



# **ADMINISTRATIVE DIGEST**

**August 20, 2020**

**Deidre S. Gifford, MD MPH  
Commissioner**



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**Central Office**  
**410 Capitol Avenue**  
**Hartford, CT 06106**

**At-a-Glance**

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**Commissioner**  
**Deputy Commissioner**  
**Senior Advisor to the Commissioner**

**Established in 1878**

**Statutory Authority**

**C.G.S. Chapter 368a, Section 19a-1a**

**Number of Employees**

**727, as of June 30, 2020**

<b>Recurring operating expenses</b>	
<b>Federal Funds: 39%</b>	<b>\$123,187,907</b>
<b>State Funds: 39%</b>	<b>\$123,374,153</b>
<b>Other Funds: 22%</b>	<b>\$68,224,707</b>
<b>Total Funds</b>	<b>\$314,786,767</b>

**Organizational Structure**

- 1. Office of the Commissioner**
- 2. Community, Family Health and Prevention Section**
- 3. Drinking Water and Environmental Health Branch**
- 4. Healthcare Quality and Safety Branch**
- 5. Health Statistics and Surveillance Section**
- 6. Infectious Diseases Section**
- 7. Local Health, Preparedness, HIV, STD, TB & Hepatitis Branch**
- 8. Operational and Support Services Section**
- 9. Public Health Laboratory**

## **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, General Assembly, 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**

The Commissioner's office provides leadership on various public health issues, which include major health concerns such as decrease in immunization herd immunity in Connecticut, increase in vaping among teens and young adults and death caused by vector-borne diseases such as Eastern Equine Encephalitis (EEE). This year, the Department also focused on policy pertaining to overweight and obesity in children working with UCONN RUDD Center, tobacco use, injury and violence and the quality of the environment and water.

In 2020 the Surgeon General of the United States Vice-Admiral Jerome M. Adams, MD, visited the State of Connecticut on invitation from the Commissioner of DPH and Governor Ned Lamont. The visit started with a press conference at the State Public Health Laboratory and culminated with the Maternal Health Summit at the Convention Center in Hartford. The Summit provided evidence of the major disparities in Maternal Child Health. To continue to raise awareness, Governor Lamont announced the First Gold Ribbon Commission on Maternal Health. The Commission's goals are as follows:

1. Convene and Facilitate a Statewide Commission to Focus on the Causes of Maternal Morbidity and Mortality
2. Address the Social Determinants of Health and Racial and Ethnic Biases Impacting Women of Color

3. Create, Enhance, and Strengthen Collaborations between Providers, Community Based Organizations, Networks, State Agencies, Private Agencies, and Advocacy Groups
4. Explore Innovative Models of Care that Support Health and Wellbeing Across the Life Cycle and Foster Healthy Communities
5. Establish and Promote Clinical Practice Guidelines and Evidenced Based Practices

In the most recent months, the Commissioner's office has provided outstanding leadership in the fight against COVID-19 in Connecticut; providing policy changes and guidance to Connecticut residents to mitigate the spread of the virus and save lives. The main focus for the Commissioner at this time will be to continue to provide strong leadership with the goal to end the spread of the coronavirus for the protection and safety of all Connecticut residents.

### **Affirmative Action and Equal Employment Opportunity Office**

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

### **Communications and Government Relations Office**

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

The Government Relations Office is responsible for managing legislative and regulatory information and coordinates referral activities, which include development of the agency's legislative proposals and application of strategies to achieve the goals of DPH's legislative agenda. The office tracks and analyzes legislation, ensures the implementation of new laws, and oversees the development of the agency's regulations. The office handles inquiries, requests and other related constituent services for congressional members, state legislators, state agencies, lobbyists and members of the public.

### **Office of General Counsel**

The Office of General Counsel is the legal office for DPH. 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 Health Insurance Portability and Accountability Act (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 to improve public health infrastructure, systems and outcomes. PHSI leads the state health assessment report, a state-wide health improvement plan, and organizational performance improvement activities. This work entails coordination and technical assistance to both agency personnel and partners in the stakeholder community.

In partnership with the office of Human Resources and Affirmative Action, PHSI supports the development, update and implementation of the Workforce Development Plan. This plan is an evolving five-year blueprint to build up existing and future public health resources required to meet the agency's strategic direction.

PHSI leads the Department's health equity initiatives, as established by Conn. Gen. Statutes [Sec. 19a-4j](#). PHSI monitors the health status of at-risk populations and ensures that health equity is a cross-cutting principle of all programs, data collection, and planning efforts of the Department. The purpose of the Departments' health equity activities is to focus the public health work on underlying social determinants of health, such as the promotion and implementation of culturally and linguistically appropriate services among contractors, local health departments, and community-based organizations.

PHSI, through a federally funded primary care grant, implements data-driven activities to assess the state's need for primary care services and providers, promote the recruitment and retention of health care providers, and reduce shortages of health care professionals.

PHSI staff is dedicated specifically to ensuring that the agency maintains the standards of national public health accreditation, initially obtained by DPH in March 2017. This activity requires to establish, monitor, facilitate the work of multiple internal committees to improve the quality and performance assessment of programs and services, engage management staff in the development of strategic public health policy, and advance workforce development strategies.

### **Community, Family Health and Prevention Section**

The Community, Family Health and Prevention Section (CFHPS) works to improve the health of the overall population across the lifespan by establishing opportunities that support healthy living habits through education, prevention, early detection, access to care, breastfeeding promotion and support, nutrition education and supplementation, chronic disease prevention and management, and injury prevention. The CFHPS manages approximately 200 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 2030 and the CT State Health Improvement Plan.

The CFHPS conducts comprehensive needs assessments, public health data surveillance, and tracks trends to establish service and prevention priorities. Through significant contractual relationships, the CFHPS 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 CFHPS's units, including:

- 1) Asthma**
- 2) Adolescent and Child Health**
- 3) Cancer**
- 4) Chronic Diseases**
- 5) Injury and Violence Surveillance and Prevention**
- 6) Maternal and Child Health Epidemiology**
- 7) Nutrition, Physical Activity and Obesity**
- 8) Oral Health**
- 9) Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**
- 10) Tobacco Control**
- 11) Women's Health and Prevention**

The CFHPS 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, surveillance, 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.

