Page 1: Local Health Department/District Information

Q1 Department Name
Naugatuck Valley Health District

Q2 Do you have a Board of Health? Yes

Page 2: Board of Health

Q3 Please complete the Board of Health information below.

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Rosalie Averill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>38 North Benham Rd</td>
</tr>
<tr>
<td>City/Town</td>
<td>Seymour</td>
</tr>
<tr>
<td>State/Province</td>
<td>CT</td>
</tr>
<tr>
<td>ZIP/Postal Code</td>
<td>06483</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:rrnba@aol.com">rrnba@aol.com</a></td>
</tr>
</tbody>
</table>

Q4 Board Function
Advisory & Policy Making

Q5 Number of Board Members
14

Page 3: Director of Health and Local Health Department Information

Q6 Director of Health

<table>
<thead>
<tr>
<th>Name</th>
<th>Jessica Stelmaszek</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree(s)</td>
<td>Bachelor of Science, Master of Public Health</td>
</tr>
<tr>
<td>Number of hours in Director of Health's average work week</td>
<td>35</td>
</tr>
</tbody>
</table>

Q7 Please list salary figures as whole dollars per year.

| Minimum Annual Salary | 100000 |
| Maximum Annual Salary | 105000 |
| Actual Annual Salary  | 105000 |

Q8 An Acting Director of Health is defined as an approved individual covering for a Director of Health when he or she is absent, for example, due to a vacation, medical leave, conference, or position vacancy. See Connecticut General Statute Section 19a-200 or 19a-244. Do you have a staff person(s) who is the Acting Director of Health in your absence?

Yes,
If yes, please provide the name(s) of the Acting Director of Health:
Carissa Caserta, MPH, Assistant Director of Community Health Services and Acting Director Back up: Neal Lustig, MPH, Director of Health, Pomperaug District Department of Health
Q9 If no, how do you assure coverage when the Director of Health is absent?
A Director of Health in a neighboring municipality/health district through a formal MOU/MOA.

Q10 Does your department include a Housing Department? Yes

Q11 Does your department include a Social Services Department? No

Q12 Does your department include additional non-public health programs? No

Q13 Are there any collective bargaining units in your department? No

Q14 Which of the following best describes your department with respect to participation in the Public Health Accreditation Board’s national accreditation program?
My department has achieved accreditation

Q15 In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?
N/A - already registered or achieved accreditation

Page 4: Local Health Personnel

Q16 Administrative

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant or Deputy Director of Health</td>
<td>2</td>
<td></td>
<td></td>
<td>$44</td>
<td>$48</td>
</tr>
<tr>
<td>Environmental Health Supervisor</td>
<td>1</td>
<td></td>
<td></td>
<td>$37</td>
<td>$37</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Manager</td>
<td>1</td>
<td></td>
<td></td>
<td>$39</td>
<td>$40</td>
</tr>
<tr>
<td>Bookkeeper</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td>2</td>
<td></td>
<td></td>
<td>$20</td>
<td>$23</td>
</tr>
</tbody>
</table>

Q17 Medical

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietitian / Nutritionist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Technician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse* (RN, APRN)*Does not include School Nurse</td>
<td>1</td>
<td></td>
<td></td>
<td>$35</td>
<td>$36</td>
</tr>
<tr>
<td>Physician / Medical Advisor</td>
<td>1</td>
<td></td>
<td></td>
<td>$120</td>
<td>$120</td>
</tr>
<tr>
<td>School Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Q18** Public Health

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness Coordinator</td>
<td>1</td>
<td></td>
<td></td>
<td>$32</td>
<td>$32</td>
</tr>
<tr>
<td>Environmental Health Inspector (e.g., food, lead, housing)</td>
<td>3</td>
<td></td>
<td></td>
<td>$26</td>
<td>$38</td>
</tr>
<tr>
<td>Epidemiologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Educator</td>
<td>1</td>
<td></td>
<td></td>
<td>$29</td>
<td>$32</td>
</tr>
<tr>
<td>Outreach Worker</td>
<td>2</td>
<td>2</td>
<td></td>
<td>$29</td>
<td>$43</td>
</tr>
<tr>
<td>Other Paid Worker (Please describe below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q19** How many of your staff have the following licenses and/or certifications?

<table>
<thead>
<tr>
<th>License</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Hygienist (RHD)</td>
<td></td>
</tr>
<tr>
<td>Dentist (DMD/DDS)</td>
<td></td>
</tr>
<tr>
<td>Food Inspector</td>
<td>1</td>
</tr>
<tr>
<td>Health Educator (CHES)</td>
<td>1</td>
</tr>
<tr>
<td>Lead Assessor</td>
<td>7</td>
</tr>
<tr>
<td>Lead Inspector</td>
<td>7</td>
</tr>
<tr>
<td>Nurse (RN/APRN)</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist (RPh)</td>
<td></td>
</tr>
<tr>
<td>Phase I SSDS</td>
<td>6</td>
</tr>
<tr>
<td>Phase II SSDS</td>
<td>4</td>
</tr>
<tr>
<td>Physician (MD/DO)</td>
<td></td>
</tr>
<tr>
<td>Registered Dietitian (RD)</td>
<td></td>
</tr>
<tr>
<td>Registered Sanitarian (RS)</td>
<td>4</td>
</tr>
<tr>
<td>Social Worker (LSW)</td>
<td></td>
</tr>
<tr>
<td>Veterinarian (DVM/VMD)</td>
<td></td>
</tr>
<tr>
<td>Other (Please describe below)</td>
<td></td>
</tr>
</tbody>
</table>

