Public Health Systems Improvement Office
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

2019-2023 Strategic Plan Final Progress Reports

Includes two annual reports from 2021 and 2022

March 2023

This report was prepared to fulfill the PHAB standard 10.1.2, which requires that the Health Department informs its governing entities and all levels of staff on progress achieved annually in implementing the agency's strategic objectives. Monitoring the strategic plan provides opportunities to assess the completion of strategies and actions, timelines and target adjustments and resources needed. This document compiles progress reports for 2021 and 2022.

Acknowledgments

This report was made possible by the contributions of the following DPH staff who lead programs and data collection efforts explicitly related to the strategic objectives named in the plan.

INTRODUCTION

Following the release of the DPH Strategic Plan in 2019, the Department adopted a work plan to monitor progress across the five strategic priority areas, including 17 objectives. The pan defined three additional strategic priorities as cross-cutting. Each objective also had several performance measures to track the progress outlined in implementation worksheets. In March 2021, the DPH leadership met remotely to review all the objectives and strategies to document the staff's views regarding the main priorities. This effort was undertaken during the pandemic response, preventing in-depth engagement across the Department to develop new work plans. Therefore, the Department continued monitoring the activities as designed in the original release of the plan. This report combines the last two annual reports and focuses on documenting the progress on quality improvement measures and considers the impact of the Covid-19 business disruption period. The PHSI team requested feedback from staff using the CY2021-2022 implementation worksheets designed to monitor the plan implementation. The DPH programs provide the 2021 report in the Fall of 2022 and revisited goals in the late Winter to assess the 2022 progress.

The following programs aligned with objectives in the 2019-23 strategic plan provided progress updates: Chronic Diseases – Asthma, Hypertension, Tobacco, Cancer, Diabetes, Obesity, Injury Prevention - Opioid Misuse, Environment, and Water; Infectious Diseases – Immunization and HAI, HPV and HIV, Maternal and Infant Health, Government Relations, Office of Equity, Health Statistics, and Surveillance, Public Health Systems Improvement.

1. BACKGROUND

In May 2018, DPH Public Health Strategic Team (PHST) members, senior staff, executive managers, and external partners completed a SWOT survey to inform the discussion of the team's first strategic planning session. External partners such as local and tribal health directors, community partners, legislators, and Office of Policy and Management representation participated. Participants also received copies of the plan's implementation worksheets to track the prioritized objectives and assess progress on the DPH's priorities. In June 2018, 53 DPH staff and managers and 11 external partners participated in the first of two half-day strategic planning sessions facilitated by the DPH's Public Health Systems Improvement team. Participants reviewed an environmental scan of emerging issues at the national, local, and agency levels, including the PHAB reaccreditation measures, Public Health 3.0, the CDC 6|18 initiative, the "Health in All Policies" concept and principles, Community Health Improvement Plan priorities, and DPH's results of the 2017 Public Health Workforce Interests and Needs Survey (PH-WINS.)

The Office of Policy and Management provided the Governor's Office perspective on the state's opportunities and challenges in the next few years. Participants then selected three attributes for each component of the Strengths, Weaknesses, Opportunities, and Challenges (SWOC) analysis for inclusion and further discussion in the Strategic Plan update. Next, the group focused on a Strategic Map to review and update the central challenge, priorities, and objectives. The Central Challenge was revised, and a draft statement was proposed to allow the conversation to move to set strategic priorities. The Strategic Priorities also underwent revision, though the theme of each one was preserved. Once the

strategic priorities were discussed and drafted, participants met in small groups and were assigned a Strategic Priority area to brainstorm, revise, and identify potential strategic objectives.

In August 2018, the PHST and Senior Staff reconvened for another half-day session to complete the Strategic Map and prioritize objectives for 2019-2020. The group voted to affirm the Central Challenge, Strategic Priorities, and Cross Cutting Strategic Priorities. Then, based on the established Strategic Priorities, the group discussed each strategic objective, adjusted those that needed revision, and voted to establish each objective as part of the 2019-2020 Map. Two months later, a final meeting was held to verify the strategic priorities and objectives, agree on the work tracks, identify leads, and develop implementation worksheets containing strategies and performance measures. The formal agency strategic plan includes priorities, objectives, and strategies. The Quality Improvement Council was assigned to monitoring of progress and to periodically report to the senior staff/PHST meetings.

The following section presents a two-year (CY2021 and CY2022) summary of accomplishments for each strategic priority area. While there may have been several more accomplishments under each area, this report only tracks the progress of the strategies adopted explicitly under each priority area. The Department's overall achievements far surpass the scope of this report. In section four of this report, there are further details on the work plan implementation, including performance measures and annual progress narratives.

2. STRATEGIES SUMMARY REPORTS

STRATEGIC PRIORITY A: STRENGTHEN CAPACITY TO IMPROVE POPULATION HEALTH

Objective 1: Maintain PHAB Accreditation and Prepare for Reaccreditation

- Annual reports were submitted to the Public Health Accreditation Board (PHAB) in 2020 and 2021.
- A Public Health Strategic Team (PHST) meeting was conducted on March 11, 2021, to review PHAB requirements.
- The PHSI requested and received approval for a reaccreditation application extension in March 2022
- The PHSI developed a reaccreditation application plan for review and approval by the DPH leadership.
- The PHSI unit led various reaccreditation-related activities in CY2022.
  - Prepared and submitted a reaccreditation plan to the DPH leadership.
  - Organized a kick-off event for reaccreditation activities and named staff champions.
  - Training and technical assistance were provided to selected Champions within each branch/section.
  - A dedicated Domain Lead was assigned to work closely with Champions.
  - PHSI Peer Review and Domain Review Teams (DRT) were organized to review the proposed evidence further. Several PHAB measures have been examined by a team of subject matter experts and approved for submission. In 2023, the PHSI staff will work closely with each champion in finalizing the remaining measures. A reaccreditation application will be submitted to PHAB in spring 2023.
  - The PHSI organized a poster session in November 2022 highlighting DPH's various PHAB requirements and quality improvement projects.

Objective 2: Include Health Equity in all Policies

- The Office of Health Equity was made a direct report to the Deputy Commissioner in CY2022.
- Legislative proposals must complete a health equity impact statement for regulatory/legislative staff review.
- The State Health Improvement Plan (SHIP) has established a data committee to review performance measures by priority areas, all related to social drivers of health – Access to Healthcare, Economic Stability, Healthy Food and Housing, and Community Strength and Resilience. DPH identified seven (7) disparate or at-risk populations for SHIP and CDC 6|18 key indicators – Homeless, Young adults, Seniors, Veterans, Disabled, formerly incarcerated, and LGBTQ.