- a. A monthly average of 44,394 low-income women of child-bearing age, infants, and children under five (5), were served, receiving a total of 532,728 person-months of WIC food and formula benefits.
- b. 5,527 college students received mental health promotion and suicide prevention education through Fresh Check Day awareness events at 25 Connecticut institutions of higher education.
- c. 4,221 high-risk women received services and screenings through the Comprehensive Cancer Program's Early Detection and Prevention Program.
- d. 5,231, or 98.9 percent of all babies born in Connecticut, received a newborn hearing screening; and 411, or 89.9 percent of babies who needed a congenital Cytomegalovirus (cCMV) test, received one.
- e. 26,620 medical visits, serving 11,372 patients, happened at school based health centers (SBHCs) during the Period 2 2019-2020 reports. In the same time period

29,190 mental health visits, serving 3,118 patients and 5,593 dental visits serving 2,743 patients occurred.

*\* Please note that SBHC closed in March of 2020 due to school closures. SBHC contractors have made every effort to provide access to telehealth services for students during the closure. Several sites have reopened to perform vaccine administration and physicals.*

- f. In the 2019 contract year, the Connecticut Medical Home Initiative (CMHI) Care Coordination staff in the five state regions, provided almost 9,000 linkages to multiple services and providers. Over 3,200 Children and Youth with Special Health Care Needs (CYSHCN) were linked to important behavioral health services, which made up 37% of all the linkages provided. Almost 1,400 CYSHCN were linked with a necessary primary care physician, specialist, or dentist, which made up 16% of all linkages.

## **Drinking Water and Environmental Health Branch**

### **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 (EPA) 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 daily. 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.

- a. 467 inspections of Public Water Systems (PWS) conducted and completed.
- b. Approximately 235 water infrastructure improvement projects reviewed.
- c. 442,747 PWS water sample results processed.

### **Environmental Health Section**

The Environmental Health Section (EHS) is responsible for evaluating environmental conditions that impact human health, providing science-based technical assistance, applying regulatory controls where necessary through enforcement of the Regulations of Connecticut State Agencies and relevant statutes, and aiding in the implementation of relevant public health policy.



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

- a. 71,146 children under age six tested for lead poisoning; 1,188 children with elevated blood lead levels required follow-up.
- b. 2,022 radon test kits were distributed to 36 local health departments and districts for use within their jurisdictions as part of this year's Local Health Radon Partnership Program. The utilization rate for radon test kits from participating local health partners was 54% (1,098).
- c. 490 subsurface sewage disposal system plan and exception application reviews in 131 municipalities.
- d. 624 new licenses issued to environmental practitioners.
- e. Reviewed over 5,000 hazardous material spill incident reports from Department of Energy and Environmental Protection (DEEP); 11 incidents required a DPH response.
- f. Responded to over 500 phone calls; providing direct technical assistance to local health departments, healthcare providers, schools, employers, and Connecticut citizens about a variety of environmental and occupational health topics.

### **Healthcare Quality and Safety Branch**

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 Section; Practitioner Licensing and Investigations Section; Office of Emergency Medical Services; and Office of Legal Compliance.

### **Facility Licensing and Investigations Section (FLIS)**

FLIS licenses, monitors, inspects and investigates complaints involving a variety of facilities and services. It also 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.

### **Practitioner Licensing and Investigations Section (PLIS)**

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 Office of Emergency Medical Services (OEMS)**

The Office of Emergency Medical Services is responsible for strategic planning, regulatory and statutory oversight, as well as programmatic implementation of the Emergency Medical Services (EMS) system in Connecticut. For EMS providers, this includes development of the educational framework for training EMS providers, application and licensing of over 20,000 EMS providers, inspections of over 900 EMS vehicles, and investigation of complaints against EMS providers for standard of care or other regulatory violations. For EMS organizations, this includes coordination of the overall EMS system via review and consideration of new EMS organizations and requested changes in services provided of current EMS organizations, oversight and analysis of EMS Data, as well as investigation of complaints against EMS organizations for regulatory violations that put the public's health at risk.

### **Office of Legal Compliance (OLC)**

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 more than 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.

- a. 14,717 long-term care applicant background check eligibility determinations completed; and 10,585 long-term care applicant background check initial state and federal fingerprint checks fully processed and completed.
- b. 234,332 individuals licensed in 65 different professions throughout Connecticut.
- c. 24,243 Emergency Medical Services providers licensed.
- d. 345 health care facility complaints were investigated.
- e. As of August 19, 1,976 enhanced monitoring visits were conducted in long term care facilities during the Coronavirus Disease 19 (COVID-19) pandemic.

### **Health Statistics and Surveillance Section**

The Health Statistics and Surveillance Section consists of the Office of Vital Records (OVR), the Connecticut Tumor Registry (CTR), Survey Unit, and the Surveillance Analysis and Reporting Unit (SAR). The State OVR carries out general supervision and enhancement of the state-wide birth, marriage, death and fetal death registries. During the spring of 2020 the OVR was in the process of transitioning from a paper-based death registration system to an electronic death registration system (EDRS). The OVR brought parts of the EDRS into operation sooner than planned to more quickly and accurately record and share COVID-19 related death information with the CT Office of the Chief Medical Examiner, our DPH reporting partners, and the National Center for Health Statistics.

The CTR 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 Centers for Disease Control and Prevention (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. 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. In response to COVID-19, the Survey Unit helped provide estimates of the Connecticut population that is at elevated risk for COVID, estimates to assist in a mass vaccination plan, and modified an adult survey in May 2020 to collect COVID-19 testing, risk and preventive behavior data. The SAR Unit assisted in the computation of COVID-19 incidence rates and assisted in various data quality improvement projects for to improve accuracy and timeliness of data. In collaboration with Connecticut hospitals and researchers the CTR established the Connecticut Cancer-COVID-19 Research Initiative. The goals are to assess the impact of the SARS-COV-2 pandemic and to assess patterns of care on both newly diagnosed and existing cancers.

