



**Public Health**  
Prevent. Promote. Protect.

**Naugatuck Valley  
Health District**

Board of Directors  
Monthly Public Health Report: February 2026

**Jessica Kristy, MPH  
Director of Health  
February 2026**

**Miscellaneous**

On February 6<sup>th</sup>, we joined the National Heart, Lung and Blood Institute, The Heart Truth®, and organizations around the country for National Wear Red Day® to bring greater attention to heart disease as a leading cause of death for Americans.

About 170,000 people in Connecticut (2023) have coronary heart disease. This is the most common form of heart disease and can often be prevented. #OurHearts are healthier when we move more, eat healthier, get enough sleep, reduce stress, and quit smoking! Learn more at hearttruth.gov



**Addressing Vaping & Vape Store Challenges**

Naugatuck will be hosting a public panel presentation related to vape shops. It is being coordinated by DESPP and the panelists will include myself, Office of the Attorney General, DPH, DCP, DMHAS, and others. The event is scheduled for 6pm on March 4<sup>th</sup> at Naugatuck High School. Austin will be attending with me.

**Massage Parlors Ordinance: Naugatuck**

The Burgess voted to move the ordinance to a public hearing so me, Melanie, and Attorney Stanek continued to work on refining the ordinance with Chief McAllister and the Borough counsel, Attorney Fitzpatrick. I will be attending the Public Hearing on March 3<sup>rd</sup>.

**CT Association of Directors of Health (CADH)**

*Positions held: Elected Board of Directors; Emergency Preparedness Committee Chair; Environmental Health Committee, Advocacy Committee*

I attended the CADH Environmental Health Committee meeting on February 5<sup>th</sup> and the CADH Advocacy Committee meeting on February 26<sup>th</sup>. Copies of the testimony we submitted are attached at the end of this report.

**Defend Public Health**

I attended the General Assembly meeting on Tuesday, February 3<sup>rd</sup> at 5pm, which featured Dr. Demetre Daskalakis, an infectious disease physician who has served in leadership positions at the Centers for Disease Control and Prevention, the New York City Department of Health and Mental Hygiene and the White House. As of February, he is the chief medical officer of the Callen-Lorde Community Health Center in New York City. Dr. Daskalakis discussed the current measles outbreak in the United States, measles elimination as a vital sign to monitor the health of our public health system, what the current situation tell us and why we need to be concerned and take action now.

**RECEIVED**

By Marc J. Garofalo, MPA, MCC, MCTC at 10:02 am, Mar 26, 2026





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Statewide DPH & Local Health Meetings

I continue to attend the monthly meeting held for local health and DPH staff (co-hosted by CADH). NVHD staff also attend if their schedule permits. The February meeting was led by CADH President & Milford Director of Health, Deepa Joseph. There was a detailed presentation about responding to water emergencies as local public health by Aisling McGuckin (Waterbury DOH), Fernanda Carvalho (Danbury DOH), and Marco Palmeri (Bristol-Burlington DOH). DPH staff provided updates regarding the Food Protection Program, Marketing and Communications, and Infectious Disease.

Academy of Science

I attended the kickoff meeting with other local health directors on February 18<sup>th</sup> regarding launching an AoS Chapter in the State of Connecticut. AoS Chapters and access can be funded through state ELC funds and offer nationwide access to data collection tools, surveys, etc. We are exploring this further with DPH and CADH.

Microbial Source Tracking

On February 26<sup>th</sup>, Emilija and I attended the *People, Pups, and Poop: DNA Analysis Webinar* hosted by the East Shore Health Department and Save the Sound organization. The webinar highlighted a 16-year study conducted by the East Shore Health Department and Yale to investigate recurring high bacterial counts and frequent beach closures (Short Beach). Despite decades of monitoring and prior studies, the sources of elevated bacteria had remained unidentified, and the project focused on using DNA analysis to better understand and address these persistent water quality issues.

Air Quality and Climate Change

Grant: EPA Air Quality Monitoring Grant

*Status: Contract is fully executed!*

Vanessa, Public Health Specialist, and John, Chief Sanitarian, Carissa, and I attended a partners meeting with our academic partners (UConn and Yale) hosted by DPH's Office of Climate Change. We will continue to meet regularly, including Melanie as well, now that our project can start gaining traction. We are planning several community events in April and will begin recruiting host sites (residential, public, and commercial) for the air sensors.

