Review

State Fiscal Year 2008 Annual Report

Local Health Administration Branch
Department of Public Health

FY 2008 Annual Report

Connecticut General Statute Section 19a-200 states: *Each director of health shall, annually, at the end of the fiscal year of the city, town or borough, file with the Department of Health a report of the doings as such director for the year preceding.* The State Fiscal Year 2008 Annual Report represents the activities conducted by the districts and local health departments from July 1, 2007 through June 30, 2008.

During State fiscal year 2008 a total of 80 local public health agencies provided public health services for the 169 Connecticut municipalities. Public health services were provided through 20 health districts, 32 full time health departments and 28 part time health departments. All 80 public health departments and districts are required at the end of the fiscal year to fill out and submit a electronic standardized "Annual Report". The Local Health Administration Branch of the Department of Public Health (DPH) collects and compiles the data into Excel spreadsheets. All data in the 2008 Annual Report is available by request from the DPH Local Health Administration.

This report contains selected tables and aggregate data from six of the eleven sections of the Fiscal Year 2008 Annual Report. The sections selected represent areas that have been of particular interest to local health directors and staff. Sections included are:

- Revenue, Expenditures and Certification
- Personnel
- Ordinance/Licensing/Inspection
- Food Service
- Drinking Water
- Subsurface sewage disposal

Not included in this report is data from: Board of Health, Environmental Health Manpower, Communicable Disease Control, Radon and Lead Poisoning.

All local health departments and districts submitted their annual reports. Some reports were incomplete due to missing data. It was not possible to determine if the missing data was omitted or missing because no data exists. An in progress upgrade of the Health Alert Network software should help correct these problems for future submissions.

Revenues and Expenditures

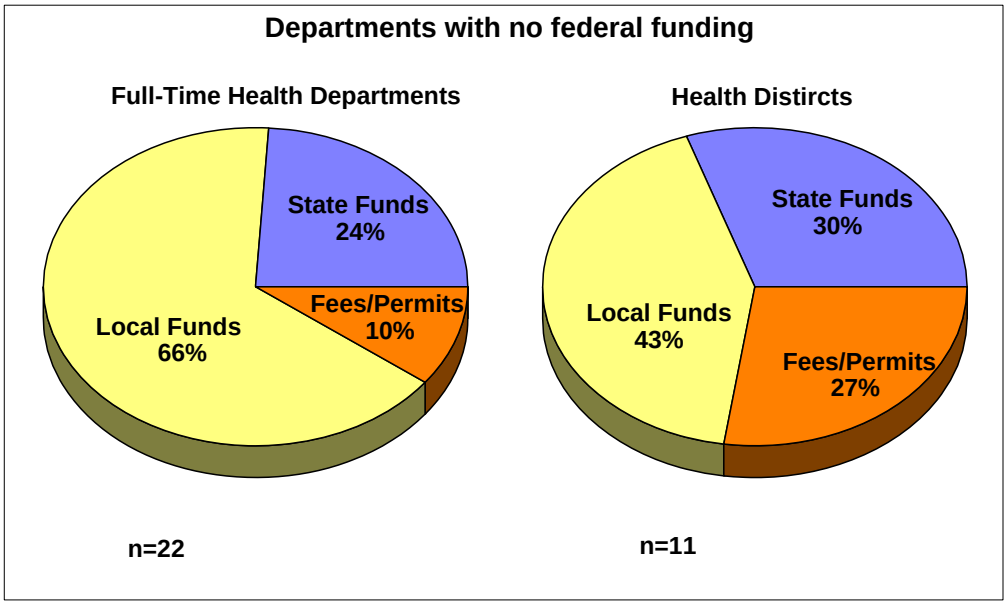
Local, public health in Connecticut is funded, in varying proportions, through four main revenue sources: (1) Federal funds, mostly in the form of grants and cooperative agreements from various federal agencies. (2) The State per capita payments made to departments or districts meeting the criteria for this funding.

(3) Local funds from the municipalities that the department or district serves. (4) Fees and permits collected by local health departments and districts. Generally, health departments and districts with sufficient staff to navigate the complicated grant application process obtained federal funding. Awards ranges from $9,000 to $10,000,000. Federal funds, when obtained, comprised roughly 8% of local health revenues. Three exceptions, Hartford, New Haven and Stamford received federal funds accounting for 40%-45% of their total department revenues.

