitment and hiring of a part-time public health nurse during this quarter.
- Staff is currently managing 28 cases of Elevated Blood Lead Levels in children. One of these case involved in depth investigations on the causes of their environmental lead exposures.
- Conducted 4 infectious disease outbreak investigations during this period.



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- The Health District engaged in a number of grant funded activities this quarter:
  1. The completion of a Community Assessment to barriers to vaccine uptake, and the development of a vaccine promotion campaign to address those barriers. This work is on-going.
  2. The coordination and scheduling of a number of blood pressure clinics in the district.
  
- *Community Health and Wellness Programs:* Participate in the Bike Mansfield Event for 4<sup>th</sup> graders; biometric screening event at the Tolland Town Hall; participated in the Coventry Safety and Wellness committee meeting (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)
  
- *Emergency Preparedness Program:* Highlighted EP activities for this period include updating the addenda of the Mass Distribution Plan; completing a quarterly call down drill; participated in number of EP local and regional meetings to support EP (See separate EHHD PHPP report attached.)

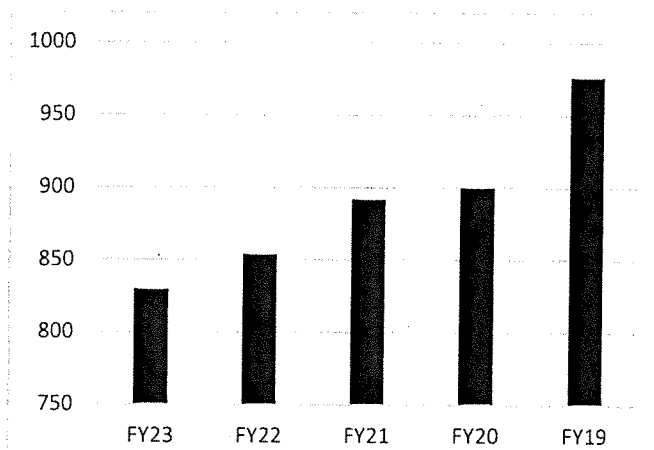
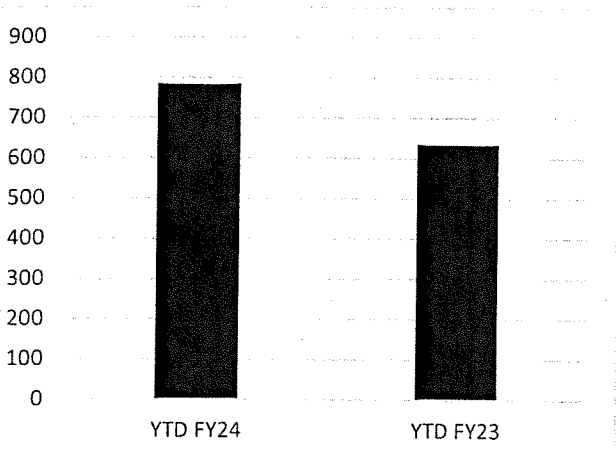
### Plans for the Next Quarter

- Continue efforts to enroll and credential with 3<sup>rd</sup> party payers for vaccinations and vaccine.
  
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
  
- On-going work on the Preventive Health and Human Services Block Grant (\$150,000) to prevent hypertension.
  
- On-going work on the Health District immunization promotion initiative funded by the newly awarded Immunization grant (\$185,000).
  
- On-going deployment of staff and resources for the summer temporary food event season.
  
- On-going work and progress on efforts to update the agency strategic plan.

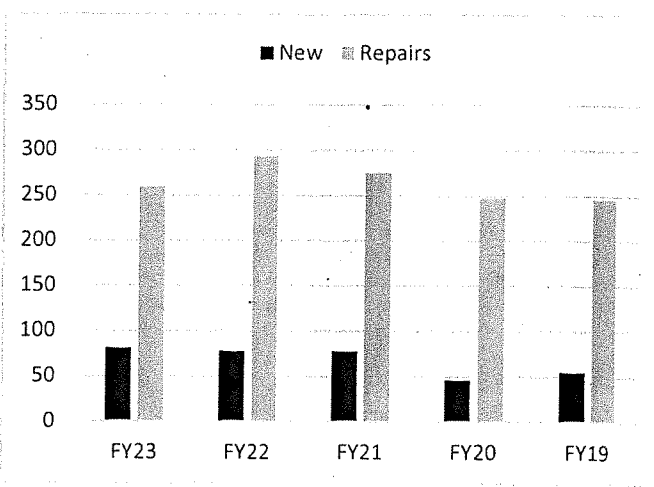
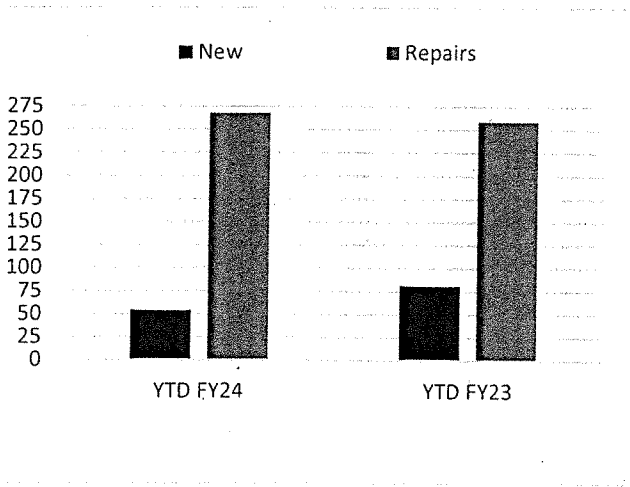
### Statistical Report (Attached)

Quarterly Report April 1, 2024 - June 30, 2024  
 Year to Date Histograms with 5-Year Trend Comparisons for Selected Activity Indicators

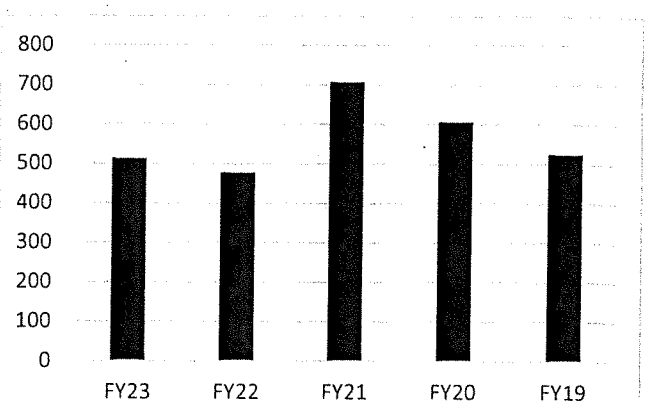
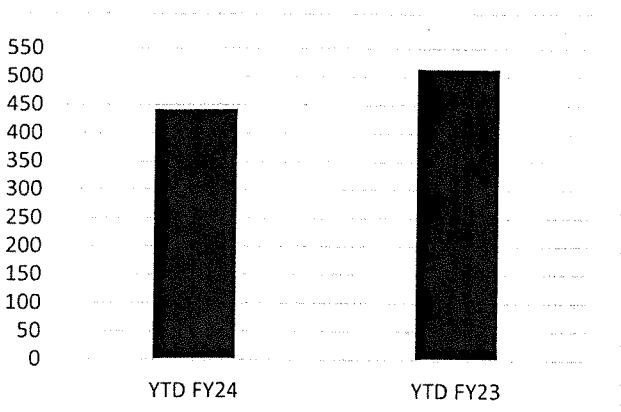
**Deep Test Holes**



**Septic Permits Issued**

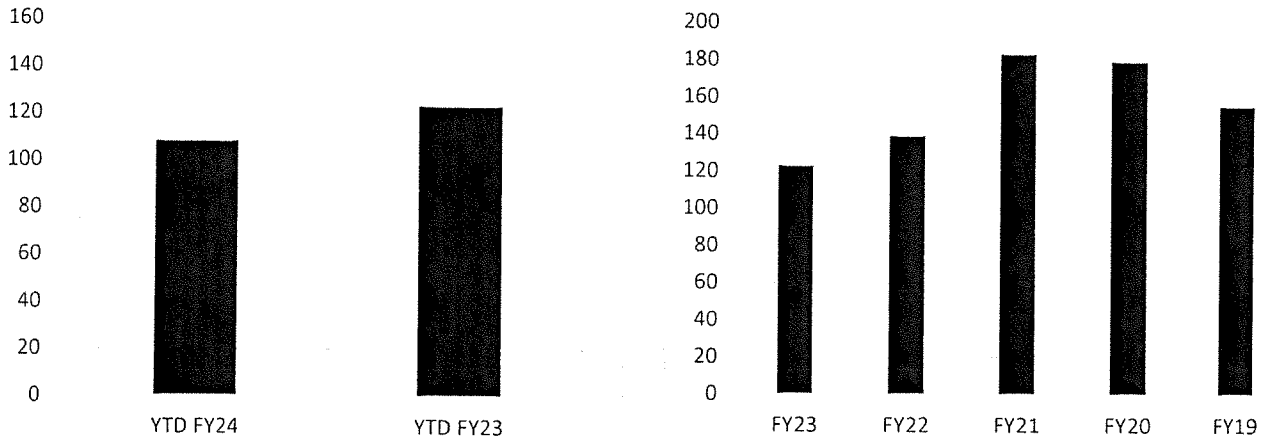


**Public Health Reviews**

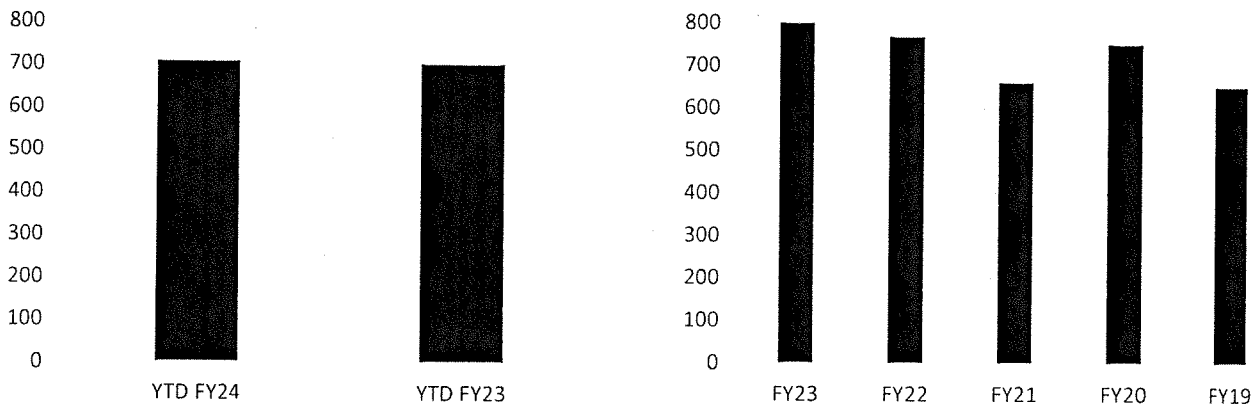


Quarterly Report April 1, 2024 - June 30, 2024  
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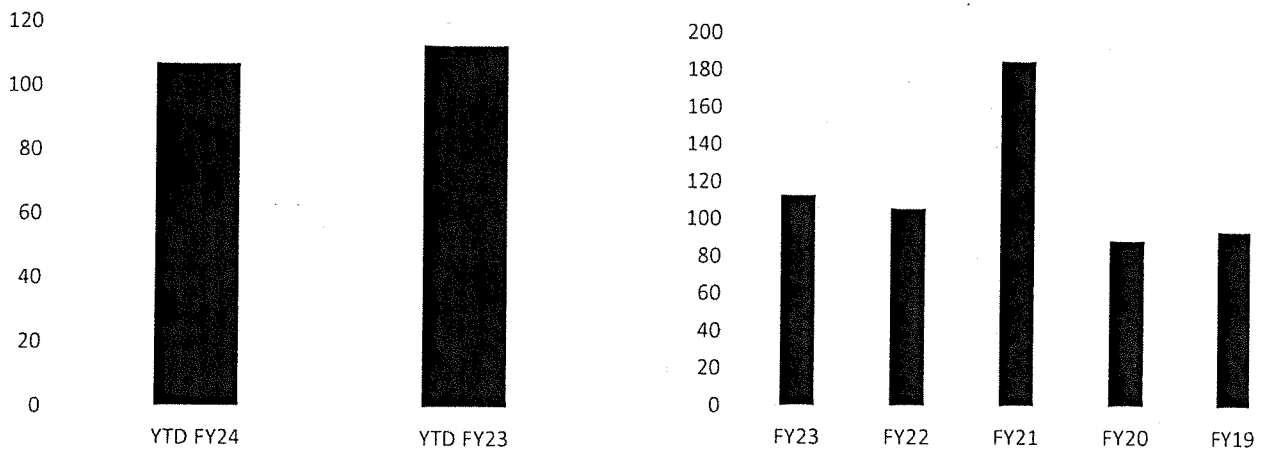
**Complaints**



