

2014-2015

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 Response Coordinator
Jordana Frost, MPH	CPH Project Specialist
Holly Hood, MPH, RS	Sanitarian II
Sherry McGann, RS	Sanitarian II
Jeff Polhemus, RS	Chief Sanitarian
Jody Schmidt, MS, RS	Sanitarian II
Lynette SwansonEnvir	onmental Health Inspector
Ana Zeller, RD	Community Health and Wellness Coordinator



Back: Rob Miller, Jordana Frost, Jeff Polhemus, Glenn Bagdoian, John Degnan, Holly Hood *Front:* Millie Brosseau, Ana Zeller, Sherry McGann, Jody Schmidt

Below: Medical Advisor Dr. Kenneth Dardick



EHHD Board of Directors

Elizabeth Paterson (Chair) Town of Mansfield
John Elsesser (Vice Chair)Town of Coventry
Joyce Stille (Assistant Treasurer)Town of Bolton
Alisa BrayTown of Chaplin
Maria Capriola (Alternate)Town of Mansfield
Rick Field Town of Tolland
Matt HartTown of Mansfield
Michael Kurland Town of Mansfield
Robert Morra (Alternate)Town of Bolton
Natasha Nau Town of Columbia
Christina Mailhos (Alternate) Town of Willington
Paul SchurTown of Willington
M. Deborah WalshTown of Coventry
Steve Werbner Town of Tolland
Mike ZamboTown of Ashford
Vacant Town of Andover
VacantTown of Scotland

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

Central to the goals of the Eastern Highlands Health District is our mission to prevent illness and promote wellness. We do this by placing our community members at the center of all we do. This, I believe, is illustrated best by our stated vision, "Healthy people, healthy communities...healthier future." It is our communities, comprised of every individual within, which are

the focus of all efforts here at the Eastern Highlands Health District. With every program we administer, every initiative we pursue, and every service we provide, our guiding principle is to minimize illness, and maximize wellness in all 80,000 individuals within our boundaries.

A lofty goal? Perhaps. However, it is this drive within our agency, and among our staff, with the support of our board of directors that has helped sustain the high quality, dedicated service our communities continue to enjoy today.

I would like to take this opportunity to highlight just a few of the agency fiscal year 2014/2015 activities that are supporting our efforts to achieve a healthier future for all individual community members:

Information Technology – Progress continues on our web-based application and permit tracking project. This initiative, when complete, will greatly improve the ease and efficiency of the permit application process, while improving staff productivity with real-time field tablet mobility. Be sure to look for the project launch in FY 15/16!

Community Health – The agency was awarded \$100,000 from the American Planning Association to spearhead the Plan4Health initiative within our boundaries. This initiative seeks to engage local town planning officials in a public health planning partnership that will promote place making as a strategy for promoting healthy behaviors.

Emergency Public Health Preparedness – The Eastern Highlands Health District was very active in the response to the ebola scare. Countless staff hours were spent working with local and school officials to address citizen and parent concerns. This response, in fact, included active monitoring and surveillance activities.

As always, it is immensely important to recognize our community partners. 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



EHHD'S PROGRAMS AND SERVICES

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

Environmental Programs

Water Quality — EHHD 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 onsite 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 referencae 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 assists 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 Control & Surveillance

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include 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 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 FHHD continues to support

changes, EHHD continues to support tobacco free communities through their previously developed toolkits. These toolkits encourage towns in Tolland County to adopt smoke-free policies or ordinances to make their parks, public areas and multi-unit housing complexes free of hazardous second hand smoke. Both toolkits can be found at http://www.ehhd.org/Tobacco-Free-Living. Additionally, EHHD has developed a summary of smoking cessation resources. The resources include web, phone and in-person cessation methods and can be found at www.ehhd.org/tobaccocessation.

EHHD CHART COALITION – promotes healthy behaviors through sustainable policy, systems and environmental changes. Through funding from the American Planning Association, CHART has been able to be part of a 15-month project called Plan4Health. This project focuses on ways in which improvements can be made to the built environment to encourage active living within our communities. Find more information at www. ehhdchart.org.



Be Well- Developed by EHHD in 2006, this employee wellness program improves the overall health and wellbeing of participating employees in the town of Mansfield, Mansfield BOE, Region 19 BOE,

and the Town of Tolland. 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 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. Be Well is available to any employer in our 10 towns. You may learn more about the program at www.ehhd.org/be_well or by emailing Ana Zeller at zellerae@ehhd.org.

