

Miscellaneous

CT Association of Directors of Health (CADH)

Positions held: Member; Elected to Board of Directors; Emergency Preparedness Committee Chair; Advocacy Committee Member

The CT Association of Directors of Health continues to co-host statewide local health calls with DPH. The monthly CADH Board of Directors meeting was held February 18th. CADH submitted testimony in opposition to the Governor's proposed 10% per capita reduction to local health departments/districts. This would significantly impact NVHD, if passed in the Governor's budget. It was especially discouraging to see that this was the only line out of the Department of Public Health's (DPH) budget that was reduced. The testimony we submitted is attached to this report.

Statewide DPH & Local Health Meetings

I continue to attend the monthly meeting held for local health and DPH staff. NVHD staff also attend if their schedule permits.

Quality Improvement

Carissa continues to Chair the QI Committee. The Reconstruction of the Temporary Event Process Project continues and is highlighted in the Environmental Health section of this report.

Workforce Development

Lisa continues to chair the NVHD Workforce Development Committee. Staff continue to work on completing the required two online training courses this quarter.

I was asked to be part of a small committee that is working on creating program requirements and evaluating curriculum for two public health certificates and a new public health associate's degree that will be offered through the CT State (Community College) network. Our monthly meeting was held on February 20th.

Air Quality and Climate Change

I attended the 2-day virtual American Public Health Association Climate, Health and Equity Summit on February 27 and 28, 2025 from 1-5pm each day. There were panel discussions on climate, equity and population health and pathways for action, and cross-sectional work as well as breakout sessions on climate and vulnerable or marginalized populations and advocacy skill building workshops.

Grant: EPA Air Quality Monitoring Grant

Status: Still Pending Sub-Contract from CT DPH

Naugatuck Valley Overdose Prevention & Education (NOPE) Program

Grant: Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A)

Status: Year 2 Sub-contract Executed with New Haven Health Department

New Haven Health Department held a meeting for Directors of Health that are sub-contracted on this grant on February 26th. We appreciated the opportunity to hear updates regarding the status of this grant and the positive news that we can continue our deliverable activities and expenditures without interruption. We are also expected to receive payments due to us and contract amendments from the City of New Haven in the coming weeks.



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Board of Directors
Monthly Public Health Report: February 2025

Updates from Austin (Valley Overdose Prevention Navigator):

In February, Austin had the opportunity to attend several community council meetings focused on substance use disorder (SUD), donation efforts, and upcoming school-level interventions. He also conducted additional outreach and pharmacy audits in Naugatuck, Derby, and Ansonia. He has begun coordinating naloxone (Narcan) trainings in Naugatuck and Ansonia (details and flyers to come).

Milford/Orange/West Haven Overdose Prevention Navigator:

Pending contract amendment. Position remains vacant.

Public Health Emergency Preparedness (PHEP)

ESF 8: Public Health & Medical Services, Chair

I facilitated the Region 5 ESF 8 meetings on February 7th and the Region 2 ESF 8 meeting on February 19th.

Statewide Training and Exercise Workgroup (STEW)

The STEW met on January 8th and topics included training and exercise updates, the Integrated Preparedness Plan, a Multi-Year Training and Exercise Calendar, the creation of a Charter, and more.

CT Healthcare Coalition (HCC)

Public Health Representative & Voting Member; Elected to the Executive Committee

The bimonthly coalition meeting was held on February 19th. Among general business, we discussed the requirement to complete three assessments this spring to understand our state-specific context to better prepare for emergencies: supply chain integrity assessment, cybersecurity assessment, and extended downtime healthcare delivery impact assessment.

A Special Executive Committee meeting was held on February 26th to discuss the Hospital Preparedness Program Cooperative Agreement (HPP) requirement for CT DPH to submit a Strategic Plan for FY2024-2028 period of performance. We want to ensure that the HCC and CT DPH Strategic Plan Goals align and will be working with the coalition at large on this at our next meeting.

Medical Reserve Corps

The statewide MRC leaders/directors meeting hosted by the CT DPH MRC Coordinator was on February 18th.

