

Department of Public Health



At a Glance

JEWEL MULLEN, M.D., M.P.H., M.P.A., *Commissioner*

Established – 1878

Statutory authority - CGS Chap. 368a, Sections 19a-1a et seq.

Central office - 410-450 Capitol Avenue, Hartford, CT 06106

Number of employees – 753

Recurring operating expenses -

Federal: \$122,513,524

State: \$108,024,564

Additional Funds: \$69,041,836

Organizational structure -

- **Administration**
- **Affirmative Action**
- **Agency Legal Director**
- **Communications/Government Relations**
- **Community Health and Prevention**
- **Family Health**
- **Health Care Quality and Safety**
- **Infectious Diseases**
- **Office of Health Care Access**
- **Health Statistics and Surveillance**
- **Public Health Preparedness and Response**
- **Public Health Laboratory**
- **Public Health Systems Improvement**
- **Regulatory Services**

Mission

To protect and improve the health and safety of the people of Connecticut by:

- *Assuring the conditions in which people can be healthy*
- *Preventing disease, injury, and disability; and*
- *Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.*

Statutory Responsibility

The Department of Public Health (DPH) is the state's leader in public health policy and oversight. The agency is the center of a comprehensive network of public health services, and is a partner to local health departments for which it provides coordination and a link to federal initiatives, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information for the governor, the General Assembly, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on positive health outcomes and assuring quality and safety, while also minimizing the administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

Public Service

Administration

The Administration Branch assures that department-wide administrative activities are coordinated and accomplished in an effective and efficient manner. The branch provides the following services across the agency:

Contracts and Grants Management Section

The Contracts and Grants Management Section prepares, issues, and manages contracts, grants and low interest loans in support of for-profit and non-profit service providers, federal and local governments, and individuals. The services funded by these contracts and grants provide otherwise unavailable health and/or support services to underserved residents of Connecticut and improve the Connecticut healthcare service infrastructure.

The section provides:

- Oversight and administration of the department's RFP/bid process used to solicit and review proposals from potential service providers and award contracts
- Oversight and administration of approximately 600 contracts, grants and loans totaling approximately \$450 million, \$100 million annually, in state and federal funds

- Support services to the department in the following contracting areas: training and education, fiscal oversight, compliance with state and federal regulations, contract budget planning, approval processing, standardization of processes and documents, contract expediting and process and procedure guidance
- A liaison function between the department and the Office of Policy and Management, Office of the Attorney General, Department of Administrative Services, Office of the Treasurer, and the Office of the State Comptroller concerning contract and grant, bond fund and loan functions
- Collaboration with other state agencies and oversight units to improve inter-agency standardization and adoption of best practices

Fiscal Services

Fiscal Services is composed of two functioning subunits; Accounting and Budgeting and the Business Office. The Accounting/Budgeting unit administers budget planning and preparation including the annual spending plan; monthly fiscal reports; fiscal impact statements related to legislation; accounting for expenditures against state, federal, and private funds; federal grant expenditure reporting; review of grant budget applications and allocation plans and revenue accounting. The Business Office unit is responsible for accounts payable, purchasing, billing/ accounts receivable, inventory/assets, travel reimbursement and the mailroom.

Human Resources

The Human Resources Section provides comprehensive personnel management to the department, including labor relations for seven bargaining units and managerial/confidential employees, recruitment, merit system administration, performance appraisal review, statistical personnel status reports, payroll, fringe benefit administration, classification work for appropriate job titles, and Performance Assessment and Recognition System for managers.

Informatics Section

DPH Informatics Section works both independently and in conjunction with the Department of Administrative Services, Bureau of Enterprise Systems and Technology (DAS/BEST), to provide the highest quality of support and services. Our services are delivered through two divisions, Infrastructure and Development. These divisions work closely together to provide the functionality and direction of Information Technology to the agency and external entities with interfaces to DPH internal systems. Responsibilities include strategic planning, maintaining critical agency infrastructure, providing platform services, operations services, networking services, application services and security services.

Affirmative Action/Equal Employment Opportunity

The Affirmative Action Office (AAO), also known as the Equal Employment Opportunity Office, is responsible for ensuring compliance with federal and state antidiscrimination laws and department policies to ensure equal opportunity for all individuals. This compliance applies to all programs and services, without regard to race, color, religious creed, age, sex, gender identity or

expression, marital status, national origin, ancestry, past or present history of mental disorders, mental disability, intellectual disability, physical disability (including blindness) or learning disability, genetic information, sexual orientation, domestic violence, prior conviction of a crime, and/or previously opposing such discriminatory practices (regardless of substantiation).

Program responsibilities include:

- *Equal Employment Best Practices*: manage and direct department ‘best equal employment practices,’ supplier diversity for compliance with the law and outreach/recruitment programs
- *Enforcement and Auditing*: strategies and compliance to monitor in conformance with anti-discrimination laws and department policies to maintain workplace relations and administer programs and services in a fair and impartial manner
- *Affirmative Defense*: establish and disseminate department anti-discrimination policies and facilitate free on-site Diversity, Sexual Harassment Awareness Prevention and related training to provide strategies and remedies including the internal discrimination complaint procedure to prevent against the lowering of productivity and the increase of non-value-added costs
- *Internal Investigation and Mediation*: of complaints/allegations of discrimination/harassment within the 90 day timeframe, Americans with Disabilities Act Compliance Coordination and monitor the internal investigation program for patterns or practices that may impede full and fair participation
- *Affirmative Action Plan*: implement and compile the annual department plan submitted to the Commission on Human Rights and Opportunities (CHRO) in July of each year.

