

Department of Public Health



At a Glance

Department of Public Health

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Established – 1878

Statutory authority – C.G.S. Chap. 368a, Sections 19a-1a et seq.

Central office - 410 Capitol Avenue, Hartford, CT 06106

Number of employees – 720, as of June 30, 2018

Recurring operating expenses –

Federal: \$109,776,121 (37%)

State: \$104,513,455 (35%)

Additional Funds: \$82,292,786 (28%)

Organizational structure

- **Office of the Commissioner**
- **Affirmative Action/Equal Employment Opportunity**
- **Communications/Government Relations**
- **Community, Family Health and Prevention**
- **Drinking Water**
- **Environmental Health**
- **General Counsel**
- **Health Care Quality and Safety**
- **Health Statistics and Surveillance**
- **Infectious Diseases**
- **Operational and Support Services**
- **Public Health Laboratory**
- **Public Health Systems Improvement**

Mission

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

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

Statutory Responsibility

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

Public Service

Office of the Commissioner

Affirmative Action/Equal Employment Opportunity

The Affirmative Action Office (AAO), also known as the Equal Employment Opportunity (EEO) Office, is responsible for ensuring compliance with federal and state antidiscrimination laws and department policies to ensure equal opportunity for all individuals. This compliance applies to all programs and services without regard to race, color, religious creed, age, sex (including pregnancy), gender identity or expression, marital status, national origin, ancestry, present or past history of mental disability, intellectual disability, physical disability (including blindness) or learning disability, genetic information, sexual orientation, domestic violence, prior conviction of a crime, status as a veteran and/or previously opposing such discriminatory practices (regardless of substantiation).

Communications and Government Relations

The *Communications Office* provides a full range of communication activities that serve the department and its stakeholders. The office manages public information, social media, Freedom of Information responses, media and community relations, marketing communications, issues management and public affairs, the agency's website, internal communications, and crisis and emergency risk communications.

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

General Counsel

The Office of General Counsel is the legal office for the Department of Public Health. The General Counsel is responsible for overseeing the legal and administrative activities of the office and provides legal support for the Commissioner and the agency. The Office provides legal and administrative support for 14 professional licensing boards, presides over hearings and renders decisions concerning appeals of public health orders, as well as reporting to federally mandated and private professional databases. The Office also responds to ethics and HIPAA questions, provides ethics and HIPAA privacy trainings, conducts investigations, responds to requests for personally identifiable health information, and generally ensures HIPAA compliance. The Office of the General Counsel includes the Public Health Hearing Office, the Ethics Officer, the HIPAA Privacy Officer, and the Attorney General Designee.

Public Health Systems Improvement

Public Health Systems Improvement (PHSI) is responsible for managing, coordinating and supporting organization-wide and multi-sector activities that result in measurable improvements of public health structures, systems and outcomes. After successfully managing the agency's national public health accreditation effort, PHSI ensures that the agency maintains the standards required to keep its accreditation. PHSI also leads statewide assessment, planning and performance improvement activities through coordination and technical assistance to agency personnel and public health partners.

PHSI administers the Office of Health Equity established through Public Act 98-250, and works to monitor the health status of at-risk populations, to ensure that health equity is a cross-cutting principle in all agency programs, data collection, and planning efforts, that DPH activities focus on the underlying social determinants of health, and the promotion and implementation of culturally and linguistically appropriate services in DPH contractor, local health, and community-based organizations.

Community, Family Health and Prevention Section

The *Community, Family Health and Prevention* (CFHP) Section works to improve the health of the overall population across the lifespan, especially mothers, infants, children, adolescents and other vulnerable groups, by establishing opportunities that support healthy living habits through education, early detection, access to care, chronic disease prevention and management, and injury prevention. The CFHP Section manages approximately 170 contracts and administers 42 accounts, including federal grants and state appropriations. Resources are dedicated to serve Connecticut's residents and affect the public health system, while maintaining a focus on the objectives of Healthy People 2020 and the CT State Health Improvement Plan.

The CFHP Section conducts comprehensive needs assessments to establish service priorities. Through significant contractual relationships, the CFHP Section provides health education and promotion, supports health screenings and referrals, leads care coordination initiatives, and provides technical assistance to promote quality improvement. Target populations and public health priorities are served by one or more of the CFHP Section's units, including: 1) Women, Infants and Children (WIC); 2) Maternal and Child Health Epidemiology; 3) Adolescent and Child Health; 4) Chronic Disease; 5) Office of Injury Prevention; and 6) Epidemiology.