**Page 5: Public Health Department Revenue**

<table>
<thead>
<tr>
<th>Question</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q20 DPH funds - all regardless of source</td>
<td>209024</td>
</tr>
<tr>
<td>Q21 State funds - other than DPH</td>
<td>0</td>
</tr>
<tr>
<td>Q22 Federal sources - direct</td>
<td>1150706</td>
</tr>
<tr>
<td>Q23 Licensure/Permit fees</td>
<td>389644</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Q24</td>
<td>Local funds - city/town sources</td>
</tr>
<tr>
<td>Q25</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Q26</td>
<td>Medicare</td>
</tr>
<tr>
<td>Q27</td>
<td>Other revenue</td>
</tr>
<tr>
<td>Q28</td>
<td>Patient personal fees</td>
</tr>
<tr>
<td>Q29</td>
<td>Private foundations</td>
</tr>
<tr>
<td>Q30</td>
<td>Private health insurance</td>
</tr>
<tr>
<td>Q31</td>
<td>What is your total operating budget?</td>
</tr>
<tr>
<td></td>
<td>1444222</td>
</tr>
</tbody>
</table>

Page 7: 10 ES - #1 Monitor health status to identify and solve community health problems

**Q32** Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years.  
Yes

**Q33** If yes, does the CHA include? (Select all that apply)  
- Data and information from various sources and how the data were obtained
- Demographics of the population
- Description of health issues and specific descriptions of population groups with particular health inequities
- Description of factors that contribute to specific populations' health challenges
- Description of existing community assets or resources to address health issues

**Q34** If yes, please upload the CHA or provide web link.  
2019 Valley Community Index_FINAL.pdf (6.7MB)

**Q35** Web link/URL  
Respondent skipped this question

**Q36** Requirement 2: My department shared the findings from the community health assessment with the residents in my jurisdiction and asked for their input.  
Yes
Q37 If yes, what methods did you use to seek input from residents? (Select all that apply)

- Publication on the health department’s website
- Community/town forums
- Presentations and discussions at local meetings

Q38 Requirement 3: My department routinely gathers information, collects data and/or conducts community dialogues specific to populations or geographic areas in the community where health inequities and poorer health indicators were identified in the community health assessment.

Yes

Q39 If yes, how is the data provided? (Select all that apply)

- Participating in other local organizations’ community meetings (e.g., church community meetings, school public meetings, community association meetings or assemblies, etc.)

Q40 Requirement 1: My department shared the results of the community health assessment with the partners/stakeholders and the public.

Yes

Q41 If yes, how did your department share the results of the CHA? (Select all that apply)

- Emails to partners and stakeholders
- Department newsletter
- Local news
- Social media
- Website
- Other, please describe:
  - Community Unveiling Event; Shared with NVHD Board of Directors and Town First Selectmen/Mayors and Local Delegation; Developed a "Spotlight" Report as an Executive Summary Document.

Q42 Requirement 1: My department has written processes and/or protocols used to collect surveillance data from multiple sources and to review and analyze the data.

Yes

Q43 If yes, how are the data collected? (Select all that apply)

- Fax
- Emails
- Web reports
- Electronic data
- Phone calls
- Other (please describe):
  - EpiCenter; Maven; ODMAP; CT WiZ
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q44 Requirement 2: My department has written processes and/or protocols that (1) specify which surveillance data are confidential and (2) assure the confidential data are maintained and handled in a secure confidential manner.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q45 If yes, please upload the protocol.</td>
<td>D.3.4.f Surveillance System for Receiving 24-7 Reports_11-04-19.docx (42.6KB)</td>
</tr>
<tr>
<td>Q46 If no, is the protocol in development?</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q47 Requirement 3: My department has a 24/7 contact system or protocol to collect data from those who report data to my department.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q48 If yes, how does your department collect the data 24/7? (Select all that apply)</td>
<td>A designated telephone line (voice or fax), Email address, Health department's website, Designated contact person or a list of contacts</td>
</tr>
<tr>
<td>Q49 Requirement 4: My department regularly uses the state DPH surveillance systems.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q50 If yes, which surveillance systems do your department use? (Select all that apply)</td>
<td>CTSITE (childhood lead), CTEDSS (reportable diseases), CTEPHT (private well, healthy homes), CTWiz (immunizations), Syndromic Surveillance (opioids), Other (please describe): CT WiZ; EpiCenter</td>
</tr>
<tr>
<td>Q51 How many staff have been trained to use any of the state surveillance systems?</td>
<td>5</td>
</tr>
<tr>
<td>Q52 Requirement 1: My department has been involved in the collection of primary quantitative data in addition to surveillance data.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Q53 If yes, how has your department collected primary quantitative data? (Select all that apply)

- Vital records
- Inspection data
- Data collected for community health assessment
- Other (please describe):
- Surveillance Data

Q54 Requirement 2: My department has been involved in the collection of primary qualitative data. Yes

Q55 If yes, how has your department been involved in the collection of primary qualitative data? (Select all that apply)

- Open ended survey questions
- Forums
- Stakeholder interviews

Q56 Requirement 3: My department uses standardized data collection instruments to collect quantitative or qualitative data. No

Q57 Requirement 1: My department analyses various types of data and draws conclusions. Yes

Q58 If yes, do the analyses of the data include the following? (Select all that apply)

- Defined timelines
- Description of the analytic process used to analyze the data
- Comparison of the data to other local agencies, the state or nation
- Time/trend analysis
- Primary and secondary data from multiple sources

Q59 Requirement 2: My department shares data and data analyses. Yes

Q60 If yes, with whom does your department share the data and data analyses? (Select all that apply)

- Internal staff
- Public Health Partners
- Elected officials
- Department of Public Health or other state entities
- Board of Health
- Residents

Page 11: 10 ES - #1 Monitor health status to identify and solve community health problems

