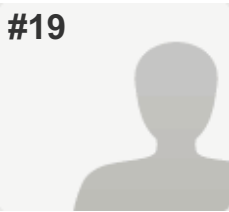


#19



COMPLETE

Collector: Web Link - Manual Entry 1 (Web Link)
Started: Tuesday, August 09, 2016 10:13:30 AM
Last Modified: Thursday, August 18, 2016 2:16:57 PM
Time Spent: Over a week
IP Address: 173.13.66.89

PAGE 1

Q1: 1. Department Name	Connecticut River Area Health District
Q2: 2. Do you have a Board of Health?	Yes
Q3: Please complete this section if you have a Board of Commission of Health	
Chairperson	Peter Neff (acting)
Address	455 Boston Post Road
Address 2	Suite 7
City/Town	Old Saybrook
State/Province	CT
ZIP/Postal Code	06475
Email Address	jmonopoli@crahd.net
Q4: Board Function	Advisory
Q5: Number of Board Members	5

PAGE 2: Local Health Personnel (ES 8)

Q6: 1. Director of Health(ES 8)	
Director of Health Name	Jim Monopoli
Degree(s)	MPH
Active CT License(s)	RS
Number of hours in Director of Health's average work week	45
Q7: Please list salary figures as whole dollars per year (DO NOT USE COMMAS, DOLLAR SIGNS (\$) OR DECIMALS)	
Minimum Salary	88000
Maximum Salary	88000
Actual Annual Salary	88000

<p>Q8: An Acting Director of Health is defined as an individual who "acts;" or stands in for the appointed Director of Health when he/she is absent (vacation, conference, medical leave, etc.). In order to be an Acting Director of Health, the individual must meet the qualifications for Director of Health as per CGS 19a-200 or 19a-244 and be approved by the Commissioner of Public Health. The Acting Director of Health may be a staff person or a current Director of Health of another municipality or health district.2. Do you have a staff person(s) that has been approved by the Commissioner of Public Health to be the Acting Director of Health in your absence?</p>	<p>No</p>
<p>Q9: If no,how do you assure coverage when the Director of Health is absent?</p>	<p>A Director of Health in a neighboring municipality/health district through a formal MOU/MOA.</p>
<p>Q10: 3. Does your department include a Housing Department?</p>	<p>No</p>
<p>Q11: 4. Does your department include aSocial Services Department?</p>	<p>No</p>
<p>Q12: 5. Does yourdepartment include additional non-public health programs?</p>	<p>Yes, If yes, what other types of programs? WPCA program implementation of a waste water management district-decentralized waste water management system.</p>
<p>Q13: 6. Are there any collective bargaining units in your department?</p>	<p>No</p>
<p>Q14: 7. Has your department developed a community health assessment? (ES 1)</p>	<p>No</p>
<p>Q15: 8. Has your department developed a community health improvement plan? (ES 5)</p>	<p>No</p>
<p>Q16: 9. Has/Is your department collaborating with a hospital or hospital system to develop a community health assessment and/or community health improvement plan? (ES 4)</p>	<p>Yes</p>
<p>Q17: 10. Has your department developed a strategic plan? (ES 5)</p>	<p>No</p>
<p>Q18: 11. Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program?</p>	<p>My department plans to apply for accreditation, but has not yet registered in e-PHAB</p>
<p>Q19: 12. In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?</p>	<p>Have not decided on a target year</p>

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Q20: 1. Assistant Deputy Director of Health	N/A
Q21: Assistant or Deputy Director of Health	<i>Respondent skipped this question</i>
Q22: 2. Behavioral Health Professional	N/A
Q23: Behavioral Health Professional	<i>Respondent skipped this question</i>
Q24: 3. Bookkeeper	<i>Respondent skipped this question</i>
Q25: Bookkeeper	
Number of Contracted personnel	1
Total Full Time Equivalents	0.1
Q26: 4. Chief Sanitarian	<i>Respondent skipped this question</i>
Q27: Chief Sanitarian	
Number of Full Time Personnel	1
Number of Part Time Personnel	0
Number of Contracted Personnel	0
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	81225
Maximum Salary Based on 1 FTE	81225
Q28: 5. Community Health Outreach Worker	N/A
Q29: Community Health Outreach Worker	<i>Respondent skipped this question</i>
Q30: 6. Dental Hygienist	N/A
Q31: Dental Hygienist	<i>Respondent skipped this question</i>
Q32: 7. Dentist	N/A
Q33: Dentist	<i>Respondent skipped this question</i>
Q34: 8. Director of Nursing	N/A
Q35: Director of Nursing	<i>Respondent skipped this question</i>
Q36: 9. Emergency Preparedness Coordinator	<i>Respondent skipped this question</i>

