INNOVATIVE IDEAS: PUBLIC HEALTH
**Use:** NARCAN® (naloxone hydrochloride) Nasal Spray is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. NARCAN® Nasal Spray is intended for immediate administration as emergency therapy in settings where opioids may be present. NARCAN® Nasal Spray is not a substitute for emergency medical care. For more information on Narcan call 844-4NARCAN or visit narcansalspray.com

### Contracted Products

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<th>Description</th>
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**Program & Pricing Eligibility:** The $75.00 Public Interest Contract Price is being made available by Adapt Pharma in an effort to provide affordable access to Narcan for entities that serve the public interest with limited funding. Public Interest Pricing is available to U.S. Communities participating agencies that have signed participation documents for Premier’s Medical Surgical and Pharmaceutical Group Purchasing Program and by purchasing Narcan directly from Adapt Pharma. Purchasing direct from Adapt is subject to terms and conditions including but not limited to credit evaluation, product returns limitations and no recourse to 3rd party public or private insurance. **No freight charge when purchasing a minimum of 48 units.**

Narcan is just one product in a comprehensive program to reduce the costs of medical products used by participating agencies. If you cannot meet the minimum order requirements, Narcan will be available through certain Premier authorized pharmacy distributors, at a higher price point. Premier customer service representatives can put you in touch with the appropriate representative.

**Accessing the Agreement:** The following steps are required to gain access to the Adapt Pharma agreement.

- Participating agency must be registered with U.S. Communities Cooperative Purchasing Program.
- Participating agency must also be a member of Premier’s group purchasing program for Medical Surgical and Pharmaceutical products. For more information, click here.
  - To join, access the Premier website on the U.S. Communities website or go directly to the Premier registration site.
  - Once the electronic registration is completed you must download, complete, sign, and submit a Facility Authorization & Vendor Fee Agreement (“Exhibit A”) to premierreach@premierinc.com to become a member.
- To purchase directly from Adapt Pharma exclusive distribution partner, Smith Medical Partners, the following is required:
  - Set up an account by calling 855-798-6483. Provide the following information to the representative:
    - Name of Buying Entity
    - Email Address and Phone Number
    - State Medical/Pharmacy License
  - Logistics Information:
    - Orders ship the same day
    - Packages are sent via UPS (no freight charge with a minimum purchase of 48 units)
    - Order cut-off time is 5 p.m. Central Time Zone.
  - Setting up pricing and establishing accounts with all entities should take less than 14 days.

For Further Questions: Call 877.981.3312 or email uscommunities@premierinc.com

www.uscommunities.org/premiermedical
Setting up pricing and establishing accounts with all entities should take less than 14 days.

Accessing the Agreement:

Program

Contracted Products

more information on Narcan call 844-4NARCAN or visit narcannasalspray.com

NARCAN® Nasal Spray is not a substitute for emergency medical care. For treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. NARCAN® Nasal Spray is intended for immediate administration as emergency therapy in settings to reverse respiratory depression associated with opioid overdose. NARCAN® (naloxone hydrochloride) Nasal Spray is an opioid antagonist indicated for the emergency treatment of opioid-overdose reversal of respiratory depression. NARCAN® Nasal Spray is just one product in a comprehensive program to reduce the costs of medical products used by public agencies.

Participating agency must also be a member of Premier’s group purchasing program for Medical Surgical and Pharmaceutical products. For more information, click here.

To purchase directly from Adapt Pharma exclusive distribution partner, Smith Medical Partners, the participating agency must be registered with U.S. Communities Cooperative Purchasing Program.

Representatives can put you in touch with the appropriate representative.

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To join, access the Premier website on the U.S. Communities website or go directly to the premierreach@premierinc.com to become a member.

For further questions:

- Pricing
- Logistics Information:
  - Order cut-off time is 5 p.m. Central Time Zone.
  - Packages are sent via UPS (no freight charge with a
  - Orders ship the same day
  - State Medical/Pharmacy License
  - Email Address and Phone Number
  - Name of Buying Entity

Once the electronic registration is completed you must download, complete, sign, and submit participation documents for Premier’s Medical Surgical and Pharmaceutical Group Purchasing Program and by funding. Public Interest Pricing is available to U.S. Communities participating agencies that have signed participation documents for Premier’s Medical Surgical and Pharmaceutical Group Purchasing Program and by funding.

Purchasing Narcan directly from Adapt Pharma is subject to terms and conditions of the agreement. Please visit the Narcan website for more information.

Grading Your Take Out

Communication In A Crisis

PFAS Has Toxic Repercussions

CCM Homelessness Task Force

Towns Tackle Opioid Epidemic

Classes For Seniors

Essential Public Health Services

Award Winning System Shared

Grading Your Take Out

A PTSD Bill That Works

What Is Radon?
The novel coronavirus known as COVID-19 is the public health crisis of our time. It represents perhaps the first “all hands on deck” moment since World War II asked Americans to make sacrifices, buy bonds, and support the war effort in any way they could. Unlike a war where the frontlines are a world away, we are fighting COVID-19 at home, and the soldiers on the frontlines are our municipal leaders and public health officials.

We at CCM want to take this opportunity to present a Public Health issue, highlighting the ideas, the accomplishments and the individuals that keep Connecticut one of the healthiest states – number six according to U.S. News – year in and year out.

In the following pages you will read about the ways in which health districts and towns responded to the coronavirus, but also how they’ve tackled the opioid epidemic and homelessness. You’ll read about the food inspection process, radon gas, and senior education, because those are areas that our municipalities cover. Our municipalities are handling public health in our education system, handling vaping and mental health.

These are just some of the areas that are handled by our courageous public employees every day.

You can see for yourself the Connecticut General Statutes that lay out these responsibilities, and if you’re reading this online, you can follow them to the full text from the state. Take Section 19a-207a. It says that municipal health departments shall inform and educate on health issues, mobilize community partnerships, and research to find innovative solutions to health problems. After reading the stories in this book, you’ll agree that they are doing this and more.

Once the pandemic ends – and it will – these jobs will go on. The ability to innovate, collaborate, and protect will remain the thing that our Public Officials do best. We hope that with this collection of stories that we will be reminded of that in good times and bad.

Connecticut Conference of Municipalities

collaborating for the common good
A Beacon Of Light
Ledge Light Health District readies temporary housing

At CCM, we often call for regionalism and cooperation as a way to become more efficient in the day to day government operations. But during the coronavirus pandemic, cooperation has become a way that municipalities can work together to produce positive public health outcomes. The city of New London, Ledge Light Health District (LLHD) and their many partners are showing what can be accomplished in our fight to save lives.

Work began even before there was a single case in the state, which they said in a press release. Talks between the city and LLHD were planned early and often to prepare for the inevitable spike in cases. Their goal was to do everything they could to protect as many people as possible - both residents and employees in the area. One initial step was to alter staffing with the city police and fire departments to ensure emergency response availability.

Stephen Mansfield, Director of Health for LLHD said that they were working closely with all municipal leaders in the area, which include East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Stonington, and Waterford.

New London, as the hub of the area, opened its first isolation center in response to the growing number of people who have to self-isolate.

The facility opened in the former Harbor Village, which needed minor repairs after sitting unused for more than a year according to an NBC CT report. Workers from the city, the New London Homeless Hospitality Center (NLHHC) and volunteers arranged by Rep. Joe De La Cruz worked "around the clock" fixing plumbing issues, moving furniture, and cleaning to make the space ready for those that might need it.

The NLHHC will be staffing the building with an employee and a nurse at all times. Currently the city is paying for rent, food, and the on-site employees at a cost of $15,000 per month according to figures from the Hartford Courant. As with other municipalities, New London declared a state of emergency, which they hope will allow them to be reimbursed for that amount.

In addition to the additional rooms set up to foster social distancing, the NLHHC had already increased efforts in areas such as hygiene stations and meal distribution.

New London also collaborated with the Community Foundation of Eastern Connecticut to establish the Neighbors for Neighbors Fund. The fund was set up to help out the nonprofits that are dealing with the COVID-19 virus firsthand. They aim to provide “flexible resources to organizations throughout Eastern Connecticut that serve our residents, especially those who are disproportionately affected.”

Public health initiatives require cooperation from top to bottom. You need organizations to provide services, municipalities that will support them, and citizens that will use them. The city of New London, the Ledge Light Health District, and everyone that has surrounded them throughout this crisis has shown that working together is a good idea no matter the situation.
Expert Talks Disaster Messaging
Hud Englehart gives tips on how to communicate in a pandemic

It’s never been more important to communicate good, sound information. The National League of Cities hosted a webinar with Hud Englehart, the former Chief Communications Strategist for the governor of Illinois and an adjunct professor of crisis communications in Northwestern University’s Medill graduate school of journalism, to help local leaders convey their messages effectively as we handle the coronavirus outbreak.

Here are some key points:

• You need to start with what people need to hear, not with what you need to say
  ◦ There are facts and there are myths; we must make sure that we dispel myths in a way that’s convincing and compelling.
  ◦ Data supports stories, not creates them. Having data is not the same as having information.
  ◦ Transparency is critical, we must reveal the process so people following along can understand.
  ◦ This includes revealing our sources, which must be nonpartisan and scientific.

• “I read an article from the Washington Post/ watched a segment on Fox News...” vs. “A doctor at the CDC/NIH/WHO said...”

• We have to become comfortable with the fact that we don’t have all the answers.

• We need to make sure we’re communicating, but the questions won’t always be in our wheelhouse.

• We must correct errors as they come in. With Coronavirus, information is changing rapidly.

• Under normal circumstances, revelation and admission are difficult.

• The truth is more important here.

• You need a Chief Skeptics Officer
  ◦ This is someone who will
    ◦ authenticate our sources, dig for answers, report the facts, and keep the record straight.
    ◦ They need latitude to ask ugly questions, speak truth to power, because the press/public will

• Tone and demeanor are extremely important. Become combative or raise fear and people will act accordingly.
  ◦ We need people to do things and not just hear them. Conveying calm can prevent hysteria.
  ◦ Avoid weaponizing coronavirus in a partisan manner
    ◦ it undermines the message that is critical for people to act upon.

