



CONNECTICUT

Public Health

2024 ADMINISTRATIVE DIGEST

Manisha Juthani, MD
Commissioner, Connecticut Department of Public Health

Central Office
410 Capitol Ave.
Hartford, CT 06106

At a Glance

Department of Public Health Leadership Team

- Manisha Juthani, M.D. Commissioner
- Lisa Morrissey, MPH Deputy Commissioner
- Jody Terranova, DO, MPA Deputy Commissioner
- Adelita Orefice, MPM, JD Chief of Staff

CT Department of Public Health 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.

Overview

- Established in 1878
- Statutory Authority: C.G.S Chapter 368a, Section 19a-1a
- Number of employees: 780
(as of August 2024 – includes temporary worker retirees, DPMs, appointed officials, and part-time positions)
- Recurring operating expenses

DPH Fiscal Year 2024 Actual Agency Operating Expenditures		
Funding Source	Amount	Percentage
State	\$101,134,964	29.36%
Federal	\$199,756,316	57.99%
Other	\$43,567,416	12.65%
Grand Total	\$344,458,696	100.00%



Connecticut Department of Public Health



- Office of the Commissioner**
- Affirmative Action – A. Anduaga-Roberson
 - Communications – C. Boyle
 - Legal Counsel & Hearings – K. Ross
 - Office of Workforce Development - T. St. Louis, MSPH
 - Policy, Legislation & Regulatory Affairs – M. Miller, MPH
 - Legislative Liaison – A. Skowera
 - Regulatory Affairs – D. Costa, JD, MPH
 - Sr. Advisor for Long Term Care - B. Cass, RN
 - Workplace Inclusion Initiatives – M. Garcia, MD, MPH
 - Chief Data Officer – G. Archambault, MS

Commissioner
Manisha Juthani, MD

Chief of Staff
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Operational & Support Services
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Environmental & Drinking Water
L. Morrissey, MPH (interim)

Office of Health Equity
L. Young, MPH

Office of Local Health
C. Chaparro, MS

Office of Public Health Preparedness and Response
F. Provenzano, MPH, RS/REHS

Office of Firearm Injury Prevention
C. Violette, MSW

Community, Family Health & Prevention
J. Vigil, MS, MPH, CHC, CHRC, FACHE

Health Statistics & Surveillance
E. Frugale

Public Health Laboratory
J. Razeq, PhD, HCLD (ABB)

Infectious Disease
L. Sosa, MD, State Epidemiologist

- Contracts & Grants
N. Jakubowski
- Fiscal
C. Amechi
- Project Mgmt Office
D. Venditto
- Internal Audit
Ryan Wenzel
- HR Business Partner (DAS)
C. O'Regan
- IT CSM (DAS)
D. Mitchell
- Office of Labor Relations (OPM)
J. Holcomb

- Facility Licensure & Investigations
J. OlsenArmstrong, MS, RD
- Practitioner Licensing & Investigations
C. Andresen, MPH
- EMS
R. Calciano, RN, MEd., Paramedic

- Drinking Water
TBD
- Environmental Health
C. Chaparro, MS (interim)
- Lead Hazard Reduction & Control
M. Esposito, RS, MPH

Health Program Associate
T. Wiley, MPH

- Chronic Disease and Injury Prevention
R. Biaggi, MPH, MPA
- Maternal Child Health
M. Keenan, RN, MBA

- Office of Vital Records
Y. Gauthier, RHIA MBA/HCM
- CT Tumor Records
Sheri Amechi, BS, CTR
- Survey Unit
A. Harizaj, MPH, CPH
- Surveillance Analysis & Reporting
K. Backus, MPH

- Admin & Scientific Supp
S. Morin, MT (ASCP) SM
- Quality Assurance
D. Charette, BS MT
- Microbiological Lab Services
A. Muyombwe, PhD, HCLD (ABB)
- Environmental Chemistry
S. Isch, BS
- Newborn Screening
A. Manning, BS

- Immunization
K. Kudish, DVM, MSPH
- Epidemiology & Emerging Infections
O. Phan, MPH
- TB, HIV, STD & Viral Hepatitis
D. Greenlee, MPH

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Public Service: Office of the Commissioner

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, status as a domestic violence victim, and/or previously opposing such discriminatory practices (regardless of substantiation).

Improvements/Achievements

- N/A

List of statutory reports generated in FY 24

- Pursuant to Section 46a-68 (a) of the Connecticut General Statutes Affirmative Action annually compiles the DPH Commissioner's Affirmative Action Plan (AAP), the 2022-2023 AAP was approved by CHRO.

Communications Office

The Communications Office conducts a full range of activities that serve the department and its stakeholders. The office manages public information, media and community relations, social media, marketing communications, the agency's website, internal communications, and crisis and emergency risk communications.

Improvements/Achievements

- The DPH Facebook page currently has 30,837 followers, the DPH X (formerly known as Twitter) page has 20,356 followers and the DPH LinkedIn page has 4,000 followers.
- There were approximately 1,250 posts made to the DPH social media channels in FY 24.
- The Communications Office responded to approximately 440 news media inquiries—including requests for interviews, information and data in FY 24
- Via the Critical Mention media monitoring software, there were approximately 8,208 prominent media mentions, which have an estimated publicity value of \$85,018,244.
- During FY 24, 115 news releases and statements to the media were distributed.
- From July 1, 2023 to June 30, 2024, DPH participated in 40 news conferences/media availabilities. The majority of these featured Governor Ned Lamont and Commissioner Manisha Juthani, MD.
- The Communications Department oversaw the launch of a new State of Connecticut/Department of Public Health branding campaign which included a new DPH logo and numerous branded assets.
- The Communications Department collaborated and supported several departments throughout the agency on numerous advertising and communications campaigns including but not limited to Mpox, Brain health, Cancer screening, Firearm injury and violence, Lead poisoning, STD/HIV prevention and treatment, Suicide prevention, and Tobacco cessation.

- The DPH webpage continues to receive tens of thousands of page views annually. The top five visited pages in FY 24 included:
 - Vital Records/Birth Certificates 227,977 page views
 - The Ending of the Public Health Emergency 180,553 page views
 - Practitioner Licensing/Verify a License 165,839 page views
 - Practitioner License/Investigations 162,044 page views
 - Vital Records/Marriage/Civil Union Certificates 153,231 page views

List of statutory reports generated in FY 24

- No reports

Office of Policy and Strategic Initiatives

The Office of Policy and Strategic Initiatives (OPSI) is responsible for managing legislative, regulatory, and internal policy and coordinates referral activities, which include development of the agency’s legislative proposals and application of strategies to achieve the goals of DPH’s policy agenda. OPSI is also responsible for identifying and executing Leadership’s strategic vision for the agency. This includes developing and implementing the agency wide strategic plan, achieving accreditation on behalf of the agency, and overseeing performance management and quality improvement. Overall, OPSI works across all branches of the agency to foster collaboration on policy throughout the Department.

Legislative Affairs

The Legislative Affairs program is responsible for communications with elected officials, tracking and negotiating legislation, and working with staff in developing legislative proposals.

Improvements/Achievements

- In FY 24, the program lead passage of the first civil monetary penalty against healthcare facilities for failures to comply with statutory or regulatory requirements, greatly enhancing the department’s ability to enforce those requirements.
- Legislative Affairs also worked with the Governor’s office and the legislature in passing comprehensive nursing home reforms to improve quality of care at those facilities.

Regulatory Affairs

The regulatory affairs program is responsible for working with program staff to draft and update regulations on behalf of the department and ensure that they go through all of the necessary approval steps to become official state regulation.

Improvements/Achievements

- In FY 24, the Regulatory Affairs program continued to strengthen and improve internal processes for identifying, prioritizing and updating the Department’s administrative code. The program implemented a new annual process to review regulatory priorities by branch and section of the agency and continued to improve interagency coordination and collaboration in our regulatory work.

- In FY 24, the program guided the successful adoption of final regulations through legislative review concerning the emergency distribution of potassium iodide, lead dust hazard standards, and CPR standards for lifeguards.
- Implemented new policies and procedures governing birth centers, blood collection facilities, and source plasma donation centers.
- Existing policies and procedures regarding abortion services in outpatient clinics and regarding nurse staffing in nursing homes were updated.
- The program also initiated the regulation review process for each regulation for which new policies and procedures have been implemented, and promptly completed the new 2024 legislative session requirements related to regulatory matters.

Strategic Initiatives

The Strategic Initiatives Program a new program at DPH is responsible for developing and executing a strategic vision for the Department. This includes strategic planning, achieving accreditation, managing performance management and quality improvement, and developing and executing internal policy.

Improvements/Achievements

- Completed the Association for State and Territorial Health Organizations (ASTHO) strategic planning learning lab with other states across the country, sharing and learning about strategic planning best practices.
- Developed a new strategic work plan for the agency to use in their next round of strategic planning, to begin in 2025.
- Collaborated with the Office of the Chief Data Officer to initiate a new approach to the 2025 State Health Assessment.
- Completed the Accreditation process with the Public Health Accreditation Board (PHAB) and now awaiting on accreditation decision from PHAB.
- A new team member will be onboarded in to lead internal policy.
- The program has continued to work with Office of Chief Data Officer to update the Agency Performance management system.

List of statutory reports generated in FY 24

- No reports

Legal Office

The Legal Office is made up of three separate units:

- the Public Health Hearing Office, which provides legal and administrative support for 14 professional licensing boards, presides over hearings, and renders decisions concerning practitioner and facility disciplinary matters, appeals of local public health orders, involuntary discharges from residential care homes, WIC reviews, as well as reporting to federally mandated and private professional databases;
- the Office of Legal Services, which provides general legal services to program staff and the Commissioner on a wide variety of issues including the state Code of Ethics, confidentiality, including Health Insurance Portability and Accountability Act (HIPAA), employment matters, Freedom of Information Act requests, review and interpretation of contracts, and interpretation of statutes and regulations; and
- and the Office of Professional Licensure Compliance, which is responsible for prosecuting disciplinary actions against licensed health professionals.

Improvements/Achievements

- A Deputy Legal Director was hired to oversee the PHHO and numerous improvements have been made to processes and workflow, resulting in an increase in the number of matters adjudicated through the PHHO.
- The Legal Office has continued its recruitment efforts and has hired four additional attorneys and two support staff.

