

SUBJECT TO APPROVAL

MEETING DATE: TUESDAY, MARCH 15, 2016
6:00 P.M.

MEETING PLACE: JAMES MADISON ROOM (ROOM A) - TOWN CAMPUS

BOARD OF SELECTMEN PUBLIC HEARING MINUTES

First Selectman Banisch called the Public Hearing of Tuesday, March 15, 2016 to order at 6:00 p.m. Present were First Selectman Banisch, Selectman Hale, Selectman Goldberg, Selectwoman Walker and Selectman Wilson.

First Selectman Banisch provided an overview for the public of the current step in the process of gathering information regarding the Health Districts and the Health Director position.

Michael Pascucilla, Director of the East Shore Health District, introduced himself to the public and provided an overview of his organization. He also noted that a Health District is made up of different towns and that each town has a certain number of board members who meet monthly. The board has subcommittees and mirrors a town board. Mr. Pascucilla also noted that the ESHD meets the 10 Public Health standards. The budget was reviewed and Mr. Pascucilla noted that the per capita cost to Madison is currently \$7.30 per resident. One of the savings associated with a Health District is that fees in addition to salary, such as: benefits, vehicles, training, public notices, etc. would be covered in the per capita cost to the Town. Mr. Pascucilla also detailed how the ESHD staff would become part of the Town staff. The Town, therefore, has “a say” in how the Health Department would work. Mr. Pascucilla also stated that the ESHD provides services for shellfish areas as well in addition to other core programming such as Health Clinics. He also welcomed residents to review the ESHD Annual Report for more information.

Jim Monopoli from the CT River Area Health District thanked the Board for inviting him back again to speak to residents. He provided an overview of the current make-up of the CT River Area Health District and also what changes the addition of Madison would bring, such as, a satellite office in either Madison or Clinton. Also, additional staff would be added. He also noted that the current Towns are not contiguous. Mr. Monopoli also stated that the health district runs with a board of directors and they would add staff to their department should Madison join this district. The per capita cost to Madison for joining this district would be \$13 per resident. He also noted that the health district is looking into a 3-year plan to allow Madison to join at a rate similar to that of the ESHD. The CTRAHD also meets the 10 Public Health standards.

Dennis Johnson, Health Director of Guilford, provided an overview of the Health Director position in Guilford. Mr. Johnson has worked both as a Health Director for a municipality as well as for a Health District. He stated that Guilford tries to do everything that a Health District does, but they do so on a smaller scale. Mr. Johnson noted that

Guilford is not eligible for state funding, either, as the town has less than 50,000 residents. The cost per resident for this Health Department is roughly \$20. There is no board of directors or board of health and he reports directly to the First Selectman and has a lot of interaction with other departments. There is a WPCA which he is a liaison to, and the department enforces a blight ordinance. The department also carries out the 10 Public Health standards required by the state. They use the VNA to provide vaccinations, versus employing a Public Health Nurse. One benefit to the health department is that they don't have to be involved in some areas, such as to negotiate benefits for staff, apply for state funding, or complete in-depth budgeting processes. Also, a health department can respond quicker to resident complaints and questions. They provide licenses and fees for businesses such as beauty salons, daycares, etc. They also fund their services through tax dollars.

Public Comment:

Neil Lustig of Pheasant Lane provided a letter to the Board (a copy of which is attached to these minutes). He noted that he works for a Health District in another area of the state. He stated that he hoped the Town would choose to join a Health District.

Maureen Lopes of Old Farms Road questioned the Emergency Management responsibilities that John Bowers once fulfilled and whether these responsibilities were being shifted to a new director or Health District. First Selectman Banisch responded that these duties were separate of a Health Director and have been transferred to Sam DeBurra.

Vinny Anderson of Anderson Bros. Sanitation stated that this is a tough situation and noted that both of these Health Districts do a great job. The Town of Guilford is also lucky to have Dennis Johnson. Mr. Anderson added that an in-house municipal Health Director is the way to go.

Jeannette Ickovics of Hunter's Trail stated that she is a resident as well as a professor of Public Health at Yale University and that she feels the Health District is the way to go and that this is the way that the future of public health is moving. She also stated that there is less cost and more service with a Health District. The average age in Madison is 46 years old and when the Town looks at the burdens of the residents, then being part of a health district provides greater service for residents.