The CFHP Section works to affect systems of care by supporting policies, systems and environmental change strategies, and developing and maintaining a strong and sustainable infrastructure to support essential public health activities. This is possible through: collaborations with providers, patients and families; coordination of resources; support, development and implementation of statewide plans; translation of current and emerging information into health benefits; and efficient and quality programming by evaluating performance and promoting quality improvement.

- 82,778 WIC clients enrolled and served through 287,021 WIC clinic visits
- 4,288 middle and high school students received sexual violence prevention and healthy relationship education at a total of 135 trainings
- 4,479 women received services through the Comprehensive Cancer Program's Early Detection and Prevention Program

Drinking Water Section

The *Drinking Water Section* (DWS) is responsible for the administration and implementation of state and federal public health-focused drinking water laws and regulations, and is dedicated to assuring the purity and adequacy of the state's public drinking water systems and sources. The DWS has primacy over the U.S. Environmental Protection Agency's Safe Drinking Water Act (SDWA) of 1974, as well as state public drinking water laws.

DWS provides technical assistance, education and regulatory enforcement to Connecticut's 2,550 public drinking water systems, which provide public drinking water to approximately 2.8 million people on a daily basis. The DWS is committed to protecting and promoting healthy

people in healthy Connecticut communities by assuring the use and distribution of high quality public drinking water for human consumption.

The DWS is organized into seven programmatic areas: Capacity Unit; Drinking Water State Revolving Fund (DWSRF) Unit; Enforcement Unit; Grant and Administration Unit; Safe Drinking Water Rule Implementation Unit; Source Assessment and Protection Unit; and, Technical Review and Field Assessment Unit.

- 522 inspections of Public Water Systems (PWS) conducted and completed
- 80 water infrastructure improvement projects reviewed
- 409,893 PWS water sample results processed

Environmental Health Section

The Environmental Health Section (EHS) is responsible for assessing and controlling the impact of the environment on people and the impact of people on the environment. It is both protective and proactive. Its responsibility to protect the health and safety of Connecticut's citizens is accomplished through technical assistance, enforcement of the public health code and relevant statutes, as well as the implementation of public health policy.

The section is comprised of twelve programs which are diverse in their scope and oversight of both regulated and unregulated professions/entities: Asbestos; Environmental and Occupational Health Assessment; Environmental Engineering; Environmental Laboratory Certification; Environmental Practitioner Licensing; Food Protection; Healthy Homes; Lead Poisoning Prevention and Control; Private Wells; Radon; and, Recreation.

- 75,474 children under age six tested for lead poisoning. 17% decrease in the number of children with elevated blood lead levels in 2017.
- 1,100 radon test kits distributed to CT residents across CT with a 60% return rate and 1,600 kits were distributed to local health departments for use within their jurisdiction
- 1,981 marine beach recreational water quality monitoring samples were collected weekly from 73 beaches

Healthcare Quality and Safety

The Healthcare Quality and Safety Branch regulates access to health care professions and provides regulatory oversight of health care facilities and services. The branch consists of four major program components: Facility Licensing and Investigations; Practitioner Licensing and Investigations; Office of Emergency Medical Services; and, Office of Legal Compliance.

The Practitioner Licensing and Investigations Section (PLIS) ensures that a practitioner in a field has the required training, knowledge and experience to perform as a qualified professional in that field. PLIS receives and investigates complaints about specific providers that fall under its

authority. The Section responds to Scope of Practice Review requests to ensure that proposed changes to the scope of practice of health care practitioners contribute to the improvement of overall health of people in this state.

The Facility Licensing and Investigations Section (FLIS) licenses, monitors, inspects and investigates complaints involving a variety of facilities and services. It performs federal certification inspections in health care facilities participating in the Medicare and/or Medicaid programs and identifies deficiencies that may affect state licensure or eligibility for federal reimbursement.

The Office of Legal Compliance (OLC) prepares evidence and witnesses for public administrative hearings, represents DPH in administrative hearings before professional healthcare licensing boards and commissions, and settles legal cases involving over 60 different professions licensed and regulated by DPH. This office is also responsible for providing information for reporting adverse actions to national databases and processing long-term care criminal history and patient abuse background searches.

