



Connecticut Local Health Annual Report SFY 2018

*** 1. Department Name**

*** 2. Do you have a Board of Health?**

Yes

No



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Board of Health

Please complete this section if you have a Board of Health

Chairperson	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>

Board Function

- Advisory
- Policy Making
- Advisory & Policy Making

Number of Board Members



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Director of Health and Local Health Department Information

*** 1. Director of Health (ES 8)**

Name

Degree(s)

Active CT License(s)

Number of hours in
Director of Health's
average work week

*** Please list salary figures as whole dollars per year.**

Minimum Annual Salary

Maximum Annual Salary

Actual Annual Salary

*** An Acting Director of Health is defined as an approved individual covering for a Director of Health when he or she is absent, for example, due to a vacation, medical leave, conference, or position vacancy. See Connecticut General Statute Section 19a-200 or 19a-244.**

2. Do you have a staff person(s) who is the Acting Director of Health in your absence?

Yes

No

If yes, please provide the name(s) of the Acting Director of Health.

If no, how do you assure coverage when the Director of Health is absent?

- A Director of Health in a neighboring municipality/health district through a formal MOU/MOA.
- A Director of Health in a neighboring municipality/health district without a formal MOU/MOA

*** 3. Does your department include a Housing Department?**

- Yes
- No

*** 4. Does your department include a Social Services Department?**

- Yes
- No

*** 5. Does your department include additional non-public health programs?**

- Yes
- No

If yes, what other types of programs?

*** 6. Are there any collective bargaining units in your department?**

- Yes
- No

If yes, how many?

*** 7. Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program?**

- My department has achieved accreditation
- My department has submitted an application for accreditation
- My department has registered in e-PHAB in order to pursue accreditation
- My department plans to apply for accreditation, but has not yet registered on e-PHAB
- My department has not decided whether to apply for accreditation
- My department has decided NOT to apply for accreditation

8. In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?

- 2018
- 2019
- 2020
- 2021
- 2022 or later
- Have not decided on a target year

*** 9. The following items refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS). Guiding documents regarding National CLAS Standards can be found in CT DPH's Health Equity Toolkit or on the Office of Minority Health's Cultural and Linguistic Competency webpages.**

My department:

	Yes/No
b. Advances and sustains organizational governance and leadership that promotes National Standards for Culturally and Linguistically Appropriate Services and health equity through policy, practices and allocated resources.	<input type="text"/>
c. Recruits, promotes and supports a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.	<input type="text"/>
d. Educates and trains governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	<input type="text"/>
e. Offers language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	<input type="text"/>
f. Informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	<input type="text"/>
g. Ensures the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	<input type="text"/>
h. Provides easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	<input type="text"/>
i. Establishes culturally and linguistically appropriate goals, policies and management accountability, and infuses them throughout the organization's planning and operations.	<input type="text"/>
j. Conducts ongoing assessments of the organization's CLAS-related activities and integrates CLAS-related measures into assessment measurement and continuous quality improvement activities.	<input type="text"/>
k. Collects and maintains accurate and reliable demographic data to monitor and evaluates the impact of CLAS on health equity and outcomes and to inform service delivery.	<input type="text"/>
l. Conducts regular assessments of community health assets and needs, and uses the results to plan and implement services that respond to cultural and linguistic diversity of populations in the service area.	<input type="text"/>
m. Partners with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	<input type="text"/>
n. Creates conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	<input type="text"/>
o. Communicates the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	<input type="text"/>



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Local Health Personnel (ES 8)

Instructions:

- 1) Report the number of staff in the following job categories that are currently employed full-time, part-time and contractually by your department.
- 2) Count each staff person **once** and categorize the staff person by his/her primary job responsibilities. If a staff person holds multiple job titles, for example, Health Educator and Emergency Response Coordinator, you may choose to count that person as part-time in each of the job categories.
- 3) Salary figures are per hour in whole dollars. For salary and stipend employees, please calculate an hourly rate. For example, a medical director who receives \$1500/year and works approximately 1 hour per month is paid \$125/hour (\$1,500 divided by 12 hours = \$125 per hour). If an hourly rate for a stipend employee can not be determined, please enter the information in the text box labeled "other paid worker."