List of statutory reports generated in FY 24

- No reports

Office of Public Health Workforce Development

Public health workforce development continues to be one of the agency's key priorities, with a goal of improving the public health practice community's ability to address health disparities throughout the state. Among other benefits, these workforce enhancements will allow a quicker and more competent response to the next emerging public health threat.

The DPH Office of Public Health Workforce Development (OPHWD) is tasked with improving and accelerating the development and deployment of the public health workforce across all state, local, and non-profit public health provider agencies in our state. On behalf of DPH, the OPHWD strives to build and maintain a statewide public health workforce capable of achieving a more equitable distribution of high-quality public health services, good overall health outcomes, and high measures of wellbeing throughout all communities in Connecticut to significantly reduce health disparities and ensure a high level of resilience in the face of emerging public health challenges.

2024 Improvements/Achievements:

- Centers for Disease Control and Prevention (CDC) Grant Award: OPHWD distributed over \$12 million to CT local health jurisdictions to support public health workforce development, as part of the agency's larger Public Health Infrastructure Grant award.
- Associate Degree in Public Health program partnership with CT STATE: In April 2004, a Memorandum of Agreement was executed between CT DPH and the CT STATE Community College System to develop a new Associate degree program in public health. The MOA included approximately \$4.2 million in Public Health Infrastructure Grant (PHIG) funding over 4 years to support faculty, scholarships, and wrap-around financial support for students. This new degree program will allow students to select from two distinct tracks of study – Environmental Public Health or Community Public Health.
- Summer Internship Cohort: In June 2024, OPHWD onboarded its second cohort of interns for the enhanced DPH Summer Internship Program. The program received over 100 applications from 3rd and 4th year undergraduate and graduate students, of which the office placed 71 at DPH or local health host sites. This represented more than 3-times the number of placed students from the previous year. These students represented 33 different academic institutions (Two times the previous year) and, in addition to preceptor-guided project work, offered structured learning activities designed to educate students on all 8 Domains of the Core Competencies of Public Health Professionals.
- Public Health Training Academy of CT: OPHWD continued their partnership with the Yale University Office of Public Health Practice to build the Public Health Training Academy of CT (PHTAC). PHTAC is envisioned as a collaboration of learning networks delivered through a singular portal and is designed to enhance and expand prior workforce development and training programs at DPH, while addressing strategic priorities for the department, including health equity, increasing access to professional development opportunities, and enriching the department's learning culture. DPH staff received training from the Public Health Foundation to

facilitate OPHWD becoming the primary administrators of the CT TRAIN Learning Management System (where PHTAC will be hosted).

- Community Alliance and Research Engagement (CARE): OPHWD continued to partner with Southern CT State University in building a community of neighborhood leaders to participate in community health and public health research and practice initiatives through the Health Leaders' Program and the Community Research Fellows Program. Initially limited to New Haven County, these efforts expanded to the City of Hartford in January 2023 and continued through 2024.
- Working Groups: OPHWD organized and convened two working groups; one group included physicians, healthcare industry representatives, insurers, and patient advocates to address the challenges with recruitment and retention of physicians in CT; another group consisting of representatives from the CT Association of Directors of Health, the CT Environmental Health Association, and DPH to address issues, develop solutions, and strengthen relationships around the recruitment, retention, and professional development of Connecticut's local environmental public health workforce. A report of the Physicians' Working Group was finalized and submitted to Commissioner Juthani and the Legislature in February 2024. An interim report out for the local health working group was created in October 2023 and the work has continued through 2024.

List of statutory reports generated in FY 24

- No reports

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

Useful statistics

- Administered approximately 189 active state, federal & other accounts.
- Collected \$55.2 million of General Fund revenue.
- Administered 548 active contracts valued at approximately \$785 million in which 30% is COVID related.

Accomplishments

- Fiscal Services successfully submitted approximately \$65.8 million in expenditures related to COVID 19 pandemic response to FEMA and successfully recovered approximately \$51 million (77.5%) through June 30, 2024, with the remaining \$11.5 million pending FEMA final approval and obligation to the state.
- Fiscal implemented a check scanning process to improve the efficiency and accuracy of our check deposits. This digital check scanning system process allows for improved deposit standards compliance, time savings, reduction of errors, improve cash flow, and enhanced reporting and analysis capabilities.
- The Project Management Office established a repository of project management templates to support agency projects.
- Developed and published the DPH Request for Proposal procedure and workflow in support of competitive procurement.
- Documented workflows and developed process maps for multiple program area in support of process improvement initiatives.

- The Contract and Grant Management Section executed approximately 200 contracts and 150 amendments with a value of \$200 million during FY 24.
- Developed and approved three different contract templates with the Attorney General's office to utilize for swifter and more efficient contracting for specific programs/projects, such as COLA amendments.

List of statutory reports generated in FY 24

- Prepared and filed the DPH Annual Immunization Services Expenditures certification report with Office of Policy and Management (OPM) pursuant to ***CGS Sec. 19a-7n - Childhood immunization budget account reconciliation and expenditure projection process.***
- Prepared and filed the report establishing annual small and minority business set-aside program goals for the DAS Supplier Diversity Program (SBE/MBE) pursuant to ***CGS 4a-60g - Set-aside programs for small contractors and minority business enterprises.***
- Prepared and filed the Agency State Single Audit with OPM pursuant to CGS Sec. 4-230 through 4-236.

Public Service: Healthcare Quality and Safety Branch

The Healthcare Quality and Safety Branch (HQSB) regulates access to health care professions and provides regulatory oversight of health care facilities and services. HQSB consists of three major program components: Facility Licensing and Investigations Section; Practitioner Licensing and Investigations Section; and the Office of Emergency Medical Services.

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.

Improvements/Achievements

- FLIS conducted regular site visits and complaint investigations to ensure healthcare facilities comply with the state and Federal statutes and regulations.
- Issued 1179* initial and renewal licenses and certifications for over 45 categories of healthcare facilities. (*Calendar Year 23)
- Decreased staff vacancy rate to below 10% (previously was 40%).
- Implemented legislation for hospital staffing in accordance with PA 23-204.
- Conducted the following trainings and provided guidance for facilities:
 - Ongoing online training program for medication administration certification training for residential care home employees who need to be certified in medication administration.
 - Hot weather protocols for inpatient facilities.
 - Amended Policies and Procedures for 3.0 Staffing.
 - Presented at annual trainings for assisted living services agencies, home health agencies, hospices, and nursing homes.
- Served as an active participant in the Long-Term Mutual Aid Plan (LTC-MAP) advisory and steering committee and continued to engage with the stakeholder group to prepare nursing homes and assisted living facility providers in planning activities in the event of a local state, regional or national incident.

- Chaired the Medication Opioid Use Disorder Workgroup, a multi-agency and stakeholder group which meets to discuss gaps and challenges with throughput across the health care sector for individuals who have a substance use disorder and need post- acute care.
- Participated in the MOLST Advisory Council for the medical orders for life sustaining treatment. The MOLST allows for patients who are at end of life or have chronic frailty to make their medical care wishes known in a medical order that is portable across all healthcare settings.

List of statutory reports generated in FY 24

- The Nursing Home Financial Advisory Committee annual report was submitted to the General Assembly.
- Distributed Adverse Events Report for 2019-2022.

Practitioner Licensing and Investigations Section (PLIS)

PLIS ensures that a practitioner has the required training, knowledge, and experience to perform as a qualified professional in their 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.

Improvements/Achievements

- Issued 35,209 new licenses and renewed 210,957 active licenses.
- Received 1,777 complaints for investigation.
- Implemented music therapy licensure established in Public Act 23-31.
- Continued implementation of interstate licensure compacts for health care professionals adopted by the Legislature including the Counseling Compact that was adopted in Public Act 23-195 and the Physical Therapy Compact adopted in Public Act 23-97.
- Implemented the doula certification program including convening the Doula Advisory Committee and the Doula Training Review Committee pursuant to Public Act 23-147.
- Collaborated with internal programs to convene a midwifery working group pursuant to Public Act 23-147 including recommendations for direct entry midwife regulation.
- Convened scope of practice committees for podiatrists, certified registered nurse anesthetists, certified midwives, and occupational therapists.

List of statutory reports generated in FY 24

- Licensing report on substituting military training or experience for service members. The department collects and reports data for everyone who used their military training as a substitute for required training.
- Pursuant to CGS 19a-16f, submitted scope of practice reports on occupational therapists, certified midwives, and certified registered anesthetists to the General Assembly.
- Pursuant to Public Act 23-97, submitted a scope of practice report on podiatrists to the General Assembly.

The Office of Emergency Medical Services (OEMS)

The Office of Emergency Medical Services (OEMS) is responsible for strategic planning, regulatory and statutory oversight, as well as programmatic implementation of the Emergency Medical Services (EMS) system in Connecticut. 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;

consideration of new EMS organizations; requested changes in services provided of current EMS organizations; oversight and analysis of EMS Data; and investigation of complaints against EMS organizations for regulatory violations that put the public's health at risk.

Improvements/Achievements

- Issued over 21,700 initial and renewal licenses and certifications to Emergency medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, Emergency Medical Services Instructors, and Paramedics.
- Provided technical support and guidance to municipalities who requested help with their local EMS plans.
- Continued working with the EMS community on reporting any suspected opioid overdose cases. Worked with the Department's Injury Prevention Program to provide input on their surveillance activities regarding drug overdoses. Established an API between EMS PCR and ODMAP to accurately capture overdose data throughout the state.
- Continued to provide support to the EMS Advisory Board, its Wellness Committee and EMS Medical Advisory Board activities and recommendations.
- Purchased training equipment with federal grant money to support continued participation in the Heart Safe Program. Currently, there are 61 Heart Safe communities, 12 campuses and 15 workplaces. OEMS also maintains 18 CPR/Bleeding Control Equipment sites for support of training.
- Reviewed the current EMS protocols and made recommendations for updates based on current evidence and medical consensus together to produce protocols that will enhance prehospital care in Connecticut.
- Implemented electronic processing of vehicle inspections.
- Provided oversight to and maintained five Mass Casualty Incident Trailers which are deployed to be used in community events upon request. Information on the use of these trailers is on the Department's website.
- Transitioned to a more robust data collection system which was recognized by the National Association of State EMS Officials.
- Continued to actively provide support for the Connecticut Emergency Medical Services for Children program. Assisted with promoting the Prehospital Pediatric Assessment survey which evaluates prehospital EMS agencies readiness to provide emergency care for children.