The Office of Emergency Medical Services (OEMS) functions include strategic planning, education, licensing, regulatory and statutory oversight of EMS provider training, and identification and follow-up on medical issues that affect patient care. This Section is also involved in investigation of complaints about EMS organizations, patient care concerns, and provider activities. OEMS conducts provider site visits and vehicle inspections.

- 237,233 individuals licensed in 65 different professions throughout CT
- 23,473 Emergency Medical Services providers licensed
- 1,756 health care facilities licensed

Health Statistics and Surveillance

The Health Statistics and Surveillance section consists of the Vital Records Office, the Connecticut Tumor Registry, Survey Unit, and the Surveillance Analysis and Reporting Unit. The State Vital Records Office carries out general supervision and enhancement of the state-wide birth, marriage, death and fetal death registries. The Connecticut Tumor Registry is a population-based resource for examining cancer incidence and trends in Connecticut. The registry's electronic database of over one million cancers is used to estimate the cancer burden in Connecticut residents and to assist in planning cancer control interventions. The Survey Unit is responsible for the collection of health information to generate health estimates for Connecticut adults and youth through use of two major CDC surveillance systems. Adults are surveyed via telephone and high school students are surveyed in the school setting. The adult survey is a major data collection tool in chronic disease surveillance. The Surveillance Analysis and Reporting Unit (SAR) analyzes and interprets vital statistics, hospital discharge and hospital quality of care data. SAR also works in collaboration with the US Census to produce Connecticut's annual state and county population estimates by age, sex and race/ethnicity. To support the reporting of health statistics for small-areas within the state, SAR staff have

produced detailed, town-specific population estimates for 2010-2014, and plans to produce similar estimates for the balance of the decade. Data collected by both the Survey Unit and SAR are used to help track the health of Connecticut residents, provide guidance for numerous health programs, and provide a better understanding of health risk behaviors that face our adults and youths.

- 36,719 Births, 31,546 Deaths, and 19,915 Marriages were recorded in Connecticut
- 12,634 vital record certificates were issued, paternity was documented on the birth certificate for 12,454 children, and 737 adoptions were processed
- 22,915 new cancer cases were registered and 34,370 existing cancer cases were followed

Infectious Disease Section

The Infectious Diseases Section encompasses surveillance programs for emerging infections and more than 50 acute communicable diseases including conditions potentially associated with bioterrorism; outbreak detection and investigation; planning for the public health response to infectious disease emergencies, and programs for the prevention of perinatal infectious diseases, vaccine-preventable diseases, healthcare-associated infections, human immunodeficiency virus (HIV), hepatitis, sexually transmitted diseases and tuberculosis. A critical part of the section's mission is to provide health education to the public, medical professionals and public health providers on prevention and management of disease transmission and emerging infections.

The Immunization Program prevents disease, disability and death from vaccine-preventable diseases in infants, children, and adolescents by actively engaging in surveillance, case investigation and control, monitoring of immunization levels, provision of vaccine, and professional and public education on the benefits of vaccination.

The HIV Program administers prevention, care and surveillance services through various interventions such as: HIV screenings, referring high risk populations to medical providers for Pre Exposure Prophylaxis (PrEP), referring individuals in need of care to medical providers as well as providing assistance with transportation, housing and drug rehabilitation services with the ultimate goal of reducing new infections and keeping infected residents living healthy.

- 6,394 Narcan (overdose prevention) dosages distributed by the Syringe Services Program
- Distributed 1,645,110 doses of vaccine to 721 enrolled providers to vaccinate children aged 0 through 18 years, saving providers and parents \$60 million in vaccination costs
- 31,275 electronic laboratory reports processed

Operational & Support Services

The Operational & Support Services Branch is essential to the delivery of public health services across the state, ensuring that department-wide administrative activities are coordinated and accomplished in an effective and efficient manner. In addition, Operational & Support Services coordinates the Preparedness and Local Health Section. The branch provides the following services to all organizational sections of the agency: Contracts and Grants Management, Fiscal Services, Human Resources, and Information Technology.