**Food Service Inspections**



**Well Permits**



**EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 2023-2024**

**April 1, 2024- June 30, 2024**

Activity Indicators	MONTHS					
	April	May	June	Total	YTD FY24	YTD FY23
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality	0	0	0	0	0	2
Animals/Animal Waste	0	1	1	2	4	3
Activity without Permit	0	2	1	3	5	3
Food Protection	2	1	1	4	9	7
Housing Issues	0	2	1	3	24	41
Emergency Response	1	0	1	2	6	2
Refuse/Garbage	1	2	1	4	7	8
Rodents/Insects	0	1	1	2	10	13
Septic/Sewage	4	0	0	4	25	20
Other	1	0	1	2	11	11
Water Quality	1	0	0	1	7	13
Covid-19	0	0	0	0	0	0
Total	10	9	8	27	108	123
<i>Health Inspection</i>						
Group homes	0	0	0	0	4	0
Day Care	1	2	1	4	14	5
Camps	3	1	0	4	8	5
Public Pool	4	4	1	9	13	15
Other	0	0	1	1	14	3
Schools	0	0	0	0	0	6
Mortgage, FHA, VA	0	0	0	0	0	0
Bathing Areas	0	0	0	0	0	11
Cosmetology	1	1	0	2	98	94
Total	9	8	3	20	151	139
<i>On-site Sewage Disposal</i>						
Site inspection	74	92	78	244	810	830
Deep hole tests	50	79	84	213	784	635
Percolation tests	15	19	13	47	182	163
Permits issued, new	4	6	7	17	54	81
Permits issued, repair	21	27	28	76	268	259
Site Plans Reviewed	37	37	34	108	346	300
Public Health Reviews	47	46	41	134	442	514
<i>Wells</i>						
Well sites inspected	7	3	2	12	108	84
Well permits issued	9	6	3	18	107	113
<i>Laboratory Activities (samples taken)</i>						
Potable water	0	0	0	0	43	5
Surface water	0	42	88	130	343	309
Ground water	0	0	0	0	0	0
Rabies	0	1	1	2	2	1
Lead	21	2	0	23	160	10
Other	4	2	3	9	23	29
<i>Food Protection</i>						
Inspections	35	53	28	116	499	462
On Site inspection violation follow up	9	10	4	23	89	89
Documented inspection violation follow up	14	29	8	51	143	
Temporary permits	17	22	10	49	238	158
Temporary inspections*	0	4	48	52	94	119
Plan review	0	4	2	6	23	18
Pre-operational inspections	6	3	0	9	25	31
Total Inspections	64	99	88	200	707	701
<i>Lead Activities</i>						
Housing inspection	1	1	0	2	9	4
Abate plan reviewed	0	0	0	0	0	2
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals	0	1	0	1	2	2
Subdivision reviewed (# of lots)	0	0	1	1	2	6

**ANDOVER QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

Activity Indicators						
	April	May	June	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	2	
Activity Without Proper Permits				0	3	
Food Protection				0	4	
Housing Issues				0	3	
Emergency Response				0	2	
Refuse/Garbage				0	4	
Rodents/Insects				0	2	
Septic/Sewage				0	4	
Other				0	2	
Water Quality				0	1	
COVID-19				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	4	
Camps				0	4	
Public Pool				0	9	
Other				0	1	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	4	8	3	15	244	
Deep hole tests -- number of holes		6	6	12	213	
Percolation tests -- number of holes		2	1	3	47	
Permits issued, new		1		1	17	
Permits issued, repair	1	3	1	5	76	
Site plans reviewed	1	4	1	6	108	
Public Health Reviews		2	5	7	134	
<i>Wells</i>						
Well sites inspected				0	12	
Well permits issued				0	18	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water		2	4	6	130	
Ground water				0	0	
Rabies				0	2	
Lead				0	23	
Other		1		1	9	
<i>Food Protection</i>						
Inspections		2	2	4	116	
On Site inspection violation follow up				0	23	
Documented inspection violation follow up				0	51	
Temporary permits		1		1	49	
Temporary inspections				0	52	
Plan reviews				0	6	
Pre-operational inspections				0	9	
<i>Lead Activities</i>						
Housing inspection				0	2	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	1	
Subdivision reviewed (per lot)				0	1	



**ASHFORD QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste			1	1	2
Activity Without Proper Permits		1		1	3
Food Protection				0	4
Housing Issues		1		1	3
Emergency Response	1			1	2
Refuse/Garbage		1		1	4
Rodents/Insects				0	2
Septic/Sewage				0	4
Other	1			1	2
Water Quality	1			1	1
COVID-19				0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps				0	4
Public Pool	2			2	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>20</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	7	8	17	32	244
Deep hole tests -- number of holes	6	8	6	20	213
Percolation tests -- number of holes	2	3	2	7	47
Permits issued, new			1	1	17
Permits issued, repair	2	3	8	13	76
Site plans reviewed	3	3	10	16	108
Public Health Reviews	2	1	4	7	134

*Wells*

Well sites inspected				0	0
Well permits issued		2		2	12

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water		2	5	7	130
Ground water				0	0
Rabies				0	2
Lead	16			16	23
Other	1			1	9

*Food Protection*

Inspections	5	4	3	12	116
On Site inspection violation follow up			1	1	23
Documented inspection violation follow up	4	6	1	11	51
Temporary permits	2			2	49
Temporary inspections				0	52
Plan reviews				0	6
Pre-operational inspections	2			2	9

*Lead Activities*

Housing inspection	1			1	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1

**BOLTON QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
--	-------	-----	------	-------	----------------

**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	3
Food Protection				0	4
Housing Issues				0	3
Emergency Response				0	2
Refuse/Garbage				0	4
Rodents/Insects				0	2
Septic/Sewage	1			1	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps				0	4
Public Pool				0	9
Other			1	1	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>20</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	4	3	12	19	244
Deep hole tests -- number of holes			6	6	213
Percolation tests -- number of holes			2	2	47
Permits issued, new	1			1	17
Permits issued, repair		5	3	8	76
Site plans reviewed	1	6	3	10	108
Public Health Reviews	4	4	5	13	134

*Wells*

Well sites inspected				0	12
Well permits issued				0	18

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water		4	8	12	130
Ground water				0	0
Rabies				0	2
Lead				0	23
Other	2			2	9

*Food Protection*

Inspections	4	3	4	11	116
On Site inspection violation follow up				0	23
Documented inspection violation follow up		2		2	51
Temporary permits				0	49
Temporary inspections				0	52
Plan reviews		1		1	6
Pre-operational inspections				0	9

*Lead Activities*

Housing inspection		1		1	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1

**CHAPLIN QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste		1		1	2
Activity Without Proper Permits				0	3
Food Protection				0	4
Housing Issues				0	3
Emergency Response				0	2
Refuse/Garbage				0	4
Rodents/Insects				0	2
Septic/Sewage				0	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps	1			1	4
Public Pool				0	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>20</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	2	3	5	10	244
Deep hole tests -- number of holes		6	3	9	213
Percolation tests -- number of holes	2	1		3	47
Permits issued, new		1		1	17
Permits issued, repair	1	1		2	76
Site plans reviewed	1	2	1	4	108
Public Health Reviews	3	1		4	134

*Wells*

Well sites inspected	1			1	12
Well permits issued	1			1	18

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water				0	130
Ground water				0	0
Rabies				0	2
Lead				0	23
Other			1	1	9

*Food Protection*

Inspections	1	2	1	4	116
On Site inspection violation follow up				0	23
Documented inspection violation follow up	1	1	1	3	51
Temporary permits				0	49
Temporary inspections				0	52
Plan reviews				0	6
Pre-operational inspections	1			1	9

*Lead Activities*

Housing inspection				0	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1

**COLUMBIA QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	3
Food Protection				0	4
Housing Issues				0	3
Emergency Response				0	2
Refuse/Garbage				0	4
Rodents/Insects				0	2
Septic/Sewage				0	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps				0	4
Public Pool				0	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	8	23	8	39	244
Deep hole tests -- number of holes	3	6	10	19	213
Percolation tests -- number of holes		1	1	2	47
Permits issued, new		1		1	17
Permits issued, repair	5	3	4	12	76
Site plans reviewed	6	2	3	11	108
Public Health Reviews	3	5	4	12	134

*Wells*

Well sites inspected				0	12
Well permits issued			1	1	18

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water		4	8	12	130
Ground water				0	0
Rabies				0	2
Lead	5	2		7	23
Other				0	9

*Food Protection*

Inspections	2	7	1	10	116
On Site inspection violation follow up				0	23
Documented inspection violation follow up		1		1	51
Temporary permits				0	49
Temporary inspections				0	52
Plan reviews				0	6
Pre-operational inspections				0	9

*Lead Activities*

Housing inspection				0	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1

**COVENTRY QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	3
Food Protection				0	4
Housing Issues		1		1	3
Emergency Response				0	2
Refuse/Garbage				0	4
Rodents/Insects				0	2
Septic/Sewage				0	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps				0	4
Public Pool				0	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology		1		1	2
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>20</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	18	26	8	52	244
Deep hole tests -- number of holes	15	9	12	36	213
Percolation tests -- number of holes	3	3	4	10	47
Permits issued, new		1	3	4	17
Permits issued, repair	5	1	4	10	76
Site plans reviewed	7	3	4	14	108
Public Health Reviews	9	15	7	31	134

*Wells*

Well sites inspected				0	12
Well permits issued		2		2	18

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water		20	41	61	130
Ground water				0	0
Rabies				0	2
Lead				0	23
Other				0	9

*Food Protection*

Inspections	1	4	1	6	116
On Site inspection violation follow up				0	23
Documented inspection violation follow up		4	1	5	51
Temporary permits	13	18	7	38	49
Temporary inspections			48	48	52
Plan reviews		2	2	4	6
Pre-operational inspections				0	9