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Q37: Emergency Preparedness Coordinator	
Number of Full Time Personnel	0
Number of Part Time Personnel	0
Number of Contracted Personnel	1
Total Full Time Equivalents	0.25
Minimum Salary Based on 1 FTE	16198
Maximum Salary Based on 1 FTE	16198
<hr/>	
Q38: 10. Environmental Health Director	N/A
<hr/>	
Q39: Environmental Health Director	<i>Respondent skipped this question</i>
<hr/>	
Q40: 11. Epidemiologist	N/A
<hr/>	
Q41: Epidemiologist	<i>Respondent skipped this question</i>
<hr/>	
Q42: 12. Health Educator	<i>Respondent skipped this question</i>
<hr/>	
Q43: Health Educator	
Number of Full Time Personnel	0
Number of Part Time Personnel	0
Number of Contracted Personnel	1
Total Full Time Equivalents	0.2
Minimum Salary Based on 1 FTE	9844
Maximum Salary Based on 1 FTE	9844
<hr/>	
Q44: 13. Housing Inspector	N/A
<hr/>	
Q45: Housing Inspector	<i>Respondent skipped this question</i>
<hr/>	
Q46: 14. Lab Technician	N/A
<hr/>	
Q47: Lab Technician	<i>Respondent skipped this question</i>
<hr/>	
Q48: 15. Medical Advisor	<i>Respondent skipped this question</i>
<hr/>	
Q49: Medical Advisor	
Number of Full Time Personnel	0
Number of Part Time Personnel	0
Number of Contracted Personnel	1
Total Full Time Equivalents	0.05
Minimum Salary Based on 1 FTE	0
Maximum Salary Based on 1 FTE	0
<hr/>	
Q50: 16. Nurse Practitioner	N/A
<hr/>	

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Q51: Nurse Practitioner	<i>Respondent skipped this question</i>
Q52: 17. Nursing Supervisor	N/A
Q53: Nursing Supervisor	<i>Respondent skipped this question</i>
Q54: 18. Nutritionist	N/A
Q55: Nutritionist	<i>Respondent skipped this question</i>
Q56: 19. Office Manager	<i>Respondent skipped this question</i>
Q57: Office Manager	
Number of Full Time Personnel	1
Number of Part Time Personnel	0
Number of Contracted Personnel	0
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	39364
Maximum Salary Based on 1 FTE	39364
Q58: 20. Other RN	N/A
Q59: Other RN	<i>Respondent skipped this question</i>
Q60: 21. Outreach Worker	N/A
Q61: Outreach Worker	<i>Respondent skipped this question</i>
Q62: 22. Physician	N/A
Q63: Physician	<i>Respondent skipped this question</i>
Q64: 23. Public Health Nurse	<i>Respondent skipped this question</i>
Q65: Public Health Nurse	
Number of Full Time Personnel	0
Number of Part Time Personnel	0
Number of Contracted Personnel	1
Total Full Time Equivalents	0.25
Minimum Salary Based on 1 FTE	7097
Maximum Salary Based on 1 FTE	7097
Q66: 24. Public Information Officer	N/A
Q67: Public Information Officer	<i>Respondent skipped this question</i>

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Q68: 25. Registered Dietician	N/A
Q69: Registered Dietician	<i>Respondent skipped this question</i>
Q70: 26. Registered Sanitarian	<i>Respondent skipped this question</i>
Q71: Registered Sanitarian	
Number of Full Time Personnel	2
Number of Part Time Personnel	0
Number of Contracted Personnel	2
Total Full Time Equivalents	2.5
Minimum Salary Based on 1 FTE	56610
Maximum Salary Based on 1 FTE	63670
Q72: 27. Sanitary Inspector	N/A
Q73: Sanitary Inspector	<i>Respondent skipped this question</i>
Q74: 28. School Nurse	N/A
Q75: School Nurse	<i>Respondent skipped this question</i>
Q76: 29. Secretary	N/A
Q77: Secretary	<i>Respondent skipped this question</i>
Q78: 30. Social Worker	N/A
Q79: Social Worker	<i>Respondent skipped this question</i>
Q80: 31. Other Paid Worker	<i>Respondent skipped this question</i>
Q81: Other Paid Worker	
Number of Full Time Personnel	0
Number of Part Time Personnel	0
Number of Contracted Personnel	1
Total Full Time Equivalents	0.25
Minimum Salary Based on 1 FTE	6000
Maximum Salary Based on 1 FTE	6000

Q82: Provide the name of each environmental health staff in your department

Environmental Health Personnel 1	Jim Monopoli
Environmental Health Personnel 2	Scott Martinson
Environmental Health Personnel 3	Steven Yenco
Environmental Health Personnel 4	Ryan Grenon
Environmental Health Personnel 5	Mindy Chambrelli
Environmental Health Personnel 6	Mac Walker