Health Education: EHHD provides its member towns and residents with an online web portal for health information and regular updates on health and wellness "hot topics." We focus our "hot topic" health updates on providing clear and concise information on wellness 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.



Emergency Preparedness

EHHD participates fully in the Connecticut Division of Emergency Management and Homeland Security (DEMHS) regional planning process in Region 3 and Region 4, and continues to develop all-hazards plans for a robust public health response to all emergencies. The towns covered by the Northeast and Southeast Councils of Government constitute the DEMHS planning Region 4 and include seven of the ten Eastern Highlands Health District member towns. These include: Ashford, Chaplin, Columbia, Coventry, Mansfield, Scotland and Willington. The Capital Region Emergency Planning Committee (CREPC) encompasses DEMHS Region 3 and includes the remaining three of the EHHD member towns which include: Andover, Bolton and Tolland. Taken together, the total population of the EHHD - Mass Dispensing Area (MDA) is 82,398. The EHHD Emergency Preparedness staff is actively involved with other health districts and departments in the planning and coordination of effective regional approaches to public health and medical preparedness, and supports an all-hazards approach when responding to various emergencies. Both the Region 3 and Region 4 planning processes have been recognized for excellence by the National Association of County and City Health Officials (NACCHO) - Project Public Health Ready. The Public Health Emergency Response Coordinator has been appointed to serve on two national committees; one sponsored by NACCHO and another by the National Emergency Management Association (NEMA).

Community Volunteers also play a critical role in emergency response planning. An effective response to a public health or other emergency situation would be impossible without a dedicated corps of



volunteers. EHHD continues to recruit a registry of local Public Health Reservists and Medical Reserve Corps volunteers from the community to fill medical and non-medical roles during an emergency. The Eastern Highlands Medical Reserve Corps Unit was recognized nationally earlier this year and consists of 28 members including nurses and doctors. MRC volunteers, in coordination with Community Emergency Response Team (CERT) volunteers staged a drill at E.O. Smith High School that included establishing a First Aid Station and planning for a medical station and emergency shelter at the school.



While medical volunteers will fill key roles in the emergency response team, additional non-medical volunteers will be needed to work in areas such as patient registration, clinical

flow controllers, medical assistants, security personnel and medical materials management. Training and opportunities for practice continue to be offered to volunteers to improve their skill levels. District staff receive ongoing training and experience through exercises. This past year, District staff have been involved in a number of state-wide exercises, regional drills and local exercises. These included: regional communication drills to staff and volunteer; regional clinic operations drills, the DPH Statewide Regional Distribution Site exercise and the Governor's Statewide Winter Storm Exercise. Anyone interested in volunteering can get more information at ehhd.org/volunteer or by emailing John Degan at degnajh@ehhd.org.



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 fulltime 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 grantfunded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

EHHD History

As one of 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 fulltime 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.
- 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.
- 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:

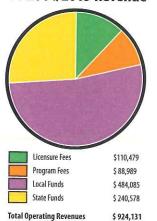
- Monitor health status to identify community health problems.
- 2. **Diagnose** and **investigate** health problems and health hazards in the community.
- 3. Inform, educate and empower people about health issues.
- 4. **Mobilize** community partnerships to identify and solve health problems.
- 5. **Develop** policies and plans that support individual and community health efforts.
- 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.
- Research for new insights and innovative solutions to public health problems.

EHHD Budget Fiscal Year 2014/2015

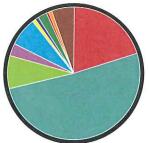
EHHD receives funds from a variety of sources including member town contributions, state and federal grants, and permit fees.

Towns are charged on a per-capita basis, to support local public health services.