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 attended the Public Health Training Academy of Connecticut (PHTAC) Learning Forum Committee meeting on February 25<sup>th</sup>. I will be working with Lisa to build out a specific NVHD Workforce Development Training Plan in the TRAIN-CT web-based portal. Staff currently have access and use this to complete training, but we now have the ability to organize the back end, assign training, track records, etc. We aim to implement the roll out in the new fiscal year.

On February 26<sup>th</sup>, I attended a NACCHO training on Strengthening Workforce Capacity and Launching the Strategic Skills Training Platform.

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**Naugatuck Valley Overdose Prevention & Education (NOPE) Program**

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

*Status: Year 3 Sub-contract Executed with New Haven Health Department*

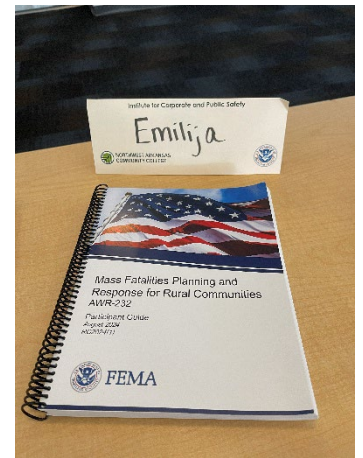
Austin continues to consistently share community resources and increase public access to health and social service information. Street outreach was challenging this month due to multiple snowstorms and inclement weather conditions. Austin scheduled a Mental Health First Aid training in collaboration with Spooner House Shelter to further strengthen community capacity for early mental health intervention and support.

**Public Health Emergency Preparedness (PHEP)**

NVHD was selected to host the CT Region 5 Bio 100 Tabletop Exercise (TTX) on April 9<sup>th</sup> and the CT Region 5 Bio 200 Functional Point of Dispensing Exercise on June 26<sup>th</sup>. Both will be held at Naugatuck High School. Emilija has been assisting me with the planning and preparation for the two exercises, which has also been a good learning experience for her. We attended the last statewide planning meeting hosted by DPH on February 5<sup>th</sup> and we also attended several planning meetings with our CRI Region 5 Lead, Torrington Area Health District.

Emilija has continued to work on updating and editing the Public Health Emergency Response Plan (PHERP) to familiarize herself with our response plan(s). She has also continued to do an inventory of NVHD’s PHEP and MRC supplies to familiarize herself with our current materials and stock, and see what we may need to change, discard, or add ahead of our exercises this Spring.

She completed *AWR-232: Mass Fatalities Planning and Response for Rural Communities*, a training taught by the Center for Rural Development and the Rural Domestic Preparedness Consortium and was sponsored by the Torrington Health District at the Litchfield County Regional Fire School. The training was an 8-hour, DHS/FEMA-certified, awareness-level course on February 3<sup>rd</sup>.



Emilija completed the Public Health Risk Assessment survey from the CT DPH survey back in January. The survey is a 5-year cycle, a grant deliverable part of the PHEP grant, survey sent to all LHD partners. The overall goal of the survey is to help the state achieve a broad representative sample. The U.S. Department of Health and Human Services, Office of the Administration for Strategic Preparedness and Response (ASPR), and the Centers for Disease Control and Prevention (CDC) require PHEP and Hospital Preparedness Program (HPP) recipients to conduct a Risk Assessment (RA)/Hazard Vulnerability Assessment (HVA) to inform public health and healthcare emergency preparedness priorities. The results of the RA are used by the CT DPH and federal preparedness partners to guide planning, resource allocation, and capability development.

**Region 5 PHEP Workgroup**

On February 17<sup>th</sup>, Emilija attended the Region 5 PHEP meeting hosted by Brien LaForge of the Torrington Area Health District. Emilija and Brien provided an update on the upcoming two-part training and exercise initiative. Brien emphasized that the region’s participation is required in order to meet deliverables set forth by DPH and the CDC.