STRATEGIC PRIORITY B: PROVIDE QUALITY, RELIABLE, SECURE DATA, AND INFORMATION

Objective 1: Invest in the Modernization of IT Systems and Analytics

- An Infectious Diseases analytics unit was established in CY2021.
- After a successful pilot in 2019 of a web-based Youth Risk Behavior Survey (YRBS), Connecticut successfully completed a 2021 YRBS survey administration with 100% of selected schools using the web-based survey for this student survey. Indicators from previous years' surveys are included in the open data portal and other sources. In October 2022, the 2023 CT YRBS questionnaire was programmed for full web-based administration and approved by the CDC. For this administration, the student will be able to select a Spanish version or toggle between the English and Spanish survey. A supplemental award allowed for the inclusion of Adverse Childhood Experience questions for the first time. The 2021 CT YRBS data was released by the CDC to CT DPH in July 2022. CT Data will continue to be included in:
    - CT Open Data Portal: https://data.ct.gov/
    - SEOW Prevention Data Portal: http://preventionportal.ctdata.org/products.html
    - CT Data Collaborative https://www.ctdata.org/
    - Adverse Childhood Experiences data dashboard (in production)
    - Cannabis surveillance dashboard (in early development)
- The Office of Vital Records (OVR) initiated a successful pilot of the Electronic Death Registry system (EDRS-CT-Vitals) in mid-2020, even after experiencing several delays due to the pandemic, with the goal of transitioning from a paper-based Death Registration reporting system to an Electronic Death Registry reporting system (EDRS).
    - The OVR has successfully onboarded all licensed general hospitals, funeral homes, the Office of the Chief Medical Examiner, 169 Local Registrar offices, and more than half of the licensed nursing homes to the EDRS as of 12/31/2022, with 65% of all deaths filed electronically. The onboarding of remaining nursing homes and home health agencies is on track to be complete by the end of the first quarter of 2023.
    - The transition to EDRS continues to provide for improved timeliness in data submission to NCHS and SSA, with 86% of all records submitted within 20 days for 2022 (47% submitted within ten days and 39% within 20 days.)
    - The OVR has initiated the development phase of the Electronic Fetal Death registry module as of the 4th quarter of 2022. The OVR will replace the paper-based fetal death certificate process with an electronic data system. Module installation and testing are on track for the 2nd quarter of 2023. Training, onboarding, and production implementation are planned for the 3rd quarter of 2023.
- The QIC Metrics and Evaluation Committee (M&E) is currently coordinating with the agency Data Officer to obtain a list of agency databases for which DPH policy HE 03-000 is applicable and have a component that collects Personal Identifiable Information, which includes sociodemographic data of individuals. The M&E is also currently reviewing current policy to determine the appropriate scope of databases to be included in this assessment. This assessment has been identified as critical to the agency as the information sought will be crucial to the Race, Ethnicity, and Language Implementation Plan mandate that is currently being led by the Office of Health Strategy.

Objective 2: Update State Health Assessment with a Refined Set of Core Indicators

- The State Health Assessment (SHA), with key public health indicators, was published in June 2020, with the next SHA scheduled to be published in 2025. This document is publicly available on the agency's website.

STRATEGIC PRIORITY C: PROMOTE HEALTH EQUITY BY REDUCING HEALTH DISPARITIES FOR SHIP & CDC 6|18 KEY HEALTH INDICATORS

Objective 1: Align Strategies to Reduce Hypertension, Tobacco Use, Cancer, Diabetes, Asthma, & Obesity

- The Department aligned CDC 6|18 interventions with the block grant program for Local Health Departments. All (100% of) full-time local health departments and districts (LHDs) in CT were given the option to select CDC 6 I 18 chronic disease interventions from the menu of program areas funded by the 2019-2022 Preventive Health and Health Services Block Grant allocation. For the contract year starting 10/1/2022, 30 LHDs accepted contracts, and 20 chose to address chronic disease prevention and management.
- DPH expanded the use of best practices in clinical workflows for treating tobacco use and dependence. In-service and/or materials were shared with 18 providers through both in-person and virtual sessions or upon request in CY2021. In CY2022, Cessation materials were shared directly by the Tobacco Control Program with Bristol Hospital and Western CT Mental Health Network upon their request. Materials were also shared by our contractor, Southern CT State University, through 3 virtual Tobacco Treatment Specialist (TTS) trainings with a total of 35 attendees.
- The Asthma Program offered an in-home education program (e.g., Putting on Airs) to improve asthma control virtually. Of the participants who completed at least 60% of the POA program's visits in CY2021, 85% reported well-controlled asthma. In CY2022, of the participants with poorly controlled asthma on enrollment, 80% reported well-controlled asthma one month or more after completing 60% of sessions.
- The 1815 grant contracted with 4 FQHCs to implement and provide self-monitoring blood pressure services to at-risk populations. In CY2021, approximately 330 patients engaged and reported self-monitoring blood pressure numbers regularly to their providers to manage and reduce hypertension risks. In CY2022 (June 30, 2021, to June 29, 2022), the four healthcare organizations funded by this grant reported that 240 patients engaged in self-monitored blood pressure.

Objective 2: Align Strategies to Reduce Misuse and Deaths Related to Opioids

- DPH collaborated with health care providers to address pain management and treatment of Opioid Use Disorder. In CY2021, UConn Health CT Comprehensive Pain Center (CCPC) produced 'Ouch that Hurts', A Series of WebEx Sessions on Safe and Guideline-Based Pain Management, Opioid Prescribing, and Communication Tools for Collaboration. CCPC produced and delivered eight (8) live webinars from 01.01.2021 through 12.31.2021. In addition, the webinars are now posted on their website for online learning. One hundred twenty-seven healthcare providers participated in these eight (8) webinars from 01.01.2021 through 12.31.2021. In CY2022, UConn Health Connecticut Comprehensive Pain Center produced and delivered "Ouch that Hurts" Part 2: Putting Knowledge into Practice. A Series of 6 WebEx Sessions on Pain Management in the Office, Substance Use Disorder in Primary Care, and the Communication Skills to be Effective:

  "Difficult Conversations: How to effectively communicate to optimize pain management."
  "Teamwork Makes the Dream Work: Office Policies and Procedures for a Team-Based Approach to Pain Management"
- In CY2021, UConn School of Dental Medicine (SDM) produced 'Best Practices for Managing Acute and Chronic Oral and Facial Pain,' a case-based pain management live webinar series. SDM produced and delivered two live webinars from 01.012021 through 12.31.2021. August 3, 2021, 6-7 pm. 'Best Practices for Managing Acute and Chronic Oral and Facial Pain. Part I: How to Manage.' August 10, 2021, 6-7 pm. 'Best Practices for Managing Acute and Chronic Oral and Facial Pain. Part II: When to Refer.' In addition, these webinars are now posted on the SDM website as an Online Learning Module as well as

Toolkit for Dental Providers. Eighty-seven (87) oral healthcare providers participated in these webinars from 01.012021 through 12.31.2021. In CY2022, the UConn School of Dental Medicine team focused on effective pain-management protocols, education, and outreach. "Taking the Bite Out of Pain Management." https://today.uconn.edu/2021/12/taking-the-bite-out-of-pain-management/

- In CY2022, The UConn School of Dental Medicine (SDM) also produced 'Best Practices for Managing Acute and Chronic Oral and Facial Pain' - A Two-Part Series of Case-Based Webinars on Pain Management and Guidelines for Safer Opioid Prescribing for Dental Providers. Part I: How to Manage and Part II: When to Refer. These webinars are posted on the UConn SDM website as Online Learning Modules. Other materials include UConn School of Dental Medicine Oral and Facial Pain Management Toolkit.pdf; UConn School of Dental Medicine Opioid Opt-Out Form - Patient Guide.pdf; CT DPH Voluntary Non-Opioid Directive Form.pdf. January through August 2023, UConn School of Dental Medicine faculty with expertise in orofacial pain and pharmacological therapeutics will be available to provide asynchronous e-consultations related to oral and facial pain cases that have proven challenging to manage.

- The Opioid program is also tracking the number of Department of Correction (DOC) inmates who started on substance use disorder treatment before release and were linked to services immediately post-release. The main challenge the CT DOC faces with linkages to care upon release consists of covid challenges. Many facilities alternate between secure in place or lockdown, where groups and meetings with reentry staff may be limited. Another challenge is the inmate patients released from courts before release coordination occurs. For example, an inmate patient may be receiving methadone maintenance at a county jail and then attending court appearances and not returning to DOC. When this occurs, the inmate patient does not receive linkages to care services due to not knowing they will be released from court. Another instance that may occur is when an inmate patient will miss linkages to care services when family or friends bond them out of jail. Many efforts occur for the CT DOC to read this population that is not receiving all the services offered at release; however, this continues to be a significant challenge.