*Lead Activities*

Housing inspection				0	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)			1	1	1

**MANSFIELD QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	3
Food Protection	1	1	1	3	4
Housing Issues				0	3
Emergency Response			1	1	2
Refuse/Garbage	1			1	4
Rodents/Insects		1		1	2
Septic/Sewage	1			1	4
Other			1	1	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>27</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care		1	1	2	4
Camps				0	4
Public Pool	1	3	1	5	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>20</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	20	12	14	46	244
Deep hole tests -- number of holes	9	6	11	26	213
Percolation tests -- number of holes	4	2	1	7	47
Permits issued, new	1			1	17
Permits issued, repair	3	5	2	10	76
Site plans reviewed	3	5	1	9	108
Public Health Reviews	6	6	7	19	134
<i>Wells</i>					
Well sites inspected				0	12
Well permits issued	5	1	2	8	18
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water		2	4	6	130
Ground water				0	0
Rabies		1	1	2	2
Lead				0	23
Other	1		2	3	9
<i>Food Protection</i>					
Inspections	14	15	7	36	116
On Site inspection violation follow up	5	2		7	23
Documented inspection violation follow up	5	10	4	19	51
Temporary permits	1	1		2	49
Temporary inspections				0	52
Plan reviews		1		1	6
Pre-operational inspections	2	1		3	9
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals		1		1	1
Subdivision reviewed (per lot)				0	1

**SCOTLAND QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits			1	1	3
Food Protection				0	4
Housing Issues				0	3
Emergency Response				0	2
Refuse/Garbage				0	4
Rodents/Insects				0	2
Septic/Sewage				0	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps		1		1	4
Public Pool		1		1	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>20</b>

*On-site Sewage Disposal*

Site inspection -- all site visits			2	2	244
Deep hole tests -- number of holes	2			2	213
Percolation tests -- number of holes				0	47
Permits issued, new		1		1	17
Permits issued, repair				0	76
Site plans reviewed		2		2	108
Public Health Reviews	3		1	4	134

*Wells*

Well sites inspected			1	1	12
Well permits issued				0	18

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water				0	130
Ground water				0	0
Rabies				0	2
Lead				0	23
Other				0	9

*Food Protection*

Inspections		1	1	2	116
On Site inspection violation follow up				0	23
Documented inspection violation follow up				0	51
Temporary permits			1	1	49
Temporary inspections				0	52
Plan reviews				0	6
Pre-operational inspections				0	9

*Lead Activities*

Housing inspection				0	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1

**TOLLAND QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits		1		1	3
Food Protection				0	4
Housing Issues				0	3
Emergency Response				0	2
Refuse/Garbage				0	4
Rodents/Insects				0	2
Septic/Sewage	2			2	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>27</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care	1	1		2	4
Camps				0	4
Public Pool				0	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>20</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	6	6	6	18	244
Deep hole tests -- number of holes	15	32	11	58	213
Percolation tests -- number of holes	4	6	2	12	47
Permits issued, new	2	1	3	6	17
Permits issued, repair	4	5	4	13	76
Site plans reviewed	12	9	7	28	108
Public Health Reviews	14	10	8	32	134
<i>Wells</i>					
Well sites inspected	5	2		7	12
Well permits issued	3	1		4	18
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water		4	9	13	130
Ground water				0	0
Rabies				0	2
Lead				0	23
Other				0	9
<i>Food Protection</i>					
Inspections	4	8	5	17	116
On Site inspection violation follow up	4	3	1	8	23
Documented inspection violation follow up	1	1	1	3	51
Temporary permits	1		2	3	49
Temporary inspections		1		1	52
Plan reviews				0	6
Pre-operational inspections		1		1	9
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	2
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1



**WILLINGTON QUARTERLY REPORT**

April 1, 2024 - June 30, 2024

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	3
Food Protection	1			1	4
Housing Issues			1	1	3
Emergency Response				0	2
Refuse/Garbage		1	1	2	4
Rodents/Insects			1	1	2
Septic/Sewage				0	4
Other				0	2
Water Quality				0	1
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>27</b>

*Health Inspection*

Group homes				0	0
Day Care				0	4
Camps	2			2	4
Public Pool	1			1	9
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology	1			1	2
<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>20</b>

Site inspection -- all site visits	5	3	3	11	244
Deep hole tests -- number of holes		6	19	25	213
Percolation tests -- number of holes		1		1	47
Permits issued, new				0	17
Permits issued, repair		1	2	3	76
Site plans reviewed	3	1	4	8	108
Public Health Reviews	3	2		5	134

*Wells*

Well sites inspected	1	1	1	3	12
Well permits issued				0	18

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water		4	9	13	130
Ground water				0	0
Rabies				0	2
Lead				0	23
Other		1		1	9

*Food Protection*

Inspections	4	7	3	14	116
On Site inspection violation follow up		5	2	7	23
Documented inspection violation follow up	3	4		7	51
Temporary permits		2		2	49
Temporary inspections		3		3	52
Plan reviews				0	6
Pre-operational inspections	1	1		2	9

*Lead Activities*

Housing inspection				0	2
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	1

**Eastern Highlands Health District  
Community Health and Wellness Coordinator  
4<sup>th</sup> Quarter Report April 1, 2024 –June 30, 2024**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,492 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
<b>1b (1)</b> Refine/update grant monitoring network	CHWC applied for radon kits through the CT Partnership with DPH . 50 kits were granted.	All remaining kits were distributed, 50 in total
<b>1g (1)</b> Explore and expand partnership opportunities	CHWC is part of the Immunization Coalition and attended 2 meetings The CHWC attended 1 quarterly meeting of the Coventry Worker’s Safety and Wellness meeting.	CHWC provided feedback to the meetings.
<b>2a (2)</b> Effective communication of health district programs and news with staff and member towns officials	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.</p> <p>CHWC continues to produce quarterly newsletters.</p> <p>CHWC oversees the COVID-19 clinical staff and volunteers for vaccination clinics.</p> <p>CHWC is a voting member of the Chaplin School Readiness Committee.</p>	<p>Bulletin boards with health and safety messages were updated.</p> <p>Topics included: physical activity information, poisonous plants in the house and garden, hidden lead in the household, and importance of being tested and treated for Hepatitis C.</p> <p>Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.</p> <p>CHWC attended one meeting of the Chaplin School Readiness Committee.</p>
<b>3c (1)</b> Engage in advocacy events and activities	CHWC is a source for the public on immunization information, including Covid-19. CHWC worked with the Senior Public Health	<b>During the RCA the CHWC did intercept interviews (4 sites) and interviews with community partners (2).</b> The CHWC also coordinated with <b>UConn Pharmacy students</b> to have them come out to support intercept interviews.

	<p>Project Specialist on the Rapid Community Assessment (RCA) for the Immunization grant.</p> <p>CHWC provided support to the Bike Mansfield 4<sup>th</sup> Grade Bike Education.</p> <p>CHWC was asked to do a presentation on Sun Safety at the Family Fun Night at the Mansfield Community Center but no one signed up. CHWC instead did a bp screening table with information on immunization and sun safety.</p>	<p>CHWC participated in the Bike Mansfield 4<sup>th</sup> grade Bike Education by actively assisting and coordinating volunteers. <b>6 MRC volunteers supported the 4 day event.</b>  <a href="https://www.mansfieldet.gov/CivicAlerts.aspx?AID=2007&amp;ARC=3881">https://www.mansfieldet.gov/CivicAlerts.aspx?AID=2007&amp;ARC=3881</a></p> <p>CHWC will continue to explore ways to support community events</p>
<b>Childhood Lead Activities</b>	<p>CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.</p>	<p>There were <b>28 cases</b> followed in this reporting period. <b>2 events</b> were closed. <b>10 phone calls</b> were made to families and providers. <b>8 correspondences completed to families.</b> CHWC worked with the Chief Sanitarian on <b>1 investigations for elevated lead levels.</b> CHWC <b>completed the paperwork and submission for DPH reimbursement of these investigations.</b></p>
<b>Communicable Disease Control</b>	<p>CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.</p>	<p>please see chart below</p>
<b>CHWC Training and Continued Education</b>	<p>CHWC attended May 4<sup>th</sup> Region 4 training and Tabletop exercise. May 4<sup>th</sup>. CHWC attended a Region 4 training on social media and emergency preparedness. May 15<sup>th</sup>. CHWC attended the MRC National Summit in May 22-24. June 10-14 CHWC attended and completed ICS 300 and ICS 400. June 20 CHWC attended the</p>	<p>MRC National Summit provided CHWC with information about improving the EHHD MRC unit and increasing the unit's capabilities and preparedness.</p>

	Connecticut Public Health Nursing Association meeting and training.	CHWC was nominated as Public Health Nurse of the Year 2023 at the CAPHN meeting.
<b>Vaccine Program</b>	CHWC attended 3 monthly meetings of the Immunization Coalition. EHHD performed biweekly vaccine clinics one for adults and one for children. EHHD provided vaccine clinics (some Covid-19 and others flu) at,	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination. CHWC keeps standing orders updated with the Medical Director.

### Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CTResponds system. In total, in this reporting period there are **128 volunteers**. Activities this reporting period:

- April 18<sup>th</sup> CHWC/MRC Unit Coordinator participated in a tabletop exercise with Windham Hospital as an evaluator.
- May 10<sup>th</sup> CHWC attended a tabletop exercise run by West Hartford-Bloomfield HD on measles.
- May 16<sup>th</sup> CHWC coordinated a POD training at the MRC meeting with the Emergency Preparedness Coordinator, 12 people attended.
- May 22-24 CHWC/ MRC Unit Coordinator attended the MRC National Summit.
- May 29, May 31, June 3 and June 4 CHWC participated in the Bike Mansfield 4<sup>th</sup> grade Bike Education by actively assisting and coordinating volunteers. **6 MRC volunteers supported the 4 day event.** (<https://www.mansfieldct.gov/CivicAlerts.aspx?AID=2007&ARC=3881>)
- June 7 Coordinating MRC volunteers (3) to support a BP screening at Celebrate Pride.
- June 10-14 CHWC attended and completed ICS 300 and ICS 400

CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.

CHWC continues to attend PHEP/Region 4 MRC meetings and Statewide MRC meetings and to maintain the National MRC activity log.

### Grants: Blood Pressure/ Immunizations

April 14-20<sup>th</sup>, along with the Senior Project on the Rapid Community Assessment (RCA) for the Immunization grant. RCA finds summary attached.

June 7<sup>th</sup> CHWC, with public health nurse and MRC volunteers, did blood pressure screening and provided immunization information at the Celebrate Pride event in Mansfield.

June 28<sup>th</sup> CHWC was set to do a presentation on Sun Safety at the Mansfield Community Center for the Family Fun Day but no one registered. CHWC instead did a blood pressure screening table with information about immunizations and sun safety. **6 people had their bp checked**

### Be Well employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

## **Tolland**

The CHWC coordinated the 4<sup>th</sup> Quarterly Educational Event, for the Tolland Town employees **Chair Yoga, 10 people** attended in person and an online version was posted to the Be Well website for people unable to attend. CHWC provided a **Biometric Screening event at Tolland Town Hall, 12 people** participated.

## **Community Outreach**

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

CHWC participated in 1 meeting of the Coventry Safety and Wellness Committee.

