



CONNECTICUT
DEPARTMENT OF
PUBLIC HEALTH

STRATEGIC PLAN 2023-2025

Manisha Juthani, MD
Commissioner

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List of Acronyms

Acronym	Definition
ACIP	Advisory Committee on Immunization Practices
ARPA	American Rescue Plan Act
BIL	Bipartisan Infrastructure Law
BRACE	Building Resilience Against Climate Effects
BRFSS	Behavioral Risk Factor Surveillance System
CDC	National Centers for Disease Control and Prevention
COTS	Commercial off-the-shelf
CSHS	Connecticut School Health Survey
CTData	CT Data Collaborative
CTEDSS	Connecticut Electronic Disease Surveillance System
CT TRAIN	TRAIN Connecticut Learning Network
CVP	Connecticut Vaccine Program
DMI	Data Modernization Initiative
DOC	Connecticut Department of Correction
DPH	Connecticut Department of Public Health
DSS	Connecticut Department of Social Services
eCR	Electronic Case Reporting
ED	Emergency department
EHDW	DPH Environmental Health & Drinking Water Branch
EPA	Environmental Protection Agency
EWCT	Every Woman CT
GC3	Connecticut Governor's Council on Climate Change
HAI	Healthcare-associated infection
HCO	Healthcare organization
HIV	Human immunodeficiency virus
HL7	Health Level 7 International standards for electronic exchange
HPSA	Health professional shortage area
HPV	Human papillomavirus
ITOP	Induced Termination of Pregnancy
IUP	Intended Use Plans for State Revolving Funds for Lead Service Line Replacement
LHD	Local Health Departments and Districts
LIMS	Laboratory Information Management System
LSL	Lead Service Line
OEMS	DPH Office of Emergency Medical Services
OD	Overdose
OHE	DPH Office of Health Equity
PFAS	Per- and polyfluoroalkyl substances
PLWH	People living with HIV
PReP	Pre-exposure prophylaxis
PREP	DPH Personal Responsibility Education Program
QI	Quality Improvement
RSV	Respiratory syncytial virus
SAFER	Child Day Care Screening Assessment For Environmental Risk program
SDoH	Social determinants of health
SEPI-CT	Substance Exposed Pregnancy Initiative of Connecticut
SUD	Substance use disorder
WIIN	Water Infrastructure for Improvements to the Nation Act

Commissioner's Letter



On behalf of the Connecticut Department of Public Health, I am pleased to present our agency's Strategic Plan for 2023-2025. This plan represents the Department's ongoing reflection and discussion of our work and priorities in public health.

This plan establishes **five key strategic priorities** to build upon existing programs, draw on lessons learned from the COVID-19 pandemic, and revitalize our role in public health in Connecticut. Now is the moment to understand how the past three years of responding to the pandemic, with the support of our community, local, state, and federal partners, have made the Department of Public Health stronger. Each of our priorities draws on existing strengths and capabilities at the Department, while working to mainstream health equity as the driving force in all that we do.

Ensuring **Health Access & Quality** of care and services promotes health as a right not a privilege and encompasses our efforts to expand coverage of key preventative measures to improve population health. This priority also frames our work reimagining the long-term care industry serving some of the most vulnerable populations in our state.

During the COVID-19 pandemic, we were forced to prioritize our response, meaning other public health crises including gun violence, maternal health, mental health, and the opioid crisis lacked sufficient attention. **Community-Centered Solutions** reorients our foundational capacities towards addressing these public health imperatives with a focus on meeting communities where they are.

Building **Resilience Against Health Threats** brings a health equity approach to bolstering our leadership in responding to emerging public health threats. Within this priority, we are structuring our Office of Climate and Public Health to mitigate and adapt to climate-related disease and exposure, taking a multi-pronged approach to reducing exposure to environmental contaminants and building upon key lessons learned during COVID-19 to continue improving our preparedness strategies.

Workforce Development has been one of my leading goals throughout my tenure. I established the Office of Public Health Workforce Development to work closely with our own staff, local health, and our universities to identify ways to address burnout and staffing concerns across the agency and the public health sector. I am proud to see this effort expand within this Strategic Plan to launch new degree programs, curricula, and foster wellness support for public health workers, with the ongoing goal of building a diverse workforce reflective of the communities we serve.

Fostering **Trust and Transparency** encompasses ongoing work to modernize our data management, leverage data collection to support meaningful public health action, engage the public as demand grows for public health information, and sustain a proactive communications strategy to support each priority area within our Strategic Plan.

Together these five strategic priorities give the Department a compass to drive our work in the years to come, drawing on our longstanding mission, values, and principles. I close by extending thanks to each of our local health, community, state, governmental, and federal partners who make our work possible and meaningful. With your ongoing support and engagement, we look forward to bringing the public health vision articulated in this Strategic Plan into action.

Sincerely,

A handwritten signature in black ink that reads "Manisha Juthani". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Manisha Juthani MD, Commissioner

Vision, Mission & Values

Vision

Healthy People in Healthy Connecticut Communities

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
- Promoting the equal enjoyment of the highest attainable standards of health, which is a human right and a priority of the state

Values

Performance-based	We learn from our past efforts and use performance measures and data to focus our future efforts.
Equitable	We foster policies and programs that promote fairness, social justice, equity, and cultural competence.
Professional	We respect and uphold the high standards, skills, competence, and integrity of our professions.
Collaborative	We work together and with others who share a similar vision of the mutual benefit of the community.
Accountable	We are responsive and transparent to the public in our actions and communications
Innovative	We are creative and seek out new ways to solve problems.
Service-oriented	We respect, listen, and respond to our customers.

Agency Overview

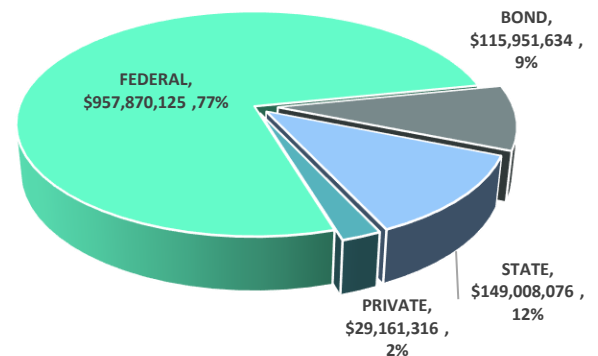
Since 1878, the Connecticut Department of Public Health (DPH) has been the lead agency protecting and promoting the health of Connecticut residents. With over 700 employees, DPH serves to prevent and control disease and other public health threats. Agency activities include conducting direct public health interventions, policy development, and advocacy; gathering and sharing health information and education; coordinating data collection and surveillance of health threats; and regulatory oversight of licensed professions and facilities to promote health and safety. Our agency has been an accredited state health agency since 2017 through the Public Health Accreditation Board.

DPH serves as a hub for statewide public health services, partners with local health departments and districts, coordinates funding and technical assistance through federal initiatives, and conducts training and certification. As an executive agency under the Office of the Governor, DPH provides public health information and expertise to all levels of state government.

AGENCY FUNDING PROFILE

AS OF MAY 4, 2023

SOURCE	Grant Award.	Grant Award %
STATE	\$149,008,076	11.90%
PRIVATE	\$29,161,316	2.33%
FEDERAL	\$957,870,125	76.51%
BOND	\$115,951,634	9.26%
Grand Total	\$1,251,991,151	100.00%



Department of Public Health Strategic Priorities 2023-2025



COVID-19 Learning in Action

As part of the DPH Infectious Diseases Section response to the COVID-19 pandemic and the need for daily data updates, the Informatics and Analytics Program at DPH developed a series of automated processes that take the latest surveillance data from the primary disease surveillance system (CTEDSS) to populate a data model that is designed for analytics. The data variables pulled for analytic reporting are a common subset of data variables across all infectious reportable diseases captured in CTEDSS, so data for other diseases can be pulled in a similar manner. These processes have been developed and are fully automated.

Recently, this approach was used for the influenza and mpox public facing dashboards. A similar approach has been used to securely provide CT local health departments access to their line level COVID-19, gonorrhea, and chlamydia case data so that local analyses can be done. This work is part of larger data modernization initiative (DMI) efforts at DPH for automating data processes. As a result of this work, the Infectious Diseases Section can more quickly analyze and produce data driven reports and dashboards. This approach increases our overall efficiency and allows staff additional time to focus on surveillance related activities.