PAGE 5: Local Policies to Support Community Health

Q83: 1. Artificial Ice Plants (Select all that apply.) N/A

Q84: Artificial Ice Plants

Number of Sites 0

Q85: 2. Barber/Beauty Shops (Select all that apply.) Ordinance/Regulation,
Licensing/Permitting/Registration Program

Q86: Barber/Beauty Shops

Number of Sites 45
 Number of Inspections 39
 Minimum Permitting Fee 70
 Maximum Permitting Fee 100

Q87: 3. Body Piercing (Select all that apply.) Ordinance/Regulation,
Licensing/Permitting/Registration Program

Q88: Body Piercing

Number of Sites 0

Q89: 4. Child Day Care Centers (Select all that apply.) N/A

Q90: Child Day Care Centers

Number of Sites 20
 Number of Inspections 2
 Minimum Inspection Fee 120
 Maximum Inspection Fee 120

Q91: 5. Deteriorated Paint - Residential (Select all that apply.) N/A

Q92: Deteriorated Paint - Residential *Respondent skipped this question*

Q93: 6. Housing/Property Maintenance/Blight (Select all that apply.) N/A

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Q94: Housing/Property Maintenance/Blight	<i>Respondent skipped this question</i>
Q95: 7. Massage Establishments (Select all that apply.)	Ordinance/Regulation, Licensing/Permitting/Registration Program
Q96: Massage Establishments	
Number of Sites	11
Number of Inspections	7
Minimum Permitting Fee	70
Maximum Permitting Fee	100
Q97: 8. Migrant Labor Camps (Select all that apply.)	N/A
Q98: Migrant Labor Camps	<i>Respondent skipped this question</i>
Q99: 9. Motel/Hotel (Select all that apply.)	Ordinance/Regulation, Licensing/Permitting/Registration Program
Q100: Motel/Hotel	
Number of Sites	18
Number of Inspections	12
Minimum Permitting Fee	100
Maximum Permitting Fee	150
Q101: 10. Nail Salons (Select all that apply.)	Ordinance/Regulation, Licensing/Permitting/Registration Program
Q102: Nail Salons	
Number of Sites	16
Number of Inspections	19
Minimum Permitting Fee	70
Maximum Permitting Fee	100
Q103: 11. Outing Facilities/Parks (Select all that apply.)	N/A
Q104: Outing Facilities/Parks	<i>Respondent skipped this question</i>
Q105: 12. Public Bathing Areas (Select all that apply.)	N/A
Q106: Public Bathing Areas	
Number of Sites	6
Number of Inspections	79
Q107: 13. Public Pools (Select all that apply.)	Ordinance/Regulation, Licensing/Permitting/Registration Program

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Q108: Public Pools

Number of Sites	20
Number of Inspections	25
Minimum Permitting Fee	100
Maximum Permitting Fee	100

Q109: 14. Public and Private Campgrounds (Select all that apply.) Licensing/Permitting/Registration Program

Q110: Public and Private Campgrounds

Number of Sites	1
Number of Inspections	1
Minimum Permitting Fee	0
Maximum Permitting Fee	0

Q111: 15. Refuse Haulers (Select all that apply.) N/A

Q112: Refuse Haulers *Respondent skipped this question*

Q113: 16. Schools, Other Than Food Service (Select all that apply.) N/A

Q114: Schools, Other Than Food Service *Respondent skipped this question*

Q115: 17. Sewage Haulers (Select all that apply.) N/A

Q116: Sewage Haulers *Respondent skipped this question*

Q117: 18. Smoke Free/Tobacco Free Policies (Select all that apply.) N/A

Q118: Smoke Free/Tobacco Free Policies *Respondent skipped this question*

Q119: 19. Tattoo (Select all that apply.) Ordinance/Regulation,
Licensing/Permitting/Registration Program

Q120: Tattoo

Number of Sites	2
Number of Inspections	2
Minimum Permitting Fee	200
Maximum Permitting Fee	200

Q121: 20. Trailer Parks (Select all that apply.) N/A

Q122: Trailer Parks *Respondent skipped this question*

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Q123: Class I (ES 1)

Number of Establishments	35
Number of Inspections	22
Minimum Inspection/Permit Fee	110
Maximum Inspection/Permit Fee	110
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0

Q124: Class II (ES 1)

Number of Establishments	10
Number of Inspections	7
Minimum Inspection/Permit Fee	160
Maximum Inspection/Permit Fee	160
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0

Q125: Class III (ES 1)

Number of Establishments	55
Number of Inspections	74
Number of Reinspections	9
Number of Qualified Food Operators	55
Minimum Inspection/Permit Fee	210
Maximum Inspection/Permit Fee	210
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0

Q126: Class IV (ES 1)

Number of Establishments	97
Number of Inspections	191
Number of Reinspections	29
Number of Qualified Food Operators	97
Minimum Inspection/Permit Fee	260
Maximum Inspection/Permit Fee	260
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0