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ESF 8: Public Health & Medical Services

*Positions held: Chair of Region 5; Member of Region 2*

I facilitated the Region 5 ESF 8 meeting February 6<sup>th</sup> and Emilija attended. Emilija represented NVHD and attended the Region 2 ESF 8 meeting on February 18<sup>th</sup>. I attended the Region 5 Regional Emergency Planning Team (REPT) meeting where I provided the ESF 8 update on February 9<sup>th</sup> as well as the Region 2 REPT & Steering Committee meeting on February 20<sup>th</sup>. Paul Rabeuf of Hartford Healthcare (my ESF 8 Co-Chair) and I successfully secured funding for regional portable sinks from Region 5 REPT; the first time in many years ESF 8 has been awarded funding.

I met with the DEMHS Region 5 Coordinator and the Region 5 Red Cross Coordinator to discuss how we can improve capacity and training on large scale events requiring sheltering, and more specifically pet sheltering as that is a current gap in our part of the state.

Medical Reserve Corps

Emilija attended the New England MRC Regional (Region 1) meetings on February 17<sup>th</sup> and 24<sup>th</sup>. The meetings provided updates on activity reporting, member profile maintenance, and National MRC office hours. Key topics included regional incident reviews, such as the Pawtucket, Rhode Island ice hockey game shooting, winter storm response reporting, and federal funding updates, including the NACCHO FY26 cooperative agreement with no renewal. Participants also discussed ongoing state-level MRC trainings and activities, and the Region 1 Regional Coordinator announced her planned retirement and transition plans. Deadlines for activity and profile updates were set for February 28<sup>th</sup> to ensure timely documentation and demonstrate the value of MRC contributions.

CT Health Care Coalition

*Positions held: Executive Board Member; Voting Member*

On February 11<sup>th</sup>, Emilija attended the *Planning Best Practices* webinar hosted by All Clear Emergency Management Group, the fiduciary of the HCC.

Emilija and I attended the bimonthly meeting on February 17<sup>th</sup>.

We both participated in the CT HCC Medical Response and Surge Exercise on February 25<sup>th</sup>. While this exercise was not administered "live" due to the snowstorm, we still received the exercise injects and discussion questions that we reviewed, completed and submitted together.

IAEM Healthcare Caucus

I attended the meeting on February 24<sup>th</sup>, which provided an overview of the ASPR Strategic Plan 2026-2029

NACCHO Preparedness Policy Advisory Group (PPAG)

*Position held: Connecticut Representative*

Emilija and I attended the PPAG meeting on February 18<sup>th</sup>. Topics discussed in this meeting were NACCHO/ Government affairs, CDC and DSLR program announcements, strategic plan overview from the Office of Strategy, Policy, and Requirements (ASPR), FIFA World Cup working group, responses to uncertainty or changing priorities, 2026 PREP Summit, and Federal Regions 6 and 7 updates. Government affairs updates included the final FY26 Labor-HHS law, reflecting continued public health funding, although uncertainty remains regarding several federal grants.

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Surveillance & Outbreak Response

Paulina has continued working with Vanessa to distribute the kits to the flu/COVID 3-in-1 test kits to the community.

**Table 1. COVID-19 Adults Case Statistics (18+)**

	January	February
Total Cases & Contacts Managed*	121	109
Consultations with Residents	1	-

**Table 2. COVID-19 Youth and Teen (0-17) Case Statistics**

	January	February
Total Cases & Contacts Managed*	19	39
Consultations with Residents	-	-

*\*Please note that "Total Cases & Contacts Managed" also includes reports of self-tests originating from various sources such as self-reports, 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.*

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**COMMUNITY HEALTH SERVICES**

**Carissa Caserta, MPH**

**February 2026**

**Miscellaneous**

**Radon Awareness Month**

NVHD is participating in a statewide initiative with 34 local health departments to promote radon awareness and prevention by distributing free home radon test kits to residents. Thus far, 91 test kits have been distributed. Vanessa is tracking the results of any test kits that have been submitted and will follow up with residents to ensure that they remember to use the test.

**Valley Council for Health & Human Services (VCHHS)**

Lisa and Austin attended the monthly VCHHS meeting on February 3<sup>rd</sup>. The meeting agenda included updates on the Community Care Hub, a pilot project on food resources communications that the Council will participate in with the state Commission on Women, Children, Seniors, Equity, and Opportunity, updated DataHaven reports, and agency updates. Myra (Griffin) provided an update on the CHIP.