Page 12: 10 ES - #1 Monitor health status to identify and solve community health problems
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q61</td>
<td>Requirement 1: My department has used data to develop policies, processes, programs or interventions or to revise or expand existing policies, processes, programs or interventions.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q62</td>
<td>If yes, how has the department used data? (Select all that apply)</td>
<td>Local ordinances, Licensing/Permitting Program, Health Promotion Programs, Other (please describe): Grant Funding</td>
</tr>
<tr>
<td>Q63</td>
<td>Requirement 1: My department provides summaries or fact sheets of community health data.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q64</td>
<td>If yes, who are the summaries/fact sheets shared with? (Select all that apply)</td>
<td>Residents, Public health partners, Community groups, Key stakeholders, Other local health departments, Elected officials, Board of Health, Media, Other (please describe): National Partners via NACCHO Toolkit and MRC ListServ</td>
</tr>
<tr>
<td>Q65</td>
<td>Requirement 1: My department has a written protocol that includes a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q66</td>
<td>If yes, for which of the following entities does the protocol delineate the assignment of responsibilities? (Select all that apply)</td>
<td>Internal staff, DPH (Food, Asbestos, SSDS), Other state agencies (DEEP, DCF), Other, please describe: State Lab for specimens</td>
</tr>
</tbody>
</table>
Q67 Requirement 1: My department conducts audits or programmatic evaluations (e.g., After Action Report) of investigations to ensure capacity to respond to outbreaks of infectious disease. Yes

Q68 Requirement 2: My department has a written report or other documentation of a completed investigation of a non-infectious health problem or hazard. Yes

Page 16: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q69 Requirement 1: My department has a tracking log or audit on investigations that includes reporting lab test results and investigation results. Yes

Q70 If yes, how does your department track investigations? (Select all that apply) Tracking log, State surveillance systems (CTEDSS, CTSITE, CTEPHT– also known as MAVEN)

Page 17: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q71 Requirement 1: My department has written protocols for the containment/mitigation of health problems and hazards. Yes

Q72 If yes, does the protocol(s) include? (Select all that apply) Mitigation, Contact management, Clinical management, Use of prophylaxis and emergency biologics, Communication with the public health laboratory, Process for exercising legal authority for disease control

Page 18: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q73 Requirement 1: My department has infectious disease outbreak protocols that describe the process for determining when the EOP will be implemented. Yes

Q74 If yes, please upload the protocol. PHERP 2019.docx (244.8KB)

Q75 If no, is the protocol in development? Respondent skipped this question

Q76 Requirement 2: My department has protocols that specifically address environmental public health hazards and that describe the process of determining when the EOP will be implemented. Yes

Q77 If yes, please upload the protocol. Environmental Surety Plan_i_ 09.2019_PHERP.docx (365.5KB)
**Q78** If no, is the protocol in development?  
Respondent skipped this question

**Q79** Requirement 3: My department has cluster evaluation protocols describing the process for determining when the EOP will be implemented. 
Yes

**Q80** If yes, please upload the protocol.  
D.3.6.c Cluster Evaluation_11-4-19.docx (42.2KB)

**Q81** If no, is the protocol in development?  
Respondent skipped this question

**Q82** Requirement 1: My department has a written description of how it determines if an event has risen to the level of significance requiring an AAR. 
Yes

**Q83** If no, is the documentation in development?  
Respondent skipped this question

**Q84** How many drills and exercises did your department conduct or participate in the last fiscal year?  
2

**Q85** How many real world public health events did your department respond to in the last fiscal year?  
2

**Q86** How many were significant that required the development of an AAR?  
2

**Q87** Requirement 1: My department has policies and procedures outlining how the department maintains 24/7 access to support services in emergencies. 
Yes

**Q88** If no, are the policies and procedures in development?  
Respondent skipped this question

**Q89** Requirement 2: My department has a call down list that is used to contact epidemiological and environmental local public health resources. 
Yes

**Q90** If yes,  
When was the call down list last tested?  
10/1/19

**Q91** Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services. 
Yes

**Q92** If yes, please upload the protocol.  
D.3.7.a_Access to State Laboratory Resources_07.08.19.docx (49.1KB)
Q93 If no, is the policy/procedure in development?  
Respondent skipped this question

Q94 Requirement 4: My department has protocols for handling and submitting of specimens.  
Yes

Q95 If yes, please upload the protocol.  
D.3.7.b_Handling and Submitting Samples and Specimens_10-22-19.docx (41.9KB)

Q96 If no, is the policy/procedure in development?  
Respondent skipped this question

Q97 Requirement 1: My department has a protocol, procedure or policy that identifies support personnel (within or outside the department) who will be called on to provide surge capacity.  
Yes

Q98 If no, is the protocol/procedure/policy in development?  
Respondent skipped this question

Q99 Requirement 2: My department has staffing lists for surge capacity which includes both the staffing needed for a surge response and how staff will fill those needs.  
Yes

Q100 If yes, how are staff notified if they are needed for surge capacity? (Select all that apply)  
Email, Call down, Text

Q101 Requirement 3: My department has a document detailing the availability of equipment (transportation, field communications, personal protective equipment (PPE), etc.) to support a surge.  
Yes

Q102 If no, is the document in development?  
Respondent skipped this question

Q103 Requirement 4: My department has a schedule for training or exercises to prepare personnel who will serve in surge capacity (e.g., ICS or PPE).  
Yes

Q104 If no, is the schedule in development?  
Respondent skipped this question

Q105 Requirement 5: My department has a list and description of contracts, MOAs/MOUs, and/or mutual assistance agreements providing addition staff and services, including laboratory services, for surge capacity.  
Yes

Q106 Requirement 1: My department has a communication protocol to contact staff, health care providers, response partners, the media and others, 24/7.  
Yes
Q107 If yes, please upload the protocol.
D.3.4.a_Communication Procedure for Interagency Notification on Enforcement Actions_10-22-19.docx (40.2KB)

