



Eastern Highlands Health District

2015-2016

ANNUAL REPORT



SERVING THE TOWNS OF:

ANDOVER, ASHFORD, BOLTON, CHAPLIN, COLUMBIA, COVENTRY,
MANSFIELD, SCOTLAND, TOLLAND AND WILLINGTON

POPULATION: 81,002 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

Health District Staff

Robert L. Miller, MPH, RS Director of Health
Kenneth Dardick, MD Medical Advisor
Glenn Bagdoian, RS Sanitarian II
Millie Brosseau Administrative Assistant
John Degnan, MA Public Health Emergency
Preparedness Coordinator
Holly Hood, MPH, RS Sanitarian II
Sherry McGann, RS Sanitarian II
Jeff Polhemus, RS Chief Sanitarian
Jody Schmidt, MS, RS Sanitarian II
Lynette Swanson Environmental Health Inspector
Ana Zeller, RD Community Health and
Wellness Coordinator



Back left to Right: Glenn Bagdoian, Ana Zeller, Jody Schmidt, Jeff Polhemus, Rob Miller **Front left to Right:** Sherry McGann, Holly Hood, Millie Brosseau, John Degnan.

EHHD Board of Directors

Elizabeth Paterson (Chair) Town of Mansfield
John Elsesser (Vice Chair) Town of Coventry
Joyce Stille (Assistant Treasurer) Town of Bolton

Maria Capriola (Alternate) Town of Mansfield
Rick Field Town of Tolland
Matt Hart Town of Mansfield
Christina Mailhos (Alternate) Town of Willington
Robert Morra (Alternate) Town of Bolton
Natasha Nau Town of Columbia
Paul Schur Town of Willington
Barbara Syme Town of Scotland
M. Deborah Walsh Town of Coventry
Steve Werbner Town of Tolland
Mike Zambo Town of Ashford
Vacant Town of Andover
Vacant Town of Chaplin



Back: Barbara Syme, Deborah Walsh, Mark Walter (Columbia as of July 2016), Joyce Stille, Steve Werbner, John Elsesser and Medical Advisor Dr. Kenneth Dardick

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

Another year has gone by and once again I have the honor of presenting the Eastern Highlands Health District's Annual Report. I am pleased to report this past year was marked by a number of exciting new initiatives, events, and activities that advanced the health district's mission to prevent illness and promote wellness.

I would like to take this opportunity to highlight just a few of the agency fiscal year 2015/2016 efforts that supported our vision for a 'healthier future' for all individuals in the Eastern Highlands Health District:

Community Health - Our Plan4Health initiative, in partnership with the Connecticut Chapter of the American Planning Association, was a great success this past year. Key informant interviews and focus groups informed the development and launch of an online toolkit for local planning and zoning commissions. The toolkit targets local officials in small towns charged with control of local land use policies, seeking to support land use decisions that promote active living and healthy eating. The toolkit can be found at www.healthyeasternct.com

Emergency Public Health Preparedness - The Eastern Highlands Health District spearheaded DEMHS Region 4's contribution to the Connecticut Department of Public Health state-wide medical counter measures, full-scale exercise in April. By coordinating and hosting Region 4's clinic for mass dispensing of anti-biotics, the health district obtained valuable experience for staff and area volunteers, while testing our local and regional plans to stand up and operationalize a mass-dispensing clinic site in response to a notional community wide disease outbreak. Over 130 volunteers and 10 community partner agencies participated.

Main Office Reorganization - An appropriation by the board of directors funded the reorganization of the main health district office. The project achieved its objective to optimize space, maximize efficiencies, and enhance the welcoming, professional atmosphere for both customers and staff.

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

My door is always open.

Yours in Health,

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





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 otherwise 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. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

EHHD History

As one of 50 full time health departments in Connecticut, the Eastern Highlands Health District provides services to a little more than two percent of the state's population. The district was formed in June of 1997 when town leaders and residents of Bolton, Coventry and Mansfield realized that pooling resources could increase the scope and quality of public health services by providing a full-time public health staff while reducing expenses. In 2000, the Town of Tolland joined the District, and subsequently, the Towns of Willington (in 2001) and Ashford (in 2004). In June of 2005, four other contiguous towns (Andover, Chaplin, Columbia and Scotland) became part of the Health District. Each of these ten towns now has the benefits of full-time public health services, ensuring that the essential services of local public health are met for these communities.

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

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.

EHHD'S PROGRAMS AND SERVICES

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

Emergency Preparedness

Public Health Emergency Preparedness Planning

Exercises are an integral part of Public Health Emergency Preparedness and Response. Although they utilize resources that are finite, exercises pay a significant return on the investment as they help us to validate our capabilities and identify our strengths and limitations. The next logical step is to correct areas that challenge our capacity to respond. Eastern Highlands Health District (EHHD) continues to update and refine its local Public Health Emergency Response Plan (PHERP) and its Mass Dispensing Annex to that plan. These plans provide the framework and processes that would be used in the event of a large-scale natural disaster or any human caused emergency such as a hazardous materials spill, a radiation incident or a terrorist event, to insure that the appropriate public health and medical resources will be readily available and their distribution will be coordinated effectively.