NACCHO Preparedness Policy Advisory Group (PPAG)

Connecticut Representative

The PPAG met on February 19th. Representatives from the HHS Region 1 (Federal region including Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) provided 5-minute updates on the current status of preparedness planning, training/exercises, initiatives, policy, current responses and other key updates and efforts; I provided the Connecticut update.

I completed the NACCHO inventory management systems (IMS) survey that will help understand how local health departments (LHDs) order, track, and manage vaccines, therapeutics, non-pharmaceutical interventions, and other lifesaving public health assets. Assessment results will aim to inform and support the efforts of local, state, and federal entities on strategizing more effective responses to future public health emergencies.





ELC Grant: Surveillance & Outbreak Response Team (SORT)

- COVID-19 – Status: Endemic Response
 - *An endemic means a disease is spreading in a community at normal or expected levels*
- Mpox – Status: Surveillance
- Flu, RSV, and Pertussis – Surveillance for cases and dissemination of education
- H5N1 Bird Flu – Status: Monitoring; low public health risk
 - [Please visit the CDC webpage dedicated to H5N1 Bird Flu updates](#)
- Measles, rubella (German measles), and mumps – Monitoring and education

The following update is provided by Paulina:

The Long COVID Community Learning Sessions are still in development, despite scheduling pauses. Beatriz helped organize and facilitate a Teddy Bear Clinic at Howard Whittemore Library in Naugatuck on 2/18/25. In addition to attending community outreach events as usual, Beatriz is also helping schedule future Teddy Bear Clinics in the community.

Table 1. Adult Case Statistics (18+)

	January	February
Total Cases & Contacts Managed	98	58
Attempted Contact: Letters Mailed	86	56
Consultations with Residents	1	0

Table 2. Youth and Teen Case Statistics (0-17)

	January	February
Total Cases & Contacts Managed	14	8
Attempted Contact: Letters Mailed	14	8
Consultations with Residents	1	0

*Please note that “Total Cases & Contacts Managed” also includes reports of self-tests originating from various sources such as schools, childcare centers, congregate living facilities, etc. and as such do not always come with contact information and/or do not always warrant further follow-up by NVHD staff.



COMMUNITY HEALTH SERVICES
Carissa Caserta, MPH
January 2025

Community Health Assessment: The Valley Index (CHA)

Lisa and I have been very active in the new Valley Community Index process. Valley Community Foundation, Valley Council, Griffin Hospital and NVHD have been meeting weekly to find a writer and designer, create groups for each chapter of the Index, and make sure our PHAB requirements will be included. Lisa has been instrumental in reviewing the data and creating the charts that will be used to showcase the data for the entire Index! The goal is to have the 2025 Index published this Summer.

Community Health Programs

Diabetes Self-Management Program (DSMP)

Kristie and Lisa T. will be hosting a DSMP at the Seymour Community Center starting in April.

Chronic Disease Self-Management (CDSMP)

Lisa and I completed a CDSMP at the Ansonia Senior Center and had 10 completers!

Matter of Balance (MOB)

A new MOB class will be starting at the Ansonia Senior Center on May 1st.

Mental Health Programs

Mental Health First Aid (MHFA)

Lisa taught a MHFA training at NVHD on Saturday, February 22nd in collaboration with the Meriden Health Department. There were 10 participants.

Lead Poisoning Prevention Program

Lead case management continues to grow and is being completed by Lisa daily. There continues to be an increase in lead on-site inspections and epidemiological investigations carried out by several of our staff.

Immunization Grants & Clinical Services

Immunization Action Plan (IAP) Grant Program

Elizabeth had 2 virtual site visits and 1 in person site visit for her program, and then she had 3 phone IQIP check-in visits with providers over the phone.

CDC Immunization Grant

Vanessa has continued to conduct outreach throughout the Valley to let community members know we are still available to answer any questions they may have as far as immunizations, etc. This month's focus has been on Measles, and ensuring people keep their children up to date. She also attended several blood pressure screenings with Kristie to provide immunization materials, particularly around Measles.

Vanessa assisted community health staff five times with translating from Spanish to English and vice versa.



Clinical Services

In February, Kristie provided 12 vaccines to children and 1 adult in the Valley.

