

Public Health Agency  
323 Route 81  
Killingworth, CT 06419

November 14, 2018  
MINUTES

**Members Present:** Chair Natalie Ortolí Drew, Betty Dennis, Robin Duffield, Cathy Iino, Sue Nesci, Ernest Pizzuto, Mike Stehney, and Health Director Paul Hutcheon.

**Members Absent:** Cheryl Fine

**Guests from CT. River Area Health District:** Scott Martinson, MPH, MS, RS- Director of Health; Sherry Carlson, BSN, RN- Public Health Nurse; and Ryan Gregnon, MPA, RS-Sanitarian

Chair Natalie Ortolí Drew called the meeting to order at 7:04pm. She welcomed guests from the Connecticut River Area Health District (CRAHD) and moved to New Business in order to accommodate their presentation.

**Policies & Plans Supporting Individual/Community Health-Health District Evaluation-** CRAHD Health Director Scott Martinson and his staff gave an overview of the health district, distributed a detailed written presentation with supporting documents, and answered questions.

Geographic Coverage- The district includes five towns: Old Saybrook, Clinton, Deep River, Haddam, and Chester. It serves a population of 40,000. The office is in Old Saybrook. The district was originally proposed as a 10 town district but seven of the towns voted the proposal down. The three remaining towns decided to form a health district in 2006. Some of the district programs, such as emergency preparedness and grant-funded programs, cover non-district towns, including Killingworth.

Staffing- The district has as full-time staff: a health director, public health nurse, office manager, and three sanitarians. Part-time staff includes a public health nurse and two registered sanitarians. Scott explained that if Killingworth joined the health district, it would result in increased hours for a part-time sanitarian. The district has had three health directors since its formation.

Ryan explained that sanitarians keep office hours in member towns. Septic is a major component of its local service. Average response time for inspections is the next day. He noted that the schedule may flex if there is an immediate need to cover a septic system. All files are kept in the member towns and forms are on the website. Files are paper, or in some case, microfiche, according to Scott. Sanitarians have finished, or almost finished, training for the FDA Food Code, which is scheduled by the state for implementation in January.

Board- The district has a seven-member board. Representation is based on population. If Killingworth joined, it would add one seat to the board.

Budget- CRAHD's budget for the 2018-2019 year (July 1-June 30) has revenues and expenses of \$792,289. There was a question on how salaries and benefits for full-time staff representing 72% of the budget compared to other health districts. Scott said he didn't know. He explained that the district is exploring how to be a billable health service for some of its programs, such as

flu clinics. Twenty percent of the budget is from fees. Paul noted that the district's fees are higher than our town's fees. Scott added that if Killingworth joined the district, it would bring more state funding and grant dollars.

Per Capita- Scott explained that costs are dictated by the Board. He acknowledged in response to a question that CRAHD's per capita costs (\$11.40) are among the highest in the state. He explained that the high per capita rate resulted from the health district starting with three towns instead of ten, as originally planned. He noted that there is room for negotiation on the initial per capita when a town enters the district. He added that after an initial period, all towns have to pay the per capita rate.

Services- Scott explained that environmental services to member towns are the major service the district provides. Sherry presented several grant-funded and other programs. Programs included the evidence-based asthma prevention program, Putting on AIRS. It now serves the county in partnership with Middlesex Hospital. The program works with children whose asthma is not under control. The district also offers the Stamford-based chronic disease self-management program, Live Well, for adults. There is a block-grant funded skin cancer prevention program through Park and Recreation Departments. The district offers a school-based flu vaccination programs as well as Saturday flu vaccinations for uninsured or underinsured adults at their office. The district coordinates the mass dispensing program for the area, including Killingworth.

The CRAHD staff left the meeting after their presentation and questions and answers.

**Minutes**- The committee reviewed the minutes from the October 10th meeting. Paul Hutcheon made the following corrections (*italics*) on page 3 :

- Paul explained that the only contiguous health district is the Connecticut River Area Health District (CRAHD), based out of Clinton.
- :Per capita cost for Ledgelight Health District is *\$7.37*
- The state requires that a health district involves *three* or more towns or has a population of 50,000 *in order to receive state per capita grant funding*.

**MOTION:** Mike Stehney moved Betty Dennis seconded a motion to accept the October 10th minutes, as amended. Voting in favor: Natalie Ortolí Drew, Betty Dennis, Robin Duffield, Cathy Iino, Sue Nesci, Ernest Pizzuto, and Mike Stehney; Opposed: 0; Abstentions:0. The motion carried 7:0:0.

**First Selectman Update** - The First Selectman update was deferred to discussion of the health district issue.

**Health Director Update** - The Health Director update was deferred to discussion of the health district issue. Paul's written update to the committee covered his activities for October. He added that the town has received 45 radon test kits and he has sent out a press release on their availability.

**Policies & Plans Supporting Individual/Community Health-Health District Evaluation-Follow-up Discussion**-Several committee members expressed the following concerns about moving forward to join CRAHD:

- CRAHD's high per capita (\$11.40) compared with our town's current per capita (\$7.12) makes it a non-starter. Joining CRAHD would represent a 60 percent increase in costs.

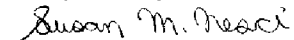
- The health district has been a good partner in regional programs, such as leading the mass dispensing area and lead grants. It appears to offer more services than our town needs at this time. For instance, most children in the town have health insurance and a provider. One member noted that school nurses identify children with problems controlling asthma and work with parents and providers on compliance. Another member cautioned that shoreline communities in the district may face higher costs from rising tides compromising septic and waste treatment systems,
- The committee recommended looking further at other options for providing public health services, including exploring contracting with a full-time health department for some public health services.

Paul and Cathy explained that any final recommendation would involve a three month approval process with a town vote by the end of May. Cathy added that an approved recommendation would not take effect until the next fiscal year starting in July.

**MOTION:** Ernest Pizzuto moved and Robin Duffield seconded a motion to adjourn. Voting in favor: Betty Dennis, Natalie Ortolini Drew, Robin Duffield, Cathy Iino, Sue Nesci, Ernest Pizzuto, and Mike Stehney; Opposed: 0; Abstentions: 0. The motion carried 7:0:0

There being no further business, the meeting adjourned at 8:53 pm. The next meeting will be December 12, 2018.

Respectfully submitted,

  
Sue Nesci, Secretary