2021

Inmates released on MOUD (January 2021-December 2021)	Inmates connected to care at release
York Correctional Institute- *data unavailable	*
New Haven Correctional Center- 305 released	97%
Bridgeport Correctional Center- 162 released	76%
Hartford Correctional Center- 139 released	99%
Osborn Correctional Institution- 126 released	96%
Corrigan Correctional Center- 39 released	97%
Carl Robinson Correctional Institution- 35 released	100%
Cybulski Correctional Institution- 14 released	86%
Walker Correctional Institution- 0 released	NA

2022

Facility	Release Q1 2022	Release Q2 2022	Release Q3 2022	Release Q4 2022	Percentage connected to community OTP
(NHCC)	93	99	95	114	94%
(BCC)	26	43	36	50	81%
(HCC)	10	104	106	69	95%
(CRCC)	3	28	25	38	96%
(OCI)	28	30	36	43	99%
(YCI)	127	166	168	186	100%
CRCI	28	28	23	38	96%
MWCI	0	1	1	0	100%
WCCI	25	33	25	21	99%
GCI	*	*	*	3	100%

Objective 3: Align Strategies to Address Lead Poisoning, Healthy Homes, & Water Adequacy and Quality

- In CY2021, The Public Health laboratory upgraded the existing and antiquated testing equipment with a new, state-of-the-art ICP/MS utilizing grant money provided by the Drinking Water program to enhance testing capacity and capabilities for lead testing in water. The lab purchased, installed, and validated the testing in the Spring/Summer of 2020. As of 12/31/2022, the lab remains ready to accept an additional 100 samples/week to support the lead-in schools drinking water program through the WIIN grant initiative.
- To improve compliance with the HUD's Lead Safe Housing Rule through data matching and collaboration with public housing authorities, date matching was completed for the first and second quarters of CY2021. This initiative was stopped as there is no longer HUD funding to conduct matching.
- Childhood lead continues to publish data on lead poisoning and provide technical assistance and outreach education to licensed professionals, local health, and the public. The health assessment programs continue to provide education on indoor air concerns.
- The Drinking Water section continued its collaboration with partners and stakeholders to ensure Connecticut's high-quality drinking water. Coordinated Plans are completed and published. Collaboration with partners and stakeholders continues through the formalized implementation of Plan recommendations. Water Utility Coordinating Committee Plan Implementation efforts continue with a focus on municipal training and outreach on regionalization and smart water supply planning for developments.
- An email account for private commercial labs to submit results to DPH Private Well Program was established in October 2022. Almost 800 lab reports were submitted to DPH for October 2022.

Objective 4: Align Strategies to Reduce HPV, HAI, and HIV

- The Healthcare-Associated Infections and Antimicrobial Resistance Program (HAI-AR) are participating in a multistate pilot project focused on health disparities in HAI to identify a better methodology to describe disparities while taking into account differences in hospitalizations and underlying health conditions in meaningful ways.

- An assessment and data quality improvement were completed for COVID-19 data (race/ethnicity, age, gender). Given the high coverage for the COVID-19 vaccine, this improved data quality overall for CT's immunization program. Furthermore, assessment and data quality improvement is ongoing for ALL immunization data (race/ethnicity, age, gender). Provider site visits resumed in the last quarter of CY2022 and include a review of HPV immunization practices.
- In CY2022, preliminary data indicates 66% of newly diagnosed HIV-positive clients were interviewed by partner services within 30 days of diagnosis. In 2019, 2020, and 2021 the rates were 47%, 60%, and 75%, respectively. The target goal is 85%.
- In CY2021, the HIV program met its target and increased by 25% in 2020, its partner service activities for newly diagnosed HIV-positive clients. In CY2022, preliminary data indicate that there was a 12% decrease from 2021 in partner service activities for newly diagnosed HIV-positive clients.
- In CY2021, the State Laboratory purchased, using different funding sources, whole genome sequencing instruments. Using NIH control HIV strains, the lab has been able to sequence and demonstrate HIV-1 drug resistance mutations present at Low-Frequency Baseline (5-10%). This deep sequencing will provide an excellent tool for the management of HIV patients. The State Laboratory intends to apply for funding in the next round of HIV/STD grant applications to support CLIA validation and establish routine HIV genotyping using whole genome sequencing.

Year 2019 Newly dx interviewed by PS within 30 days of dx	Year 2020 Newly dx interviewed by PS within 30 days of dx	Year 2021 Newly dx interviewed by PS within 30 days of dx	Year 2021 Newly dx interviewed by PS within 30 days of dx
44/93 = 47%	42/70 = 60%	82/109 = 75%	67/101 = 66%[+]
Note. [+] = New HIV Cases linkage to PS information still pending as of 1/12/2023.			

Objective 5: Align Strategies to Prevent Unintended Pregnancies & Maternal and Infant Mortality

- In CY2021, the WIC Program met the goal of increasing enrollment by 5%. In January 2021, WIC participation was 43,446, and in December 2021, WIC participation was 45,652. The percent change is 5.1% for the year. For CY2022, closeout data is only currently available through October 2022. In January 2022, WIC participation was 46,31,9, and in October 2022*, WIC participation was 47,829. The percent change is 3.2% for the nine months.
- The strategy to Increase participation of vulnerable populations in the WIC program through improved data sharing and identification of access gaps through a data sharing agreement with DSS was not met. DPH will continue to explore opportunities for developing an agreement in the future.
- Several indicators related to unintended pregnancies, maternal health, and birth outcomes were impacted by the Covid-19 pandemic, due to which the primary care system saw drops in visit volume, decreased revenue, challenges with rapidly adapting to telehealth, and provider burnout.

STRATEGIC PRIORITY D: RECRUIT, RETAIN & DEVELOP A COMPETENT PUBLIC HEALTH WORKFORCE

Objective 1: Provide and Encourage Workforce Development and Advancement Opportunities

- In CY2021, in collaboration with DAS, the agency implemented LinkedIn learning for its employees and maintained CT Train for its employees.
- In CY2022, the department launched a Public Health Training Academy. The academy will provide training for staff in two tracks: a core program and a professional development program. The academy will be implemented in 2023.

Objective 2: Build Leadership & Subject Matter Expertise through Professional Development and Mentoring

- In-person training was suspended due to COVID-19. In CY2021, DPH contracted with Yale to assist in the implementation of a Public Health Academy; this will allow us to offer virtual training in supervisory and leadership development. The Public Health Academy will be implemented in CY2023.

Objective 3: Ensure an Effective and Efficient DPH Recruitment Process

- In CY2021, DPH implemented an online tracking system, UKG, for making recruitment requests.

STRATEGIC PRIORITY E: PROMOTE A CULTURE OF CUSTOMER SERVICE

Objective 1: Streamline Business Processes to Reduce Inefficiencies & Enhance Responsiveness

- The Department tracks customer feedback through an ongoing survey link placed in its website and in email communications with customers. During CY 2021, the Department collected 2,395 responses. For each of the 5 questions measuring satisfaction for which a response was received, 90% or above of the responses indicated being neutral to highly satisfied with the service provided by the Department. During CY 2022, the Department collected 1,915 responses. For each of the 5 questions measuring satisfaction for which a response was received, 69% or above of the responses indicated being neutral to highly satisfied with the service provided by the Department.
- DPH continues to utilize customer feedback in LEAN processes. Across the Agency, there have been over 10 QI projects that included customer feedback.

Objective 2: Enhance Customer Service Knowledge & Skills Through Education, Clear Expectations, Modeled Behavior, and Evaluation

- A customer service policy has been developed.
- DPH's Public Health Academy will include customer service as an area of training and improvement.

CROSS-CUTTING PRIORITY F: USE PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT TO IMPROVE PROCESSES AND OUTCOMES

- The PHSI staff collected feedback on the Dashboard performance metrics using the Dashboard Feedback Form. Each program area was contacted individually, and one-on-one discussions were held with regard to the dashboard metrics relevant to the program areas. Currently, in CY2022, 62% of the programs use the dashboard. PHSI staff is working with the remaining program areas to troubleshoot and resolve bottlenecks that are preventing dashboard use.