- 638 active contracts, valued at \$570,875,099, which includes 66 bond fund grants and low-interest loans, valued at \$161,616,891
- \$49,403,384 total revenues collected
- \$78,632,244 in grants to local health departments across Connecticut

Public Health Laboratory

The Dr. Katherine A. Kelley Public Health Laboratory (PHL) serves all communities in the state through the analysis of clinical specimens and environmental samples submitted by federal and state agencies, local health departments, clinical laboratories, health care providers, and water utilities. The PHL provides well over 2 million test results on approximately 150,000 specimens and samples it receives each year. Analytical data are used to monitor for agents harmful to the public health, identify the cause of outbreaks, and assure that control measures (e.g., vaccines, antibiotics, environmental remediation) are effective. The PHL is comprised of the following testing and support sections: Administrative and Scientific Support Services; Environmental Chemistry; Infectious Diseases; and, Newborn Screening.

- 37,391 newborn screening tests conducted
- 197 highly drug-resistant bacterial isolates were tested and reported to healthcare providers
- More than A1,000 tests performed for a variety of Radionuclides in 330 samples of air, water, vegetation, milk, fish and soil surrounding the Millstone Nuclear Power Plant

Improvements and Achievements 2017-18 Highlights

National Recognition and Achievements:

Rankings

- Connecticut has the third lowest teen birth rate in the nation and ranks among the states with the lowest incidence of low birthweight babies, preterm births and percent of births to unmarried mothers, according to the Centers for Disease Control and Prevention (CDC).
- The Universal Health Foundation ranked Connecticut as the fifth healthiest state in the nation.

- Connecticut ranked third nationally for continuation of state efforts to expand and improve the oral health of older Americans.
- Connecticut ranked 4th per capita in the National Health Service Corps (NHSC) loan repayment awards received for clinicians employed in designated health professional shortage areas. The NHSC helps medically underserved communities recruit and retain primary care clinicians, including mental health and dental professionals.

National Accreditations

- CT DPH submitted its first annual report to the National Public Health Accreditation Board (PHAB) in March 2018 and included work on quality and performance management, emerging issues, innovation, and opportunities for improvements highlighted by national site visitors.
- The Environmental Microbiology section of the State Public Health Laboratory achieved International Standards for Standardization (ISO) 17025:2005 accreditation for its food testing laboratory. The accreditation is recognized as the worldwide standard for testing laboratories that have demonstrated the capability to produce accurate and competent test results.

Recognitions

- Connecticut was among 13 states and the District of Columbia to receive a passing grade by the National Safety Council for its coordinated response to the opioid crisis.
- DPH was recognized as a national leader in addressing health equity. The agency was invited by the Association of State and Territorial Health Officials (ASTHO) to present at the 2018 Open Forum for Quality Improvement and Innovation in Public Health on Achieving Health Equity through Public Health Accreditation: Policy, Partnerships and Performance Management. Connecticut DPH presented as part of a panel with the National Association of County and City Health Officials and the Colorado Department of Public Health and Environment.
- The Facility Licensing and Investigations Section (FLIS) received the 2018 National Quality, Safety and Oversight Achievement Award from the Centers for Medicare and Medicaid Services for demonstrating high quality work in the area of ensuring quality and safety under difficult circumstances and outstanding leadership in crafting solutions to difficult problems.
- FLIS was recognized by Leading Age Connecticut for their contribution to the CT Long Term Care Mutual Aid Plan (LTC-MAP)
- The Connecticut Tumor Registry was one of a small number of cancer registries to receive a first place SEER data quality award. This award is based on 21 different data quality criteria, and represents the highest data quality award in cancer surveillance programs.
- The Food Protection Program received the Group Recognition Award from the Federal Food & Drug Administration for their involvement in solving a multistate *Listeria monocytogenes* outbreak.
- The Childhood Lead Poisoning Prevention and Control Program was recognized

for assisting the CDC with their investigation and subsequent recall of the Lead Care portable analysis instruments.