• Embrace technology! We don’t have any choice but to do so.
  ◦ Many feel social media is inaccurate, which brings us back to making sure your content is sourced and cited, non-partisan, and that it treats an adult audience like adults.

Englehart says that in the coronavirus crisis, we have made the right decision on what to protect: public health. Following his key points by focusing your messages on what people need to hear, making sure that they are full of sourced and cited information, they are non-partisan and convey calm, and reach people where they are, local leaders can save lives.
While the world may feel as if it has come to a standstill, municipalities still have to keep moving. Torrington Mayor Elinor Carbone joined CCM’s The Municipal Voice to discuss the roles that towns and cities are playing as the COVID-19 crisis unfolds.

One of those considerations is the yearly budgets that towns must make.

“This is the worst time for a municipality to have to respond to a pandemic,” Mayor Carbone said, “[Governor Lamont] gave us 30 days beyond our deadline” to have a budget in place.

And while she said Torrington had hoped to maintain their current timeline that might not be feasible. Each decision snowballs into another decision.

In order for the Board of Finance to keep meeting, they have had to set up e-meetings, which required additional IT support to meet those demands, right on down the line. Towns and cities will, over the course of this pandemic, expend resources that will have to be factored in to the budgeting process.

That was one of the reasons Mayor Carbone told us she declared a State of Emergency in her city. It’s part of her ongoing conversations with her Emergency Management Team, State Agencies, and Governor Ned Lamont and his team.

“Everything is on the table for discussion,” she said, “what do we need to implement today and what do we see on the horizon that will need to be in place.”

For the Governor, Carbone had high praise for the way that he has handled this situation thus far. His constant communication she said has been tremendous, noting that “he helps us communicate to the public what we’re supposed to do.”

As part of their Council of Government (COG) and Chamber of Commerce, Torrington has been coordinating and leading conversations about how to keep moving forward.

In addition to her Emergency Management Team, which includes her Fire and Police Chief, each decision is bounced off other COG members so they are all on the same page.

As a center for social services in the area, Torrington wants to make sure all area residents know.

Mayor Carbone, teaming up with the Chamber, is being proactive with local small businesses on funds or resources available to them. “Our businesses need to hear from us sooner rather than later,” she said, “it gives them a contact.”

Torrington is also maintaining a Continuation Of Operations Plan, or COOP, should there be a break in the process, an illness amongst essential staff, or even a larger edict should it come down from the Governor or President.

Until then, the Mayor wants to send a different kind of message.

“It is imperative as a mayor, selectman or CEO of a municipality, that you really want to exhibit a sense of calm, that everything is under control, we are prepared for this.”
Dirty Water

PFAS can have toxic repercussions for years

Our modern world is built on the back of innovation, but the persistent rush towards the future has had many unintended consequences. One of those is the proliferation of untested technologies that seem miraculous at first glance, but eventually reveal a more dangerous side. Attorney Paul J. Napoli and Water Hang, President of Toxics Targeting spoke to CCM members about one of the most nefarious: Per- and Polyfluoroalkyl Substances (PFAS).

Created by corporations such as 3M and DuPont, PFAS were used in everything from food packaging to carpets to clothing to make things durable and non-stick. Teflon is an inert Perfluorooctanoic Acid (PFOA), a subset of PFAS.

According to the Environmental Protection Agency, exposure to PFAS over certain levels may result in adverse health effects, including developmental effects to fetuses during pregnancy or to breastfed infants, cancer, liver effects, immune effects, thyroid effects and others. PFAS can enter the bloodstream through food, drinking water, and the biodegradation of products that contain these chemicals. And once they are in, they are there forever, earning them the name “forever chemicals.”

While non-stick pans and carpets are mainly the concern of the domestic home, PFOAs have entered the municipal realm as they are also used to make Aqueous Film-Forming Foams (AFFF). These foams work so well in preventing fire because of their ability to cover large areas of fire without spreading fuel. According to the Department of Defense, they use the foam because “on ships and on aircraft, the close proximity of people, fuel, and munitions can be especially dangerous. AFFF works by quickly by spreading out over the surface of the fuel, depriving the fire of oxygen, quickly extinguishing even large fires.”

These chemicals in addition to being on ships and aircraft, have become a staple of municipal fire departments. Because of the known hazards, training happens often, increasing the chances of spreading the chemical. But the effectiveness was an incentive that many could not ignore.

For instance, it is still required by the Federal Aviation Administration. Many will remember the crash of the historic B-17 plan that killed seven in 2019. Over 25,000 gallons of AFFF was used according to a report from the Connecticut Department of Energy and Environmental Protection. That pales in comparison to the accidental release of 40,000 gallons of AFFF released in June.

This caused fish that live in the river to have higher concentrations of PFAS downstream from the release of AFFF than upstream, while predatory fish had higher overall concentrations than bottom feeders. Because of this, they issued a warning not to eat fish caught between Route 75/Poquonock Ave to the Connecticut River.

In 2019, Governor Ned Lamont created the Connecticut Interagency PFAS Task Force to handle the problems created by chemicals leeching into our waters. Their final action plans recommendations were to test public drinking water, set a maximum contaminant level, identifying and evaluating sources of human exposure, minimizing occupational exposure, establishing limits for PFAS in consumer products and standards for cleanup, developing a GIS database that identifies and establish public outreach team.

Many municipal fire departments currently have stocks of AFFF, and the action plan discusses the possibility of “financial assistance for the establishment of a take-back program to safely dispose of AFFF and thereby prevent future releases.”

PFAS were once the wave of the future. Every household had a non-stick pan and fire departments around the country were using AFFF to control fires. But now we know the harmful effects of these chemicals and waters around the country might have trace amounts of PFAS. The question is how much is harmful and who is going to be the ones to pay for the remediation. And what new chemical will be the wave of the future to help us cook our eggs and stop our fires.
The story of COVID-19, a novel coronavirus, is changing from moment to moment. Within a few days of our first confirmed case Governor Ned Lamont declared a state of emergency, and each new day brought a new executive order or directive.

The Connecticut Conference of Municipalities’ podcast, The Municipal Voice, brought on Richard Matheny, Director of Health for the Quinnipiac Valley Health District early on in the crisis to get to some of the underlying facts on Coronavirus and the ways local governments and health departments have been responding.

Matheny said that coronaviruses mostly live in animals, and this most recent iteration had a natural host in bats. The virus mutated “just enough to make it infective to human beings” through an intermediary species, but not much is known about how this happened exactly.

In humans, the virus is spreading through droplet contamination or contaminated surfaces.

Droplet contamination refers to the spread of germs through coughing or sneezing. He suggests that the best information out now is that these droplets have a radius of about six feet, hence the recommended social distancing of six feet.

In Connecticut, the Governor has urged any events with over 100 attendees be canceled or postponed. For towns and cities in Connecticut, this has hit St. Patrick’s Day Parades particularly hard, with nearly every scheduled parade up in the air. New Haven’s parade was postponed on March 9, before any cases were announced in the city.

The other main driver of contagion is contaminated surfaces, which are those that droplet contamination has gotten onto. Matheny gives the example of someone coughing in a stairwell and droplets getting onto the hand rail. The germs can survive at a best guess of three days — pending further study — and if you come into contact with them and touch your face, you will probably get sick.

Right now, schools across the state, and especially those that have been visited by those testing positive for coronavirus are being deep cleaned. This includes facilities in Fairfield County, which was the first area to be hit. The State Capitol is going through a four-day deep clean without any positive coronavirus associated with the building as of publication.

“Handwashing is the key to all of this,” he says, not surgical masks. Masks are not intended to protect you from breathing in the virus, but those that are already sick from spreading the virus through droplet contamination. Even then, those with the virus should be isolating themselves unless they need to go to a doctor.

Matheny’s advice is to make sure that you are washing your hands correctly, and with soap and water. It is the “number-one-go-to” because it physically removes dirt from your hands. Alcohol rubs must be at least 60% alcohol.

Because of how contagious this coronavirus is, it is Matheny’s belief that this will be everywhere soon, and that “we’re just trying to slow it down right now.”

A majority of this work is coming down to local governments, and he turns Ronald Reagan’s old joke — I’m from the government and I’m here to help — on its head.
In this case, “the government is really here to help you,” he says, “and we really want to provide you with rational and accurate information that you may not be getting from social media sources.”

He asks that you check in with your Mayors, First Selectmen and Health Departments and heed their advice and concerns.

For the Quinnipiack Valley Health District, he says “they’re meeting, they’re working out talking points, they’re working with the people they serve. School systems, town hall, meetings in the future, what are you going to do about voting, all of those things are being discussed.”

And until Governor Lamont or President Trump say differently, towns and health districts are on the front lines, who right now are just trying to slow down the spread of the disease so as not to overwhelm our ability to treat those that have coronavirus as has happened in China, Italy, and Iran.

From Matheny’s perspective, it’s good to be concerned, to help each other in a way not to spread it, on the individual level, the family level, and the community level.

The government shutting down large gatherings is just the first step to controlling the spread, but limiting travel may be on the agenda, “I’m sure they’re thinking about it.”

Right now, the Quinnipiack Valley Health District is just trying to be the “calm presence in the room,” trying to disseminate useful, rational, and actionable information to people, and hoping that people trust that this is not a hoax.

Matheny says “this is going to be disruptive to our way of life for quite some time, and we’re slow to come to terms with that.”

He says that in the next week some hard choices are going to have to be made, that bans and temporary closures will all have to be continually evaluated, but ultimately, we must “use reasonable common sense about these things.”

Wash your hands. Don’t touch your face. If you’re sick or have been in contact with someone who is, you should self-quarantine. And make sure you’re getting your information from good credible sources like the Center for Disease Control, World Health Organization, or your local leaders and health districts.
A World Without One Vaccine
Monroe Health Department helps keep kids safe

One of the main charges a Public Health officials have is to solve community health problems. Contagious diseases like COVID-19 affect all kinds of communities because there’s no immunity preventing the spread. Through vaccinations, communities can achieve what is known as herd immunity, which breaks the chain of spread, preventing outbreaks like the one we are seeing now. The Monroe Health Department (MHD) has been holding Vaccine Clinics before school starts because of the crucial health implications.