In the spring of 2016, the EHHD conducted a Full Scale Exercise of our Mass Dispensing Plan. EHHD took the lead role in Region 4 by opening and operating a Point of Dispensing (POD) at the E.O. Smith High School. More than 80 staff and volunteers participated. The exercise was directed by the Health District staff who assumed the lead roles in clinic operations. Other participants included Mansfield Emergency Management, Mansfield Resident Troopers, E.O. Smith High School staff, the Eastern Highlands Medical Reserve Corps, and doctors, nurses and pharmacists from UCONN Student Health Services. Additionally, staff from all of the Region 4 health districts supported the exercise and many UCONN students and local volunteer residents played the role of patients. An After Action Report and improvement plan was prepared by the Department of Public Health and will assist the district in program improvement going forward.

If you are interested in the Medical Reserve Corps or registering as a Public Health Reservist please go to www.ehhd.org/volunteer.

Environmental Programs

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

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

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

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

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

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

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

Communicable Disease Surveillance & Control

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

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

Community Health

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



Tobacco Free Living – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. Last year, EHHD focused on making public spaces and parks smoke free. Two toolkits were developed to assist communities. They can be found here: <http://www.ehhd.org/Tobacco-Free-Living>. This year, EHHD assisted the town of Mansfield in writing and implementing a smoke free workplaces policy. A toolkit was developed to assist other organizations and communities to

implement similar policies. This toolkit can be found here: www.ehhd.org/toolkit. In addition, EHHD has developed a summary of smoking cessation resources. The resources include web, phone, and in person based cessation methods and can be found at www.ehhd.org/tobaccocessation.

Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors and issues that influence health. Provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland), basic Be Well initiatives are also provided to member town, school employees and private sector business's through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, tobacco/smoke free campuses, monthly wellness newsletters, online wellness resources, onsite fitness and yoga classes, biometric health screenings, and onsite nutrition and wellness seminars and recipe demonstrations. You may learn more about the program at www.ehhd.org/be_well. If you're interested in having Be Well be part of your business or organization please email Be Well at Be_well@ehhd.org.



Health Education: EHHD provides its member towns and residents with an online web portal for health information and regular updates with health and wellness "hot topics." Our health updates and information focus on providing our communities with information to prevent chronic disease through healthy eating and active living. We focus our "hot topic" health updates on providing clear and concise information on health topics pertaining to a particular month or season (i.e. sun safety or Lyme disease.) Find more information at www.ehhd.org/healthpromotion and sign up for our "hot topic" health updates at www.ehhd.org.

PLAN4Health

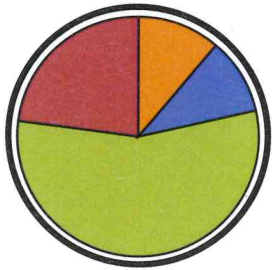
An American Planning Association Project

Plan4Health Initiative: Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the strategic planning process, CHART identified that town planning and zoning commissions and other land use managers have a significant impact on their communities in a number of ways, including community health. However, interviews of key stakeholders revealed that these leaders do not feel they have the necessary knowledge and information to make public health-related decisions. As such, CHART developed strategies to promote local public health planning partnerships. This process lead us to the development of an online toolkit designed to provide public health tips, tools, and resources tailored for small town planning commissions and other local advocacy advisory groups. The toolkit is available online at: www.healthyeasternct.com

EHHD

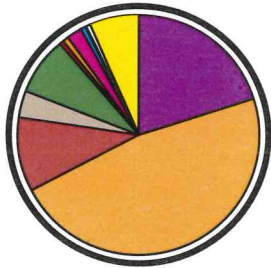
Budget Fiscal Year
2015/2016

FY 2015/2016 Revenue



Licensure Fees	\$111,163
Program Fees	\$103,737
Local Funds	\$551,554
State Funds	\$229,444
Total Operating Revenues	\$995,898

FY 2015/2016 Expenses



Personnel: Administrative/Management	\$200,717
Personnel: Environmental Health	\$475,310
Personnel: Community Health	\$102,246
Personnel: Emergency Preparedness	\$35,546
Contractual	\$81,419
Legal	\$237
Vehicles/Travel	\$6,055
Insurance	\$22,620
Communications	\$7,057
Education/Training	\$1,419
Other	\$66,313