Agency Legal Director

The Agency Legal Director Office includes the Public Health Hearing Office, the Ethics Officer, the HIPAA Privacy Officer, and the Attorney General Designee. The Agency Legal Director is responsible for overseeing the legal and administrative activities of the office and providing legal support for the commissioner and agency.

The *Public Health Hearing Office* provides legal and administrative support for 14 professional licensing boards (*e.g.*, the Connecticut Medical Examining Board, Board of Examiners for Nursing, *etc.*), and presides over hearings and renders decisions concerning:

- Individual licensing actions for providers who do not have licensing boards
- Appeals of orders issued by local health directors
- The Women, Infants and Children’s (WIC) program
- The need for new or expanded emergency medical services
- Primary service area responders’ performance standards or removal
- Disciplinary actions against day care and youth camp licensees
- Health care facility licensees
- Voluntary and involuntary transfers of water companies/appeals of orders issued to water companies
- Involuntary discharges from residential care homes
- Maintains indices and the originals of all department decisions, and reports to federally mandated and private professional databases

- Applications for certificates of need for healthcare facilities, services, and equipment.

The Ethics Officer responds to ethics questions, reviews and implements the agency ethics policy; provides training, conducts investigations, and makes referrals to the Office of State Ethics, as necessary; *the HIPAA Privacy Officer* conducts privacy training, responds to requests for personally identifiable health information, and generally ensures HIPAA compliance; and, *the Attorney General Designee* represents the department in cases before the Commission on Human Rights and Opportunities (CHRO) and/or the Equal Employment and Opportunity Commission.

Communications/Government Relations

The *Communications Office* provides a full range of communication activities that serve the department and its stakeholders. Key functions of the office include public information, freedom of information, media and community relations, marketing communications, issues management and public affairs, Internet services, internal communications, and crisis and emergency risk communications.

The *Government Relations Office* is responsible for legislative and regulatory information and referral activities, including the implementation of strategies to achieve the goals of the department's legislative agenda. The office tracks and analyzes public health-related legislation, ensures the implementation of approved legislation, coordinates the development of the agency's regulations, and maintains the Public Health Code.

Community Health and Prevention

The Community Health and Prevention Section (CHAPS) works to improve the health of the overall population, especially its most vulnerable groups, by establishing opportunities that support healthy eating and active living through education, early detection and chronic disease prevention. The section is comprised of the following programs:

- Asthma Program
- Comprehensive Cancer
 - Breast & Cervical Cancer
 - WISEWOMAN
 - Colorectal Cancer
 - Comprehensive Cancer
- Coordinated Chronic Disease
- Diabetes Prevention and Control
- Epidemiology
- Office of Genomics
- Health Equity Research, Evaluation, & Policy
 - Office of Multicultural Health
- Heart Disease and Stroke Prevention
- Injury Prevention Program
- Nutrition, Physical Activity and Obesity Prevention Programs
 - Supplemental Nutrition Assistance Program (SNAP-Ed)

- Preventive, Health and Health Services Block Grant (PHHSBG)
- State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
- Tobacco Use Prevention and Control Program
- Women, Infant and Children Supplemental Food (WIC)

Family Health

The Family Health Section (FHS) administers and oversees services primarily intended to impact the health and well-being of all members of the family. The FHS is responsible for the Maternal and Child Health Services Block Grant (MCHBG), one of the largest federal block grant programs and the key source of support for promoting and improving the health of all the nation's mothers and children, including children with special health care needs.

FHS is comprised of four units, each of which is responsible to manage specific initiatives listed as follows:

- Community Health and Program Support
 - Birth Defects Registry
 - Early Hearing Detection and Intervention CDC Grant
 - Early Hearing Detection and Intervention HRSA Grant
 - Intimate Partner Violence
 - Maternal Mortality Review
 - Sexual Violence Prevention and Education
 - State Systems Development Initiative
 - Primary Care Office
 - Pregnancy Risk Assessment Monitoring System
 - Pregnancy Risk Assessment Tracking System
- Office of Oral Health
 - Connecticut Oral Disease Prevention Program
 - Dental sealant data – mini grants
- Maternal, Infant and Child Health
 - Case Management for Pregnant Women
 - Family Planning
 - Healthy Choices for Women and Children
 - Federal Hartford Healthy Start
 - State Healthy Start
 - Maternal, Infant and Early Childhood Home Visiting
 - Personal Responsibility Education Program

- Child and Adolescent Health
 - Autism Spectrum Disorder
 - Children and Youth with Special Health Care Needs
 - Respite and Extended Services for Children and Youth with Special Health Care Needs
 - Family Advocacy
 - School Based Health Centers
 - Sickle Cell Disease
 - Community Health Services

Healthcare Quality and Safety

The Healthcare Quality and Safety Branch regulates access to health care professions and provides regulatory oversight of health care facilities and services. The branch protects public health by ensuring competent and capable health care service providers. The branch consists of four major program components, which have responsibility for implementing state licensure and federal certification programs. The branch has the authority to investigate and take disciplinary action against providers who are in violation of the law or otherwise pose a risk to public health and safety.