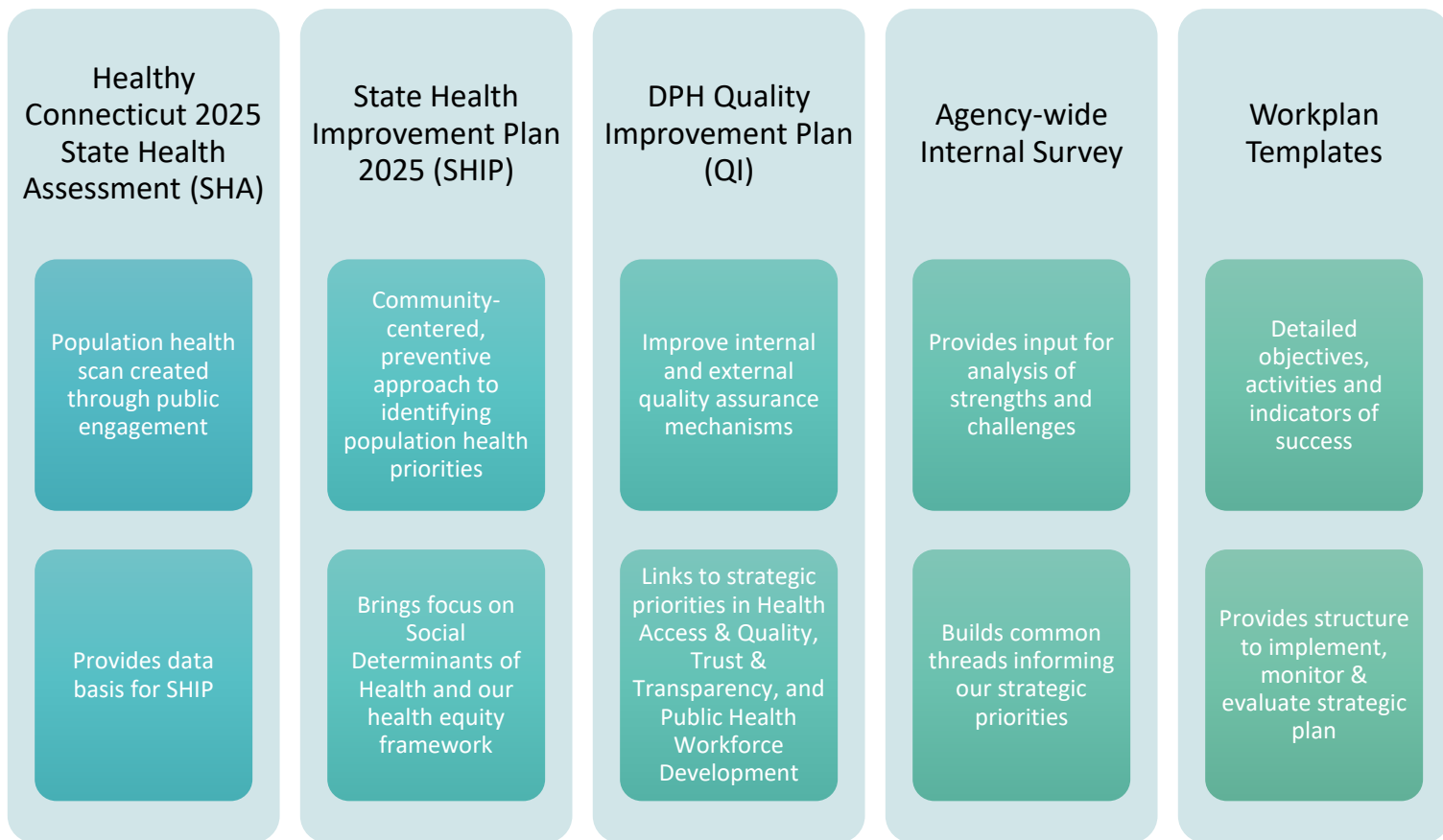
Responding to COVID-19 in Connecticut: fortifying our approach to public health

Leading the statewide COVID-19 pandemic response prompted DPH to pivot existing capacities and expertise to lead the response to the pandemic in a way that prioritized equity. As DPH recalibrates resources that were directed towards COVID-19, the strategic planning process offers the opportunity to identify and reflect on the disparate impacts the pandemic had on Connecticut communities. DPH leadership in the statewide COVID-19 response highlighted community engagement, addressing social determinants of health, and effective communications as essential tactics in achieving our vision of Healthy People in Healthy Connecticut Communities.

As the department emerges from the pandemic, we are continuing to use these tactics to drive change. These include rebuilding a burned-out public health workforce, updating our data and communications strategies, and expanding evidence-informed community engagement.

Context, Process, and Inputs

DPH undertook a new strategic planning process to develop the current 2023-2025 plan to align both themes and timelines with the interlocking set of planning and evaluation documents supporting our national accreditation as a health department. These key documents provided a starting point for our strategic planning process which we complemented with an internal survey, program-level workplan templates, and structured discussion across leadership, branches, and sections to set strategic priorities that reflect the entire agency. This 2023-2025 Strategic Plan has been shared with agency leadership, with all agency staff, and with the DPH governing entities (Office of Policy & Management and the Office of the Governor) within the executive branch of Connecticut state government to secure meaningful feedback, commitment, and alignment.



Our analysis of the inputs identified above revealed shared **challenges** across DPH related to workforce, communication, bringing our expert data collection into effective public health action, and shifting from a crisis response mindset to a more preventive and holistic approach to solving public health problems. This analysis also showed agency-wide **strengths** including dedication to public service, staff expertise, robust pandemic response, and the capacity to enact effective prevention tactics across the spectrum of our public health work. The Strategic Plan is designed to **highlight examples** of objectives from across our organizational sections that align with each strategic priority.

SWOT Analysis: Evaluating DPH Assets and Challenges

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis is a way to take stock of factors the agency should consider when identifying priorities. The SWOT provides an opportunity for collaborative reflection by DPH staff through an agency-wide survey conducted in Fall 2022. The SWOT analysis shows how each of our strategic priorities draws on common threads identified through this collective process. Strengths and weaknesses include items internal to DPH, while the opportunities and threats categories cover external factors shaping our agency's work.

STRENGTHS

- Expertise in prevention
- Staff commitment to public service – people are our greatest asset
- Powerful collection and tracking of public health data
- Dedicated Office of Health Equity
- Robust pandemic response and emergency preparedness operations
- Recruiting new staff bringing cross-sectoral experience
- Strong partnerships with community-based safety-net service programs and agencies
- Longstanding relationships with local health

WEAKNESSES

- Related work is siloed
- Lack of cross-agency learning and intra-agency partnerships
- Being stuck in crisis response
- Strain on workforce due to understaffing
- Disconnection
- Lack of cohesive performance management system
- Inefficient approval and production of deliverables
- Lack of sufficient data infrastructure to apply public health data

OPPORTUNITIES

- Availability of increased funding streams for public health
- Development of stronger prevention emphasis post-COVID-19
- Expansion of systemic and integrated approaches to public health interventions
- Better public understanding of the role of public health
- Increased public demand for public health data

THREATS

- Lack of robust local infrastructure to promote prevention work
- Changing demographics and community needs
- Cuts in state funding
- Challenges attracting and retaining the next generation of the public health workforce
- Challenges reinforcing and sustaining external partnerships due to contracting delays and poor communication
- Misinformation in the public domain
- Increased threat of pandemics & [One Health](#) concerns
- Climate change leading to new threats
- Healthcare and public health workforce burnout

Health Equity in All Strategic Priorities



DPH understands **health equity** to mean the attainment of the highest level of health for all people, regardless of factors including age, sex, race or ethnicity, gender identity, sexual orientation, disability status, socioeconomic status, or geographic location that contribute to an individual's ability to achieve good health.

DPH frames our public health strategic priorities within the goal of improving health equity and integrates a health equity lens into all operations.

Health equity requires addressing **health disparities**, understood as *preventable differences* in health

status, health risk, or health outcomes. DPH recognizes how **social determinants of health** (SDoH) form the root conditions of health inequity for vulnerable and disadvantaged populations. Social determinants of health may include social, economic, environmental, and occupational conditions. Each of these factors intersect with structural racism and inherent bias to shape inequitable health outcomes in Connecticut.

In surveying our efforts to lead COVID-19 recovery, meet the needs and challenges identified in the SHIP and State Health Assessment, and take stock of agency-wide goals and challenges in articulating this new strategic plan, we reiterate our commitment to pursuing equity by focusing on **vulnerable and disadvantaged populations** in our public health action and planning. These communities include children and young people, people with disabilities, seniors, Black, Indigenous, and, People of Color (BIPOC) populations, veterans, those facing homelessness and housing insecurity, those facing incarceration, those living with substance use disorders, and LGBTQIA+ communities.