Communicable disease*	January	February	March	Quarter
Number of reported cases	29	15	20	64
Interviews	5	4	1	10
Investigations	2	1	1	4

\*These numbers do not include SAR-Covid-19 cases.

<b>Date</b>	<b>Description</b>	<b># served</b>	<b>Community</b>
Spring 2024	Employee Wellness Newsletter (UConn) 201	202	UConn
Spring 2024	Employee Wellness Newsletter 60	60	Andover
Spring 2024	Employee Wellness Newsletter 60	60	Ashford
Spring 2024	Employee Wellness Newsletter 200	200	Bolton
Spring 2024	Employee Wellness Newsletter 30	30	Chaplin
Spring 2024	Employee Wellness Newsletter 60	60	Columbia
Spring 2024	Employee Wellness Newsletter 60	60	Coventry
Spring 2024	Employee Wellness Newsletter 60	60	Scotland
Spring 2024	Employee Wellness Newsletter 435	435	Tolland
Spring 2024	Employee Wellness Newsletter 40	40	Willington
<b>Meetings/events</b>		<b>Number of meetings</b>	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	2	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	2	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
UCONN Bike Friendly Campus	UCONN staff and students along with other stakeholders working on improving biking on UCONN campus. The goal of the group is to obtain the League of American Bicyclists Bike Friendly Status.	0	
R-4 ESF 8 meeting	Region 4 emergency response meeting	1	
Bolton Health and Wellness		0	
Coventry Safety and Wellness		1	
Chaplin School Readiness Program		1	



**OBJECTIVES**

- Increase awareness of the health district community and barriers (perceived and real) to obtaining the updated COVID-19 and annual Influenza vaccine.
- Develop a body of evidence for the Eastern Highlands Health District (EHHD) to draw from in developing an outreach campaign to address disparities.
- Identify community partners and potential venues for reaching the at-risk population in the EHHD with vaccine information and opportunities.

**METHODS & DATA**

- Review of DPH immunization data for EHHD member towns
- Phone interviews with 167 COVID positive cases (January 1-April 30, 2024)
- Thirteen key informant interviews (April 5-17, 2024)
- Five Intercept interview sessions resulting in 111 interviews (April 13-17, 2024)
- Email survey of school nurses (April 2024)
- Online community survey with 434 responses (April 3-21, 2024)

**OVERALL FINDINGS**

The EHHD experienced early compliance with COVID-19 vaccination recommendations across the health district for adults (96% fully vaccinated), while approximately 20% received the updated vaccine available since September 2023. This assessment has exposed several barriers to vaccination the EHHD can address to improve the vaccination rate, and has identified many partners in the community who are eager to collaborate with the health district to address these barriers.

**CHALLENGE**

**OPPORTUNITY**

Residents are unaware of updated vaccination recommendations.

Work with community partners to facilitate multi-venue promotion of recommendations.  
Conduct targeted campaigns for sectors at risk.  
Engage healthcare providers in messaging to the community.

Access to vaccines is limited.

Work with community partners to coordinate pop-up clinics at key locations in member towns.

COVID vaccine is not offered at the same time or location as flu vaccine.

Partner with vaccine providers to coordinate pop-up clinics with both vaccines offered for adults, older adults (high dose) and children whenever possible.

There is a lack of awareness of the purpose (or expectations) of the vaccine.

Promotional messaging should be clear that the primary purpose of both COVID-19 and flu vaccine at this time is to reduce severity and duration of illness.

**[Read the full report at: EHHD.org/CommHealthData](https://ehhd.org/CommHealthData)**

Funding for this assessment was through a grant from the CT Dept. of Public Health. This publication does not express the views of the Department of

## **Eastern Highlands Health District Public Health Preparedness Program**

April – June 2024

- **PHEP Activities:**

- April 9<sup>th</sup> a Call Down drill was conducted. A CodeRed call down drill is to test EHHD emergency notification systems email and text message response to 172 EHHD staff and MRC volunteers. 39 members acknowledged the call within the 2-hour time frame.
- April 23<sup>rd</sup> attended the annual CT Emergency Management Symposium at in Niantic, CT. This conference that brought awareness to the different government levels and partners available for emergency management resources.
- EHHD Web Emergency Operation Center (EOC) was accessed and profiles updated on April 25<sup>th</sup> by registered employees: Rob M, Millie B, Lynette S, Cecile S and Nishel T.
- EHHD joined DPH Medical Countermeasure(MCM) Workgroup. This will consist of a team of PHEP coordinator, where they will share lessons learned from the COVID-19 response and exchange best practices for MCM plans The kick-off orientation meeting was held on June 26<sup>th</sup> to go over the logistics.
- May 16<sup>th</sup> conducted the EHHD Point of Dispensing (POD) training to our MRC staff. This training provided an overview of the logistics and operations of EHHD dispensing exercises.
- Fulfilled PHEP/MRC deliverables for BP5:
  - BP5 Quarter 3 Progress Report was completed and submitted on 4/10/2024. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.

- **Regional Activities:**

- Participated Region4 & Region3 PHEP, MRC, and CRI monthly meetings:
  - Region 3:
    - 4/5/24 and 5/3/24- Both sessions we continued wrapping up the Project Public Health Ready (PPHR) Application workgroups and discussed the next steps. This application ensures that Region 3's PHERP has all the necessary components to meet NACCHO's requirements for Public Health recognition.
    - 6/7/24- This session we discussed future plans for the deliverables of the new 5-year budget period.
  - Region 4:
    - 4/8/24, 5/13/24- Both sessions we continued our efforts to update Regional MCM action plan and Point of Dispensing Operations plan.
- Participated in Region 4 ESF-8 monthly meetings:
  - 4/25/24- This session hosted a special guest speaker from The Connecticut Lung Cancer Screening Workgroup to inform us about various screening tools and who is eligible.



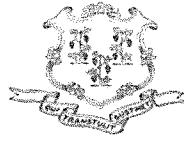
5/30/24- This session hosted two members of Region 4's Incident Management team. They provided a background overview of what they do and how they can support our region's emergency operations.

- May 10<sup>th</sup> attended Region 3 Measles tabletop exercise. This training was an infectious disease stimulation to better prepare staff on how to mitigate possible outbreaks.
- May 15<sup>th</sup> attended Region 4 Social Media Crisis Communication training. This training explored various ways on how to appropriately address the public during an emergency.
- **Plans for Next Quarter:**
  - Continue with BP1 PHEP deliverables and any necessary new 5-year budget period requirements
  - Support CRI Region 4 partners to complete MCM action plan and ORR
  - Support DPH with MCM workgroup
  - Continue to Update local EHHD preparedness plans

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

11

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**EHDWB Circular Letter # 2024-21**

**To:** Superintendents of Connecticut Public Schools

**Cc:** Radon Measurement Professionals  
Local Health Directors

**From:** Amanda Parkins, Epidemiologist 3 <sup>AP</sup>  
Coordinator, Indoor Environments Unit

**Date:** 06/28/2024

**Subject:** Frequency of Radon Re-Evaluations in Connecticut Public Schools

---

The Connecticut Department of Public Health (DPH) Radon Program oversees radon measurement activities in all public schools and provides technical guidance and assistance to private industry, school officials, and local health departments.

This letter serves to clarify the implications of the Environmental Protection Agency's Indoor Air Quality Tools for Schools Program checklists that the Department of Administrative Services has provided to schools. The checklists are used by schools to document results of the annual "uniform inspection and evaluation program of the indoor air quality within each school building" that is required per a recent amendment to Connecticut General Statutes Section 10-220(d)(2).

One of the checklists, the *Walkthrough Inspection* checklist, contains a line item asking the evaluator if they can determine the date of the last radon test. Based on best practice, it remains the Radon Program's guidance that radon testing (re-evaluations) be conducted every three years, wherein ten percent of rooms tested during the school's initial evaluation are tested, as well as any rooms that are treated by a radon mitigation system. Re-evaluations shall be conducted by qualified radon measurement professionals who hold national certification through the National Radon Proficiency Program (AARST-NRPP) or the National Radon Safety Board (NRSB) and must have successfully completed the CT DPH course, *Radon Measurement in CT Schools*. A list of these professionals can be found on the DPH website at: [www.ct.gov/radon](http://www.ct.gov/radon).



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*please phone (860) 509-7293.*

The *School Radon Re-evaluation Form* (attached) shall be filled out by the qualified radon measurement professional and signed by a school designee and then submitted to the DPH Radon Program within ten (10) business days of receipt of the written report.

**For questions, please email [DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov) or call (860) 509-7300.**

C: Lisa Morrissey, Deputy Commissioner, DPH  
Carmen Chaparro, Acting Environmental Health Section Chief, DPH

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

12

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

June 24, 2024

Dear Local Health Directors,

I am writing to update you on recent funding changes to the Department of Public Health's (DPH) lead-safe homes initiatives. As you all know, in the 2022 legislative session, Governor Lamont proposed legislation that lowered the child Blood Lead Levels that triggered abatement and investigation actions, and the legislature allocated \$30 million in American Rescue Plan Act (ARPA) funding to this work. This was a significant public health policy change that will realize great benefits in our communities, accompanied by vital implementation resources.

This past 2024 legislative session, \$10 million of the initial ARPA funding was reallocated to other efforts in the state, leaving \$20 million for lead-safe home efforts. Because of contractual obligations, this funding reduction will most acutely impact the funds intended to support Local Health Departments and Districts (LHDs) doing case management and epidemiological investigations.

I want to thank you for your continued efforts to address childhood lead poisoning in Connecticut. Many LHDs moved quickly to use this funding to support efforts to reduce lead exposure in your communities. The work you all did is so important and will have lasting impacts. This includes more than one million dollars to support approximately 300 families who experienced lead exposures and 235 case investigations for potential poisoning from recalled applesauce. Thank you for everything you have done to support this work.

DPH will provide funding on a first come first serve basis, until the remaining funds available for LHDs have been exhausted. Regardless of funding availability, LHDs should continue to conduct epidemiological investigations as needed per statute. If you have any questions, please contact Stephanie Brzostek at Stephanie.Brzostek@ct.gov or (860) 509-7119.

Sincerely,

A handwritten signature in black ink that reads "Manisha Juthani".

Manisha Juthani, MD  
Commissioner



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DIVE BRIEF

## Prospect files suit demanding Yale New Haven purchase its three Connecticut hospitals

The health systems have been at odds over the deal, which was first announced in 2022.

Published June 10, 2024

By Susanna Vogel  
Staff Reporter

*Prospect Medical Holdings filed suit against Yale New Haven on June 5, as tensions heated up between the parties over Yale's proposed acquisition of Prospect's three Connecticut-based hospitals. gorodenkoff via Getty Images*

### **Dive Brief:**

- The battle over what to do with three Prospect Medical Holdings-owned hospitals in Connecticut heated up last week after Prospect sued the hospitals' would-be buyer, Yale New Haven Health, alleging the health system had "actively worked to prevent" the deal closing in a bid to get a lower purchase price.
- Yale signed a binding agreement to acquire three hospitals from Prospect in 2022 for \$435 million. However, the health system alleges Prospect has neglected the properties since that time, driving the facilities into "dire" conditions. Last month, Yale filed its own suit to get out of the deal.
- Now Prospect is petitioning Connecticut's Superior Court to hold Yale to its word and force it to complete the deal. The complaint alleges Yale "knew it was purchasing struggling

hospitals” and had agreed to acquire the facilities on an “as-is” basis.