About 80% of health departments and districts obtained no federal money and relied on funds from either the State, local municipalities or fees. The largest source of revenue for all health departments and districts with and without federal funding was direct funding by the local municipalities they served (Charts 1&2). Districts with or without federal funding depend more on department-generated fees for inspections and permits. For this reason, districts tend to have a more comprehensive system of fees and permits. Fees for permits and inspections are not uniform across departments and districts and can range from no charge to hundreds of dollars depending on the municipality.

Chart 1

District and Full-Time Health Department Revenue Sources SFY 2008

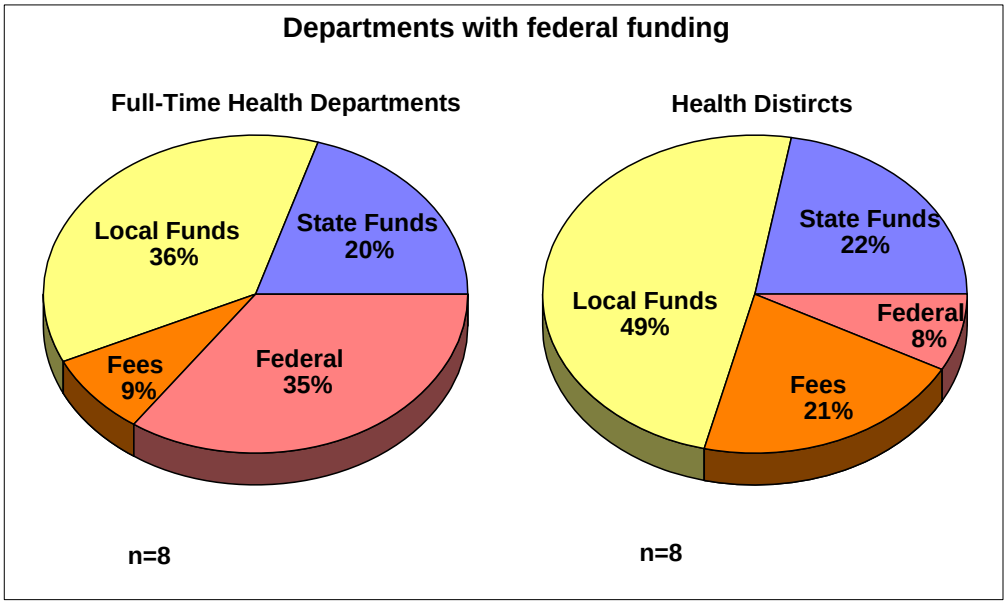


A high proportion of federal funding for the three previously mentioned municipalities combined with few health departments receiving federal funds produced a chart (see Chart 2) that is skewed. When the three municipalities are removed the resulting pie chart for full time health departments resembles that of

health districts. In either chart the low number of cases permits only a generalized, if inaccurate, overview of federal funding and local public health.

Chart 2

District and Full-Time Health Department Revenue Sources SFY 2008



The data for distribution of funding sources for part time health departments is not shown. Data was incomplete and the available partial data was not sufficient to produce an accurate chart. Generally, it appears that part time health departments rely heavily on municipal funding and to a lesser extent fees and state funding. There is much variability across part time health departments. Revenue and expenditure tables extracted from the 2008 annual report for all health departments and districts can be found on pages 2-5 of the Appendix.

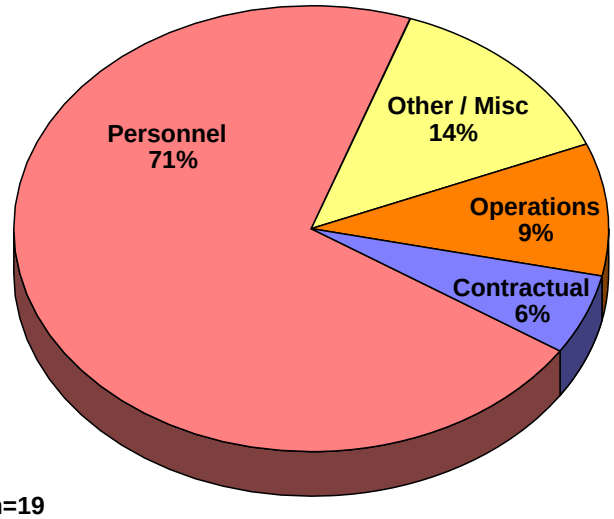
Entry of expenditure data in the Annual Report is required for health districts but not required of fulltime or part time health departments. The largest expense for all districts is personnel (Chart 3). On average salaries and fringe benefits accounted for 71% of district expenditures. This was an increase of 5% from the 2007 Annual Report. All but four districts recorded increases in personnel expenditures.