CROSS-CUTTING PRIORITY G: STRENGTHEN AND EXPAND KEY PARTNERSHIPS

Strategy 1: Increase engagement and participation of stakeholders in program development, including non-traditional partners

- In CY2021, DPH continued several partnerships with local health and vaccine providers to extend covid vaccination reach in Connecticut communities. Partnerships with labs, community providers/agencies, hospitals, local health departments, United Way, and pharmacies were all key to Connecticut being the first state in the nation, by May 3, 2021, to fully vaccinate at least half its adult population against the novel coronavirus. In CY2022, CT DPH continued its focus on local health partnerships. The DPH Office of Local Health is now elevated in the organization structure and reports directly to the Deputy Commissioner. DPH staff survey, conducted in November 2022, affirmed strong program partnerships with local health departments. Also noted were HAI's partnerships with hospitals, Long-Term Care Facilities, State Public Health Laboratory, etc., and the partnership of the lab with the military.
- The SHIP program engaged, in CY 2021, over 40 partner organizations and, through its new plan, released priorities for Healthy Connecticut 2025. The development of non-traditional partnerships is a key component of the SHIP program and is driven by its focus on social drivers of health in four areas: Access to Healthcare, Economic Stability, Healthy Food and Housing, and Community Strength and Resilience. In CY 2022, DPH coordinated 32 meetings with partners related to the SHIP priorities: 3 Advisory Council Meetings, 28 Action Team Meetings, and 1 meeting of a newly formed Data Committee.

Strategy 2: Enhance internal collaboration to optimize resources and potential for impact.

- In CY 2021, The contractual/fiscal services at DPH were restructured to optimize resources during the covid pandemic. A new Joint Operations Team (JOTS) was established to move forward with covid related contracts and funding on a timely and coordinated basis.
- In CY 2022, the monthly Executive Management and Leadership Team meetings prioritized internal collaboration and optimization of resources. In 2022, the focus areas included HR Business Partner, IT Business Partner, contracting, management training, and workforce development. Furthermore, the Commissioner's poster session in November 2022 highlighted Quality Improvement projects across various programs and their interconnectedness and inter-agency collaborations. DPH staff survey, conducted in November 2022, confirmed several areas of existing collaboration (epidemiology, vital statistics, infectious diseases, etc.) and identified opportunities for future collaboration, especially between operational areas and program divisions/sections.

CROSS-CUTTING PRIORITY H: EFFECTIVELY PROMOTE THE VALUE AND CONTRIBUTIONS OF PUBLIC HEALTH TO ALL KEY STAKEHOLDERS

- Social media continues to be a valuable communications tool for the agency, with Facebook and Twitter being the primary channels. DPH also has a presence on Instagram and TikTok. As of CY2022, the DPH Facebook page has 29,092 followers, and the DPH Twitter page has 19,400 followers. 75.10 percent of the DPH Facebook followers are female. 24.90 percent are male. The largest age group of Facebook followers is between ages 35 and 44. The second largest age group is between ages 45 and 54.
- The DPH Communications team maintains a weekly social media calendar which includes a schedule of public health and wellness messaging, promotion of DPH events, including mobile COVID-19 vaccination clinics, and health observance weekly and monthly announcements. Additionally, social media posts from the Office of the Governor and other state agencies are amplified on the DPH social media channels. Prominent news media mentions and interviews also are posted.
  - From Jan. 1, 2022, to Dec. 31, 2022, there were approximately 875 social media posts made to both the DPH Facebook and Twitter pages.
  - From Jan. 1, 2022 – Dec. 31, 2022, 127 news releases and statements to the media were produced and distributed.
  - From Jan. 1, 2022 – Dec. 31, 2022, DPH has participated in approximately 29 news conferences/media availabilities. Many of these feature Governor Ned Lamont and Commissioner Manisha Juthani, MD.
- In CY 2021 and CY 2022, the DPH legislative staff met regularly with the public health committee chairs and ranking members to talk about the various legislative proposals that would impact DPH. Similar meetings were also held with OPM, the governor's office, and other committee chairs and ranking members who proposed bills that impacted DPH. During these meetings, staff discussed the value of the proposals and whether they are in the statutory or legal scope of what the department can or should do. When needed, the general council was brought into these discussions as well.

3. WORKPLAN REPORT TABLES

STRATEGIC PRIORITY A: STRENGTHEN CAPACITY TO IMPROVE POPULATION HEALTH			
Strategic Objective 1: Maintain PHAB Accreditation and Prepare for Reaccreditation			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Engage the agency in meeting annual reporting requirements related to continuous improvement, key planning processes, and emerging public health issues and innovations	PHSI	100% of Annual reports submitted on time	Program Data
2021 PROGRESS: Annual reports submitted. PHST meeting conducted on March 11, 2021 2022 PROGRESS: This measure was not applicable; there were no annual reports due from the Agency in 2022.			
b. Complete a DPH Accreditation Sustainability Plan that documents a process and timeline for preparing the agency for reaccreditation	PHSI	One completed Plan	Program Data
2021 PROGRESS DPH Sustainability Plan (Reaccreditation application) developed 2022 PROGRESS DPH Sustainability Plan adopted for implementation			
c. Prepare a DPH reaccreditation application for submission in 2023.	PHSI	Reaccreditation preparation for all ten domains	Reaccreditation Teams Channel and Files
2021 PROGRESS A Public Health Strategic Team (PHST) meeting was conducted on March 11, 2021, to review PHAB requirements. 2022 PROGRESS The PHSI unit led various reaccreditation-related activities in 2022. Training and technical assistance were provided to selected Champions within each branch/section. A dedicated Domain Lead was assigned to work closely with Champions. PHSI Peer Review and Domain Review Teams (DRT) were organized for further review of the proposed evidence. As of date, several PHAB measures have been reviewed by a team of subject matter experts and have been approved for submission. In 2023, the PHSI staff will work closely with each champion in finalizing the remaining measures. A reaccreditation application will be submitted to PHAB in spring 2023. The PHSI office organized a poster session in November 2022 highlighting the various PHAB requirements and quality improvement projects within DPH.			

STRATEGIC PRIORITY B: PROVIDE QUALITY, RELIABLE, SECURE DATA AND INFORMATION			
Strategic Objective 1: Invest in the Modernization of IT Systems and Analytics			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Enhance capacity for using health data and analytics to improve health outcomes	Commissioner's Office/HSS	Establish agency data officer and analytics unit. Electronic data collection established for the Youth Risk Behavior Survey Electronic registration of Vital Records established	Program Data Indicators from the YRBS are included in multiple data portals and a dashboard. Electronic Death Registry system

2021 PROGRESS

The Agency data officer was established in 2018; the Infectious Diseases analytics unit was established in 2021.

After a successful pilot in 2019 of a web-based YRBS, Connecticut successfully completed a 2021 YRBS survey administration with 100% of selected schools using the web-based survey for this student survey. Indicators from previous years' surveys are included in the following:

- CT Open Data Portal: https://data.ct.gov/
- SEOW Prevention Data Portal: http://preventionportal.ctdata.org/products.html
- Adverse Childhood Experiences data dashboard (in production)

The Office of Vital Records (OVR) initiated a successful pilot of the Electronic Death Registry system (EDRS-CT-Vitals) in mid-2020, even after experiencing several delays due to the pandemic, with the goal of transitioning from a paper-based Death Registration reporting system to an Electronic Death Registry reporting system (EDRS). The incremental onboarding of all the CT licensed hospitals, Funeral Directors, the CT Office of the Chief Medical Examiner, and the 169 Local Registrar offices to the EDRS was initiated throughout 2021 and provided for the filing of over 50% of all deaths electronically. All death data elements are now captured in the EDRS, providing for expanded death data variables for statistical and quality reporting purposes. The transition to EDRS has also provided for improved timeliness in data submission to NCHS, with an average submission rate of less than 9% within 91 days in 2019 to more than 55% submitted within 30 days in 2021.