### **Dive Insight:**

Yale and Prospect have been at odds since the beginning of the year over whether and how their 2022 deal might close.

Yale New Haven, which operates five hospitals, proposed lowering the purchase price of the hospitals in January, according to Prospect’s lawsuit.

When Prospect declined, Yale filed a lawsuit in May to get out of the deal. Yale claimed closing conditions couldn’t be met after Prospect degraded the quality of the facilities by defaulting on rent and vendor payments, failing to implement basic cybersecurity standards — possibly contributing to the health system’s August 2023 cyberattack — and “driving away” physicians and vendors.

Prospect claims that none of these events warrant lowering the acquisition price or vacating the deal.

Patient volumes at the hospital have recovered since the cyberattack, and its monthly EBITDAR — earnings before interest, taxes, depreciation, amortization and restructuring or rent costs — have returned to levels leading up to February 2022, when Yale New Haven signed the purchase agreement, according to the lawsuit.

The system argued in court filings that Yale New Haven is acting in bad faith to get out of the deal, which would require it to acquire three safety-net hospitals: Waterbury Hospital, Manchester Memorial Hospital and Rockville General Hospital.

Even if the hospitals are struggling, Prospect argues Yale should have known what it was purchasing. Problems at the facilities have

been ongoing, “for years, even pre-dating [Prospect’s] ownership,” according to the lawsuit.

Since at least 2020, there have been multiple allegations of mismanagement.

Prospect was sued last year by the Rhode Island attorney general, which claims Prospect owes more than \$24 million to vendors in the state. News site ProPublica has also published several reports on alleged financial mismanagement at Prospect, reporting in 2020 that the health system changed vendors to avoid payment and “bounced checks as part of its regular cash management process.”

The health system contends that Prospect’s operating conditions have worsened since the parties inked their 2022 agreement.

Prospect has received an “unacceptable number of regulatory citations” and notices from the CMS over the past 18 months, according to Yale New Haven’s May lawsuit.

Prospect has further failed to provide Yale timely financial documents to audit its performance, in violation of the asset purchase agreement, according to Yale. As of May, more than 200 days after the end of Prospect’s fiscal year 2023, Prospect has yet to provide Yale with audited statements.

Last month, Prospect’s landlord, Medical Properties Trust, which also leases facilities to Steward Health Care, revealed the health system had failed to pay April or May rent during its quarterly earnings call.

Yale New Haven doesn’t intend to back down from its own lawsuit, a spokesperson told Healthcare Dive.

“The lawsuit filed by Prospect is a clear attempt to shift attention away from the for-profit, California-based company’s mismanagement of their Connecticut facilities and neglect of the communities who entrusted them with their care,” the spokesperson said. “We are prepared to defend ourselves against this suit [to] ensure the sustainability of our health system.”



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

14

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**EHS Circular Letter # 2024-20**

**To:** Superintendents of Connecticut Public Schools  
Local Health Directors

**From:** Amanda Parkins, Epidemiologist 3 *AP*  
Coordinator, Indoor Environments Unit

**Date:** 6/10/2024

**Subject:** Evaluations for Existing Active Radon Mitigation Systems in Connecticut Public Schools

The Connecticut Department of Public Health (DPH) Radon Program oversees radon measurement activities in all public schools and provides technical guidance and assistance to private industry, school officials, and local health departments.

To promote the quality of radon-related activities and to ensure the health and wellbeing of Connecticut's children who attend K-12 public schools within the state, the Radon Program is offering appointments for a courtesy evaluation of existing active radon mitigation systems. Evaluations will include an assessment of operability and an analysis of the radon in air concentration using a Continuous Radon Monitoring (CRM) device, if warranted.

This appointment is also an opportunity for Radon Program staff to educate relevant school staff on how to conduct regular internal evaluations to ensure optimal performance of your system(s).

Appointments are available weekdays between June 24<sup>th</sup> and August 28<sup>th</sup>, 2024.

**For questions, or to schedule an on-site visit from Radon Program staff,  
please email [DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov) or call (860) 509-7300.**

C: Lisa Morrissey, Deputy Commissioner, DPH  
Carmen Chaparro, Acting Environmental Health Section Chief, DPH



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## CDC's Bridge Access Program

This page has content that may be inconsistent with new CDC Respiratory Virus Guidance. The content of this page will be updated soon.

Vaccines Home > Programs

### What You Need to Know

CDC's Bridge Access Program provides free COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs. This program will end in August 2024. Use these resources to promote the program and expand equitable access for COVID-19 vaccination.

## Free Updated COVID-19 Vaccines Available to Adults

Free updated COVID-19 vaccines are available to most adults living in the U.S. through their private health insurance, Medicare, and Medicaid plans. However, there are 25-30 million adults without health insurance and additional adults whose insurance does not cover all COVID-19 vaccine costs.

Check your health insurance plan for coverage details to see if your plan covers a COVID-19 vaccine without cost-sharing at an in-network provider. Adults whose insurance plan does not cover all COVID-19 vaccine costs at an in-network provider can get a free COVID-19 vaccine through the Bridge Access Program.

## Free COVID-19 Vaccines for Adults Without Health Insurance

Adults 18 years and older without health insurance and adults whose health insurance does not cover all COVID-19 vaccine costs at an in-network provider can get free updated COVID-19 vaccines through the Bridge Access Program.

## Get Free COVID-19 Vaccines Near You

You can get free COVID-19 vaccines at healthcare providers, federally supported health centers, and pharmacies participating in the Bridge Access Program. Visit [vaccines.gov](https://www.vaccines.gov) to find providers that offer free COVID-19 vaccines through the Bridge Access Program. Providers participating in the Bridge Access Program are contractually obligated to add vaccine availability to [vaccines.gov](https://www.vaccines.gov). We expect reported availability to increase in the coming weeks.

### Local Healthcare Providers

- State and local health departments are working with local healthcare providers to distribute free COVID-19 vaccines through providers in network.

### Local Health Centers

- State and local immunization programs are working with HRSA-Supported Health Centers [↗](#) to provide free COVID-19 vaccines. Health Resources & Services Administration is providing funding to HRSA-Supported Health Centers to support services that will help ensure equitable access to COVID-19 vaccines.

## Pharmacies

- CDC established new contracts with CVS, Walgreens, and eTrueNorth through existing Increasing Community Access to Testing (ICATT) contracts to provide free COVID-19 vaccines.

## For Immunization Partners

Immunization partners play important roles in COVID-19 vaccination, particularly among adults without health insurance.

- Help expand access for COVID-19 vaccinations by partnering with community-based programs.
- Use program resources and promotional materials to share information on free COVID-19 vaccines through the Bridge Access Program.
- Use COVID-19 vaccination coverage data to prioritize vaccination support and outreach in communities with lower coverage.

## For Healthcare Providers

Healthcare providers, including pharmacists, play important roles in COVID-19 vaccination, particularly among adults without health insurance.

- Share clear and accurate information about the latest COVID-19 vaccination recommendations.
- Use proven strategies to encourage patients to stay up to date on COVID-19 vaccinations.
- Use program resources to share information on free COVID-19 vaccines through the Bridge Access Program.
- Use promotional materials to let patients how they can find free COVID-19 vaccines through the Bridge Access Program.
- Talk to patients about finding a provider that offers free COVID-19 vaccines. Patients can visit [vaccines.gov](https://www.vaccines.gov) to find a provider near them that offers free COVID-19 vaccines through the Bridge Access Program.

## Promotional Materials

Use these graphics and share program resources to help promote free COVID-19 vaccination on various social media platforms and websites.

## English

## Four ways vaccine skeptics mislead you on measles, more



This photo illustration created in Washington on July 26, 2023, shows the homepage of "Unjected," a dating platform for unvaccinated people, in front of the cover image of a Facebook group for unvaccinated singles. (Stefani Reynolds/AFP/Getty Images/TNS)

AMY MAXMEN  
AND CÉLINE GOUNDER,  
KFF HEALTH NEWS

Measles is on the rise in the United States. In the first quarter of this year, the number of cases was about 17 times what it was, on average, during the same period in each of the four years before, according to the Centers for Disease Control and Prevention. Half of the people infected— mainly children — have been hospitalized.

It's going to get worse, largely because a growing number of parents are deciding not to get their children vaccinated against measles as well as diseases like polio and pertussis. Unvaccinated people, or those whose immunization status is unknown, account for 80% of the measles cases this year. Many parents have been influenced by a flood of misinformation spouted by politicians, podcast hosts, and influential figures on television and social media. These personalities repeat decades-old notions that erode confidence in the established science backing routine childhood vaccines. KFF Health News examined the rhetoric and explains why it's misguided:

### **The no-big-deal trope**

A common distortion is that vaccines aren't necessary because the diseases they prevent are not very dangerous, or too rare to be of concern. Cynics accuse public health officials and the media of fear-mongering about measles even as 19 states report cases.

For example, an article posted on the website of the National Vaccine Information Center — a regular source of vaccine misinformation — argued that a resurgence in concern about the disease “is ‘sky is falling’ hype.” It went on to call measles, mumps, chicken pox, and influenza “politically incorrect to get.”

Measles kills roughly 2 of every 1,000 children infected, according to the CDC. If that seems like a bearable risk, it's worth pointing out that a far larger portion of children with measles will require hospitalization for pneumonia and other serious complications. For every 10 measles cases, one child with the disease develops an ear infection that can lead to permanent hearing loss. Another strange effect is that the measles virus can destroy a person's existing immunity, meaning they'll have a harder time recovering from influenza and other common ailments.

Measles vaccines have averted the deaths of about 94 million people, mainly children, over the past 50 years, according to an April analysis led by the World Health Organization. Together with immunizations against polio and other diseases, vaccines have saved an estimated 154 million lives globally.

Some skeptics argue that vaccine-preventable diseases are no longer a threat because they've become relatively rare in the U.S. (True — due to vaccination.) This reasoning led Florida's surgeon general, Joseph Ladapo, to tell parents that they could send their unvaccinated children to school amid a measles outbreak in February. "You look at the headlines and you'd think the sky was falling," Ladapo said on a News Nation newscast. "There's a lot of immunity."

As this lax attitude persuades parents to decline vaccination, the protective group immunity will drop, and outbreaks will grow larger and faster. A rapid measles outbreak hit an undervaccinated population in Samoa in 2019, killing 83 people within four months. A chronic lack of measles vaccination in the Democratic Republic of the Congo led to more than 5,600 people dying from the disease in massive outbreaks last year.

### **The 'you never know' trope**

Since the earliest days of vaccines, a contingent of the public has considered them bad because they're unnatural, as compared with nature's bounty of infections and plagues. "Bad" has been redefined over the decades. In the 1800s, vaccine skeptics claimed that smallpox vaccines caused people to sprout horns and behave like beasts. More recently, they blame vaccines for ailments ranging from attention-deficit/hyperactivity disorder to autism to immune system disruption. Studies don't back the assertions. However, skeptics argue that their claims remain valid because vaccines haven't been adequately tested.

In fact, vaccines are among the most studied medical interventions. Over the past century, massive studies and clinical trials have tested vaccines during their development and after their widespread use. More than 12,000 people took part in clinical trials of the most recent vaccine approved to prevent measles, mumps,

and rubella. Such large numbers allow researchers to detect rare risks, which are a major concern because vaccines are given to millions of healthy people.