Bob Kuchta of New Road asked Mr. Lustig for the total population of his Health District and Mr. Lustig responded that there are roughly 43,000 residents. Mr. Kuchta also questioned if the Town had conducted a survey of the services that the Town has used under the retired Health Director.

Tom Hansen, WPCA Chairman stated that the most important thing from the perspective of the WPCA is that they manage a lot of local programs, such as waste water management, septic management, etc. They have done this in conjunction with John Bowers and in the future, regardless of which option the Town goes with, the WPCA's needs and services should be reviewed with the new director. The WPCA needs a highly skilled, administrative person to run the programs of the WPCA. He noted that the Shellfish Commission probably requires the same. Mr. Hansen stated that he is probably more in favor of a Health Department and Director versus a Health District, probably because it is what he is used to.

State Representative Noreen Kokoruda thanked the Board for holding this Public Hearing. She noted that the state is pushing for regionalization. Also, she stated that Madison is fulfilling many state requirements and moving to a Health District would only increase the Towns' effectiveness. She stated that the State is moving forward with providing Towns with "Report Cards" and there may be penalties / fees for not meeting state initiatives, such as those pertaining to the regionalization of health services.

Kathi Traugh of Boston Post Road provided handouts from the State of Connecticut (copy attached to these minutes) which detailed the Health District initiatives. She noted that most towns the size of Madison belong to a Health District. Although the Town is used to a Health Director and there is concern about committed staff, both Health Districts have promised a dedicated Sanitarian to the Town. She also noted that she is available to answer any questions that residents may have.

Lee Archer, Guilford's Sanitarian stated that he was part of a committee in Westbrook to determine if that Town should join a Health District. He noted that it will be a while before Madison is able to make a final decision and that he was also available to answer any questions that residents may have. In the end, Westbrook voted to stay with a Health Department /Director.

Steve Nikituk, Shellfish Commission Chair stated that the major duty of the commission is to protect the health of the shellfish population in Madison. The Commission collects water samples and brings them to the state for testing. The Bureau of Agriculture interfaces far greater with a Municipal Director and he noted the expertise of John Bowers in this position. Mr. Nikituk stated that he has had interaction with the ESHD and they have been equally as knowledgeable in his experience, as John Bowers is.

Adjournment

First Selectman Banisch thanked the residents for attending the meeting and informed them that further information would be forthcoming. There being no objections, First Selectman Banisch adjourned the meeting at 7:03 p.m.

Respectfully submitted,

Lauren Rhines
Executive Assistant

Attachment #1

March 15, 2016

From: Neal Lustig, Madison Resident

To: Madison Board of Selectman

Re: Public Health District Public Hearing

As a 16 year resident of Madison I strongly support the Town of Madison consider joining a full time Public Health District. The benefits to the community will be numerous in both the areas of Environmental Health and Community Health. As someone who has been working in local public health for 25 years, in another area of CT, I believe I can add some first hand knowledge to this decision process. Health Districts were created in 1965 to become full time public health agencies who, through the benefits of economy of scale, and state grants, can provide a much fuller list of services and capacities to their citizens.

While the town Selectman may be familiar with some of the "environmental health services" that a local health director perform, like sewage disposal and food inspection, they should be aware of the numerous other programs that a full time health district can offer. They crucial public health activities like seasonal flu, childhood, and travel vaccinations, diabetes education and counseling programs, cardiovascular and high blood pressure control programs, and fall prevention activities are crucial to maintaining a healthy population. These become even more significant as our population ages and chronic disease issues become more prevalent. Full time health districts, due to their larger staffs, and economies of scale, are also better in supporting the assurance functions of public health as outlined in the Ten Essential Public Health Services.

I have attached the services list of the Health District that I work for in another part of the State. I do request that the Board of Selectman consider the positive public health and economic benefits that becoming a "member" of a full time health district can bring to all the citizens of Madison. Thank you again for your time and consideration of this matter.