Public Health Response to Emerging Threats:

Opioids

- “Drug and alcohol, including drug/opioid/heroin overdoses” visits were added to the list of “emergency illnesses and health conditions” that are tracked through the DPH’s syndromic surveillance system, EpiCenter. These data provide near real-time estimates of emergency department (ED) utilization for suspected drug overdoses in order to quickly detect and respond to changes in patterns of both fatal and nonfatal opioid overdoses. DPH conducted a pilot program to train local health departments/districts to access this data in EpiCenter for their local jurisdiction.
- DPH hosted its fourth annual statewide Opioid and Prescription Drug Overdose Prevention Conference in May, 2018, for 250 attendees. The target audience included public health professionals, health care providers, pharmacists, policy makers, and social service staff involved with harm reduction. The objectives of the conference included: providing an update on current efforts related to the CT Opioid Response (CORE) Initiative, sharing recent data on opioid overdose and use in CT, discussing targeted actions for special populations, and highlighting new treatment and recovery approaches.
- In 2017, 1,060 Overdose (OD) Prevention Kits were distributed to 1,040 Syringe Services Program (SSP) clients. Among those SSP clients who were given an OD Prevention Kit, 15.2% reported using their OD kit to reverse an overdose.
- DPH conducted community-level “Naloxone/OD Prevention Trainings”, educating and training 3,257 people and distributing 2,122 OD prevention kits. As a result, approximately 3,182 OD Kits were distributed to community members.
- Approximately 250 private and public employers, insurers, public health researchers, addiction counseling and treatment providers, public safety officials, community non-profits, and other stakeholders participated in two working meetings in October to develop a set of recommendations to address the worsening opioid crisis in Connecticut, and specifically the role of the workplace in assisting with support, treatment, and recovery. The event was hosted by Travelers Insurance and was held at the Travelers Claim University in Windsor.
- In February 2018, DPH, along with Governor Malloy, and the Departments of Mental Health and Addiction Services (DMHAS) and Consumer Protection (DCP) launched a statewide public awareness campaign, called “Change the Script”, to help communities, health care providers, pharmacists and individuals deal with the prescription drug and opioids misuse and overdose crisis. This multi-pronged, multi-agency marketing and education campaign grew out of the Governor’s Connecticut Opioid Response (CORE) initiative. In addition to mass media buys, a toolkit of printed materials was developed in English and Spanish for use at the state and community level.

Influenza

- DPH teamed up with local health departments to provide free influenza vaccine at clinics across the state during the “State Flu Vaccination Days,” which occurred in January and February, 2018. Local health departments and districts vaccinated thousands of children and adults through the many clinics held across the state. Extensive media coverage about the clinics also helped raised awareness about how important it is to protect against the flu. Offering those clinics on weekends increased accessibility and availability to needed vaccination services for at-risk populations.

Emerging Infections

- The State Public Health Laboratory (SPHL) established a centralized Advanced Molecular Diagnostic unit (AMD) to implement advanced diagnostic tools to provide accurate and rapid results for patient management, infection control measures, and outbreak investigations. This area of the lab is providing rapid identification of emerging and re-emerging disease-causing agents using complex, sensitive and specific tests. The introduction of these tests will improve clinical patient management while enhancing epidemiologic disease monitoring, surveillance, outbreak investigation, and disease control. The CDC has recognized Connecticut as one of the first states in the nation prepared to initiate AMD testing.
- The SPHL implemented an advanced molecular diagnostic tool to identify within hours the highly-drug resistant yeast *Candida auris*. This is an emerging drug resistant pathogen that can cause invasive infections and is associated with high mortality. This pathogen can be easily misidentified by methodologies used in most hospitals. The rapid, accurate identification and reporting of this pathogen meets a critical need for patient management and infection control practices.

Per- and Polyfluoroalkyl Substances

- Per- and Polyfluoroalkyl Substances (PFAS) are an emerging public health issue due to the pervasive use of this family of chemicals and the extraordinary low levels that are potentially harmful to developing fetuses. The Drinking Water Section (DWS) collaborated with staff from the SPHL and Environmental Health Section (EHS), the Department of Energy and Environmental Protection (DEEP), Region 1 of the Environmental Protection Agency (EPA) and Greenwich Health Department to collect and analyze drinking water samples at 24 public and private water wells and provide education and outreach to potentially affected public water systems and residences. The success of the public outreach efforts in Greenwich were highlighted at the EPA’s “PFAS Community Engagement” event in Exeter, NH as a model for communicating PFAS to impacted communities.

Advancing Public Health/Innovations in Public Health

- The Connecticut Tumor Registry was one of twenty state-wide or regional cancer registries awarded a ten-year contract by the National Cancer Institute’s Surveillance, Epidemiology, and End Results program (SEER). This \$35.6 million contract will fund approximately 80% of the operating costs of Connecticut’s cancer surveillance, epidemiology, and research program.