From their website, MHD notes that “child care facilities, preschool programs, schools and colleges are prone to outbreaks of infectious diseases. Children in these settings easily spread illnesses to one another due to poor hand washing, and not covering their coughs, and other factors such as interacting in crowded environments.”

These of course have become hallmarks of the coronavirus response, but the diseases that children are vaccinated for include Hepatitis A & B, Rotavirus, Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Chickenpox. All of these diseases leave children particularly vulnerable to long-term effects, such as paralysis with Polio, or death in cases like Pertussis, also known as Whooping Cough.

One common concern is that vaccines might be unsafe. But the CDC does a good job informing the public as to why vaccines, and especially their ingredients play a vital role in the safety of children and the general public at large. They sum up their role by asking you to think about it this way: You always make sure to buckle your child in their car seat even though you don’t expect to be in an accident.

The clinics take place for school-age children at the Health Department offices in Monroe’s Town Hall.

Once a vaccine comes out for COVID-19, it will be important that enough people who can get it, do get it, because that is how we protect each other. Many times, we think of illness as individuals – I have a cough or she has an upset stomach. But the novel coronavirus has forced us to rethink that assumption. With viruses, we’re in it together to protect the many.
The Columbus House broke ground on a new extension of the Connecticut Valley Hospital in Middletown on March 28. Columbus House is a New Haven based housing group that goes back to a shelter at 200 Columbus Avenue. Throughout the years it has grown in reach and capabilities, adding men’s seasonal overflow shelters, outreach and engagement programs, and transitional living programs.

The program was instrumental in ending “chronic” homelessness in the state. Connecticut was recognized by the Federal government as the first state in the union to do so. Eight years prior, Columbus House took the Middlesex Family Shelter under its wing that helps upwards of 50 families with 150 or more dependent children move towards permanent housing.

The project at the Connecticut Valley Hospital will increase its abilities throughout Middlesex County. Construction and renovation will center on the Mary Shepherd Home, which was originally built as housing for nurses. It will now house 32 separate apartments that will be Veteran priority housing. The 26 one-bedroom and 6 studio leased apartments were most recently used as temporary housing.

One major difference is that Columbus House supports a Housing First policy which means that no matter who shows up, they are moved directly to their own apartment. This differs from the old approach of increasing independence through homelessness programs.

Case workers will be from St. Vincent de Paul Middletown.

Getting the ownership of the home to Columbus House involved the state transferring the ownership of the property to the City which was then able to give the deed to Columbus House. The first part of this transfer was done by state legislature and had a requirement that this house be used for housing.

Hartford Can You Spare A Dime?

Hartford is looking for credible solutions to an increasing problem of panhandling. For medium-to large-sized cities, it is an evergreen problem of making residents feel safe and comfortable but also helping those in need.

With the growing opioid crisis in America stemming from prescription pain medications, many individuals fall victim to vicious cycles of treatment and relapse, and find themselves on the street as a result. These men and women then resort to asking for money on the streets, a practice commonly known as panhandling.

It is no secret that this practice makes some residents uncomfortable, even if they are sympathetic to the plight of the person asking for some change or a spare dollar. This prompted the City to enact an ordinance in 1995 that outlined and prohibited aggressive panhandling.

What that means is that no one may follow, touch, block, or generally direct abusive or profane language towards another, even and especially if that person has said no to the request.

While the Hartford Guides, a non-profit community service and on-street security organization, acknowledges that the vast majority of homeless do not criminally violate those behaviors outlawed by this ordinance, they offer that “the overwhelming majority of those who do engage in these prohibited practices are not homeless.” Giving in to panhandling, “you are more likely to subsidize substance abuse by that individual rather than help someone who is looking to obtain basic needs.”

The city of New Haven recently enacted the “Give Change to Make Change” program that placed parking meters and posters around the city collecting money to battle homelessness and making the public aware that “it’s ok to say no.”

At a recent meeting between the Asylum Hill Neighborhood Association, panhandlers, city employees, and social workers, possible solutions were discussed. The problem is the efficacy of programs like these. Getting it to the people in a way that ends the rotating door of substance-abuse programs is no easy task.

The Hartford Courant, in a piece on this meeting, cites Tom O’Brien, a prosecutor for Hartford Community Court who handles panhandling, as saying: “they know their presence is unwanted, and most of them would rather not be on the street.”

For those who work in Hartford or are simply visiting, the Hartford Guides suggest saying no to panhandlers and supporting an organization like the United Way that has been most effective in handling homelessness.
New task force highlights the work done and to be done to end homelessness

At last count, there were over 3000 individuals dealing with homelessness in Connecticut, a grave problem as winter approaches. While that number gets smaller every year, for us and our members, it’s important to get that number to zero. That is why we have formed a Homelessness Prevention Task Force to develop best practices at the municipal level to combat and end homelessness across Connecticut.

A partnership with the CT Coalition to End Homelessness (CCEH), this initiative relies heavily on the experience and expertise of local municipal officials and CEOs. Under the co-chairs of Mayor Benjamin Blake of Milford and Mayor Erin Stewart of New Britain, the task force is working to develop the best practices and coordinated actions municipalities can take to combat homelessness.

The chief collaborator is CCEH. The task force is working on a model municipal resolution to be created with input from the task force members, with Executive Director Richard Cho and Madeline Ravich, Development Advisor and Director of the BE HOMEFUL Project addressing the task force at the most recent meeting in November.

Once the model resolution is approved by the task force, the work will begin on reaching out to all towns and cities in Connecticut to encourage them to adopt the resolution.

In addition to this, the task force is working to finalize and approve a list of recommended actions municipalities can take to address homelessness. If this sounds familiar, it’s because the action-based program was modeled after the extremely popular and effective Sustainable CT program.

Actions will be based on feedback CCM received from a survey issued to our entire membership, as well as Social and Youth Services directors. The survey asked municipalities to highlight what successes they’ve had and what initiatives they are currently pursuing.

That is due in large part because Connecticut towns and cities are already taking action on homelessness and have been extremely successful. In one recent episode of The Municipal Voice, Mayor Stewart noted that New Britain has maintained a rate of zero in chronic homelessness.

One other key find from the survey is that there have been a number of successful partnerships put in place between municipal staff and local non-profits, organizations and community groups, but localized barriers to providing services and a lack of resources were primary difficulties in addressing homelessness.

So one facet of the initiative will be to focus on increased coordination of resources and efforts to overcome localized and fiscal barriers. Another will be to identify those non-profits and organizations that have implemented successful tactics in combating homelessness in their communities.

As reported in the most recent Point-in-Time Count by the CCEH, there are 3,033 people who were homeless in shelters, sleeping outside or other places not meant for human habitation on a single night in Connecticut. The coalition reports a 32 reduction in homelessness based on this one-night census measure since 2007 (the year of the first count).

The Homelessness Prevention Task Force was created with the vision that municipalities have been on the forefront of this issue and hold the ideas that could be the key to helping solve this crisis once and for all. Towns’ and cities’ focus and quality initiatives should be acknowledged and rewarded. But there is still work to be done, and the road map created by this Task Force will be the first step of many.
Turning Houses Into Homes
It will take cooperation to end homelessness

The old saying goes it takes a village to raise a child, and it will take the cooperation of the federal government, the state, municipalities, and non-profit organizations to help end homelessness in the state of Connecticut.

That was the lesson learned on The Municipal Voice, which featured Dr. Richard Cho, Chief Executive Officer of the Connecticut Coalition to End Homelessness (CCEH) and Rev. Bonita Grubbs, Executive Director of Christian Community Action (CCA) of New Haven. Both are perennial optimists who saw nothing but progress in the state of Connecticut.

According to data from CCEH, homelessness is at some of the lowest numbers in a decade, thanks in part to cooperation with the federal and state government, which helped municipalities and the organizations that serve them, house victims of homelessness until they are able to transfer to stable housing on their own.

The guests discussed the end, first of chronic veteran homelessness in Connecticut, then being the second state to end veteran homelessness in Connecticut overall. And how they are hoping to use the same tactics to help end youth homelessness, which outwardly looks like the same problem, but often manifests itself in different ways and for different reasons.

With the same kind of support and cooperation amongst towns that share services in the form of community action agencies, Dr. Cho believes that the work has already begun to end chronic homelessness in the state of Connecticut.

That work, though, cannot be done without non-profits like CCA or CCEH working with municipalities and vice versa.

Rev. Grubbs said “there are opportunities for towns to undertake around volunteering... I would encourage municipal leaders to check with shelter directors to see how they can have an impact.”

She has promised some big news about the future of their ARISE project, which will help combat homelessness before family has to make that choice.

Dr. Cho mentioned the BE HOMEFUL project that CCM featured at their annual convention. BE HOMEFUL has partnered with Paddington Bear to “respond to the lack of funds available to help families at the front door of shelter,” helping with one-time expenses and raise awareness on the impact of homelessness on young children and families.

It just goes to show that there is something for everyone to do in the quest to end homelessness.
The Enfield Police Department are looking to try a novel approach to the opioid epidemic by taking a page out of the efforts to decriminalize marijuana. As of May 28, 2018, a person may not be arrested for the simple possession of personal use opiates, and in fact may call on the Enfield Police Department in their time of need.

The full statement posted on the Enfield Police Department Facebook page on June 4 reads:

“Under the direction of Chief Fox, our agency has recently adopted a new protocol, where people in need of addiction assistance are welcome, without fear of arrest, to either come to the Police Department, or otherwise contact us, and we will assist them in obtaining medical care for whatever addiction they are wrestling with. We will provide a ride to a local hospital that specializes in addiction services. We are in this fight together.”

Those who are caught using or buying opiates are under the discretion of the officer and may still be referred to a treatment facility in lieu of arrest. “Officers will consult with their supervisor to determine whether an arrest, medical referral, or both, are appropriate under the facts of a given interaction.”

Modeled after other programs across the country, the individual would be offered treatment rather than jail. This is based on the principal that an arrest or punishment of any kind might perpetuate the cycle of addiction, whereas treatment has at least the chance to abate the chain. Keeping people out of the system, and in treatment, is starting to look more and more like the logical and moral thing to do.