- a. 35,559 births, 31,930 deaths, and 17,990 marriages were recorded in Connecticut in 2019.
- b. In 2019, 15,747 vital record certificates were issued, paternity was documented on the birth certificate for 11,834 children, 1,119 adoptions were processed, and 154 birth certificates documenting sex changes were processed.
- c. 23,314 new cancer cases were registered from cases diagnosed in 2017.
- d. Over 9,000 adult health surveys and 2,000 student health surveys were completed in 2019.

### **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, and hepatitis. The Informatics Program is also located in the Infection Disease Section and supports the reportable disease surveillance system, electronic laboratory reporting, and electronic notifiable reporting to the Centers for Disease Control and Prevention (CDC). 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 Healthcare-Associated Infections and Antimicrobial Resistance (HAI-AR) Program conducts surveillance of HAIs and AR and provides technical assistance to healthcare facilities and providers to prevent and respond to HAI and AR. During Fiscal Year (FY) 2020, a bacterium resistant to all readily available antibiotics was detected for the first time in Connecticut. The HAI-AR Program has been integral in the COVID-19 response, providing healthcare facilities (including nursing homes) and providers with up-to-date guidance as we learn more about SARS-CoV-2.

- a. Distributed approximately one million doses of vaccine to 668 enrolled providers to vaccinate children aged 0 through 18 years. Expanded childhood vaccination program to include meningococcal group B and rotavirus vaccines for all children statewide.
- b. 184,454 electronic laboratory reports processed for blood lead, HIV, Hepatitis B, Hepatitis C, Influenza, Chlamydia, Gonorrhea and Syphilis.
- c. Outbreak investigations reported:
  - i. 21 foodborne disease investigations (9 of which were part of CDC-led foodborne multi-state investigations).
  - ii. 4 Legionellosis outbreak investigations.
  - iii. 47 gastrointestinal (GI) outbreaks (person-to-person) reported in long-term care and assisted living facilities.
  - iv. 28 multidrug-resistant organism containment responses and 16 other healthcare-associated infection investigations (infection control breaches, injection safety issues, sterilization issues, and healthcare-associated infection clusters).
  - v. 516 respiratory outbreaks (including COVID-19).

### **Local Health, Preparedness, HIV, STD, TB & Hepatitis Branch**

#### **Local Health and Preparedness Section**

The Office of Local Health Administration (LHA) is responsible for ensuring the delivery of public health services at the local level. The mission of LHA is to work with local partners to fulfill Connecticut General Statutes and regulations thereby providing essential public health services statewide. DPH provides per capita grants-in-aid to local health agencies meeting the requirements under Conn. Gen. Statutes [Sec. 19a-202](#) (municipal) and [Sec. 19a-245](#) (district). DPH also

provides other state and federal funding to local health agencies to support public health activities within their jurisdiction.

The Office of Public Health Preparedness and Response (OPHPR) is responsible for the development and implementation of the state's public health emergency plan and initiatives. The office ensures compliance with all state and federal mandates with respect to preparedness and response and directs department operations during emergencies. The office identifies and secures grants that strengthen the state's public health preparedness. These efforts include administering the Centers for Disease Control and Prevention's Public Health Emergency Preparedness, and the Hospital Preparedness Program cooperative agreements.

### **HIV, STD, TB and Hepatitis Section**

The mission of the Connecticut Tuberculosis (TB) Control Program is to interrupt and prevent transmission of TB, prevent emergence of drug-resistant TB, and reduce and prevent death, disability, illness, emotional trauma, family disruption, and social stigma caused by TB. The TB Control Program works in collaboration with health care providers and municipal health departments to conduct surveillance for TB disease and latent TB infection, screening, treatment, and containment activities.

The mission of the Sexually Transmitted Diseases (STD) Control Program is to reduce the occurrence of STDs through disease surveillance, case and outbreak investigation, screening, preventive therapy, outreach, diagnosis, case management, and education. The Department of Public Health mandates reporting of five (5) STDs; syphilis, gonorrhea, chlamydia, neonatal herpes, and chancroid. Surveillance activities are conducted on the three (3) most common STDs; syphilis, gonorrhea, and chlamydia, all of which can be cured with proper treatment.

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.

The HIV Program operates the Syringe Services Program (SSPs) serve as a safe, effective HIV prevention method for people who inject drugs (PWID) to exchange used syringes for sterile needles, thereby significantly lowering the risk of HIV transmission. Since the 1980s, SSPs in conjunction with other HIV prevention strategies have resulted in reductions of up to 80% in HIV incidence among PWID. SSPs are an effective public health approach to reducing the spread of HIV/AIDS and other blood-borne diseases in communities across the U.S. Services include the provision of clean syringes, collects used syringes, Harm Reduction Education, HIV and Hepatitis C testing/screening, Overdose Prevention (OD) Education, and referrals to drug treatment, STD screening, and other ancillary services.

- 4,316 Narcan (overdose prevention) dosages were distributed by the Syringe Services Program in 2019.

The Hepatitis C program focuses on decreasing the number of residents who become infected by Hepatitis C and reducing the disease burden and poor health outcomes of those infected. The program promotes hepatitis awareness, education, prevention, vaccinations for Hepatitis A & B, screening, testing, linkage to care, and treatment.

### **Operational and Support Services Branch**

The Operational and 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. The Branch provides the following services to all organizational sections of the agency: Contracts and Grants Management, Fiscal Services, Human Resources, and Information Technology.

- a. 464 active contracts, valued at \$517,941,253, which includes 13 bond fund grants and low-interest loans, valued at \$114,243,878.
- b. Collected approximately \$47,687,375 in total revenues.
- c. Administered approximately 183 active State, Federal and Other accounts.

### **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 two (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.

- a. 35,411 newborn screening tests conducted, representing 99.6% of all eligible infants born in Fiscal Year (FY) 2020. Ninety-seven (97) newborns have been confirmed positive for a disorder or as a carrier of a disorder. Approximately 1,000 infants test positive for hemoglobinopathy traits each calendar year. Universal screening for Spinal Muscular Atrophy was initiated on January 1, 2020.
- b. 1,015 highly drug-resistant pathogens were tested and reported to healthcare providers.
- c. 1,078 tests were performed for a variety of Radionuclide contaminants in 308 samples of air, water, vegetation, milk, fish and soil surrounding the Millstone Nuclear Power Plant.
- d. The Laboratory tested 4 environmental white powder samples and 37 clinical isolates for the presence of bio-threat agents.