Q108 If no, is the protocol in development?
Respondent skipped this question

Q109 Requirement 2: My department provides information to partners and the public about how to contact the health department to report a public health emergency, risk, problem, or environmental or occupational public health hazard.
Yes

Q110 If yes, how does your department inform partners and the public? (Select all that apply)
Web page,
Press release/media,
Social media,
Distribution of printed materials (brochures, flyers, factsheets),
Fax broadcasts,
Automated call systems,
Email listservs,
Other (please describe):
Hotline capability; FOIA requests

Q111 Requirement 3: My department's partners and the public can contact the health department 24/7.
Yes

Q112 If yes, how does the public and partners contact your department 24/7? (Select all that apply)
Police dispatch,
Web site,
24/7 phone number,
Email

Q113 Requirement 4: My department has established or participates in a Health Alert Network (HAN) or similar system that receives and issues alerts 24/7.
Yes

Q114 If yes, how often does your department test the system?
At least quarterly

Q115 Requirement 5: My department provides information to the public and uses the media to communicate information to the public during a public health emergency.
Yes
### Question 116
If yes, how does your department provide information and use the media to communicate information to the public? (Select all that apply)

- Web page
- Social media
- Distribution of printed materials (brochures, flyers, factsheets)
- Fax broadcasts
- Automated call systems
- Email listservs
- Press release
- Media packets
- Press conference
- Public service announcement

### Question 117
Requirement 1: My department has provided information to the public on health risks, health behaviors, disease prevention, or wellness. Yes

### Question 118
If yes, how has your department provided information to the public? (Select all that apply)

- Public presentation
- Press release
- Media communications
- Brochure
- Social media
- Public service announcement

### Question 119
Requirement 2 Yes

### Question 120
If yes, were the health promotion strategies? (Select all that apply)

- Evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice
- Focused on social and environmental factors
- Marketed using various platforms (social media, newspaper, etc.)
- Implemented in collaboration with stakeholders, partners, and the community

### Question 121
If yes, what types of health promotion strategies were developed and implemented or sustained? (Select all that apply)

- Immunizations
- Media campaigns
- Radon test kits
- Other, please describe:
  - Matter of Balance, Diabetes Self-Management Programs, Opioids Prevention Program, Active Valley Resource
Q122 Requirement 1: My department has assessed health inequity across the jurisdiction within the last five years.

Yes

Q123 If yes, does the assessment include? (Select all that apply)

- Analysis of factors that contribute to higher health risks and poorer health outcomes of specific populations
- The use of health equity indicators
- Plans and/or efforts to address social change, social customs, community policy, level of community resilience, or the community environment
- Internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes

Q124 Requirement 1: My department has a policy, plan or strategy for branding.

Yes

Q125 If yes, does the branding policy, plan or strategy? (Select all that apply)

- Use a common visual identity (logo) to communicate the community health board’s brand
- Include signage inside and outside the department’s facility
- Link the branding strategy to the department’s strategic plan

Q126 If no, is the policy, plan or strategy in development?

Yes

Q127 Requirement 1: My department has external communication procedures or protocols.

Yes

Q128 If yes, does the external communication procedures or protocols include? (Select all that apply)

- The process for dissemination of accurate, timely, and appropriate information for different audiences
- Coordination with community partners for the communication of targeted and unified public health messages
- A contact list of media and key stakeholders
- The responsibilities and expectations for positions interacting with the news media
- A designated staff position as the public information officer – please provide the staff person’s name below.

Director of Health, Assistant Directors of Community Health and Environmental Health, Health Educator
Q129 If yes, please upload the procedure or protocol.

php_plans_comm_han_2018.docx (201.4KB)

Q130 If no, is the protocol in development? Respondent skipped this question

Page 27: 10 ES - #3 Inform, educate, and empower people about health issues

Q131 Requirement 1: My department has a risk communication plan, protocol or procedure. Yes

Q132 If yes, does the risk communication plan, protocol or procedures? (Select all that apply)

- Address how information is provided
- 24/7
- Delineate roles, responsibilities and chain of command
- Describe how information will be disseminated if disruption in communication technologies
- Address how message clearance will be expedited
- Describe on the health department will work with media
- Address preventing public alarm by addressing with misconception or misinformation

Q133 If yes, please upload the plan, protocol or procedure.

c_annex_cerc_php__8-14-19-Revised.docx (271.2KB)

Q134 If no, is the plan, protocol or procedure in development? Respondent skipped this question

Page 28: 10 ES - #3 Inform, educate, and empower people about health issues

Q135 Requirement 1: My department maintains a website or web page to inform the public about public health issues. Yes

Q136 If yes, my department’s website or web page has the following information: (Select all that apply)

- 24/7 contact number for reporting health emergencies
- Notifiable/reportable conditions link or contact number,
- Health data,
- Links to public health-related news
- Information and materials from program activities
- Links to CDC and other public health-related federal, state, or local agencies, as appropriate
- The names of the Director of Health and leadership team