The branch consists of the following sections and programs:

Facility Licensing & Investigations

Licensing, certification and investigation of healthcare institutions, including:

- Ambulatory care services
- Clinical laboratories
- Dialysis facilities
- Home care and hospice services
- Hospitals
- Intermediate care facilities for the intellectually disabled
- Nursing homes
- Outpatient surgical facilities
- Residential care homes
- Substance abuse and mental health treatment facilities

Practitioner Licensing and Investigations

- Licenses, certifies and registers health practitioners in 55 professions
- Licenses and inspects funeral homes, crematories and optical shops
- Investigates consumer complaints and other practice related issues involving licensed/certified/registered health care practitioners
- Administers the Connecticut Nurse Aide Registry
- Maintains the Physician and Advanced Practice Registered Nurse Profile program
- Approves and inspects health practitioner education programs for nurses, nurse aides and barbers/hairdressers

- Oversees the review process for scope of practice determinations for healthcare professions

Office of Licensure Regulation and Compliance

- Processes agency caseloads in connection with prosecution of all individual healthcare practitioner disciplinary actions (approximately 77 professional licensure categories and over 215,000 total healthcare practitioners and certain licensed healthcare and environmental entities)
- Witness preparation and evaluation of investigative documents
- Prepares formal charges, subpoenas and settlement agreements
- Engages in formal administrative conferences and settlement negotiations pursuant to Uniform Administrative Procedures Act
- Coordinates case prosecution with state and federal authorities as needed
- Conducts all aspects of trial practice at formal administrative hearings
- Provides legislative and regulatory support
- Processes fingerprint-based criminal history record checks for a variety of categories of healthcare providers.

Office of Emergency Medical Services

The Office of Emergency Medical Services administers and enforces emergency medical services statutes, regulations, programs and policies. Responsibilities include:

- Developing the Emergency Medical Services (EMS) plan and training curriculum, including EMS for Children
- Providing regulatory oversight of licensing and certifying emergency medical services personnel, licensing and certifying EMS agencies, facilities, and approving sponsor hospital designations
- Conducting complaint investigations
- Inspection of emergency medical response vehicles
- Coordinating emergency planning with the Department of Emergency Services and Public Protection (DESPP)
- Integrating statewide electronic EMS and trauma system data collection
- Provide technical assistance and coordination to facilitate local and regional EMS system development
- Issuing trauma center designations

Infectious Disease Section

The Infectious Disease Section collects data to assess chronic and infectious disease and associated risk factors; identifies and responds to emerging infections, and conducts outbreak investigations and surveillance. The section is comprised of the following units and programs:

- Epidemiology
 - Emerging Infections
 - Foodborne Disease
 - Public Health Preparedness
 - Vector borne and Zoonotic Diseases

- Healthcare Associated Infections
- Immunizations
 - Registry & Program Support
- HIV/AIDS Prevention
- AIDS Health Care and Support Services
- HIV Surveillance
- Viral Hepatitis Surveillance
- Sexually Transmitted Diseases
- Tuberculosis Control and Prevention

Office of Health Care Access

The major functions of the Office of Health Care Access (OHCA) include the administration of the certificate of need (CON) program; preparation of the Statewide Health Care Facilities and Services plan; health care data collection, analysis and reporting; and hospital financial review and reporting.

The CON program promotes appropriate health facility and service development that addresses a public need. The CON program strives to ensure accessibility for needed services while limiting duplication or excess capacity of facilities and services.

OHCA has statutory authority to gather and analyze significant amounts of hospital financial, billing and discharge data. Information collected, verified, analyzed and reported on includes hospital expenses and revenues, uncompensated care volumes, and other financial data as well as hospital utilization, demographic, clinical, charge, payer and provider statistics. The office produces an annual acute care hospital financial stability report and biennial utilization study reflective of these data analyses.

The office posts these reports on the website, as well as separate hospital utilization tables and financial dashboards and a page dedicated to assisting consumers with hospital billing and other hospital concerns. OHCA continues to review requests by consumers to verify that their hospital charges are in agreement with the hospital charge masters.

Health Statistics and Surveillance

The Health Statistics and Surveillance section consists of the Vital Records Registry, the Connecticut Tumor Registry, and the Surveillance Analysis and Reporting Unit.

Vital Records Registry

The State Vital Records Registry maintains a statewide registry of all births, marriages, deaths, and fetal deaths that have occurred in Connecticut since July 1, 1897. The registry:

- Issues certified copies of birth, death and marriage certificates to the public
- Provides vital record data to the Centers for Disease Control and Prevention/National Center for Health Statistics as part of the Vital Statistics Cooperative Program

- Maintains the state paternity registry and collaborates with the Department of Social Services and obstetric hospitals to encourage unwed couples to establish paternity
- Processes all adoptions for Connecticut-born children, foreign-born children adopted by Connecticut residents, and adoptions finalized in Connecticut

Connecticut Tumor Registry

The Connecticut Tumor Registry is a population-based resource for examining cancer incidence and trends in Connecticut. The registry's electronic database of over 950,000 cancers includes all reported tumors diagnosed in Connecticut residents from 1935 through 2011, as well as treatment, follow-up and survival data. All hospitals and private pathology laboratories in Connecticut are required by law to report cancer cases to the registry. These data are used to estimate the cancer burden in Connecticut residents and to assist in planning cancer control interventions.