**Community Health Improvement Plan (CHIP)**

Me, Jess, and Lisa are members of the CHIP Steering Committee along with Myra O. (Griffin Health Services) and Beth C. (Yale-Griffin Prevention Research Center). The priority areas of the 2025-2028 Naugatuck Valley Community Health Improvement Plan (CHIP) have been refined to: Access to Care and other Social Needs (Co-Chaired by Myra and Aneta Guliuzza of Griffin); Enhance Mental and Behavioral Health (Co-Chaired by NVHD’s Lisa and Austin); and Improve Awareness, Access to, and Uptake of Healthy Food & Nutrition Programming/Services (Co-Chaired by Jess, Beth and myself). Jess completed writing the CHIP, Griffin provided some minor edits, and it presented and well received by the Griffin Hospital Board Subcommittee. The next step is for the full Board for Griffin to approve it then it will be published and promoted publicly.



**Access to Care and other Social Needs**

On February 10<sup>th</sup>, Jess and I attended a full day conference on Connecticut Mobile Integrated Healthcare (MIH). The conference was hosted by the Connecticut Hospital Association and provided a detailed overview of how to achieve in-home / patient-centered care, improve health accessibility and reduce emergency department utilization for non-emergent visits to increase positive health outcomes using paramedics. Griffin Hospital is interested in partnering with local EMS agencies to offer this service, especially since it was learned that an EMS agency has to initiate the application to the State of CT for approval. This could be an amazing way to keep people out of the ER and receive proper mental health/post-partum/wound care/preventive care and much more at home. More information to come.

**Mental and Behavioral Health**

The Mental and Behavioral Health Committee met on February 5<sup>th</sup>. APW and WCTC have agreed to dates for the NAMI Suicide postvention training, which will be held in the afternoons of May 18<sup>th</sup> and 19<sup>th</sup> at Ansonia Senior Center. Taylor from APW, Abby from WCTC and Lisa continue to meet to plan the sessions. Emilija has been working on updating the Valley Resource Guide, beginning with updates to the mental and behavioral health resources.

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Food and Nutrition

Jess and Beth are co-supervising a Yale Medical Resident Intern to assist with the Food and Nutrition Committee. They meet with George weekly and are planning to use his report of recommendations to formalize the Valley Food Coalition / Policy Council in March.

On February 10<sup>th</sup>, Jess and Emilija attended a webinar hosted by the Pediatric Environmental Health Center at Boston Children's Hospital and the New England Region Pediatric Environmental Health Specialty Unit (PEHSU). The session, titled *Prenatal Diet and Health: A Research Journey*, featured Emily Oken, MD, MPH, Professor and Chair of the Department of Population Medicine at Harvard Medical School and Harvard Pilgrim Health Care Institute. The presentation reviewed the evolution of public health guidelines for fish consumption among pregnant women and children, weighing the risks and benefits, factors influencing dietary choices, challenges in creating evidence-based recommendations, and the impact of communication strategies on health behaviors.

Community Health Programs

LiveWell Self-Management Programs

LiveWell with Chronic Pain continues at the Ansonia Senior Center until March 3<sup>rd</sup>.

A virtual LiveWell with Diabetes (DSMP) on Tuesday evenings started on February 24<sup>th</sup> at 6:00pm. This is a 6 week one-hour program that Kristie and Lisa will be facilitating.

Kristie, Lisa, and I were cross trained to facilitate the Live Well with Cancer: Thriving and Surviving Program. We will start to offer this later this Spring.

A Matter of Balance (MOB)

A Matter of Balance continues weekly at the Shelton Senior Center until March 10<sup>th</sup>.

Mental and Behavioral Health Programs

NACCHO Suicide Prevention Community of Practice

Lisa attended the first nationwide workgroup meeting on February 9<sup>th</sup>. 60 Local Health Departments came together to talk about best practices for upstream or preventative measures for suicide prevention.

Mental Health First Aid (MHFA)

Lisa and Austin will be teaching a MHFA for Spooner House staff on Saturday, March 28<sup>th</sup>.

Suicide Prevention and Postvention

Lisa, Austin, and Emilija attended the L.E.T.S. Save Lives – An Introduction to Suicide Prevention for Black and African American Communities training hosted by the Alliance for Prevention and Wellness on February 19<sup>th</sup>.