- In August 2017, the Newborn Screening Program (NBS) validated a screening method for analysis using new, more efficient and automated screening instrumentation platforms for screening for two endocrine disorders, Congenital Hypothyroidism and Congenital Adrenal Hyperplasia.
- The SPHL achieved ISO/IEC 17025 Accreditation for its produce testing section. This section now performs routine surveillance testing of produce for certain pathogens. Since beginning the surveillance program, the SPHL has detected *Listeria monocytogenes* in two separate instances resulting in either a recall or quarantine of the product.
- The DPH Preparedness and Local Health Section successfully applied for the Center for Disease Control and Prevention's (CDC) Cooperative Agreement for Public Health Crisis Response. This award will allow DPH to expeditiously access federal funds in response to a federally declared public health emergency.

Reducing Health Disparities and Enhancing Health Equity

Protecting Children from Lead Poisoning

- The SPHL continues to support the childhood lead poisoning prevention program by testing samples that consist of dust wipes, soils, paint chips and a variety of spices, jewelry, cosmetics and other products that may be contaminated with lead. Many of these samples are of an urgent nature because a child has been identified as having elevated lead levels and is undergoing medical treatment. It is critical that the source of contamination be identified and removed immediately to protect the child from further exposure.
- The Lead Poisoning Prevention and Control Program (LPPCP) data sharing agreements with the Department of Housing (DOH) and 12 Public Housing Authorities (PHA) that match the addresses of federally subsidized voucher recipients with data from the DPH lead surveillance system to identify children with elevated lead blood levels has led to more timely lead inspections and the abatement of lead hazards by the DOH/PHA in the housing units where these children reside.
- The LPPCP received and reviewed 82,073 lead results for children under 6 years of age.
- Two lead prevention media campaigns targeting Black and Latino children sparked a six-fold increase in visitors to the Connecticut Lead Poisoning Prevention and Control webpage.

Protecting Children and Families from Preventable Disease

- The CT Vaccine Program distributed 1,645,110 doses of vaccine to 721 enrolled providers to vaccinate children aged 0 through 18 years. DPH's ability to purchase the vaccinations at a reduced cost saved providers and parents \$60 million.
- During the '17-'18 school year, dental screenings were conducted on 17,015 children, a 10% increase from the previous year, and the number of children receiving dental sealants rose from 4,525 in the '16-'17 school year to 5,824 in the '17-'18 school year.

Protecting Communities and Health

Ensuring Healthcare Quality

- In an effort to ensure public health, safety and welfare of the consumer/public, the Practitioner Licensing and Investigation Section (PLIS) issued 18,811 new professional licenses and renewed 161,595 licenses. They also registered approximately 30,000 nurse aides and provided permits for physician interns. The Department received 2,099 new complaints against health care practitioners and closed 1,889 investigations.
- The Facility Licensing and Investigations section (FLIS) received 1,583 complaints and conducted 1,301 investigations. Additionally, licensure and/or certification surveys were conducted for upwards of 500 healthcare institutions.

Protecting the Water We Drink

- The Private Well Program (PWP) worked with the United States Geological Survey (USGS) to bring attention to the presence of arsenic and uranium in private well groundwater supplies. 404 arsenic and uranium water sampling kits were distributed to private residential well owners across CT.
- The Drinking Water State Revolving Fund (DWSRF) Program had its most successful year in its 20 year history by providing over \$68.3 million in financial assistance to public water systems for critical drinking water infrastructure projects that will improve the quality of Connecticut's public drinking water. This important drinking water infrastructure financing program greatly reduces the cost impact of capital improvement and public health projects on Connecticut's ratepayers.
- The DWSRF Program issued the largest loan to date of \$54 million, which includes \$15 million in state funds, to Groton Utilities (GU), the largest regional water provider in Eastern CT. The loan will support a comprehensive rehabilitation of the 80-year-old water treatment plant to bring a state-of-the-art treatment system to the regional water supply and strengthen water resiliency in the region through emergency interconnections with 5 small community water systems and an interconnection with the City of Norwich.