Kristie visited 10 community locations to provide heart health education and blood pressure screenings to the public. Vanessa, Bea and Lisa attended some of these events as well to distribute their program information. ShopRite was added as a new location this year because we have a good working relationship with their dietician, Siddhi. These events were well attended and once again provided the community with NVHD's services.



Pictured left to right: Kristie, Vanessa and Siddhi at ShopRite

February is known as **American Heart Month**, and it's a time designed to raise awareness about **cardiovascular health**. It's an important subject to observe because heart disease is the **leading cause of death** for men and women in the U.S. To help raise awareness, Nurse Kristie will be in the community performing blood pressure screenings and sharing free heart health resources. **Stop by any of the locations below:**

**Tuesday,
February 4th**

**Derby Senior
Center**
11am-1pm

**Wednesday,
February 5th**

**Beacon Falls
Senior
Center**
10am-12pm

**Friday,
February 7th**

**Ansonia
Senior
Center**
9:30am-
11:30am

**Thursday,
February 13th**

**Trinity
Church Food
Pantry in
Ansonia**
11am-1pm

**Friday,
February 14th**

**Naugatuck
Senior
Center**
10am-12pm

**Thursday,
February 20th**

**Shelton
Senior
Center**
10:30am-
12pm

**Friday,
February 21st**

**ShopRite-
Shelton**
10am-12pm

**Tuesday,
February 25th**

**Seymour
Community
Center**
11am-
12:30pm

**Friday,
February 28th**

**ShopRite-
Derby**
10am-12pm



Infection Prevention & Control (IPC) & Healthcare-Associated Infections & Antimicrobial Resistance (HAI-AR)

DPH continues to host a monthly meeting with the CT DPH HAI-AR staff and local health departments/districts building capacity in Infection Prevention & Control (IPC); Jess attended the meeting on February 18th which focused on norovirus preparedness and response. Community Health staff and Jess attended the CT DPH & Local Health Infection Prevention meeting on February 26th which provided updates on H5N1 (Avian Flu). The state health department provided a surveillance update and reviewed the role of local health if a positive case occurs. Jess attended the

Tuberculosis (TB)

There is 1 new case of TB that Kristie is actively monitoring, and 1 new pending case.



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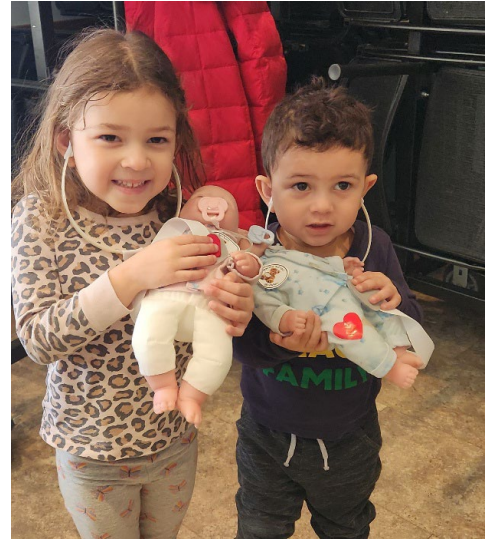
Miscellaneous

Teddy Bear Clinics

Going to the doctor can make anyone feel anxious—especially kids. To ease their fears, NVHD staff and Carine Greene, Head of Youth Services at the Naugatuck Howard Whittemore Library, co-sponsored a Teddy Bear Clinic at the library on February 18th. Twenty-six children, ranging in age from two to ten, had a chance to play doctor with their favorite toy, providing it with the same care they would receive at the doctor's.

Carissa, Kristie, Vanessa, Bea, Austin, and Intern Emilija had a great time providing information to all the families who attended! When visiting with a Teddy Bear team member, each participant learned about medical equipment, such as the stethoscope and otoscope. At the end of the visit, each child received a prescription for their bear; some instructions were to read a book to their bear or give them an extra hug.

After their bear's medical visit, each participant had the opportunity to create two art projects (a headband stethoscope and chalk hand X-ray). The participants were assisted by teen volunteers from the Howard Whittemore Library. We measured our success with all the smiles we witnessed. We will be hosting another in Derby in March.