Surveillance Analysis and Reporting

The Surveillance Analysis and Reporting Unit is responsible for the collection of health morbidity and mortality data, and the enhancement of statewide registries for births, deaths and marriages in Connecticut. The section analyzes and interprets vital statistics, adult and youth health surveys, hospital discharge and hospital quality of care data, and chronic disease surveillance. It also calculates, certifies, and publishes the annual population estimates of 169 Connecticut municipalities for years between the decennial U.S. census enumerations. Our mission is to provide timely and accurate information to the public, students, school districts, local health organizations, health departments, colleges and universities.

Public Health Laboratory

The Dr. Katherine A. Kelley Public Health Laboratory serves all communities in the state through the analysis of clinical specimens and environmental samples submitted by federal and state agencies, local health departments, clinical laboratories, health care providers, and water utilities. The laboratory provides over 2 million test results on approximately 250,000 specimens and samples it receives each year. Although the laboratory does not charge sister agencies or local health departments, the value of these testing services is over \$7 million per year. Analytical data are used to monitor for agents harmful to the public health, identify the cause of outbreaks, and assure that control measures (e.g., vaccines, antibiotics, environmental remediation) are effective. The laboratory is comprised of the following testing sections:

Biological Sciences – This section tests for infectious agents in humans, animals, food and water, and provides reference testing in support of epidemiological surveillance and outbreak investigations. Laboratory services exclusively provided by the Connecticut Public Health Laboratory include:

- Testing for emerging infectious diseases
- Testing for surveillance and outbreak investigations
- Animal testing for rabies
- DNA fingerprinting of foodborne pathogens
- Identification of agents of bioterrorism

- Screening of all Connecticut newborns for the presence of approximately 65 inherited disorders that cause severe mental and/or physical illnesses, which are treatable if identified early.

Bio-monitoring – This section provides testing services for Connecticut’s uninsured for the presence of elevated lead from exposure to lead-based paint, folk remedies, or other sources.

Environmental Chemistry – This section tests for over 100 toxic chemical agents in public drinking water supplies, private wells, rivers, lakes and streams, wastewater, spills, and soils. This section also provides analytical services for testing consumer products and other materials where there is a potential for exposure to hazardous materials such as lead based paint. Other services include monitoring of the nuclear power industry, serving on the state’s nuclear response team, and maintaining preparedness and capabilities to respond to radiation emergencies. The laboratory is also designated as the state’s Chemical Terrorism Response Laboratory in the event of a terrorist attack involving chemical agents or Weapons of Mass Destruction (WMDs).

Public Health Preparedness and Response

The DPH Office of Public Health Preparedness and Response (OPHPR) is responsible for the development and implementation of the state’s public health emergency plan and initiatives. The office ensures compliance with all state and federal mandates with respect to preparedness and response, and directs department operations during emergencies. The office is also responsible for identifying and securing grants in support of the state’s public health preparedness efforts and coordinating the federal Centers for Disease Control and Prevention’s Public Health Emergency Preparedness, Bioterrorism Laboratory and the Hospital Preparedness Program cooperative agreements.

Deployment of the Strategic National Stockpile, Mobile Field Hospital, Mass Casualty trailers, Mass Casualty Management, City Readiness Initiative, Health-related Nuclear Emergency Response, Medical Reserve Corps, Mass Fatality Management and Disaster Medical Assistance Team are managed and coordinated through OPHPR. Statewide public health and healthcare communications are coordinated by OPHPR in collaboration with Division of Emergency Management and Homeland Security (DEMHS). The office partners with DEMHS and the Military Department for the New England Disaster Training Center, a training facility that offers unique hands-on training focused on preparing civilian and military disaster responders.

Public Health Systems Improvement

Public Health Systems Improvement (PHSI) is responsible for managing, coordinating and supporting organization-wide and multi-sector activities that result in measurable improvements of public health structures, systems and outcomes. Federal funding from the Centers for Disease Control and Prevention provided a five year Cooperative Agreement to assist state public health agencies initiate a culture of quality and improve efficiency and effectiveness of public health programs and services, while enhancing readiness for national public health accreditation.

Specific activities include:

- Implementing quality improvement processes and establishing an agency performance management system that are developed and managed using a data driven focus;
- Development and implementation of the three pre-requisites for accreditation that includes an agency strategic plan, statewide health assessment and statewide health improvement plan.
- Organize, plan for, and coordinate agency activities and documentation toward meeting national accreditation standards.
- Provide quality improvement training, coaching, and technical assistance opportunities to public health personnel.

PHSI also administers the Biomedical Research program (CGS 19a-32c) that provides grants in aid for biomedical research in the fields of heart disease, cancer and other tobacco related diseases, Alzheimer's disease, stroke, and diabetes.

Regulatory Services Branch

The Regulatory Services Branch has regulatory oversight of the state's drinking water systems, environmental health services, and local health administration. Programs include licensure, investigation, and enforcement action against suppliers/providers that are in violation of the law or otherwise pose a risk to public health and safety. The branch also operates prevention programs focusing on health education. Providing technical assistance to local health departments and licensed providers is a priority.

The branch consists of:

Environmental Health Section

The Environmental Health Section (EHS) is comprised of ten programs, which are diverse in their scope, and oversight of both regulated and unregulated professions/entities. The section works closely with local health departments and a licensed workforce of practitioners to provide technical assistance, training, and risk assessment on emerging environmental health issues. EHS also manages the initial licensure of environmental health practitioners, and assures regulatory activities are executed in accordance with established standards of practice, regulations, and statutes.