2022 PROGRESS

In October 2022, the 2023 CT YRBS questionnaire was programmed for full web-based administration and approved by the CDC. For this administration, the student will be able to select a Spanish version or toggle between the English and Spanish survey. A supplemental award allowed for the inclusion of Adverse Childhood Experience questions for the first time. The 2021 CT YRBS data was released by the CDC to CT DPH in July 2022. CT Data will continue to be included in the following:

- CT Open Data Portal: https://data.ct.gov/
- SEOW Prevention Data Portal: http://preventionportal.ctdata.org/products.html
- CT Data Collaborative https://www.ctdata.org/
- Adverse Childhood Experiences data dashboard (in production)
- Cannabis surveillance dashboard (in early development)

The OVR has successfully onboarded all licensed general hospitals, funeral homes, the Office of the Chief Medical Examiner, 169 Local Registrar offices, and more than half of the licensed nursing homes to the EDRS as of 12/31/2022, with 65% of all deaths filed electronically. The onboarding of remaining nursing homes and home health agencies is on track to be complete by the end of the first quarter of 2023.

The transition to EDRS continues to provide for improved timeliness in data submission to NCHS and SSA, with 86% of all records submitted within 20 days for 2022 (47% submitted within ten days and 39% within 20 days.)

The OVR has initiated the development phase of the Electronic Fetal Death registry module as of the 4th quarter of 2022. The OVR will replace the paper-based fetal death certificate process with an electronic data system. Module installation and testing are on track for the 2nd quarter of 2023. Training, onboarding, and production implementation are planned for the 3rd quarter of 2023.

b. Ensure collection of appropriate socio-demographic data in data systems	Quality Improvement Committee	# of DPH databases and datasets in compliance with the policy on sociodemographic data collection	Program Data

2021 PROGRESS: The Quality Improvement Council, through its Metrics and Evaluation Subcommittee, is now the workgroup leading this effort. Next assessment will begin in 2022.

2022 PROGRESS: The QIC Metrics and Evaluation Committee (M&E) is currently coordinating with the agency Data Officer to obtain a list of agency databases for which DPH policy HE 03-000 is applicable and have a component that collects Personal Identifiable Information, which includes socio-demographic data of individuals. The M&E is also currently engaged in reviewing current policy to determine the appropriate scope of databases that are to be included in this assessment. This assessment has been identified as critical to the agency as the information sought will be crucial to the Race, Ethnicity, and Language Implementation. Plan mandate that is currently being led by the Office of Health Strategy.

Objective 2: Update State Health Assessment with a Refined Set of Core Indicators			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Develop a refined list of indicators and measures to assess the health status of Connecticut's population	PHSI / DPH Data Advisory Committee	List of public health indicators and measures completed	Various Data Sources
2021 PROGRESS: The State Health Assessment (SHA), with key public health indicators, was published in June 2020, with the next SHA scheduled to be published in 2025. This document is publicly available on the agency's website. 2022 PROGRESS: The State Health Assessment (SHA) is publicly available on the agency's website.			
b. Compile data and information to produce the State Health Assessment 2.0 that describes the health status of Connecticut's population	PHSI / DPH Data Advisory Committee	Completed State Health Assessment	Various Data Sources
2021 PROGRESS: The State Health Assessment (SHA), with key public health indicators, was published in June 2020, with the next SHA scheduled to be published in 2025. This document is publicly available on the agency's website. 2022 PROGRESS: The State Health Assessment (SHA) is publicly available on the agency's website			
c. Seek input from key informants, stakeholders, and consumers to better understand the health issues of Connecticut's population	PHSI / DPH Data Advisory Committee	Completed State Health Assessment	Program Data
2021 PROGRESS: The State Health Assessment (SHA), along with a Community Engagement companion document, was published in June 2020, with the			

next SHA scheduled to be published in 2025. This document is publicly available on the agency's website.			
d. Identify and map accessible state and community resources that can be leveraged to improve population health	PHSI	Completed State Health Assessment	Program Data
2021 PROGRESS: The State Health Assessment (SHA), along with an Assets and Resources companion document, was published in June 2020, with the next SHA scheduled to be published in 2025. This document is publicly available on the agency's website. 2022 PROGRESS: The State Health Assessment (SHA) is publicly available on the agency's website.			

STRATEGIC PRIORITY C: PROMOTE HEALTH EQUITY BY REDUCING HEALTH DISPARITIES FOR SHIP & CDC 6|18 KEY HEALTH INDICATORS			
Strategic Objective 1: Align Strategies to Reduce Hypertension, Tobacco Use, Cancer, Diabetes, Asthma, & Obesity			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Align federal block grant funding distributed to communities with CDC 6|18 interventions	PHHS Block Grant Administrator	100% of PHHS Block Grant contracts to communities include options for 6|18 chronic disease interventions	Program Data
2021 PROGRESS: All (100% of) full-time local health departments and districts (LHDs) in CT were given the option to select CDC 6 I 18 chronic disease interventions from the menu of program areas funded by the 2019-2022 Preventive Health and Health Services Block Grant allocation. 35 LHDs accepted contracts, and 25 chose to address chronic disease prevention and management. 2022 PROGRESS: All (100% of) full-time local health departments and districts (LHDs) in CT were given the option to select CDC 6 I 18 chronic disease interventions from the menu of program areas funded by the 2019-2022 Preventive Health and Health Services Block Grant allocation. For the contract year starting 10/1/2022, 30 LHDs accepted contracts, and 20 chose to address chronic disease prevention and management.			
b. Expand the use of best practices in clinical workflows for treating tobacco use and dependence, including available reimbursement and coverage provisions	Tobacco Control Program	At least 50 providers receive information and TA on best practices and cessation services	Tobacco Program files
2021 PROGRESS In-service and/or materials were shared with 18 providers through both in-person and virtual sessions or upon request. 2022 PROGRESS Cessation materials were shared directly by the Tobacco Control Program with Bristol Hospital and Western CT Mental Health Network upon their request. Materials were also shared by our contractor, Southern CT State University, through 3 virtual Tobacco Treatment Specialist (TTS) trainings with a total of 35 attendees.			
c. Offer in-home education programs (e.g., Putting on Airs) to improve asthma control virtually. (Note, Due to the pandemic, all in-home asthma education visits were interrupted. The Putting on AIRS was delivered virtually.)	Asthma Program	Eligible participants receive the 3-virtual asthma education program.	Asthma control data

2021 PROGRESS Of the participants who completed at least 60% of the POA program's visits, 85% reported well-controlled asthma.			
2022 PROGRESS Of the participants with poorly controlled asthma on enrollment, 80% reported well-controlled asthma one month or more after completing 60% of sessions.			
d. Increase awareness of available benefits of self-monitoring blood pressure units for at-risk populations.	Chronic Disease Program	The 1815 grant contracted with 4 FQHCs which will implement and provide self-monitoring blood pressure services to at-risk populations.	Hypertension data
2021 PROGRESS For the 2021 year, the 4FQHCss reported the following: Approximately 330 patients engaged and reported self-monitoring blood pressure numbers regularly to their provider in ean ffort to manage and reduce hypertension risks.			
2022 PROGRESS The 4 healthcare organizations funded by this grant reported the following: Between June 30, 2021, to June 29, 2022, 240 patients engaged in self-monitored blood pressure.			

Strategic Objective 2: Align Strategies to Reduce Misuse and Deaths Related to Opioids			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Collaborate with health care providers to address pain management and treatment of Opioid Use Disorder	Injury Program	# Providers trained to appropriately prescribe and manage patient's pain	Opioid program data
2021 PROGRESS: UConn Health CT Comprehensive Pain Center (CCPC) produced 'Ouch that Hurts', A Series of WebEx Sessions on Safe and Guideline-Based Pain Management, Opioid Prescribing, and Communication Tools for Collaboration. ▪ CCPC produced and delivered eight (8) live webinars from 01.01.2021 through 12.31.2021. In addition, the webinars are now posted on their website for online learning. ▪ One hundred twenty-seven healthcare providers participated in these eight (8) webinars from 01.01.2021 through 12.31.2021.			