Public Service: Community Family Health and Prevention Branch

In December 2023, the former Community, Family Health and Prevention Section was elevated to the category of Branch, to best fit the structure within the DPH organization. The Community, Family Health and Prevention Branch (CFHPB) works to improve the health of the population by establishing opportunities that support healthy living habits through education, prevention, early detection, and access to care. With a workforce of approximately 105 full-time employees, CFHPB manages approximately 190 contracts and administers over 50 accounts, including federal grants and state appropriations. Resources are dedicated to serving Connecticut's residents, while maintaining a focus on the objectives of Healthy People 2030 and the CT State Health Improvement Plan. The CFHPB provides DPH representation at advisory committees, councils, task forces, coalitions and other groups. A total of 28 of these groups are established by statute and the corresponding appointment as designee letters are signed by the DPH Commissioner.

The CFHPB conducts comprehensive needs assessments, surveils public health data, and tracks trends to establish service and prevention priorities. CFHPB supports policies, systems, and environmental change strategies by implementing statewide plans that support essential public health activities. Through collaborations with providers, patients, and families, CFHPB 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 CFHPB's units, including:

- 1) Chronic Diseases
- 2) Epidemiology
- 3) Office of Injury and Violence Prevention
- 4) Injury and Violence Surveillance
- 5) Perinatal and Reproductive Health
- 6) Health Access, Early Hearing, Repayment, Oral Health, and Primary Care
- 7) Maternal and Child Health Epidemiology
- 8) Adolescent and Child Health
- 9) Women, Infants and Children
- 10) Nutrition, Physical Activity and Obesity

Achievements

Chronic Diseases

- **Breast and Cervical Cancer Early Detection Program (BCCEDP):** In FY 24, a total of 4,959 high risk women were served for breast and cervical services, which included 3,982 clinical breast exams, 2,796 mammograms, and 2,723 Pap tests, with 2,403 HPV co-testing, through BCCEDP funding, provided by a combination of state and Center for Disease Control and Prevention funds. With program funding, 30 women were diagnosed with breast cancers and referred to treatment **and** 56 are pending final diagnosis. One woman was diagnosed with invasive cervical cancer and an additional 102 women had precancerous cervical lesions removed before developing cervical cancer.
- **Heart, Brain and Diabetes Health:** In August 2023, CT DPH released its first Connecticut State Plan to address Alzheimer's Disease and Related Dementias (ADRD), for the years 2023 – 2028. It is available on the DPH Healthy Brain web page: ct.gov/dph/CTBrainHealth. In September 2023, DPH received continued funding from the Centers for Disease Control and Prevention entitled, “BOLD Public Health Programs to Address Alzheimer’s Disease and Related Dementias” (Award # NU58DP007496), to support implementation of the CT ADRD State Plan and the work of the statewide CT ADRD Coalition.
- **Tobacco Control Program:** The Tobacco and Health Trust Fund Board of Trustees allocates funding to DPH to implement CDC Best Practices in Tobacco Use Prevention and Control. The program will support initiatives identified through a Request for Proposals (RFP), in agreement with the Board. The Connecticut Quitline RFP was completed and a new contract awarded to National Jewish Health for the next five-year contract period to manage the Connecticut Quitline. Additionally, the True to You Statewide Coalition was established to provide Connecticut’s LGBTQ+ community with the information, resources, and support they need to live life tobacco- and vape-free through a contract with Wheeler Clinic. From June 2023 through May 2024, the Connecticut Quitline enrolled 1,885 participants and completed 2,804 coaching sessions and 27 sessions with pregnant women to support quitting. Using grant funds from the CDC, the Tobacco Control Program continued the ongoing tobacco prevention media campaign (www.VapeFreeCT.org). The Truth Initiative’s This is Quitting (TIQ) for Connecticut texting program is an important resource for teens and young adults who can text VAPEFREECT to 88709 for free and anonymous help to quit vaping. During April 2023 through April 2024, TIQ

had 100 subscribers and 66 enrollments, this included 26 teens and 40 young adults. Vape Free CT is a sister site to the existing adult-focused cessation website, www.CommitToQuit.com, which is currently undergoing updates. From May 2023 to September 2023, the adult campaign yielded 37 million impressions with a 1.4 million reach and greater than 150,000 engagements. The youth campaign ran from December 2023 through May 2024 and resulted in 30 million+ impressions with a 1.3 million reach and over 235,000 engagements.

- **Stroke Registry:** In response to CGS Section 19a-72a, a law to establish a statewide stroke registry, the Chronic Disease Epidemiology Unit has received three quarter years' worth of stroke care data from participating stroke-certified hospitals. The program also recently signed a Super User Agreement with the American Heart Association to access its Get With The Guidelines® Stroke Registry. This will allow DPH direct access to Connecticut-specific data for analyzing and monitoring stroke consensus metrics developed and approved by a nationally recognized stroke certification body, and it will reduce duplication of efforts in submitting stroke data by the hospitals.
- **Asthma Control Program:** During June and July 2023, DPH monitored and developed a Syndromic Surveillance Data Report on Asthma-related Emergency Visits, from hospitals and urgent care centers, during a time that Connecticut's air quality was affected by wildfires. The rise of asthma emergency visits related to wildfire smoke exposure was statistically significant, affecting 22% of children and 7% of adults across race/ethnic groups: 38% Hispanic, 24% Black Non-Hispanic, and 28% White Non-Hispanic. DPH completed the Connecticut School-based Asthma Surveillance Survey data collection for School Year 2022-2023. A total of 1,169 schools reported 25,226 students with asthma. In February 2024, the CT Asthma program published a report entitled: [Improved Outcomes among Clients of a Connecticut Asthma Home Visiting Program](#), describing the impact of an Asthma Home Visiting program designed to reduce asthma disparities in children identified with poor asthma control and at risk for emergency department visits and hospitalizations. The Asthma Program partners with the DPH Office of Climate Change and Health and joined the DPH Climate and Health Equity Coalition to promote air quality education in communities. The Asthma Program supported 15 Community Health Workers to complete the Association of Asthma Educators' "Asthma Education for the Community Health Worker", a ten-hour interactive virtual training.

Injury and Violence Prevention

- **Overdose Data to Action (OD2A):** Under the Overdose Data to Action in States CDC grant, between September 2023-April 2024, The Department of Correction trained 8,062 inmates in naloxone administration. Naloxone kits were distributed to 598 inmates enrolled in the medication-assisted treatment (MAT) program and 1,187 non-MAT inmates upon release.
- As part of the OD2A grant, the Overdose Fatality Review Panel (OFRP) was formed in the Fall of 2023. The OFRP includes representation from diverse sectors and individuals with lived experience and meets quarterly to examine fatalities due to drug overdose and seeks to expand the understanding of systems that interact with people who use drugs operate. The OFRP will support the development of effective interventions and identification of opportunities to address those at risk of an overdose to reduce future fatalities.
- The Injury and Violence Surveillance Unit submitted a legislative proposal to require each hospital that treats a patient for a nonfatal overdose of an opioid drug to administer a toxicology screening of such patient if medically appropriate. The proposal was passed in [PA 24-120](#), An Act Concerning the Department of Public Health's Recommendations Regarding Improved Opioid Monitoring, with an effective date of October 1, 2024. From January 1, 2025, through August 31, 2028, any hospital that treats a patient for a nonfatal overdose shall administer a toxicology screening for opiates, opioids, benzodiazepines, cannabinoids, methadone, cocaine, gabapentin, xylazine, and other substances deemed appropriate by Commissioner. Beginning January 1, 2026,

DPH must submit an annual report to the legislature, including trend reporting, and a recommendation whether toxicology screening should continue after August 31, 2028.

- Connecticut Violent Death Reporting System: In May 2024, the Connecticut Violent Death Reporting System team of epidemiologists and data abstractors earned the title of top-ranked small state for their efforts in abstracting and entering high quality and complete data in a timely manner and well within CDC's data closeout timelines. In the prior year, Connecticut ranked fourth.
- Rape Prevention and Education: In January 2024, the Office of Injury and Violence Prevention was awarded the CDC Rape Prevention Education (RPE) grant for a period of 5 years, building upon the previous RPE work to enhance capacity of state and territorial health departments to facilitate and monitor implementation of sexual violence prevention programs, practices, and policies.
- The work that had been done in OIVP for community gun violence intervention and prevention, moved to the newly established Office of Firearm Injury Prevention, reporting directly to the DPH Commissioner's Office in March 2024.

Perinatal and Reproductive Health

- Family Wellness Healthy Start (FWHS): The FWHS program provides, funded by Health Resources and Services Administration, services to increase the number of low income, Black/African American and Hispanic pregnant women in Hartford and New Britain, who enter prenatal care early and receive adequate prenatal care services to reduce infant and maternal mortality. During FY 24, FWHS served 538 birthing families and infants up to the age of 18 months. On March 19, 2024, the Family Wellness Healthy Start Program hosted a conference entitled, Connecting Pathways to Decrease Maternal and Infant Mortality and Morbidity. The purpose of the conference was to connect service providers in the Maternal and Infant Health field to learn about the resources that exist, network, and better understand how to help families navigate the pregnancy, postpartum, and infant time periods. National subject matter experts and speakers with lived experience presented data and first-hand accounts of the devastating effects of maternal and infant deaths in our country, and Connecticut data was presented amongst national trends. The conference was very well attended, with over 225 statewide healthcare and public health professionals, front-line providers, and public health professionals from the Mohegan Sun Tribal Health Department sovereign nation.
- Maternal Mortality Review Program (MMR): The CT MMR Committee, funded by the Maternal and Child Health Services Block Grant (MCHBG) performs case reviews to determine pregnancy relatedness. In CT, it is determined that mental health conditions, including substance use disorders are the leading cause of pregnancy related death followed by cardiovascular conditions. The committee uses data and case review to make recommendations to care providers and stakeholders on policy changes and identifies resources families should be connected to throughout their pregnancy and postpartum phases.
- Personal Responsibility Education Program (PREP): During FY 24, the PREP program has delivered reproductive health education to 231 high risk youth ages 13-19 in New Britain and Bridgeport schools, and community settings, including youth in the juvenile justice system. In 2024, the PREP program received an increase in our current MCHBG award from \$520,314 in 2023 to \$550,007 for 2024. The program plans to use these additional funds to expand current programs to college freshman. The program will also continue to deliver reproductive health education to high-risk youth ages 10-21 years old in middle and high schools, and community settings, including youth in the juvenile justice system.
- The Perinatal and Reproductive Health Unit is finalizing the establishment of the Infant Mortality Review Program and the Infant Mortality Review Committee; and shall report to the Commissioner and the Public Health Committee quarterly, effective October 1, 2023, Statue [PA](#)

[23-147](#) An Act Protecting Maternal Health.

