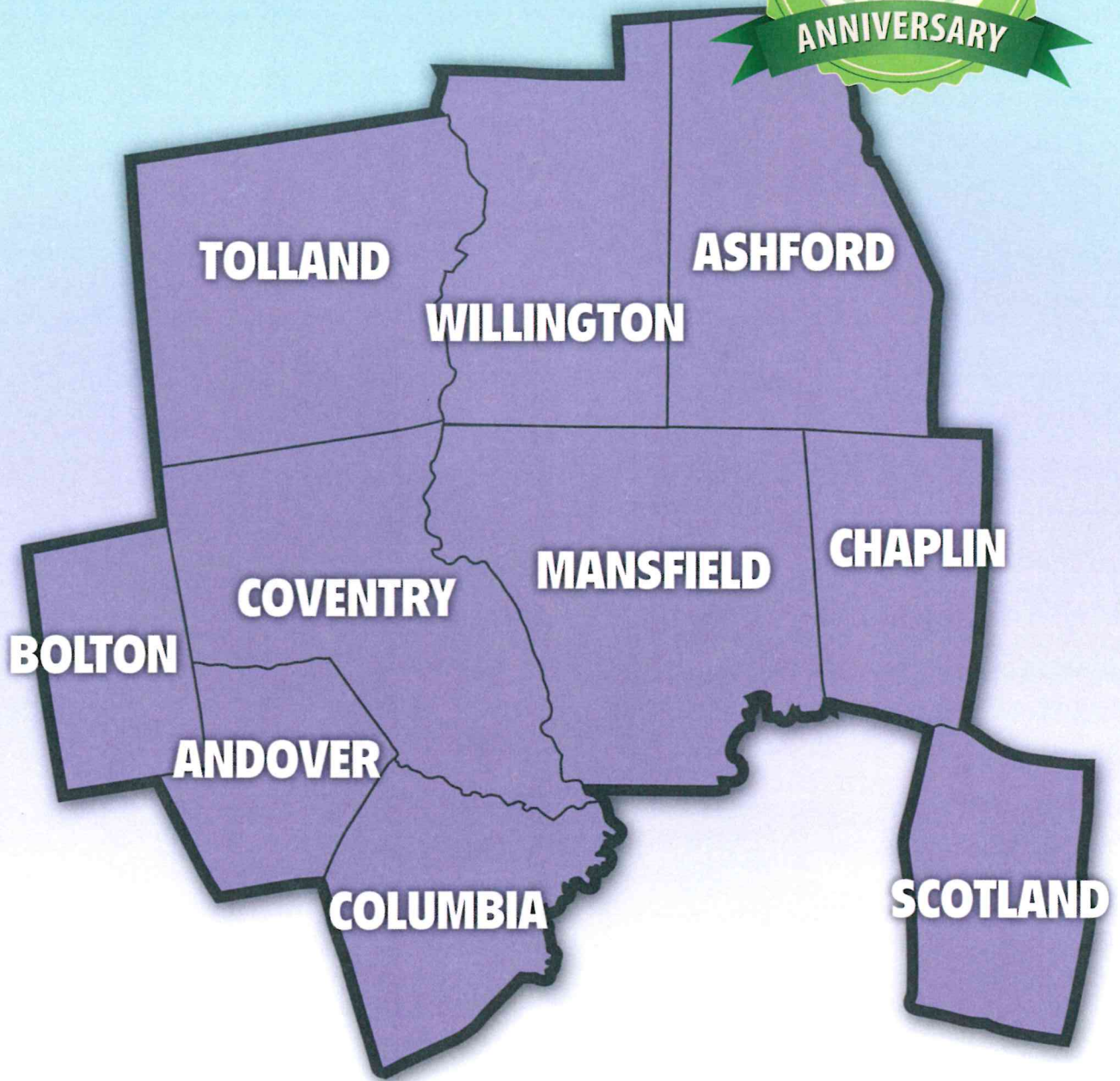


2016-2017 ANNUAL REPORT



SERVING THE TOWNS OF:

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

POPULATION: 81,073 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

Health District Staff

Back left to Right: Jeff Polhemus, Rob Miller, Brian Clinton, Glenn Bagdoian **Front left to Right:** Holly Hood, Sherry McGann, Diane Collelo, Millie Brosseau

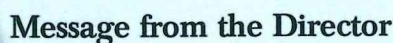
EHHD Board of Directors

Back: Joyce Stille, Steve Werbner, Paul Shapiro (Mansfield as of June 2017), John Elssesser
Front: Deborah Walsh, Elizabeth Paterson, Mark Walter, Paul Schur

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

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

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



Twenty years ago the Eastern Highlands Health District (EHHD) started when three area towns, Bolton, Coventry, and Mansfield took a leap of faith and formed what is today a lasting regional partnership, and model for sharing local public health services. Our mission: to enhance the quality of life in our borough through the prevention of illness, promotion of wellness and a healthy human environment.