UConn School of Dental Medicine (SDM) produced *'Best Practices for Managing Acute and Chronic Oral and Facial Pain,'* a case-based pain management live webinar series.

- SDM produced and delivered two live webinars from 01.01.2021 through 12.31.2021.
- August 3, 2021, 6-7 pm. '*Best Practices for Managing Acute and Chronic Oral and Facial Pain. Part I: How to Manage.'*
- August 10, 2021, 6-7 pm. '*Best Practices for Managing Acute and Chronic Oral and Facial Pain. Part II: When to Refer.'*
- In addition, these webinars are now posted on the SDM website as an Online Learning Module as well as Toolkit for Dental Providers.
- Eighty-seven (87) oral healthcare providers participated in these webinars from 01.01.2021 through 12.31.2021.

2022 PROGRESS:

UConn Health Connecticut Comprehensive Pain Center produced and delivered "Ouch that Hurts" Part 2: Putting Knowledge into Practice. A Series of 6 WebEx Sessions on Pain Management in the Office, Substance Use Disorder in Primary Care, and the Communication Skills to be Effective: "Difficult Conversations: How to effectively communicate to optimize pain management."

- "Teamwork Makes the Dream Work: Office Policies and Procedures for a Team-Based Approach to Pain Management"

UConn School of Dental Medicine team is focused on effective pain-management protocols, education, and outreach.
"Taking the Bite Out of Pain Management"

- UConn School of Dental Medicine (SDM) produced 'Best Practices for Managing Acute and Chronic Oral and Facial Pain' - A Two-Part Series of Case-Based Webinars on

Pain Management and Guidelines for Safer Opioid Prescribing for Dental Providers. Part I: How to Manage. Part II: When to Refer. These webinars are posted on the UConn SDM website as Online Learning Modules:

- UConn School of Dental Medicine Oral and Facial Pain Management Toolkit.pdf
- UConn School of Dental Medicine Opioid Opt-Out Form - Patient Guide.pdf
- CT DPH Voluntary Non-Opioid Directive Form.pdf
- January through August 2023, UConn School of Dental Medicine faculty with expertise in orofacial pain and pharmacological therapeutics will be available to provide asynchronous e-consultations related to oral and facial pain cases that have proven challenging to manage.

b. Identify populations at higher risk for opioid use and connect them to available services	Injury Program	# DOC programs with positive ROI # DOC inmates started on substance use disorder treatment prior to release and were linked to services immediately	Opioid program data

2021 PROGRESS: The program is not at the right phase in its development to report if #DOC programs have positive ROI. *Data not available for facility percentage if inmates connected to care upon release

2022 PROGRESS: The program is not at the right phase in its development to report if #DOC programs have positive ROI. Challenges with Linkages to Care: The main challenge the CT DOC faces with linkages to care upon release consists of covid challenges. Many facilities alternate between secure in place or lockdown, where groups and meetings with reentry staff may be limited. Another challenge is the inmate patients released from courts prior to release coordination occurring. For example, an inmate patient may be receiving methadone maintenance at a county jail and then attending court appearances and not returning back to DOC. When this occurs, the inmate patient does not receive linkages to care services due to not knowing they will be released from court. Another instance that may occur is when an inmate patient will miss linkages to care services when family or friends bond them out of jail. There are many efforts that occurs for the CT DOC to read this population that is not receiving all the services offered at release; however, this continues to be a significant challenge.

Strategic Objective 3: Align Strategies to Address Lead Poisoning, Healthy Homes, & Water Adequacy and Quality			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Improve compliance with the HUD's Lead Safe Housing Rule through data matching and collaboration with public housing authorities.	Lead Program Data Manager	Data matched for 12 public housing authorities	Lead disparities
2021 PROGRESS: Date matching was completed for the first and second quarters of 2021. There is no longer HUD funding to conduct matching. 2022 PROGRESS: Due to a lack of funding, data matching is no longer taking place.			
b. Provide updated resources that promote healthy homes and reductions in environmental hazards in the home.	Healthy Homes Working Group	Two resources updated (Environmental Hazards in the Home: A Guide for Homeowners, Homebuyers, Landlords, and Tenants; Healthy Homes Assessment Checklist, Resource Companion).	Lead prevalence/ incidence

2021 PROGRESS There is no Health Homes program at DPH. All inquiries are referred to program-specific staff within EHS or at LHDs. Childhood lead continues to publish data on lead poisoning and provide technical assistance and outreach education to licensed professionals, local health, and the public. The health assessment programs continue to provide education on indoor air concerns. 2022 PROGRESS Childhood lead continues to publish data on lead poisoning and provide technical assistance and outreach education to licensed professionals, local health, and the public. The health assessment programs continue to provide education on indoor air concerns.			
c. Collaborate with partners to improve access to comprehensive energy, health, and safety interventions for low-moderate income residents and families.	Healthy Homes Program	Completed Economic analysis/ROI of system interventions Completed pilot development in 3 Connecticut cities/regions	Program Data
2021 PROGRESS There is no Health Homes program at DPH. DEEP is now running the Energy Efficiency Program for the state. This new program addresses common environmental concerns, such as asbestos and lead paint, prior to making energy efficiency upgrades. 2022 PROGRESS There is no Health Homes program at DPH. DEEP is now running the Energy Efficiency Program for the state. This new program addresses common environmental concerns, such as asbestos and lead paint, prior to making energy efficiency upgrades.			
d. Collaborate with partners and stakeholders to ensure Connecticut's high-quality drinking water.	Drinking Water Section	Completed WUCC Coordinated Water System Plan	Program Data
2021 PROGRESS Coordinated Plans are completed and published. Collaboration with partners and stakeholders continues through the formalized implementation of Plan recommendations. 2022 PROGRESS Water Utility Coordinating Committee Plan Implementation efforts continue with a focus on municipal training and outreach on regionalization and smart water supply planning for developments.			
e. Develop a private well testing data management system for receiving electronic water analysis reports from laboratories	Private Well Program	The number of private well testing lab reports provided to DPH from private commercial laboratories.	DPH.PrivateWellTestResults@ct.gov email account

2021 PROGRESS [This measure is for 2022 only] 2022 PROGRESS Email account for private commercial labs to submit results to DPH Private Well Program was established in October 2022. Almost 800 lab reports were submitted to DPH for the month of October 2022.			
f. Pursue resources to enhance testing for lead in water.	Lab	# Resources acquired (for lab equipment, staffing, sample testing)	Program Data
2021 PROGRESS The laboratory upgraded the existing and antiquated testing equipment with a new, state-of-the-art ICP/MS utilizing grant money provided by the DW program to enhance testing capacity and capabilities for lead testing in water. The lab purchased, installed, and validated the testing in the Spring/Summer of 2020 and remains ready to receive an additional 100 samples/per week for this initiative. 2022 PROGRESS As of 12/31/2022, the lab remains ready to accept an additional 100 samples/week to support the lead in schools drinking water program through the WIIN grant initiative.			