Two participants from the Teddy Bear Clinic



NVHD staff who were "nurses" at the clinic. Pictured left to right: Kristie, RN, Austin, Bea, Vanessa and Emilija



Nurse Kristie providing a teddy bear checkup with Aubree, Carissa's daughter

More pictures are available on NVHD's Facebook, Instagram, LinkedIn, X, and website:

<https://www.nvhd.org/teddybear/>





ENIRONMENTAL HEALTH SERVICES
Melanie Dokla, BS, RS
February 2025

Food Service Establishments

Seasonal permit applications were sent out in mid-February and are due prior to the season's operation.

Staff continue to conduct plan views and site visit inspections for food service establishments that are new or changing ownership.

Glenda Buenaventura, per diem food inspector, continues to assist in conducting food service inspection after hours and on the weekend, up to 20 hours a week.

A hearing was held with Jess Kristy, me, and the owner of a Derby food service establishment to discuss ongoing code violations and to provide a strict timeline of corrective action. On 2/18/25 it was verified that all corrections were made and no further action needed to be taken.

Pools

Staff are conducting routine indoor pool and spa inspections which should be completed within the next week.

Tattoo Establishments

Applications for the renewal of the exiting tattoo and/or body piercing establishments were sent out; these permits expire on March 1st. Appointments have been made with each establishment to perform routine inspections.

Body Care

Staff also continue to conduct plan views and inspections for body care establishments that are new or changing ownership.

Subsurface Sewage Disposal Systems (SSDS)

Staff continue to conduct SSDS inspections, B-100 visits, soil testing, B-100 plan reviews, new SSDS plans reviews, and have issued permits to discharge.

Laurel continues to train staff in the SSDS program.

Housing Complaints

Environmental staff continue to investigate housing code violations and complaints.

On 2/19/25 Laurel Shaw, Chief Environmental Health Specialist, was subpoenaed to appear in Milford Court regarding housing code violations located in a rental property in Ansonia.



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Board of Directors
Monthly Public Health Report: February 2025

Lead Poisoning Prevention Program (LPP)

Comprehensive lead inspections are being conducted as required. This inspection includes XRF readings of all components of each room, dust wipe samples of floors, (1) window wells and (1) windowsills of each room, bare soil on each side of the property and two (2) water samples.

Lead abatement plans submitted by lead abatement contractors are being reviewed and property owners are issued written orders from this office. Once the project has received approval and work is completed, a final inspection is conducted to ensure work was done as specified in the plan.

Lead Prevention standard operation procedures was reviewed/updated and awaiting approval from the steering committee.

On February 26th I provided on-site lead training (during a required lead inspection) to a sanitarian from Wallingford Health Department. With the new lead regulations, many surrounding health departments are encountering their first lead case but do not have the field experience to confidently complete a comprehensive inspection.

Lead Stats

Open lead cases - 22

New - 3 (February)

Miscellaneous

In March, Laurel will be teaching a Certified Food Protection Manager class for individuals who operate a concession stands in our District. This course will be held at NVHD. We hope to provide CFPM courses throughout the year.



The environmental section continues to work on a quality improvement (QI) project. The goals of this project are to review and revise the Temporary Event application and guidelines, create educational materials, reduce the number of late applicants and improve compliance.

The QI team completed the revision of the Temporary Food Service application and detailed guidelines. Both documents have been updated on our website and an announcement was posted on our social media platforms. We will continue to create additional materials for the operators and social media postings.





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How do I access the new Temporary Event Application?

1. New applications are available in-person at NVHD or online at www.nvhd.org
2. Once on our website, click "Forms & Applications" and find the "Food Service" section
3. Click "Temporary Food Service Application" and download the PDF

To avoid late fees, the application
and payment must be submitted
14 days prior to the event



Important information to remember when completing the application...

1. Application pages 1-3 must be complete with the PERMIT HOLDERS signature
2. Certified Food Protection Manager Certificate MUST be attached to the application
3. If not licensed by NVHD, a copy of your Food Service Establishment (FSE) license & most recent inspection report must be attached to the application
 - Note: If you are granted permission from a licensed FSE for the use of their kitchen, you must also attach a letter of authorization from the FSE owner for the use of their licensed kitchen

Incomplete applications will not be accepted

On behalf of the NVHD staff, Laurel wrote a letter to Representative Perillo and Representative Klarides-Ditria requesting their assistance to raise SB-254. This bill is regarding confidentiality of private well water data, for public hearing. In 2022, Public Act 22-58 outlined provisions making private well data confidential. The passing of this law has presented many challenges in our everyday efforts to provide education and inform our communities about matters pertaining to public health and safety.