Total Operating Expenditures \$998,939

* 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
COMPLAINTS											
AIR QUALITY	0	1	2	0	0	0	5	0	1	0	9
ANIMALS/ANIMAL WASTE	0	0	1	1	0	0	0	0	1	0	3
ACTIVITY WITHOUT PROPER PERMITS	2	1	0	0	0	0	0	1	1	0	5
FOOD PROTECTION	0	0	1	0	0	1	5	0	3	1	11
HOUSING ISSUES	3	4	6	0	2	2	9	0	0	5	31
EMERGENCY RESPONSE	0	0	2	0	0	0	1	0	2	0	5
REFUSE/GARBAGE	0	0	1	1	4	0	2	0	2	2	12
RODENTS/INSECTS	0	0	3	0	0	0	3	0	0	1	7
SEPTIC/SEWAGE	2	12	4	2	4	1	4	0	2	1	32
OTHER	0	1	0	0	1	0	2	1	0	2	7
WATER QUALITY	0	0	4	0	0	1	3	1	3	1	13
TOTAL	7	19	24	4	11	5	34	3	15	13	135
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	1	1	0	0	0	2
DAY CARE	0	1	0	1	1	2	2	0	7	2	16
CAMPS	1	2	0	1	0	0	0	1	1	1	7
PUBLIC POOL	0	5	0	0	0	2	3	1	2	3	16
OTHER	1	0	2	0	3	0	3	0	0	0	9
SCHOOLS	0	0	0	0	0	0	0	0	0	0	0
MORTGAGE, FHA, VA	0	2	0	0	0	0	1	0	0	0	3
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	10	2	2	4	5	10	2	10	6	53
ON-SITE SEWAGE DISPOSAL											
Site inspection -- all site visits	18	67	38	60	59	172	173	36	153	65	841
Deep hole tests -- number of holes	48	50	140	33	160	128	121	15	86	57	838
Percolation tests -- number of holes	9	14	11	10	12	22	40	5	21	13	157
Permits issued, new	4	3	5	0	19	15	11	1	8	0	66
Permits issued, repair	7	5	15	4	24	34	26	2	21	11	149
Site plans reviewed	9	9	20	4	30	43	35	2	32	17	201
B100a reviews	25	44	20	14	70	117	79	5	131	33	538
WELLS											
WELL SITES INSPECTED	7	7	0	3	4	37	34	8	19	5	124
WELL PERMITS ISSUED	7	5	8	3	20	13	35	6	18	5	120
LABORATORY ACTIVITIES (Samples Taken)											
Potable water	0	0	10	0	0	3	32	0	0	0	45
Surface water	5	15	36	0	39	172	24	0	35	36	362
Ground water	0	20	4	0	0	0	0	0	0	0	24
Rabies	0	0	0	0	0	0	0	0	0	0	0
Lead	0	11	0	0	0	0	29	0	0	0	40
Other	1	0	1	0	0	1	2	0	0	0	5
FOOD PROTECTION											
Inspections	17	33	27	24	22	76	215	3	78	41	536
Reinspections	5	2	4	0	1	2	30	0	5	6	55
Temporary permits	9	42	19	2	10	77	62	11	18	14	264
Temporary inspections	10	0	6	0	0	167	7	7	1	0	198
Plan reviews	1	2	1	0	0	2	7	0	1	0	14
Pre-operational inspections	4	4	2	0	1	1	27	0	0	1	40
LEAD ACTIVITIES											
Housing inspection	0	1	0	0	0	0	7	0	0	0	8
Abate plan reviewed	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS ACTIVITIES											
Planning and Zoning referrals	0	0	0	0	4	1	0	1	0	2	8
Subdivision reviewed (per lot)	0	0	3	0	4	4	12	0	0	2	25

Selected Reportable Diseases for Calendar Year 2016 by Town *

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	0	0	0	2	1	8	0	2	0	13
Campylobacter	0	2	0	2	0	3	2	0	3	1	13
Chlamydia	6	10	9	6	19	20	49	0	28	16	163
Cryptosporidium	0	0	0	0	0	0	1	0	3	0	4
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	1	0	0	0	5	0	0	0	6
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	1	0	0	0	0	0	0	1	0	2
Gonorrhea	0	1	0	1	0	4	7	0	3	1	17
Group A Streptococcus	0	0	0	0	0	1	0	0	0	0	1
Group B Streptococcus	0	0	0	0	0	1	0	0	1	0	2
Haemophilus Influenzae	0	0	0	0	0	0	1	0	0	0	1
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	2	3	3	1	0	7	8	0	6	2	32
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	0	2	1	0	2	5	10	0	4	5	29
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	1	0	0	0	1	0	2	1	5
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	0	0	0	0	3	0	0	0	3
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	5	15	3	9	14	22	42	6	25	14	155
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	1	0	0	1	4	3	0	3	3	15
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	1	0	0	0	0	0	0	0	0	1
Pertussis	0	2	0	0	0	0	4	0	0	0	6
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	2	0	0	0	1	1	0	0	0	4
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	1	1	0	2	0	5	0	9
Syphilis	0	0	0	0	0	0	0	0	1	0	1
Tuberculosis Cases (Active)	0	0	0	0	0	0	0	0	0	0	0
Varicella	0	0	1	0	0	0	0	0	0	0	1
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

*The case numbers above are considered to be below actual figures due to under reporting.



4 South Eagleville Road
Mansfield, CT 06268