Per the Justice Policy Institute, not only do programs like these work, but the benefits of treatment versus incarceration are almost incomparable. Nearly two-thirds of drug offenders are repeat offenders, and many return to prison by a technical violation of their sentence. It goes on to say that “while imprisoning offenders may provide comfort to some in terms of public safety, it does little to reduce the cluster of issues which will see these people cycle in and out of the nation’s corrections system.” This does not take into account those paying the ultimate price for their addictions.

A program like the one implemented in Enfield has the ability to save lives, and it will create a new cycle, a virtuous one. As found in the conclusions of the Justice Policy Institute’s paper, when a town emphasizes treatment, it will greatly reduce probation and parole violations, which in turn will save a town money. These savings can be used to expand treatment programs that helped save the lives in the first place.
The opioid epidemic does not affect only those who are victims of addiction, there are scores of individuals and organizations who are working on the frontlines of preventing and educating the public. Among them are the Fairfield Health Department and the Southington Police Department who both sent representatives to join the Municipal Voice.

Opioids are a class of drug that can be prescribed by a doctor or gotten illicitly through the black market. Santina Jaronko said that the opioid epidemic started in the 1990s when pharmaceutical companies started pushing prescription opioids, often in the guise of Oxycontin, Vicoden, and sometimes Fentanyl, by claiming that they are not addictive. But dependence can happen after just five days, and addiction to these legal drugs can sometimes lead addicts to heroin.

She noted the well-known statistics that, in Connecticut, there were over 1000 opioid related deaths in 2018 alone.

This leaves our communities with a problem: how do you stop a crisis that ends in 1000 deaths every year? “As a community, we realized that prevention and education are extremely important to go along with a law enforcement component,” Southington Police Deputy Chief William Palmieri said.

He quoted Frederick Douglass, saying, “It is easier to build strong children than to repair broken men.” He noted the steps created to educate Southington’s youth population, which includes a partnership with the Southington Town-Wide Effort to Promote Success (STEPS).

One important step they’ve also taken is to ask the victims of addiction how they got started, what they were initially taking, frequency of use, if they’ve ever tried treatment, among other things.

Both Palmieri and Jaronko noted that there wasn’t a centralized data resource for OD events. Palmieri suggested that if the state could centralize the data, it would be beneficial to all involved. One example is that an OD in Southington doesn’t necessarily mean that the drug came from Southington.

But taking statistics on the crisis is extremely difficult. From when it was first offered at Fairfield Health, Jaronko noted that attendance at Narcan classes had increased over 400% in one year. This means that individuals who carry the life-saving device might not be registered in a centralized data resource if they don’t report to the police or an emergency room.

Palmieri said that for all the prevention work that they do, it won’t be until years later that they find out whether or not it had a meaningful impact on the community.

The opioid epidemic is not just the responsibility of the police, health departments, or municipalities, which often bear the costs of taking action.

“I think continuing educating the community about the problem, about proper medication disposal, tapping into different groups, and educating people as much as we can,” Jaronko said, “I don’t think it’s going away any time soon, we are making some progress, but it’s not going to disappear.”
ACross the United States, the opioid crisis persists even as we learn more about how this awful epidemic began. CCM recognizes the great lengths that municipalities have already gone in addressing this problem, but have included it in our 2020 policy program in recognition of the need for assistance from every angle. The Greenwich police department has aided those efforts by releasing a Public Safety Announcement in early January called Recognizing Opioid Overdose and What to Do. In this release, they acknowledge that this epidemic needs a “multi-pronged strategy” in order to truly solve this problem. This includes “providing life-saving efforts in the field; connecting users to addiction services; arrests of those manufacturing and distributing drugs; and education.”

Education has been primarily important because the drugs are often initially prescribed by medical professionals. Per Greenwich PD, the “misuse or abuse includes taking these medication in higher doses than prescribed, for a purpose other than that for which it was prescribed, or taking a medication that was prescribed for another person or obtained off the streets.”

It’s also important for people to learn not only the warning signs of addiction and common risk factors, but also the steps that you should take if you recognize an overdose. This includes more common actions such as calling 911 and supporting the person’s breathing, but also more specialized resuscitative services like administering naloxone, which often requires some training. There have been training sessions over the years from the Department of Health and the Greenwich Emergency Medical Service teams held at the Greenwich library as a public service, and Greenwich police have been carrying Narcan. Although, naloxone can prevent an immediate death, it’s still important to get an overdose victim to an emergency center for continued care.

It might be easy to say that there seems to be no end in sight for the opioid crisis, but as the epidemic is being tackled by the medical community, education in schools, work from municipalities and public safety officials, there is evidence that inroads are being made. Reaching out to the public as the Greenwich police did will only continue to educate the public and may save lives. Below are the risk factors, signs of an overdose, and actions that should be taken if you see an overdose that were shared by the Greenwich PD.

Common Risk Factors for Opioid Overdose:
• Mixing opioids with other drugs, particularly alcohol or sedatives
• Resumption of use after a period of abstinence from opioid use, such as a release from a rehabilitation center
• Elderly persons may forget that they already took their medication and accidentally re-take the same medication
• Younger age, specifically the teens or early 20s exposed to peer pressure or a social environment where there is drug use.

Signs of an opioid overdose:
• Face is extremely pale and/or clammy to the touch
• Body is limp
• Fingernails or lips have a blue or purple cast
• Vomiting or making gurgling noises
• Cannot be awakened from sleep or is unable to speak
• Breathing is very slow or stopped
• Heartbeat is very slow or stopped

What should I do if I see an overdose?
• Call 911 immediately!
• Support the person’s breathing
• Administer naloxone (Narcan) if you have it
• Lay the person on their side once they have resumed breathing
• Stay with the person until the ambulance arrives
Norwich Offers Narcan Training
City looks to stem tragic end of opioid addiction

Norwich is offering Narcan kits and training to local businesses as part of a measure to help the city deal with the opioid crisis. The city was the recipient of a $7,500 grant from the Community Foundation of Eastern Connecticut requested by City Manager John Salomone.

The full amount of the grant went towards purchasing 100 kits, many which were given to city employees in the case of need. The remaining kits that are going to local businesses will be concentrated in the downtown area because it has had the highest concentration of overdoses. This is a problem area for many towns and cities, as evidenced by the event that took place on the New Haven green last summer that resulted in nearly 100 overdoses on a tainted drug being handed out for free.

But Youth and Family Services Coordinator Angelo Callis said in a statement to the Norwich Bulletin that an overdose can happen anywhere. The impetus for requesting the grant was an incident that happened at the Norwich Library, which had to use Narcan on an overdosing person less than a month after it made the decision to begin carrying the life-saving drug.

The total opioid deaths for the state of Connecticut are projected to be around 1000, remaining level with 2017, but even a single death is a problem. Many illicit drugs such as heroin have been linked to this crisis, but the major cause has been fentanyl, a synthetic over-the-counter opioid that is many times stronger than heroin, and it accounted for more than two-thirds of overdoses in 2017.

Administering Narcan will give those who had overdosed on an opioid a second chance at life, but it is the last line of defense in the opioid crisis. Preventing people from getting hooked on the drug has been the focus of cities like Norwich, and those around the state. But preparedness is a necessary step as municipalities and the state take measures to stop the problem before it starts.

The trainings are meant to be short, so that businesses know what to look for when identifying opioid overdoses and how to go about administering the drug. Businesses that have already taken advantage of the free training include a coffee shop, co-working space, and a coin and jewelry shop.

According to the Youth and Family Services, the remaining Narcan kits are being handed out on a first come first served basis, and more trainings are being planned in the coming year.
A Helping Hand

Waterbury introduces innovate plan to stem opioid crisis

The opioid crisis has taken far too many lives. In 2017 alone, nearly 50,000 people fell victim to overdose in the United States according to the Centers For Disease Control. Each town and city has been looking for ways to handle this crisis in a humane way that deals with opioid addiction and saves lives. The city of Waterbury has recently received grants to launch the Waterbury Warm Hand-Off program that aims to increase the number of users in treatment and decrease the number of deaths.

In a release from the city, they said that approximately 300 non-fatal overdoses occur per year in the City of Waterbury. The utility of the Warm Hand-Off program is that first responders will be able to link these victims directly to treatment and will include evaluation by experts from the University of Connecticut.

The program was made possible by nearly one-million in grant dollars from state and federal sources. $770,000 was awarded to the city from the Connecticut Department of Public Health to deliver outreach and linkage to treatment for a 29 month period beginning June 1, 2020. The money will go directly to the Warm Hand-Off program as well as additional monies to the Waterbury Health Department HIV Prevention Program.

And additional $150,000 was awarded to the city by the White House’s U.S. Office of National Drug Control Policy. This portion of the grant funds the evaluation by UConn, specifically the Institute for Collaboration on Health, Intervention, and Policy. Waterbury was one of only 14 grants awarded nationally.

“We believe that Waterbury first responders will be the first in the state to deploy a behavioral health agency directly from the field by means of the 911 dispatch to ensure that opioid overdose victims are linked to the substance abuse treatment and mental and medical health services that they obviously and desperately need,” Waterbury Mayor, Neil O’Leary said in the release. “Additionally we believe that the Waterbury Warm Hand-Off program may prove within a year or two to be a potential model for the state to follow.”

As the opioid crisis gained attention, education has helped stem the crisis where it stands, but that doesn’t mean that the fight is over until that 50,000 figure becomes zero. It requires continual innovative thinking and policy that will help towns and cities come together with the police, public safety officers and individuals make it happen.

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Torrington Delivers
For 40 years, town has provided meals to those in need

Most people will be aware of Meals on Wheels and the good work they do. For those who don’t know, “Meals on Wheels America is the leadership organization supporting the more than 5,000 community-based programs across the country that are dedicated to addressing senior isolation and hunger.” That important work has been happening in Northwestern Connecticut for over 40 years in Torrington, which is unique amongst Meals on Wheels providers.

The city of Torrington provides an invaluable resource in the Sullivan Senior Center for elderly citizens in need of services. From their informational website, it says: “The mission of the Edward E. Sullivan Senior Center is to provide an environment to enhance and enrich the lives of older adults by offering recreational activities, nutrition services, educational and wellness programs and social services to meet the diverse needs of all people.

“Health programs are coordinated with local agencies to include full physicals, health and wellness screenings, foot care clinics, in-home assessments, nutrition counseling and flu and pneumonia immunizations. Educational classes and seminars are scheduled to keep people up to date on the latest information affecting their well-being and to teach foreign language and develop computer skills. Volunteer opportunities are numerous and contribute to the overall socialization within the center and community.”

The Meals on Wheels program is unique in that Torrington funds the program as a municipality through nearly $1.5 million in state and federal grants. Quoted in a Register Citizen of Torrington piece, director Joel Sekorski says nearly 400 people receive upwards of 700 meals every day. In addition to getting citizens unable to cook for themselves the proper nutrition, the program is a check on the vulnerable among us, making sure they are in good health and able to live alone.

On the Torrington website, they provide testimonials from those who have taken advantage of this service, which is naturally glowing. Ross and Drusilla, for instance, said, “We are grateful for the healthy hot meals your organization provided after Drusilla had an unexpected hospitalization. She was able to rest instead of planning meals, shopping, preparing food and cleaning up. Just knowing we were going to get two healthy, satisfying meals a piece each day helped keep us from feeling overwhelmed which also helped in her recovery. It was a treat to meet your drivers when they delivered the meals as they unfailingly had a friendly smile and something cheerful to say.”

The program, which has been running since nearly the beginning of the Meals on Wheels foundation (which was founded in 1974), is a necessary lifeline for Senior Citizens. The program is available to all homebound seniors regardless of income. They must be sixty years of age or older with a doctor’s recommendation, and their spouses and disabled dependents are also eligible. There is a suggested donation of $5.00 a day for two meals.

“We cannot allow the threat of COVID-19 to prevent seniors from accessing critical Older Americans Act nutrition services.”

-Meals on Wheels America President, Ellie Hollander
A Different Kind of Senior Class
West Hartford Bloomfield Health District offers senior health classes

Senior health is a key goal of health departments around the state. The West Hartford Bloomfield Health District holds clinics throughout the year to ensure that seniors in the area are living healthy lifestyles.

Just over 10% of the population has Diabetes according to the American Diabetes Association. Diabetes is manageable with medications like insulin, which the World Health Organization places on its list of Essential Medicines. But there are many other ways to get Diabetes under control, which the West Hartford Bloomfield Health District laid out in a series of classes last spring.

The district brought in Registered Dietitian and Certified Diabetes Educator, Paula Leibovitz, to teach seniors about the disease. Over the course of seven weeks, Leibovitz covered topics such as, meal planning and beginning carbohydrate counting, label reading, how to monitor your blood sugar and blood sugar goals, diabetes medications and how they work, exercising, and what to do when you are ill.

Classes were free because of a grant from the CT Department of Public Health.

Currently there is no known cure for Diabetes, but through the management topics covered by Leibovitz, many people are able to live long productive lives with the disease.

Another class that the Health District provides is A Matter of Balance, which is an “evidence-based program designed to help older adults manage concerns about falls and increase their physical activity.”

Falling is a primary concern for seniors. According to the National Council on Aging, falls are the leading cause of fatal and non-fatal injuries for older Americans, and one in four Americans aged 65+ falls each year. This can become a vicious cycle as inadequate activity can lead to further muscle loss and a decreased sense of balance.

A Matter of Balance is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Per the NCOA, 97% of participants are more comfortable talking about their fear of falling after taking the course and 99% plan to continue exercising. These classes were funded in part by the Older American Act through the North Central Area Agency on Aging in collaboration with the West Hartford Bloomfield Health District and Saint Francis Medical Center.

With a little guidance from the classes held by the West Hartford Bloomfield Health District, the focus of both programs is not just longevity, but living well. A fear of falling is common, and so is diabetes, but they don’t mean the end of living.
Let Your Colors Fly
Stamford High School Health Center is a model for student health

They say that High School are some of the hardest years of your life. It’s a necessary gateway to becoming a fully-fledged adult, but you have to keep up with your peers, your studies, learn how to fend for yourself, maybe get a car, a job, all while planning for your future. That’s why it’s been an important innovation to have health centers in school like the one in Stamford High School.

In a report that was published under a partnership between the Connecticut Post and the Connecticut Health I-Team (C-HIT), they talk with Stamford High School sophomore Roger Sanchez who calls the health center at his school an oasis. “The health center helps me out academically, emotionally, and physically,” he said, and even recommends the program to friends.

These health centers become important, especially for minority students, primarily because they are available. Unlike a regular doctor’s appointment, where one has to be fit in against a rigid schedule, help can be found right where the student is all day. Per the CTPost/C-HIT report, data shows that a black or Hispanic teen would be “much less likely to get or stick with [mental health services] if they pursued them elsewhere in their communities.”

One primary reason behind the increased likelihood of sticking with a mental health program is the expense. Many of the health centers have some funding from the state, and have licensed medical providers who have privileges to prescribe medication and bill insurance for services. Though the health center is open to any student, even those without health insurance. The numbers according to the report are staggering: a black or Hispanic student participated in an average of 13.6 sessions at the school health center, while those seeking the same services in their community would only do two or three sessions. Another factor is the staff, who have prioritized the well-being of these students. The Stamford health center is staffed by nurse practitioners, social workers, and dental professionals. Emily Segal, who is quoted in the CTPost/C-HIT story and works at Stamford High School, was recently named the Provider of the Year by the Connecticut Association of School Based Health Centers.

From their release on the award: “For the past 17 years, Segal has helped countless Stamford High School students cope with a variety of emotional and mental health challenges. Her compassionate, non-judgmental manner has resonated with students to the point they often discuss their troubles with her before approaching parents or friends. And since she strongly believes that education reduces the likelihood that kids make unhealthy decisions, Segal has organized several prevention activities over the years open to all students at the school.

“To help kids manage the stressors of adolescence and give them the best chance to overcome obstacles, Segal has created a number of discussion and support groups to give kids a forum where they can voice their concerns. With the help of several students, she also formed Stamford High’s first Gay/Straight Alliance to bring a greater sense of tolerance and support around teens struggling with their sexual identities.”

LGBTQ youth are among the most high risk students when it comes to mental health services, and per the Trevor Project, are five times as likely to have attempted suicide compared to heterosexual youth. This means that the work that goes on in these Health Centers, and especially work done by people like Emily Segal can have their value measured in lives saved.

With the budget being the way it is, programs like these are experiencing cuts, with the most recent budget allocating $10.7 million in 2019, a $300,000 cut from the proposed budget. These centers, like the one in Stamford, are sometimes a city’s most valuable resource, keeping their students happy and healthy and on the right track.
Smokin’ Ain’t Allowed in School

Hartford raises legal age to purchase tobacco products

In Hartford, you won’t be able to buy a pack of cigarettes until you can buy a beer, as the municipality raised the legal age to 21 to purchase tobacco products.

There is plenty of evidence that smoking tobacco products like cigarettes and cigars, chewing tobacco, and other products containing nicotine are highly addictive. These products are also known carcinogens, which increases the danger of getting hooked on them in the first place.

Raising the age at which people can buy tobacco products hopefully puts the dangerous substance out of the reach of young people who are more susceptible to addiction. According to the Truth Initiative, which has been a leader of anti-smoking campaigns for years, “nearly all smoking initiation occurs before the age of 26. The younger that someone is when she or he starts using tobacco, the more likely she or he will become addicted.”

Eighteen is a long-standing transition age as it is the year when you can first vote, enter the military, and prior to 1984, the drinking age. That too was raised nationally when Ronald Reagan signed the Minimum Drinking Age Act that mandated the drinking age of 21. The law has been a resounding success with drunk driving accidents plummeting by 50 percent after the passage of the law, with the greatest drops in 16 to 20 year-olds according to the National Institute of Health.

The age of 21 is strategic in that many high schoolers reach 18 before graduation. The prevalence of smoking in high school creates a culture of acceptance, and risks some kids even thinking it is “cool” to smoke. The three year gap greatly limits the access of cigarettes to those in high school.

While Hartford is the first municipality in Connecticut to raise the purchasing age, it is not the first in this trend by a long shot. According to the Hartford Courant “six states — California, New Jersey, Massachusetts, Oregon, Hawaii and Maine — have adopted similar rules, along with dozens of municipalities, including New York City, Washington, D.C., and San Antonio.”

Locally, Central Falls, R.I. has approved similar legislation.

While the federal law states that tobacco shall not be sold to a person under the age of 18 years, it is not illegal for people of any age to smoke tobacco.

Other campaigns have decreased smoking in teens in recent years as half as many high school students were smoking cigarettes from 2011 to 2017, but electronic cigarette use has been on the rise in that same time, outpacing cigarettes by nearly 300% according to the Centers for Disease Control. These products are part of the Hartford ban as well.

The city hopes to become a leader in the state in trying to reduce children from getting hooked on tobacco products, but a bill to raise the age statewide failed last year.

E-CIGARETTE USE IS NOT SAFE FOR YOUNG PEOPLE.

E-cigarette aerosol is not harmless. It can contain harmful ingredients. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products, like regular cigarettes.
I n Chapter 368e, Section 19a-200 (a), it says that “the mayor of each city, the chief executive officer of each town and the warden of each borough shall, unless the charter of such city, town or borough otherwise provides, nominate some person to be director of health for such city, town or borough.”

These Health Directors, their Public Health Departments or Districts provide residents of Connecticut with public health services like flu clinics, restaurant inspection, and best practices for the general well-being of residents.

Health directors, according to Sec. 19a-200 (b) must 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 institution of higher education.

There are currently 53 full-time Municipal or District Health Departments serving 157 towns and cities, and nearly 97% of the population of Connecticut. Under Sec. 19a-200 (a), cities with a population over 40,000 for five consecutive years must serve in a full-time capacity.

But there are benefits to being in a Health District for towns with less than 40,000 citizens. In situations where it would be difficult to justify having a full-time Public Health director, joining a district allows residents in those areas the availability of services seven days a week, the ability to pool resources and increase buying power, increased efficiency, and eligibility to receive state and federal funding.

Per Sec. 19a-245, “each health district that has a total population of such municipalities, shall annually receive from the state an amount equal to one dollar and eighty-five cents per capita for each town, city and borough of such district.” This equals out to be about $6.5 million in state money alone for full-time local health agencies in Connecticut.

Sec. 19a-207a lays out the basic health program to be carried out by each department, which the North Central District Health Department summarizes as the “Ten Essential Public Health Services”:

1. Monitor health status to identify and solve 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 and action 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 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 health problems.

Going further to say that “Local health agency ordinances and regulations may be more stringent than the State’s mandates, however they cannot be less stringent or in conflict with state regulations and statutes. Town charters and local board of health by-laws may include for provisions of services that exceed the basic public health program. Local health agencies have the legal authority to levy fines and penalties for public health code violations, and to grant and rescind license permits (such as for food services establishments or septic systems) and to establish fees for their services.”

Below are other statutes that are in the chapters relevant to Health Departments:

Sec. 19a-202a. Requirements re municipality designating itself as having a part-time health department. Regulations. (a) Any municipality may designate itself as having a part-time health department if: (1) The municipality has not had a full-time health department or been in a full-time health district prior to January 1, 1998; (2) the municipality has the equivalent of at least one full-time employee, as determined by the Commissioner of Public Health; (3) the municipality annually submits a public health program plan and budget to the commissioner; and (4) the commissioner approves the program plan and budget.

Sec. 19a-209. Jurisdiction of local director of health over streams. The director of health of a town, city or borough contiguous to any stream or body of water which is not wholly within the limits of such town, city or borough shall, in the enforcement of the laws, rules and regulations relating to public health, have jurisdiction over such stream or body of water and the islands situated therein.
Sec. 19a-209a. Permit for wells on residential property near approved community water supply systems. Mitigation or abandonment of irrigation wells. The director of health of a town, city, or borough or of a district health department may issue a permit for the installation or replacement of a water supply well at residential premises on property whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement, where (1) the water from the water supply well is only used for irrigation or other outside use and is not used for human consumption, (2) a reduced pressure device is installed to protect against a cross connection with the public water supply, (3) no connection exists between the water supply well and the community water system, and (4) the use of the water supply well will not affect the purity or adequacy of the supply or service to the customers of the community water supply system. Any well installed pursuant to this subsection, except a well used for irrigation, shall be subject to water quality testing that demonstrates the supply meets the water quality standards established in section 19a-37 at the time of installation and at least every ten years thereafter or as requested by the local director of health. Upon a determination by the local director of health that an irrigation well creates an unacceptable risk of injury to the health or safety of persons using the water, to the general public, or to any public water supply, the local director of health may issue an order requiring the immediate implementation of mitigation measures, up to and including permanent abandonment of the well, in accordance with the provisions of the Connecticut Well Drilling Code adopted pursuant to section 25-128. In the event a cross connection with the public water system is found, the owner of the system may terminate service to the premises.

Sec. 19a-211. Toilets in public places. Any owner or person having the care, custody or control of any building, room or premises maintained for or used by the public, who allows any toilet in any such building, room or premises or connected therewith to be in an insanitary condition, shall be fined not more than one hundred dollars for each offense. The director of health of each town, city or borough shall inspect each such toilet and cause the same to be maintained in a sanitary condition and shall make complaint of any failure to maintain any such toilet in such condition to a prosecuting officer having jurisdiction. The failure of any director of health to perform his duty under the provisions of this section shall be cause for his removal.

Sec. 19a-213. Mosquito-breeding places; treatment. When it has been brought to the attention of a director of health or board of health that rain water barrels, tin cans, bottles or other receptacles or pools near human habitations are breeding mosquitoes, such director of health or board of health shall investigate and cause any such breeding places to be abolished, screened or treated in such manner as to prevent the breeding of mosquitoes. The director of health, or any inspector or agent employed by him, may enter any premises in the performance of his duties under this section.

Sec. 19a-221. Order of quarantine or isolation of certain persons. Appeal of order. Hearing. (a) Any town, city, borough or district director of health may order any person isolated or quarantined whom such director has reasonable grounds to believe to be infected with a communicable disease or to become infected with a communicable disease or to be contaminated, if such director determines such person poses a substantial threat to the public health and isolation or quarantine is necessary to protect or preserve the public health, except that in the event the Governor declares a public health emergency, pursuant to section 19a-131a, each town, city, borough and district director of health shall comply with and carry out any order the Commissioner of Public Health issues in furtherance of the Governor’s order pursuant to the declaration of the public health emergency. (b) (1) The director shall adhere to the following conditions and principles when isolating or quarantining persons: (A) Isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a communicable disease or contamination to others and may include, but not be limited to, confinement to private homes or other private or public premises; (B) quarantined persons shall be confined separately from isolated persons; (C) the health status of isolated or quarantined persons shall be monitored frequently to determine if they continue to require isolation or quarantine; (D) if a quarantined person subsequently becomes infected or contaminated or is reasonably believed to have become infected with a communicable disease or contaminated, such person shall be promptly moved to isolation; (E) isolated or quarantined persons shall be immediately released when they are no longer infectious or capable of contaminating others or upon the order of a court of competent jurisdiction; (F) the needs of persons isolated or quarantined shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside those settings, medication and competent medical care; (G) premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harms to individuals isolated or quarantined; (H) to the extent possible without jeopardizing the public health, family members and members of a household shall be
kept together, and guardians shall stay with their minor wards; and (I) to the extent possible, cultural and religious beliefs shall be considered in addressing the needs of persons and establishing and maintaining premises used for quarantine and isolation.

(2) The order by the director shall be in writing setting forth: (A) The name of the person to be isolated or quarantined, (B) the basis for the director’s belief that the person has a communicable disease or has been contaminated and poses a substantial threat to the public health and that isolation or quarantine is necessary to protect or preserve the public health, (C) the period of time during which the order shall remain effective, (D) the place of isolation or quarantine that may include, but need not be limited to, private homes or other private or public premises, as designated by the director, and (E) such other terms and conditions as may be necessary to protect and preserve the public health. Such order shall also inform the person isolated or quarantined that such person has the right to consult an attorney, the right to a hearing under this section, and that if such a hearing is requested, he has the right to be represented by counsel, and that counsel will be provided at the state’s expense if he is unable to pay for such counsel. A copy of the order shall be given to such person. In determining the duration of the order, the director shall consider, to the extent known, the length of incubation of the communicable disease or contamination, the date of the person’s exposure and the person’s medical risk of exposing others to such communicable disease or contamination. Within twenty-four hours of the issuance of the order, the director of health shall notify the Commissioner of Public Health that such an order has been issued. The order shall be effective for not more than twenty days, provided further orders of confinement pursuant to this section may be issued as to any respondent for successive periods of not more than twenty days if issued before the last business day of the preceding period of isolation or quarantine.

(c) A person ordered isolated or quarantined under this section shall be isolated or quarantined in a place designated by the director of health until such time as such director determines such person no longer poses a substantial threat to the public health or is released by order of a Probate Court for the district in which such person is isolated or quarantined. Any person who desires treatment by prayer or spiritual means without the use of any drugs or material remedies, but through the use of the principles, tenets or teachings of any church incorporated under chapter 598, may be so treated during such person’s isolation or quarantine in such place.

(d) A person isolated or quarantined under this section shall have the right to a hearing in Probate Court and, if such person or such person’s representative requests a hearing in writing, such hearing shall be held not later than seventy-two hours after receipt of such request, excluding Saturdays, Sundays and legal holidays. A request for a hearing shall not stay the order of isolation or quarantine issued by the director of health under this section. The hearing shall be held to determine if (1) the person ordered isolated or quarantined is infected with a communicable disease or is contaminated, (2) the person poses a substantial threat to the public health, and (3) isolation or quarantine of the person is necessary and the least restrictive alternative to protect and preserve the public health. The commissioner shall have the right to be made a party to the proceedings.

(e) Jurisdiction shall be vested in the Probate Court for the district in which such person resides or is isolated or quarantined.

(f) Notice of the hearing shall be given the respondent and shall inform the respondent that his or her representative has a right to be present at the hearing; that the respondent has a right to counsel; that the respondent, if indigent or otherwise unable to pay for or obtain counsel, has a right to have counsel appointed to represent the respondent; and that the respondent has a right to cross-examine witnesses testifying at the hearing. If the court finds such respondent is indigent or otherwise unable to pay for counsel, the court shall appoint counsel for such respondent, unless such respondent refuses counsel and the court finds that the respondent understands the nature of his or her refusal. The court shall provide such respondent a reasonable opportunity to select his or her own counsel to be appointed by the court. If the respondent does not select counsel or if counsel selected by the respondent refuses to represent such respondent or is not available for such representation, the court shall appoint counsel for the respondent from a panel of attorneys admitted to practice in this state provided by the Probate Court Administrator. The reasonable compensation of appointed counsel shall be established by and paid from funds appropriated to the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, such compensation shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(g) Prior to such hearing, such respondent or respondent’s counsel shall be afforded access to all records including, without limitation, hospital records if such respondent is hospitalized. If such respondent is hospitalized at the time of the hearing, the hospital shall make available at such hearing for use by the respondent or the respondent’s counsel all records in its possession relating to the condition of the
respondent. Nothing in this subsection shall prevent timely objection to the admissibility of evidence in accordance with the rules of civil procedure.

(h) At such hearing, the director of health who ordered the isolation or quarantine of the respondent shall have the burden of showing by a preponderance of the evidence that the respondent is infected with a communicable disease or is contaminated and poses a substantial threat to the public health and that isolation or quarantine of the respondent is necessary and the least restrictive alternative to protect and preserve the public health.

(i) If the court, at such hearing, finds by a preponderance of the evidence that the respondent is infected with a communicable disease or is contaminated and poses a substantial threat to the public health and that isolation or quarantine of the respondent is necessary and the least restrictive alternative to protect and preserve the public health until such time as it is determined that the respondent’s release would not constitute a reasonable threat to the public health, or (2) the release of the respondent under such terms and conditions as it deems appropriate to protect the public health.

(j) If the court, at such hearing, fails to find that the conditions required for an order for isolation or quarantine have been proven, it shall order the immediate release of the respondent.

(k) A respondent may, at any time, move the court to terminate or modify an order made under subsection (i) of this section, in which case a hearing shall be held in accordance with this section. The court shall annually, upon its own motion, hold a hearing to determine if the conditions which required the isolation or quarantine of the respondent still exist. If the court, at a hearing held upon motion of the respondent or its own motion, fails to find that the conditions which required isolation or quarantine still exist, it shall order the immediate release of the respondent. If the court finds that such conditions still exist but that a different remedy is appropriate under this section, the court shall modify its order accordingly.

(l) Any person aggrieved by an order of the Probate Court under this section may appeal to the Superior Court.

Annotations to former section 19-94:

Sec. 19a-222. Vaccination. Directors of health and boards of health may adopt such measures for the general vaccination of the inhabitants of their respective towns, cities or boroughs as they deem reasonable and necessary in order to prevent the introduction or arrest the progress of smallpox, and the expenses in whole or in part of such general vaccination shall, upon order, be paid out of the town, city or borough treasury, as the case may be. Any person who refuses to be vaccinated, or who prevents a person under his care and control from being vaccinated, on application being made by the director of health or board of health or by a physician employed by the director of health or board of health for that purpose, unless, in the opinion of another physician, it would not be prudent on account of sickness, shall be fined not more than five dollars.

Sec. 19a-223. (Formerly Sec. 19-96). Municipalities may contract for health services. (a) Any municipal departments of health, pursuant to municipal charter or ordinance, and health districts may contract among themselves for the joint use or benefit of the municipality for services, personnel, facilities, equipment or any other property or resources for matters affecting public health. Any officer or employee of a municipality furnishing such services under such an agreement shall have, in the municipality or district to which the services are furnished, the same authority, responsibilities and duties as to public health as the officer or employee has in the municipality or district employing him.

(b) When necessary to protect and preserve the public health and prevent the spread of disease and injury, any municipal department of health, pursuant to any municipal charter or ordinance and with the approval of the chief executive officer of the municipality, or any health district may request emergency assistance and the use of resources from any other municipal department of health or health district. Any officer or employee of a municipality or health district, while acting in response to such a request, shall have, in the municipality or district to which the services are furnished, the same powers, duties, privileges and immunities as are conferred on public health officers and employees of the municipality or district requesting assistance.
Vaping Kills
Ridgefield addresses problems before they begin

As of the end of October, there have been over 1,600 people who have experienced some kind of illness and more than 30 people who have died as a result of vaping. It is a nationwide problem that has seen much of the headway in smoking cessation amongst teenagers lost to this newest fad that combines electronics and smoking in harmful ways. Ridgefield understands the devastating effects of vaping and has been at the forefront of stemming the issue.

According to the center on addiction, a proper definition of vaping is the “act of inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device.” These devices range from cigarette-styled mouthpieces to the popular USB-styled JUUL, both of which have many flavors and often contain nicotine, but sometimes contain other chemicals like THC or illicit and dangerous synthetic drugs like flakka.

Because of their style, they are easily concealable items, and don’t present the same way that traditional cigarette smoke does. This has made them especially popular in schools. One initiative that Ridgefield has taken was to install specialized electronic vaping detectors at Ridgefield High School in February of this year. Just over 20 students were caught with the devices in the previous year, according to administrators quoted in the Ridgefield Press.

For the administrators, they hope to instill in students before the habit even starts. It is mandated that ninth and twelfth grade health classes include information about the dangers of vaping and ninth grade and eleventh grade students must attend lectures by anti-drug guest speakers who touch on the dangers of vaping.

This crisis has hit a tipping point with the increase in illness and death associated with vaping, which has sparked calls by CCM to state legislature to address vaping, while certain lawmakers has approached the idea to look at an outright ban. Part of the problem is that many illnesses are directly related to products that have come from the black market.

The Washington Post said that black market operators are using more thickening agents to dilute THC oil — which is already an illegal substance — while other manufacturers might be adding things that were never supposed to be smoked in the first place.

While traditional cigarette smoking amongst teens is at an all-time low, and CT laws that have raised the age to buy tobacco products to 21 will likely help lower that rate further. But vaping has taken up some of that gained ground by appealing to younger teens with popular flavors and cool devices. Ridgefield is doing its part by taking up the longstanding practice of stopping the problem before everything goes up in smoke.

Most e-cigarettes contain nicotine, which is highly addictive and can harm brain development, which continues until about age 25.

Young people who use e-cigarettes may be more likely to go on to use regular cigarettes.
An Award Winning System Reaches Out
Stonington’s Autism Safety System is adopted by Groton

When we gave Stonington a Municipal Excellence Award for their Autism Safety System in 2017, one of the measures was applicability: can other towns and cities learn from this project? Are the ideas adaptable to a wide range of towns/cities in CT? The answer here is yes, as the town of Stonington has agreed to share the system with the City of Groton.

The Citizens with Autism Safety System or CASS is an opt-in system where family members submit a form with their loved one’s vital information. Included is a photo, specific conditions, and pertinent information related to their autism.

In the MEA submission, they noted that “Every person on the autism spectrum is different, so listing each person’s individual traits, triggers, likes and dislikes gives first responders the necessary information they need to approach, interact with and bring a missing person with autism to safety.”

First responders, including police officers, were instrumental in developing the system. They had introduced Autism Law Enforcement Coalition training to the town, which is what sparked the project. With help from the IT department, Human Services, the Autism Speaks organization and former First Selectman Rob Simmons, a map based app was developed by New England Geosystems that identified the participants as well as sharing last known locations.

The app also provides the locations of any lakes, streams, water features and even swimming pools because many on the autism spectrum are attracted to bodies of water, which then pose as drowning risks.

At the beginning of the year, the Groton police began using the Blue Envelope, which aims to help police communicate with drivers on the autism spectrum. It offers guidance to those with autism on how to interact with police in a safe manner. Pointers include keeping your hands on the steering wheel until otherwise directed, and letting the officer know that you have a blue envelope.

According to a release on the Groton Police Department’s Facebook page, the department has held “Touch a Truck” event for children with autism to explain the program to their parents and allow them to opt-in to the system.

With one out of every 59 children being diagnosed on the spectrum, the need for programs like CASS and Blue Envelope are becoming increasingly evident, and was an idea that we felt had merit back in 2017. When we lauded Stonington for the CASS service, we knew that this program had value that can be applied to other towns and cities throughout the state, and the adoption of CASS in Groton shows that to be true.
Stamford Is Perfect!
City achieved a top score on equality index

The Human Rights Commission (HRC) released its seventh annual Municipality Equality Index (MEI), rating a cities LGBTQ inclusion in municipal law, policy, and services. While the HRC had noted that the MEI had “changed dramatically” for 2018, a record number of cities have recorded perfect scores, 78, up from just 11 when the MEI was first introduced. Among the cities that achieved a perfect score was Stamford.

The MEI is scored across five categories: Non-Discrimination Laws, Municipality as Employer, Municipal Services, Law Enforcement, and Leadership on LGBTQ Equality. Points are awarded in each category on criteria such as whether a city has non-discrimination ordinances or a LGBTQ Police Liaison or Task Force. Only 506 cities were judged, which included the 50 state capitals, the 200 largest cities, the five largest cities or municipalities in each state, the cities home to the state's two largest public universities, and 75 municipalities that have high proportions of same-sex couples. An additional 98 cities were selected by HRC and Equality Federation state group members and supporters.

Of the towns and cities that were rated in Connecticut, only Stamford scored perfectly across all the categories, but a few other municipalities had beat the national average of 58. Hartford was nearly perfect with a score of 91. New Britain and New Haven had scores of 83, and Norwalk had a 71.

In a press release noting the increasing success of municipalities to protect their LGBTQ citizens, HRC President Chad Griffing said: “From San Antonio, Texas to Brookings, South Dakota -- this year’s MEI again proves that there are no barriers to municipal LGBTQ equality for a city with dedicated, pro-equality elected officials. Forward-looking leaders across the U.S. are stepping up, protecting their youth from so-called ‘conversion therapy,’ increasing anti-bullying protections, ensuring transgender city employees have access to inclusive health care benefits and protecting LGBTQ people from discrimination in all areas of life.”

STAMFORD, CONNECTICUT 1/2
2019 MUNICIPAL EQUALITY INDEX SCORECARD

I. Non-Discrimination Laws

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SCORE 24 out of 30

II. Municipality as Employer

By offering equivalent benefits and protections to LGBTQ employees, awarding contracts to fair-minded businesses, and taking steps to ensure an inclusive workplace, municipalities commit themselves to treating LGBTQ employees equally.

Non-Discrimination in City Employment

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SCORE 28 out of 28
Grading Your Take Out
Food Inspections are a necessary step in creating safe eats

In modern history, food inspection starts with the Pure Food and Drug Act of 1906. After muckraking journalists like Upton Sinclair decried conditions in Chicago meat factories, it needed to be written into law that food needs to be inspected for quality and safety. Today, health departments like the Naugatuck Valley Health District (NVHD) fulfill a portion of that role by inspecting local restaurants.

The NVHD follows a familiar food establishment rating program, which is “designed to provide the public with information about the sanitary conditions observed in the establishment.” Local restaurants that prepare “potentially hazardous” foods – generally meaning hot foods - go through a rigorous inspection process of over 60 fields including sources of food, food protection, equipment cleanliness and more.

Based on those fields and the point assessment, you get one of four letter grades – A, B, C, or D – from the NVHD scale.

An A rating means that “a food service establishment having an inspection score of 93-100 with no critical four (4) point violations and not more than one (1) risk factor violation. A Qualified Food Operator, Designated Alternate or other knowledgeable and trained staff was on site at the time of inspection. Records of training were available, accurate and up to date. Safe food handling practices and procedures were observed at the time of inspection and the facility was found to be in compliance with the Public Health Code.”