The Comprehensive Suicide Prevention (CSP) in CT meeting for local health departments/districts with suicide prevention programs funded by either the CT DPH Preventive Health and Health Services Block Grant (PHHSBG) or the Public Health Approach to Comprehensive Suicide Prevention in Connecticut grant meeting was held on February 26<sup>th</sup>.

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**Immunization Grants & Clinical Services**

Clinical Services

There were no vaccines provided this month due to several no-show appointments.

American Heart Month♥

Kristie provided blood pressure screenings throughout the Valley all month long. The screening locations included Ansonia Senior Center, Shelton Senior Center, ShopRite Shelton and Derby, Hutt Housing in Naugatuck, and Naugatuck Senior Center. Community health staff, Lisa and Vanessa, attended to provide information about other programs and District information. The Derby Senior Center and Seymour Community Center screening events were rescheduled to March due to the snow.

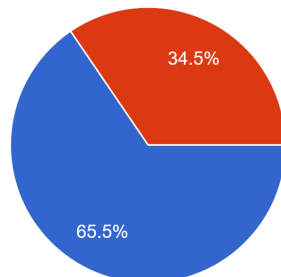


Health departments and districts across Connecticut came together inviting all residents to join a Hands-Only CPR Challenge this month. The goal was simple: to see how many people we can get to watch a Hands-Only CPR video—whether it was their first time learning or a quick refresher.

**Statewide results:**

Is this the first time you watched a Hands-Only CPR video or a refresher?

927 responses



- First time I watched a Hands-Only CPR video
- Refresher watch of a Hands-Only CPR video

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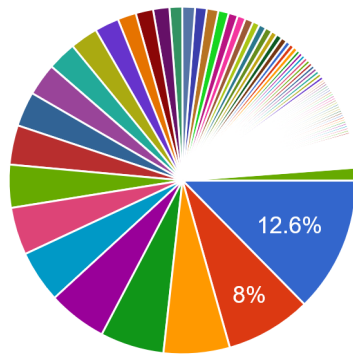




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What town do you live in? (shows your town's local health dept/district)

927 responses



- Fairfield, Fairfield Health Department
- Bethel, Bethel Health Department
- West Haven, West Haven Health Department
- Darien, Darien Health Department
- New Canaan, New Canaan Health Department
- Bridgeport, Bridgeport Health and Social Services Department
- Milford, Milford Health Department
- Cheshire, Chesprocott Health District

▲ 1/13 ▼

Fairfield had the most responses with 117. Bethel came in second with 74 and West Haven came in third with 57. The Valley participation rates were unexpectedly low with Ansonia (4); Beacon Falls (0); Derby (3); Naugatuck (3); Seymour (5); and Shelton (9).

Immunization Action Plan (IAP) Grant Program

Elizabeth conducted one in-person full site visit for a pediatric office in Monroe and one 12-month IQIP follow-up visit in Stratford. She also provided two detailed trainings at a pediatric office in Woodbridge regarding all program guidelines. Lastly, she delivered digital dataloggers (thermometers) to a pediatric office in Ansonia and has been tabling during WIC clinic hours at NVHD.

Tuberculosis

Kristie is providing Directly Observed Therapy (DOT) for one TB patient.

CT DPH Cardiovascular Learning Collaborative

NVHD is one of 8 accepted local health departments/districts into the 3<sup>rd</sup> Cohort of the CT DPH Cardiovascular Learning Collaborative. Kristie, Jess and I met with our Griffin Health's Population Health team partners to briefly discuss what our QI project will be about. Our first meeting with our DPH consultant to start an assessment for this project will be mid-March.





**ENVIRONMENTAL HEALTH SERVICES**  
**Melanie Dokla, BS, RS**  
**February 2026**

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**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.

**Tattoo Establishments**

Applications for the renewal of the 10 tattoo and/or body piercing establishments were due by the end of the month as the permits expire each March 1<sup>st</sup>. Appointments have been made with each establishment to perform routine inspections.

**Body Care**

Staff 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 visit, soil testing, B-100 plan reviews, new SSDS plans reviews, and have issued permits to discharge.