POMPERAUG HEALTH DISTRICT (PDDH) SERVICES - 2014

Serving Woodbury, Oxford, and Southbury

PDDH, as the local health department for its member municipalities, serves as the official public health entity with areas of responsibility and services including, but not limited to the following:

Restaurants, Food Stores, Caterers, Temporary Food Events

- Plan Review for New Construction and Renovations
- Permits and Routine Inspections
- Foodborne Outbreak Investigations

Subsurface Sewage Disposal Programs

- Subdivision Plan Review, Soil Testing (Pere Tests)
- Septic System Approval and Permitting for New Construction or Replacement
- Plan Review for Change of Use and Additions

Private Water Well Permits

- Plan Review and Inspection of New Private Water Wells and Repairs
- Water Analysis for Potability, Chemical and Physical Characteristics

Housing Code Enforcement

- CT. Housing Code Complaint Investigation and CT. Housing Code Enforcement

Childhood Lead Poisoning Prevention

- Environmental Investigations of Premises of Children with Elevated Blood Lead Levels
- Lead Abatement Plan Review

Public Pools - Beaches

- Routine Monitoring for Water Quality
- Facility, Health and Safety Inspections
- Routine Monitoring for Water Quality in Public Bathing Areas

Schools

- Food Service Inspections
- Pool Inspections
- Facility, Health and Safety Inspections by Complaint
- Consultation on Indoor Air Quality

Day Care, Group Homes, and Child Guidance Centers

- Routine Inspections and Complaint Investigation
- Food Service Inspections
- Coordination of Facility Inspections with State Agencies

Recreational Facilities and Camps

- Facility, Health and Safety Complaint Investigation
- Pool Inspections
- Food Service Inspection Follow-up

Laboratory Testing through CT. Public Health Laboratory

- Private Well Water Samples -Sanitary Chemistry and Hydrocarbons
- Rabid Animals and Lyme Disease Tick Testing
- Lead Paint and Dust
- Contaminated Food -Biological Testing through State of CT Health Laboratory -
- Bathing Water Sampling at Public Beach Areas

Public Health Complaints

- >" Housing/ Garbage/Refuse
- >" Rodents and Mosquitoes / Counseling Rabid Animal Contacts
- >" Toxic Hazards/ Air Pollution
- >" Drinking Water, Sewage, and Drainage
- >" Coordinate with State Agencies –DEP, Consumer Protection, Public Health, Other

Infectious Disease Prevention, Surveillance and Control

- >" Disease Surveillance and Monitoring
 - TB Screening, Education, and Monitoring
 - Follow-up of Reported and Emerging Diseases
 - Disease Outbreak Investigations
 - Liaison with Medical Community, Hospitals and Health Care Institutions
 - Coordination with Medical Community in Efforts to Reduce Acute and Chronic Disease
 - Utilization of Full Time Public Health Nurse and Health Educator to Facilitate Service Provision
- >" Control Measures for the Spread of Infectious Diseases
- >" Immunization Clinics
 - Flu and Pneumonia Vaccine – Seasonal – Children and Adults – Multiple locations including Schools, Senior Centers, Government Facilities,
 - Vaccine for Childhood Diseases –CT Vaccine Program Provider
 - Adult, Occupational, Travel and First Responder Vaccines
 - H1N1 Influenza Vaccinations
 - Shingles Vaccine for Seniors
- >" Travel Vaccination Services Program – Vaccinations and Guidance Provided to Residents at Weekly Clinic
- >" Bloodborne Pathogens Education provided to EMS and Town Agencies

Chronic Disease Prevention, Detection and Control Services

- >" High Blood Pressure Screening, Monitoring, Counseling, Education, and Referral at Senior Centers and Senior Housing Projects
- >" Cholesterol Screening, Monitoring, Counseling, Education, and Referral
- >" Health Education and Periodic Screening Programs for Cancer, Diabetes, and Hypertension
- >" Lyme Disease: Tick Identification and Education
- >" Diabetes Education and Counseling thru Screening and Self Management Programs
- >" Chronic Disease Self Management Programs for Seniors –Diabetes Care/Prevention and Chronic Disease
- >" Matter of Balance Fall Prevention Programs Focused on Senior Populations

Maternal and Child Health Programs

- >" Lead Poisoning Surveillance, Screening, and Education for Children
- >" Women, Infants and Children (WIC) Nutrition Program for Pregnant Women and Children
- >" CT Vaccine Program -Local Health Provider of No Cost Immunizations
- >" HUSKY Enrollment Referral
- >" Asthma Control Program
- >" Provide Guidance to School Nurses