Health Equity at DPH: Applying the Foundational Capabilities



The Foundational Public Health Services model outlines **eight core capacities needed to support basic public health protections, programs, and activities, identified as the Foundational Capabilities**. DPH relies on this framework to draw on existing capacities as we focus on health equity throughout the Strategic Priorities identified in this plan. This Strategic Plan strengthens DPH’s infrastructure in each Foundational Capability and demonstrates how health equity is fundamental to the progress in both DPH’s Foundational Capabilities and the five Strategic Priorities.

Foundational Capabilities

- Assessment and Surveillance
- Community Partnership Development
- Equity (cross-cutting)
- Organizational Competencies
- Policy Development and Support
- Accountability and Performance Management
- Emergency Preparedness and Response
- Communications

The following table illustrates how DPH employs our foundational capabilities to advance each of the 5 Strategic Priorities by mainstreaming health equity action.

FPHS Foundational Capabilities	Driving Health Equity Action at DPH	Strategic Priority
Assessment & Surveillance; Organizational Competencies; Accountability & Performance Management; Policy Development & Support	Evaluate and reintegrate health equity metrics into data collection and surveillance; align resource distribution; engage in quality improvement projects to advance health equity; and include equity analysis in policy proposals	Health Access & Quality
Community Partnership Development	Identify four focus areas of social determinants of health via SHIP implementation, and promote community-centered solutions for each	Community-Centered Solutions
Policy Development & Support; Communications; Emergency Preparedness & Response	Emphasize equity in designing policies to address climate impact, adaptation, and mitigation. Ensure successful reach of communication to vulnerable & disadvantaged communities in conversation to promote resilience against health threats and effective emergency response	Resilience Against Health Threats
Organizational Competencies	Expand and refocus Office of Health Equity as agency-wide technical experts. Implement Workforce Development strategic plan to cultivate diverse and culturally competent public health workforce within DPH and across the public health sector	Public Health Workforce Development
All foundational capabilities, emphasis on Assessment & Surveillance; Accountability & Performance Management	Apply data modernization measure to collect, analyze, and make available real-time data to the public that informs health equity considerations. Apply consistent quantitative indicators to division programs and track data	Trust & Transparency

See Appendix I for a comprehensive health equity action plan detailing the mainstreaming of an equity lens throughout our objectives.

Priority 1: Health Access & Quality

Empower person-centered approaches to promoting the right to health and improving population health that are driven by equity, evidence, and prevention.

FPHS Foundational Capabilities

Within this strategic priority, DPH draws on its foundational capabilities of **Assessment & Surveillance, Community Partnership Development, and Accountability & Performance Management** to enact and sustain programming and regulatory oversight.

Purpose

The activities highlighted within this key strategic priority seek to improve the accessibility and affordability of high quality, high-value and person-centered healthcare, and leverage the relationship between data collection, policy development, and effective health interventions.

Highlight: Connecticut Breast and Cervical Cancer Early Detection Program

DPH has helped over 70,000 women via this comprehensive screening program, offering diagnostic and treatment referral services, and integrating free WISEWOMAN programming to support healthy lifestyles and preventive screening for cardiovascular disease.

Objectives, Activities, and Indicators of Success

Objective	Activity	FPHS Foundational Capabilities	Agency Leadership	Timeframe	Indicators of Success
Improve interagency coordination in efforts towards value-based regulatory action in long-term care settings	Establish long-term care working group with DSS to explore connections between reimbursement and compliance strategies	Community Partnership Development, Accountability & Performance Management	Healthcare Quality & Safety – Facility Licensure & Inspection	3 years	Convene working group and issue recommendations for regulatory action plan
Enhance and improve newborn screening	Obtain data from outside labs to ensure all infants are screened for Cystic Fibrosis	Assessment & Surveillance, Accountability & Performance Management	Public Health Laboratory	3 years	100% of infants screened for Cystic Fibrosis
Expand universal childhood vaccine coverage	Make HPV vaccine available for ages 13 to 18 under insurance assessment	Assessment & Surveillance, Accountability & Performance Management	Infectious Diseases – Immunizations	1 year	HPV vaccine added to insurance assessment within current budget
Enhance provider and community training and awareness surrounding mental health and substance use disorder (SUD) resources for pregnant and postpartum birthing families	<ol style="list-style-type: none"> 1. Provide mental health and SUD materials to all birthing hospitals 2. Update DPH mental health resources 3. Integrate education in quarterly Community Action Network meetings 4. Support Substance Exposed Pregnancy Initiative of Connecticut (SEPI-CT) in developing and providing SUD resources 	Community Partnership Development, Assessment & Surveillance	Community, Family Health & Prevention	3 years	<ol style="list-style-type: none"> 1. Number of birthing hospitals receiving mental health and SUD materials. 2. Updated mental health resources available on DPH website. 3. Track mental health and SUD related educational offerings provided through quarterly CAN meetings. 4. Track SEPI-CT meetings attended and resources provided

See Appendix II.1 for full organizational workplans within this strategic priority.

Priority 2: Community-Centered Solutions

Adapt and deliver interventions to meet public health needs in Connecticut communities by strengthening collaboration across sectors, amongst community partners, and within DPH.

FPHS Foundational Capabilities

Within this key strategic priority, DPH looks to our strong **Organizational Competencies** and scope for **Community Partnership Development** to bring public health action directly to meet communities where they are.

Purpose

Apply data and program expertise to tailor flexible interventions that work for disadvantaged populations in ways that are cross-cutting and interdisciplinary. Emphasize preventive actions drawing on SHIP priority areas to target social determinants of health.

Highlight: Community Solutions to Gun Violence

The DPH Community Gun Violence Intervention and Prevention program responds to the rise in gun-involved injuries and homicides by supporting evidence-informed, community-centric efforts in our communities.

Objectives, Activities, and Indicators of Success

Objective	Activity	FPHS Foundational Capabilities	Agency Leadership	Timeframe	Indicators of Success
Meet unmet need for AIDS prevention by raising the PrEP (pre-exposure prophylaxis) to Need Ratio	1. Operationalize CT PrEP Center for Excellence	Organizational Competencies; Community Partnership Development	Infectious Diseases – HIV	1 year	1. PrEP Center is funded and operationalized
	2. Increase education and expand access to PrEP Services. Implement PrEP DAP Program for uninsured populations.			3 years	2. PrEP to Need Ratio is increased from 18.9 to 36.
Improve access to harm reduction resources in community settings	Increase number of clients served by syringe services programs by operationalizing a Harm Reduction Community Distribution Center	Community Partnership Development	Infectious Diseases – HIV	3 years	Serve 9,000 syringe services clients
Encourage development of programs for accessible, quality oral health services within dental HPSAs	Convene the Medical Dental Integration Advisory on a quarterly basis	Organizational Competencies; Community Partnership Development	Community, Family Health & Prevention	3 years	Track number of Advisory meetings conducted
Strengthen opioid response, prevention & awareness	1. Increase harm reduction interventions 2. Implement evidence-based overdose prevention in DOC population 3. Increase community-based linkage in EDs and role of trained recovery coaches	Organizational Competencies; Community Partnership Development	Community, Family Health & Prevention	3 years	1. Number of OD responses in community; Number of referrals 2. Track DOC inmates starting treatment & track Narcan provided to DOC population 3. Track number of trained recovery coaches and volume of coach responses to OD in EDs

See Appendix II.2 for full organizational workplans within this strategic priority.

Priority 3: Resilience Against Health Threats

Provide planning, data, and resources to equitably support the ability of Connecticut communities to withstand emerging public health threats and guide local and statewide response and recovery.

FPHS Foundational Capabilities

DPH is honing its foundational expertise in **Emergency Preparedness and Response, Assessment & Surveillance, and Accountability** to strengthen work across the agency that builds resilience against a myriad of public health threats.

Purpose

Improve processes and cross-agency learning to shift from crisis response to long-term preventive strategies and to bolster agency capacity to address threats including pandemics, infectious diseases, environmental contaminants, and climate change.