Health Access, Early Hearing, Repayment, Oral Health, and Primary Care

- **Health Access:** The Health Access Program supports patient navigation and case-management services, such as patient enrollment into federal and state funded health insurance programs, access to free or low-cost medications, assigning patients to medical homes for primary care, and coordinating referrals to specialists, in the greater New Haven and greater Waterbury service areas. These state funds support two contractors: Project Access-New Haven (PA-NH) and StayWell Health Care, Inc. From July 1, 2023, to February 28, 2024, PA-NH enrolled 209 new patients, donated a monetary value of \$776,640 in medical service care, and maintained an enrollment of 311 active patients. Staywell Health Care, Inc. evaluated 885 new patients for eligibility for enrollment into the program, served 1,508 active patients, and donated a monetary value of \$255,317 in services by physicians, including medication and transportation assistance.
- **Primary Care Office (PCO):** The PCO was awarded a competing continuation award in early 2024, from the Health Resources and Services Administration, totaling \$200,000 per year, for five years, to support Local, State, and Federal resources contributing to primary care service delivery and workforce development in the state. The PCO continues to analyze healthcare workforce data and designate HPSAs (Health Professional Shortage Areas), manage and coordinate National Health Service Corps (NHSC) promotion and site certification in the state of Connecticut, administer the J1 Visa Waiver Programs. The PCO managed the selection of 30 physician applicants, for the Commissioner's Conrad 30 J1-Visa Waiver recommendations to the U.S. Department of State. The PCO has granted 23 letters of support for the Clinical Care Supplement B Program and 21 letters of support for the Physician National Interest Waiver (PNIW) Program for FY '24.
- **Student Loan Repayment Program (SLRP) –** In 2022, DPH was awarded a HRSA Grants for Student Loan Repayment, a three-year grant totaling \$644,000 per year to develop and implement a state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas (HPSA). The Department also received \$11.6 million in ARPA dollars to further support this program. Providers enrolled in the SLRP will receive payments of \$25,000 for each year, for two years, with the option to add an additional year. The awards will be directed towards their student loans in exchange for practicing primary care in a HPSA or in a state operated facility for a minimum of two years. The State Loan Repayment Program is being executed by the University of Connecticut (UConn) Area Health Education Center (AHEC).
- **Office of Oral Health (OOH) –** OOH promotes the oral health of all individuals in Connecticut to ensure the reduction of disease and health disparities as part of the public's overall health and well-being. Its vision is to provide leadership and expertise in dental public health and maintain a strong and sustainable infrastructure to support essential public health activities related to oral health. Focus areas of the OOH include data collection and analysis, assessment, policy development, and quality assurance and improvement activities.

Adolescent and Child Health

- **School Based Health Clinics (SBHCs):** DPH expanded access to children's health care by securing and contracting with the National School Based Health Alliance to help distribute funds from a \$12 million Centers for Disease Control and Prevention Cooperative Agreement. Over 100 new and expanded SBHC primary care, mental health and dental services were added to 30 communities statewide.
- The state received \$10.6 million in ARPA funding to expand SBHCs to address children's mental health. Fifty-nine new or expanded School Based Health Center Sites were awarded through 13 contractors. Schools with high Social Vulnerable Index (SVI) Scores and Health Professional Shortages Areas (HPSA), for both primary care and mental health services were awarded funding.
- In the 2022-2023 academic year, 91 DPH supported SBHCs had a total student population of

69,423, which is about 13.5% of Connecticut's overall student population. Enrollment in these clinics is approximately 49% of the population or 33,963 students. The number of visits to the SBHCs totaled 130,039. Approximately 22,280 students received one or more service visits per year (approximately 32% of the student population).

- A total of 18,829 students made 55,174 medical visits, an average of 2.9 visits per student. A total of 3,942 students made a total of 67,967 mental/behavioral health visits, an average of 17.2 visits per student. The SBHCs administer a variety of mental health screeners which help determine if students are at risk. Therapy can then take place at the SBHC, or students can be referred to mental health providers in the community if they need care outside the scope of the SBHC. A total of 3,481 students made 6,898 dental visits, an average of 2 visits per student.
- Connecticut Medical Home Initiative (CMHI): In FY 24 the CMHI provided 7,285 linkages to multiple services and providers. Approximately 2,200 Children and Youth with Special Health Care Needs (CYSHCN) were linked to important behavioral health services, which accounts for 31% of all the linkages provided. Over 1,890 CYSHCN were linked with a necessary primary care physician, specialist, or dentist, which accounts for 26% of all linkages.

Women, Infants and Children

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program: During the period of June 2023 – May 2024, a monthly average of 49,548 low-income women of child-bearing age, infants, and children under five, were served by the Connecticut WIC Program, receiving a total US value of \$49,193,179 in Food and Formula Benefits, for an average monthly value of \$4,099,432. Funding for this program is provided by the United States Department of Agriculture.
- The WIC Program has been collaborating with the Connecticut Department of Social Services (DSS) since 2021 to create and implement a process to refer potentially eligible DSS clients to the WIC Program. A statewide email referral process was implemented in August 2022 and continues to be successful. In FY 24, a total of 741 referrals were received; of those, 486 were new to WIC, 80 were already active WIC participants, and 175 were past participants that weren't currently active. This partnership is a creative solution to increase referrals without the need for an executed Memorandum of Understanding between DPH and DSS.
- In 2021, the DPH WIC Program received funds from the CDC to work on advancing health equity & address social determinants of health related to COVID-19 health disparities among populations at higher risk and underserved by implementing a media campaign to raise awareness of the WIC Program, and recruit and retain participants. Phase 1 of the campaign ran from June 2022 through February 2023. Additional funds were received from CDC and phase 2 ran from January 2024 through July 2024. This campaign resulted in 61.5 million campaign impressions; 61,492,636 total campaign impressions; 108,687 total post engagements; 96,263 total campaign clicks; 4,788,348 total audio/video completions. There were also 9,455 total Online Interest Form applications statewide; 4,456 from the targeted areas; and a 2.3% statewide increase in FY '23 participation and 4.1% statewide increase in participation in FY '24.

Nutrition, Physical Activity, and Obesity Program (NPAO)

- In coordination with the CT Breastfeeding Coalition and the State WIC Breastfeeding Coordinator, NPAO redesigned the "It's Worth It!" Campaign, with funding provided by the United States Department of Agriculture. This Breast & Chest Feeding media campaign aims to improve lactation initiation and duration rates through improved community support. The campaign's logo, branding, and messaging were updated to reflect findings from a community evaluation study. The new design elements are more inclusive of all families and the messaging highlights the social, healthcare, and employment supports needed for a successful breastfeeding journey. The updated campaign ran on broadcast, streaming, and social media in September 2023,

achieving over 5.25 million total impressions, including over 1 million Spanish impressions.

- The NPAO SNAP-Ed team works with Early Care and Education providers to develop policy, system, and environmental strategies that create health-promoting environments for children and families. Providers receive technical assistance and resources to implement sustainable changes within their programs. NPAO collaborates with the CT Office of Early Childhood and its contractors to support and connect initiatives with shared goals. During FY '24, 54 childcare provider sites participated in NPAO's Farm to ECE mini-grant from the USDA, Go NAPSACC, Breastfeeding Friendly Child Care Recognition, or the CATCH Early Childhood curriculum and training initiative, reaching approximately 3,067 young children.

List of statutory reports generated in FY 24

- Cannabis - CGS Sec. 21a-422e; Cannabis Public Health Surveillance: 2024 Cannabis Health Statistics Report; submitted May 2024.
- School Based Health Centers - Public Act 21-35 Section 16; School Based Health Center (SBHC) Expansion Working Group Final Report; submitted: November 2023.
- Injury and Violence Surveillance Unit - CGS Sec. 19a-112i, the Community Gun Violence Program published a report on January 1, 2024, entitled *Community Gun Violence Intervention and Prevention* to the DPH Commissioner for submission to the Public Health Committee.
- Office of Injury and Violence Prevention- CGS Sec. 19a-112j; Commission on Community Gun Violence Intervention and Prevention; published December 2023.

Public Service: 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. 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/Clinical Chemistry; Infectious Disease/Environmental Microbiology; Newborn Screening and Quality Assurance.

Improvements/Achievements

- The CT Newborn Screening (NBS) Program screens for the 35 core Recommended Uniform Screening Panel (RUSP) conditions and for the 26 secondary RUSP disorders and hemoglobin traits. 36,987 newborn screening tests were conducted in FY 24, representing 99.7% of all eligible infants born in FY 24. One hundred sixty-three (163) newborns were confirmed positive for a disorder or as a carrier of a disorder in FY 23. Approximately 1,000 infants test positive for hemoglobinopathy traits each calendar year. In late-2023, the CT NBS Program began evaluating of methods for screening for Mucopolysaccharidosis Type II (MPS-II), a Lysosomal Storage Disorder and core RUSP condition. Universal screening for MPS-II was implemented in April 2024.
- The Advanced Molecular Detection Laboratory continues to respond to MPOX testing as needed and the number of cases is decreasing. In FY 24, 77 clinical specimens were tested by the PHL for MPOX. The PHL has been able to turnaround results within 24-48 hours of receipt for priority cases.
- The PHL started offering Powassan virus IgM Antibody testing in August 2022. In 2024, the state laboratory tested 45 samples, 5 of which tested positive, and has also included cerebral spinal fluid (CSF) as an additional sample type for Powassan virus IgM Antibody testing. These are qualitative assays for the detection of IgM antibodies to Powassan virus in human serum and

CSF. Powassan virus is spread to people by the bite of an infected tick, that can cause encephalitis.