Page 29: 10 ES - #3 Inform, educate, and empower people about health issues
<table>
<thead>
<tr>
<th>Q137 Requirement 1: My department has demographic data defining ethnic distribution and languages in the jurisdiction.</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q138 Requirement 2: My department has access to staff or contractors who provide interpretation, translation or specific communication services.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q139 If yes, how does your department provide interpretation, translation or specific communication services? (Select all that apply)</td>
<td>Bi-lingual or multi-lingual staff, Language telephone services, Translation services/contractors, Language cards, Other (please describe): iSpeak Cards; Google Translate; internal signage in braille; Fact Sheets/Forms in other languages as appropriate; emergency preparedness signage in multiple languages;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q140 Requirement 1: My department has been an active member of a community partnership(s) or coalition(s) to improve the health of the community.</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q141 If yes, what sectors of the community do the members of the partnership(s) or coalition(s) represent? (Select all that apply)</td>
<td>School systems, Hospitals/Community Health Centers, Social service organizations, Local government agencies, Not-for-profit organizations, Faith institutions, Community members, Youth organizations</td>
</tr>
</tbody>
</table>
If yes, which health issue(s) are being addressed in the community partnership(s) or coalition(s)? (Select all that apply)
- Maternal and child health
- Childhood injury prevention
- Chronic disease prevention
- Obesity
- Anti-tobacco
- Health equity
- Housing
- Domestic violence
- Substance abuse
- Other, please describe: Local Prevention Councils/Substance Use; Behavioral Health Workgroup; Local Emergency Management Planning Councils; Early Childhood Taskforce; Adverse Childhood Effects; Childhood Poverty; Senior Services Council; Heart and Lung Disease

Requirement 2: My department has made a change in a policy or created or revised a program that was implemented through the work of the partnership(s) or coalition(s).
Yes

If yes, what policy change or revision was implemented? (Select all that apply)
- Improvement of neighborhoods and the physical environment (e.g., increase in the number of bike path miles, parks, playgrounds, green spaces)

Requirement 1: My department engages with the community as a whole or with specific populations that will be affected by a policy or strategy.
Yes

If yes, which sectors of the community has your department engaged? (Select all that apply)
- School-age groups
- Service providers, i.e., tattoo artists, salon owners, nail technicians, massage therapists, food establishment owners and workers
- Advisory groups
- Other (please describe): Local Prevention/Behavioral Health Organizations

Requirement 2: My department communicates and collaborates with the governing entity, advisory board and/or elected officials concerning public health policy or strategy at least quarterly.
Yes

If yes, how does your department communicate and collaborate? (Select all that apply)
- Meetings
- Reports
- Emails
Q149 Requirement 1: My department monitors and tracks the public issues being discussed by my department's governing entity, elected officials, individuals and/or other entities that set policies and practices that impact the health department or public health. Yes

Q150 If yes, how is your department monitoring and tracking issues? (Select all that apply)
- Meeting agendas and minutes,
- Log of legislation,
- List-serves,
- Newsletters,
- Legislative Reports/Summaries,
- Professional organizations (CADH, CEHA)

Q151 Requirement 1: My department has contributed to the formal discussions concerning public policy and practice and its impact on public health. Yes

Q152 If yes, how has your department contributed to the discussions? (Select all that apply)
- Fact sheets,
- Official public testimony,
- Participation in an advisory or work group

Q153 Requirement 1: My department has informed policy makers and/or the public about potential health impacts of policies that are being considered or in place. Yes

Q154 If yes, how has your department informed policy makers and/or the public? (Select all that apply)
- Impact statements (science based) or fact sheets that address current or proposed policies,
- Distribution of emails, briefing statements or reports on policy impacts,
- Meetings/discussions of policy issues and impacts,
- Presentation of evaluation or assessments of current and/or proposed policies,
- Verbal or written testimony

Q155 Requirement 1: My department has a community health improvement plan (CHIP) dated within the last five years. Yes
Q156 If yes, does the CHIP include the following? (Select all that apply)

- Community health priorities
- Measurable objectives
- Improvement strategies
- Activities with time-framed targets
- Policy changes
- Designation of individuals or organizations responsible for implementing strategies
- Consideration of national or state health improvements priorities
- Other (please describe):
  New multi-year CHIP should be released by January 2020

Q157 If yes, please attach the CHIP or provide the web link.

2016-2018 CHIP - Final.pdf (2MB)

Q158 Web link/URL

Respondent skipped this question

Q159 If no, where is your department in the process? (Select one)

- My department is in process of developing a CHIP

Q160 Requirement 1: My department has a tracking process to document actions taken toward the implementation of the CHIP.

Respondent skipped this question

Q161 Requirement 2: My department and/or my partners have implemented some areas of the CHIP.

Respondent skipped this question

Q162 If yes, what area has been implemented and by whom? (Provide one example)

Respondent skipped this question

Page 36: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q163 Requirement 1: My department has a strategic plan dated within the last five years.

Yes
Q164 If yes, does the plan include? (Select all that apply)

- Mission, Vision and Value Statements
- Strategic Priorities
- Measurable and time-framed goals and objectives
- Capacity for enhancement of information management, workforce development, communications and financial sustainability
- Identification of external trends and events impacting public health
- Analysis of Strengths and Challenges
- Links to the department’s Health Improvement Plan and Quality Improvement Plan

Q165 If no, where is your department in the process? (Select one)

My department is in process of developing a strategic plan

Q166 Requirement 1: Since the strategic plan’s adoption, my department has reviewed the plan and has monitored and assessed progress towards reaching the goals and objectives.

Response: Respondent skipped this question

Q167 Requirement 1: My department participates in preparedness meetings with other government agencies, local health departments and health care providers.

Response: Yes

Q168 Requirement 2: My department has conducted drills or exercises or responded to real events that tested components of the All Hazards EOP within the last five years.

Response: Yes

Q169 If yes, did your department develop an AAR after the emergency or drill/exercise?

Response: Yes

Q170 Requirement 3: As a result of an exercise, drill or real event, my department has revised the All Hazards EOP.

Response: Yes

Q171 Requirement 1: My department has a public health emergency response plan that is dated within the last five years.

Response: Yes
Q172 If yes, does your department's public health EOP include? (Select all that apply)

The health department staff responsible for coordinating a response

The roles and responsibilities of the health department and its partners

A health department communication network that addresses communication with other members of emergency networks or organizations that are also responders; or an emergency communication plan.