FY 2014/2015 Revenue



FY 2014/2015 Expenses





Total Operating Expenditures \$962,428

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											iutais
AIR QUALITY	0	1	0	0	1	0	7	0	0	0	9
ANIMALS/ANIMAL WASTE	0	1	0	0	0	3	2	0	0	0	6
ACTIVITY WITHOUT PROPER PERMI	TS 0	0	0	0	1	0	1	0	0	0	2
FOOD PROTECTION	1	0	2	1	1	2	7	0	0	2	16
HOUSING ISSSUES	2	5	8	1	2	5	14	1	2	6	46
EMERGENCY RESPONSE	0	0	0	1	0	0	1	0	3	1	6
REFUSE/GARBAGE	0	1	0	0	4	1	1	1	3	2	13
RODENTS/INSECTS	0	0	0	0	1	0	2	0	1	1	5
SEPTIC/SEWAGE	0	8	2	1	5	1	2	0	5	1	25
OTHER	0	0	1	0	1	0	0	0	1	3	6
WATER QUALITY	0	0	1	0	1	0	3	0	0	1	6
TOTAL	3	16	14	4	17	12	40	2	15	17	140
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	2	1	0	0	0	3
DAY CARE	1	1	1	0	2	0	1	0	4	1	11
CAMPS	0	0	0	0	0	0	0	0	1	1	2
PUBLIC POOL	0	0	0	0	3	2	5	0	3	2	15
OTHER	0	0	0	0	0	0	0	0	0	3	3
SCHOOLS	0	0	0	0	0	0	1	0	0	0	1
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	1	0	5	4	8	0	8	7	35
ON-SITE SEWAGE DISPOSAL											
Site inspection all site visits	18	68	61	31	46	192	177	16	100	70	000
Deep hole tests number of holes	27	72	62	11	67	126	97	9	192 117	79	880
Percolation tests number of holes		17	9	2	9	23	27	1	26	39	627
Permits issued, new	1	2	8	1	4	17	8	0	10	11	133
Permits issued, repair	5	12	13	4	8	38	26	3	33	4	55
Site plans reviewed	7	12	16	5	16	55	29	2	50	14 18	156
B100a reviews	10	33	25	7	43	86	69	3	166	38	210 480
WELLS									200	30	400
Well sites inspected	2	2	0								
Well permits issued	3	3	3	2	4	46	14	6	16	3	100
Well perillics issued	3	1	15	1	7	39	32	6	27	9	140
LABORATORY ACTIVITIES (Sampl	les Taker	1)									
Potable water	1	0	0	0	0	0	0	0	0	0	1
Surface water	32	19	43	0	47	184	37	0	56	47	465
Ground water	0	0	0	0	0	0	0	0	0	0	0
Rabies	0	0	0	1	0	0	0	0	0	0	1
Lead	0	0	4	0	0	0	0	0	0	0	4
Other	0	0	1	0	0	0	13	0	0	0	14
FOOD PROTECTION											
Inspections	30	47	36	27	25	83	207	3	79	42	579
Reinspections	9	6	5	3	1	6	33	0	6	7	76
Temporary permits	7	20	19	1	11	43	34	7	7	6	155
Temporary inspections	2	0	4	0	1	122	7	6	0	0	142
Plan reviews	0	0	0	0	1	2	12	0	0	2	17
Pre-operational inspections	0	1	3	0	0	6	9	0	3	0	22
LEAD ACTIVITIES											
Housing inspection	0	0	1	0	0	1	0	0	1	0	3
Abate plan reviewed	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS ACTIVITIES											
Planning and Zoning referrals	0	0	2	0	1	9	3	0	1	0	16
Subdivision reviewed (per lot)		0	4								

^{*} Figures not audited at the time of this publication.

Selecte	d Re	portab	ole Di	seases	for Ca	llenda	r Year	2014	oy Tov	vn *	
	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	1	2	0	2	4	0	0	1	0	10
Campylobacter	0	2	2	0	0	2	1	1	4	1	13
Chlamydia	7	7	7	7	10	18	49	0	15	9	129
Cryptosporidium	0	0	0	0	0	1	1	0	2	0	4
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	0	0	0	0	0	0	1	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	1	0	1	1	0	0	0	0	0	3
Gonorrhea	2	0	2	0	0	3	7	0	0	1	15
Group A Streptococcus	1	0	0	0	1	0	0	0	2	0	4
Group B Streptococcus	0	0	0	0	2	0	1	0	1	3	7
Haemophilus Influenzae	1	0	0	0	0	0	0	0	0	0	1
Hepatitis A	0	0	0	0	0	0	1	0	0	0	1
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	1	2	5	3	5	3	10	0	2	4	35
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	5	2	1	3	5	6	1	1	5	29
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	1	0	0	0	1	1	0	3	0	6
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	13	15	4	11	15	25	34	4	23	11	155
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureu	is 1	0	2	0	2	1	2	1	2	2	13
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	1	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	0	2	0	1	2	0	0	3	0	8
Shigella	1	0	0	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae	0	0	0	0	1	2	0	0	0	1	4
Syphilis	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis Cases (Active)	0	0	0	0	0	0	1	0	0	0	1
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