Administrative

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
1. Assistant or Deputy Director of Health	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
2. Environmental Health Supervisor	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
3. Nursing Supervisor	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
4. Office Manager	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
5. Bookkeeper	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6. Secretary	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Medical

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
7. Dental Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dietitian / Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lab Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Nurse* (RN, APRN) <i>*Does not include School Nurse</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Physician / Medical Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. School Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Health

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
14. Emergency Preparedness Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Environmental Health Inspector (e.g., food, lead, housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Epidemiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Health Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Outreach Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other Paid Worker <i>(Please describe below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Paid Worker, please describe

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

	#
Dental Hygienist (RHD)	<input type="text"/>
Dentist (DMD/DDS)	<input type="text"/>
Food Inspector	<input type="text"/>
Health Educator (CHES)	<input type="text"/>
Lead Assessor	<input type="text"/>
Lead Inspector	<input type="text"/>
Nurse (RN/APRN)	<input type="text"/>
Pharmacist (RPh)	<input type="text"/>
Phase I SSDS	<input type="text"/>
Phase II SSDS	<input type="text"/>
Physician (MD/DO)	<input type="text"/>
Registered Dietitian (RD)	<input type="text"/>
Registered Sanitarian (RS)	<input type="text"/>
Social Worker (LSW)	<input type="text"/>
Veterinarian (DVM/VMD)	<input type="text"/>
Other (<i>Please describe below</i>)	<input type="text"/>

Other License/Certification, please describe



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Public Health Revenue *Public Health Department Revenue*

Provide the following Revenue information for the most recently completed State fiscal year.

- 1) For local health departments that include other non-public health departments or programs, please report only the revenue allocated for public health services.
- 2) Please list figures as whole dollars.

*** 1. DPH funds - all regardless of source**

Amount \$

*** 2. State funds - other than DPH**

Amount \$

*** 3. Federal sources - direct**

Amount \$

*** 4. Licensure/Permit fees**

Amount \$

*** 5. Local funds - city/town sources**

Amount \$

*** 6. Medicaid**

Amount \$

*** 7. Medicare**

Amount \$

*** 8. Other revenue**

Amount \$

*** 9. Patient personal fees**

Amount \$

*** 10. Private foundations**

Amount \$

*** 11. Private health insurance**

Amount \$

What is your total operating budget?



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10 Essential Services - #1

1: Monitor health status to identify and solve community health problems

*** 1. Within the last 5 years, has your department collaborated with a hospital or hospital system, government agencies, for-profit and not for profit agencies, and others to develop a Community Health Needs Assessment?**

Yes

No

*** 2. Does your department have a written protocol or procedure for collecting population-level surveillance data?**

Yes

No

If yes, does it include: (Select all that apply)

How the data are reported and collected (CTEDSS, CTSITE, email, phone, website)

The source of data

Specification of which data are confidential

Protecting confidential data

Ensuring data security

How and at what frequency the reporting system is tested

Other, please describe

*** 3. Has your department been involved with the collection of primary quantitative data within the past year?**

- Yes
- No

If yes, how? (Select all that apply)

- Surveys of target groups
- Inspection data
- Data collected for a community health assessment
- Surveillance data
- Other, please describe

*** 4. Has your department provided data on the health of your local population to DPH within the past year?**

- Yes
- No

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

- Data submitted for registries (e.g., immunization, cancer)
- Vital records data
- Environmental public health
- Data in CTEDDS, CTSITE
- Other, please describe

*** 5. Does your department share public health data with your community?**

- Yes
- No

If yes, who is it shared with? (Select all that apply)

- Board of Health
- Elected/Municipal authorities
- General public
- Public health partners
- Media
- Department of Public Health
- Grant funding agencies
- Other, please describe

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

- De-identified data sets
- Summary/Statistical reports
- Presentations
- Fax sheets
- Website
- Media/Press releases
- Community forums
- Annual reports
- Public health partnership meetings
- Other, please describe



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10 Essential Services - #2

2: Diagnose and investigate health problems and health hazards in the community

*** 1. Does your department have a written protocol that includes a procedure for conducting investigations of suspected or identified health problems and environmental and occupation health hazards?**

Yes

No

*** 2. Has your department completed an investigation of a non-infectious health problem, environmental, and/or occupational public health hazard within the past year?**

Yes

No

If yes, what type of investigation? (Select all that apply)

Lead

Radon

Water

Chronic disease

Injuries

Occupational hazard

Other, please describe

*** 3. 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 year?**

Yes

No

If yes, what type of investigation? (Select all that apply)

Reportable diseases

Disease outbreaks

Chronic disease

Environmental public health issues

Injuries

Other, please describe

If yes, which partners did your department work with? (Select all that apply)