The letter is attached if you wish to read its entirety.

We will continue to track bills and provide testimony when warranted.

After-Hours/Emergency Responses

	Date/Time	Location	Description of Event
1.	2/28/25 at 3:40pm	696 High Street, Naugatuck	Housing/sewage issue



February 21, 2025

Officers:

Robert Rubbo,
President
Deepa Joseph, President
Elect
Maritza Bond,
Secretary (2026)
Mike Pepe, Treasurer
(2026)
Charles Brown,
Immediate Past
President

Board Members:

Laurence Burnsed
(2025)
Jeff Catlett (2025)
Jennifer Eielson (2025)
(Membership
Committee)
Aisling McGuckin
(2025) replaced Deepa
Joseph for 1 year
Jennifer Kertanis (2025)
Jessica Kristy (2025)
Russell Melmed (2025)
Mike Pascucilla (2025)
replaced Maura for 1
year (Climate Change)
Amy Bethge (2026)
Lea Crown (2026)
Ebony Jackson-Shaheed
(2026)
Aimee Krauss (2026)

Testimony for the Connecticut Appropriations Committee from the Connecticut Association of Directors of Health (CADH) regarding Funding for Local Public Health Departments and Districts

To the Distinguished Co-Chairs and Members of the Appropriations Committee:

The Connecticut Association of Directors of Health (CADH) respectfully submits this written testimony regarding the proposed budget cuts to public health funding. ***We strongly encourage the committee to reassess the proposed 10% funding cut, as doing so would negatively impact our initiatives. Instead, we advocate for a 15% increase in funding to enhance our programs and better serve our community, driving positive outcomes and fostering growth.***

Public health is not merely a service; it is a lifeline for our communities, ensuring that all residents have access to essential health services that promote well-being and safeguard against disease. The ramifications of these proposed cuts are not a distant concern but an imminent threat that could potentially cripple our public health infrastructure at a time when it is most needed.

Connecticut's public health system has been under tremendous strain, particularly as we continue to navigate the challenges of emerging infectious diseases such as H5N1 and COVID-19. The ongoing pandemic has highlighted public health's critical role in disease prevention, health education, and emergency preparedness. *According to the Connecticut Workforce Development Plan published by the Department of Public Health, there was a significant increase in demand for public health services during this period, with resources stretched thin as dedicated employees worked tirelessly to respond to these unprecedented challenges.*¹ **We need to secure funding and staff to ensure that local health professionals who serve as agents of the state are able to secure a workforce that can be placed to respond to ongoing public health emerging threats.**

Moreover, we are facing an opioid epidemic that continues to devastate communities across our state.² The Centers for Disease Control and Prevention (CDC) reported that opioid-related overdoses have surged during the pandemic, necessitating robust public health interventions aimed at prevention and treatment.³ Our public health workforce—already overworked and underpaid—has been on the front lines of this crisis, providing essential services such as harm reduction programs, overdose prevention training, and community outreach.

¹ Connecticut Public Health Workforce Development Plan, [Connecticut Public Health Workforce Development Plan 2023 – 2028](#)

² Department of Public Health, [Opioid and Drug Overdose Statistics](#)

³ Center for Disease Control, [Understanding the Opioid Overdose Epidemic | Overdose Prevention | CDC](#)

The Connecticut Association of Directors of Health (CADH) is a nonprofit organization comprised of the Directors of Connecticut's local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

Strengthening local public health.

The proposed budget cuts threaten not only these critical initiatives but also the overall capacity of our public health system. Dr. Georges C. Benjamin, Executive Director of the American Public Health Association, noted, “Public health is about protecting populations from threats; if we do not invest in it now, we risk losing ground on decades of progress” (Benjamin). This sentiment resonates deeply within our communities here in Connecticut.