Protecting Our Children and Families

- The Child Care SAFER (Screening Assessment for Environmental Risk) Program screened 100% of new child care facilities seeking a license (76 facilities). The screening is a geographic-based buffer analysis comparing the location of the child care facility with locations where hazardous contaminants are present (or potentially present) in the environment. This screening makes child care facilities in CT safer by preventing potential exposures that can occur when these facilities are inadvertently located on or near sites with hazardous contaminants.
- The Asbestos Program tracked 4,073 Asbestos Abatement Projects; approved 285 Alternative Work Practice applications; approved 23 Asbestos Abatement While School is in Session applications; and formally inspected the Asbestos Management Plans at 41 school systems. Protecting the school age population of children continues to be a priority for the Asbestos Program.
- Through the Putting On Airs Program (POA), 719 clients with poorly controlled

asthma received home visits that focused on asthma symptom management, medication administration, environmental exposures to allergens, irritants and pest management. 92% of participants who completed the POA program had a decrease in asthma-related hospitalizations and emergency department visits six months following completion of the program.

Capacity Building

Partnerships

- The DWS completed a comprehensive statewide water supply planning effort. Three regional water supply planning areas, known as WUCCs (Water Utility Coordinating Committees), are now guided through coordinated plans in all aspects of water supply planning. The WUCC plans will ensure efficient and effective expansion of public water supply when it is needed. The process was streamlined and saved state funding by reducing the number of regional planning areas from 7 to 3.
- As a member of the state's Water Planning Council (WPC), DPH helped Connecticut take a historic step toward protecting the state's water supplies, with the development of the Connecticut State Water Plan (SWP). The first-of-its-kind plan seeks to protect and preserve Connecticut's valuable water resources while balancing the need for fair and effective use for all of the state's water needs.
- DPH participated in a CLAS panel discussion for the Primary Care Action Group, a coalition of hospitals, local health, FQHCs and other partners of the Greater Bridgeport community, to share our experience in advancing the adoption of CLAS standards throughout the agency, opportunities for expanding CLAS within the agency and throughout Connecticut, and CLAS education and resources currently available to partners.
- DPH provided technical assistance to local public health agencies to create a health equity strategy. This includes ways to strengthen partnerships, promote health equity through the use of CLAS standards, identify diverse populations within their communities, identify and communicate health equity measures, and ensure language access services are available and displayed.

Preparedness and Local Health

- The Preparedness and Local Health Section used federal funds to establish five regional Healthcare Coalitions. Comprised of hospitals, local health departments, EMS, emergency management officials and other community partners, the Coalitions had many accomplishments this past year. These include adopting formal governance structures, completing regional hazard vulnerability assessments, and developing a coalition preparedness plan. Coalitions also conducted two communications drills, hosted training opportunities for their members, and participated in a coalition surge test involving the simulated evacuation of a hospital in each of their respective regions.
- DPH manages five mass casualty supply trailers that are regionally deployed across the state. These units contain a cache of durable and disposable medical equipment that can

be used to support large-scale incidents when local EMS supply resources have been, or are expected to be exhausted. The Preparedness and Local Health Section worked with the Department's Office of Emergency Medical Services (OEMS) to reconfigure the trailer contents to make them a more strategic asset for the EMS community.

- The Preparedness and Local Health Section held a Vulnerable Populations Workshop, which brought together an array of state partners to identify sources of information on vulnerable populations in communities across Connecticut. Information from this workshop will inform future plans and strategies to serve vulnerable populations during disasters and emergencies.

Systems Improvements and Efficiencies:

Streamlining Processes

- FLIS is working towards online initial and renewal licensure applications for all healthcare entities. The process includes posting on an electronic platform violation letters issued to healthcare facilities when non-compliance with state and federal laws and regulations is identified with the facility's approved plan of correction. Automating this process will reduce redundancies and allow greater transparency to the public.
- The integrated Background Check Management System (ABCMS) for long term care facilities' hiring processes has been operational for 12 months, resulting in \$2 million in revenue collections for fees (returned to the State General Fund). The ABCMS also helps to ensure that a vulnerable population is served by staff that have backgrounds suitable for this type of care.
- The Preparedness and Local Health Section successfully applied for over \$10M in federal funds to build public health and health care preparedness capacity across the state. The Section created a new streamlined system to efficiently deliver these funds to five regional healthcare coalitions rather than to individual organizations. The new system reduced the number of preparedness-related contracts administered by DPH, and fosters regional collaboration among partners dedicated to preparing for and responding to disasters.
- The Preparedness and Local Health Section utilized the new CDC online data collection tool, Data Collation and Integration for Public Health Event Responses (DCIPHER), as part of the Medical-Countermeasure (MCM) program. The DCIPHER system allows for the collection of local health data pertaining to each jurisdiction's level of readiness to respond to a natural or man-made incident requiring medical countermeasures.
- The State Public Health Laboratory has started a significant upgrade to its information management system (LIMS). The upgrade has the capability to allow for clients to view their data on-line and download final results.
- Initial Office of Emergency Medical Services (OEMS) applications for the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) professions are now accepted online through E-License.
- OEMS established the ability to notify candidates who have incomplete applications via e-mail notifications.