Q127: 1. Provide, in full time equivalents, the total staff time designated for conducting inspections of food service establishments. (ES 6,8)

1

Q128: 2. Number of orders issued to food service establishments. **An order is a written order by the director of health issued to a food establishment.(ES 2,3,6)**

0

Q129: 3. Does your department conduct internal self-assessments/audits of routine inspection reports? (ES 8,9)

Yes

Q130: 4. Has your department calculated any risk-factor frequency data from routine inspection reports? (ES 1,3) No

Q131: 5. Number of farmers licensed to operate at farmers' markets (Public Act No. 11-191). (ES 1) 0

PAGE 7: Environmental Health Services Drinking Water

Q132: 1. Private Wells

Number of new private well permits issued (ES 1) 28
 Fee for a private well permit 125

Q133: 2. Does your department receive water quality test results within six (6) months of real estate transactions (CGS 19a-27(b)1)? (ES 2) Yes

Q134: Does your department provide follow-up technical assistance or education materials on water quality test results that do not meet standards? (ES 3) Yes

PAGE 8: Environmental Health Section Subsurface Sewage Disposal

Q135: 1. Subsurface Sewage Disposal

Number of lots tested (ES 1) 631
 Number of new permits issued (ES 6) 19
 Number of repair permits issued (ES 6) 249
 Number of complaints of failed systems (ES 6) 4

Q136: 2. Does your department have written procedures/protocols/policies in place for investigation of subsurface sewage disposal system complaints? (ES 6) Yes

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Q137: 3. Subsurface Sewage Disposal

Number of orders issued (ES 6)	127
Number of 19-13-B100a application reviews (ES 6)	249
Fee for a new permit (residential)	160
Fee for a repair permit (residential)	100
Fee for a new permit (commercial)	300
Fee for a repair permit (commercial)	200
Fee for a site plan review per lot (residential) - Professional Engineered Plan	110
Fee for a site plan review per lot (subdivision) - Professional Engineered Plan	110
Fee for a site plan review per lot (subdivision) - Non-engineered Plan	100
Fee for a site plan review per lot (commercial) - Professional Engineered Plan	200
Fee for a site plan review 19-13-B100a	100
Fee for soil test new	110
Fee for soil test repair	110
Fee for soil test 19-13-B100a	110
Fee for ground water monitoring	120

Q138: 4. Does your department or member town(s) receive money for or participate in a subsurface sewage disposal repair funding program? (ES 2)

Yes,
If yes, who sponsors the program? Local WPCA

Q139: 5. Does your department or member town(s) participate in a subsurface sewage disposal system management or pump out program? (ES 2)

Yes

Q140: If yes, how is participation mandated? (Select all that apply.)

Ordinance, Policy, Voluntary participation

Q141: 6. Does your department conduct any public education/outreach activities for subsurface sewage disposal systems to the general public? (ES 3)

Yes

Q142: If yes, what type of outreach? (Select all the apply.)

Website, Brochures/Pamphlets,
Other (please specify) trainings

Q143: 7. Does your department maintain an electronic reporting or data management system for subsurface sewage disposal system information? (ES 1)

Yes

Q144: If yes, what data are collected? (Select all the apply.)

Location, Size, Type,
System maintenance (pumping), Inspections,
Other (please specify) condition

Q145: 8. Does your department work with municipal entities (Water Pollution Control Authority, Wetlands Commissions, etc.) to identify community needs/issues? (ES 1,2)

Yes,
If yes, what entities?
Old Saybrook WPCA, Clinton WPCC, and Deep River WPCA

Q146: 9. Does your department self assess to ensure proper utilization and completion of required forms? (ES 8,9) Yes

Q147: 10. Are registered sanitarians and/or local health officials participating in subsurface sewage disposal system continuing education? (ES 8) Yes

PAGE 9: Environmental Health Services Recreation/Public Pools

Q148: Recreation/Public Pools

Number of public pools in the local health jurisdiction (ES 1)	19
Number of public pool inspections conducted (include re-inspections) (ES 2,6)	25
Number of family campgrounds in the local health jurisdiction (ES 1)	1
Number of family campground inspections conducted (ES 2,6)	1
Number of public swimming areas/beaches in the local health jurisdiction (ES 1)	6
Number of public swimming areas/beaches monitored/tested (ES 2,6)	6
Number of public swimming area/beach inspections conducted (ES 2,6)	79

PAGE 10: Environmental Health Services Lead Poisoning Prevention and Control Program

Q149: 1. Does your department monitor vacancy agreements? (ES 1) No

Q150: 2. With regards to licensed child daycare providers and facilities, which type of follow up do you or your staff perform? (Select all that apply.) (ES 2,3,6) Provide technical assistance, Review model lead hazard remediation plans