Programs within EHS include:

- Asbestos
- Environmental Engineering
 - On-Site Subsurface Sewage Systems
 - Mausoleums, Crematories and Private Burial Grounds
- Environmental Laboratory Certification
- Environmental and Occupational Health Assessment
 - Environmental Public Health Tracking
 - Toxicology

- Occupational Health
- Agency for Toxic Substances and Disease Registry
- Indoor Environmental Air Quality
- Environmental Practitioner Licensure
- Food Protection
- Lead and Healthy Homes
- Private Wells
- Radon
- Recreation
 - Bathing areas
 - Beaches
 - Public pools
 - Family campgrounds

Drinking Water Section

The Drinking Water Section (DWS) is responsible for the administration of state and federal public health-focused drinking water laws and regulations, and is dedicated to assuring the purity and adequacy of our state's public drinking water sources. The DWS is committed to protecting and improving the health of the people of Connecticut by assuring high quality public drinking water. DWS provides technical assistance, education and regulatory enforcement to over 2,600 public drinking water systems, which provide public drinking water to approximately 2.7 million persons on a daily basis.

The section maintains a commitment to drinking water treatment and monitoring, sanitary review of all public water systems statewide, drinking water source protection, water supply planning and consumer education in order to assure and maintain the high standard of public drinking water for Connecticut's residents, thereby promoting healthy people in healthy Connecticut communities.

The following units make up the Drinking Water section:

- Technical Review and Field Assessment – The unit is responsible for sanitary surveys, engineering technical review and technical assistance to large community systems, small community systems and non-community, non-transient systems. Included with this unit is the incorporation of individual water supply plans with sanitary surveys and a focus on additional direct technical assistance customized by system type to include area wide optimization for large systems and asset management for small systems.
- Safe Drinking Water Rule Implementation – The unit is responsible for administration of water quality and quantity information in the federal Safe Drinking Water Information System (SDWIS) as well as maintaining inventory information for all public water systems. Focus is on maintaining accurate up to date information, providing assistance concerning water quality testing schedules and the administration of WebEOC for community public water systems. Additional areas of focus include coordination with EPA concerning the new version of SDWIS known as SDWIS Prime and use of technology in order to go paperless and streamline processes.

- Enforcement Unit – The unit is responsible for informal and formal enforcement of the public health code concerning water quality and quantity for all public water systems. The emphasis of this unit is to work with systems to return to compliance and work to reduce the number of regulatory violations. Formal enforcement is focused toward the use of consent orders/agreements in order to effectively address outstanding violations.
- Capacity – The unit is responsible for capacity reporting and training and the coordination of on-going internal and external capacity development efforts in Connecticut. A baseline assessment grading system has been developed to direct priority technical assistance concerning asset management and sustainability by system type. The unit is responsible for direct oversight of transient non-community (TNC) sanitary surveys and engineering technical reviews and will focus on effective streamlining of the regulation process for TNC systems.
- Grant and Administration – The unit is responsible for grant and fiscal management, administration for the DWS, oversight of Operator Certification program, purchasing and contract administration. Emphasis is on streamlining EPA grant processes, report writing and modernization of the certification program.
- Source Assessment and Protection Unit – is responsible for the purity of Connecticut's approximately 4,000 surface and groundwater drinking water supply sources through regulation and guidance of activities within source water areas. These areas comprise over 18 percent of the land area in Connecticut. Annually the unit reviews approximately 600 activities/proposals in source water areas and issues approximately 95 permits, including approximately 60 approvals for new sources of public drinking water. This unit is also tasked with overseeing the creation and approval of water utility coordinating committees statewide.
- Drinking Water State Revolving Fund (DWSRF) – The unit is responsible for the administration and implementation of the federal EPA DWSRF capitalization grant and loan process working with all stakeholders including eligible public water systems and the Office of the State Treasurer. Emphasis is to streamline the loan application process, distribute funding in a timely manner, and continue to develop and promote funding opportunities for eligible public water systems.

Local Health Administration ensures the delivery of public health services at the local level. Responsibilities include:

- Provide consultation to strengthen coordination and collaboration between DPH Programs, the local health agencies and professional organizations.
- Develop procedures to standardize communication and technical assistance to local health agencies.
- Administer, collect data, and analyze annual local health agency reports via the Local Health Management System (LHMS) to monitor local health workforce trends and track the provision of public health services locally.
- Coordinate monthly conference calls and webinars for local health directors.

- Advise the Commissioner on the approval of appointments of directors and acting directors of local health agencies.
- Coordinate the bi-annual Commissioner meetings with local health directors.
- Support implementation of DPH strategic priorities as outlined in the Healthy Connecticut 2020: State Health Improvement Plan by facilitating: 1) participation of local health agencies in the Connecticut Health Improvement Planning Coalition; and 2) information sharing related to implementation of the plan regarding state and local activities and evaluation of effectiveness of efforts.
- Serve as a central focal point for local public health issues within the department, investigating consumer complaints with the individual local health directors and their agencies.
- Participate on interview panels for directors of local health agencies and assist with the distribution of local health agencies' job announcements.
- Provide consultation, coordinate training and technical assistance on public health policies, and monitor support public health services through the administration of the Connecticut Per Capita grants-in-aid for local health agencies.
- Update statutes and regulations related to local health agencies. Submit new legislative proposals to improve and support delivery of public health services at the local level. Review proposed legislation and determine the impact on local public health and provide recommendations, when needed.
- Maintain a webpage and current local health agency directory to include contact information, addresses, and after-hour notification information
- Help to coordinate responses to local public health emergencies by maintaining current contact and after business hour notification information for multiple contact lists in the Health Alert Network (i.e., Everbridge), and facilitating information gathering from local health agencies to determine operational status and local needs.
- Support regional public health systems that promote collaboration and coordination among local health agencies and other community partners such as with regional public health emergency preparedness planning and response efforts and administering contractual agreements in collaboration with the Office of Public Health Preparedness and Response.