DPH

DEEP

DEMHS

Health care entity

Police

EMS

Fire

Housing

Community organizations

Schools

Other, please describe

*** 4. Does your department have a current tracking log or audit of reports of disease reporting, laboratory test reports, and/or investigations with timelines?**

Yes

No

If yes, select all that apply

Tracking log

Audit

CTEDSS, CTSITE

Other, please describe

*** 5. Does your department have a written procedure that describes the process for initiating the emergency operations plan in your jurisdiction for public health threats, specifically for infectious disease outbreaks?**

Yes

No

*** 6. Does your department utilize the State Public Health Laboratory for testing?**

Yes

No

*** 7. Does your department have access to other certified laboratories for environmental testing?**

Yes

No

*** 8. Does your department have a written policy to reach State Public Health Laboratory staff 24/7 in the event of an emergency?**

Yes

No

*** 9. Does your department have written protocols for handling and submitting specimens to laboratories, including the State Public Health Laboratory?**

- Yes
- No

*** 10. Does your department have a written protocol describing how to communicate with staff, health care providers, response partners, the media, and others 24/7?**

- Yes
- No

*** 11. Does your department have instructions for the public on how to report a public health emergency?**

- Yes
- No

If yes, how does your department inform the public? (Select all that apply)

- Media/Press releases
- Website
- Social media
- Utilizes the CERC plan
- Other, please describe

*** 12. How (what method) does the public and/or partners contact your department 24/7 in the case of a public health emergency? (Select all that apply)**

- Website
- 24/7 phone number
- Email
- Police dispatch
- Staff call down list
- Other, please describe



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10 Essential Services - #3

3: Inform, educate, and empower people about health issues

*** 1. Has your department provided information to the public on health risks, health behaviors, disease prevention, or wellness within the past year?**

- Yes
- No

If yes, how has your department provided information? (Select all that apply)

- Public presentation
- Press release
- Media
- Brochure
- Social media
- Public service announcement
- Other, please describe

*** 2. Has your department developed and implemented or sustained population-based health promotion strategies within the past year?**

- Yes
- No

If yes, how? (Select all that apply)

- Farmers markets
- Smoke free zones
- Biking pathways
- Immunizations
- Walking clubs
- Healthy homes
- CIRTS
- Radon
- Other, please describe

If yes, was implementation done in collaboration with partners and/or the community?

- Yes
- No

If yes, select all that apply

- Public schools
- Local governmental agencies
- Non-profits
- Health care entity
- Community members
- Other, please describe

If yes, were any of the strategies evidence-based or a promising practice?

- Yes
- No

*** 3. Has your department assessed health inequity across your jurisdiction?**

- Yes
- No

*** 4. Has your department distributed information to the public about public health and/or about your department's mission, programs, and services within the past year?**

- Yes
- No

If yes, how? (Select all that apply)

- Website/Webpage
- Services directory
- Newspaper insert
- Public health campaign (e.g. This is Public Health)
- Social media
- Email listserv
- Program flyer
- Brochure
- Other, please describe

*** 5. Has your department communicated with the media to ensure their understanding of public health and that they cover important public health issues within the past year?**

- Yes
- No

If yes, how has your department communicated with the media? (Select all that apply)

- Print media
- Radio
- Television
- Blogger
- Web reporter
- Free community newspapers
- Non-English language newspapers or radio
- Other, please describe

*** 6. Does your department have a policy, plan or strategy for branding the department?**

- Yes
- No

*** 7. Does your department have the ability to inform the public about public health issues, such as emergencies, health data, laws or codes and program activities?**

- Yes
- No

If yes, how does your department inform the public? (Select all that apply)

- Website/Webpage
- Radio
- Television
- Videos
- Interviews
- Brochures
- Flyers
- Internet
- Facebook
- Other, please describe

*** 8. Does your department have demographic data defining ethnic distribution and languages in the jurisdiction?**

- Yes
- No

*** 9. Does your department have methods in place to provide interpretation, translation or other communication services?**

- Yes
- No



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10 Essential Services - #4

4: Mobilize community partnerships and action to identify and solve health problems

*** 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

No

**If yes, which health issues(s) were addressed within the community partnerships(s) or coalition(s)?
(Select all that apply)**

- Maternal and child health
- HIV/AIDS
- Childhood injury prevention
- Chronic disease prevention
- Obesity
- Anti-tobacco
- Health equity
- Immigrant workers
- Housing
- Transportation
- Parks and recreation
- Domestic violence
- Substance abuse
- Other, please describe

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

- Public schools
- Local governmental agencies
- Non-profits
- Health care entity
- Community members
- Other, please describe

*** 2. Has your department engaged with the community about policies and/or strategies that will promote public health?**

Yes

No

If yes, what sectors of the community have been engaged? (Select all that apply)

Senior citizens

School-age groups

Parent/Teacher groups

Service providers, i.e. tattoo artists, salon owners, nail technicians, massage therapists, etc.

