

Review

Fiscal Year 2007 Annual Report

**Local Health Administration Branch
Department of Public Health**

FY 2007 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 Fiscal Year 2007 Annual Report represents the activities conducted by the districts and local health departments from July 1, 2006 through June 30, 2007.

During fiscal year 2007, 81 local health departments and districts provided public health coverage for Connecticut. Local health for 2007 was comprised of 20 health districts, 31 full time municipal health departments and 30 part time health departments. Data for this report is not complete. Some towns did not submit an annual report and a number of submitted reports were partially complete. All data in the 2007 Annual Report is available by request to the Local Health Administration Branch of the Department of Public Health (DPH).

This report contains selected tables and aggregate data from six of the eleven sections of the Fiscal Year 2007 Annual Report. The sections selected represent areas that have been of particular interest to local health directors and local health 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 the following sections:

- Board of Health Information
- Environmental Health Manpower
- Communicable Disease Control
- Lead Poisoning
- Radon

Revenues, Expenditures and Certification

Like all public service agencies, local health departments must operate within a budget. Local, public health in Connecticut is funded, in varying proportions, through four main revenue sources: (1) The State per capita payments made to each department or district if the district or department meets the criteria for funding. (2) Local funds from the municipalities that the department or district serves. (3) Fees and permits collected by local health departments and districts. (4) Federal funds, mostly in the form of grants from various federal agencies.

About half the districts and some of the larger fulltime municipal health departments (18 total) have obtained federal grants. With the exception of one

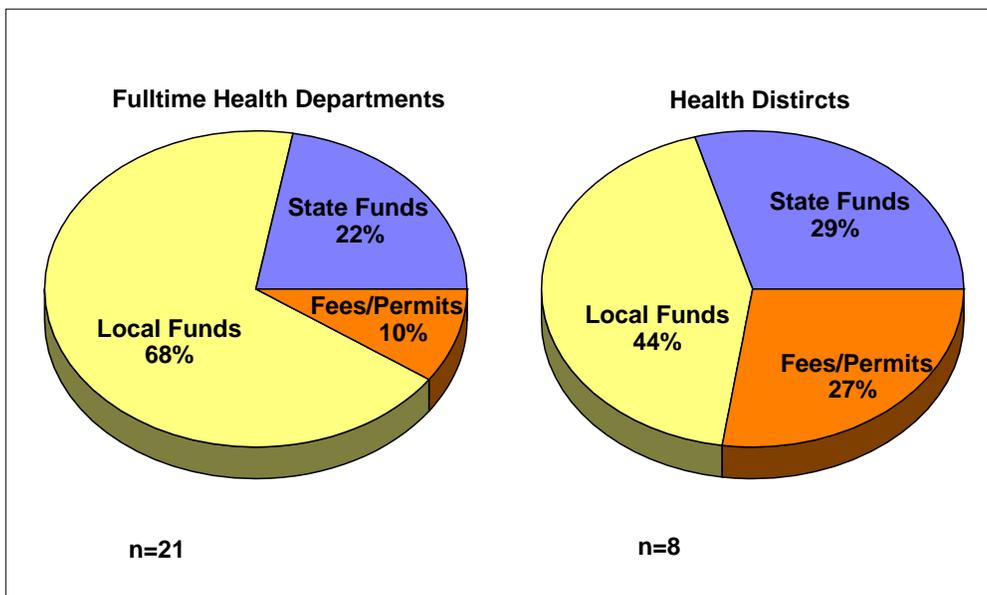
large municipality where federal funds make up more than 60% of health department revenues, federal funds on average make up about 15% of health department revenues.

Among departments and districts with no federal funds the largest source of revenue is direct funding by the local municipalities they serve. When compared to districts, fulltime health departments (Chart1) have a larger proportion of their total revenue come from local municipalities. Districts depend more on department generated fees and permits. For this reason, districts tend to have a more comprehensive system of fees and permits. Some municipalities do not charge inspection fees for some types of inspections.

The data for distribution of funding sources for part time health departments was incomplete. 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 fees but there is much variability across health departments. Revenue and expenditure tables extracted from the 2007 annual report for all health departments and districts can be found on pages 2-5 of the Appendix.

Chart 1 District and Health Department Revenue Sources 2007

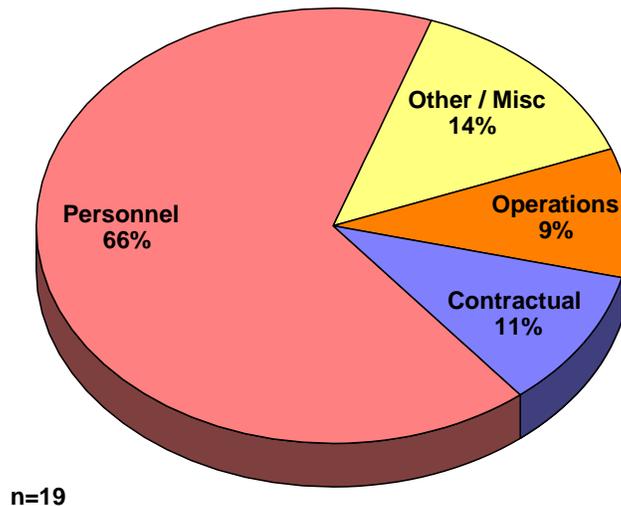
Departments with no federal funding



Only health districts are required to enter expenditure data for the annual report. The largest expense for all districts is personnel (Chart 2). On average

personnel salaries are responsible for two thirds of district expenditures. The remaining third of the expenditures is divided between operating expenses, contractual obligations and other miscellaneous overhead expenses (insurance, car maintenance etc.)