How the health department will manage continuity of operations during an emergency

Q173 Requirement 2: Within the last five years, my department has tested the public health EOP through drills and exercises. Yes

Q174 If yes, did your department complete an AAR the drills or exercises? Yes

Q175 Requirement 3: My department has revised the public health EOP based on AARs. Yes

Q176 Requirement 1: My department reviews regulations, statutes, and ordinances for their public health implications. Yes

Q177 If yes, when reviewing laws, does your department? (Select all that apply)

Consider evidence-based practices, promising practices

Consider the impact on health equity

Use model public health laws, checklists, templates or some other standard outline or guide

Solicit input from key partners and stakeholders

Collaborate with other municipal departments, Tribes, state health department

Q178 Requirement 2: My department has access to legal counsel as needed. Yes

Q179 Requirement 1: My department provides advice and recommendations to the governing entity and/or elected officials on the public health impact of new laws and changes to current laws. Yes
Q180 If yes, how does your department provide advice and recommendations? (Select all that apply)

Talking points, Fact sheets, Official public testimony, Presentations, Meetings

Q181 Requirement 1: My department’s staff have been trained in laws related to their job responsibilities within the past two years. Yes

Q182 If yes, on which laws have staff received training? (Select all that apply)

Food, Lead, Infectious disease (e.g., TB, STD, immunizations), Subsurface sewage disposal systems, Housing, hoarding, blight, Opioid/naloxone, Legal orders, Disaster response/emergency preparedness, Vector control, Surveillance/outbreak investigations, Health care – ACA, HIPPA, insurance claims, Other (please describe): Sexual Harassment

Q183 Requirement 2: My department ensures consistent application of public health laws. Yes

Q184 If yes, how does your department ensure the consistent application of public health laws? (Select all that apply)

Enforcement documents or logs, Written review of case reports, Communications with other agencies

Q185 Requirement 1: My department has information concerning public health related laws available to the public. Yes
Q186 If yes, how is your department providing information concerning public health related laws? (Select all that apply)

- Website
- Flyers/Brochures
- Information/training session
- Email or fax
- Regular mail
- Phone conversations

Q187 Requirement 2: My department has information about permit/license applications available to the public.

Yes

Q188 If yes, how is your department providing information about permit/license applications? (Select all that apply)

- Website
- Email or fax
- Regular mail
- Phone conversations
- Other (please describe):
  - Checklists

Q189 Requirement 1: My department provides information or education to regulated individuals or entities about their responsibilities related to public health laws.

Yes

Q190 If yes, how is your department providing information or education to regulated individuals or entities? (Select all that apply)

- Website
- Flyers/Brochures
- Information/training session
- Email or fax
- Regular mail
- Phone conversations

Q191 Requirement 1: My department has local ordinances/regulations for conducting enforcement actions.

Yes
Q192 If yes, what types of ordinances/regulations? (Select all that apply)

- Housing
- Food
- Hair Salon
- Nail Salon
- Tattoo Parlor
- Body Piercing
- Public Pool
- Day care
- Private wells
- Septic systems
- Lead
- Other (please describe):
  - Nuisance

Q193 Please provide a link to where these ordinances can be found:
http://www.nvhd.org/environmental-health/

Q194 Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas. Yes

Q195 If yes, please upload the protocol.
D.3.5_General Enforcement_10-22-19.docx (55KB)

Q196 If no, is the protocol in development? Respondent skipped this question

Q197 Requirement 1: My department maintains a database or log of inspection reports with action taken, current status, follow-up, return inspections, and final results/closure.

Yes

Q198 If yes, what is/are the database(s) or log(s)? (Select all that apply)

- Infectious disease (CTEDSS - MAVEN)
- Spreadsheet
- Childhood Lead (CTSITE - MAVEN)
- Inspection software

Q199 Requirement 1: My department has a database or log of actions related to investigations and complaints.

Yes
Q200 If yes, does the database or log document? (Select all that apply)

<table>
<thead>
<tr>
<th>An analysis of the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions taken</td>
</tr>
<tr>
<td>Meetings,</td>
</tr>
<tr>
<td>Hearings,</td>
</tr>
<tr>
<td>Official communications</td>
</tr>
<tr>
<td>Notice of violations</td>
</tr>
<tr>
<td>Legal orders</td>
</tr>
<tr>
<td>Compliance plans</td>
</tr>
</tbody>
</table>

Page 49: Copy of page: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q201 Requirement 1: My department analyzes the information in the database or log of investigations and complaints. Yes

Q202 If yes, does your department analyze the data for? (Select all that apply)

<table>
<thead>
<tr>
<th>Statutory requirements,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterns and trends</td>
</tr>
<tr>
<td>Performance improvement for the enforcement program</td>
</tr>
<tr>
<td>Development of a summary annual report</td>
</tr>
<tr>
<td>Other (please describe):</td>
</tr>
<tr>
<td>Potential Training for Targeted Audience</td>
</tr>
</tbody>
</table>

Q203 Requirement 2: My department conducts debriefings or other methods to evaluate what worked well, to identify problems and recommends changes in the investigation/response procedure to the enforcement protocols or procedures. Yes

Page 50: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q204 Requirement 1: My department has a protocol for notifying other agencies and the public of enforcement activities. Yes

Q205 If yes, how does your department notify other agencies and the public of enforcement activities? (Select all that apply)

<table>
<thead>
<tr>
<th>Posting on a website,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes from public meetings</td>
</tr>
<tr>
<td>Conference calls,</td>
</tr>
<tr>
<td>Emails,</td>
</tr>
<tr>
<td>Correspondence,</td>
</tr>
<tr>
<td>Press release</td>
</tr>
<tr>
<td>MOUs and MOAs with other agencies for sharing information on enforcement activities</td>
</tr>
</tbody>
</table>
Q206 If no, is the protocol in development?  