Objectives, Activities, and Indicators of Success

<i>Objective</i>	<i>Activity</i>	<i>FPHS Foundational Capabilities</i>	<i>Agency Leadership</i>	<i>Timeframe</i>	<i>Indicators of Success</i>
Integrate health equity into policies designed to address climate adaptation & mitigation	Finalize Office of Climate and Public Health Action Plan	Emergency Preparedness & Response	Environmental Health & Drinking Water	1 year	Execute contract with Yale and Implement Adaption action items; Initiate work with EPA Air Monitoring Grant to assist disadvantaged communities
Reduce exposure to lead with multi-pronged approach	1. Launch educational effort 2. Enact federal LSL testing of drinking water in schools 3. New lead service line inventory and removal accelerator partnership with Environmental Protection Agency (EPA)	Emergency Preparedness & Response, Assessment & Surveillance	Environmental Health & Drinking Water – Drinking Water Section	1 year	1. Educational campaign launched 2. WIIN Act testing implementation using new equipment at state lab 3. Initiate work in communities with LSL Accelerator
	4. Increase lead blood level screening rates 5. Implement Lead & Copper Rule			3 years	4. 100% of children screened 5. Lead service line inventory completed statewide for 980 public water systems, 100% of \$24M state bond funds obligated
Support agency in post-COVID-19 reconstitution	Engage in intra-agency leadership to complete integration and finalization of COVID-19 responsibilities	Emergency Preparedness & Response	Office of Public Health Preparedness & Response	1 year	Ensure integration or finalization of COVID-19 responsibilities in all agency units
Implement preparedness program evaluation to measure efficacy of section initiatives	Develop a comprehensive evaluation strategy with metrics aligned with cooperative agreements	Emergency Preparedness & Response; Accountability & Performance Management	Office of Public Health Preparedness & Response	3 years	Evaluation strategy developed & implemented

See Appendix II.3 for full organizational workplans within this strategic priority.

Highlight: Health Equity in the Public Health Response to Climate Impact
As a select BRACE (Building Resilience Against Climate Effects) grant recipient, DPH is working through our Office of Climate and Public Health and alongside our partners to implement mitigation and adaptation actions that reduce health risks associated with climate change. These efforts align with [Governor’s Council on Climate Change \(GC3\) priorities](#) by increasing resilience and bringing a health equity focus to assisting communities facing disparate health impacts of climate change.

Priority 4: Public Health Workforce Development

Nurture a sustainable, diverse, and culturally competent public health workforce by expanding training opportunities and education pipelines.

FPHS Foundational Capabilities

DPH is drawing on existing assets including our **Organizational Competencies** and **Community Partnership Development** to refocus and rebuild the public health workforce.

Purpose

The purpose of this strategic priority is to ensure the future of public health infrastructure by responding to overlapping crises in burnout, retirement, succession planning, and professional development. Sections across DPH have identified internal staffing needs and strategies to maximize existing talent while dedicated offices of our agency build sector-wide efforts to foster growth.

Objectives, Activities, and Indicators of Success

<i>Objective</i>	<i>Activity</i>	<i>FPHS Foundational Capabilities</i>	<i>Agency Leadership</i>	<i>Timeframe</i>	<i>Indicators of Success</i>
Expand and reorganize the Office of Health Equity	1. Hire and onboard new office director 2. Assign OHE staff to every grant under agency operation 3. Appraise and evaluate existing health equity work within the OHE and at the program level agency-wide	Organizational Competencies	Office of Health Equity	1 year	1. Director hired and onboarded 2. OHE staff member assigned to each grant 3. Baseline analysis completed; identification and initiation of new tools
	4. Conduct internal strategic planning			3 years	4. OHE strategic planning completed and integrated into DPH strategic plan
Build diverse and culturally competent public health workforce, equipped to address public health inequities, with continuous wellness support for public health workers	1. Work with the CT State College and University System to develop new Associate’s degree and certificate programs in public health, with appropriate wrap-around supports 2. Develop programs to build a culture of care 3. Integrate content on health inequities, SDoH and cultural competency into public health training 4. Equitably distribute training and support resources	Organizational Competencies; Community Partnership Development	Office of Public Health Workforce Development	3 years	1. Launch new Associate’s degree & certificate programs; track enrollments including diversity metrics 2. Track number of wellness programs developed, participation & evaluation of course outcomes plus employee feedback surveys 3. Successful revision & integration of content addressing health inequities, SDoH & cultural competency 4. Increased percentage of public health graduates working in CT 5 years post-graduation

See Appendix II.4 for full organizational workplans within this strategic priority.

Highlight: Culture of Care

DPH developed the Culture of CARE (Communication, Assistance, Respect, and Empathy) initiative in response to the significant negative impacts of the COVID-19 pandemic on the mental health and wellbeing of the public health workforce in our state. The Culture of CARE model is built on the framework of trauma-informed leadership and represents a core set of values and expectations for how we approach interactions with our colleagues and those we serve as representatives of DPH.

Priority 5: Trust and Transparency

Modernize public health data systems to improve the accessibility and value of our data in supporting public health action within and beyond the agency, while engaging in thoughtful dialogue with all stakeholders.

FPHS Foundational Capabilities

Existing assets including our **Accountability & Performance Management** capacity, **Communications** resources, and **Assessment & Surveillance** underpin efforts to modernize analysis and application of DPH data collection, and to expand our ability to effectively engage with the public.

Purpose

The goal of Strategic Priority 5 is to ensure our robust data collection capacities are put to greatest value through updated, user-friendly systems accessible to the public and to public health collaborators, and through proactive, coordinated, and multipronged communications strategies.

Objectives, Activities, and Indicators of Success

Objective	Activity	FPHS Foundational Capabilities	Agency Leadership	Timeframe	Indicators of Success
Standardize reportable disease data in federated data exchange system aligned with CDC Case Surveillance Modernization Initiatives	1. Add incoming data on HIV and hospital acquired infections 2. Automate all CDC required reporting 3. Engage healthcare providers in eCR (electronic case reporting)	Communications, Assessment & Surveillance	Infectious Diseases - Informatics	3 years	1. 100% of reportable disease data processed in the federated data exchange 2. 100% of required infectious disease reporting to CDC uses automated data pulls and file processing 3. 100% of Connecticut providers engaged in eCR
Improve intradepartmental integration of overdose data collection and prevention efforts	Conduct analysis of options for relocating and coordinating use of overdose data to improve prevention measures and policy development	Assessment & Surveillance	Office of Emergency Medical Services (OEMS)	1 year	Issue and adopt strategy to integrate OEMS data into existing preventive efforts on overdose response Select and implement strategy to utilize overdose data in policy development
Strengthen public information and communication on top respiratory diseases	Generate integrated respiratory disease dashboard for COVID-19, Influenza, & RSV	Communications, Assessment & Surveillance	Infectious Diseases - Informatics	1 year	Dashboard created and in use
Provide public data on drinking water contaminants	1. Develop public display system to share drinking water data 2. Develop LHD communication, education, & training opportunities	Communications, Assessment & Surveillance	EHDW – Drinking Water	3 years	1. System live and available for public use 2. Communication and education materials shared with LHD for review and input
Use baseline analysis to develop sustainable process applying consistent metrics in evaluating health equity progress	Implement procedures for OHE function as technical experts	Assessment & Surveillance, Accountability & Performance Management	Office of Health Equity	3 years	Key health equity metrics formulated and applied

See Appendix II.5 for full organizational workplans within this strategic priority.

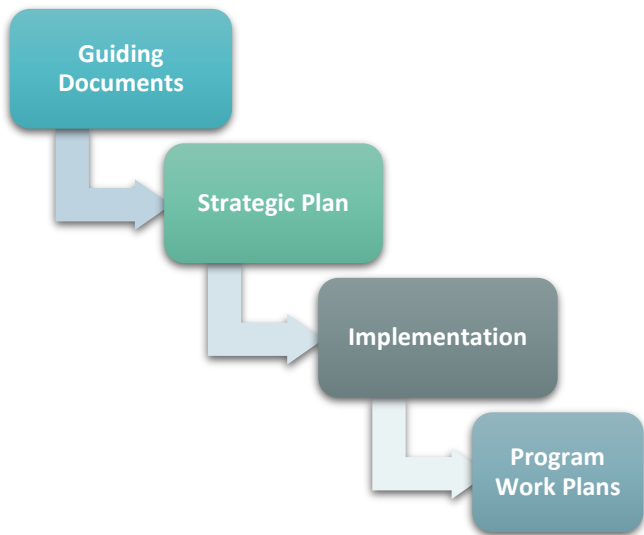
Strategy for Implementation, Monitoring, and Evaluation

DPH views strategic planning as an ongoing, iterative process for learning and improvement. The agency will implement this plan by each section according to the full set of 1-year and 3-year strategies included in Appendix I. These plans have been developed in further detail as workplans to guide and strengthen the activities and operation of the entire agency according to organizational structure (see Organizational Chart, Appendix III). Several offices within DPH are concurrently engaged in or have completed their own robust strategic planning processes, and these plans will be integrated into the implementation of the 2023-2025 DPH Strategic Plan.