- e. 15,774 samples were tested in response to the COVID-19 pandemic. Of these specimens 13,258 were collected from hospitals and nursing homes and an additional 2,516 from two (2) mobile testing units which were deployed to underserved areas throughout Connecticut.

## **Improvements and Achievements** **2019-2020 Highlights**

### **National Rankings**

- The United Health Foundation ranked Connecticut as the fourth healthiest state in the nation.
- Connecticut continues to have 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).
- Connecticut has the 7th lowest adult obesity rate among the fifty states in the nation, and the 9th lowest obesity or overweight rate for youth ages 10 to 17 (State of Childhood Obesity and National Kids Count; 2018).



## **National Accreditations and or State Certifications**

- CT DPH submitted its third annual report to the National Public Health Accreditation Board (PHAB) in March 2020 and received favorable feedback from PHAB peer reviewers. PHAB recognized DPH's thoughtful reporting and robust commitment to Performance Management and Quality Improvement. The Department has remained steadfast through significant leadership transitions, and it is firmly committed to improvement and innovation through data-driven decision making.
- State Public Health Laboratory (Accreditations and State Certification):
  - Testing of Produce to ISO/IEC 17025:2017 Requirements (April 2019)
  - Environmental Lead to ISO/IEC 17025:2017 Requirements (September 2018)
  - Connecticut Department of Consumer Protection, Controlled Substances License (April 2020)
  - U.S. Department of Justice, Drug Enforcement Administration Division, Controlled Substances License (July 2019)
  - US EPA Drinking Water Chemistry and Microbiology (September 2018)
  - US EPA Drinking Water Radiochemistry (July 2018)

## **Recognitions**

- The incidence of Legionnaires' disease has increased more than five-fold from 2000 to 2017. Transmission occurs via the built environment. The Environmental and Occupational Health Assessment Program's Indoor Environmental Quality epidemiologist/industrial hygienist was a technical reviewer of the National Academies of Sciences, Engineering, and Medicine (NASEM) report, Management of Legionella in Water Systems, published in 2020.
- Carbon monoxide poisonings are a significant public health threat. The epidemiologist/industrial hygienist from the Indoor Environmental Quality Unit is an active, voting member of the Underwriters Laboratories (UL) Technical Standards Committee for Carbon Monoxide Emissions from Portable Generators, committee member of US Consumer Product Safety Commission, and has provided technical support to the National Fire Protection Association (NFPA) and U.S. Senator Richard Blumenthal's office on this topic.
- A toxicologist in the Environmental and Occupational Health Assessment (EOHA) Program was invited to participate in a multi-state collaboration with the Centers for Disease Control (CDC) on a journal article about possible causes of the 2019 surge in lung injury cases associated with the use of vaping products. EOHA's toxicologist worked with DPH's Injury Prevention and Infection Disease units during the surge in lung injury cases to identify possible causes and develop recommendations to reduce exposures.
- The Centers for Disease Control and Prevention shared a Public Service Announcement: "Protect your Health around Animals" created and produced by DPH Communications and Infectious Disease staff on their web site.



- The Connecticut Tumor Registry received a first place Data Quality Profile award from the National Cancer Institute for the third consecutive year.

### **Public Health Response to Emerging Threats:**

#### **COVID-19**

- Many of the agency's staff have been partly or fully deployed to COVID-19 response activities since late March 2020 to present. TB Program staff have contributed to Epidemiology Team and Data Team efforts, especially with data entry, cleaning, and deduplication of patients' demographic, testing, and lab report data. TB Program staff have also lent expertise to conversations about COVID-19 contact tracing and reaching vulnerable or hard-to-reach populations. Environmental Health Section staff have been instrumental in developing guidance for various reopenings, and Community, Family Health and Prevention Section staff have been reassigned to manage the travel advisory.

#### **Preparedness**

- In August 2019, DPH Local Health and Preparedness Section participated in a national level exercise, Crimson Contagion, to prepare for and respond to a pandemic disease. The DPH engaged over 20 organizations, including state and federal agencies, in a tabletop exercise to discuss several considerations for pandemic influenza planning and response. Over the course of four days, the DPH engaged state and federal government and private sector partners in the functional exercise.
- The Local Health and Preparedness Section engaged in a memorandum of agreement (MOA) with the Military Department to develop and implement a 24/7 deployment system for the DPH Mobile Field Hospital (MFH). The Military Department trained its Foot and Horse Guard and established an activation protocol in collaboration with the DPH. The MOA included evaluation and repair of the 100-bed MFH, and its associated trailers, generators, and vehicles. The DPH continues to work with the Military Department on updated and ongoing terms of the MOA.

#### **Opioids**

- An article highlighting the opioid testing being conducted at the Public Health Laboratory was featured in the Spring 2020 edition of Lab Matters, an Association of Public Health Laboratories publication. The article highlighted the challenges involved in developing and validating a robust and effective method for this highly complex testing.
- Building on the white paper, *The Opioid Crisis and Connecticut's Workforce*, that was previously published, the Occupational Health Program continued work on opioid and prescription drug overdose prevention throughout 2019 and 2020. The Occupational Health Program was an active member on the Recovery Friendly Policies Work Group, and worked throughout the year with members of the Department of Mental Health and Addiction Services (DMHAS), the Regional Behavioral Health Action Organizations (RBHAOs), and

The Governor's Prevention Partnership to outline the framework for an Employer Toolkit and Human Resource Guide for CT employers with an emphasis on best practices related to Substance Use Disorders. The Employer Toolkit highlighted five key principles identified in the white paper that were developed in response to the opioid epidemic.