Improvements/Achievements FY 2013-14

Highlights

- Connecticut was one of eight states selected to participate in the Aspen Institute's Excellence in State Public Health Law program, a one-year program designed to help states examine how law and policy can advance their state's health priorities. DPH, state legislators, and other state-level policy makers represented Connecticut in this initiative. Through the state's involvement in this program, *Lead Public Health* was established - a state and local effort to build demand among a broad spectrum of stakeholders for efficient and effective public health services that are available to every Connecticut resident.

- *Healthy Connecticut 2020* was launched in March with the release of the State Health Assessment and State Health Improvement Plan. Members of a 150 member Statewide Health Improvement Coalition were convened to review the products for which they developed goals, objectives, and strategies for inclusion in a comprehensive plan to improve the health of Connecticut residents by 2020.
- DPH is working closely with national, state, and community-level partners to develop strategies to effectively reduce the burden of overdose deaths in our state, a major public health issue. Last year, Connecticut was selected by the Association of State and Territorial Health Officers to participate in a national initiative to address prescription drug abuse. In June, the scope of practice for all licensed Connecticut EMS providers was expanded to include the administration of Narcan. Previously, state regulations only allowed paramedics to administer Narcan. DPH worked with the EMS provider community to expand this scope of practice for all licensed Connecticut EMS providers. This expansion, like the state's Good Samaritan legislation, is an important strategy that will help prevent deaths in Connecticut due to opioid overdose.
- The agency completed a Quality Plan that provides a comprehensive performance management framework for how DPH established, manages, deploys and monitors quality throughout the agency. The plan is aligned with the DPH mission and vision, the organizational strategic plan, and State Health Improvement Plan.
- As part of instituting a culture of quality within the agency, the agency provided leadership training for agency employees. The training employs an empowerment model that encourages staff initiative to identify, recommend, and initiate improvements in agency programs and processes. Eighty-eight staff or approximately 10 percent of the agency has completed the training.
- DPH held five LEAN processes this year to improve and streamline work related to physician investigation and hearings, submission of tumor case abstracts and pathology reports from hospitals, the provision of low-interest loans to eligible public water systems in need of infrastructure improvements, and the agency's hiring process.
- Pursuant to state law, an Office of Health Equity will be established within the DPH effective October 1, 2014. This office will replace the Office of Multicultural Health. Changes to the name and mission statement of the office are consistent with federal and state initiatives that emphasize the principle of health as a human right and social good for all people, as well as a recognition that Connecticut residents hold multiple statuses in addition to race and ethnicity that may predispose them toward health inequities.
- Connecticut earned a national public health emergency preparedness recognition when each of the state's five Emergency Planning and Preparedness Regions were recognized by the national organization representing local health departments for their ability to respond to public health emergencies. Connecticut is now the fourth state in the nation to achieve statewide recognition.
- In May 2014, DPH launched *Live Healthy Connecticut* a coordinated chronic disease prevention and health promotion plan. *Live Healthy Connecticut* identifies ambitious yet achievable goals in 12 priority areas, including health equity, nutrition, physical activity, obesity, tobacco, heart health, cancer, diabetes, asthma, genomics and oral health. A comprehensive set of indicators track progress in each of these priority areas with a particular focus on vulnerable populations. The plan elevates policy and systems change

approaches which are likely to have the broadest and longest lasting impact and places a premium on achieving health equity -a core component of the department's mission.

- Connecticut was one of 21 states to receive a federal grant to address oral health. The state will receive \$1.5 million over the next five years, which will be used to improve the oral health of state residents, particularly children and adults who are most at risk for oral diseases such as tooth decay.

Government Efficiency and Performance

- DPH implemented upgrades to its newly modernized immunization registry (CIRTS) that gave providers the ability to print official immunization certificates for school health forms and generate batch immunization certificate reports. Work was started to build in the ability for electronic immunization data exchange into CIRTS and make improvements to the vaccine forecasting module.
- Affordable Care Act and Ryan White training sessions and educational materials were developed and provided for Ryan White Programs including the CT AIDS Drug Assistance Program, the CT Insurance Premium Assistance Program, and community providers to assist them in screening and referring their eligible clients for health insurance including expanded Medicaid through Access Health CT.
- DPH continues to expand opportunities for electronic disease reporting, which reduces the burden of manual data entry, reduces errors and increases timeliness of available information. Infection control practitioners at pilot acute care hospitals have been trained to access and report all infectious diseases via the web-based Connecticut Electronic Disease Surveillance System with this goal of expanding to all acute care hospitals in the next year. In addition, all full time local health departments/districts have been trained allowing them direct access to jurisdiction specific disease reports.
- DPH received \$1.8 million for the first year of a five year federal cooperative agreement to support Connecticut surveillance and laboratory activities to monitor and respond to infectious diseases. In addition, the DPH was also awarded \$3.2 million to support population based infectious disease research activities. These cooperative agreements provide resources for work on a wide range of diseases that includes influenza, antibiotic resistant bacteria, West Nile virus, Lyme disease and food-borne infections.
- Over ninety percent of community water systems in Connecticut met all applicable health-based standards through approaches that include effective treatment and source water protection; over 99 percent of the state's population was served by community water systems that met health-based standards. These measures exceeded national and EPA Region 1 targets
- Several new administrative processes, procedures, and policies were implemented to improve inventory management control systems and strengthen fiscal, and contracts and grants monitoring and performance.
- DPH worked with staff from the Office of Early Childhood (OEC) and the State Department of Education to implement a smooth transition of the child day care and youth camp licensing programs from the DPH to the OEC effective on July 1, 2014.
- DPH distributed performance based-report cards to HIV-funded contactors to show providers how well programs are progressing with meeting their annual goals, objectives, and target numbers. The HIV Testing report cards included the number of tests