Reviews of progress toward strategic plan priorities take place in a structured set of processes. The DPH Quality Improvement Council meets monthly and monitors strategic items related to quality improvement through its annual workplans. The Public Health Workforce Development strategic priorities will be monitored and tracked by DPH's Workforce Development Committee under the leadership of the Office of Workforce Development. Annually, the

Public Health Systems Improvement team and leadership of the agency consider a comprehensive review of progress based on the section-specific workplans, by compiling and circulating feedback from each program area using a performance management dashboard and implementation worksheets. These annual progress reports will be shared with agency leadership and staff to promote collaborative development and implementation of DPH strategic growth and improvement.

With this iteration of the DPH strategic plan, our objectives and timeframes align across the State Health Assessment, the State Health Improvement Plan, and our strategic priorities. This alignment will strengthen our ability to monitor and evaluate the implementation and impact of the DPH 2023-2025 Strategic Plan.



Conclusion

In charting this roadmap for our work in the years ahead, DPH has reflected on how to bring health equity into every level of the agency's activities. The DPH 2023-2025 Strategic Plan balances our commitment to high-quality service to the public with the need for flexibility to meet the challenges of emerging health threats. We took stock of our FHPS Foundational Capabilities to better understand how health equity is central to improving our work and identifying our Strategic Priorities. By mainstreaming a health equity framework, we strive to increase our impact and improve our processes to meet the internal and external challenges identified during the strategic planning process.

This strategic plan represents our vision, mission, and values to best serve the people of Connecticut, our dedicated staff, and the public health system by meeting communities where they are. With our partners, we strive to build resilience against public health impacts by focusing on health equity as core to each of our five strategic priorities.

Health Access & Quality
Community-Centered Solutions
Resilience Against Health Threats
Public Health Workforce Development
Trust & Transparency

Appendix I – Health Equity Action Plans by Strategic Priority

Priority	DPH Foundational Capability	Health Equity Action Item	Timeframe	Agency Leadership	Indicators of Success
Health Access and Quality	Assessment & Surveillance	DPH will review its assessment and surveillance tools. 1. Identify gaps with regards to inclusion of health equity metrics during data collection and analysis; 2. Develop a plan to include health equity metrics, where applicable.	3 years	Health Statistics and Surveillance	Completed review of assessment and surveillance tools with identification of gaps and a plan to include health equity metrics, where applicable.
	Organizational Competencies	DPH will review its resource distribution patterns to ensure alignment of resource use with health equity goals.	Annual and ongoing	Operation & Support Services – Contracts & Grants Management and Fiscal	The agency budget and grants will be assessed for resource alignment with health equity goals.
	Accountability and Performance Management	Each DPH division will undertake a quality improvement project focused on advancing health equity.	1 year	All DPH Divisions, led by Public Health Systems Improvement	Adoption and implementation of one equity-related QI project in each DPH division.
	Policy Development and Support	Each DPH policy proposal will include a health equity impact analysis and statement.	Annual and ongoing	All DPH Divisions, led by Policy, Legislation, and Regulatory Affairs	Completed health impact statement for each proposal in Statescape legislative tracking system.
Community-Centered Solutions	Community Partnership Development	Identify through the implementation of the State Health Improvement Plan (SHIP) four areas of social determinants of health and identify community centered solutions to address them.	Annual and ongoing	Public Health Systems Improvement	Identification and/or adoption of strategies that target community-centered solution for each area of SHIP priority related to social determinants of health.

Priority	DPH Foundational Capability	Health Equity Action Item	Timeframe	Agency Leadership	Indicators of Success
Resilience Against Health Threats	Policy Development and Support	Integrate health equity into policies designed to address climate change adaptation and mitigation.	3 years	Environmental Health & Drinking Water	Legislation proposed with a focus on public health and climate change impact within disadvantaged communities.
	Emergency Preparedness and Response	Conduct Department-wide review and revision of Public Health Emergency Response Plan (PHERP) to streamline annexes while mainstreaming health equity in all topics	3 years	Office of Public Health Preparedness and Response	PHERP base plan and annexes fully revised and updated, applying lessons from COVID-19, and integrating health equity emphasis
	Communications	Review DPH's public outreach and communication materials to ensure vulnerable and disadvantaged populations can be reached successfully in conversations building resiliency against health threats and during times of emergencies.	3 years	All DPH Divisions led by Office of Communications and Office of Public Health Preparedness and Response	Development and availability of appropriate public outreach materials that promote resilience against health threats and communication during emergencies developed specifically to meet the needs of vulnerable and disadvantaged populations.
Public Health Workforce Development	Organizational Competencies	Build a public health workforce that is more diverse and culturally competent, is better equipped to address public health inequities, and whose overall wellness is continuously supported through: 1. Work with the CT State College and University System to develop new Associate's degree and certificate programs in public health, with appropriate wrap-around supports. 2. Develop programs to build a culture of care in public health work. 3. Integrate content on health inequities, SDoH and cultural competency into public health training. 4. Equitably distribute training and support resources and programs.	3 years	Office of Public Health Workforce Development	1. Launch new Associate's degree and certificate programs, and track enrollments including diversity metrics. 2. Track number of wellness programs developed, participation and evaluation of course outcomes plus employee feedback surveys. 3. Successful revision and integration of content addressing health inequities, SDoH and cultural competency. 4. Increased percentage of public health graduates working in CT 5 years post-graduation.

Priority	DPH Foundational Capability	Health Equity Action Item	Timeframe	Agency Leadership	Indicators of Success
		Expand and reorganize Office of Health Equity by: 1. Hiring and onboarding new office director; 2. Assigning OHE staff to every grant under agency operation.	1 year	Office of Health Equity	1. Director hired and onboarded 2. OHE staff member assigned to each grant
		Assess current processes to provide baseline to inform development of new tools to mainstream and elevate health disparities work by Appraising and evaluating existing health equity work within the OHE and at the program level agency-wide	1 year	Office of Health Equity	Baseline analysis completed; identification and initiation of new tools
		Reframe OHE as technical experts providing monitoring and evaluation by conducting internal strategic planning for OHE.	3 years	Office of Health Equity	OHE strategic planning completed and integrated into DPH strategic plan
Trust and Transparency	Assessment and Surveillance	DPH will invest in data modernization across DPH divisions to increase capacity to collect, analyze, and make available real-time data to the public that informs health equity considerations.	3 years	Operation and Support Services, Health Statistics and Surveillance	Documented data modernization initiatives that support health equity considerations in the collections, analysis, and delivery of real-time data.
	All Foundational Capabilities	Use baseline analysis to develop sustainable process applying consistent metrics in evaluating health equity progress by implementing procedures for OHE function as technical experts.	3 years	Office of Health Equity	Key health equity metrics formulated and applied
	Accountability and Performance Management	Each DPH division will identify a set of quantitative indicators that help monitor scope of health disparities related to population health for their respective programs.	Annual and ongoing	All DPH Divisions that monitor population health data	Tracking of health disparities data in the DPH Performance Dashboard

Appendix II – Organizational Workplans by Strategic Priority

Note – Where applicable, additional intersecting strategic priorities are listed in column one for any DPH objectives advancing more than one of the five strategic priority areas.

Priority 1: Health Access & Quality

Empower person-centered approaches to promoting the right to health and to improving population health that are driven by equity, evidence, and prevention.