Advisory groups or boards of health

Other, please describe

*** 3. 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 year?**

Yes

No

If yes, please describe



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10 Essential Services - #5

5: Develop policies and plans that support individual and community health efforts

*** 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?**

Yes

No

If yes, please describe how.

Policies can be state, local or tribal and tracking can be done by your department or another organization (e.g. CADH, CEHA, CPHA)

*** 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

No

If yes, which methods did your department utilize? (Select all that apply)

- Issue briefs
- Media statements
- Fact sheets
- White papers
- Official public testimony
- Participation in an advisory or work group
- Other, please describe

*** 3. Does your department inform local and/or state policy makers and/or the public about the potential public health impacts of policies that are being considered or in place?**

- Yes
- No

If yes, by what method? (Select all that apply)

- Email
- Written reports
- Meetings
- Verbal/Written testimony
- Fact sheets
- Other, please describe

*** 4. Within the last five (5) years, has your department collaborated with a hospital or hospital system, government agency, for profit and not for profit agency, and other others to develop a Community Health Improvement Plan?**

- Yes
- No

*** 5. Has a committee been formed or has consideration been given as to which community entities or groups should participate on a strategic plan workgroup?**

Yes

No

*** 6. Has your department created an organization-specific strategic plan within the last five (5) years?**

Yes

No

If yes, what does your strategic plan include? (Select all that apply)

Mission, vision and value statements

Strategic priorities

Measurable and time-framed goals and objectives

Capacity for enhancement of information management, workforce development, communications, and financial sustainability

Identification of external trends and events impacting public health

Analysis of strengths and challenges

Links to the department's Health Improvement Plan and Quality Improvement Plan

*** 7. Has your department participated in preparedness meetings with other government agencies and other health departments within the past year?**

Yes

No

*** 8. 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 year?**

Yes

No

If yes, did your department conduct a debriefing or After Action Report from the emergency or drill/exercise?

Yes

No

*** 9. Has your department collaboratively revised an All Hazards EOP within the past five (5) years?**

Yes

No

*** 10. Does your department have a public health emergency response plan that is dated within the past five (5) years?**

Yes

No

*** 11. Has your department tested the plan within the past year through the use of drills and exercises?**

Yes

No

If yes, did your department complete an After Action Report after the emergency or exercise/drill?

Yes

No

*** 12. Has your department revised the public health emergency response plan within the past year?**

Yes

No



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10 Essential Services - #6

6: *Enforce laws and regulations that protect health and ensure safety*

*** 1. Has your department staff participated in training on public health law related to job responsibilities within the past year?**

- Yes
- No

If yes, what type of training? (Select all that apply)

- Food certification
- Lead certification
- Infectious disease reporting
- Vaccination laws
- Other, please describe

*** 2. How does your department ensure the consistent application of public health laws?**

- Internal audits
- Enforcement log
- Written review of case reports
- Communications with other agencies
- Other, please describe

*** 3. Does your department make information concerning public health laws and permit/license applications available to members of the public?**

Yes

No

If yes, how does your department make information available to the public? (Select all that apply)

Website

Flyers

Brochures

Information session

Other, please describe

*** 4. Does your department provide educational material and information to regulated entities?**

Yes

No

*** 5. Does your department have a local ordinance/regulation for conducting enforcement actions?**

Yes

No

If yes, for which establishments? (Select all that apply)

- Housing
- Food
- Hair salon
- Nail salon
- Tattoo parlor
- Body piercing
- Public pool
- Massage parlor
- Day cares
- Other, please describe

If yes, does your department have written procedures or protocols for conducting enforcement actions?