The exhaustion faced by our public health employees cannot be overstated. They are not just committed professionals, but heroes who have dedicated their lives to safeguarding our communities’ health; however, their ability to perform effectively without adequate support and resources will be severely compromised. A recent report from the National Association of County and City Health Officials (NACCHO) indicates that local health departments nationwide are experiencing staffing shortages due to burnout and inadequate funding (NACCHO). This trend is mirrored here in Connecticut, where many local departments struggle to maintain essential services.

Your leadership is crucial at this moment. As members of the Appropriations Committee, your decision to invest in local health will make a significant difference. It will enable us to attract and retain a qualified workforce, enhance our information technology capacity, and effectively plan for and respond to health concerns. Your action can prevent the collapse of our public health system and ensure the safety and well-being of our communities.

1. **Impact on Public Health Services:** Reducing funding may decrease the staffing levels and resources available for local health departments. This could result in longer response times during public health emergencies, such as delayed contact tracing during disease outbreaks, reduced outreach programs, fewer health education seminars in schools and communities, and diminished capacity to monitor and control communicable diseases, such as a slower response to a potential flu epidemic. For instance, a 10% cut could mean a reduction of 20% in the public health workforce in cities and towns, leading to a significant decrease in preventative and public health response to statutory mandates at the local level.
2. **The Essential Case for Public Health Investment:** Investing in public health extends beyond mere expenditure; it represents a crucial investment in the economic stability of our communities. Every dollar allocated to public health initiatives generates substantial returns by reducing healthcare costs, evidenced by fewer hospitalizations stemming from preventable diseases. Additionally, healthier residents are more productive, enabling them to work effectively and contribute positively to the economy. This perspective emphasizes the importance of wise, long-term investment in public health. Numerous studies underscore that increased investment in public health correlates with improved overall population health outcomes. Enhanced funding facilitates more comprehensive vaccination programs, mental health services, and chronic disease management initiatives. Ultimately, prioritizing public health is a strategic move that benefits community health and economic vitality.
3. **Equity in Health Access:** The proposed cuts disproportionately affect vulnerable populations who rely heavily on public health services. By increasing funding by 15%, we can ensure all residents have equitable access to necessary health resources, thereby addressing longstanding disparities within our communities.
4. **Mounting fiscal stress due to increasing unfunded mandates.** Local public health departments in Connecticut are legislatively mandated to carry out several activities. Each year, local health agencies must comply with an increasing number of new mandates that are either unfunded or underfunded. While these mandates are vital to protecting and improving the health of communities, a reduction in funding

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Strengthening local public health.

will further increase existing challenges in having adequate staffing and resources to provide these services. A notable example of regulatory mandates pertains to preventing and controlling lead poisoning. Connecticut has enacted stringent regulations governing lead testing and remediation, particularly concerning residences constructed before 1978, the year in which lead-based paint was prohibited. Local health departments are mandated to conduct inspections, educate the public about lead hazards, and ensure adherence to lead abatement legislation. However, as the scope of these responsibilities expands, numerous local agencies encounter significant challenges in fulfilling the demands due to inadequate financial resources. The unfunded or underfunded nature of these mandates engenders a paradox in which local health departments are legally obligated to provide essential services while simultaneously lacking the financial means to execute them effectively. Consequently, this often results in insufficient staffing and limited resources, adversely affecting their capacity to safeguard public health adequately. For example, inadequate funding for staff training and community outreach initiatives may compromise efforts to reduce lead exposure. This situation not only impacts immediate public health outcomes but also carries long-term implications for the community's overall well-being.

5. **Support from Community Partners:** Our association has received overwhelming support from various stakeholders, including healthcare providers, community organizations, and residents who recognize the importance of a robust public health infrastructure.

In closing, we strongly encourage the committee to reassess the proposed 10% funding cut, as doing so would negatively impact our initiatives. Instead, we advocate for a 15% increase in funding to enhance our programs and better serve our community, driving positive outcomes and fostering growth.