- The DPH Office of Emergency Medical Services (OEMS) worked collaboratively with the DPH Office of Injury and Violence Prevention (OIVP), the Injury and Violence Surveillance Unit (IVSU), the Connecticut Poison Control Center (CPCC) at UCONN Health, and New England High Intensity Drug Trafficking Area (NE HIDTA) program on initiatives to strengthen Connecticut's response to the opioid crisis. A real time reporting mechanism has been put in place for Opioid Overdoses in the State through Emergency Medical Services called the CT EMS Statewide Reporting Directive (SWORD) which was implemented as a result of Conn. Gen. Statutes Sec. 19a-127q. The SWORD mandates reporting by Emergency Medical Services (EMS) to the CPCC of every suspected overdose call regardless of whether naloxone was given. Data are entered into real-time tracking software called ODMAP which allows public health and safety agencies to monitor the activity in real-time enabling the state and community agencies to immediately mobilize a response to a sudden increase, or spike in suspected overdose events. From July 1, 2019 through June 30, 2020, there were 5,237 suspected drug overdoses, including 334 fatal overdoses, reported to the SWORD program and entered into ODMAP.
- The Injury and Violence Surveillance Unit launched several near-real time overdose surveillance products are now on the Drug Overdose Data webpage: the Connecticut Overdose Death Interactive Dashboard; an Overdose Death Report that is updated monthly with death data from the prior month; and county maps that are generated every quarter with average counts and rates of drug overdoses by county per month.
- On April 1, 2019, DPH, along with Governor Lamont, launched a free Naloxone + Overdose Response progressive web App (NORA), available at [norasaves.com](http://norasaves.com). Inside NORA, users can learn about naloxone, the medication that can be used to reverse an opioid overdose, recognizing the signs of an opioid overdose and what to do, how to give all four types of naloxone, safe storage and locating local drug collection boxes, and extra support for people in need. A mixed media campaign ran from October 2019 through March 2020 to promote NORA as an educational resource for Connecticut citizens and a teaching tool to support face-to-face naloxone training. The total number of impressions for these campaign efforts was over 2.5 million. From April 1, 2019 through March 31, 2020, there were 6,254 new users of the app and 41,746 page views.
- The Department of Public Health Applied for and was awarded over \$5.5 million from the Centers for Disease Control and Prevention through the National Center for Injury Prevention and Control's Overdose Data to Action 3-year cooperative agreement. The funding began in September 2019 and focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. Funds awarded as part of this agreement will support CT DPH and local health departments in obtaining high quality, more comprehensive, and

timelier data on overdose morbidity and mortality and using those data to inform prevention and response efforts.

### **Influenza**

- **DPH Immunization Program** teamed up with local health departments to provide influenza vaccine at clinics across the state during the “National Influenza Vaccination Week,” which occurred during December 1-7, 2019. Local health departments and districts vaccinated many hundreds of children and adults through the various clinics held across the state.

### **Emerging Pathogens**

- Eastern Equine Encephalitis (EEE) is caused by a mosquito borne virus. Infection with the virus can result in severe disease and one-third of cases are fatal. The DPH performs surveillance for EEE and participates in the multi-agency Mosquito Management Program to use results of mosquito and animal surveillance to predict risk of and prevent disease. During August and September 2019, Connecticut had the largest known outbreak of EEE in the state’s history, with four cases reported of which three were fatal. The DPH hosted weekly conference calls with local health directors and elected officials in affected areas to coordinate the response. In March 2020, DPH Infectious Disease Section collaborated with the Connecticut Agricultural Experiment Station and hosted an EEE Symposium to prepare for the 2020 mosquito season and DPH led the development and distribution of an updated and expanded EEE Response Plan. The Laboratory developed and validated an assay to detect EEE antibodies in human samples, allowing for earlier identification of EEE cases.
- Adenoviruses are common viruses that cause a range of illnesses from mild symptoms to severe pneumonia. People with weakened immune systems are at high risk for developing severe illness. During November 2019 to January 2020, DPH collaborated with partners from the Centers for Disease Control and Prevention (CDC) and the Local Health Districts (LHD) to investigate an outbreak of adenovirus among patients of an outpatient substance use treatment program, who also resided in a congregate housing facility. Of 108 suspect and laboratory confirmed cases, five required treatment in the intensive care unit. The DPH, CDC, and LHD worked with the treatment center to implement infection control measures across both facilities to contain the outbreak and prevent further outbreaks from occurring.
- Several healthcare facilities were brought online to care for COVID-19 patients after they were released from hospital. Since a number of these facilities were, in whole or in part, in dis-use previously, the premise plumbing and related mechanical equipment were filled with aged, stagnant water. These conditions can become breeding grounds for Legionella bacteria in buildings. A team was created to monitor environmental conditions for evidence of Legionella bacteria and signal environmental conditions (Environmental and Occupational Health Assessment and the Drinking Water Section). This team notified the Facilities Licensing and Inspections Unit (FLIS) of significant findings and provided risk assessments as a basis for actions needed, as FLIS has regulatory oversight.

### **Chemical Contaminants**

- In State Fiscal Year 2020, the Drinking Water Section (DWS) continued to bring awareness

and technical assistance to the public water utilities, local health departments, state agencies and the public on per- and polyfluoroalkyl substances (PFAS) in drinking water. After briefing the Governor on PFAS in July of 2019 regarding the needs of the state to address PFAS, the Governor convened a Task Force chaired by the Commissioners of the Departments of Public Health and Energy and Environmental Protection. The DWS along with the Environmental Health Section chaired the Human Health Committee of the Task Force and staff from the DWS organized, contributed to and participated in all the Task Force and Committee Meetings and drafting of the Action Plan. The Task Force produced a plan for the Governor on November 1, 2019. Subsequently, the DWS drafted strategies to implement the key recommendations of the plan. These strategies continue to be refined within the broader scope of current public health priorities. The DWS maintains an internal PFAS Team within the Environmental Health and Drinking Water Branch to discuss priorities and maintain the most current knowledge and meets on a regular basis with our PFAS counterparts and the Department of Energy and Environmental Protection.