- Yes
- No

*** 6. Does your department have a schedule for inspecting regulated entities?**

- Yes
- No



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10 Essential Services - #7

7: *Link people to needed personal health services and assure the provision of health care when otherwise unavailable*

*** 1. Has your department collaboratively implemented strategies to improve access to health care services for those who experience barriers within the past year?**

- Yes
 No

If yes, what strategies have been implemented? (Select all that apply)

- Coordination of service programs
- Contractual arrangements with local VNA services
- Cooperative system of referrals between partners
- Case management
- Assistance to eligible beneficiaries with application in Medicaid, workers' compensation, or other medical assistance programs
- Assister program (Health Insurance Marketplace)
- Co-location of services to optimize access (e.g., WIC, immunizations, and lead testing)
- Subcontracts in the community to deliver health care services in convenient and accessible locations
- Transportation programs
- Other, please describe

*** 2. Has your department documented initiatives to ensure that access and barriers are addressed in a culturally competent manner?**

Yes

No

If yes, how? (Select all that apply)

Parish nurses program/Faith-based organizations

Lay community health advocates

Language line/Contract with interpretative services

Informational documents in other languages

Adopting National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Bilingual staff

Other, please describe



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10 Essential Services - #8

8: Assure competent public and personal health care workforce

*** 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
- No

If yes, how? (Select all that apply)

- Collaboration with a school or college of public health to host interns/volunteers
- Guest lecturing at a college
- Making presentations to students about public health and public health careers
- Participating in student career fairs
- Working with a vocational training school to promote public health
- Other, please describe

*** 2. Does your department have a workforce development plan?**

- Yes
- No

*** 3. Does your department assess staff competencies, provide training and professional development, and provide a supportive work environment?**

- Yes
- No

If yes, how does your department ensure a competent workforce? (Select all that apply)

- Document the process for recruitment of qualified staff
- Job descriptions and requirements for specific certifications, skills, training, experience and education
- Policies for recruitment of individuals who reflect the demographics of the population the department serves
- Staff retention activities
- Have a process to verify staff qualifications
- Document that the qualifications have been verified for all staff hired within the past two (2) years
- Annual performance reviews
- Other, please describe

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

- Yes
- No

If yes, how are staff participating in professional development activities? (Select all that apply)

- Continuing education for certifications/licenses
- Training opportunities
- Mentoring
- Job shadowing
- Learning by teaching
- Tuition reimbursement
- Other, please describe

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

- Yes
- No

If yes, how? (Select all that apply)

- Executive management seminars or programs
- Graduate programs in leadership/management
- Attending relevant meetings and conferences
- Leadership institutes
- Other, please describe



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10 Essential Services - #9

9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

*** 1. Has your department evaluated the effectiveness, efficiency or quality of programs and services within the past year?**

- Yes
- No

If yes, how? (Select all that apply)

- Program evaluation
- Internal or external customer satisfaction survey
- Analysis of performance measures
- Quality improvement project
- Training evaluation
- Time study
- Other, please describe

If yes, has your department used the information to improve department performance or community health outcomes?

- Yes
- No

*** 2. Has your department implemented a systematic process for assessing customer satisfaction with department services from different types of customers?**

Yes

No

If yes, with what kinds(s) of customer groups? (Select all that apply)

Governing entities

Food establishment owners

Tradesmen

General public

Clients of programs

Patient services

Other, please describe

If yes, with what delivery mechanism? (Select all that apply)

SurveyMonkey

Written survey

Postcard

Email

Focus group

Key informant interview

Feedback box

Other, please describe

If yes, how was customer satisfaction survey results shared? (Select all that apply)

- Survey results are used internally with employees
- Results are reported online to the community
- Survey results are reported back to the customer group
- Formal report to elected official or board of health
- Other, please describe

*** 3. Does your department have a quality improvement plan?**

- Yes
- No



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10 Essential Services - #10

10: Research for new insights and innovative solutions to health problems

*** 1. Has your department incorporated an evidenced-based or promising practice in a process, program or intervention?**

- Yes
- No

If yes, where was the source of the evidence-based or promising practice? (Select all that apply)

- Published study or article
- Local agencies/departments
- State agencies/departments
- National organizations
- Community-based organizations
- Colleagues/Peers
- Other, please describe

*** 2. 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 year?**

- Yes
- No

If yes, please describe the research

If yes, who did your department communicate the research findings with? (Select all that apply)

- Governing entity
- Elected/Appointed officials
- Local agencies/departments
- State agencies/departments
- Community organizations
- Health care providers
- General public
- Other, please describe



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10 Essential Services *Certification*

*** 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

No