Strategic Objective 4: Align Strategies to Reduce HPV, HAI, and HIV			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Define epidemiology of health disparities in CT related to two healthcare-associated infections	Infectious Diseases Section	Disparities for 2 HAIs defined: MRSA and Candida bloodstream infections	Program Data
2021 PROGRESS Due to the ongoing COVID-19 pandemic and response, the analytic work was not able to be done. The Healthcare-Associated Infections and Antimicrobial Resistance Program (HAI-AR) are participating in a multistate pilot project focused on health disparities in HAI with the goal of identifying better methodologies to describe disparities while taking into account differences in hospitalizations and underlying health conditions in meaningful ways. 2022 PROGRESS No update; still working on a potential methodology for such an analysis.			

b. Assess HPV vaccination coverage and identify opportunities for improving vaccine delivery practices.	Immunization program	Assessment of prioritized sites completed (Community Health Centers participating in electronic data exchange)	CT WiZ (CT's Immunization Information System)

2021 PROGRESS   No progress has been made due to the COVID-19 pandemic.
2022 PROGRESS   Unchanged. Provider site visits resumed in the last quarter of 2022 and include a review of HPV immunization practices.

c. Determine completeness of demographic data in Connecticut's Immunization Information System (CT-WiZ) towards establishing the epidemiology	Immunization Program	Completed assessment of completeness of race/ethnicity and demographic data	CT WiZ (CT's Immunization Information System)

2021 PROGRESS   Assessment and data quality improvement completed for COVID-19 data (race/ethnicity, age, gender). Given the high coverage for the COVID-19 vaccine, this improved data quality overall.
2022 PROGRESS   Assessment and data quality improvement ongoing for ALL immunization data (race/ethnicity, age, gender).

d. Link newly diagnosed HIV-positive clients* to partner service within 30 days of an HIV diagnosis. Note. * = Clients from DPH Funded Agencies	HIV/HCV Prevention Program	Interview 85% of all newly diagnosed HIV-positive clients* referred to partner services	HIV incidence

2021 PROGRESS   75%
2022 PROGRESS   66%[+]   Note. [+] = New HIV Cases linkage to PS information still pending as of 1/12/2023.

e. Increase partner service activities for newly diagnosed HIV-positive clients* note. * = Clients from DPH Funded Agencies	HIV/HCV Prevention Program	Increase by 25% partner services activities	HIV incidence

2021 PROGRESS   25% Increase from 2020
2022 PROGRESS   12%[+] decrease from 2021   Note. [+] = New HIV Cases linkage to PS information still pending as of 1/12/2023.

f. Expand laboratory testing capability for diagnosis and management of HIV patients.	Lab	CD4 and genotype testing established at the Lab	Program Data

2021 PROGRESS   The State Laboratory has purchased, using different funding sources, whole genome sequencing instruments. Using NIH control HIV strains, the lab has been able to sequence and demonstrate HIV-1 drug resistance mutations present at Low-Frequency Baseline (5-10%). This deep sequencing will provide an excellent tool for the management of HIV patients. The State Laboratory intends to apply for funding in the next round of HIV/STD grant applications to support CLIA validation and establish a routine HIV genotyping using whole genome sequencing.

2022 PROGRESS   Completed in 2021.

Strategic Objective:			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Prevent unintended pregnancies by improving access to preventive care, utilization of Long-Acting Reversible Contraceptives (LARC), and inter-conception care.	MCH Title V Director	Increase by 5%, women ages 18-44 with a preventive medical visit in the last year.	Behavioral Risk Factor Surveillance System
		Reduce to 36% of live births conceived within 18 months of previous birth.	Vital Statistics
		Increase by 5% utilization of LARC	Planned Parenthood contract

2021 PROGRESS   Due to the ongoing Covid-19 pandemic, our primary care system has seen drops in visit volume, decreased revenue, challenges with rapidly adapting to telehealth, and provider burnout.

2022 PROGRESS   Due to the ongoing Covid-19 pandemic, our primary care system has seen drops in visit volume, decreased revenue, challenges with rapidly adapting to telehealth, and provider burnout.

b. Promote healthy birth outcomes by increasing the number of pregnant women receiving prenatal care and case management services in the first trimester.	MCH Title V Director	Increase by 5% pregnant women receiving prenatal care in the first trimester	Vital Statistics

2021 PROGRESS   Due to the ongoing Covid-19 pandemic, our primary care system has seen drops in visit volume, decreased revenue, challenges with rapidly adapting to telehealth, and provider burnout.

2022 PROGRESS   Due to the ongoing Covid-19 pandemic, our primary care system has seen drops in visit volume, decreased revenue, challenges with rapidly adapting to telehealth, and provider burnout.

c. Increase participation of vulnerable populations in the WIC program through improved data sharing and identification of access gaps.	State WIC Director	One data sharing agreement in place. Increase WIC enrollment by 5%	Program Data WIC Data

2021 PROGRESS   As of 12/31/2021, no data sharing agreement has been developed or executed between DPH and DSS due to legal issues with data sharing as per DSS. DPH will continue to explore opportunities for developing an agreement in the future. The WIC Program met the goal of increasing enrollment by 5%. In January 2021, WIC participation was 43,446 and in December 2021, WIC participation was 45,652. The percent change is 5.1% for the year.

2022 PROGRESS   As of 12/31/2022, no data sharing agreement has been developed or executed between DPH and DSS due to legal issues with data sharing as per DSS. DPH will continue to explore opportunities for developing an agreement in the future. The WIC Program did not meet the goal of increasing enrollment by 5%. In January 2022, WIC participation was 46,319 and in October 2022*, WIC participation was 47,829. The percent change is -3.2% for the year.   *Closeout data is only available through October 2022.

STRATEGIC PRIORITY D: RECRUIT, RETAIN & DEVELOP A COMPETENT PUBLIC HEALTH WORKFORCE

Strategic Objective 1: Provide and Encourage Workforce Development and Advancement Opportunities

Strategies	Agency Lead	Performance Measure	Dashboard/ Data Source
a. Enhance staff participation in professional development opportunities	PHSI/Workforce Development Committee	Promote new pathways of professional development for staff	Program Data

2021 PROGRESS: DPH implemented LinkedIn learning and maintained CT Train for its employees.

2022 PROGRESS: The department initiated a Public Health Training Academy. The academy will provide training for staff in two tracks: a core program and a professional development program. The academy will be implemented in 2023.

Strategic Objective 2: Build Leadership & Subject Matter Expertise through Professional Development and Mentoring

Strategies	Agency Lead	Performance Measure	Dashboard/ Data Source
a. Provide supervisory and leadership training to encourage continuous professional development	Workforce Development Workgroup	100% of DPH supervisors complete training 25% of DPH employees complete Leadership Development	Program Data

2021 PROGRESS In-person training was suspended due to COVID-19. In 2021, DPH contracted with Yale to assist in the implementation of a Public Health Academy; this will allow us to offer virtual training in supervisory and leadership development. The Public Health Academy will be implemented in 2023.

2022 PROGRESS In-person training was suspended due to COVID-19. DPH has contracted Yale to assist in the implementation of a Public Health Academy; this will allow us to offer virtual training in supervisory and leadership development. The Public Health Academy will be implemented in 2023.

Strategic Objective 3: Ensure an Effective and Efficient DPH Recruitment Process			
a. Work to improve the current recruitment process using quality improvement principles and tools	PHSI/HR/AAO	Develop recruitments and selection guidelines for the use of hiring managers Develop guidelines on how to write a post-interview justification Transition the current WRF process to the UKG system.	HR Data
2021 PROGRESS Done. The transition was completed in 2021. Training provided to staff. 2022 PROGRESS Completed in 2021			

STRATEGIC PRIORITY E: PROMOTE A CULTURE OF CUSTOMER SERVICE

Strategic Objective 1: Streamline Business Processes to Reduce Inefficiencies & Enhance Responsiveness

Strategies	Agency Lead	Performance Measure	Dashboard/ Data Source
a. Utilize customer feedback in LEAN processes	PHSI/Quality Improvement Council	At least 2 QI projects/initiatives conducted that utilize customer feedback	Program Data
2021 PROGRESS: Achieved. Across the Agency there has been over 10 QI projects that included customer feedback. 2022 PROGRESS: Achieved, across the Agency there has been over 10 QI projects that are ongoing, that included customer feedback.			
b. Monitor customer feedback trends for opportunities to improve	PHSI	Quarterly review of customer service feedback	Program Data
2021 PROGRESS The Department tracks customer feedback through an ongoing SurveyMonkey link placed in its website and in email communications with customers. During CY 2021, the Department collected 2,395 responses. For each of the 5 questions measuring satisfaction for which a response was received, 90% or above of the responses indicated being neutral to highly satisfied with the service provided by the Department. 2022 PROGRESS During CY 2022, the Department collected 1,915 responses. For each of the 5 questions measuring satisfaction for which a response was received, 69% or above of the responses indicated being neutral to highly satisfied with the service provided by the Department.			