Additional Strategic Priority Area(s)	Objective	Strategies	Timeframe	Agency Leadership	Indicators of Success
	Improve interagency coordination in efforts towards value-based regulatory action in long-term care settings	Establish long-term care working group with DSS to explore connections between reimbursement and compliance strategies	3 years	Healthcare Quality & Safety – Facility Licensure & Inspection	Convene working group and issue recommendations for regulatory plan
	Ensure accurate specimen identification of all clinical lab samples at State Public Health Laboratory	Review compliance with policy of 2 patient identifiers on all clinical specimens by performing daily query and contact those out of compliance to train on policy.	1 year	Public Health Laboratory	100% compliance with policy by end of calendar year 2023
	Enhance and improve newborn screening	Obtain data from outside labs to ensure all infants are screened for Cystic Fibrosis	3 years	Public Health Laboratory	100% of infants screened for Cystic Fibrosis
	Make HPV vaccine available for all children	Add human papilloma virus (HPV) vaccine to insurance assessment for ages 13 to 18	1 year	Infectious Diseases – Immunization	Funding added to the insurance assessment
	Expand universal funding for childhood vaccines	Request budget options to add CDC Advisory Committee on Immunization Practices (ACIP) recommended vaccines not currently in Connecticut Vaccine Program; add COVID-19 vaccines and HPV vaccines for 9-10 year olds	3 years	Infectious Diseases – Immunization	Funding added to the insurance assessment as specified

	Reduce human immunodeficiency virus (HIV) infections and increase percent diagnosed with HIV who are virally suppressed	<ol style="list-style-type: none"> 1. Implement routine HIV testing in healthcare settings 2. Provide Data to Care (D2C) intervention to those not in care for 15 months 3. Interview newly diagnosed and link to care 	3 years	Infectious Diseases - HIV	<ol style="list-style-type: none"> 1. Reduce percentage of people who present with AIDS diagnosis within 3 months of initial HIV diagnosis to 20% 2. 87% of persons living with HIV will be virally suppressed 3. 95% of newly diagnosed will be interviewed by disease intervention specialists
Trust & Transparency	Modernize vital records data collection system	<ol style="list-style-type: none"> 1. Purchase, develop and implement electronic COTS Marriage and ITOP registry modules. 2. Convert current electronic birth registry system (EBRS) to VitalChek EBRS module to support single platform 	3 years	Health Statistics & Surveillance	<ol style="list-style-type: none"> 1. Modules are in production and reporting partners are trained and reporting in the system. 2. Conversion to VitalChek completed
	Improve timely cancer surveillance reporting	Leverage reporting statutes and regulations to work with reporting facilities to improve timeliness of hospital case abstract reporting	3 years	Health Statistics & Surveillance	Increase percentage of hospitals reporting within 6 months of initial diagnosis from 4.4% to 50% end of year 1; 75% end of year 2 and 99% end of year 3
Community-Centered Solutions	Increase the percent of women who have had a discussion with their provider about how to improve their health before a pregnancy	<ol style="list-style-type: none"> 1. Expand sustainable use of the One Key Question (OKQ) screening tool by establishing formal relationships between Every Woman CT (EWCT) and state agencies (DPH, DMHAS, OEC, etc.) using OKQ, & with regional entities to serve as a hub for OKQ 2. Expand EWCT programming to include WIC staff throughout the state & recruit community-based organizations to participate in EWCT trainings 3. Increase public awareness of discussing how improve preconception health 4. Increase provider awareness of preconception health discussions in all health settings, and integrate mental health, social stressors, and trauma education relevant to infants and families into provider training 	3 years	Community, Family Health & Prevention	<ol style="list-style-type: none"> 1. Track number of community partners using OKQ (such as Bridgeport Prospers and New Haven Healthy Start) 2. Track number of EWCT meetings and trainings conducted 3. Develop and implement awareness campaign on preconception health 4. Track integration of key education components into provider training
	Increase sexual and reproductive health education among	<ol style="list-style-type: none"> 1. Provide evidence-based sexual health education (SHE) in school and community settings 2. Conduct monthly PREP Advisory meetings 	3 years	Community, Family Health & Prevention	<ol style="list-style-type: none"> 1. Track number of participants receiving SHE in school and community-based settings

	persons of reproductive age.	3. Provide reproductive health education via Family Wellness Healthy Start program			2. Track number of PREP Advisory meetings 3. Track number of participants receiving Family Wellness Healthy Start services
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Priority 2: Community-Centered Solutions

Adapt and deliver interventions to meet public health needs in Connecticut communities by strengthening collaboration across sectors, amongst community partners, and within DPH.

Additional Strategic Priority Area(s)	Objective	Strategies	Timeframe	Agency Leadership	Indicators of Success
Health Access & Quality	Encourage development of programs for accessible, quality oral health services within dental health provider shortage areas (HPSAs)	Convene the Medical Dental Integration Advisory on a quarterly basis	3 years	Community, Family Health & Prevention	Track number of Advisory meetings conducted
Health Access & Quality	Strengthen opioid response, prevention & awareness	<ol style="list-style-type: none"> 1. Increase harm reduction interventions 2. Implement evidence-based overdose prevention in Dept. of Corrections (DOC) population 3. Increase community-based linkage in Eds and role of trained recovery coaches 	3 years	Community, Family Health & Prevention	<ol style="list-style-type: none"> 1. Number of overdose (OD) responses in community; Number of referrals 2. Track DOC inmates starting treatment & track Narcan provided to DOC population 3. Track number of trained recovery coaches and volume of coach responses to OD in Emergency Departments
	Achieve 100% full-time local health departments	<p>Facilitate discussions with chief elected officials to outline the benefit of forming or joining an existing health district.</p> <p>Submit a legislative proposal to sunset part-time health departments by a pre-determined date.</p>	3 years	Office of Local Health	Legislative proposal enacted, and no part-time health departments remain in Connecticut
Health Access & Quality	Increase the PrEP to Need Ratio	Expand access to PrEP Services. Implement PrEP DAP Program for uninsured populations. Fund and operationalized PrEP Center for Excellence to increase education and access PrEP Services in CT.	1 year and ongoing	Infectious Diseases – HIV	PrEP Center for Excellence operational. PrEP to Need Ratio is increased to 36.

Health Access & Quality	Increase education and expand access to PrEP Services. Implement PrEP DAP Program for uninsured populations.	Increase number of clients served by syringe services programs by operationalizing and funding a Harm Reduction Community Distribution Center	3 years	Infectious Diseases – HIV	Serve 9,000 syringe services clients
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Priority 3: Resilience Against Health Threats

Provide planning, data, and resources to equitably support the ability of Connecticut communities to withstand emerging public health threats, and guide local and statewide response and recovery.

Additional Strategic Priority Area(s)	Objective	Strategies	Timeframe	Agency Leadership	Indicators of Success
Health Access & Quality/Trust& Transparency	Develop and implement PFAS testing capacity in drinking water	Implement and sustain lab capacity to successfully assess PFAS contamination in drinking water	3 years	Public Health Laboratory	Establish and maintain 14 day turnaround for water samples Establish and maintain quality assurance in testing
	Expand population surveys to address emerging health threats	Sustain partnerships with CDC Behavioral Risk Factor Surveillance System (BRFSS) and Connecticut School Health Survey (CSHS) to work on expanding surveys	3 years	Health Statistics & Surveillance	Select and coordinate meeting and review session with 5 key partners/stakeholders to review questionnaires for content expansion
Community-Centered Solutions	Reduce exposure to lead – short term: Develop new processes to reduce exposure to lead through public education and communication, case management, blood screening, technical assistance, and implementation of new state and federal laws.	1. New lead educational campaign in partnership 2. New WIIN Act drinking water lead testing in schools 3. New lead statutory proposals 4. New lead service line inventory and removal accelerator partnership with EPA Headquarters	1 year	Environmental Health & Drinking Water	1. Educational campaign launched 2. WIIN Act testing implementation using new equipment at state lab 3. new statutory proposals introduced 4. initiate work with communities on LSL Accelerator 5. Comprehensive Lead communication plan implemented
Community-Centered Solutions	Reduce exposure to lead – longer term	1. Increase lead blood level screening rates 2. Work with stakeholders to educate all partners, parents, guardians, providers of the dangers of lead 3. Lead and Copper Rule Initial Adoption and	3 years	Environmental Health & Drinking Water	1. 100% of children screened as required 2. Media campaign, stakeholder partnerships, and educational materials launched 3. Lead service line inventory completed statewide for 980 public water systems, 20 public

		Implementation by providing technical assistance and funding from the Lead Accelerator and BIL IUP implementation 4. Implement PA 22-49 and invest American Rescue Plan Act (ARPA) funding to assist LHD and remediation efforts			water systems actively working to remove lead service lines, 100% of the \$24M in state bond funds obligated
	Roll out new & updated emerging contaminant Action Plans for PFAS, legionella and other contaminants	Collaborate with stakeholders, utilize new state lab equipment, & present new action levels	1 year	Environmental Health & Drinking Water	Partnerships formed, new action levels presented and approved by Commissioner, and school testing initiated
Community-Centered Solutions	Recognize public health protection and health equity impacts of climate change	Finalize Office of Climate and Public Health Action Plan	1 year	Environmental Health & Drinking Water	Execute contract with Yale and Implement Adaption action items Initiate work with EPA Air Monitoring Grant with a focus on assisting disadvantaged communities
	Ensure ongoing delivery of safe drinking water in community water systems by strengthening bridge between survey findings and addressing aging infrastructure	Conducting surveys, providing technical assistance and effective enforcement, initiate capacity development strategy implementation	1 year	EHDW- Drinking Water	Continuing to exceed national goal of 92% of community systems meeting standards
Community-Centered Solutions	Enhance Private Well Program capabilities to meet anticipated climate change challenges including frequency and severity of droughts	1. Increase staffing 2. Develop public-facing tools and outreach programs to educate private well owners 3. Increase proportion of private well owner conducting testing for existing and emerging drinking water contaminants	3 years	EHDW – Drinking Water (Private Well Program)	1. Additional staff hired and onboarded 2. Develop and launch public outreach efforts 3. Track and increase proportion of private well owners testing their wells