conducted, number of newly and previously diagnosed HIV positives identified, and demographic information on the people tested.

Public Health Laboratory

- for and gain accreditation by the Public Health Accreditation Board. One requirement for this accreditation is demonstrating the capabilities and services provided by the Laboratory in support of the local public health infrastructure.
- The Laboratory implemented molecular testing for Middle East Respiratory Syndrome (MERS), a severe acute respiratory illness caused by the MERS-CoV [coronavirus](#), which has a mortality rate of about 30 percent.
- The Laboratory and its partner hospitals developed a system allowing birthing centers to track newborn screening (NBS) specimens after collection and shipment to the Laboratory. This system provides critical information both to the birthing center and the Laboratory's NBS Tracking program to ensure that NBS specimens are not lost or unduly delayed in transit.
- The Laboratory hosted a Laboratory Systems Improvement Process (L-SIP) meeting, to conduct a baseline assessment of the state's Laboratory system by comparison to national benchmarks. The meeting brought over 50 system partners together and generated a number of improvement opportunities.
- Recent efforts to implement the new Laboratory Information Management System (LIMS) have focused on the secure electronic transmission of test results to departmental surveillance partners and outside clients, interfacing of instruments to automatically download results data into LIMS, and piloting electronic signatures for reports. These efforts improve timeliness of reporting to clients and reduce mailing costs.

Public Health Preparedness

- A Statewide Strategic National Stockpile exercise, developed as a collaborative effort between DPH, state agencies, hospitals and local health agencies, was conducted delivering medical counter measures to 77 locations statewide.
- DPH participated in the Governor's statewide annual exercise along with 166 municipalities and two tribal nations.
- DPH participated in a Hostile Action Exercise monitored and evaluated by FEMA for the Nuclear Power Plants.
- DPH completed its statewide radio communications system with State Police giving encrypted communications capacity to DPH statewide and full interoperability for large scale emergencies
- DPH participated in a full scale Regional Mass Fatality Exercise in New York City with Office of the Chief Medical Examiner, New York, New Jersey and two counties in Pennsylvania for mass fatality
- The Laboratory participated in a multi-state full-scale EPA-sponsored exercise based on a scenario involving intentional contamination of a drinking water supply. The scenario required validation of a new laboratory method for chemical detection and interaction with utility players. Exercises such as this enhance emergency response capabilities.

- The Laboratory supported federal, state, and local law enforcement by testing environmental and clinical samples for potential bioterrorism agents. In FY14, twenty-seven environmental samples and twenty-one clinical samples were tested.

Environmental Health, Drinking Water and Food Safety Initiatives

- During state fiscal year 2014, the Drinking Water State Revolving Fund (DWSRF) Program committed approximately \$27.8 million dollars in new funding agreements for drinking water infrastructure and emergency power generator projects. Since the program began, 34 subsidized loans have been executed totaling over \$900,000 for the purchase and/or installation of 38 generators.
- The Food Protection Program (FPP) conducted 15 foodborne outbreak investigations, three of which were multi-state investigations involving commercially prepared food products or produce. The FPP enrolled in the CDC National Voluntary Environmental Assessment Information System that will better characterize establishments that have outbreaks and lead to improved public health interventions.
- The Lead and Healthy Homes Program developed a Healthy Homes web-based surveillance system module. The Healthy Homes Surveillance System was designed to uniformly collect data on housing conditions that impact population-based health outcomes. The property assessment data will be analyzed to identify and describe home-based health hazard trends for Connecticut residents.
- The Radon Program developed a radon web-based surveillance system. The RSS will assist the DPH in more readily describing radon, which is the leading environmental health risk for developing lung cancer, as a health problem, and addressing the timely identification and reduction of radon in schools and child daycares.
- The Environmental Health Assessment and Occupational Health Program and Private Well Program initiated a statewide campaign to educate private well owners about the need to test for naturally-occurring arsenic and uranium and maintain their wells. DPH is also conducting a survey of Connecticut wells for arsenic and uranium.
- The Environmental Health Assessment and Occupational Health Program completed and distributed an analysis of high hazard chemical facilities: Advanced military dispersion modeling software was used to identify potentially vulnerable populations and institutions around chemical facilities.

Health Care Quality, Safety, and Access

- DPH completed the third year of the mandated process for scope of practice determinations for healthcare professions that was enacted in 2012. Comprehensive findings were reported to the Public Health Committee of the General Assembly.
- Use of the states' eLicense system was expanded to increase efficiency, enhance services provided to licensees, the general public, and other interested stakeholders, and collect valuable data related to the state's health care workforce. DPH implemented legislation enacted during the 2013 legislative session to require physicians, dentists, and nurses to complete their licensing renewals using the online system.