The proportion of operating expenditures and other miscellaneous overhead expenditures (insurance, car maintenance etc.) remained the same as last year. Contractual expenditures decreased by 5% from 2007. The data used to create the Chart 3 can be found on page 5 of the Appendix. The complete dataset for

the 2008, as previously mentioned is available from the DPH Local Health Administration Branch.

Chart 3

Health District Expenditures SFY 2008



n=19

.

Personnel

Connecticut Statutes Section 19a-205: Salaries of directors of health.
Each town director of health shall be paid by the treasurer of the town in which he has exercised the duties of his office for his actual services and expenses…….Each city and borough director of health shall receive such compensation as is fixed by the common council or burgesses of the city or borough for which he is appointed, but, if such compensation is not so fixed, he shall receive payment for his actual services and necessary expenses.

As previously indicated and from Chart 3 above, the single largest budget item for local health departments and districts is personnel. The following table (Table 1) provides an overview of the average salaries and the salary ranges of local health directors and their staff for districts, full time health departments and part time health departments. Detailed tables of individual salaries and ranges for health directors and sanitarians can be found on pages 6-14 of the Appendix. Salary data for local health staff other than directors and sanitarians is not included in this report but can be obtained upon request from the Local Health Administration Branch of DPH.

Table 1

Local Health Directors and Select Local Health Staff Average Salary and Range of Salaries 2008					
Personnel	**Agency Type**	**Minimum Salary**	**Maximum Salary**	**n**	**Average Salary**
Health Director	Full Time	$67,700	$180,139	32	$95,950
	Part Time	$1	$25,000	20	$9,774
	District	$77,250	$120,000	20	$93,140
Chief Sanitarian	Full Time	$41,758	$93,618	12	$72,534
	Part Time	$4,649	$70,000	9	$50,240
	District	$59,410	$76,559	10	$66,910
Reg. Sanitarian	Full Time	$22,230	$70,000	27	$56,544
	Part Time	---------	--------	11	$31,096
	District	$48,288	$67,968	19	$55,640
Medical Advisor	Full Time	$0	$46,000	20	$12,150
	Part Time	--------	--------	---	--------
	District	$0	$20,000	13	$3,044
Public Health Nurse	Full Time	$14,000	$76,500	17	$49,603
	Part Time	--------	--------		
	District	$13,115	$63,564	11	$46,107
BT Coordinator	Full Time	$6,600	$84,662	24	$42,039
	Part Time	--------	--------	---	--------
	District	$20,000	$71,000	16	$49,460

The average salary calculated in Table 1 is the mean of the salaries listed in the Annual Report. The minimum and maximum salary is the range of the salaries listed. The average salary should only be use as a rough approximation due to the large differences between the minimum and maximum salaries for most positions. It's also not clear if some of the listed lower salaries are for part time or fulltime positions.

Ordinances

Health departments are required by Connecticut Statute to perform annual sanitary inspections of any establishments that practice cosmetology. Barber shops, hairdressing salons and nail salons are included under the definition of cosmetology. Municipalities can pass their own ordinances to create inspection and fee schedules that exceed State parameters. The pertinent statute is:

Connecticut statute Sec. 19a-231. Inspection of salons.
(b) The director of health for any town, city, borough or district department of health, or the director's authorized representative, shall, on an annual basis, inspect all salons within the director's jurisdiction regarding their sanitary condition. The director of health , or the director's authorized representative, shall have full power to enter and inspect any such salon during usual business hours. If any salon, upon such inspection, is found to be in an unsanitary condition, the director of health shall make written order that such salon be placed in a sanitary condition. The director of health may collect from the operator of any such salon a reasonable fee, not to exceed one hundred dollars, for the cost of conducting any annual inspection of such salon pursuant to this section. Notwithstanding any municipal charter, home rule ordinance or special act, any fee collected by the director of health pursuant to this section shall be used by the town, city, borough or district department of health for conducting inspections pursuant to this section.