Through the commitment of the original member town leaders and the dedication of our staff to this important mission, the EHHD has experienced tremendous growth and success over the past twenty years. Pooling resources and leveraging aid from the state supported significant improvements in the scope and quality of local public health services. Much needed community health and public health emergency preparedness programs were established. The installation of a team of professional field staff supported enhancements in the quality of our environmental health services. These successes quickly attracted new member towns. In 2000, the Town of Tolland joined the EHHD, and subsequently, the Towns of Willington in 2001 and Ashford in 2004. Finally, in 2005 four other towns, Andover, Chaplin, Columbia, and Scotland all joined.

Each of these ten towns with a combined population of 81,000 now has the benefits of a full-time professional local public health agency that applies the core functions of local public health. This annual report, like each of the reports over the past 20 years, highlights the agency accomplishments and achievements over the past year continuing to demonstrate the many important benefits to our member towns, and their citizens.

It is fitting to go back and recognize the town leaders of the original three member towns, Bolton, Coventry, and Mansfield. Their shared vision and trust in each other 20 years ago was essential in establishing the institutional foundation we have today at the Eastern Highlands Health District. It is this foundation that sustains our capacity to pursue our mission to prevent illness and promote wellness in the communities we serve.

Yours in Health,

Hotchkiss

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.

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

Drills and Exercises are an integral part of Public Health Emergency Preparedness. We use drills and exercises to test and validate our capabilities and to identify our strengths and our challenges. The next logical step is to fix those areas that challenge our capacity to respond. The Eastern Highlands Health District (EHHD) updates and refines its local Public Health Emergency Response Plan (PHERP) and the Mass Dispensing of Prophylactic Medications Annex to that plan annually. These plans provide the procedures 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, radiation incident or terrorist event, to insure that the appropriate public health resources and medications will be readily available and their distribution will be coordinated effectively.



In the spring of 2017, EHHD conducted a drill to test a Drive-Through Point of Dispensing (POD). The drill was managed by the EHHD staff, the Mansfield Emergency Manager, Community Emergency Response Team (CERT) and volunteers from the Medical Reserve Corps. Additionally, staff from all of the Region 4 public health districts supported the exercise.

Volunteers play a critical role in emergency response planning. An effective response to a public health emergency situation would be impossible without a dedicated corps of volunteers. The District continues to recruit and maintain a registry of local Public Health Reservists and Medical Reserve Corps volunteers to fill both medical and non-medical roles during an emergency. While medical volunteers will fill key roles in an emergency response, non-medical volunteers will be needed to work in areas such as patient registration, clinic flow controllers, assistants to medical personnel, security personnel, and medical materials management.



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 ensure 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: www.ehhd.org/Tobacco-Free-Living. EHHD continues to assist the town of Mansfield in implementing its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. This toolkit can be found here: www.ehhd.org/tobacco.

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



Substance Abuse In Our Community

Workgroup – In response to the opioid and substance use epidemic affecting our towns EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The workgroup spearheaded a February forum

at Tolland High School entitled The Opioid Epidemic: Our Communities, Our Concern. This event drew over 400 attendees and received strong media coverage. The event also consisted of a resources fair with 20 programs/service providers and advocacy groups, including a drug take-back station, manned by the CT State Police Troop C, which obtained approximately 30 pounds of drugs, and a NARCAN training sessions, that trained approximately 20 people in NARCAN use and provided them with NARCAN kits. The workgroup continue to meet and work on projects which support prevention treatment and recovery efforts in the region.



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 contract 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 businesses 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, on-site fitness and yoga classes, biometric health screenings, and on-site 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. suicide 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

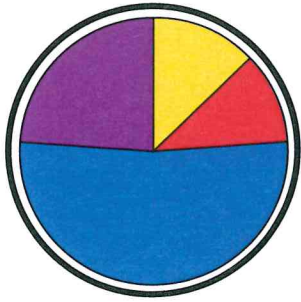
An American Planning Association Project

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, interview 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 led 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 advisor groups. The toolkit is available online at: www.healthyeasternct.com

EHHD

Budget Fiscal Year
2016/2017

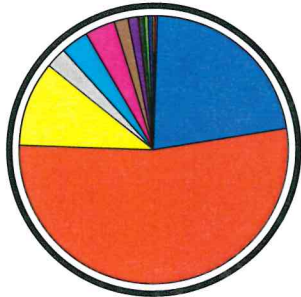
Revenues



Licensure Fees	\$ 120,833
Program Fees	\$ 104,041
Local Funds	\$ 487,531
State Funds	\$ 223,012

Total Operating Revenues \$ 935,417

Expenditures



Personnel: Administrative/Management	\$ 207,571
Personnel: Environmental Health	\$ 485,882
Personnel: Community Health	\$ 94,948
Personnel: Emergency Preparedness	\$ 22,832
Purchased Services	\$ 30,125
Administrative Overhead	\$ 31,209
Insurance	\$ 15,599
Supplies & Materials	\$ 11,647
Other	\$ 5,393
Vehicles/Travel	\$ 5,114
Communications	\$ 3,800
Education/Training	\$ 398
Legal	\$ 302