- The PHL is the only laboratory in Connecticut authorized to perform rabies testing on animals involved with human exposure. Rabies virus testing is provided Monday through Friday throughout the year at the CT PHL. Approximately 1000 animals are submitted annually for rabies testing. Rabies virus testing provides a critical role in guiding the medical management of persons who have exposure to suspected rabid animals. In FY 24 the SPHL tested 992 animals of which 37 were positive for rabies.
- 11,607 environmental samples were tested in support of the Lead Poisoning Prevention and Control Program in FY 24. These samples included 9,926 dust wipes, 513 soils, 168 paint chips, 896 drinking waters, and 104 spices, cosmetics, toys, or other household items.
- In partnership with the DPH Lead program, the Clinical Chemistry section of the laboratory continues to provide blood lead testing to uninsured children. The laboratory provided testing for 106 children in FY 24. The lab also provided quick turnaround testing for those babies and young children undergoing treatment and hospitalization. There were 12 cases in FY 24 involving treatment and/or hospitalization. This service allows for quicker evaluation of administered treatments, and, in most cases, shorter hospital stays.
- The PHL has initiated a State Wastewater Surveillance System in response to the COVID-19 pandemic. The data generated by the PHL is helping public health officials to better understand the extent of SARS-CoV-2 infections in communities. Data from wastewater testing are not meant to replace existing COVID-19 surveillance systems but are meant to complement them by providing an efficient pooled community sample. Data is also shared with the wastewater facility, local health department, and DPH leadership for situational awareness and to inform public health decision making related to COVID-19 communication and mitigation activities.
- In FY 24, 734 urine samples collected from nonfatal overdoses and confiscated drug paraphernalia have been tested for common drugs of abuse. With the passage of Public Act 24-120, An Act Concerning the Department of Public Health's Recommendations Regarding Improved Opioid Monitoring, this number is expected to increase dramatically beginning in January 2025.

List of statutory reports generated in FY 24

- No reports

Public Service: Office Health Equity

The responsibility of the Office of Health Equity (OHE) is "to improve the health of all Connecticut residents by working to eliminate differences in disease, disability, and death rates among ethnic, racial, and other population groups that are known to have adverse health status or outcomes. Such population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness, or geographic area of residence."

This name and mission statement were adopted by the Connecticut General Assembly in PA 14-231 "An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes,".

Activities:

- OHE was re-established in 2023 and was elevated to a Section in DPH.
- The following Strategic Goals were developed:

- Goal 1: Increase Health Equity data collection and utilization for informed decision-making.
- Goal 2: Create a sustainable Community Engagement strategy in OHE.
- Goal 3: Identify sustainable funding opportunities for OHE staffing and programmatic functions.
- Goal 4: Promote effective collaborative work within DPH and with external partners.
- Goal 5: Elevate Health Equity in the legislative process.
- Goal 6: Advance Environmental Justice by addressing disparities in exposure to ecological hazards and promoting equitable access to healthy, sustainable environments for all communities.
- Through the CDC COVID Disparities Grant managed by the OHE, the agency collaborated with the CT Office of Rural Health to provide COVID-19 resources to our rural communities. For FY 23, this partnership resulted in over 43,000 activities that included vaccinations and vaccine support, testing resources, and resource navigation and support services as well as establishing or expanding 1470 community partners to advance health equity and address social determinants of health for underserved communities that are at higher risk for COVID-19.

Improvements:

The Office of Health Equity is working towards appropriate staffing and developing a strategic plan to establish a road map to guide future activities. Utilizing funds from the CDC, OHE is currently in the process of putting out an RFP for a Strategic Planning Consultant. The Strategic Planning Consultant will spearhead the development of a Strategic Plan with a dedicated emphasis on eradicating health disparities and championing health equity. A pivotal aspect of the plan will be the creation of a collaborative roadmap, fostering a synergistic partnership between the Office of Local Health and the Office of Health Equity.

OHE is also using reallocated funds from the CDC to support Rural Local Health Departments. Funding will be distributed to Local Health Departments through an RFA carried out through 5/31/2026. DPH will invite applications from Rural Health Districts to address the impact of COVID-19 within their communities.

OHE is currently staffed by one Section Chief, one Epidemiologist 4 and one Durational Project Manager for Environmental Justice. Two positions are under recruitment, and they are one Health Program Associate and a Health program Associate.

List of statutory reports generated in FY 24

- No reports

Public Service: Office of Public Health Preparedness and Response

The Office of Public Health Preparedness and Response (OPHPR) is responsible for the development and implementation of the state's public health emergency response plan and initiatives. The office coordinates department response operations prior to and during large-scale public health disasters and declared emergencies. The office secures and administers cooperative agreements and other funding sources that support positions across the agency, local public health, hospitals and healthcare, and strengthen public health readiness. These efforts include administering the CDC Public Health Emergency Preparedness cooperative agreement, the Administration for Preparedness and Response (ASPR) Hospital Preparedness Program cooperative agreement, and Homeland Security Program Grant funds through the Department of Emergency Services and Public Protection. The mix of funding sources that support

OPHPR and the allowable expenses associated with the funding sources are varied. There are associated deliverables, benchmarks, and performance measures associated with each funding source; OPHPR coordinates and reports on all deliverables and benchmarks to ensure continued federal funding support to the state of CT.

Improvements/Achievements

- The Office applied for and was awarded funding through the Department of Health and Human Services for healthcare preparedness and public health emergency preparedness (two base funding sources totaling approximately \$10M annually). The section also renewed its Crisis Cooperative Agreement that is 'approved but unfunded,' enabling the agency to obtain response-related funding rapidly for any future public health crisis. The cooperative agreements support staff across the agency including OPHPR, the State Public Health Laboratory, the DPH Office of Communications, DPH/BITS Information Technology staff, Legal Office, Fiscal Office, and Contracts and Grants Management Staff. The cooperative agreements also support local public health readiness and Medical Reserve Corps efforts.
- The Office provided approximately \$2.8 million in federal funding to local health departments and districts annually for public health preparedness. This funding was distributed through five regional contractors to support the planning activities. The five geographic regions align with the state's emergency management planning regions.
- The Office oversees and supports the state's single Healthcare Coalition (HCC). The CT HCC is a diverse body of hospitals, healthcare networks, healthcare providers, state health agencies, and emergency management agencies, funded by a federal grant. Coalition members work together to advance Connecticut's health care system's level of preparedness and resiliency during emergencies. Through a competitive process, the Department selected and contracted with All Clear Emergency Management to serve as the fiduciary and administrative agent for the Connecticut Health Care coalition. The CT HCC had several accomplishments including developing a hospital evacuation tool kit for acute care hospitals and developing plans to address disasters causing medical surge related to burns, infectious disease, radiation and chemical disasters. The CT HCC completed a medical surge exercise involving a train derailment resulting in a release of chlorine gas. Eighty-four coalition members participated in this exercise which tested the CT HCC and its members' capacity to accommodate a surge of patients equal to at least 20% of hospitals' staffed bed capacity, among other objectives.
- The Office completed a detailed inventory of all assets that comprise the Department of Public Health's Federal Medical Station (FMS) and repackaged the contents according to the original packaging prepared by the Strategic National Stockpile. Federal medical stations (FMS) are rapidly deployable caches that contain beds, supplies, and medicines that can quickly turn a pre-identified building into a temporary medical shelter during a national emergency. The FMS can support healthcare systems anywhere in the state.
- The Office held a half day CHEMPACK Tabletop Exercise. CHEMPACKs are containers of nerve agent antidotes placed in secure locations at local levels around the state to allow rapid response to a chemical incident. These medications treat the symptoms of nerve agent exposure and can be used even when the actual agent is unknown. Attendees were grouped by profession, which included hospital pharmacy staff, emergency medical services, local health, emergency management, and others, and discussed their role related to operational coordination, mass care, communication, critical transportation, EMS, and logistics and supply chain management. The plan will inform the revision of a CHEMPACK operational plan.
- The Office collected behavioral health data from acute care and psychiatric hospitals to further understand bed capacity for adults, children and adolescents requiring behavioral health services. The section prepares weekly slide decks summarizing the data which is shared with key partners.
- Office developed a heat advisory tool kit for local health departments. The toolkit equips local health departments (LHDs) with the necessary materials to effectively communicate heat

warnings, promote preventive measures, and provide information on available resources to the community. Additional communications-related toolkits for anticipated emergency responses (e.g., hurricanes, blizzards) are also in development.

- The Office produced the Medical Reserve Corps Volunteer Training Guidance Manual and shared it with all directors of health and MRC chapter leads. The publication is a training guide for MRC Unit Leads to utilize for themselves and with their local volunteers. The plan provides options to guide MRC Unit Leads and volunteers with the appropriate selection of training courses. The training plan is based on recommendations and a tiered approach established by the federal Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR) and the National Association of County and Health Officials (NACCHO).
- The Office hosted monthly training for local Medical Reserve (MRC) Corps chapter leads on how to utilize the CT Responds Volunteer Management Platform. The web-based platform enables MRC chapters to manage their volunteer rosters more effectively, including onboarding, capturing volunteers' special skills and licenses, and conducting background checks. The platform is meant to streamline the process of volunteer enrollment and onboarding through to vetting and being mission ready.
- The Office held monthly training for local public health on the Public Health Emergency Preparedness Capability standards, which are designed to advance the emergency preparedness and response capacity of state and local public health systems. Training on the 15 distinct, yet interrelated, capability standards was held each month via Teams and geared toward staff who had recently joined the public health workforce. The training included an overview of each capability, as well as examples of work completed at introductory, intermediate, and advanced levels of readiness. The trainings also included a presentation by a local public health practitioner who had effectively implemented and utilized the tasks, functions, and priorities of the standards to improve their jurisdiction's readiness or how the standards were utilized during a real-world response.
- The Office transitioned operation of the Personal Protective Equipment Stockpile (from COVID) from a contracted vendor to direct oversight by DPH staff. Staff worked with DAS to secure a lease for a warehouse and have contracted with a vendor to install cameras and security systems. The Office is currently supporting the Department of Agriculture and farmers with PPE in advance of any potential H5N1 cases (in bird populations or otherwise).
- The Office coordinated CT healthcare providers and pharmacies on the federal government's platform "Health Partner Ordering Portal (HPOP)" so that they were able to receive COVID-19 therapeutics from the federal government. The platform was also used by providers for reporting inventory, doses administered, and wastage. The Department shared federal guidance, updated the DPH COVID Therapeutics webpage, and offered providers technical assistance on how to access COVID-19 therapeutics once they transitioned to the commercial market.
- The Office convened a Medical Countermeasures Workgroup. The workgroup will serve as a forum for members to share lessons learned from the COVID-19 response and exchange best practices to inform revisions to state, regional, and local medical countermeasure (MCM) plans. MCM subject matter experts (SMEs) with both clinical and non-clinical backgrounds from each of Connecticut's five preparedness regions, along with staff from the Department of Public Health and other partners will serve on the MCM workgroup.
- The DPH Incident Management Team (IMT) was activated for several real-world responses:
 - ICF-IID strikes (May-June 2023), in response to 17 facilities' labor actions
 - Storms – IMT activated for one summer storm (Lee) in September 2023; and two winter storms (1/6/2024 and 2/13/2024).
 - Operation Minerva (Athena Healthcare): IMT stood up to plan for and address the impact of Athena Healthcare's financial issues and the potential for having to move residents out of Athena facilities; this activation is ongoing.