Respectfully submitted by the CADH Chair Rob Rubbo and Board of Directors



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Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

February 20, 2025

Representative Jason Perillo
Legislative Office Building, Room 4200
300 Capitol Avenue
Hartford, CT 06106

RE: Raise Bill SB-254 Private well data

Dear Representative Perillo,

My name is Laurel Shaw, and I am a Registered Sanitarian and the Chief Environmental Health Specialist for Naugatuck Valley Health District (NVHD), the nationally accredited local public health entity serving the municipalities of Ansonia, Beacon Falls, Derby, Naugatuck, Seymour, and Shelton.

On behalf of the staff of NVHD, we respectfully request your assistance to raise [SB- 254](#) regarding the confidentiality of private well water data for a public hearing.

In 2022, the provision for the confidentiality of private well data was outlined in Public Act 22-58, however stakeholders, including public health officials, the Connecticut Association of Directors of Health (CADH), or the Connecticut Environmental Health Association (CEHA) were not able to comment on it or submit testimony because the provision never had a public hearing the year it passed into law.

No committee, including Public Health, introduced any bill during the 2022 legislative session that made changes to the confidentiality of private well data. The provision was not included in the original bill (2022's [HB 5500](#)) introduced by the Public Health Committee. Further, the provision was still not included in the amended version that passed out of Public Health following the public hearing on the bill. Ultimately, the provision first appeared in the second draft and later drafts of a "strike-all" amendment that was called on the floor of the House, which eventually became [Public Act 22-58](#).

The passing of this law has presented many challenges to in our everyday efforts to educate and inform our local communities regarding matters of public health and safety. Prior to this law, local health departments and districts could openly discuss water quality concerns, share file information with residents or other concerned parties, and we could share recommendations for water testing and other information.

Below are just some examples of the activities impacted by this law and that we can no longer perform under this law:

We cannot discuss with any person, including a prospective buyer or neighbor exercising due diligence by seeking information on a private or semiprivate well. We cannot discuss any report known to the health district that has drinking water standard exceedance or compliance.

We can no longer share water quality information with developers or property owners conducting sanitary surveys or assessments of area water quality of their property. This is problematic if they are trying to determine plans for private well development or extension of public water supply.

Our health district cannot offer consultation or release data to stakeholders. Stakeholders include but are not limited to building officials, housing inspectors, environmental consultants, constituents conducting research, or those performing environmental health assessments. We now need approval to do so from the Commissioner, which could delay disclosure of important information.

The law prohibits our ability to disclose time sensitive information to residents who may be experiencing an undetected exposure to elevated levels such as lead, bacteria, arsenic, or uranium.

The law causes difficulty when handling matters involving elevated blood lead levels in children who live in housing supplied by well water. A comprehensive lead investigation requires an assessment of lead in the water supply. We cannot share results or offer information on testing with occupants or owners.

Whenever a person requests to review a street/property file (files are by address and contain information on septic, well information, and/or complaints), which they are entitled to do under the Freedom of Information Act, any well water analysis must be removed/redacted.

Any laboratory or firm that conducts testing on a private well serving a residential property or a semipublic well shall report the results within 30 days to the local health department/district where the well is located. The law previously only required results associated with a real estate transaction to be reported; however, with the changes effective October 1, 2022, all results need to be reported. To reiterate, the law also makes the reported test results confidential, as well as any information obtained from a CT Department of Public Health (DPH) or local health department/district investigation concerning the reported results, or any DPH or local health department/district study of the reported results.

As new water testing reports are received, they must be filed separately, causing us to redact useful and important information. Moreover, we must explain to the individual(s) calling why we cannot share the information with them. This happens frequently and for many taxpayers, this is not taken so lightly. This creates an administrative burden.

This law does not protect the public's health.

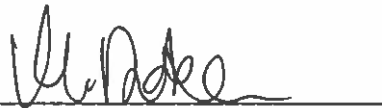
We hope that you found this summary helpful. On behalf of the Naugatuck Valley Health District, we sincerely appreciate your time and consideration to raise [SB 254](#) for a public hearing this legislative session.

Should you have any questions, feel free to contact me.

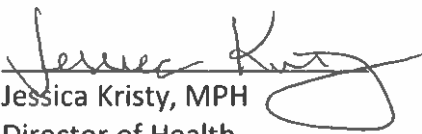
Thank you,



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Healthy people in a healthy Naugatuck Valley