Phase II environmental staff meet internally on a weekly basis to review procedures and discuss more complex cases.

**Housing/Nuisance Complaints**

Environmental staff continue to investigate housing code violations and complaints.

**Lead Education & Action Program (LEAP)**

Staff continue to complete comprehensive lead inspection for elevated blood lead (EBLL) cases. If the residence is a multi-family dwelling the other units are required to be tested if there is a child under the age of six. Risk assessment inspections are also being conducted if an EBLL case relocates within our district.

Lead abatement plans submitted by lead abatement contractors are 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.

Lisa continues to lead the case management side of our lead programming, and she has begun training Vanessa.

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Community Health and Environmental Health staff meet monthly to provide updates on open cases and to discuss any ongoing issues.

Grant funding for lead projects through Connecticut Children’s Medical Center is still pending/unknown.

Lead Stats - January

Open environmental lead cases (properties)	20
New environmental	2
Active case management (children)	45

Emergency Responses After-Hours

	Date/Time	Location	Description of Event
1.			

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Strengthening local public health.

**Testimony of the Connecticut Association of Directors of Health (CADH)  
Before the Connecticut General Assembly Public Health Committee  
In Support of House Bill No. 5167**

Dear Sen. Anwar, Rep. McCarthy Vahey, Sen. Somers, and Rep. Klarides-Ditria, and distinguished members of the Public Health Committee

On behalf of the Connecticut Association of Directors of Health (CADH), thank you for raising House Bill 5167 and for the opportunity to testify in support of this important legislation.

CADH is grateful to the Committee for recognizing the challenges local health departments and districts have faced since the statutory changes enacted in 2022. Those changes have created a barrier to the timely sharing of important public health information, and significant uncertainty in the application of Connecticut Confidentiality Statute §19a-25.

This bill proposes two important changes: it removes the need to obtain Commissioner approval prior to releasing certain private well water data, and it establishes clear and direct access to that data for neighboring property owners. We believe HB 5167 represents a thoughtful and necessary step toward restoring transparency and workability in this statute.

The removal of the Commissioner approval requirement is both practical and appropriate. Eliminating this step reduces unnecessary administrative red tape, improves the timely release of critical public health information, and allows local officials to respond more efficiently to community concerns. In addition, this approval requirement is redundant. Local health departments already operate under established legislative and regulatory authority governing the collection and disclosure of public health information. Requiring an additional layer of approval creates delay without adding meaningful oversight. HB 5167 appropriately restores decision-making to the local level, where directors are already charged with protecting the health of their communities under existing law.

Groundwater is a shared resource, and contamination does not stop at property lines. When pollutants enter an aquifer, they can migrate and impact neighboring wells and surrounding homes. This bill proposes establishing unfettered access to relevant groundwater data for neighbors. This ensures that those neighbors can make informed decisions about testing their own wells and take reasonable steps to protect their health and that of their families. CADH strongly supports this transparency.

Importantly, the bill prevents individual property owners from keeping groundwater contamination confidential when that contamination may pose risks to surrounding homes and families. Public health practice has long recognized that transparency is essential when managing environmental exposures that extend beyond a single parcel of land.

At the same time, local health departments must continue to operate within a clear legal framework. Both the current and proposed statutes establish local health departments as the gatekeepers of data submitted by the laboratory at the local level. While the proposed language changes provide an important measure of transparency, uncertainty remains regarding how the statutory language applies—particularly in light of §19a-25—which continues to place directors in the difficult position of balancing transparency, privacy, and statutory interpretation without consistent statewide guidance.

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Two examples illustrate this challenge. Local health departments may receive copies of laboratory reports not directly from the analyzing laboratory, but from a local housing inspector seeking to certify a rental property, or from a well driller seeking to obtain a Certificate of Occupancy for a newly constructed home. In such cases, questions arise for local health departments: Is the report confidential under the statute because it was not submitted by the laboratory? May the department discuss the results with the requesting party? What is the department's liability to act—or not act—in response?

Clarifying statutory language through HB 5167 would further reduce legal exposure, promote uniform statewide implementation, and strengthen public trust.

CADH stands ready to work collaboratively with the Committee, the Department of Public Health and other stakeholders to determine what appropriate clarifications may be needed.