- The Drinking Water Section (DWS) transitioned to electronic sanitary surveys utilizing SWIFT (Safe Water Information Field Tool) software on hand-held tablets for in-the-field data collection. Through this effort and other improvements, DPH has reduced the average time from the date of a sanitary survey to the date a survey report is issued by approximately 70%. With this new public water system survey process and technology, DWS engineers identify and address unsanitary conditions and public health code violations quicker and more effectively, therefore reducing the potential of water system contamination and protecting consumers.

Education and Training

- The Office of Emergency Medical Services (OEMS) has completed several educational efforts to combat the opioid crisis. These efforts have resulted in the training of 338 emergency medical personnel across the state:
 - Produced an on-line training on CT-TRAIN for all EMS providers
 - Developed and distributed brochures on The EMS Role for the opioid overdose epidemic and pocket cards to be left at the home of patients suffering from addiction
 - Sponsored a conference with UCONN in September, 2017, entitled “Opioid Overdose Epidemic, The EMS Role”
- The Environmental Engineering Program held 12 half-day training seminars during the winter and spring to update local health officials, engineers, sewage system installers and cleaners, water treatment system installers, and other interested parties on the revisions to the Technical Standards for Subsurface Sewage Disposal Systems. In total, 610 people attended the seminars.
- The Drinking Water Section (DWS), in collaboration with the Office of Public Health Preparedness and Response and the CT Division of Emergency Management and Homeland Security, conducted a training workshop to prepare 100 Public Water System (PWS) officials across the state in using WebEOC, the web-based emergency management information system used by the State to provide a real-time operating picture and resource request management tool for state and local emergency managers in emergency events.
- The Supplemental Nutritional Assistance Education Program (SNAP-Ed) successfully implemented a Telephonic Health Coaching program that provides intensive, client-centered education to support sustainable lifestyle behavior changes among SNAP-eligible adults. 189 SNAP-Ed clients participated in 742 health coaching sessions. Participating clients reported achieving their goals more than half of the time and making significant positive changes in 14 of 18 nutrition behaviors.

LEAN

- DPH has been identified as a leader in creating a LEAN culture in a government agency through the innovative use of visual and performance management. DPH was invited to co-present at the Maryland World Class Consortia’s 2017 Mid-Atlantic Lean Conference on creating a LEAN culture.

- DPH was invited to present at the National Network of Public Health Institutes' (NNPI) Open Forum Conference on creating a culture of quality improvement in a state public health agency by promoting and cataloging employee led improvements and innovation through a "Just Do It" project tracker.
- DPH actively engaged in continuous improvement efforts across the agency, conducting three LEAN projects that 1) streamlined the Affirmative Action recruitment summary development and approval process; 2) standardized through an innovative checklist, the format and content of the Facility Licensing and Investigation Section's (FLIS) site reviews for initial and renewal applications; and 3) prepared the State Public Health Laboratory to provide cutting edge molecular testing using advanced procedures by aligning staff and equipment resources with testing priorities within existing resources and no interruption in current services.
- 27 "Just Do It!" improvement projects covered both administrative and programmatic processes. These projects worked to advance electronic processes, improve communication, increase compliance, and reduce process steps and time.
- Pursuant to Special Act 17-21, FLIS participated in a Lean process to streamline and standardize the process by which certain types of facilities are licensed by state agencies.
- The Drinking Water Section (DWS) has improved its incident reporting and notification process, both internally and externally, for events that may have potential implications on drinking water quality.
- The DWS worked with the Public Utilities Regulatory Authority (PURA) to streamline the water system takeover process to support a swifter transfer of system ownership for small failing community public water systems. This will help to ensure a sustained, safe and adequate supply of drinking water for the public served by those systems.