To assess long-term risks, researchers sift through reams of data for signals of harm. For example, a Danish group analyzed a database of more than 657,000 children and found that those who had been vaccinated against measles as babies were no more likely to later be diagnosed with autism than those who were not vaccinated. In another study, researchers analyzed records from 805,000 children born from 1990 through 2001 and found no evidence to back a concern that multiple vaccinations might impair children's immune systems.

Nonetheless, people who push vaccine misinformation, like candidate Robert F. Kennedy Jr., dismiss massive, scientifically vetted studies. For example, Kennedy argues that clinical trials of new vaccines are unreliable because vaccinated kids aren't compared with a placebo group that gets saline solution or another substance with no effect. Instead, many modern trials compare updated vaccines with older ones. That's because it's unethical to endanger children by giving them a sham vaccine when the protective effect of immunization is known. In a 1950s clinical trial of polio vaccines, 16 children in the placebo group died of polio and 34 were paralyzed, said Paul Offit, director of the Vaccine Education Center at Children's Hospital of Philadelphia and author of a book on the first polio vaccine.

### **The too-much-too-soon trope**

Several bestselling vaccine books on Amazon promote the risky idea that parents should skip or delay their children's vaccines. "All vaccines on the CDC's schedule may not be right for all children at all times," writes Paul Thomas in his bestselling book "The Vaccine-Friendly Plan." He backs up this conviction by saying that children who have followed "my protocol are among the healthiest in the world."

Since the book was published, Thomas' medical license was temporarily suspended in Oregon and Washington. The Oregon Medical Board documented how Thomas persuaded parents to skip vaccines recommended by the CDC, and reported that he "reduced to tears" a mother who disagreed. Several children in

his care came down with pertussis and rotavirus, diseases easily prevented by vaccines, wrote the board. Thomas recommended fish oil supplements and homeopathy to an unvaccinated child with a deep scalp laceration, rather than an emergency tetanus vaccine. The boy developed severe tetanus, landing in the hospital for nearly two months, where he required intubation, a tracheotomy, and a feeding tube to survive.

The vaccination schedule recommended by the CDC has been tailored to protect children at their most vulnerable points in life and minimize side effects. The combination measles, mumps, and rubella vaccine isn't given for the first year of a baby's life because antibodies temporarily passed on from their mother can interfere with the immune response. And because some babies don't generate a strong response to that first dose, the CDC recommends a second one around the time a child enters kindergarten because measles and other viruses spread rapidly in group settings.

Delaying MMR doses much longer may be unwise because data suggests that children vaccinated at 10 or older have a higher chance of adverse reactions, such as a seizure or fatigue.

Around a dozen other vaccines have discrete timelines, with overlapping windows for the best response. Studies have shown that MMR vaccines may be given safely and effectively in combination with other vaccines.

### **'They don't want you to know' trope**

Kennedy compares the Florida surgeon general to Galileo in the introduction to Ladapo's new book on transcending fear in public health. Just as the Roman Catholic inquisition punished the renowned astronomer for promoting theories about the universe, Kennedy suggests that scientific institutions oppress dissenting voices on vaccines for nefarious reasons.

"The persecution of scientists and doctors who dare to challenge contemporary orthodoxies is not a new phenomenon," Kennedy writes. His running mate,



lawyer Nicole Shanahan, has campaigned on the idea that conversations about vaccine harms are censored and the CDC and other federal agencies hide data due to corporate influence.

Claims like “they don’t want you to know” aren’t new among the anti-vaccine set, even though the movement has long had an outsize voice. The most listened-to podcast in the U.S., “The Joe Rogan Experience,” regularly features guests who cast doubt on scientific consensus. Last year on the show, Kennedy repeated the debunked claim that vaccines cause autism.

Far from ignoring that concern, epidemiologists have taken it seriously. They have conducted more than a dozen studies searching for a link between vaccines and autism, and repeatedly found none. “We have conclusively disproven the theory that vaccines are connected to autism,” said Gideon Meyerowitz-Katz, an epidemiologist at the University of Wollongong in Australia. “So, the public health establishment tends to shut those conversations down quickly.”

Federal agencies are transparent about seizures, arm pain, and other reactions that vaccines can cause. And the government has a program to compensate individuals whose injuries are scientifically determined to result from them. Around 1 to 3.5 out of every million doses of the measles, mumps, and rubella vaccine can cause a life-threatening allergic reaction; a person’s lifetime risk of death by lightning is estimated to be as much as four times as high.

“The most convincing thing I can say is that my daughter has all her vaccines and that every pediatrician and public health person I know has vaccinated their kids,” Meyerowitz-Katz said. “No one would do that if they thought there were serious risks.”

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*(KFF Health News is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs of KFF — the independent source for health policy research, polling and journalism.)*



**DataHaven**  
The Thirtieth Year

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17

## FOR IMMEDIATE RELEASE

### **“Answer the Call to Improve Your Community”: DataHaven and Partners Urge Residents to Participate in Landmark Wellbeing Survey of Connecticut**

***Thousands of randomly-selected residents from all 169 Connecticut towns will participate in the 2024 DataHaven Community Wellbeing Survey, the seventh wave of a large survey on happiness and quality of life that has been fielded since 2012***

HARTFORD, CT, May 7, 2024 - How happy are you? Are the public parks in your area in excellent, good, fair, or poor condition? When was the last time you saw a dentist?

These are just a few of the types of questions included in interviews by friendly survey-takers helping DataHaven and dozens of leading community, health care, and charitable groups across Connecticut complete what is believed to be the nation's largest neighborhood-level well-being survey.

"We include well-established questions that people like to answer," says Mark Abraham, Executive Director of DataHaven. "They are answering questions about their own happiness and well-being, their experiences and relationships within their community, and how their neighborhoods are doing. These questions show that we care deeply about the aspects of life that are most important to everyone's day-to-day happiness and quality of life."

DataHaven, the nonprofit group that leads the collection and sharing of public data about Connecticut, said that the 2024 program will track trends on key issues such as economic security, institutional trust, access to healthcare, and public safety. The latest data will allow DataHaven to create even more granular portraits of Connecticut towns and neighborhoods, as well as statistical data for groups that share specific demographics or life experiences.

Over time, 45,000 randomly-selected adults in every Connecticut ZIP code have participated in the DataHaven Community Wellbeing Survey, which was also fielded in 2012, 2015, 2018, 2020, 2021, and 2022. This year, thousands more will participate in in-depth, multilingual interviews.

**As with prior years, Connecticut's leading hospitals, non-profits, and charitable organizations are supporting the program (see below).** To ensure that the survey topics reflect the interests of communities, an Advisory Council of representatives from 300 different organizations around the state once again helped choose the questions to include this year. For example, the parents and caregivers who are selected to take the survey may receive a significantly expanded set of questions about child well-being and mental health, which emerged as a top issue of concern during the COVID-19 pandemic.

During the spring and summer, randomly-selected residents in each town will receive phone calls from survey-takers at the Siena College Research Institute - typically appearing as a 203, 860, or 518 area code – and in some cases, may receive a letter, package, or text message with information on how to participate. Beginning this fall, survey results will be included in many local and statewide publications and community health needs assessments, including DataHaven's widely-used Town Equity Reports.

"Make a difference: Pick up your cell phone, help your community learn more about your needs, and tell us what you want to see to promote greater happiness and well-being in your neighborhood," says Abraham.

## "UNITED BY DATA": SPONSORS OF THE 2024 DATAHAVEN COMMUNITY WELLBEING SURVEY

Many organizations throughout Connecticut, including those listed below, provide funding to support the 2024 DataHaven Community Wellbeing Survey. Major sponsors are highlighted in bold font.

### Foundations and Philanthropy

- **Hartford Foundation for Public Giving**
- **Fairfield County's Community Foundation**
- **Community Foundation for Greater New Haven**
- **Connecticut Health Foundation**
- **The Connecticut Project**
- **Connecticut Community Foundation**
- **Valley Community Foundation**
- Main Street Community Foundation
- American Savings Foundation
- United Way of Greater New Haven
- United Way of Coastal and Western CT
- United Way of Central and Northeastern CT
- NewAlliance Foundation
- Tremaine Foundation

### Health Care

- **Yale-New Haven Health**
- **Hartford HealthCare**
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- **Nuvance Health**
- **Yale Cancer Center**
- **Connecticut Children's**
- Eastern Connecticut Health Network
- Waterbury Health
- Griffin Health
- Middlesex Health
- Day Kimball Healthcare
- Planned Parenthood of Southern New England

### Government / Agency / Community

- **Naugatuck Valley Health District**
- **Stamford Health Department**
- **Bridgeport Health Department**
- **Hartford Dept. of Health and Human Services**
- **Yale University**
- **University of Hartford**
- Connecticut State Office of Rural Health
- New Haven Health Department
- Danbury Health Department
- Norwalk Health Department
- Ledge Light Health District
- Eastern Highlands Health District
- Central Connecticut Health District
- Northeast District Department of Health
- North Central District Health Department
- Quinnipiack Valley Health District
- Newtown Health District
- Stratford Health Department
- Fairfield Health Department
- Trumbull Health Department
- Monroe Health Department
- Milford Health Department
- City of Bristol
- Town of Bethel
- Capitol Region Council of Governments
- Naugatuck Valley Council of Governments
- South Central Regional Council of Governments
- Southside Institutions Neighborhood Alliance
- Workforce Alliance
- Trinity College
- Southern Connecticut State University
- DMHAS Center for Prevention Evaluation and Statistics at UConn Health

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For more details and interviews, please contact Mark Abraham at 203.500.7059, [info@ctdatahaven.org](mailto:info@ctdatahaven.org). Promotional graphics are attached and may be shared.

### **About DataHaven**

DataHaven is a non-profit 501(c)3 organization with a 30-year history of public service to Connecticut. DataHaven is a formal partner of the National Neighborhood Indicators Partnership, a collaborative national effort by the Urban Institute and approximately 40 local partners. For more information, visit [www.ctdatahaven.org](http://www.ctdatahaven.org).



STATE OF CONNECTICUT  
STATE DEPARTMENT OF EDUCATION  
DEPARTMENT OF PUBLIC HEALTH



TO: Superintendents of Schools  
School Medical Advisors  
School Nurses and Supervisors

FROM: Charlene M. Russell-Tucker, Commissioner  
Connecticut State Department of Education

Manisha Juthani, MD, Commissioner  
Connecticut Department of Public Health

DATE: May 2, 2024

SUBJECT: Measles

There has been a concerning rise in the number of measles cases reported in the United States and abroad starting in late 2023. As of April 26, 2024, reported measles cases have risen to 128 in 19 states and New York City. This is especially concerning given that measles, mumps, and rubella (MMR) vaccination rates have been decreasing in kindergarten students nationally. In Connecticut, through the work and support of school leaders, school nurses, and laws that promote public health, MMR vaccination rates among kindergarteners have risen to more than 97 percent. A measles outbreak is less likely to occur at schools where high numbers of students are immunized.