Q151: 3. Does your department have a written and established uniform policy for the fair and equitable treatment of persons who must be relocated because of housing-related hazards (e.g., lead paint hazards and abatement) cited by your staff? (ES 5,6) No

Q152: 4. Does your department have a data sharing agreement with the public housing authority in your municipality or municipalities in your health district? (ES 2) No

Q153: 5. Does your department conduct targeted lead inspections in areas of known high-risk?(ES 5,6) No

Q154: 6. Who conducts (or would conduct) the lead inspections for childhood lead poisoning cases in your jurisdiction? Local health department trained staff

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Q155: 7. Does your department have a written plan for the relocation of families with lead poisoned children? (ES 5,6)	No
Q156: 8. Have you met with any of the following to determine if funds can be allocated to your department for assisting property owners with lead abatement? (ES 4)	N/A
Q157: 9. What local funds and resources have been allocated to your department or utilized by local homeowners (through a referral made by you) to assist in lead abatement expenses? (Select all that apply.) (ES 4)	LAMPP Funds
Q158: 10. Do you or your staff conduct site visits of active lead abatement or lead hazard remediation projects? (ES 6)	Yes

PAGE 11: Environmental Health Services Radon Program

Q159: 1. Does your department conduct any public education/outreach activities on radon to the general public?	Yes
Q160: 2. Does your department provide technical assistance to the public on radon?	Yes
Q161: 3. Would your department utilize radon tests and analysis services if they were provided through the DPH State Laboratory? (ES 3)	Yes
Q162: 4. Does your department test for radon in private homes?	No
Q163: If yes, what is the:	<i>Respondent skipped this question</i>

PAGE 12: Vector Control Zoonotic and Arthropod-borne Diseases

Q164: 1. Does your department arrange transportation of animal specimens for rabies testing?	Yes
Q165: 2. Does your department perform seasonal application of larvicide community-wide and/or complaint generated to control mosquitos?	Yes
Q166: 3. Does your department perform seasonal application of adulticide to control mosquitos in parks or recreation areas?	No

PAGE 13: Communicable Disease Control Sexually Transmitted Diseases

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Q167: 1. Does your department provide clinical treatment services? (ES 7)	No
Q168: 2. Does your department follow up on case reports for gonorrhea, syphilis and chlamydia to ensure therapy of case-patient? (ES 3,7)	No
Q169: If yes, how are case-patients contacted? (Select all that apply.)	<i>Respondent skipped this question</i>
Q170: 3. Does your department follow up on case reports to ensure treatment of partners? (ES 3,7)	No
Q171: If yes, how are people contacted?(Select all that apply.)	<i>Respondent skipped this question</i>
Q172: 4. Does your department provide HIV testing? (ES 7)	No

PAGE 14: Communicable Disease Control Tuberculosis

Q173: 1. What clinical/treatment referral services does your department provide?(Select all that apply.) (ES 7)	Referral to local health clinic, Referral to local pulmonologist, Referral to local ID specialist, Referral to hospital clinic
Q174: What type of DOT services does your department arrange?(Select all that apply.) (ES 3)	VNA
Q175: 3. What type of case management of TB patients does your department provide? (Select all that apply.) (ES 3)	Monthly call to treating provider, Form faxed/mailed to provider, Other (please specify) arrange for discharge plan approval and DOT, weekly contact with DOT person at VNA
Q176: 4. Who conducts contact investigations of suspect and infectious TB patients? (Select all that apply.) (ES 2)	Public health nurse
Q177: 5. Who is responsible for TB testing and follow up of high risk residents (such as refugees and immigrants classified as TB-B1 or B2)? (Select all that apply.) (ES 2)	Private provider, Community clinic
Q178: 6. Who is responsible for signing/consultation for discharge planning from the hospital? (Select all that apply.) (ES 2)	Local health director

PAGE 15: Communicable Disease Control Viral Hepatitis - Hepatitis A

Q179: 1. Does your department follow up with case (education and prevention) on all IgM anti-HAV reports? (ES 2)	Yes
Q180: 2.Does your department provide appropriate referral of contacts for immunization (Immunoglobulin or vaccine)? (ES 7)	Yes
Q181: 3.Does your department ask about recent food handling and day care employment history? (ES 3,7)	Yes
Q182: 4.Does your department conduct risk factor interviews? (ES 3,7)	Yes
Q183: 5.Does your department provide education about prevention? (ES 3)	Yes
Q184: 6.Does your department follow up with physician (prevention recommendations) on all IgM anti-HAV reports? (ES 2)	Yes
Q185: 7.Does your department complete Hepatitis A care reports and submit to DPH? (ES 1)	Yes
Q186: 8. Does your department have educational materials available to the public? (ES 3)	Yes