Respondent skipped this question

Q207 Requirement 1: My department participates in a collaborative process to assess the availability of health care services to the population.  

Yes

Q208 If yes, with whom does your department collaborate to assess the availability of health care services? (Select all that apply)  

Health care providers,  
Social service organizations  
Private sector employers,  
Health insurance companies,  
Community based organizations,  
Mental/behavior health organizations  
Local Coalitions,  
Other, please specify:  
Valley Council for Health and Human Services; TEAM, Inc.; Valley United Way

Q209 If yes, do you maintain documentation (agendas, minutes, rosters) of the collaborative process/meetings?  

Yes

Q210 Requirement 2: My department shares public health data for assessment and planning purposes.  

Yes

Q211 If yes, how does your department share the data? (Select all that apply)  

Reports

Q212 Requirement 3: My department assesses emerging issues that may impact access to care.  

Yes

Q213 If yes, please provide an example of an emerging issue.  

Refugee/immigration status

Q214 Requirement 1: My department has a process for identifying populations who lack access to health care.  

Yes

Q215 If yes, how are the populations identified? (Select all that apply)  

Coalitions,  
Community groups,  
Public Health Partners

Q216 Requirement 2: My department has a report or has developed a report that identifies populations who experience barriers to health care services.  

Yes
If yes, in the report, are the populations who experience barriers identified by the following? (Select all that apply)

- Age
- Ethnicity
- Geographic location
- Health insurance status
- Educational level
- Mental or physical disabilities
- Special health needs

Requirement 1: My department has a process used to identify gaps in health care services and barriers to health care services.

Yes

If yes, how are the gaps in health care services and barriers to care identified? (Select all that apply)

- Community Health Assessment
- Sector maps
- Analysis of hospital admissions or emergency department data
- Analysis of health insurance data
- Studies of groups or populations

Requirement 2: My department has a report or developed a report of analysis of data from various sources that identify and describe gaps in access to health care services and barriers to health care services in my jurisdiction.

Yes

If yes, does the report include? (Select all that apply)

- Assessment of capacity and distribution of health care providers
- Assessment of the availability of health care services, for example, clinical preventive services, EMS, emergency departments, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, chronic disease care (e.g., diabetic care, HIV health services), dental, and other health care services.
- Assessment of cause(s) for lack of access to services and barriers to access to care
- Results of data or information gathered concerning access

Requirement 1: My department participates in a collaborative process for developing strategies to improve access to health care.

Yes
Q223 If yes, what strategies has the coalition developed to improve access to health care services and reduce barriers to care? (Select all that apply)

Linking individuals with needed and convenient services
Establishing systems of care in partnership with other members of the community
Addressing transportation barriers

Q224 Requirement 1: My department has collaboratively implemented strategies to improve access to health care services for those who experience barriers.
Yes

Q225 If yes, what strategies have been implemented to improve access to health care services? (Select all that apply)

Coordination of service programs to optimize access (e.g., WIC, immunizations, and lead testing)
Cooperative system of referrals between partners that shows the methods used to link individuals with needed health care services
Other (please describe):
Referrals to appropriate town agencies or TEAM, Inc./United Way

Q226 Requirement 1: My department has initiatives to ensure that access and barriers are addressed in a culturally competent manner and take into account cultural, language and low literacy barriers.
Yes

Q227 If yes, what are some of the initiatives? (Select all that apply)

Informational materials developed for low literacy individuals
Culturally competent initiatives developed with members of the target population
Language/interpretive services,
Collaboration with other municipal departments (e.g., schools, social services)
MOA with community based organizations, community health centers, VNAs

Q228 Requirement 1: My department actively promotes public health as a career choice.
Yes
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q229</strong> If yes, how? (Select all that apply)</td>
<td>Collaboration with a school or college of public health to host interns/volunteers, Guest lecturing at a college, Making presentations to students about public health and public health careers, Participating in student career fairs, Working with a vocational training school to promote public health</td>
</tr>
<tr>
<td><strong>Q230</strong> Requirement 1: My department has a workforce development plan.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Q231</strong> If yes, does the workforce development plan? (Select all that apply)</td>
<td>Address the collective capacity and capability of the department workforce, Address gaps in capacity and capabilities and include strategies to address them, Acknowledge the changing environment and include consideration of areas where the technology advances quickly, such as information management and (digital) communication science, Acknowledge the changing environment and include considerations of areas where the field is advancing; for example, emergency preparedness training, health equity, and cultural competence, Include an assessment of current staff competencies against the adopted core competencies, Include training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies, Include a description of barriers/inhibitors to the achievement of closing gaps or addressing future needs in capacity and capabilities and strategies to address those barriers/inhibitors</td>
</tr>
<tr>
<td><strong>Q232</strong> If no, is the plan in development?</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td><strong>Q233</strong> Requirement 2: My department has implemented its workforce development strategies.</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Q234 If yes, what workforce development strategies have been implemented? (Select all that apply)</td>
<td>Completed assessment of current staff competencies, Developed training schedules, Other (please specify): Individual Training Plans and a Staff and Volunteer Multi-Year Training and Exercise Plan; monthly trainings at staff meetings</td>
</tr>
<tr>
<td>Q235 Requirement 1: My department ensures a competent workforce.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q236 If yes, how does your department ensure a competent workforce? (Select all that apply)</td>
<td>Documented process for recruitment of qualified staff, Staff retention activities (e.g., employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs), Job descriptions and requirements for specific certifications, skills, training, experience and education, Protocol/process to verify staff qualifications, Documents that the qualifications have been verified for all staff hired in the past 2 years, Annual performance reviews</td>
</tr>
<tr>
<td>Q237 Requirement 1: My department documents staff’s completion of their professional development activities.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q238 If yes, what types of professional development activities? (Select all that apply)</td>
<td>Continuing education for certifications/licenses, Training opportunities (e.g., HIPAA, emergency response, methods for the presentation of data, health equity, and communications), Mentoring, Tuition reimbursement/time-off for classes</td>
</tr>
<tr>
<td>Q239 Requirement 2: My department provides leadership and/or management development training programs.</td>
<td>Yes</td>
</tr>
<tr>
<td>Q240 If yes, what type of leadership and/or management development training programs? (Select all that apply)</td>
<td>Executive management seminars or programs, Meetings and conferences</td>
</tr>
</tbody>
</table>
Q241 Requirement 3: My department provides an environment in which employees are supported in their jobs. Yes