Inspection of Connecticut's barber shops and nail salons by local health departments and districts is not uniform. Out of 80 health departments and districts, less than half (38) indicated they either perform inspections or have some type of permit/fee structure in place (Table 2). Among the health departments and districts that do perform inspections roughly half issue a license or permit, more than half collect fees, and more than half have local ordinances covering the inspections. Inspection fees are either fixed or based on the number of workstations in an establishment. Despite the statutory obligation mandating the inspections of cosmetology establishments there is minimal compliance. A number of towns with salons do not perform inspections or do not inspect all establishments. The uneven compliance has resulted in salon and shop owners in towns that have inspections and fees complaining about the lack of inspection and fees in adjacent towns.

Table 2

Local Ordinances and Licenses, Nail Salons & Barber Shops 2008					
	Health Agency	**Local Ordinance**	**Require License**	**Perform Inspections**	**Charge Fees**
Barber Shops	Districts	8	9	9	10
	Health Depts.	17	13	22	16
Nail Salons	Districts	7	6	5	8
	Health Depts.	14	12	15	15

Data for the above summary table can be found in several tables in the Appendix (pages 15-16). Local health departments and districts that left this section blank were not listed. It was not possible to determine from blank data if inspections were not performed or if data was just missing.

Food

Section 19-13-B42 of the Public Health Code provides for sanitation, inspection and reporting of inspection results for Food Establishments. Food establishment are classified into four classes (I-IV). Class I and II establishments serve commercially prepackaged food that may or may not need heating. Class III and IV establishments prepare their own food. Class III serves its food within 4hrs while Class IV can retain prepared food longer than four hours. The potential for food borne diseases is greater in Class III and IV establishments due to the greater chance of contamination during preparation and the time period between preparation and consumption.

Section 19-13-B42(t) of the Public Health Codes reads as follows: "Inspection of food service establishments. All food service establishments shall be inspected by the director of health, registered sanitarian, or and authorized agent of the director of health, if such director, sanitarian or agent has been certified by the commissioner……

(1) Class I food service establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.
(2) Class II food service establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.
(3) Class III food service establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.
(4) Class IV food service establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred twenty (120) days may be allowed where one (1) of the inspections is a hazard analysis inspection."

Table 3 is a summary of the data found on pages 17-19 of the Appendix. The table lists the number of food establishments, number of inspections and the percent of inspection compliance for the three types of local health agencies. Compliance is the total number of inspections divided by the number of food establishments. The number of food establishments is adjusted depending on its classification. For example: if the total number of class IV establishments is 100 and the number of inspections is listed as 300 the number of establishments would be adjusted to 400 (4 inspections per year) and the compliance would be 75%. The table provides summary compliance for class I-IV food establishments for health districts, full-time and part-time health departments.

The calculated compliance does not reflect the performance of individual health districts and health departments. About 20% of districts are compliant with food establishment inspections in the 90%-100% range. Approximately 30% of full-time departments are compliant and about 40% of part-time departments. Inspections resulted in 34 closures by districts, 110 closures by full time departments and 4 closures by part-time departments. Inspection compliance for individual districts and departments are listed in the Appendix (pages 17-19).

Table 3

Summary Food Establishment Inspections by Class 2008			
	Health Districts	**Full-Time Departments**	**Part-Time Departments**
Class I			
Establishments	992	1,520	84
Inspections	901	1,089	86
Compliance	91%	71%	100%
Class II			
Establishments	780	1,773	110
Inspections	995	1,814	180
Compliance	64%	51%	82%
Class III			
Establishments	2,127	2,863	239
Inspections	4,131	4,397	541
Compliance	65%	65%	75%
Class IV			
Establishments	3,321	3,940	533%
Inspections	8,794	8,941	1,619
Compliance	66%	56%	76%

The health district or department sets inspection fees for food establishments within its jurisdiction. Fee schedules vary widely and range from simple flat fees to more progressive schema involving class and seating capacity. A few health departments do not list fees and it's unclear if this is lack of fees of lack of data. Inspection fees for class IV establishments vary from $0 to $1,100. Generally, inspection fees increase with class and capacity. Minimum and maximum fees for class III and class IV food establishment inspections are listed in the Appendix (pages 20-22).