Chart 2 **Health District Expenditures 2007**



The data used to create the expenditure pie chart can be found in the expenditure table on page 5 of the Appendix. The complete dataset for the 2007, as previously mentioned is available upon request from the Local Health Administration of DPH.

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.

From small part time health departments with only one employee to large municipal health departments with large staff, the single largest budget item 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 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, not included in this report, can be obtained by request.

Table 1

Local Health Directors and Local Health Staff					
Average Salary and Range of Salaries 2007					
Personnel	Agency Type	Minimum Salary	Maximum Salary	n	Average Salary
Health Director	Full Time	\$65,000	\$151,971	30	\$91,669
	Part Time	\$1	\$26,342	23	\$10,138
	District	\$67,995	\$116,000	20	\$89,945
Chief Sanitarian	Full Time	\$40,659	\$90,891	14	\$67,948
	Part Time	\$3,008	\$66,000	8	\$46,495
	District	\$57,680	\$74,703	11	\$64,417
Reg. Sanitarian	Full Time	\$20,000	\$91,000	26	\$56,851
	Part Time	\$18,000	\$71,467	14	\$26,138
	District	\$45,597	\$63,159	20	\$53,434
Medical Advisor	Full Time	\$1	\$46,000	18	\$11,750
	Part Time	NA	NA	NA	NA
	District	\$400	\$20,000	20	\$5,404
Public Health Nurse	Full Time	\$14,000	\$77,000	16	\$51,211
	Part Time	\$8,932	\$53,000	3	\$34,044
	District	\$12,360	\$66,830	11	\$45,339
BT Coordinator	Full Time	\$3,700	\$79,043	24	\$39,464
	Part Time	NA	NA	NA	NA
	District	\$28,000	\$75,227	16	\$53,957

The average salary calculated in Table 1 is the mean of the actual salary listed in the Annual Report. The minimum and maximum salary is also taken from the same list. 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. The standard deviation for full time health director's salaries is nearly \$18,000.

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 as follows:

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.

Inspections and collection of fees for cosmetology establishments across the State is not done in a uniform manner. Of the 81 health departments and health districts, 38 indicated they have either local ordinances, perform inspections or collect fees (Table 2). Some 22 municipalities and districts have local ordinances governing the inspection of cosmetology establishments. With the exception of two districts, that only have ordinances for barber shops, the ordinances cover both barber shops and nail salons. Licenses are issued in 21 departments and districts. Twenty-three health departments and districts collect inspection fees. Inspection fees can be flat and fixed or based on the number of workstations in an establishment. Data in the tables (pages 15-16, Appendix) indicate more than half of all health departments and districts do not perform inspections of barber shops and nail salons.

Table 2

Local Ordinances and Licenses, Nail Salons & Barber Shops 2007					
	Health Agency	Local Ordinance	Require License	Perform Inspections	Charge Fees
Barber Shops	Districts	9	9	9	9
	Health Depts.	13	12	21	21
Nail Salons	Districts	7	5	5	5
	Health Depts.	14	15	15	16

Food

Section 19-13-B42 of the Public Health Code provides for sanitation, inspection and reporting of inspection results for Food Establishments. Food establishments are classified into four different 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. This report will focus on the Class III and IV inspections and fees.

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 contains the average number of class III establishments, class IV establishments, class III inspections and class IV inspections for districts, full and part time health departments. The average number of restaurant closings are also listed. The table provides only a rough approximation of actual numbers and is somewhat imprecise due to large variations in municipal populations and missing or partial data. Detailed tables for class III and class IV inspections can be found in the appendix (pages 17-19).

Table 3

Average Number of Class III & IV Establishments and Inspections					
	Class III Restaurants	Class III Inspections	Class IV Restaurants	Class IV Inspections	Closures
District	108	184	180	387	2.5
Full Time	90	141	122	324	8.7
Part Time	7	15	33	36	1.7

Compliance to perform three annual inspections for class III establishments and the four annual inspections for class IV establishments is not uniform across all health departments and districts. Inspection data for class III and class IV establishments indicates that roughly half of the districts and departments are currently performing the required number of inspections for these facilities (see Appendix pages 17-23).

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

	Full Time	Part Time	Districts
Average Permits	32	20	110
Range	0-92	2-78	2-337
Average Fees	\$65	\$42	\$90
Range	\$3-\$335	\$1-\$250	\$55-\$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 and tend to issue large numbers of well permits. Districts on average charge more for well permits than health departments but they seem to have a more uniform fee structure. The range of fees charged by all districts varies by less than \$100. 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 for systems with capacities greater than 5,000 gallons per day. 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

Average Fees and Range of Fees for Subsurface Sewage Disposal			
Fees	Full Time	Part Time	Districts
Commercial New Septic	\$225	\$143	\$185
Range	\$35-\$1000	\$10-\$550	\$75-\$400
Residential New Septic	\$217	\$123	\$164
Range	\$35-\$1000	\$25-\$550	\$75-\$400
Commercial Repair	\$137	\$89	\$144
Range	\$30-\$500	\$10-\$375	\$50-\$350
Residential Repair	\$109	\$69	\$106
Range	\$15-\$500	\$10-\$375	\$50-\$150
New Soil Testing	\$93	\$71	\$122
Range	\$50-\$250	\$40-\$125	\$50-\$200
B100a SP Review	\$73	\$56	\$59
Range	\$25-\$170	\$0-\$225	\$0-\$250

Table 5 provides an overview of average fees and range of fees that health departments and districts charge for some of the services and permits related to subsurface swage disposal. Residents in Connecticut pay a wide range of fees for these services. Depending on where residents live and what type of health department/district is present fees can vary widely (see Appendix pages 26-28).