	Strengthen resiliency and preparedness for public water systems	<ol style="list-style-type: none"> 1. Implement new water supply plan review process 2. Develop cybersecurity strategy 3. Utilize data management, analysis and technology to enhance source water protection and planning initiatives that are inclusive of climate change impact to drinking water quality and quantity 	3 years	EHDW – Drinking Water	<ol style="list-style-type: none"> 1. Reach 100% water supply plan reviews completed 2. Implement cybersecurity strategy 3. Adopt climate change water supply planning mechanisms, and track number of process improvements adopted including mapping applications and data dashboards
	Ensure childcare facilities are safe from toxic substances	Develop interagency memorandum of understanding on the Screening Assessment for Environmental Risk (SAFER) process for vetting childcare locations	1 year	EHDW – Environmental Health	Agreement is executed by Commissioners of OEC, DPH and DEEP
	Reduce exposure to private well water contaminants	Implement Tracking Program to develop web-based system for LHDs to view EH data	3 years	EHDW – Environmental Health	local health can use data dashboards to improve environmental health interventions
	Revise and update planning and risk assessment tools	<ol style="list-style-type: none"> 1. Conduct agency-wide revision of PH Emergency Response Plan (ESF-8) 2. Convene partners to finalize Crisis Standards of Care Concept of Operations Plan 3. Complete risk assessment for ESF-8/Healthcare Coalition partners 	1 year	Office of Public Health Preparedness and Response	<ol style="list-style-type: none"> 1. Updated PHERP completed 2. CSCCOP published 3. Issue risk assessment report
	Support agency in post-COVID-19 reconstitution	Engage in interagency and leadership to complete integration or finalization of COVID-19 responsibilities	1 year	Office of Public Health Preparedness and Response	Achieve integration or finalization of COVID-19 responsibilities in all agency units

	Achieve “established” status at dispensing/vaccination sites operated by local health per CDC operational readiness standards	Establish monthly meetings to provide technical assistance	3 years	Office of Public Health Preparedness and Response	Operational readiness at state level
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Priority 4: Public Health Workforce Development

Nurture a sustainable, diverse, and culturally competent public health workforce by expanding training opportunities and education pipelines.

Additional Strategic Priority Area(s)	Objective	Strategies	Timeframe	Agency Leadership	Indicators of Success
	Expand and emphasize experiential learning to grow and diversify public health workforce	Establish and implement 1. Public Health Fellowship Program 2. CT TRAIN	1 year	Office of Public Health Workforce Development	1. Number of fellows matched, up to 75 2. Survey for DPH awareness and participation in core training and professional development track programs
Community-Centered Solutions	Work with local health districts and representative organizations to increase workforce to conduct environmental and inspection work	1. Establish bi-weekly cross agency meetings 2. Decrease backlogs of DPH certifications for local health work 3. Decrease backlog of environmental and other inspections	1 year	Office of Public Health Workforce Development	Track and measure backlogs of certifications and inspections Number of local health workers employed
Resilience Against Health Threats	Expand the pipeline of future public health workers who will be trained to conduct community public health and respond to new and emerging public health threats.	1. Develop a revised public health curricular in collaboration with academic partners 2. Expand experiential learning programs	3 years	Office of Public Health Workforce Development	1. Implement revisions to public health curricula 2. Measure numbers of preceptors and fellowship participants, and solicit and incorporate feedback from all participants
	Strengthen survey capacity and processes for licensed facilities	1. Reorganize facility survey team 2. Create dedicated complaint unit with new manager	1 year	Healthcare Quality & Safety – Facility Licensure & Inspection Section	1. Survey team reorganized and operationalized 2. New manager hired and onboarded
	Standardize and advance staffing to improve licensure processing times	Engage in professional development to expand pool of processing techs responsible for licensure processing	1 year	Healthcare Quality & Safety – Practitioner Licensure &	1. All licensure processing conducted by processing techs 2. Tracking of improved processing time

				Investigations Section	3. Survey results demonstrating improvement in customer service and communication between licensing staff and applicants
	Assess workforce development needs and provide training opportunities based on needs	Survey staff to identify training opportunities and hold quarterly peer learning sessions	1 year and ongoing	Community, Family Health and Prevention Section	75% of staff participate in 1 or more quarterly peer learning sessions
	Build certified water operator workforce	Revise and promulgate regulations on certification pathways	3 years	EHDW – Drinking Water	Adopt regulations and revise program materials, provide educational and outreach forums to develop workforce
	Improve director of health onboarding	Finalize development of Director of Health orientation	1 year	Office of Local Health	All directors and acting directors use completed orientation program
	Increase number of local health departments meeting statutory requirements	Standardize process for annual survey data, and analyze the data for SFY2022	1 year	Office of Local Health	Develop and implement process, and assess data to improve provision of basic public health program
	Improve efficiency and effectiveness of team to streamline recruiting and retention	Develop fully trained HR Team divided into teams supporting specific departments	1 year	Operation & Support Service - Human Resources	Fully staffed and team-based department developing constructive relationships with respective agency departments
	Full evaluation of recruitment process to identify ways to attract and retain diverse workforce matching the population we serve	Review outreach, review questions, and evaluate diversity of specific DPH groups. Develop plans for improvement	3 years	Operation & Support Service - Human Resources	Improve diversity recruitment

Priority 5: Trust & Transparency

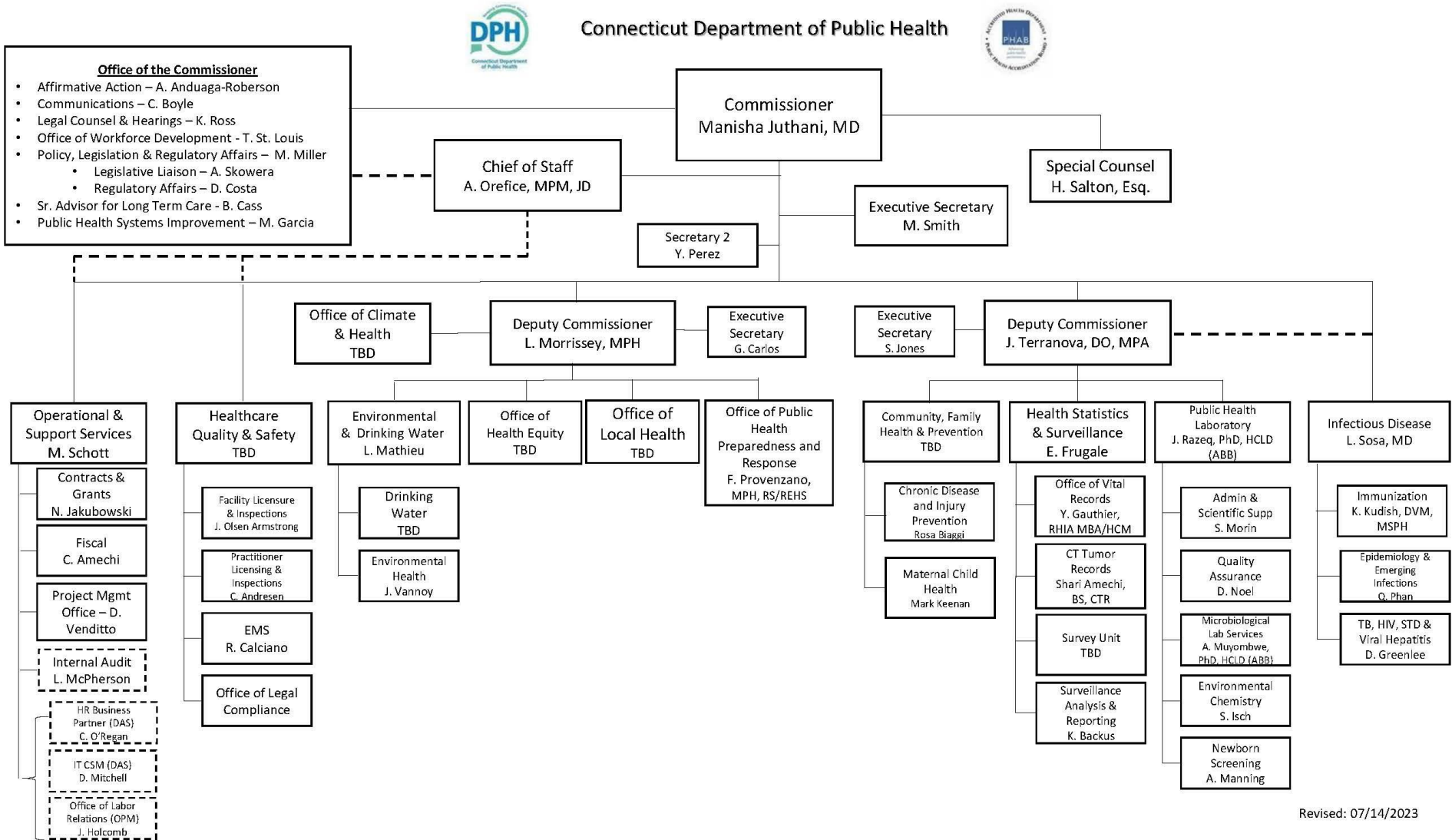
Modernize public health data systems to improve the accessibility and value of our data in supporting public health action within and beyond the agency, while engaging in thoughtful dialogue with all stakeholders.