PAGE 16: Communicable Disease Control/Viral Hepatitis - Hepatitis B

Q187: 1.Does your department report pregnant HBsAg-positives to DPH? (ES 1)	Yes
Q188: 2.Does your department follow up with physician (prevention recommendations) on all HBsAg reports? (ES 2)	No
Q189: 3.Does your department follow up with case (education and prevention) on all HBsAg reports? (ES 2)	No
Q190: 4. Does your department provide referral of contacts for appropriate testing and vaccination? (ES 7)	No
Q191: 5.Does your department provide referral of case for testing/evaluation for treatment (chronic cases)? (ES 7)	No
Q192: 6.Does your department provide education about prevention, living with chronic infection?(ES 3)	No
Q193: 7.Does your department provide testing for high-risk adults and adolescents? (ES 3)	No
Q194: 7.Does your department provide vaccination of high-risk adults? (ES 3,7)	No

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Q195: 8.Does your department have educational materials available to the public? (ES 3) Yes

PAGE 17: Communicable Disease ControlViral Hepatitis - Hepatitis C

Q196: 1.Does your department follow up with physician (prevention recommendations) on all anti-HCV reports? (ES 2) No

Q197: 2.Does your department follow up with case (education and prevention) on all anti-HCV reports? (ES 2) No

Q198: 3.Does your department provide referral of contacts for appropriate testing? (ES 7) No

Q199: 4.Does your department provide referral of case for care - testing/vaccination A and B/evaluation for treatment? (ES 7) No

Q200: 5.Does your department provide education about prevention, living with chronic condition?(ES 3) No

Q201: 6.Does your department integrate Hepatitis C education into HIV counseling and testing? (ES 3, 7) No

Q202: 7.Does your department provide testing for high-risk adults and adolescents? (ES 3,7) No

Q203: 8.Does your department have educational materials available to the public? (ES 3) Yes

PAGE 18: Access to Clinical Preventative ServicesVaccination Services (ES 7)

Q204: 1.Does your departmentprovide vaccination services for children (0-5 years of age)? Yes, performed by the LHD directly

Q205: If yes, select all vaccine(s) provided Influenza

Q206: 2.Does your departmentconduct or sponsor a well-child clinic in your jurisdiction? No, neither performed by LHD directly NOR contracted out by LHD

Q207: 3.Does your departmentprovide vaccination services for adolescents (12-18 years of age)? Yes, performed by LHD directly

Q208: If yes, select all vaccine(s) provided Influenza

Q209: 4.Does your departmentprovide vaccination services for adults (>18 years of age)? Yes, performed by LHD directly

Q210: If yes, select all vaccine(s) provided Influenza

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Q211: 5. Does your department conduct an annual influenza clinic? (ES 7)	Yes, performed by LHD directly
Q212: If yes, number of doses of flu vaccine purchased for the most recent season?	360
Q213: If yes, is Pneumococcal included in your flu clinic?	No
Q214: 6.Does any other agency in your jurisdiction provide these services for adults? (ES 7)	Yes
Q215: If yes, select all that apply	Community health center, Hospital clinic, Private provider site, VNA, Walk-in clinic

PAGE 19: Oral Health Services

Q216: 1. Does your department have an oral health program?If YES, please continue to answer the questions below. If NO, skip to the Diabetes/Chronic Diseases/Hypertension section.	Yes - If YES, please continue to answer the questions below.
Q217: 2. Does this program only provide oral health education/awareness?If YES, skip to the Diabetes/Chronic Diseases/Hypertension section. If NO, please continue to answer the questions below.	Yes
Q218: 3. Are dental services provided for children? (ES 7)	Yes
Q219: If yes, which age group(s)? (Select all that apply)	Head Start, Elementary, Middle School, High School
Q220: 4. Are dental services provided for seniors/older adults?	Yes
Q221: 5. Are any preventative oral health services provided? (Select all that apply.)	Screenings/Referrals, Cleanings/Prophylaxis
Q222: 6. Are restorative dental services provided? (ES 7)	No
Q223: If yes, where are the services provided? (Select all that apply.)	Mobile clinic
Q224: 7. Does your department bill for any of these services?	No
Q225: 8. Does your department retain staff to provide any of these dental services? (ES 8)	No
Q226: 9. Does your department contract for any of these dental services? (ES 7)	No

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Q227: 10. Does the program provide oral health education/awareness? (Select all that apply.) (ES 3)

Nutrition as it relates to oral health ,
Dental visits beginning at age 1

PAGE 20: Population-Based Prevention & Health Promotion Diabetes/Chronic Diseases/Hypertension

Q228: 1. What education is offered by your department in the community for chronic disease management, diabetes management and/or diabetes prevention? (Select all that apply.) (ES 4)

Fact sheets, Brochures/Pamphlets

Q229: If education is offered, what curriculum or resources are used to support current best practice recommendations? (ES 10)

American Diabetes Association

Q230: 2. Do you have staff trained to lead chronic diseases or diabetes self-management programs (CDSMP or DSMP) that is delivered in a culturally competent manner for the populations served in your jurisdiction? (ES 7)

Yes

Q231: 3. Does your department offer blood pressure screenings?