Strategic Objective 2: Enhance Customer Service Knowledge & Skills Through Education, Clear Expectations, Modeled Behavior and Evaluation

Strategies	Agency Lead	Performance Measure	Dashboard/ Data Source
a. Develop and communicate customer service standards and provide training	QIC/ Customer Service Subcommittee	• 1 policy executed	Program Data
2021 PROGRESS A policy was developed and executed. 2022 PROGRESS: A policy was developed and executed.			

CROSS-CUTTING PRIORITY F: USE PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT TO IMPROVE PROCESSES AND OUTCOMES			
Strategic Objective 1: Streamline Business Processes to Reduce Inefficiencies & Enhance Responsiveness			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Increase program participation in the agency's performance management system	PHSI/Quality Improvement Council	Increase to 85% of programs reporting use of the dashboard as a management tool 100% of sections engaged in the QI project	Use of dashboards Program Data
2021 PROGRESS: Dashboard use was impacted due to the Department having to dedicate critical resources to the handling of the pandemic. Over 60% of the sections within the agency are engaged in QI projects. 2022 PROGRESS: The PHSI office re-engaged the department staff to facilitate the updating of the dashboards. Currently, 62% of the programs use a dashboard. Over 60% of the sections within the agency are engaged in QI projects.			

CROSS CUTTING PRIORITY G: STRENGTHEN AND EXPAND KEY PARTNERSHIPS

Strategies	Agency Lead	Performance Measure	Dashboard/ Data Source
a. Increase engagement and participation of stakeholders in program development including non-traditional partners	Commissioner Office	Local Health Department partnerships, SHIP Program partnership, and Staff perception of increased engagement.	Program Data

2021 PROGRESS: DPH continued several partnerships with local health and vaccine providers to extend covid vaccination reach in Connecticut communities. Partnerships with labs, community providers/agencies, hospitals, local health departments, United Way, and pharmacies were all key to Connecticut being the first state in the nation, by May 3, 2021, fully vaccinate at least half its adult population against the novel coronavirus. The SHIP program engaged over 40 partner organizations and, through its new plan, released priorities for Healthy Connecticut 2025. Development of non-traditional partnerships is a key component of the SHIP program and is driven by its focus on social drivers of health in four areas: Access to Healthcare, Economic Stability, Healthy Food and Housing, and Community Strength and Resilience.

2022 PROGRESS: CT DPH continued its focus on local health partnerships. The DPH Office of Local Health is now elevated in the organization structure and reports directly to the Deputy Commissioner. There were 32 meetings with partners related to the SHIP priorities: 3 Advisory Council Meetings, 28 Action Team Meetings, and 1 meeting of a newly formed Data Committee. DPH staff survey, conducted in November 2022, affirmed strong program partnerships with local health departments. Also noted was HAI's partnerships with hospitals, Long-Term Care Facilities, State Public Health Laboratory, etc. and partnership of the lab with the military.

Strategies	Agency Lead	Performance Measure	Dashboard/ Data Source
b. Enhance internal collaboration to optimize resources and potential for impact	Commissioner Office	Increased Leadership initiatives and Staff perception of collaboration	Use of dashboards and Program Data

2021 PROGRESS: The Emergency response team continued operating under the activation of the state unified command in addressing the Covid emergency activities. The department exhibited a great deal of internal cooperation and coordination among programs. To enhance the performance of the department, the contractual/fiscal services at DPH were restructured to optimize resources during the covid pandemic. A new Joint Operations Team (JOTS) was established to move forward with covid related contracts and funding on a timely and coordinated basis. 2022 PROGRESS: The PHSI office re-engaged the department staff to facilitate the updating of the dashboards. Currently, 62% of the programs use a dashboard. Over 60% of the sections within the agency are engaged in QI projects.

2022 PROGRESS: The monthly Executive Management and Leadership Team meetings prioritized internal collaboration and optimization of resources. The focus areas included HR Business Partner, IT Business Partner, contracting, management training, and workforce development. The Commissioner's poster session in November 2022 highlighted Quality Improvement projects across various programs and their interconnectedness and inter-agency collaborations. DPH staff survey, conducted in November 2022, confirms several areas of existing collaboration (epidemiology, vital statistics, infectious diseases, etc.) and also identified opportunities for future collaboration, especially between operational areas and program divisions/sections.

CROSS-CUTTING PRIORITY H: EFFECTIVELY PROMOTE THE VALUE AND CONTRIBUTIONS OF PUBLIC HEALTH TO ALL KEY STAKEHOLDERS			
Strategies	**Agency Lead**	**Performance Measure**	**Dashboard/ Data Source**
a. Highlight prevention and reductions in disease and disability from cost-effective public health interventions	Communications	# Social media posts	Program Data

2021 PROGRESS: Social media continues to be a valuable communications tool for the agency, with Facebook and Twitter being the primary channels. DPH also has a presence on Instagram and TikTok. The DPH Facebook page currently has 29,100 followers, and the DPH Twitter page has 19,400 followers. The DPH Communications team maintains a weekly social media calendar which includes a schedule of public health and wellness messaging, promotion of DPH events, including mobile COVID-19 vaccination clinics, and health observance weekly and monthly announcements. Additionally, social media posts from the Office of the Governor and other state agencies are amplified on the DPH social media channels. Prominent news media mentions and interviews also are posted. From July 1, 2021, to June 30, 2002, there were approximately 850 social media posts made to both the DPH Facebook and Twitter pages. From July 1, 2021 – June 30, 2022, 134 news releases and statements to the media were produced and distributed. - From July 1, 2021 – June 30, 2022, DPH has participated in approximately 42 news conferences/media availabilities. Many of these feature Governor Ned Lamont and Commissioner Manisha Juthani.

2022 PROGRESS: Social media continues to be a valuable communications tool for the agency, with Facebook and Twitter being the primary channels. The DPH Facebook page currently has 29,092 followers, and the DPH Twitter page has 19,400 followers. 75.10 percent of the DPH Facebook followers are female. 24.90 percent are male. The largest age group of Facebook followers is between ages 35 and 44. The second largest age group is between ages 45 and 54. From Jan. 1, 2022, to Dec. 31, 2022, there were approximately 875 social media posts made to both the DPH Facebook and Twitter pages. The DPH Communications team maintains a weekly social media calendar which includes a schedule of public health and wellness messaging, promotion of DPH events, including mobile COVID-19 vaccination clinics, and health observance weekly and monthly announcements. Additionally, social media posts from the Office of the Governor and other state agencies are amplified on the DPH social media channels. Prominent news media mentions and interviews also are posted. From Jan. 1, 2022 – Dec. 31, 2022, 127 news releases and statements to the media were produced and distributed. From Jan. 1, 2022 – Dec. 31, 2022, DPH has participated in approximately 29 news conferences/media availabilities. Many of these feature Governor Ned Lamont and Commissioner Manisha Juthani.

b. Orient legislators and the governing entity to public health legal authority, obligations, current infrastructure	Government Relations/ Policy	Make available a Legislative Liaison, Policy Director, and legal counsel to orient legislators and governing entity officials, as appropriate.	Program Data

2021 PROGRESS: During the legislative session, we met regularly with the public health committee chairs and ranking members to talk about the various legislative proposals that would impact DPH. We also had similar meetings with OPM, the governor's office, and other committee chairs and ranking members who proposed bills that impacted DPH. During these meetings, we discussed the value of the proposals and whether they are in the statutory or legal scope of what the department can or should do. When needed, the general council was brought into these discussions as well.

2022 PROGRESS: This activity continues on an annual basis. During the legislative session, we met regularly with the public health committee chairs and ranking members to talk about the various legislative proposals that would impact DPH. We also had similar meetings with OPM, the governor's office, and other committee chairs and ranking members who proposed bills that impacted DPH. During these meetings, we discussed the value of the proposals and whether they are in the statutory or legal scope of what the department can or should do. When needed, the general council was brought into these discussions as well.