Additional Strategic Priority Area(s)	Objective	Strategies	Timeframe	Agency Leadership	Indicators of Success
	Strengthen public health action by using population data to guide agencies and municipalities	Develop strategic plan for town-level population estimates with CTData outlining modeling process, inputs and resources	3 years	Health Statistics & Surveillance	Complete the strategic plan for the program to develop town level population estimates for years 2021-2030 by December 2024
Health Access & Quality	Improve intradepartmental integration of overdose data collection and prevention efforts	Conduct analysis of options for relocating and coordinating use of overdose data to improve prevention measures and policy development	1 year	Office of Emergency Medical Services	Issue and adopt strategy to integrate OEMS data into existing preventive efforts on overdose response Select and implement strategy to utilize overdose data in policy development
	Improve data-driven regulatory compliance and enforcement in priority facility categories	Develop compliance and technical assistance support team for licensed facilities	3 years	Healthcare Quality & Safety – Facility Licensure & Inspection Section	Identify and develop trainings, track number of trainings held and improvement in regulatory compliance
	Expedite workflow for practitioner investigations process	Study tracking and monitoring solutions to support and inform expediting workflow for practitioner investigations	3 years	Healthcare Quality & Safety – Practitioner Licensure & Investigations Section	Identify and implement software to improve workflow; study, select and implement management solutions
	Replace paper with electronic communications	Implement new Laboratory Information Management systems (LIMS) and transition submissions into and out of the system from paper to electronic	3 years	Public Health Laboratory	100% electronic submissions into and out of the LIMS system
	Provide public data on drinking water contaminants	Develop display system to share drinking water data in service of public education about depth and breadth of water testing	3 years	EHDW – Drinking Water	System live and available for public use; Draft system shared with LHD for review and input

		Develop LHD communication, education and training opportunities			
Resilience Against Health Threats	Improve data coordination and utilization in collaboration with local health departments to identify key areas for infrastructure investment	Develop and implement data systems for private wells	1 year and ongoing	EHDW – Environmental Health	Private well drinking water quality exceedances and concerns will be reported to local health, and local health can use data dashboards to improve environmental health interventions Information can be shared to assess investment
	Use baseline analysis to develop sustainable process applying consistent metrics in evaluating health equity progress	Implement procedures for OHE function as technical experts	3 years	Office of Health Equity	Key health equity metrics formulated and applied
	Consolidate and define asset management systems	Identify all assets owned by DPH and overseen by OPHPR including medical assets, MFH assets, warehouse assets, vehicles. Consolidate warehouses, surplus obsolete assets, convene work groups and execute agreements regarding ventilator loans	3 years	Office of Public Health Preparedness and Response	Establish clear asset management system including all information needed by DPH, partners and vendors
	Strengthen public information and communication on top respiratory diseases	Generate an integrated respiratory disease dashboard that contains COVID-19, Influenza, and RSV	1 year	Infectious Diseases – Informatics	Dashboard created and in use
Health Access & Quality	Streamline and automate disease surveillance and data exchange to support public health action	<ol style="list-style-type: none"> 1. Standardize HIV and Healthcare Associated Infection (HAI) data in platform to align with CDC modernization 2. Automate CDC reporting 3. Enroll CT providers in eCR 	3 years	Infectious Diseases – Informatics	<ol style="list-style-type: none"> 1. 100% of reportable disease data processed in federated data exchange 2. 100% of required infectious disease reporting automated 3. 100% of CT Provider HCOs engaged in eCR

Trust & Transparency	Complete implementation of LIMS system	Implement LIMS in Infectious Diseases, Environmental Health testing & Public Health Laboratory	3 years	Operation & Support Services – IT, and department branches	Successful transition to LIMS
	Strengthen internal structures, processes and management in contracts, grants and management assurance to improve efficiency and customer service	<ol style="list-style-type: none"> 1. Establish internal audit unit as management assurance unit, and modernize audit file management 2. Hire staff and update databases and trainings for contracts & grants unit, and reduce contract processing time 	1 year and ongoing	Operation & Support Services	<ol style="list-style-type: none"> 1. Increased productivity and reduced audit findings 2. Reduced contract execution time to 4 months or less

Appendix III – DPH Organizational Chart



Revised: 07/14/2023

Appendix III – DPH Sections & Branches

Affirmative Action Office - Ensures compliance with federal and state antidiscrimination laws and department policies to ensure equal opportunity for all individuals.

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

Community, Family Health & Prevention Section - Administers programs and initiatives to improve health across the lifespan by establishing opportunities that support healthy living habits through education, early detection, access to care, chronic disease prevention and management, and injury prevention.

Environmental Health and Drinking Water Sections - Drinking Water Section administers and implements public health-focused drinking water laws and regulations, providing technical assistance, education, and regulatory enforcement to the state's public drinking water systems. Environmental Health Section provides technical assistance and enforcement of regulation including environmental contaminants, lead poisoning prevention, asbestos, private wells, radon, environmental practitioner licensing and food protection.

Health Statistics & Surveillance - Analyzes, interprets, and disseminates public health information, and includes the Vital Records Registry, the Connecticut Tumor Registry, and the Surveillance Analysis and Reporting Unit.

Healthcare Quality & Safety Branch - Regulates over 60 licensed health care professions and provides regulatory oversight of over licensed 1900 health care facilities and services, implementing and enforcing state licensure and federal certification programs to ensure public health and safety. Includes Practitioner Licensing & Investigations, Facilities Licensing & Inspection, Office of Emergency Medical Services, and the Office of Legal Compliance.

Infectious Diseases - Collects data to assess chronic and infectious disease and associated risk factors; identifies and responds to emerging infections and conducts outbreak investigations and surveillance.

Office of Health Equity - Guides the Department's responsibility to improve the health of all Connecticut residents by working to eliminate differences in disease, disability and death rates among ethnic, racial, and other population groups that are known to have adverse health status or outcomes.

Office of Local Health Administration - Ensures the delivery of essential public health services at the local level by enforcing state statutes and regulations governing local public health infrastructure and supporting local health agency activities via grant funding.

Office of Policy, Legislative & Regulatory Affairs - Responsible for the full range of legislative and regulatory information and development including managing and implementing legislation and regulation, acting as the Commissioner's liaison to the General Assembly, community organizations and other interest groups, and engaging with constituents.

Office of Public Health Preparedness & Response - Develops and implements the state's public health emergency plan and initiatives; prepares the state against public health emergencies and ensures the timely response of emergency countermeasures through local and state means.

Operation & Support Services - Assures that administrative functions including fiscal, contracts and grants management, human resources, and information technology to support program operations are coordinated and accomplished in an effective and efficient manner.

Public Health Laboratory - Conducts analysis of clinical specimens and environmental samples submitted by federal and state agencies, local health departments and districts, clinical laboratories, health care providers, and water utilities, and uses data to monitor for agents harmful to the public health, identify the causes of outbreaks of disease, and assure that control measures.

Public Health Systems Improvement - Responsible for managing, coordinating, and supporting organization-wide and multi-sector activities that result in measurable improvements of public health structures, systems and outcomes.