### **Advancements and Innovations in Public Health**

- In the spring of 2020, the Scientific Support Services Section of the Public Health Laboratory took the initiative to prepare 0.85% saline transport tubes in an effort to enhance the COVID-19 collection kits available for the residents of Connecticut. During the height of the surge of cases in Connecticut, collection supplies became very difficult to obtain from our commercial vendors. This group has prepared close to 100,000 transport tubes to sustain the collection of COVID-19 testing for our state.
- An interface was established with eleven healthcare provider clinics to electronically report immunization doses administered through the clinic's electronic health record to Connecticut's Immunization Information System (CT WiZ). An additional 193 clinics are in the process to begin reporting. Electronic reporting eliminates the need for paper reporting to the Department of Public Health, increases the timeliness, accuracy and number of vaccine doses that can be included in CT WiZ (since the system is not reliant upon data entry at DPH). It also consolidates a patient's immunization record into one document accessible to all enrolled healthcare providers. Nearly 200,000 immunization doses have been reported electronically since January 2019.
- The Newborn Screening Program initiated screening for Spinal Muscular Atrophy in January of 2020. Life-saving treatments now available allow affected individuals to lead more normal lives. Without treatment, individuals with the most severe form of this disease usually die around two years of age. In late June 2020 the Newborn Screening Program initiated screening for Adenosine Deaminase Deficiency Severe Combined Immunodeficiency (ADA SCID). This rare type of SCID may not be identified using the routine screening method currently used for screening SCID, leading to delayed treatment, irreparable damage and possible death.
- The Occupational Health Program developed a strategic model to help combat sudden cardiac death, which is the leading on-duty cause of death for firefighters. The model includes addressing diet, increasing activity and implementing health monitoring recommendations. It was rolled out to career and volunteer firefighters in early 2020. DPH piloted the model with the Fairfield Connecticut Fire Department as they had a reputation for being interested in

progressive approaches toward firefighter health. A program specific to Fairfield was developed including a plan for testing. This pilot led to a collaboration with the Connecticut Health/Wellness and Safety Consortium in Middletown to develop the Preventing Adverse Cardiovascular Events in firefighter (PACE) survey which was sent to the volunteer and career firefighters across Connecticut. The survey was sent to fire departments across the state to better understand the risk factors for firefighters.

- The Food Protection Program (FPP) continued to implement the revised food inspector certification process that involves training local inspectors to be Food Inspection Training Officers (FITOs). Fourteen additional FITOs completed standardization training with the FPP, bringing the total to twenty-six. These officers are responsible for training candidates for food inspector certification and assessing their local health department food inspection program. As part of the FPP's Quality Assurance Program, the training and assessment is intended to improve the quality and uniformity of food establishment inspections conducted at the local level and ultimately, reduce the risk of foodborne disease. Eleven new inspectors have been certified under this new process.
- The Office of Public Health Preparedness and Response developed an online volunteer management system and digital Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP). The platform enables local Medical Reserve Corps chapters to recruit volunteers and maintain their records for training and activations. This system will be used by DPH for activation of public health-centered civil preparedness forces.

## **Reducing Health Disparities and Enhancing Health Equity**

### **Incorporating the Voice of State Residents in State Health Planning**

- The State Health Assessment (SHA) report provide foundational information about the most critical health needs of Connecticut residents. The findings of the report inform health improvement strategies being developed by the State Health Planning Coalition. To ensure broad input from as many state residents as possible, DPH conducted a Community Health Priority Survey to identify priority health issues from the community. The survey encouraged respondents to share their opinions openly about community needs and to weigh in on where Connecticut should prioritize resources to improve the health of their community. Over 1,300 survey responses were collected, with responses from 85% of the 169 towns. Also, DPH conducted, in collaboration with the UConn School of Public Health, in-person interviews with populations of interest. Staff from the DPH Public Health Systems Improvement section carried out eleven focus groups and outreached to a range of community partners. The purpose was to understand how specific population groups perceive their health and quality of life. It also aimed at learning about main health needs and concerns as well as to ascertain what assets, programs, and services are most important. Members of the State Health Coalition and local health partners attended preliminary data presentations and provided feedback on the development of the assessment. To ensure further input from the broader state community, a three weeks public comment period sought additional perspectives about the most critical needs of the state residents.
- The Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program

developed a tool to screen for discrimination when reviewing potential cases of pregnancy-related maternal mortality. The screening results for each case will be presented to the Maternal Mortality Review (MMR) Committee and will assist in making a determination of whether discrimination contributed to the woman's death. The Centers for Disease Control and Prevention added a question to the Committee Decision form that asks whether discrimination contributed to the woman's death. All MMR Committee members participated in an Implicit Bias training

### **Protecting Families from Preventable Diseases**

- The Connecticut Vaccine Program distributed over 1 million doses of vaccine to 668 enrolled providers to vaccinate children aged 0 through 18 years.
- The Lead Poisoning Prevention and Control Program received and reviewed 71,146 lead results for children under 6 years of age
- The Adult Blood Lead Epidemiology and Surveillance (ABLES) Program received 4,891 adult blood lead test results, with 98 of those results found to be elevated (>20 ug/dL) and requiring follow-up.

### **Protecting the Water We Drink**

- The Private Well Program provides technical assistance and conducts outreach and training events on a routine basis for Connecticut private well users and workforce. The Private Well Program maintains a streamlined landing page with information that promotes and provides details on testing and maintenance of private wells: <https://testyourwell.ct.gov> that generated 2,709 clicks over a one year span.
- The Drinking Water State Revolving Fund (DWSRF) Program provided over \$13.4 million in financial assistance to 8 public water systems for 11 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.
- Legionella is a bacterium that can be found throughout the world, mostly in aquatic and moist environments (e.g., lakes, rivers, groundwater and soil). The infection caused by Legionella is known as legionellosis and occurs primarily in two forms: Legionnaires' disease and Pontiac fever. The Drinking Water Section and the Environmental Health Section is a member of the Department's Legionella team assisting in evaluating environmental assessments conducted in response to the detection of legionella in drinking water or the evaluation of a defined legionella case in healthcare setting or in the hospitality sector.
- Following completion and approval of the coordinated water system plans for the Western, Central, and Eastern Water Utility Coordinating Committees (WUCCs), the Drinking Water Section is now tasked with managing the implementation of the findings and recommendation of the plans. The coordinated plans are the result of over 24 months of work



by state agencies, local government and water utilities and strive to ensure that smart planning decisions are made about the future of Connecticut's drinking water. A statewide WUCC Implementation Group has been convened by DWS and will work to develop and foster strategies based on the coordinated plans. Initiatives, undertaken by a broad range of stakeholders, could include concepts such as: minimizing duplication of small public water systems, sustainable water rate structures, and incentivizing water conservation for customers and water utilities. The WUCC implementation workgroup will work closely with the State Water Plan Implementation Group and other partners.