Yes

Q232: If yes, who conducts the blood pressure screening? (Select all that apply.)

Public health nurse

Q233: If yes, are those identified with high blood pressure readings referred to a physician or health care provider? (ES 7)

Yes

PAGE 21: Population-Based Prevention & Health Promotion School Health

Q234: 1. How is your department engaged with the Board of Education, school administration and/or school wellness committees to provide guidance and support? (Select all that apply.) (ES 4)

Advisor, Subject matter expert

PAGE 22: Population-Based Prevention & Health Promotion Healthy Food

Q235: 1. How is your department engaged with promoting access to healthy food in low income or food desert areas? (Select all that apply.) (ES 4)

Other (please specify)
advocate for access to healthy foods

PAGE 23: Population-Based Prevention & Health Promotion Breastfeeding

Q236: 1. How is your department engaged with promoting breastfeeding initiatives (i.e. improving maternity care practices, breastfeeding training and/or ensuring compliance with federal and state lactation accommodation laws)? (Select all that apply.) (ES 4) Not applicable

Q237: 2. Does your department have a lactation accommodation policy and space for employees? (ES 6,8) Yes

Q238: 3. Is your health staff involved with a hospital lactation committee? (ES 4) No

PAGE 24: Public Health RevenuePublic Health Department Revenue

Q239: 1. DPH funds - all regardless of source

Amount 52349

Q240: Routing of funds Part of operating budget

Q241: 2. State funds (other than DPH)

Amount 28252

Q242: Routing of funds Part of operating budget

Q243: 3. Federal sources (direct)

Amount 3232

Q244: Routing of funds Part of operating budget

Q245: 4. Licensure/Permit fees

Amount 118000

Q246: Routing of funds Goes to general fund

Q247: 5. Local funds - city/town sources

Amount 364754

Q248: Routing of funds Part of operating budget

Q249: 6. Medicaid

Amount 0

Q250: Routing of funds Part of operating budget

Q251: 7. Medicare

Amount 2000

Q252: Routing of funds Part of operating budget

Q253: 8. Other revenue

Amount 108000

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Q254: Routing of funds	Part of operating budget
Q255: 9. Patient personal fees	
Amount	0
Q256: Routing of funds	N/A
Q257: 10. Private foundations	
Amount	0
Q258: Routing of funds	N/A
Q259: 11. Private health insurance	
Amount	3000
Q260: Routing of funds	Part of operating budget
Q261: What is your total operating budget?	651230

PAGE 25: 10 Essential Services - #1

Q262: 1. Has your department been involved with the collection of primary quantitative data within the past three (3) years?	Yes
Q263: If yes, select all that apply	Data collected for a community health assessment
Q264: 2. Has your department provided data on the health of your local population to DPH within the past year?	Yes
Q265: If yes, select all that apply	Data in MAVEN, such as infectious disease cases and lead cases

PAGE 26: 10 Essential Services - #2

Q266: 1. Has your department completed an investigation of a non-infectious health problem, environmental, and/or occupational public health hazard within the past five (5) years?	Yes
Q267: If yes, select all that apply	Lead, Radon, Water
Q268: 2. Has your department worked with other governmental agencies/departments and key community stakeholders to conduct investigations of reportable diseases, disease outbreaks, chronic disease, environmental public health issues, and/or injuries within the past five (5) years?	Yes

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Q269: If yes, select all that apply	Reportable diseases, Disease outbreaks, Environmental public health issues
Q270: If yes, select all the partners that you worked with	DPH, DEEP, DEMHS, Health care entity, Police, EMS, Fire, Housing, Community organizations, Schools
Q271: 3. Does your department have a current tracking log or audit of reports of disease reporting, laboratory test reports, and/or investigations with timelines?	Yes
Q272: If yes, select all that apply	Tracking log, MAVEN

PAGE 27: 10 Essential Services - #3

Q273: 1. Has your department provided information to the public on health risks, health behaviors, disease prevention, or wellness within the past five (5) years?	Yes
Q274: If yes, select all that apply	Public presentation, Press release, Media communication, Brochure/Pamphlet, Other (please specify) website
Q275: 2. Has your department developed and implemented or sustained health promotion strategies within the past five (5) years?	Yes
Q276: If yes, select all that apply	Immunizations, Radon
Q277: If yes, was implementation done in collaboration with partners and/or community?	Yes
Q278: If yes, select all that apply	Public schools, Local governmental agencies, Non-profits, Community members, Other (please specify) business community
Q279: If yes, were any of them evidence-based or a promising practice?	No
Q280: 3. Has your department distributed information to the public about public health and/or about your department's mission, programs, and services with the past five (5) years?	Yes
Q281: If yes, select all that apply	Web posting, Newspaper insert, Program flyer, Other (please specify) Presentations to potential member towns at public meetings

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Q282: 4. Have you communicated with the media to ensure their understanding of public health and that they cover important public health issues within the past two (2) years?