In closing, CADH respectfully urges the Committee to support HB 5167. We appreciate your leadership and your continued commitment to protecting Connecticut's public health.

Thank you for your consideration. We would be pleased to answer any questions.

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*By Marc J. Garofalo, MPA, MCC, MCTC at 10:03 am, Mar 26, 2026*



Strengthening local public health.

**Officers:**

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- Laurence Burnsed, President Elect
- Lea Crown, Secretary
- Michael Pepe, Treasurer
- Robert Rubbo, Immediate Past President

**Board Members:**

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- Maritza Bond
- Jeff Catlett
- Ebony Jackson-Shaheed
- Aimee Krauss
- Jessica Kristy
- Patrick McCormack
- Aisling McGuckin
- Russell Melmed
- Jennifer Muggeo
- Luis Pantoja
- Luigi Sartori

February 4, 2026

**Subject: Request to Raise Bill for Public Hearing – Transparency of Private Well Water Data**

Dear Sen. Anwar, Rep. McCarthy Vahey, Sen. Somers, and Rep. Klarides-Ditria,

On behalf of the Connecticut Association of Directors of Health (CADH), we respectfully urge the Committee to raise a bill to hold a public hearing on the confidentiality of private well water quality data established under Public Act 22-58.

Local health departments received written guidance from the Department of Public Health (DPH) in September regarding disclosure of private well test results. This guidance is helpful in that it allows disclosure to property owners, prospective buyers, and Connecticut DEEP officials, and acknowledges the authority of local health directors under CGS §19a-25 to disclose information under certain circumstances.

However, the guidance does not resolve the core public health concerns created by the statute. It provides no clear or consistent standard for applying §19a-25 beyond a single example, leaving local health directors to manage significant legal uncertainty and potential liability. This lack of clarity will almost certainly result in inconsistent application of the law across the state.

Most critically, there remains no legal mechanism for neighboring property owners to access information about nearby well contamination. Groundwater is a shared resource, and contamination does not stop at property lines. Without access to nearby water quality data, residents cannot make informed decisions about testing or take reasonable steps to protect their health. Property owners should not have the ability to keep groundwater contamination confidential when it may pose risks to surrounding homes and families.

For more than sixty years, private well water quality data was publicly available. Public Act 22-58 reversed this long-standing practice without a public hearing or stakeholder input, significantly limiting—or delaying—the ability of local health departments to warn communities about long-term risks such as PFAS, EDB, fuel oil releases, and other chronic contaminants.

The current law places local health directors in the untenable position of balancing their statutory public health responsibilities against legal uncertainty. These constraints delay preventative action, undermine public trust, and create inequities where other entities with access to the same data are not bound by comparable confidentiality restrictions.

A public hearing is necessary to evaluate the public health impacts of this law and to consider balanced solutions that protect individual privacy while restoring reasonable transparency needed to safeguard community health.

Thank you for your consideration and continued commitment to public health.

Respectfully,

Deepa Joseph, CADH President, the CADH Board of Directors, and Supporting Members-at-Large

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By Marc J. Garofalo, MPA, MCC, MCTC at 10:03 am, Mar 26, 2026

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Vanessa Bautista, MPH, Wallingford Health Department  
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Andrea Boissevain, MPH, Stratford Health Department  
Maritza Bond, MPH, New Haven Health Department  
Trishanna Branford, MPH, South Windsor Health Department  
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Charles Brown, MPH, Central Connecticut Health District  
Laurence Burnsed, MPH, East Hartford Health & Social Services  
Sheila Carmon, MPH, West Haven Health Department  
Fernanda Carvalho, MPH, Danbury Health & Human Services  
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Eren Ceylan, MPH, Brookfield Health Department  
Mindy Chambrelli, MPH, RS, Darien Health Department  
Caleb Cowles, MPH, RS, New Britain Health Department  
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Michael A. Pascucilla, PhD, MPH, REHS, DAAS, East Shore District Health Department  
Michael Pepe, PhD, MPH, Windsor Health Department  
Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN, Bridgeport Health Department  
Robert Rubbo, MPH, MS, RS, Torrington Area Health District  
Luigi Sartori, MPH, Northeast District Department of Health  
Laurel Shaw, MPH, Monroe Health Department  
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