Importantly, to achieve herd immunity for measles, 95 percent of the population must be vaccinated or have had the disease. Despite Connecticut's high overall MMR vaccination rates, there are still some schools with a rate under 95 percent among kindergarteners. More information on school immunization compliance and exemption rates, as measured by the annual immunization survey, are available on the Department of Public Health's (DPH) web site at: <https://data.ct.gov/stories/s/n5kk-6ext>. This page contains a summary of the results from the 2022-2023 school year. At the bottom of this page are searchable tables with immunization rates for kindergarten and seventh grade. You can utilize the "search in table" feature to look for a specific town or school. Additionally, this data is available for download and analysis here:

[2022-23 Kindergarten School-Level Data](#)

[2022-23 Seventh Grade School-Level Data](#)

[2022-23 Vaccine Exemptions School-Level Data – All Grades](#)

Understanding the risk for measles cases is higher when the disease is circulating more broadly, as it has been this year, we are urging school leaders to review the following information to prepare for a possible exposure:

- Review the immunization status of students to ensure that all are up to date on their MMR vaccines. For non-exempt students in kindergarten through grade 12, two doses of MMR vaccine are required; one dose of MMR is required for non-exempt students in preschool.
- Engage parents and caregivers of children who are not up to date, to encourage them to schedule appointments with their health care provider as soon as possible.
- Encourage parents to contact the school nurse supervisor or School Based Health Centers (if available) for guidance or administration of vaccines.
- Connect and coordinate with local health directors/districts regarding municipal action plans in cases of exposure or outbreak.
- Develop or review your existing communication plans.
- Proactively communicate with parents and caregivers about measles disease, including the possible actions the district may take in the case of a measles exposure or outbreak. This could include a recommendation from public health that all students who are not up to date with MMR vaccines be excluded from school for as many as 21 days. DPH will offer guidance and can provide a template letter for schools to use for general communication.

State of Connecticut regulations ([R.C.S.A. §§ 10-204a-1—10-204a-4](#)) detail the specific immunizations and number of doses that are required for all students prior to school entrance (a simplified version of the requirements is available [here](#)).

There are no work-related vaccine requirements for staff. However, adults who do not have presumptive evidence of immunity to measles should get at least one dose of MMR vaccine (for most people evidence of immunity means having written documentation of having received at least one MMR dose or birth before 1957). MMR recommendations for adults can be found [here](#).

Each year the DPH Immunization Program works with school health administrators statewide to increase awareness of current immunization related issues, including updates to regulations, the school immunization survey, and best practices. We also work with schools to support disease control activities related to cases of vaccine preventable disease when they occur.

The Connecticut State Department of Education (CSDE) has engaged the Yale School of Public Health to provide consultation to districts on school policies and practices related to indoor air quality, environmental health, and infectious disease prevention and mitigation that support optimal school learning environments. The Yale team has specific expertise in the development and implementation of policies and practices on infection risk and control of transmission including highlighting the importance of vaccination when available. School leaders are encouraged to contact them directly at: [sten.vermund@yale.edu](mailto:sten.vermund@yale.edu). There is no cost to districts for this consultation, which can include building visits and walk-throughs.

Thank you for all you do to educate Connecticut's children and your continued partnership to ensure their health and safety. If you have questions, you may contact the DPH Immunization Program at (860) 509-7929 or email at [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov), or the CSDE School Health and Family Services Unit Manager, Chlo-Anne Bobrowski at [chlo-anne.bobrowski@ct.gov](mailto:chlo-anne.bobrowski@ct.gov).

[Health & Fitness](#)

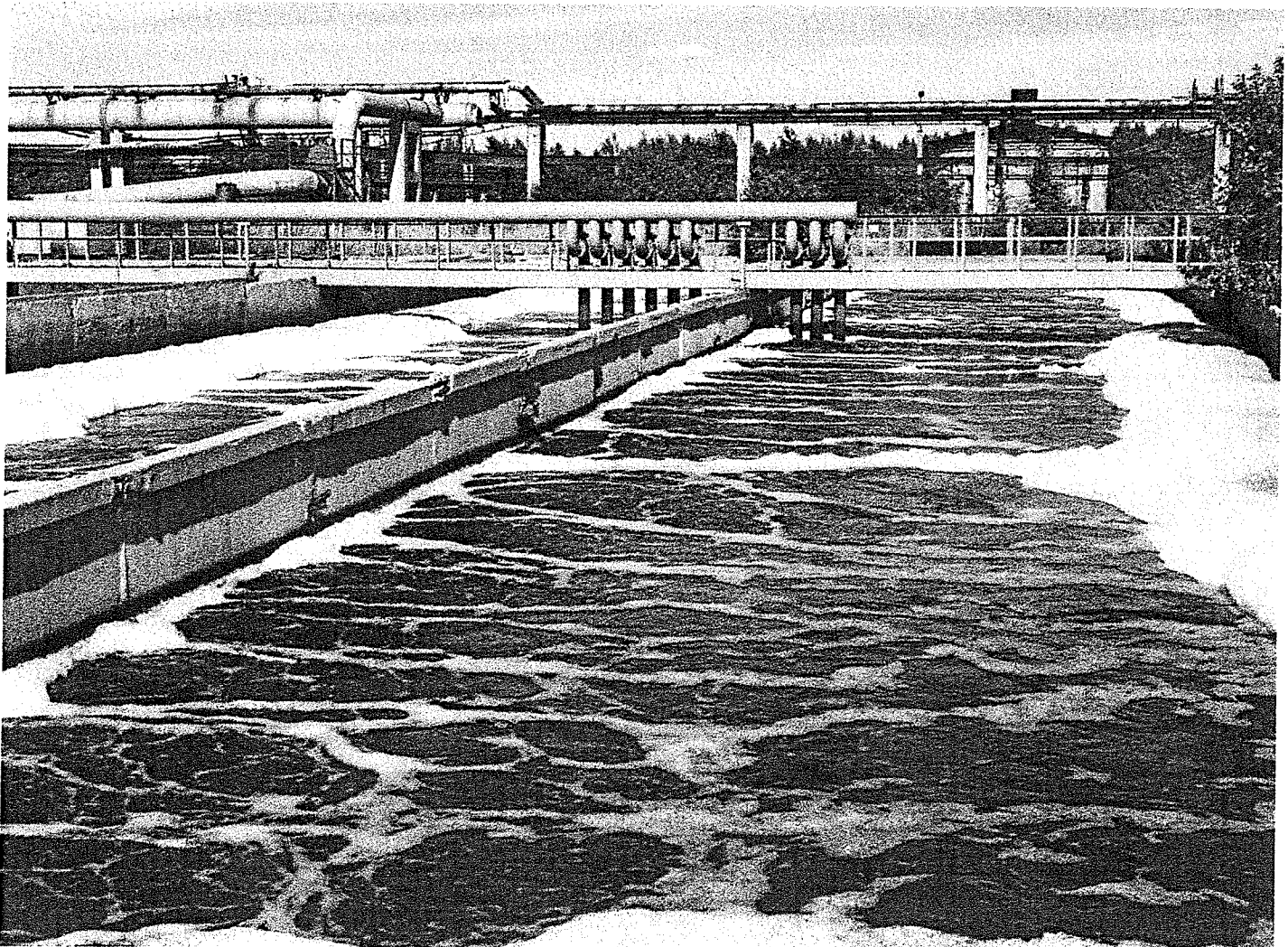
# PFAS 'Forever Chemicals': What The Latest Data Shows About CT's Water

New testing results shows that levels of PFAS in public water systems are scattered throughout the state.



Alfred Branch, Patch Staff

Posted Tue, Jun 11, 2024 at 9:02 am ET Updated Tue, Jun 11, 2024 at 1:03 pm ET



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Connecticut has some levels of PFAS in public water systems, according to the U.S. Environmental Protection Agency. (Shutterstock)

CONNECTICUT — Residents of Connecticut are among 89.3 million people nationwide who have drinking water that has tested positive for toxic “forever chemicals,” known collectively as PFAS, according to new data from the U.S. Environmental Protection Agency.

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In April, the EPA finalized landmark drinking water standards that establish strict limits on PFOA and PFOS, two of the most toxic of the forever chemicals. In the most recent round of testing, at least one of the 29 kinds of PFAS were found in one-third of 4,750 public water systems tested in 2023 and 2024.

According to the EPA, 39 of the state's public water systems have tested positive for PFAS.

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An analysis of the PFAS data by the Environmental Working Group that includes the new testing results shows that the problem is scattered throughout the

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system are Stamford, Norwalk, Bridgeport, New Haven, Meriden, Hartford, Manchester, Bristol, New Milford, Enfield, New London and Norwich.

The true extent of PFAS contamination in public drinking water supplies is likely much greater, as the latest testing was done on only one-third of water systems serving 90 percent of the U.S. population.

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Any public water utility with more than 3,000 customers is required to test for the 29 individual PFAS chemicals between now and 2026. The new rules require public water utilities to eventually reduce PFAS to near-zero levels.

See also: [Man Dies After Being Crushed By Food Truck: Police](#)

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The rule is the first national drinking water limit on toxic PFAS, which are widespread, long-lasting in the environment and have been linked to cancer and a host of other health problems. They're ubiquitous, found in everything from food packaging and cookware to dental floss and other personal care items to children's toys and firefighting foams.

- [Related: 12 Ways To Get PFAS 'Forever Chemicals' Out Of Your Home And Life](#)

Water providers are entering a new era with significant additional health standards that the EPA says will make tap water safer for millions of consumers — a Biden administration priority. The agency has also proposed forcing utilities to remove dangerous lead pipes.

Utility groups warn the rules will cost tens of billions of dollars each and fall the hardest on small communities with fewer resources. Legal challenges are sure to follow.

EPA Administrator Michael Regan said in April that the rule is the most important action the EPA has ever taken on PFAS.

“The result is a comprehensive and life-changing rule, one that will improve the health and vitality of so many communities across our country,” Regan said at the time.

Environmental and health advocates praised the rule, but said PFAS manufacturers knew decades ago the substances were dangerous yet hid or downplayed the evidence. Limits should have come sooner, they argue.

"Reducing PFAS in our drinking water is the most cost-effective way to reduce our exposure," said Scott Faber, a food and water expert at the Environmental Working Group. "It's much more challenging to reduce other exposures such as PFAS in food or clothing or carpets."

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The EPA has dramatically shifted its health guidance for forever chemicals in recent years as more research into health harms has emerged. Less than a decade ago, the EPA issued a health advisory that PFOA and PFOS levels combined shouldn't exceed 70 parts per trillion. Now, the agency says no amount is safe.

— *The Associated Press contributed reporting.*

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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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### Environmental Health & Drinking Water Branch

EHDW Circular Letter #2024-17

**To:** All Community and Non-Transient Non-Community Public Water Systems, Certified Operators, Directors of Health

**From:** Patricia Bisacky, Supervising Environmental Analyst, Emerging Contaminants Unit

**Date:** April 18, 2024 PPT

**Subject:** EPA National Primary Drinking Water Rule for PFAS

On April 10, 2024, the United States Environmental Protection Agency (US EPA) announced the Final National Primary Drinking Water Rule (NPDWR) for Per- and Polyfluoroalkyl Substances (PFAS): <https://www.epa.gov/newsreleases/biden-harris-administration-finalizes-first-ever-national-drinking-water-standard>

The new EPA NPDWR for PFAS sets regulatory limits called maximum contaminant levels (MCL) for six (6) PFAS in public drinking water through individual values and a Hazard Index. It also requires that public water systems monitor for PFAS, provide customer notification, and report to the CT Department of Public Health (DPH) if PFAS are detected. Water companies are also required to reduce customers' exposure to PFAS in drinking water if levels exceed the MCL.