- RVD Season (September 2023-January 2024) – proactive activation in anticipation of a severe respiratory illness season, with RSV, COVID and seasonal influenza; and
- H5N1 Pre-Planning (May 2024-present): convenes and hosts meetings between several state agencies to ensure ongoing communications and coordination on efforts to educate the public, build familiarity with agency roles and responsibilities and create a forum for technical updates and briefings.
- Hurricane Season Pre-Planning (starting in June 2024): developed an IMT for storms, and began the process of training new staff across the agency in their respective roles and responsibilities relative to storm response under an Incident Command System framework.
- The Office completed drafts of the following plans:
 - Mass Fatality Management Annex (in collaboration with the Office of the Chief Medical Examiner and the Division of Emergency Mgt. and Homeland Security)
 - Ebola Concept of Operations Plan
- The Office hosted five (5) Incident Command System 300 and 400 training courses through an approved training provider. The Office offered the courses so that new staff in local and state public health agencies would have an opportunity for training in advance of any future declared public health emergencies or state-level disasters. The scenarios used by the course instructors were geared more towards public health responses, allowing attendees to better understand how ICS can be applied to public health disasters. The courses were offered to all local public health departments across the state, state health and human services agencies, and Departmental staff. The Office intends to offer training courses in upcoming years.

List of statutory reports generated in FY 24

- The Office of Public Health Preparedness and Response produced a report on the state's pandemic preparedness in accordance with CGS Sec. 19a-131m on behalf of the Commissioner of Public Health.

Public Service: Infectious Disease Section

The Infectious Diseases Section encompasses surveillance programs for emerging infections and more than 80 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. 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 Informatics Program supports the reportable disease surveillance system, electronic laboratory reporting, electronic case reporting, and electronic notifiable reporting to the CDC. Program staff also participate in data modernization efforts.

The Epidemiology and Emerging Infections Program conducts surveillance for dozens of different infectious diseases including foodborne, waterborne, and vector borne diseases and responds and provides technical assistance to outbreaks related to these organisms in the general public and other settings.

The Immunization Program prevents disease, disability, and death from vaccine-preventable diseases by actively engaging in surveillance, case investigation and control, monitoring of immunization coverage levels, provision of vaccines for children, 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.

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. Surveillance activities are concentrated 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/HCV testing in clinical and non-clinical sites, referring high-risk populations to medical providers for Pre-Exposure Prophylaxis (PrEP), referring individuals in need of care to medical providers as well as aiding with transportation, housing, and drug rehabilitation services with the goal of reducing new infections and keeping infected residents living healthy. The HIV Program also operates Harm Reduction Services, including Syringe Services Programs (SSPs) which serve as a safe, effective HIV prevention method for people who inject drugs.

The program also operates the Ryan White Part B and CT AIDS Drug Assistance Program (CADAP) which contracts with statewide healthcare providers and community-based organizations to provide treatment and support services and makes HIV medications available to people living with HIV who are low income and underserved. The program is the payor of last resort and provides medical case management, ambulatory care, oral healthcare, medical transportation, emergency financial assistance for housing or utilities, and food assistance.

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, prevention education, screening and linkage to hepatitis C treatment with the goal of eliminating hepatitis C by 2030. The program promotes vaccinations for Hepatitis A & B.

General Improvements/Achievements

Informatics Program

- Completed a major process to remove all negative SARS-CoV-2 lab results from CTEDSS and remove the subsequent 'empty' cases. Over 19 million negative lab results were removed representing nearly 4 million 'negative' cases.
- First hospital system reached production for electronic case reporting of respiratory viral diseases and mpox on May 1st. Total registered for eCR healthcare organizations is 48; 2 hospital systems are in pre-production validation.
- Processed ~280,000 non-Covid lab results for all reportable diseases. 60% were received by HL7 ELR, and 33% by flat files.
- VA Healthcare went into production ELR for non-micro tests using flat files posted into the vendor cloud-based application. About 20 providers performing in-office blood lead tests are also in production in this same system vs. sending files to the blood lead program.
- Continued to transition to use of this same vendor cloud-based application for respiratory viral disease test reporting and away from the ad hoc process developed during the COVID-9 response.

- Yale New Haven Healthcare was pending production ELR on June 30 (have since gone into production).
- Reported ~178,674 case reports to CDC in electronic format (2022 data).
- Participated in local and national data modernization efforts. Five staff attended the CSTE annual conference participating in a pre-conference Surveillance & Informatics workshop. One staff did an oral presentation at CSTE, and one presented a poster at CIDS. Staff ran an Informatics track at the 2023 NE Regional Epi meeting.
- In 2023, the Analytics team generated the first fully automated combined Respiratory Viral Disease report.

HAI-AR Program

- Conducted 74 Infection Control Assessment and Response (ICAR) visits across multiple different healthcare facility types. These visits review infection prevention practices and identify gaps to guide improvement.
- Investigated ~40 cases of *Candida auris*, a highly resistant fungal infection including the state's first cluster related to this organism.
- Investigated a large cluster of Carbapenem resistant *Acinetobacter baumannii* (CRAB) at a healthcare facility.
- Investigated a cluster of late onset Group B Streptococcus cases among neonates.
- Investigated a cluster of cases of carbapenemase producing *Klebsiella pneumoniae* affecting a human and companion animals.

Epidemiology and Emerging Infections Program

- Investigated multiple outbreaks and emerging infections across the state, including:
 - Thirty-four foodborne/enteric disease outbreaks (20 of which were part of CDC-led multi-state investigations).
 - Investigated CT's first local outbreak of listeriosis involving 3 cases with exposure to foods served at the same healthcare facility. Investigation included extensive food and environmental testing and collaboration with the RI Department of Health.
 - Investigated a *Salmonella* outbreak associated with a residential facility; 20 total cases identified.
 - Three cases (two fatal) of severe *Vibrio vulnificus* infections. A public advisory was released by DPH in July 2023 to warn residents about dangers of consuming raw shellfish and exposure to salt or brackish water.
 - Four confirmed cases of botulism in infants.
 - Five cases of Powassan virus (POWV) infections.
 - One case of brucellosis in an adult and associated exposures among clinical laboratory workers.
- Investigated and provided epidemiologic consultation on six healthcare-associated Legionnaire's Disease cases occurring in hospital/long-term care/skilled nursing facilities; three cases linked to an outbreak in an assisted living facility; and three cases linked to a hotel in southeastern CT.
- Provided technical assistance on 54 gastrointestinal (GI) outbreaks (person-to-person) reported in long-term care and assisted living facilities.
- Responded to 14 cases of mpox in collaboration with local health departments. Via collaboration with the Immunizations, HIV Prevention, and STD Control Programs, assured continued availability in Connecticut of the antiviral tecovirimat for mpox treatment and the JYNNEOS vaccine for mpox prevention.
- Implemented a new influenza dashboard to improve public reporting of integrated surveillance data.
- Successfully submitted a competitive funding application in response to CDC-RFA-CK24-2401 Emerging Infections Program. The CT EIP was originally funded in 1995 and will be celebrating 30 years as an EIP site this coming funding period.

Immunization Program

- Began distribution of nirsevimab, a new immunization against respiratory syncytial virus (RSV) for newborns, to birth hospitals in CT. RSV is the most common cause of hospitalization in U.S. infants, and the highest hospitalization rates occur in first months of life.
- There are now 1,739 healthcare provider practices reporting vaccine doses administered electronically to CT WiZ, CT's Immunization Information System. Of these, 356 began reporting during the past year. Through electronic reporting, over 1.4 million vaccine records were added into CT WiZ. CT WiZ now contains nearly 47 million vaccine records.
- The Connecticut Vaccine Program distributed more than 1 million doses of vaccine to healthcare providers for children.

HIV Prevention Program

- HIV Testing – In FY 24, there were 91,200 HIV Tests at DPH-funded sites. Of these 140 (.15%) were positive, and 98(.10%) were newly diagnosed HIV cases. Of the 98 newly diagnosed cases, 93 (95%) were linked to medical care within 90 days.
- PrEP – In FY 24, there were 22,979 people screened for PrEP at CT DPH funded sites. Of these, there were 6640 people referred to PrEP Services.
- Overdose Prevention (ODP) – 7248 naloxone (overdose prevention) kits were distributed by the SSPs.
- Harm Reduction Services- 9,529 SSP clients were served, and 66,425 visits for Harm Reduction Services in FY24.
- Syringe Distribution – During FY24, 2,476,234 syringes were provided to clients through CT DPH funded SSPs.
- The Routine HIV Testing Toolkit – On January 1, 2024, The Routine Testing Law became effective for all emergency departments. In response to the new legislation, the HIV Program developed a toolkit for medical providers to increase awareness of the law and provide guidance to providers on how to implement routine testing in their clinical settings. In addition to the toolkit, the HIV Program supported the “Tell Everyone to Screen and Test” (T.E.S.T. CT) Campaign. The campaign consists of a total of 12 videos created to promote the Routine HIV testing bill and has content in both English and Spanish.
- DPH analyzed data from a statewide HIV Prevention Needs Assessment Survey in FY 2024. The purpose of the survey was to identify gaps in HIV, Sexually Transmitted Infections (STI), hepatitis C (HCV), and substance use disorder (SUD) treatment needs; to help individuals from acquiring HIV, STIs, and HCV; to assess for challenges and barriers to receiving prevention services, and to improve and make services more available to the public. There was a total of 2,038 survey participants. A Prevention Needs report was completed and shared with community providers.
- SSP Vending Machines – Yale University implemented the first SSP Vending Machine in the State. This vending machine is located at 1302 Chapel St. In New Haven, and there were over 100 transactions through the vending machine during FY 24.
- The HIV Home Test Initiative – Implemented in 2019, as a response to COVID-19, the Program distributed 348 HIV Home test Kits in FY 24.
- The Ryan White Part B program introduced a regional format for provider contracting in FY 23. This move created a more efficient internal contract process going from 31 contracts to 7 using a regional format.