### **Protecting Our Children and Families**

- The Child Care SAFER (Screening Assessment for Environmental Risk) Program screened 71 new childcare facilities seeking a license. The screening is a geographic-based buffer analysis comparing the location of the childcare facility with locations where hazardous contaminants are present (or potentially present) in the environment. Of the facilities screened this year, 25 (35%) needed further follow-up. None were found to be harmful such that an environmental intervention or remediation was needed.
- The Radon Program continued its annual media campaign for focused radon outreach during Dec 2019 and January 2020 using 30 second spots on early morning network television and streaming/smart connected television. Sponsored posts and videos were also found on Facebook and Instagram. The key observations were 95% more impressions than last year, and increased exposure meant the target audience saw the ad almost 4 times during the campaign. The Radon Program website had increased traffic as a result.
- The Asbestos Program tracked 3939 Asbestos notifications; approved 245 Alternative Work Practice applications; approved 317 demolition notices; approved 21 Asbestos Abatement While School is in Session applications; and formally inspected the Asbestos Management Plans at 21 schools and approved 14 Asbestos Management Plans for new school buildings.
- The Asthma Program provided funding and technical assistance to providers to support the evidence-based Putting On Airs Program (POA). One hundred fifteen (115) clients (88% children, 12% adult) with poorly controlled asthma received services. Interventions included asthma symptom management, medication administration, and environmental exposures to allergens, irritants and pest management. 77% of participants who completed the POA program with the six-month follow-up phone call had a decrease in asthma-related hospitalizations and emergency department visits six months following completion of the program; the average number of hospitalizations/ED visits was reduced from 2.8 (range: 0-14) to 0.8 events.

### **Capacity Building**

#### **Partnerships**

- In response to the significant rise in overdoses and deaths from prescription drug opioids and opioid overdoses in the state, DPH Laboratory (PHL), in partnership with the DPH Office of Injury and Violence Prevention, initiated a pilot biosurveillance project.

Beginning on January 1, 2020 urine samples were collected by Hartford Hospital Emergency Room Department personnel as part of a focused pilot program and submitted to the DPH Laboratory to be tested for a variety of drugs of abuse. In the near future, the CT PHL and the Office of Injury and Violence Prevention hope to expand this limited pilot study and provide testing for more health care facilities throughout Connecticut.

- The DPH Laboratory collaborated with the 14th Civil Support Team (CST) to provide point of care testing for COVID-19 with the Abbott ID Now instruments that were received from the Federal Emergency management Agency (FEMA). The testing was conducted utilizing the Analytical Laboratory System (ALS), which is an ISO certified mobile environmental laboratory, and targeted underserved populations throughout Connecticut. The ALS was staffed with both CST science officers that performed the testing and DPH Laboratory personnel to receive, process and facilitate the testing.
- Caffeine is one of the most widely consumed chemical compounds in humans. It has received widespread interest for use as a human marker, and if found in municipal water or rivers could indicate septic system failure. The DPH Laboratory has developed an extraction procedure and analytical method for identifying caffeine. We partnered with the East Shore Health District and Yale University to analyze approximately 300 samples for the presence of caffeine as an indicator of human waste.
- The Environmental Health Section partners annually with Southern Connecticut State University, conducting three instructional modules to train and prepare future sanitarians. The course also provides DPH employees with critical education and cross-training. The Environmental Engineering and Food Protection programs each conduct modules relating to subsurface sewage and food protection and inspections, respectively. The third module provides participants with an overview of asbestos, lead, radon, indoor environmental quality, housing issues, environmental site assessments and brownfields, private wells, swimming pools and recreation, chemical and biological hazards at beaches, and public drinking water. This year, module three was conducted via distance learning for the first time, due to COVID-19.
- DPH partnered with the Department of Energy and Environmental Protection's Air Bureau to hold free trainings for local health department staff to increase their capacity to respond to odor and smoke complaints in their communities.

### **Preparedness and Local Health**

- The Local Health and Preparedness Section used federal funds to establish one statewide healthcare coalition and maintain the five regional emergency support function 8 committees to continue coordinating public health planning, response and operations work across sectors and among a variety of partners. The Connecticut Healthcare Coalition completed its first year as a statewide coalition. The Coalition had many accomplishments this past year. These include completing a coalition hazard vulnerability assessment, a coalition response plan, and purchasing a Mutualink Interoperability technology which offers a secure environment for coalition members and its stakeholders to share information during an emergency. The coalition also conducted a training gap and needs assessment of its members and completed a hospital evacuation toolkit.



- The Local Health and Preparedness Section coordinated the department’s participation in Crimson Contagion, a national exercise conducted from January to August 2019, in which numerous national, state and local, private and public organizations in the US participated, in order to test the capacity of the federal government and twelve states to respond to a severe pandemic of influenza originating in China.
- The Local Health and Preparedness Section conducted several after-action briefings and workshops to support the agency and its partners to improve response to emergencies and preparedness plans. Workshops were held on norovirus response, legionella response, and intra-departmental opioid communications protocol development. The Preparedness and Local Health Section continued to partner with the Connecticut Military Department for the maintenance and deployment of the state’s 100-bed mobile field hospital. The Military Department trained its foot and horse guard members to deploy and set up the mobile field hospital, evaluated and assessed the components of the mobile field hospital, and developed a deployment protocol for use between the two agencies.
- The Local Health and Preparedness Section developed a new Annual Survey of Local Public Health that aligns with public health accreditation standards and the ten essential public health services. The new online survey requires health departments to provide and upload evidence demonstrating their actions and policies associated with each of the ten essential public health services. This new survey design enables DPH Office of Local Health Administration to objectively assess all health departments and share best-practice examples with the community to improve public health services statewide.