Public Health Programs - Data Collection, Community Education and Preparedness

- >" Emergency Public Health Preparedness/Promotion, Outbreak, All Hazards and Bioterrorism Response
- >" Pandemic Influenza Planning/ Exercises
- >" Public Health Data Collection and needs assessment
- >" Public Health Information Line and Website

- >" Public Health Education for Health Providers, Community Agencies and Individuals
- >" Public Health Risk Communication
- >" Coordination With Town Police, Fire, EMS, Local Emergency Planning Councils (LEPC)
- >" Regional Medical Reserve Corps (MRC) serving emergency volunteer functions
- Medical and Non-Medical Staff Support for Mass Care Facilities including Emergency Shelters



BASIC HEALTH PROGRAM

OFFICE OF LOCAL HEALTH ADMINISTRATION • March 2016

CGS Sec. 19a-207a. Basic health program.

Each district department of health and municipal health department shall ensure the provision of a basic health program that includes, but is not limited to, the following services for each community served by the district department of health and municipal health department:

- (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; and
- (10) researching to find innovative solutions to health problems. A district department of public health or "health district" is a regional public health department formed by two or more municipalities to provide local public health services. A health district is a separate governmental entity from the town it serves.



BENEFITS AS A MEMBER OF A HEALTH DISTRICT

OFFICE OF LOCAL HEALTH ADMINISTRATION • March 2016

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 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 additional state and federal funding, bringing to the local level dollars that might not otherwise be possible
10. An opportunity for your town to network with other local health departments and state agencies.



FACT SHEET ON DISTRICT DEPARTMENTS OF HEALTH IN CONNECTICUT

What is a district department of health?

A district department of public health or "health district" is a regional public health department formed by two or more municipalities to provide local public health services. A health district is a separate governmental entity from the town it serves.

What laws govern health districts?

The laws that govern health districts in Connecticut are found in the Connecticut General Statutes (CGS) Sections 19a-240 through 19a-246. CGS can be found on the following web address:

https://www.cga.ct.gov/current/pub/title_19a.htm

The following is a listing of the CGS section numbers and titles under Title 19a, Chapter 368f, District Departments of Health:

Section 19a-240	Definition of "board".
Section 19a-241	Formation of district departments. Board
Section 19a-242	Appointment of Director of Health. Removal. Sanitarians. Authorized agent.
Section 19a-243	District rules and regulations. Powers of district. Meetings. Expenses.
Section 19a-244	Qualifications, term and duties of director of health. Employees.
Section 19a-245	Reimbursement by the state.
Section 19a-246	Withdrawal from district.

Is there any financial assistance available from the state?

Yes, legislation passed by the General Assembly in 1963 makes it possible for a health district to receive state aid annually in the amount of \$1.85 per capita to each health district with a population of 50,000 or more, or serves three (3) or more municipalities irrespective of total population (CGS Section 19a-245).

What public health services are required of a health district?

Each district department of health and municipal department of health shall ensure the provision of a basic health program pursuant to CGS Section 19a-207a. (See attached – Basic Health Program.)

What are the professional qualifications for a district director of health?

The district director of health may be a licensed physician and hold a degree in public health from an accredited school, college, university or institution or hold a graduate degree in public health from an accredited school, college or institution (CGS Section 19a-244). He or she would be appointed by the

governing board of the district, with the approval of the Commissioner of Public Health (CGS Section 19a-242).

How is the decision made to join the form or health district?

Towns, cities and boroughs, by vote of their legislative bodies, after a public hearing may unite to form a health district or vote to join an existing health district (CGS Section 19a-241).

What happens to the employees of a municipal health department when the municipality joins a health district?

- a) The municipal director of health appointment is terminated (CGS Section 19a-242).
- b) Full-time employees of a municipal health department become employees of the health district, but may continue to participate and retain their rights and benefits in the municipal pension system without interruption until their retirement (CGS Section 19a-244).

Can a town withdraw from the health district if it so desires?

Yes, a town can withdraw by voting to do so, providing it has been a member of the district for a least 24 months prior to such vote of withdrawal (CGS Section 19a-246).