Hepatitis C Prevention and Surveillance

- Established Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) – In 2021, the Viral Hepatitis program held three meetings during FY 24. The advisory committee is comprised of clinical partners and stakeholders throughout the state. The goal is to create a viral hepatitis elimination plan for CT.

- HCV Testing – In FY24, there were 11,358 HCV Tests at CT DPH funded sites. Of these, there were 71 new HCV diagnoses. (.62%).

Tuberculosis Control Program

- Expanded provider education about, and implementation of a 6 month, all oral regimen for the treatment of multidrug resistant tuberculosis (known as BPaL).
- Successfully sponsored or conducted education and training opportunities for local health directors, public health nurses, and TB specialists. These sessions included: refresher phlebotomy classes, TB local health outreach meetings, local and regional conferences, targeted webinars about the TB Billing policy and processes, and refugee and immigrant health.
- Surveys about public health nurses’ knowledge about contact investigations and workforce capacities were conducted and analyzed during FY 24. The findings are being used for program evaluation and further targeted education for partners.
- Conducted intensive testing and modelling with DPH Informatics Program and two CDC branches to complete automated messaging of TB data to CDC as part of the MMG and HL7 requirements. Began testing the electronic laboratory reporting processes as they relate to TB data needs.
- Partnered with UConn Health Specialty Pharmacy to run a pilot project to assist TB patients during TB medication shortages during summer 2023; continued planning throughout FY2024 to modernize TB medication distribution.

STD Prevention and Control Program

- Successfully launched a campaign August 15 to December 11, 2023 “ Sexual Health is Health”. Campaign objectives were to increase the awareness of the significant rise of STDs nationally and within the state of CT, how to have positive sexual health discussions, normalizing discussions related to STDs, education about risk factors, and testing, treatment, and support resources. The campaign was featured on various platforms (social media posts, display banner, 2-30 sec videos, (1) 15-sec college campus digital signage, and radio/audio spots (Spanish/English). 17 million impressions appeared in the target market to reach key audience. Campaign messages reached unique users over 1.2 million times, over 82, 000 link clicks directly to the End the Syndemic website, and with over 51.7 K active and passive engagements on social media channels.

List of statutory reports generated in FY 24

- Advisory Committee on Medically Contraindicated Vaccinations Report, pursuant to CGS Section Section 19a-7r.

Public Service: Health Statistics and Surveillance Section

The Health Statistics and Surveillance Section consists of the State Office of Vital Records (OVR), the Connecticut Tumor Registry (CTR), Survey Unit, and the Surveillance Analysis and Reporting Unit (SAR).

The OVR carries out general supervision over the collection and preservation of records and data for vital events occurring in Connecticut and is responsible for the implementation and maintenance of the state-wide birth, death, fetal death, and marriage data collection and registry systems. The OVR continues to modernize its registry systems and is currently transitioning the paper-based Fetal Death system to an Electronic Fetal Death Registry System. The office has been engaged in several interoperability projects in 2024, including FHIR (Fast Healthcare Interoperability Resource) testing utilizing APIs (Application Programming Interface) to facilitate immediate data exchange with NCHS/CDC. The OVR has successfully completed the required NCHS/CDC FHIR Pre-certification and Certification and will begin data exchange using the FHIR APIs in Production environment in third quarter 2024. FHIR data exchange

will vastly improve the accuracy and timeliness of reporting deaths to the National Center for Health Statistics. The OVR has also established an FHIR API data exchange with the Office of Chief Medical Examiners Case Manager system and is expected to move to Production upon successful completion of testing and validation.

The Connecticut Tumor Registry (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, to assist in planning cancer control interventions and to support epidemiologic research. The CTR continues to work with reporting facilities to increase the electronic reporting of pathology via HL7 messages. Initiatives involving the National Cancer Institute and external vendors are underway to support this work.

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, the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey, which is administered in Connecticut as the CT School Health Survey (CSHS). Adults are surveyed via telephone and high school students are surveyed in the school setting. The BRFSS is a major data collection tool in chronic disease surveillance. Data collected by the Survey Unit 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.

The Surveillance Analysis and Reporting Unit (SAR) analyzes and interprets vital statistics, hospital discharges, and hospital quality of care data, shares this data with stakeholders, and publishes reports on key health indicators that are used to inform programs and policy. SAR serves as the lead for population estimates for the State of Connecticut and works in collaboration with the US Census Bureau to produce Connecticut's annual state, county, and town population estimates which are used for state and local funding allocations and for population-based surveillance metrics. When necessary, SAR develops additional population estimates for Connecticut to support state governance.

Improvements/Achievements

- Improved timeliness in reporting of CT deaths with the Statewide Implementation of Electronic Death Registration System with 95% of all deaths filed electronically through July 2024.
- Implemented FHIR (Fast Healthcare Interoperability Resource) in the Electronic Death Registry System to support real-time data exchange with NCHS/CDC and Office of Chief Medical Examiner.
- The OVR completed the required NCHS/CDC FHIR (Fast Healthcare Interoperability Resource) Pre-certification and Certification and is certified to exchange data real-time with NCHS through FHIR APIs in Production.
- For 2023, 35,551 births, 32,904 deaths, and 22,544 marriages were recorded in Connecticut.
- In 2023, 14,672 vital record certificates were issued, parentage was documented on the birth certificate for 12,284 children, 731 adoptions were processed, and 175 birth certificates documenting sex changes were processed.
- Death certificate data and statistics were provided to 15 state agencies to purge decedents from administrative systems, prevent improper pension payments, reduce fraud, and support government operations.
- The release of the Connecticut Registration Report for Vital Events Occurring in 2020 showed that Heart disease, Cancer, and COVID-19 were the top three leading causes of death statewide while COVID-19 was the leading cause of death among non-Hispanic black and Hispanic residents. Overall, 5,805 deaths in 2020 were directly attributed to COVID-19 with two-thirds of the deaths occurring in the first three months of the pandemic.

- 25,747 new cancer cases diagnosed in 2021 were registered by the CTR, indicating that incidence of cancer in the state has returned to levels observed prior to the pandemic. A similar pattern has been seen in cancer registries across the US.
- Revisions to the Regulations of Connecticut State Agencies pertaining to the CTR were approved, effective March 2023. The revisions allow the CTR to require reporting entities to submit information electronically in a format and process prescribed by the Department. CTR has continued to work with facilities across the state to transition to electronic pathology reporting via HL7 messages; the registry has started to receive HL7s from a number of additional facilities and is working to onboard the remainder of facilities for HL7 reporting.
- Over 9,000 BRFSS adult health surveys were collected in calendar year 2023 and over 4,800 BRFSS adult health surveys from March-June 2024. Additionally, 232 out of 321 (73%) high school principals and 225 out of 321 (70%) of health education teachers participated in the YRBS school profile survey conducted in Spring of 2024.
- CT BRFSS and CSHS data continue to contribute to cannabis-related surveillance, such as cannabis use, demographics, risk factors, and trends related to cannabis consumption in Connecticut among youth and adults, per legislative mandate (Connecticut Public Act 21-1).
- HSS staff submitted competitive applications in response to two CDC Notices of funding Opportunities for the next 5-year cycle of the BRFSS, as well as the next 5-year cycle of School-Based Surveillance for adolescent health. Both awards, if received, will be Cooperative Agreements with the CDC.
- DPH contracted with the CT Data Collaborative to assess and improve the accuracy of Connecticut's population estimates, initiate an educational campaign on data literacy around population estimates, and establish strategic plans for producing local area estimates with demographic characteristics for 2021-2030 and population projections to support surveillance and planning. In 2023, four municipalities had corrections to Census 2020 data approved by the Census Bureau and 2022 housing unit data was revised in consultation with DECD.

List of statutory reports generated in FY 24

- October 2023 Legislative Report to the General Assembly: Adverse Event Reporting for Years 2019-2022 pursuant to CGS Sec. 19a-127n (d).
- DPH Commissioner certified and published the 2022 state and town population estimates pursuant to CGS Sec. 19a-2a.

Public Service: Environmental Health and Drinking Water Branch

The Environmental Health and Drinking Water (EHDW) Branch includes the Drinking Water Section (DWS), the Environmental Health Section (EHS), and other Branch Units. EHDW works to address safe public drinking water and environmental health through consistent and proficient regulatory oversight. EHDW also assists CT residents, towns, local health departments, sister state agencies and key stakeholders by providing evidence-based technical assistance that improves public health, with a focus on health equity.

DWS is responsible for the administration and implementation of state and federal public health-focused drinking water laws and regulations. This includes the EPA's Safe Drinking Water Act (SDWA) and other state public drinking water laws. Additionally, the DWS administers the Bipartisan Infrastructure Law which provides loan funds for various drinking water projects through the Drinking Water State Revolving Loan Program. The DWS directly oversees and administers regulatory compliance and

enforcement to Connecticut's 2,365 public drinking water systems, which provide public drinking water to approximately 2.927 million people daily. The DWS is committed to protecting and promoting healthy people in healthy Connecticut communities by ensuring the use and distribution of high-quality public drinking water.

EHS is responsible for evaluating environmental health conditions that impact human health. EHS provides evidence-based technical assistance, enforces relevant statutes and Regulations of Connecticut State Agencies, and implements relevant public health policy. EHS comprises programs that are diverse in their scope and oversight of both regulated and unregulated professions and entities: Asbestos, Environmental & Occupational Health Assessment, Environmental Engineering, Food Protection, Radon, and Recreation.