Q242 If yes, how does your department provide a supportive environment? (Select all that apply)
- Supporting staff's regulatory work, which can be met with resistance
- Seeking staff input on professional development goals
- Providing professional development opportunities
- Providing tuition reimbursement
- Providing support through an Employee Assistance Program (EAP)
- Maintaining institutional memory, the transfer of knowledge, succession planning
- Encouraging systems thinking, change management, data use for decisions, and a culture of quality improvement
- Providing collaborative learning opportunities (e.g., participation on boards, committees, and task forces in community, collaborative planning sessions, shared reviews of program evaluations, etc.)

Q243 Requirement 1: My department has adopted a performance management system with input from staff and leadership. Yes

Q244 If yes, does the performance management system include? (Select all that apply)
- Performance standards, including goals, targets and indicators, and the communication of expectations
- Performance measurement including data systems and collection
- Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle
- A process to use data analysis and manage change for quality improvement and towards creating a learning organization

Q245 If no, is the department in the process of adopting a system? Respondent skipped this question

Q246 Requirement 1: My department has a committee or team that is responsible for implementing the performance management system. Yes
If yes, does the committee or team? (Select all that apply)

| Set goals and objectives with identified timeframes |
| Monitor performance to meet the goals and objectives and timeframes |
| Document performance to meet the goals and objectives and timeframes |
| Document performance results, opportunities for improvement and next steps |
| Develop and complete a performance management self-assessment |

If yes, for which area(s) has the performance management system been implemented? (Select all that apply)

| Contract management (e.g., looking at the contract approval process or how contracts are tracked for compliance) |
| Inspection services, |
| Licensing/permitting program, |
| Human resources functions |
| Staff professional development (i.e., career related skills) |
| Workforce development (i.e., job related skills) |
| Financial management system |

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Page 63: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

**Q249** Requirement 1: My department collects, analyzes, and draws conclusions from feedback from different customer groups. Yes

**Q250** If yes, what groups have you surveyed? (Select all that apply)

- General public
- Clients of programs
- Volunteers,
- Other (please describe):
  - Nail Salon Technicians

**Q251** Requirement 2: My department has implemented changes/improvements based on the customer feedback. Yes

**Q252** If yes, what is one (1) change that your department has implemented?

Provided nail salons with laminated resources to hang in their salons

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Page 64: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

**Q253** Requirement 1: My department provides staff development in performance management. Yes
### Q254 If yes, how does your department provide staff development in performance management? (Select all that apply)
- Webinars,
- Hire a consultant,
- Trainings/presentations,
- Other (please describe):
  - Implementing new technologies and software; quality improvement projects

### Q255 Requirement 1: My department has a written quality improvement (QI) plan that is dated within five years.  
**Yes**

### Q256 If yes, does the QI plan address the following? (Select all that apply)
- Quality improvement terms to create a common vocabulary and a clear, consistent message
- Culture of quality and the desired future state of quality in the organization
- Key elements of the quality improvement effort’s structure (e.g., organization structure, roles and responsibilities, staffing, budget and resource allocation)
- Types of quality improvement training available and conducted within the organization
- Project identification, alignment with strategic plan and initiation process
- Quality improvement goals, objectives, and measures with time-framed targets
- The department’s approach to how the quality improvement plan is monitored: data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis
- Regular communication of quality improvement activities conducted in the organization
- Process to assess the effectiveness of the quality improvement plan and activities

### Q257 If no, where is your department in the process? (Select one)  
**Respondent skipped this question**

### Q258 Requirement 1: My department has documentation of implemented quality improvement activities based on the QI plan.  
**Yes**
Q259 If yes, did the documented QI activities include the following? (Select all that apply)

- How staff problem-solved and planned the improvement
- How staff selected the problem/process to address and described the improvement opportunity
- How staff described the current process surrounding the identified improvement opportunity
- How staff determined all possible causes of the problem and agreed on contributing factors and root cause(s)
- How staff developed a solution and action plan, including time-framed targets for improvement
- What the staff did to implement the solution or process change
- How staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned

Q260 Requirement 1: My department has incorporated an evidence-based or promising practice in a process, program or intervention. Yes

Q261 If yes, what is/are the source(s) of the evidence-based or promising practice? (Select all that apply) National organizations

Q262 If yes, please upload or describe one promising practice implemented. Respondent skipped this question

Q263 Promising practice description

LiveWell with Diabetes Self-Management Program

Q264 Requirement 1: My department has communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public. Yes

Q265 If yes, describe the research. One example is drug use and overdose research

Q266 If yes, with whom did your department communicate the research findings? (Select all that apply) Governing entity, Elected/appointed officials, Local agencies/departments, Community organizations, General public
Q267 The Director of Health ensures that the provisions of a basic health program, as per CGS Section 19a-207a, are being provided to the community and that the information included in this report is accurate and true to the best of his/her knowledge. Yes