Yes

Q283: If yes, select all that apply

Print media, Free community newspapers

PAGE 28: 10 Essential Services - #4

Q284: 1. Has your department been an active member of a community partnership(s) or coalition(s) to address public health issues within the past two (2) years?

Yes

Q285: If yes, select the health issues(s) addressed within the community partnerships(s) or coalition(s)

Chronic disease prevention , Obesity, Anti-tobacco, Health equity , Parks and recreation

Q286: If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent?

Local governmental agencies, Non-profits, Community members, Other (please specify) other public health related agencies such as Substance Abuse Council, Hospital, senior support agencies

Q287: 2. Has your department communicated and collaborated with your governing entity, advisory board, and/or elected officials concerning public health policy or strategy within the past five (5) years?

Yes,

If yes, describe went over in some detail the health equity index for our towns with board members

PAGE 29: 10 Essential Services - #5

Q288: 1. Has your department monitored and tracked public health issues being discussed by individuals and entities that set policies and practices that impact public health within the past two (2) years?

No

Q289: 2. Has your department contributed to deliberations concerning public policy and practice and its impact on public health within the past two (2) years?

Yes

Q290: If yes, select all the methods that you utilized

Participation in an advisory or work group, Other (please specify) advocacy for good public health practice

Q291: 3. Has your department participated in preparedness meetings with other government agencies and other health departments within the past five (5) years?

Yes

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Q292: 4. Has your department participated in drills, exercises or a real emergency to test components of an All Hazards Emergency Operation Plan (EOP) within the past five (5) years?	Yes
Q293: If yes, did you conduct a debriefing or After Action Report from the emergency or drill/exercise?	Yes
Q294: 5. Has your department collaboratively revised an All Hazards EOP within the past five (5) years?	No
Q295: 6. Does your department have a public health emergency response plan that is dated within the past five (5) years?	Yes
Q296: 7. Has your department tested the plan within the past five (5) years through the use of drills and exercises?	Yes
Q297: If yes, did your department complete an After Action Report after the emergency or exercise/drill?	Yes
Q298: 8. Has your department revised the public health emergency response plan within the past two (2) years?	Yes

PAGE 30: 10 Essential Services - #6

Q299: 1. Has your department staff participated in training on public health law related to job responsibilities within the past two (2) years?	Yes
Q300: If yes, select all that apply	Food certification, Lead certification, Infectious disease reporting, Other (please specify) statute interpretation, appeals presentation, lead certifications for staff
Q301: 2. How does your department ensure the consistent application of public health laws?	Enforcement log, Communications with other agencies
Q302: 3. Does your department make information concerning public health laws and permit/license applications available to members of the public?	Yes
Q303: If yes, select all that apply	Website, Brochures/Pamphlets, Other (please specify) press releases

PAGE 31: 10 Essential Services - #7

Q304: 1. Has your department collaboratively implemented strategies to improve access to health care services for those who experience barriers within the past five (5) years?

No

Q305: If yes, select all that apply

Respondent skipped this question

PAGE 32: 10 Essential Services - #8

Q306: 1. Has your department had a partnership or ongoing collaboration that promotes public health as a career choice within the past five (5) years?

Yes

Q307: If yes, select all that apply

Collaboration with a school or college of public health to host
,
Other (please specify)
we hire summer help to students in college with public health as a major.

Q308: 2. Has agency staff participated in professional development activities within the past two (2) years?

Yes

Q309: If yes, select all that apply

Continuing education for certifications/licenses,
Training opportunities, Mentoring, Job shadowing,
Learning by teaching, Tuition reimbursement,
Other (please specify)
webinars and in person seminars, workshops.

Q310: 3. Has agency staff participated in leadership and/or management development training within the past two (2) years?

Yes

Q311: If yes, select all that apply

Graduate programs in leadership/management,
Attending relevant meetings and conferences ,
Other (please specify)
quality improvement and performance management trainings

PAGE 33: 10 Essential Services - #9

Q312: 1. Has your department evaluated the effectiveness, efficiency or quality of programs and services within the past five (5) years?

Yes

Q313: If yes, select all that apply

Program evaluation, Quality improvement project,
Training evaluation

Q314: If yes, have you used the information to improve department performance or community health outcomes? Yes

PAGE 34: 10 Essential Services - #10

Q315: 1. Has your department communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public within the past five (5) years? Yes,
If yes, describe the research discussed health equity index with board directors and other stakeholders

Q316: If yes, select who you communicated the research findings with Governing entity, Elected/Appointed officials

PAGE 35: 10 Essential Services Certification

Q317: 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