The Programs that reside in the EHDW Branch include the Grants and Administration Unit, the Environmental Laboratory Certification Program (ELCP), the Emerging Contaminants Unit (ECU), the Licensing and Certification Program and the Lead Hazard Reduction and Control Unit. The programs in the Branch support initiatives and regulatory responsibilities that span both DWS and EHS. Grants and Administration provides support and oversight of federal grant applications and reporting and other business functions of the Branch. The ELCP supports testing and identification of contaminants in environmental media by ensuring that laboratories are following protocols and standardized methods. The ECU addresses unregulated contaminants in both public drinking water and private well water and is currently focusing on adopting and implementing the National Primary Drinking Water Rule for PFAS into CT regulation and is managing the Bipartisan Infrastructure Law's Emerging Contaminants in Small or Disadvantaged Communities Grant Program. The Licensing and Certification Program oversees licensed environmental practitioners and certified public water system operators. The Lead Hazard Reduction Control Unit supports programs that address removing lead hazard exposures and include both the Lead Poisoning Prevention Program and the Volunteer Testing of Lead in Drinking Water at Schools and Child Care Facilities.

Achievements:

- Held monthly informational webinars for the state's public water systems (PWS), environmental labs, and certified drinking water operators.
- Offered environmental laboratory certification in 1593 analytes/methods, including 3 PFAS certification methods (533, 537.1, and 1633).
- Environmental Health staff compiled 2023 beach season monitoring data from laboratories for indicator bacteria at CT's shoreline public bathing beaches, performed QA/QC, and submitted data to EPA for posting to the national beach map. Staff have also initiated a process to modernize the collection, reporting and visualization of beach monitoring data.
- Environmental Health staff reviewed and provided comments on the US Environmental Protection Agency's draft National Primary Drinking Water Regulation for PFAS. One of the comments identified a numerical error that EPA corrected in the final regulation.
- Collaborated with the Interagency Drought Workgroup to regarding long-term drought preparedness actions prescribed by the Connecticut Drought Preparedness and Response Plan.
- Continued to work with state lab, sister state agencies, local health, and other stakeholders to address PFAS, Lead, and other emerging contaminants in drinking water.
- DWSRF Funding
 - Executed 18 DWSRF loans for \$73.7 million, with \$22.9 million in principal forgiveness. This includes 5 DWSRF loans for small water systems, including one under the Small Loan Program totaling \$20 million with \$7.3 million in principal forgiveness.
 - Executed first DWSRF loan for Lead Service Line Replacement using Bipartisan Infrastructure Law (BIL) Lead Service Line funding coupled with State Grant-In-Aid.

- Processed project payment reimbursement requests totaling approximately \$35.7 million in DWSRF funds.
- Worked with applicants on projects expected to progress to loan agreements in SFY 2025 and beyond, which includes the 3rd year of BIL funding.
- Processed 59 new DWSRF applications totaling \$169.3 million in requested funding. This amount increased the overall request for DWSRF funding to a little over \$1.3 billion.
- Investigated 17 in state food born outbreaks and participated in 10 multi-state investigations.
- Certified 19 new food inspectors and 7 Food Inspector Training Officers.
- Conducted case investigations and provided technical assistance to over 50 Connecticut workers with elevated blood lead levels over 20 ug/dL.
- Provided occupational health training focused on hearing protection and workplace safety to over 2,500 Connecticut high school students at three career fair events.
- Provided technical assistance and multi-disciplinary support for *Legionella* to over seven facilities in Connecticut.
- The Private Well Program responded to 825 requests for technical assistance.
- The Private Well Program applied for and received grant funding from CDC to continue efforts to promote private well testing. Established the Lead Hazard Reduction and Control Unit to centralize programs that manage and identify lead hazards.
- Applied for funding for Federal Fiscal Years (FFY) 22/23 and FFY 24 rounds of the Environmental Protection Agency's Emerging Contaminants in Small or Disadvantaged Communities Grant Program, a program within the Biden Administration's Bipartisan Infrastructure Law. Developed workplans and was conditionally awarded FFY 22/23 funding. FFY 24 award is expected to be announced in September of 2024.

Inspections and Actions

- Conducted and completed 336 inspections of Public Water Systems (PWS), including sanitary surveys, level 1 and level 2 assessments, and technical assistance meetings.
- Processed 434,309 PWS drinking water sample results for compliance with the SDWA.
- Conducted approximately 90 technical water system project reviews including new source, storage, pumping systems, chemical treatment, optimal corrosion control, and certificate of public convenience and necessity (CPCN) review and approvals.
- Reviewed and processed approximately 105 PWS Screening Forms and 322 level 1 and 2 assessments.
- Issued 171 initial CT DPH Water Operator Certifications.
- Processed 402 Drinking Water Operator Certification Renewal Applications.
- Issued 193 Evaluations of Large Public Water System Cross Connection Survey Reports.
- Conducted 49 site visit technical assessments for the placement of large capacity subsurface sewage disposal systems.
- Conducted 30 technical plan reviews pursuant to PHC Section 19-13-B103d for large Subsurface Sewage Disposal System approvals and recommendations for the local director of health to approve or deny construction permits.
- Conducted 459 reviews of exception application requests for well separating distance to a repaired subsurface sewage disposal system, central subsurface sewage disposal system, off-site system and holding tank usage.
- Conducted 37 technical plan reviews pursuant to PHC Section 19-13-B33b for the approval of public pools.
- Conducted 35 regulatory inspections to approve the construction or equipment used for a Public Pool.

- Received results for 65,681 children under age six that were tested for lead poisoning; 1,562 children had elevated blood lead levels that required follow-up.
- Conducted six lead inspector/risk assessor refreshers for LHDs with over 220 attendees in total.
- Conducted 82 on-site inspections to assess lead abatement contractor adherences to regulations.
- Distributed 3,641 radon testing kits to local health districts, local housing authorities, Waterbury Lead and Healthy Homes Program, Day Kimball Hospital and the Yale-New Haven Health Lung Cancer Screening Department.
- Provided training to 24 radon professionals to qualify them to perform radon testing in CT's public schools.
- Provided toxicological information and assistance to DEEP's Emergency Response Unit to support their response to 17 hazardous materials spills/incidents, including two responses involving fentanyl releases.
- Provided technical assistance and multi-disciplinary support for legionella to over seven facilities in Connecticut.
- Received 3,969 Asbestos Abatement and Demolition Notification Forms; 1,915 of them were sent to Local Health and Building Departments to streamline their demolition permit process.
- Approved 205 emergency abatement and demolition projects.
- Reviewed and approved 42 Asbestos Training Courses.
- Approved 26 Asbestos Abatement While School is in Session Applications included (9 with inspection included).
- Conducted 122 routine inspections of the abatement projects.
- Investigated 26 complaints filed with the Asbestos Program.
- Completed 16 technical assistance activities and 40 health education and community involvement activities pertaining to a variety of hazardous waste sites and topics.
- Reviewed toxicology information for 56 toxicity values associated with 28 proposed additional polluting substances to support DEEP waste site cleanups under the CT Remediation Standard Regulations. Approved 52 renewals and 4 initial environmental laboratory certifications.
- Approved 16 Environmental Laboratory Director applications.
- Conducted 22 environmental laboratory on-site evaluations.
- Provided technical assistance on emerging contaminants to Public Water Systems (PWS), municipalities, or private residents across 14 towns, 13 public water systems, 5 Public Health Districts and 2 schools.
- Continued compiling and reviewing PFAS analytical results of PWS during year 2 of the EPA's Fifth Unregulated Contaminant Monitoring Rule (UCMR 5) and assisting with technical and risk management support for public water systems, local health departments and districts and communities when needed.
- Reviewed toxicology and developed outreach materials and created a new webpage and health advisory updates for Lithium in drinking water when public water systems detected lithium during UCMR 5 testing.
- Reviewed Aqueous Film Forming Foam release within a public drinking water supply source water area resulting from a car accident to ensure the foam used did not contain PFAS or other contaminants that could affect the drinking water supply.
- Initiated review of the Safe Drinking Water Act's PFAS National Primary Drinking Water Rule and adoption into the Regulations of Connecticut State Agencies.

List of statutory reports generated in SFY 24

- DWSRF Intended Use Plan including Project Priority List, pursuant to CGS Sec. 22a-478 (h).
- DWSRF Annual Report to the Governor pursuant to CGS Sec. 22a-478 (o).

- Annual report on water planning process (Water Utility Coordinating Committees), pursuant to CGS Section 25-33n, provided to CT State Legislature.
- Annual Operator Certification Program (OCP) Report, provided to EPA.
- Annual Compliance Report for Calendar Year 2023 provided to EPA by July 1, 2024.
- Triennial Governor's Capacity Development Report and EPA Annual Capacity Development Report for SFY23 provided to EPA by 9/30/2023.

Public Service: Local Health Section

The Local Health Section (LHS) is responsible for ensuring the delivery of public health services at the local level. The mission of the LHS is to work with local partners to fulfill statutory and regulatory requirements through providing certain essential public health services statewide. DPH provides per capita grants-in-aid to local health departments and districts meeting the requirements under CGS [Sec. 19a-202](#) (municipal) and [Sec. 19a-245](#) (district). DPH also provides other state and federal funding to local health departments and districts to support public health activities within their jurisdiction.

Improvements/Achievements

- Developed a Director of Health Team/SharePoint site for local directors of health to share pertinent information. Topics include, annual report best practices, meeting presentations, directors of health orientation information, and correspondence from the LHS. Each local health agency has their own folder with per capita information, directors of health and acting directors of health appointment information, and districting documents.
- Distributed \$9,258,661.07 in per capita funding grants in-aid to the 36 eligible local health departments and districts. The application for the funding was converted to an Excel spreadsheet with formulas to eliminate the math errors. The Director of Health SharePoint site is used for the distribution and submission of the application and associated documents. Guidance documents for funding were developed and sent to local health departments and districts. Applications for the departments/district were reviewed, approved, and payments were issued.
- Closed out the Epidemiology and Laboratory (ELC1) contracts for the 24 local health departments/districts that elected to extend their ELC1 contracts to December 21, 2023. During the COVID-19 pandemic response, the Department of Public Health allocated \$20 million for local departments and districts for the epidemiological functions of the COVID-19 public health response. The Local Health Section coordinated the distribution of this funding to the local health departments and districts through the 'Non-PO Voucher' mechanism as described in the agency's Administrative Preparedness Plan. This entailed the allocation of funding based on per capita and poverty level data, the development of guidance documents for applications (i.e., workplan activities, outputs, and budget development), review and approval of 60 workplans and budgets, and the subsequent review and approval of both fiscal and programmatic reports from all funding recipients.
- