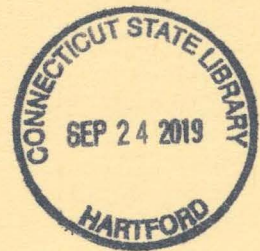


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A DISTRICT DEPARTMENT OF HEALTH

**ITS FUNCTION
AND FEASIBILITY**

GOVERNMENT PUBLICATIONS
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CONNECTICUT
RIVER REGIONAL
ESTUARY AGENCY

A
PROPOSAL
TO
CREATE
A

DISTRICT DEPARTMENT OF HEALTH
IN THE CONNECTICUT
RIVER ESTUARY REGION

SEPTEMBER 1969

Handwritten signature

**CONNECTICUT
RIVER REGIONAL
ESTUARY PLANNING
AGENCY**
ESSEX SQUARE
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CONNECTICUT RIVER ESTUARY REGIONAL PLANNING AGENCY

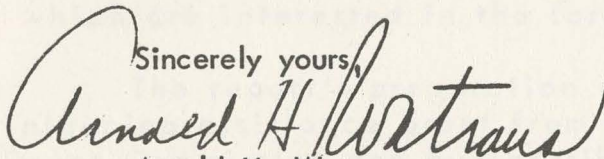
ESSEX SQUARE ESSEX, CONNECTICUT 06426 TELEPHONE 767-0494

September 26, 1969

The Connecticut River Estuary Regional Planning Agency is pleased to transmit its first report, "A District Department of Health: Its Function and Feasibility" to the citizens, boards and commissions of all the Communities which comprise the region for their information and consideration.

It is important that each town considers its own particular circumstances and special needs in the light of the information gathered in the report and determines for itself the desirability of such a district and the need for its realization. It is the intent of the Agency that this report help to focus these very necessary local discussions.

Sincerely yours,



Arnold H. Watrous
Chairman

AHW/clf

AGENCY REPRESENTATIVES

SEPTEMBER, 1969

CHESTER

Arnold H. Watrous
Jonathan L. Foote

Chairman

CLINTON

Deane A. Haag (Mrs. William J.)
Albert J. Smith

DEEP RIVER

C. Talcott Scovill
Howard J. Sampson

ESSEX

Captain Frank X. Broeker
Fred Radcliffe

LYME

Clifford M. Hall
Francis M. Roche

Treasurer

OLD LYME

John J. Beereboom
Dr. Karl E. Schaefer

Secretary

OLD SAYBROOK

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Vice-Chairman

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Winifred T. Olson*

Research Assistant
Research Assistant

Charlotte L. Fenton

Secretary

*Part-time

FOREWORD

The newly-established Connecticut River Estuary Regional Planning Agency set for itself as one of its first tasks the investigation of the feasibility of a District Department of Health for the Connecticut River Estuary area. It has over the past several months discussed the possibilities with local and state officials and interested private groups. The Agency staff has sought information and assistance from Dr. Harold Barrett, Dr. Mila Rindge and Miss Cassandra Ciareglio of the Connecticut Department of Health and Dr. Susan Spencer, Director of the Torrington District of Health, all of whom have been most helpful during the research period.

This report summarizes the work to date and suggests a course of action to be followed by those towns which are interested in the formation of such a district.

The report's preparation was financed by a regional planning assistance grant from the Connecticut Development Commission and by contributions from member municipalities.

BACKGROUND

The Connecticut River Estuary Planning Area consists of a nine town grouping along the shore of Long Island Sound and the lower Connecticut River with many similar characteristics of population, terrain, economic life and growth patterns. They also face many of the same problems.

The area for many years housed a small, relatively stable year-around population which relied heavily on the large seasonal influx of vacationers, some well-established local industries and agriculture for its economic well-being. The towns were remote enough in terms of time and convenience to escape the brunt of the early post-war migration from the older urban centers. However, by the middle and late 'fifties things had begun to change, particularly in the towns along the Sound. The opening of the Connecticut Turnpike in 1958 hastened the process. Old Saybrook and Clinton have had substantial and sustained growth rates over the past two decades, closely followed by some of the other towns. (See Appendix Table No. 1).

A large share of this new population has resulted from in-migration. New residents mean new housing and the market has responded to this demand. During the five-year period between 1963 and 1968 the local grand list abstracts reveal an average annual increase of three hundred ninety three dwellings in the nine town area. (See Appendix Table No.2). As a result of this building activity, new on-lot sanitary disposal systems

and individual wells have been and will continue to proliferate throughout the region if present trends continue.

According to a 1964 statewide survey of vacant land and its characteristics by the Connecticut Interregional Planning Program, the Estuary Planning Region at that time had some forty-five thousand acres having suitable characteristics for ready development--in other words, prime buildable land. None of this land is presently serviced by public sewers and only a portion of it has a public water supply accessible to it. The Connecticut Interregional Planning Program has predicted that this same nine town area may more than triple its 1960 population by the year 2000. If this prediction proves to be an accurate one heavy development demands will be placed upon the available land supply. As a consequence any town which relies solely upon private on-lot systems to supply a growing population with these basic needs and which cares about its longterm environmental well-being must concern itself with monitoring and correcting existing sources of pollution and with preventing the creation of new sources by means of a thorough and firm application of sanitary codes and land development regulations.

With this in mind several meetings have been called over the course of the past year by the Program Committee of the Connecticut River Estuary Regional Planning Agency with the Selectmen, the Directors of Health and representatives of the Public Health Nursing Associations of the area

towns to explore the problems and concerns which this new growth has caused in the public health field. The general consensus of those in attendance at these sessions has been that a new approach to dealing with the situation on an inter-town cooperative basis is needed since no single town by itself can afford to maintain the level of activity and the trained personnel that will be required to do the job adequately in the years ahead.

PRESENT CONCERNS

The growth factor cited above manifests itself in several ways. The local directors of health must keep tabs on communicable diseases and the sanitary conditions of a growing number of public restrooms, restaurants and other public eating places, over-night lodgings, swimming areas and the like. They are expected to promote and coordinate various community health services and maintain record keeping and reporting procedures to the locality and the state. The sanitary inspectors are called upon to double as building inspectors and zoning enforcement officers as well. This kind of activity in a growing community takes an increasing amount of personnel time. The town of Old Lyme is the only community in the area to have the services of a full-time sanitarian, a very recent development.

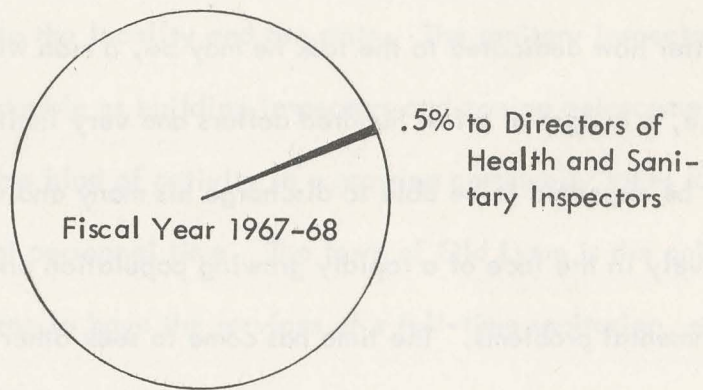
Another facet of the problem which has been plaguing our communities in recent times is the growing quantities of garbage, trash, septic wastes and bulky solid wastes. The complexity of this is intensified by the large influx of summer residents which places a seasonal strain on all town facilities and services. Here again the local director of health plays a vital role in seeing that the disposal of these wastes is handled in a manner which meets the current regulatory standards.

The increased boating activity of recent years has resulted in yet another area of growing concern for the towns. From 1960 to 1968 the number of registered boats in the region more than doubled from 1600 to 4050. The new and expanded marina facilities and the necessary sanitary facilities built in response to these increased demands have created still more work for the already harried directors of health and their assistants.

All of these demands on the time of the directors of health cannot be met satisfactorily within the existing time and budgetary limitations. No matter how dedicated to the task he may be, a man with a busy private practice, a budget of a few hundred dollars and very limited staff assistance cannot be expected to be able to discharge his many and varied duties effectively in the face of a rapidly growing population and mounting environmental problems. The time has come to seek other, more workable and more efficient arrangements for the administration of our public health laws and regulations.

A review of annual appropriations over the past several years to the local directors of health and sanitary inspectors does not witness to any great concern on the part of the taxpayer(See Appendix Table No. 3). While the population growth rates have soared, building activity has boomed and grand lists have grown,the expenditure of public funds for administering the State Sanitary Code has remained relatively constant and exceedingly

small. For fiscal year 1967-68 it represented five tenths of one percent of the total general operating budgets of the nine towns, exclusive of educational costs. This money supported the voluntary services of nine local physicians with private practices and the part-time services of a limited number of field inspectors to assist them in supervising the public health of the nine communities.



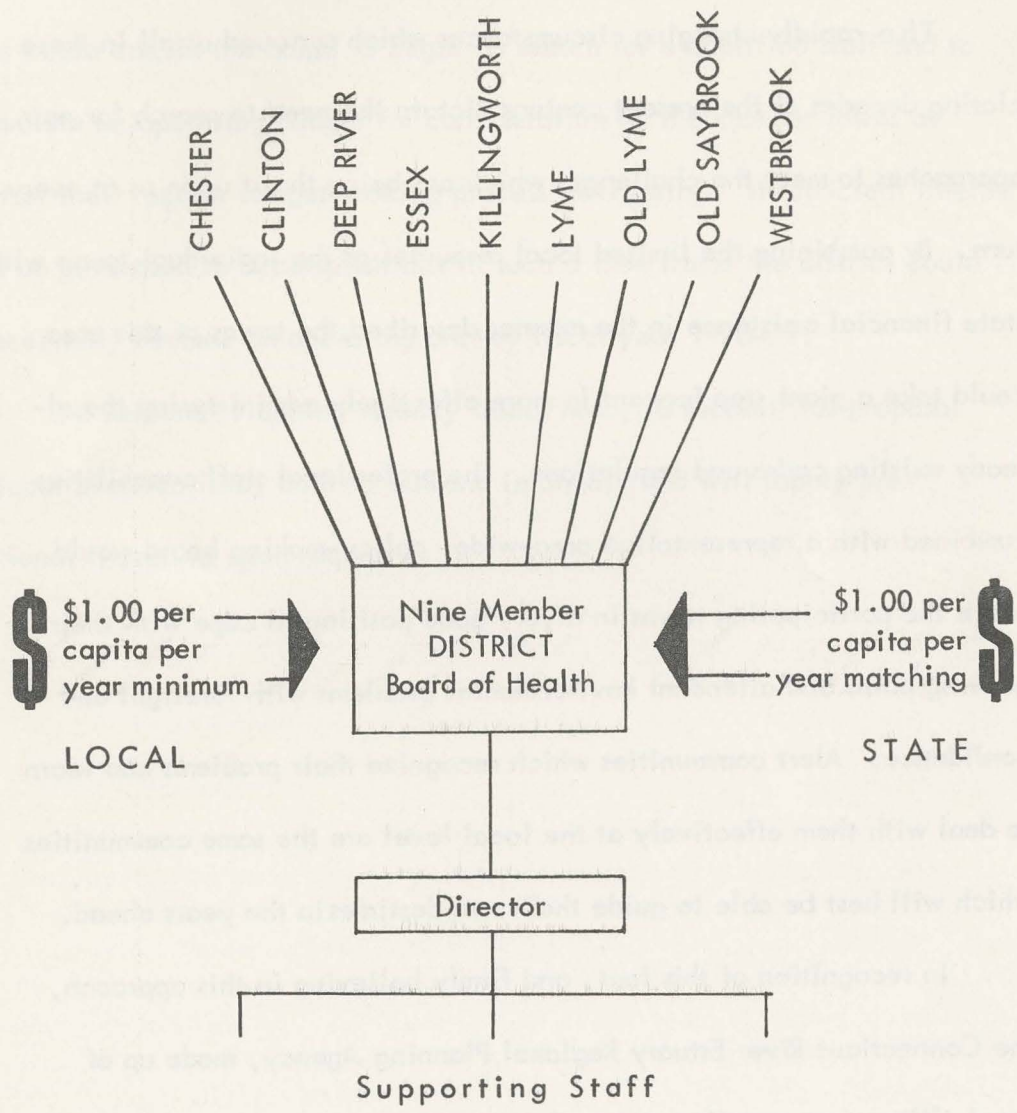
AREA-WIDE OPERATING BUDGET
(Exclusive of Education)

A POSSIBLE ALTERNATIVE

There is current state enabling legislation which permits the creation of a District Department of Health and provides for state financial assistance to help in sustaining its operation without placing great additional demands on the local budget. There are two such districts currently functioning in the state - one in the Torrington-Litchfield area and one in Fairfield County. A district should encompass an area containing about forty thousand people, which the Estuary area does, in order to be an economically viable unit with sufficient resources to accomplish its appointed task. Otherwise, it would be self-defeating.

If such a district were created in this region each of its member towns must by statute appropriate a minimum of \$1.00 per capita per year towards its financial support. Its affairs would be conducted by a citizen board composed of one representative for each ten thousand people or fraction thereof from each participating town. This board would assume all the duties and responsibilities currently invested in the local directors of health. Within the limits of its budget it would equip itself with a staff of trained personnel directed by an M.D. , who has specialized in the field of public health and who would devote his full attention to the job. He would not be permitted to maintain a private practice. With such a staff, free of private patient relationships and diversion to other than public health concerns, the district would be able to cope with the pressing health problems of a growing area with professional detachment, fairness and efficiency.

It would be able to oversee the installation of private disposal systems through the eyes of men trained in the field. It would be able to conduct regular inspections of all public facilities as required by law. It would be able to provide expert counseling and guidance to the various volunteer health agencies operating in the area. It could promote health education programs of various types for the benefit of the area-wide community. It would be able to systematize its record keeping function with the help of a clerical staff and conduct research in area health needs. It would be able to present its research findings to the localities and to higher levels of government. It could provide the necessary vehicle for allocating state and federal funds to local programs according to area-wide priorities and objectives. Most important of all is the fact that it would provide a staff that would be on the job daily, all day long, to provide guidance, assistance and surveillance to the many everyday activities which involve public health considerations in their routine accomplishment, the accumulative effect of which can immeasurably enhance or detract from the quality of our living environment.



ORGANIZATIONAL DIAGRAM
PROPOSED HEALTH DISTRICT

A RECOMMENDATION

The rapidly changing circumstances which surround us all in these closing decades of the present century dictate the need to search for new approaches to meet the challenges which are being thrust upon us at every turn. By combining the limited local resources of the individual towns with state financial assistance in the manner described, the towns of this area could take a giant step forward in more effectively administering the already existing codes and regulations. The professional staff capabilities combined with a representative area-wide, policy-making board would place the participating towns in a very good position to cope with their growing pains and attendant environmental problems with foresight and confidence. Alert communities which recognize their problems and learn to deal with them effectively at the local level are the same communities which will best be able to guide their own destinies in the years ahead.

In recognition of this fact, and firmly believing in this approach, the Connecticut River Estuary Regional Planning Agency, made up of local citizens representing seven of the nine towns, recommends that the formation of a district department of health as provided for in Section 19-105 through Section 19-111 of the Connecticut General Statutes be considered by the towns of Chester, Clinton, Deep River, Essex, Killingworth, Lyme, Old Lyme, Old Saybrook and Westbrook and that the respective Boards of Selectmen take the matter before the townspeople at their earliest con-

venience in the hope that such a district could be formed by mid-winter. This would enable the board to begin its search for a qualified staff and to formulate an operating budget for consideration by the member towns as part of their regular budget-making process next spring. If sufficient interest can be generated to accomplish this in such a time frame the district could conceivably become an operating unit by fiscal year 1970-71.

The Regional Planning Agency stands ready to support this proposal at local presentations, both formal and informal, and will supply promotional literature upon request.

INFORMATIONAL COPY

General Statutes of Connecticut - 1958

Public Act 391, 1961

Public Act 508, 1963

Public Act 527, 1969

SECTION 19-105. Definition of "board". The word "board", as used in this chapter, means a board of a district department of health created as provided herein, unless the context otherwise indicates.

SECTION 19-106. Formation of district departments. Board. (a) Towns, cities and boroughs, by vote of their respective legislative bodies, after a public hearing, may unite to form district departments of health; in like manner the municipalities having formed a district department of health shall vote upon the admission of other towns, cities, and boroughs to a district provided the legislative body of such other municipality has voted to enter the district and has applied for admission. The affairs of any such district department of health shall be managed by a board, which shall have all the duties exercised or performed immediately prior to the effective date of the creation of such district by directors of health or boards of health of the municipalities and which shall exercise all the authority as to public health required of or conferred upon the constituent municipalities by law and shall have the powers set forth in section 19-108.

(b) Each town, city and borough, which has so voted to become a part of any such district, shall, by its board of selectmen, city council or board of burgesses, appoint one person to be a member of such board. Any town, city or borough having a population of more than ten thousand inhabitants, as annually estimated by the state department of health by a method comparable or similar to that used by the United States bureau of the census, shall be entitled to one additional representative for each additional ten thousand population or part thereof, provided no such municipality shall have more than five representatives on a district board of health. The term of office for members of the district board of health shall be three years, except that, during the initial formation of the board, appointments shall be so made that approximately one-third of the board shall be appointed for one year, approximately one-third for two years and approximately one-third appointed for three years. Members of the district board of health shall serve without compensation but shall receive their necessary expenses while in the performance of their official duties. (as amended by Public Act No. 527, 1969)

SECTION 19-107. Appointment of director of health. The board shall, after approval of the public health council, appoint some discreet person, possessing the qualifications hereinafter specified, to be director of health for such district, and if he is not selected within sixty days from the formation of any such district, or if a vacancy in said office continues to exist for sixty days, such director shall then be appointed by said public health council. Upon the appointment of a director of health under the provisions of this section, the terms of office of the directors of health of the towns, cities or boroughs forming such district shall terminate.

SECTION 19-108. Duties of board. Executive Committee. Apportionment of expenses. (a) Each such board may make and promulgate reasonable rules and regulations for the promotion of general health within the district not in conflict with law or with the public health code. The powers of the board shall include but not be limited to the following enumerated powers: To sue and be sued; to make and execute contracts and other instruments necessary or convenient to the exercise of the powers of the health district; to make and from time to time amend and repeal bylaws, rules and regulations; to acquire real estate; and to have whatever other powers are necessary to properly carry out their powers as an independent entity of government.

(b) The board shall meet annually in September and at other times determined by the chairman. At its September meeting it shall elect a chairman and it shall furnish the necessary offices and equipment to enable it to carry out its duties. The board may elect an executive committee, consisting of the chairman and two other members, and the director of health and such executive committee shall have power to act when the board is not in session. The fiscal year of each district department of health shall be from July first to June thirtieth, and during the month of June in each year, the board shall estimate the amount of money required to pay the costs and expenses of the district during the ensuing fiscal year. From time to time the board shall draw upon the treasurer of each town, city or borough within the district a proportionate share of the expenses of such district, from such funds as may have been appropriated by each, to pay the cost of operating the district, such apportionment to be made equitable on a per capita basis as established by the last annual population estimate by the state department of health for each participating town, city or borough. (as amended by Public Act No. 527, 1969)

SECTION 19-109. Qualifications and duties of director of health. Assistants. The director of health shall be a doctor of medicine and hold a degree in public health as a result of having at least one year's special training in public health, or, in lieu of said degree, shall meet the qualifications prescribed by the public health council. He shall serve during good behavior and be removed only for cause after a public hearing by the board on charges preferred, of which reasonable notice shall have been given. He shall devote his entire time to the performance of such duties as are required of directors of health by the general statutes or the public health code and as the board determines; and shall act as secretary and treasurer of the board, without the right to vote. He shall give to the district a bond with a surety company authorized to transact business in the state, for the faithful performance of his duties as treasurer, in such sum and upon such conditions as the board requires. He shall be the executive officer of the district department of health and appoint the necessary assistants and clerks, subject to the approval of said board. Such employees shall perform such duties as are prescribed by the director of health and receive such compensation as is fixed by the board.

SECTION 19-110. Reimbursement by the State. Upon application to the state department of health, each health district shall quarterly receive from the state an amount equal to twenty-five cents per capita, provided the towns, cities and boroughs of such district shall appropriate for the maintenance of the health district not less than one dollar per capita from the annual tax receipts and provided no district shall so receive more than one hundred thousand dollars annually. Such district departments of health are authorized to use additional funds, which the state department of health may secure from federal agencies or any other source and which it may allot to such district departments of health, but such additional funds shall not exceed one-half of the total district department of health budget in any fiscal year. The district treasurer shall disburse the money so received upon warrants approved by a majority of the board and signed by its chairman and secretary. The comptroller shall quarterly, in July, October, January and April, upon application as aforesaid and upon the voucher of the commissioner of health, draw his order on the treasurer in favor of such district department of health for the amount due in accordance with the provisions hereof and under rules prescribed by the public health council. Any moneys remaining unexpended at the end of a fiscal year shall be included in the budget of the district for the ensuing year. This aid shall be rendered from appropriations made from time to time by the general assembly to the state department of health for this purpose.

SECTION 19-111. Withdrawal from district. Any constituent town, city or borough may, by vote passed prior to January first in any year, withdraw from the district, such withdrawal to become effective on the first day of July following, provided such city, town or borough shall have been a member of the district for at least twenty-four months prior to such vote of withdrawal. A city, town or borough on withdrawal shall at once resume such status with respect to the appointment of its director of health and board of health as it held prior to becoming a member of the district.

TABLE NO. 1
POPULATION TRENDS

<u>TOWN</u>	POPULATION			POPULATION CHANGE			
	<u>1950*</u>	<u>1960*</u>	<u>1970**</u>	1950 - 1960		1960 - 1970	
				Number	Percent	Number	Percent
CHESTER	1920	2520	3100	600	31.3	580	20
CLINTON	2466	4166	9100	1700	68.9	4934	118
DEEP RIVER	2570	2968	4200	398	15.5	1232	41
ESSEX	3491	4057	4300	566	16.2	243	5
KILLINGWORTH	677	1098	2200	421	62.2	1102	100
LYME	857	1183	1600	326	38.0	417	35
OLD LYME	2141	3068	4000	927	43.3	932	30
OLD SAYBROOK	2499	5274	10600	2775	111.0	5326	100
WESTBROOK	1549	2399	3600	850	54.9	1201	50

Sources:

- * 1. Town & County Fact Book, 1960, University of Connecticut.
- ** 2. Connecticut Interregional Planning Program, Population Projections, 1968.

TABLE NO. 2
 DWELLING UNIT INCREASE 1963 - 1968

	1963-64	1964-65	1965-66	1966-67	1967-68
CHESTER	13	24	25	5	10
CLINTON	169	188	197	90	89
DEEP RIVER	29	26	12	4	18
ESSEX	-9	26	36	14	15
KILLINGWORTH	28	22	19	29	40
LYME	20	10	15	5	5
OLD LYME	77	46	54	57	57
OLD SAYBROOK	97	63	59	38	51
WESTBROOK	24	61	45	28	34
REGION	448	466	462	269	319

Source: Local Grand List Abstracts

TABLE NO. 3
LOCAL APPROPRIATIONS

For All Health Purposes - Fiscal Year 1967-68

Item	Chester	Clinton*	Deep River	Essex	Killingworth	Lyme	Old Lyme	Old Saybrook	Westbrook
Dept. of Health Pop. Est. (1968)	3000	8200	3600	4100	1800	1500	3800	9400	3500
				General Fund					
Director of Health	\$ 750	\$ 1010	\$ 400	\$ 900	\$ 50	\$ 150	\$ 5000	\$ 1200	\$ 400
Sanitary Inspection	1000	3017	600	1500				2000	100
Public Health Nursing		32131	11900	6155	2935**	2697**	3600	18000	12972**
Subtotal	1750	36158	12900	8555	2985	2847	8600	21200	13472
per capita	.58	4.40	3.58	2.08	1.65	1.89	2.26	2.25	3.84
Mental Health Clinic***	434	1206	542		390				400
Social Work***		10090		1800			1900	7160	
Mosquito Control ***							850	3482	
Subtotal	434	11296	542	1800	390		2750	10642	400
per capita	.14	1.37	.15	.43	.21		.72	1.13	.11
				Board of Education					
Salaries	3080	1140			171	250	6300		
Expenses	138	500			80		600		
Subtotal	3218	1640	483	378	251	250	6900	17118	5195
per capita	1.07	.20	.13	.09	.13	.16	1.81	1.82	1.48
TOTAL	5402	49094	13925	10733	3626	3097	18250	48960	19067
PER CAPITA	1.80	5.98	3.86	2.61	2.01	2.06	4.80	5.20	5.44

* Ten Month Fiscal Year .

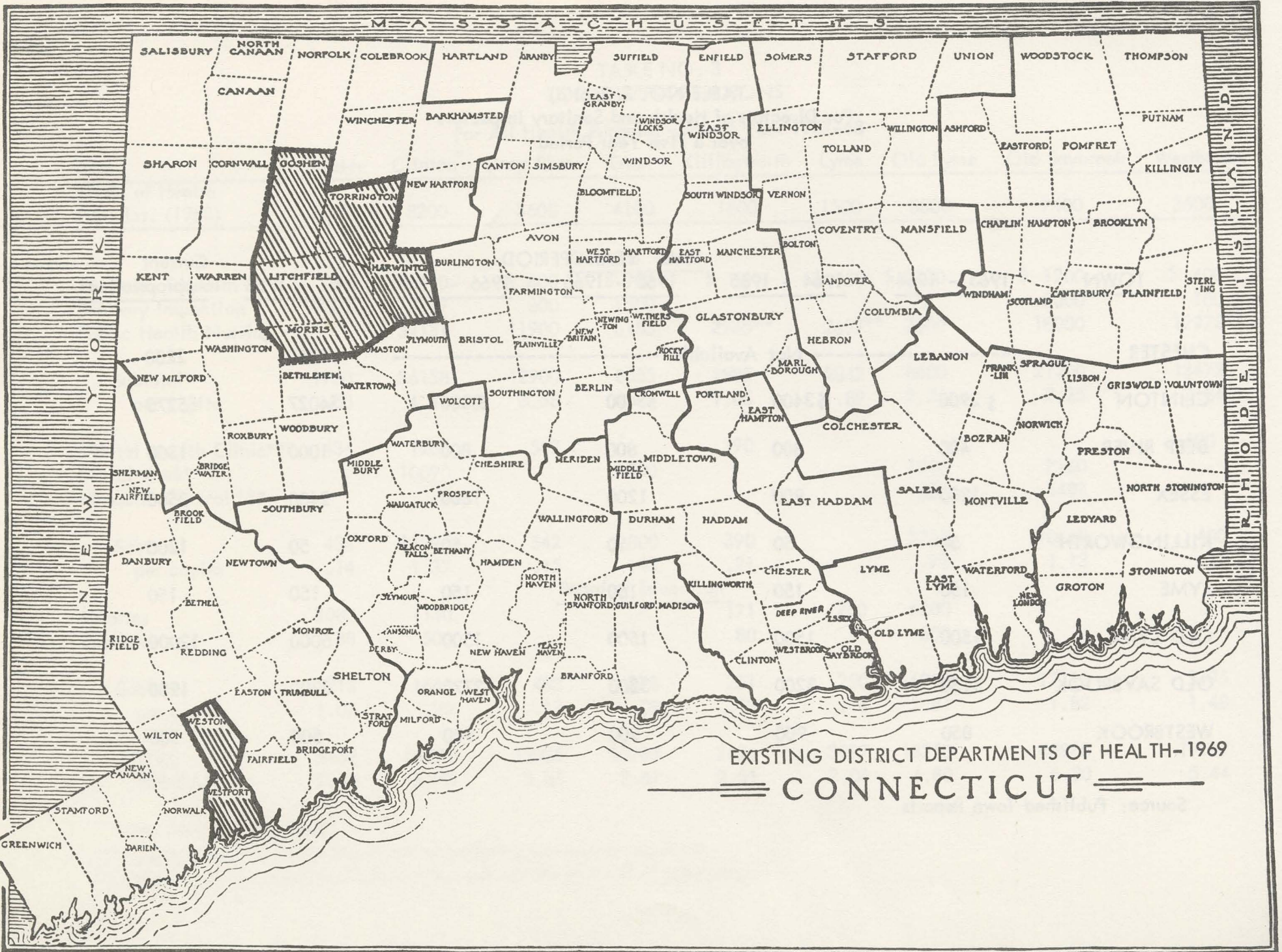
** Appropriation adjusted downward to reflect State grants received .

*** Possible as matching funds depending on individual merit of program .

TABLE NO. 3(Cont'd)
 For Directors of Health and Sanitary Inspectors
 over a Five Year Period

<u>TOWN</u>	<u>FIVE YEAR PERIOD</u>					<u>Current Appropriations</u>	
	<u>1963 - 1964</u>	<u>1964 - 1965</u>	<u>1965 - 1966</u>	<u>1966 - 1967</u>	<u>1967 - 1968</u>		
CHESTER	----- Not Available -----					1750	2200
CLINTON	\$ 2900	\$ 3400	\$3400	\$3300	\$4027	\$5275	
DEEP RIVER	400	800	800	800	1000	1500	
ESSEX	1200	900	1200	1800	2400	2500	
KILLINGWORTH	50	50	50	50	50	1200	
LYME	150	150	150	150	150	150	
OLD LYME	1500	1500	1500	1500	5000	12000	
OLD SAYBROOK	3150	3200	3200	2770	3200	1200	
WESTBROOK	850	900	900	900	500	500	

Source: Published Town Reports



EXISTING DISTRICT DEPARTMENTS OF HEALTH-1969
CONNECTICUT

CONNECTICUT
RIVER REGIONAL
ESTUARY PLANNING
AGENCY

ESSEX SQUARE
ESSEX CONNECTICUT 06426