- DPH participated in the Alzheimer's and Dementia Task Force, which developed recommendations to enhance the care and services to people with Alzheimer's and dementia.
- The Centers for Medicare and Medicaid Services (CMS) approved a proposal submitted by DPH to financially support the Long Term Care Mutual Aid Plan for Connecticut's nursing homes utilizing civil money penalties acquired through fines as a result of individual nursing home non-compliance with federal laws and regulations. The plan establishes a course of action and an agreed commitment among participating nursing homes to assist each other as needed in the time of a disaster.

Healthcare Access

- To educate and inform members of the legislature and the public, the Office of Health Care Access (OHCA) conducted the first of DPH's informational forums, which provided an introduction to OHCA's role in ensuring that access to affordable, quality health care is available. The presentation included an overview of the Certificate of Need process, how OHCA collects and uses hospital financial and other statistical data to report on the status of Connecticut's health care delivery system and a summary of OHCA's key reports and findings.
- OHCA issued its *Health Care Utilization in Connecticut* report which is statutorily mandated to be completed every two years. The report assesses the current availability and utilization of health care services throughout Connecticut. Using available health care data, it identifies current health care utilization trends and specifies geographic areas or subpopulations that may be underserved or have limited access to certain health care services.
- OHCA piloted an outpatient surgical data submission through a web portal in collaboration with its Outpatient Data Workgroup. Ten hospital outpatient surgical departments and six free standing outpatient surgical centers participated. OHCA worked with the Bureau of Enterprise Systems and Technology to provide facility participants secure access to the state's information technology network.
- OHCA implemented improvements to calculate the hospital payments using its Hospital Reporting System and is now using the state's CORE system to process quarterly invoices and late fees. These improvements are estimated to result in a number of efficiencies, including a reduction of process steps from 23 to 10, production time from 102.5 to 8 hours, and an increase of electronic fund transfers payments received from 19 to 29.

Health Promotion and Disease Prevention

- The Asthma Program was awarded federal funding to support a new project "Comprehensive Asthma Control through Evidence-based Strategies and Public Health-Health Care Collaboration" to help ensure comprehensive, sustainable services for residents with asthma at home, at school, and at work.
- DPH was awarded \$10 million in federal funding to promote school health and address chronic diseases such as diabetes, heart disease, obesity, and their associated risk factors.

Funding also supports strategies to prevent and reduce the risk factors associated with childhood and adult obesity. Work has begun with numerous partners to implement evidence and practice-based interventions in order to reach large segments of the state's population.

- The DPH Genomics Office collaborated with the DPH Newborn Screening Program on a new fact sheet titled: "Connecticut Newborn Screening Program: Making Sure Your Baby is Healthy," produced in English and Spanish for distribution to pregnant women in the WIC Program.
- The Office of Multicultural Health (OMH) received federal funding to implement the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, a set of 15 guidelines that inform and facilitate individual and institutional practices related to culturally and linguistically appropriate health and social services. CLAS Standards are intended to advance principles of health equity, improve quality of care and services, and help eliminate health care disparities.
- The Tobacco Use Prevention and Control Program kicked off a statewide Tobacco Free College Campus Initiative and received \$168,000 in Public Prevention Health Funding to better serve disparate populations with more culturally-appropriate materials and services.
- The results from the 2012 National Immunization Survey (NIS) reported in September 2013 show Connecticut with the 4th highest immunization coverage rate in the country for children 19 to 35 months of age. Connecticut's rate of 77 percent is significantly higher than the national rate of 68 percent.
- DPH, along community partners, created a seven-part poster campaign featuring Black MSMs from Connecticut. This campaign, which received national recognition, was created to empower young and middle aged Black MSMs to get regularly tested for HIV.
- Health Care Associated reporting in Connecticut continues to expand, now matching the types of HAIs and kinds of healthcare facilities that the federal Centers for Medicaid and Medicare Services report in their quality improvement programs. The DPH HAI program now reports central line associated blood stream and catheter associated urinary tract infections in acute care hospital ICUs, surgical site infections in hospitals, and hospital-onset Methicillin-resistant *Staphylococcus aureus* infections (MRSA).
- The DPH HAI program now tracks a serious form of antibiotic-resistance bacteria and funds a collaboration of healthcare facilities to begin or expand antibiotic stewardship programs to prevent antibiotic resistance, a model antibiotic stewardship project in the outpatient setting, and a collaborative of over 30 nursing homes to prevent *Clostridium difficile* diarrhea and antibiotic resistant bacteria.
- The Tuberculosis (TB) Control Program continued to oversee reductions in TB disease in the state with 62 cases reported in 2013, the lowest number ever reported in Connecticut. Connecticut was the first state in New England to use bedaquiline for the treatment of a patient with multi-drug resistant TB. Bedaquiline is the first drug with a novel mechanism of action approved for the treatment of TB in over 40 years.
- A multistate outbreak of *Vibrio parahaemolyticus* infections investigated and determined to be caused by a strain associated with consumption of Atlantic coast shellfish. Specific shellfish harvest areas were identified through a joint DPH and Department of Agriculture (DA). Shellfish bed closures and recalls, as well as consumers warnings,

helped control the outbreak and prevent additional illnesses in Connecticut and surrounding affected states.