### **Systems Improvements and Efficiencies:**

#### **Streamlining Processes**

- The Local Health and Preparedness Section successfully applied for over \$21 million in federal funds to build public health and health care preparedness capacity across the state and to respond to the COVID-19 pandemic. Federal funding includes over 12 million in Public Health Emergency Preparedness Funding (PHEP) and Hospital Preparedness (HPP) funding and over 9 million in PHEP Crisis Response funding for COVID-19 response. The Section modified the delivery of PHEP and HPP funding to five regional CRI Leads and one Health Care Coalition rather than to individual organizations. The section continues to reduce the number of preparedness-related contracts administered by DPH, in an effort to foster regional collaboration, and healthcare system preparedness. Over 9 million in PHEP Crisis Response funding was received to support state and local response efforts to the COVID-19 pandemic. Local health departments have been allocated a total of 2.5 million of this funding to support monthly reimbursements for the COVID-19 pandemic response.
- Efficiencies were realized by automating the linkage between the Department of Motor

Vehicles (DMV) and Department of Public Health death file so that the DMV files can be updated and more quickly remove deceased residents from their files.

- The Drinking Water Section continues the development of an online data entry portal for public water systems to report their surface water and groundwater capacities. Currently, the capacities are reported in digital file that is manual entered into a database. The number of forms being submitted is significant enough to warrant the development of this data portal. In conjunction with the National Integrated Drought Information System (associated with NOAA), a North East Region data portal is also being developed. Its use will allow public water systems to electronically monitor their surface water capacities to determine possible drought conditions and adjust drought response triggers and actions.
- The Sexually Transmitted Diseases (STD) Program is transitioning to an electronic provider portal for the confidential reporting for STDs. The development of the electronic portal is a collaborative effort between the STD Program, Informatics Program and Information Technology Section. This portal will eliminate paper transmission and manual data entry as well as enhance data accuracy for over 5,000 reporting forms received by the program annually.

### **Education and Training**

- The Scientific Support Services section of the DPH Laboratory continues to provide intermittent classes on Packaging and Shipping of Dangerous Goods for the laboratories and courier services throughout our state. The course gives a comprehensive overview of the regulations applicable to packaging and shipping of laboratory specimens including Category A and B infectious substances, exempt human specimens, dry ice and the exceptions for motor vehicle transport. This renewable certification is a mandatory requirement for all laboratories that ship Category A and B infectious substances.
- The Laboratory Response Network – Biological (LRN-B) of the DPH Laboratory provided Wet Lab Training to 27 attendees representing about half of the State of Connecticut sentinel hospital laboratories. The training consisted of proper use of Personal Protective Equipment (PPE), safe use of a biological safety cabinet, review of gram stain reactions and a tour and familiarization of a BioSafety Level 3 (BSL-3) laboratory.
- The LRN-B of the DPH Laboratory conducted a communications drill on December 12, 2019. There was an 86% response rate with 18 of the 21 sentinel microbiology hospitals responding via Everbridge. Follow-up was conducted with the three labs that did not respond and contact numbers revised or added.
- The Environmental and Occupational Health Program distributed its Women’s Guide to Eating Fish Safely to OB/GYN and Pediatric Offices, local health departments, community health centers and WIC offices throughout CT (over 1,000 locations). The Women’s Guide provides recommendations to pregnant women and young children about how to choose safer species of locally caught and supermarket fish so that they avoid exposure to contaminants present in some fish species.

- Several contractors throughout the state, including hospitals and community organizations, provide services through the Connecticut Medical Home Initiative (CMHI). One of the services is the Education Practices Program, which offers 21 training topics to help pediatric practices across Connecticut improve delivery of child health services. From July 1, 2019 to June 30, 2020, 57 trainings were completed at 38 pediatric practices. Some trainings were conducted electronically as a result of the COVID-19 closures and social distancing measures in place.
- In 2020 PHSI and Human Resources completed Supervisor Training for DPH supervisors. This six-hour course provided participants with a deeper understanding of the potential impact of supervision on the culture of the workplace; the role and responsibility of a supervisor and the skills and resources a supervisor may capitalize upon to increase their success. It has been attended by all but 3 of the 236 of the DPH staff whose job description includes supervisory responsibilities. The final training will be completed on October 1, 2020.
- PHSI brought Leadership Greater Hartford (LGH) to DPH to provide an Introduction to the Enneagram Training. This three hour training was attended by twenty nine DPH staff on October 22, 2019. This program centers on self-awareness and appreciating individual differences. It provides a framework for trust building that is essential to enhancing working relationships and collaboration. It helps staff create a strong and empowering work environment. It also explores the impact of stress and helps participants understand the negative behaviors that result from a stressful environment. Ultimately, members of the workshop will appreciate how their own behaviors impact others in both positive and negative ways. Participants will learn to use tools to minimize negative interactions and take responsibility for enhancing the work of their group.
- The Chronic Disease Program and PHSI Brought Evidence Based Public Health (EBPH) Training to Connecticut (CT). Representatives from the Prevention Research Center of Washington University in St. Louis, Missouri (MO) traveled to CT and presented a 3.5-day training in EBPH from July 16 to 19, 2019. Dr. Mehul Dalal lead the writing of a national competitive grant which is awarded to two states a year to bring this training to CT. EBPH teaches practitioners to develop programs and interventions that are firmly grounded in validated research. The program was attended by 35 participants, of which 18 were DPH staff. The balance of participants were from local health departments and districts as well as other Connecticut based public health non-governmental organizations.
- PHSI worked with Wheeler Clinic to bring Mental Health First Aid (MHFA) training to DPH staff on July 1 & 2, 2019. MHFA training is a nationally recognized curriculum that gives people to tools to empathize with people who are experiencing mental distress, assess if they could use assistance and help the person in need connect with professional resources if the person is interested in getting assistance. This two-day training was attended by 21 DPH staff.