EPA has set individual MCL's as shown below:

Analyte	EPA MCL (parts per trillion, ppt, ng/L)
Perfluorooctanoic acid (PFOA)	4.0
Perfluorooctane sulfonic acid (PFOS)	4.0
Perfluorononanoic acid (PFNA)	10
Perfluorohexane sulfonic acid (PFHxS)	10
Hexafluoropropylene oxide dimer acid (HFPO-DA / GenX)	10



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The EPA has also set a Hazard Index for mixtures of two or more of the following PFAS:

Analyte	Health-Based Water Concentration (ppb)	Hazard Index (HI)
PFNA	10	1
PFHxS	10	
Gen X	10	
Perfluorobutane sulfonic acid (PFBS)	2000	

\*Hazard Index (HI): The Hazard Index is a long-established approach that EPA regularly uses to understand health risk from a chemical mixture (i.e., exposure to multiple chemicals). The HI is made up of a sum of fractions. Each fraction compares the level of each PFAS measured in the water to their respective health-based water concentration. For additional information on the HI please see the following link from EPA: [https://www.epa.gov/system/files/documents/2024-04/pfas-ndpwr\\_fact-sheet\\_hazard-index\\_4.8.24.pdf](https://www.epa.gov/system/files/documents/2024-04/pfas-ndpwr_fact-sheet_hazard-index_4.8.24.pdf)

The new NPDWR requires public water systems to conduct initial sampling within three (3) years and comply with the MCL within five (5) years of the date of the final rule promulgation.

EPA has scheduled three informational webinars for communities, water systems and other drinking water professionals about the final PFAS NPDWR. They are as follows:

- April 16, 2024 (2:00-3:00 pm EDT) [Webinar Registration: General Overview of PFAS NDPWR for Communities](#)
- April 23, 2024 (2:00 - 3:00 pm EDT) [Webinar Registration: Drinking Water Utilities and Professionals Technical Overview of PFAS NPDWR](#)
- April 30, 2024 (2:00 - 3:30 pm EDT) [Webinar Registration: Small Drinking Water Systems Webinar Series on Final PFAS NPDWR and PFAS Drinking Water Treatment](#)

In the coming weeks, CT DPH will provide an estimated timeline for adopting this rule in Connecticut and recommendations to public water systems to prepare for implementation. CT DPH will also update our web pages for PFAS Frequently Asked Questions: <https://portal.ct.gov/DPH/Environmental-Health/PFAS/PFAS> and PFAS Information for Public Water Systems: <https://portal.ct.gov/DPH/Drinking-Water/DWS/Per--and-Polyfluoroalkyl-Substances> and guidance acknowledging the difference between the new MCLs and the CT Drinking Water Action Levels for these compounds.

If you have any questions regarding this Circular Letter, please contact Pat Bisacky at 860-509-7356 or email the DPH Emerging Contaminants Unit at [DPH.EmergingContaminants@ct.gov](mailto:DPH.EmergingContaminants@ct.gov).

C: Lisa Michelle Morrissey, MPH, Deputy Commissioner, CT DPH  
Graham Stevens, Chief, Bureau of Water Protection and Land Reuse, CT Department of Energy and Environment Protection



# News Release

**FOR IMMEDIATE RELEASE:** April 15, 2024

**CONTACT:** Chris Boyle—Director of Communications  
(860) 706-9654 – christopher.boyle@ct.gov

## **Department of Public Health reports tuberculosis cases in Connecticut stable despite 16% increase in TB cases nationally**

HARTFORD, Conn. — Officials from the Connecticut Department of Public Health (DPH) announced today that 66 tuberculosis (TB) cases were reported in Connecticut in 2023, (one case fewer than in 2022), corresponding to an incidence rate of 1.8/100,000, similar to 2022.

According to the Centers for Disease Control and Prevention (CDC), in 2023, the U.S. had 9,615 TB disease cases with an incidence rate of 2.9/100,000 population. These data represent an increase of 16% in cases and an increased incidence rate of 15% compared to 2022. Although TB disease case numbers have remained steady for the last two years in Connecticut, the cases have presented as more complex to manage. These national and Connecticut trends highlight the need for consistent support for public health in general, and vigilance regarding TB disease and infection, in particular.

“While TB continues to be a major cause of disease and death worldwide, TB is both treatable and preventable. We have the tools to identify and treat people before they get sick. This is the key to eventually eliminating TB in Connecticut and throughout the world,” said **Connecticut Department of Public Health Commissioner Manisha Juthani, MD.**

In March 1882, Dr. Robert Koch announced that he had discovered *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis. At the time of Dr. Koch's announcement, TB was raging through Europe and the Americas, causing the death of one out of every seven people. Dr. Koch's discovery opened the way toward diagnosing and curing TB.

CDC encourages all health providers to help prevent active TB disease by communicating with patients about latent TB infection. CDC's [Think. Test. Treat TB campaign](#) includes an on-line hub for resources to help inform and guide conversations between patients and providers, as well as [directions](#) about how to order supporting materials.

(more)

The DPH TB Control Program is responsible for TB control efforts in the state and works with health care providers and local health departments in a variety of activities including monitoring for new cases, assuring completion of treatment of disease, investigating and treating contacts that have been recently exposed, and promoting screening for infection in a variety of settings.

For more information, please go to <https://www.cdc.gov/tb/default.htm>, <https://www.cdc.gov/tb/worldtbday/default.htm>. You also can visit the DPH TB Control Program website at <https://portal.ct.gov/DPH/Tuberculosis/Tuberculosis-Control-Program>, or call (860) 509-7722.

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22

# State eyes easier access to methadone treatment

## New centers in works would cut down travel time

BY ANDREW BROWN CT MIRROR

State officials and nonprofit providers are spending millions of dollars to increase access to methadone in Connecticut and to eliminate one of the biggest barriers to that opioid treatment medication: travel times.

Several of the state's methadone providers are in the process of siting and opening new methadone treatment centers in Connecticut, including the first clinic of its kind in Middlesex County.

At the same time, state officials are preparing to spend more than \$4 million from a pool of opioid settlement funds to outfit two new methadone vans, which will be capable of dispensing the vital medication to patients in more isolated corners of the state.

Those investments are key to Connecticut's larger goal of expanding medication-assisted treatment in the state, including methadone, which is widely considered to be the most effective treatment for people with a history of using heroin, fentanyl or prescription painkillers.

There are roughly 30 inpatient clinics located throughout Connecticut that dispense methadone to individuals seeking treatment for opioid use disorders.

But with many of those federally licensed centers located in the state's larger cities, there is concern that pockets of Connecticut still don't have a level of access that is necessary to combat the ongoing opioid epidemic, which claimed the lives of more than 6,300 Connecticut residents in the

past five years. To highlight that point, a team of researchers from Yale University and Virginia Tech University recently completed a study for Connecticut that calculated how long it takes for residents in every part of the state to travel by car, bus or train to the nearest methadone clinic.

That analysis showed that for people living in and around cities like Waterbury, Hartford, Danbury, New Haven, Bridgeport, Stamford, Torrington, Norwich and New London, it often takes less than 15 minutes by car to get to the nearest methadone clinic.

But in other sections of Connecticut, it can take more than 45 minutes to drive to the closest treatment center, which can be a major impediment for people who are undergoing methadone treatment while also attempting to maintain a job or care for their families.

“Imagine being stuck in traffic, knowing you have to get dosed and you have to get back to work or you have to get your kid on the school bus,” said Nancy Navaretta, the Commissioner of the Connecticut Department of Mental Health and Addiction Services.

Unsurprisingly, the time commitment is even bigger for people who don’t have access to a car.

Large swaths of Connecticut have no public transportation, and even in places that do, the researchers found, it can take more than two hours in some instances for people to get from their homes to a methadone clinic via public transit.

During the early stages of methadone treatment, patients are often required to travel to the clinics daily for therapy and their liquid dose of methadone, which helps to reduce the most severe symptoms of opioid withdrawal.

Benjamin Howell, one of the Yale researchers who conducted the travel study for the state, said that means some people who are in the initial phases of treatment could spend three to four hours per day on a bus just to receive their medication.

That can be a major deterrent for people suffering from the most serious opioid use disorders, Howell said, because illicit narcotics like heroin and fentanyl can be more easily available to those individuals than the medication-assisted treatment.



Doug Schumann knows all too well the burden that travel times can present when attempting to access methadone treatment in Connecticut.

From 2015 to earlier this year, Schumann has been making the journey from his home in Middletown to a clinic in Hartford operated by the Root Center, the state's largest methadone treatment provider.

Schumann wasn't excited about making the 20-mile commute six days a week. He did so because, for the past nine years, the Root Center's clinic in downtown Hartford was the closest medication-assisted treatment center available to him.

Schumann, who became dependent on opioids after initially being prescribed painkillers to treat the symptoms of pancreatitis, said during the first couple months of his methadone treatment in 2015, the distance between his home and the Hartford clinic was extremely difficult to overcome.

The car he was using broke down shortly after he began making the half-hour commute. That setback resulted in him taking a three- to four-hour round-trip bus ride to Hartford for more than a month, which was a major hassle while he was in the nascent stages of recovery.

Schumann said he was able to overcome the significant commute time by forming a daily routine, which required him to get up before dawn so that he could reach the treatment center by 5:30 a.m.

But other Middletown residents who sought out treatment did not have the same success that Schumann did when faced with the prospect of traveling to clinics in Hartford, New Britain or Manchester every day.

The commute for Schumann and other people living in and around Middletown got easier in April, after the Root Center began accepting patients at the first methadone clinic in Middlesex County.

The opening of that new center, along Washington Street in Middletown, will fill one of the biggest geographic gaps in methadone treatment in the state and ensure every county in Connecticut has at least one clinic capable of dispensing the highly regulated medication.

The travel study produced earlier this year showed that residents who lived along the lower Connecticut River valley in towns like Chester,

Haddam and Lyme previously faced more than half an hour in a car or two hours on a bus to get to the nearest methadone clinics.

Steven Zuckerman, the executive director of the Root Center, said those travel times should be dramatically reduced now.

The creation of the new clinic was not easy, however. It took more than five years and a lawsuit against Middletown's Planning and Zoning Commission to get permission.

The Root Center committed a substantial amount of time and money to building the treatment center, Zuckerman said, because the organization knew there was an unmet need for opioid treatment in the region.

That is reflected in the Root Center's current list of patients. Zuckerman said his organization has 180 patients with Middlesex County addresses who have been travelling to the organization's other clinics in Hartford County.

Some of those patients, he said, testified during earlier meetings of the Middletown Planning and Zoning Commission about the need for a clinic in Middlesex County and benefits it could provide.

But in return, Zuckerman said, those patients were met with "brutal comments" from other members of the public, who openly disparaged people who were receiving treatment for an opioid use disorder.

That type of local opposition to methadone treatment centers in Connecticut has not gone away.

A group of residents in Guilford is fighting a proposed clinic being constructed in that town by the APT Foundation, a nonprofit treatment provider headquartered in New Haven.

Despite local zoning laws allowing the center to operate there, opponents of the new clinic continue to complain about its proximity to homes and schools.

In response, Guilford's first selectman and the executive director of the APT Foundation said the patients who will access that clinic already live in Guilford and surrounding communities. But that has done little to quiet the opposition.

The recurring complaints are representative of the wider stigma that surrounds the opioid treatment drug, several providers and methadone patients told The Connecticut Mirror.