A D means “A food service establishment having a rating score of less than 80 or any establishment with one or more uncorrected critical four point violations. An establishment with five or more risk factor violations, or the presence of any chronic, previously identified risk factor violations that have not been corrected. The establishment exhibited poor compliance with the provisions of the Public Health Code at the time of inspection.”

If your establishment obtained a low D grade, you can clean up your act and request a re-inspection for a new rating score. But only one request can be made per regular inspection.

You can find the ratings for the Naugatuck Valley Health District here: http://www.nvhd.org/ratings-by-town/

It’s a famous saying that you don’t want to know how government or sausages are made. It is ironic then that the government is protecting us from unsanitary conditions, upstanding the health of our local restaurant industry.
CCM & Labor Reach Accord on PTSD

Previous PTSD proposals were not considerate of effect on towns/cities

Over the last year, municipal officials, fire and police employee groups have been at the table working on legislation that would provide limited benefits to police officers and firefighters who have been diagnosed with Post-Traumatic Stress Disorder (PTSD) arising from incidents that happened on the job. This landmark compromise provides for our first responders, as well as manages costs to municipalities.

Work was done in concert with an out-of-state consultant who has worked on this issue in several other states, as well as CIRMA and attorneys practicing in workers' compensation, to ensure the language accurately functions within current statutes.

SB 164 will provide police officers, firefighters, and parole officers the ability to obtain workers' compensation benefits when diagnosed with PTSD after witnessing a critical incident.

Critically, the diagnosis of PTSD will be in accordance with the Diagnostic and Statistics Manual (DSM) of Mental Disorders by a licensed psychiatrist or psychologist that has completed the necessary education and training.

Because of the nature of mental health diagnosis, this proposal extends from the current 28 days to 180 days for the employer/insurer to decide the acceptance or denial of this claim.

Most importantly, this proposal does not provide for permanent benefits under the workers compensation act. It incentivizes treatment and healing in order to allow a first responder the ability to continue his/her crucial job.

If the psychiatrist/psychologist agrees that the first responder has experienced one of 11 qualifying events, compensation shall be limited to select workers' compensation benefits for up to 52 weeks from diagnosis.

This proposal requires the Police Officer Standards and Training Council (POST) along with the Commission on Fire Prevention and Control to develop a model critical incident and peer support policy for police and firefighters.

Additionally, it requires each police and fire department, by January 1, 2020, to develop a policy in accordance with the state promulgated policy, create a peer support system, and refer these first responders to licensed mental health providers. This would include developing and providing training on techniques on resilience and self-care.

Upon returning to the job after an incident and a licensed clinician deems them able, an officer will be allowed to have their firearm returned in a more timely manner.

The proposal also does not require a select number of years of employment in order to be eligible, nor does it modify current benefits provided to police officers who used deadly force.

PTSD legislation like this is in its infancy around the country, and without towns having a seat at the table, this proposal would not have given sufficient thought to the true effect on municipalities. CCM brought the municipal side to these important discussions, with Mayors Neil O’Leary and Ellen Zoppo-Sassu and First Selectman Kurt Miller, working with our Advocacy department, CIRMA, and others.
For 25 years the American Public Health Association (APHA) has been holding National Public Health Week (NPHW) with partners large and small across the country. In addition to the Connecticut Public Health Association, which covers the entire state, the APHA counts the city of Bridgeport and Bridgeport Health Department as local partners.

Held during the first full week of April each year, NPHW is a time to recognize the work done by public health officials. Per their website, they develop a national campaign to educate the public, policymakers and practitioners about issues related to each year’s theme. They call it a movement, one that celebrates the power of prevention, advocates for healthy and fair policies, shares strategies for successful partnerships, and champions the role of a strong public health system.

Last year, Bridgeport followed closely along the APHA schedule, with Mayor Joe Ganim and Former Health Director Maritza Bond (who now works in New Haven) holding a kickoff event on the first day of NPHW. The original theme is Looking Back, Moving Forward, but in the face of the crisis, it quickly became focused on the response to COVID-19. In order, the day’s themes are Mental Health, Maternal and Child Health, Violence Prevention, Environmental Health, Education, Healthy Homes, and Economics.

Despite the need for social distancing, NPHW has pivoted along with the rest of the world to focusing on what can be done at home and on social media. One of the fun activities that people can participate in is the Billion Steps Challenge, which starts January first and ends the last day of NPHW. It’s part of a broader call to promote Walkable Communities, and get people moving. Bridgeport students at Central High School helped add to the goal by logging in more than 14 million steps in two weeks alone.

Former Health Director Bond said “National Public Health Week is a great opportunity to highlight the health issues impacting our residents and equip them with the knowledge and skills they need to live healthier lives. Our goal is to connect residents to resources they need to create healthier practices in their homes and transform the trajectory of future generations.”

Major successes in public health come not just from vaccines or food inspection, they come from informing and educating the public about health goals that anyone can make. By participating in National Public Health Week, the city of Bridgeport and the Bridgeport Health Department make it known that healthy choices are out there, it’s all about making that first step.
Inert Gases Cause Serious Harm
Local health departments offer free kits while supplies last

You might not know it, but Radon is the second leading cause of lung cancer after cigarettes. And not knowing about it is exactly the problem. Unlike other gases, such as the one that you might use on your stove, Radon has no odor. The Northeast District Department of Health (NDDH) is among the many public health associations that participates in National Radon Action Month every January by handing out testing kits for the gas.

According to the Connecticut Department of Public Health, Radon is a naturally occurring, radioactive gas that is formed from the natural decay of uranium into lead, which itself is harmful to humans. It is found in rock, soil, and water, but it poses a relatively low risk outdoors because of the dispersal into the air.

Because it is odorless (and tasteless and not visible to the naked eye), you cannot detect it without a kit. The NDDH is one of 36 local health department or district health departments that are provided up to 2,000 free test kits to distribute to residents.

Per the NDDH, homeowners need to test the lowest level of the home that is used on a regular basis to see if there is a risk of Radon in their home. The Environmental Protection Agency says that homeowners with above average levels of Radon need to contact radon mitigation professionals.

According a pamphlet from Rutgers, the cost of fixing a home ranges from $800 to $2500 depending on the size of the home and magnitude of the problem. They suggest that a soil suction system would prevent the gas from entering the home in the first place to be dispersed into the air. The methods vary slightly based on how the house is seated on the ground – with a basement, slab on grade, or crawl space – but the gist is the same. Other preventative measures have some efficacy, such as sealing and depressurization, but should not be considered as a primary line of defense.

A list of qualified radon contractors is available at ct.gov/radon.

There are many unknowables in life, and an odorless gas that you can’t see or smell is certainly one that you should be concerned about. If you live in the area that the NDDH services, you can contact them to see if they have tests left, or to find where you might be able to purchase one in the area.

EPA Map of Radon Zones

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Legends:
- Zone 1
- Zone 2
- Zone 3
Not Everything Goes Down The Drain  
Keeping septic systems running has long term effects on water quality.

Hardly anyone thinks about it, but modern sanitation systems are probably one of the most important inventions in public health history. In cities that meant a large scale sewer system that took waste away from densely populated areas. In the suburbs, you’re more likely to come upon Septic Systems, which are monitored by a town’s health department. The North Central District Health Department (NCDHD) offers helpful information on installation, maintenance, and repair on their website.

Modern septic systems are generally made of concrete or fiberglass, and consist of two compartments; one for solids, and one for liquids. While liquids are leached out into the soil from one tank, solids are decomposed by anaerobic bacteria.

According to the NCDHD, it is important to maintain a current septic system because the replacement cost is $15,000 to $20,000. Maintenance includes pumping and inspecting the system every 2 to 3 years. In the state, outlet filters are now being installed as part of the regular maintenance, and use of additives meant to lengthen the time between pumps are not recommended.

One issue that the NCDHD says that most homeowners are unaware of is the prohibition of back washing softener regenerate to a septic system. This can cause “hydraulic overloading of marginally sized septic systems, spalling of cement in concrete septic tanks, baffles, drywells and D-boxes, due to the introduction of salts, sludge buildup in the leaching system when significant levels of iron and manganese are present in the raw water, possibly leading to leaching field failure, and groundwater contamination.”

Softwater systems need their own dedicated system, but those rules are maintained by a separate section of the CT General Statutes. But because of this, the health department must be notified “to ensure proper setback requirements to the well and septic are met.”

While it’s understandable that many people may not realize how important modern sanitation systems are to public health, but what the NCDHD and other health departments need people to realize is that it’s critical to think about them sometimes. Groundwater contamination can be detrimental to the health of the property and the homeowner, if not just unpleasant.

Tips for Avoiding Problems With An On-site Sewage Disposal System from NCDHD

The following are simple things you can do as a homeowner to avoid problems with your septic system or even an expensive septic system repair:

Do not dispose of any non-biodegradable substances or objects, such as cigarette butts, disposable diapers, feminine products (particularly, tampons). Do not dispose of the backwash from water softening or other water treatment systems to the septic system. This is a Public Health Code regulated prohibition. Do not run multiple “full” loads when using a washing machine or dishwasher. Try to stagger use (i.e., Do not run five or six loads on Saturday and none the other days). Do not run water continuously while rinsing dishes, thawing frozen foods or, shaving. Consider limiting toilet flushes or retrofit with low flush units. Do not connect any “clear water” sources, such as footing and foundation sump pumps to the sewage system. Keep accurate records about the location and cleaning of the system in a permanent house file so this information can be passed on to the next owner. Facilitate the pumping process by raising the clean out manhole of the septic tank to within 6” to 12” of the surface of the ground.

Set up and adhere to a sound system of inspection and cleaning.

Check for faucet leaks, etc. ...it is estimated that one leaky faucet can waste as much as 700 gallons of water a year. -If possible, determine the existing size of leaching system (your local health department may be assistance in this regard). From that information a determination can be made as to the amount of daily flow a well maintained system of that size could handle. Once that limit has been set it is important that it is not exceeded on a consistent basis.

Educate your family on the proper use of the system.