Water

Connecticut Statute Section 19a-37 Regulation of water supply wells and springs. The Commissioner of Public Health may adopt regulations in the Public Health Code for the preservation of the public health pertaining to (1) protection and location of a new water supply wells or springs for residential construction or for public or semipublic use, and (2) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

The Public Health Code Sections 19-13-B50 through 19-13-B51M provides guidance on construction, location, testing and permits for wells.

Table 4

Summary Well Permits and Fees 2008			
	Districts	**Full-Time**	**Part-Time**
Well Permits	2,007	609	514
Average Fees	$100	$72	$38
Range	$50-$175	$3-$349	$1-$150

Issuance of well permits is more frequent in rural health departments and districts than in large municipalities with a public water supply. Most health districts are groups of rural communities that tend to issue large numbers of well permits. Districts on average charge more for well permits than full-time or part-time health departments (Table 4) but they appear to have a more uniform fee structure. The range of fees charged by all districts is small. On the other hand fees charged by full and part time health departments are on average lower but are more variable across departments (see Appendix pages 23-25).

Subsurface Sewage Disposal

Section 19-13-B103a of the Public Health Code establishes minimum requirements for household and small commercial subsurface sewage disposal systems with capacity of 5,000 gallons or less per day. Section 19-14-B104a provides standards for larger systems. Both sections outline minimum requirements for installing new systems and set guidelines for issuing approvals and permits. Authority for these regulations is derived from *Environmental Section 22a-430 of the Connecticut General Statutes.*

Table 5

Summary Average Fees for Septic Installation and Repair 2008			
	Districts	**Full-Time**	**Part-Time**
New Installed Septic Systems	1,382	551	327
Average Fee Commercial Permit	$188	$247	$120
Range	$80-400	$0-1,000	$0-350
Average Commercial Total Fees *	$472	$375	$201
Average Fee Residential Permit	$169	$235	$95
Range	$80-400	$35-1,000	$0-350
Average Residential Total Fees *	$440	$400	$185
Repaired Septic Systems	1,486	894	541
Average Commercial Repair Permit	$148	$152	$80
Range	$50-400	$0-375	$0-300
Average Residential Repair Permit	$108	$125	$60
Range	$50-150	$15-375	$10-150

***The Average Total Fees is the average total of permit, plan review and soil testing fees.**

In Connecticut some 2,260 new subsurface septic systems were installed during 2008 (Table 5). Additionally, 2,921 existing septic systems received repairs. Table 5 provides an overview of the average fees and range of fees that health departments and districts charge for services and permits related to subsurface swage disposal. Residents in Connecticut pay a wide range of fees for these services. Some fees can vary as much a $1,000 depending on where an individual lives in the state. The fee schedules for individual departments can be found in the Appendix (pages 26-28). The Appendix (pages 29-32) contains a set of tables that that combine permit, plan review, and soil testing fees into a total fee that can be used for comparison purposes.

Conclusions

This is the second year that a review for the annual report has been published. The 2008 review is similar to the 2007 review in both format and content. The idea is to provide a standardized format for making comparisons and determining trends. Several more years of data are required before any trend analysis can begin. Comparisons between 2007 and 2008 as well as between various health departments are inevitable. Validity and scale should be kept in mind when making comparisons. Data for large municipal full-time health department will be very different than the data from small part-time health departments

The one obvious issue from the review is the inspection of food establishments and compliance with Section 19-13-42(t) of the Public Health Code. From the review (page 9) many food establishments are not receiving the required number of inspections per year. Overall Class I establishments fared the best with 87% compliance. Class II, III and IV establishments ranged between 66%-68%. From the data it cannot be determined if this result is due to lack of resources or the economic times (restaurants closing) or some combination of all three. The incomplete compliance represents a loss of revenue as well as a lower level of food safety. With the increasing recall of various food products over the past few years, food safety at all levels is coming under more and more scrutiny. This item maybe monitored more closely in the future.

This review is only as good as the data use to create it. All data is taken from the compiled Annual Reports submitted by all local health directors. Due the large volume of data and the time involved in compiling it, currently no attempts to determine accuracy and validity are performed at this time. Since this review is available to all local health directors it is advisable that all directors and staff entering data for the annual report carefully review their entries. This will help eliminate submissions that are misleading or embarrassing.