How would a health district be managed?

A district board of health, like a board of directors of a company, would manage the affairs of the district and would appoint the director of health with the approval of the Commissioner of Public Health. It would be the function of the board of health to establish by-laws and promote reasonable rules and regulations for the promotion of general health within the health district, not in conflict with any law or with the Connecticut public health code (CGS Section 19a-243).

How many members would there be on a district board of health, and who appoints them?

The size of the district board of health is related to population. Appointments are made by the board of selectmen or other appropriate legislative bodies (such as city council). One representative is appointed from each municipality in the district. If a municipality has a population of more than 10,000, the municipality is eligible for one additional representative for each additional 10,000 in population, or part thereof. However, no municipality may have more than five (5) representatives. (CGS Section 19a-241).

At the present time, how many health districts are in operation in Connecticut?

There are presently twenty (20) health districts in Connecticut. (See map attached.)

If I have additional questions regarding health districts, who can I contact?

You may contact the Office of Local Health Administration of the Connecticut Department of Public Health, 410 Capitol Avenue, P.O. Box 340308, Hartford, CT 06134; Telephone (860) 509-7660; Fax (860) 509-7782.



State of Connecticut Local Health Departments and Districts - July 2015

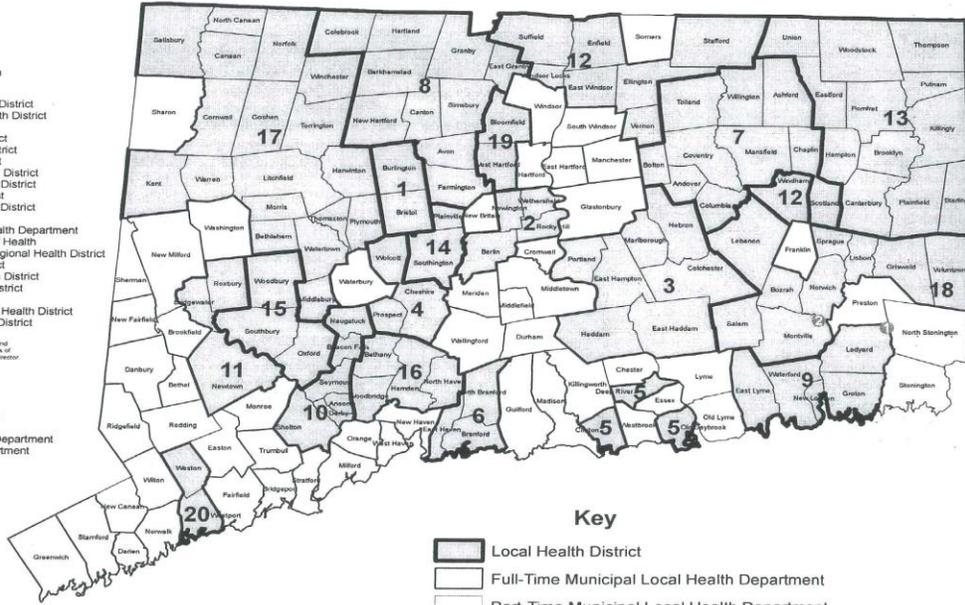
Health Districts¹

1. Bristol-Burlington Health District
2. Central Connecticut Health District
3. Chatham Health District
4. Chesprocott Health District
5. CT River Area Health District
6. East Shore Health District
7. Eastern Highlands Health District
8. Farmington Valley Health District
9. Ledge Light Health District
10. Naugatuck Valley Health District
11. Newtown Health District
12. North Central District Health Department
13. Northeast District Dept of Health
14. Plainville-Southington Regional Health District
15. Pomperaug Health District
16. Quinnipiac Valley Health District
17. Torrington Area Health District
18. Uncas Health District
19. West Hartford-Bloomfield Health District
20. Westport Weston Health District

¹Health Districts are towns, cities, and boroughs united to form departments of health and have a full-time Health Director.

Sovereign Nations

1. Mashantucket Health Department
2. Mohegan Health Department



Key

- Local Health District
- Full-Time Municipal Local Health Department
- Part-Time Municipal Local Health Department
- Sovereign Nation