Total Operating Expenditures \$ 914,819

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	0	0	0	1	0	3	0	1	0	5
ANIMALS/ANIMAL WASTE	1	0	0	0	0	0	3	1	0	0	5
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	0	0	0	0	0	2	0	2
FOOD PROTECTION	2	2	0	0	1	1	11	0	3	0	20
HOUSING ISSUES	1	6	1	1	1	1	5	0	4	5	25
EMERGENCY RESPONSE	0	0	0	0	0	1	1	0	0	2	4
REFUSE/GARBAGE	0	1	0	0	0	0	2	1	0	1	5
RODENTS/INSECTS	0	3	1	1	0	0	3	0	2	0	10
SEPTIC/SEWAGE	2	3	7	1	0	3	2	1	4	0	23
OTHER	1	1	0	0	1	0	4	0	1	0	8
WATER QUALITY	0	1	2	0	1	0	3	0	1	1	9
TOTAL	7	17	11	3	5	6	37	3	18	9	116
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	1	1	0	0	0	2
DAY CARE	2	1	2	2	2	2	3	0	3	2	19
CAMPS	0	2	0	0	0	0	1	0	0	2	5
PUBLIC POOL	0	4	0	0	0	0	6	0	2	1	13
OTHER	0	0	2	0	0	0	0	0	0	0	2
SCHOOLS	0	0	0	0	0	0	3	0	0	0	3
MORTGAGE, FHA, VA	0	1	0	0	0	0	3	0	0	1	5
BATHING AREAS	1	0	1	0	0	0	0	0	0	0	2
TOTAL	3	8	5	2	2	3	17	0	5	6	51
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION -- ALL SITE VISITS	31	71	16	55	72	88	146	42	135	76	732
DEEP HOLE TESTS -- NUMBER OF HOLES	44	73	48	21	49	117	86	21	98	42	599
PERCOLATION TESTS -- NUMBER OF HOLES	9	17	8	10	8	20	24	8	27	12	143
PERMITS ISSUED, NEW	2	7	3	1	8	13	8	0	5	4	51
PERMITS ISSUED, REPAIR	12	14	7	12	17	22	31	6	34	19	174
SITE PLANS REVIEWED	15	26	10	7	28	31	35	6	38	17	213
B100A REVIEWS	29	48	22	12	51	87	85	6	149	45	534
WELLS											
WELL SITES INSPECTED	1	6	0	10	13	22	22	9	10	10	103
WELL PERMITS ISSUED	6	14	6	8	11	31	31	9	20	13	149
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	1	0	0	0	0	13	0	14	0	28
SURFACE WATER	16	14	19	0	30	106	14	0	31	28	258
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	0	0	0	0	0
LEAD	0	1	0	0	0	0	5	0	0	0	6
OTHER	1	1	1	0	5	1	5	0	3	2	19
FOOD PROTECTION											
INSPECTIONS	19	32	27	19	19	73	203	4	59	42	497
REINSPECTIONS	3	1	4	2	2	5	24	3	3	7	54
TEMPORARY PERMITS	2	21	26	3	5	81	45	15	22	14	234
TEMPORARY INSPECTIONS	0	0	3	0	0	155	6	6	0	0	170
PLAN REVIEWS	1	1	0	0	0	3	8	0	1	0	14
PRE-OPERATIONAL INSPECTIONS	3	4	1	0	3	2	24	2	0	1	40
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	0	0	0	0	5	0	0	0	5
ABATE PLAN REVIEWED	0	0	0	0	0	0	2	0	0	0	2
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	4	1	1	2	0	1	2	1	12
SUBDIVISION REVIEWED (PER LOT)	2	0	2	3	0	5	0	1	3	0	16

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	1	0	1	0	0	0	0	1	2	5
Campylobacter	0	3	1	0	3	2	2	0	1	1	13
Chlamydia	4	12	7	4	5	14	65	0	18	9	138
Cryptosporidium	0	0	0	0	0	1	0	0	0	0	1
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	0	0	0	1	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	1	0	0	0	0	1	0	0	0	2
Gonorrhea	1	2	1	0	1	2	0	0	3	2	12
Group A Streptococcus	0	0	0	0	0	0	0	0	0	0	0
Group B Streptococcus	0	0	0	1	0	0	1	0	2	1	5
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	0	0
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	1	0	0	2	1	3	3	0	1	1	12
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	2	1	0	0	3	5	14	0	4	3	32
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	0	2	8	0	1	3	14
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	6	5	1	8	7	12	23	2	13	3	80
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	1	0	0	0	0	0	0	0	1
Pertussis	0	1	0	0	0	0	1	0	0	0	2
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	1	0	0	2	1	0	2	0	7
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	1	0	0	2	1	0	0	0	4
Syphilis	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis Cases (Active)	0	0	0	0	0	0	0	0	0	0	0
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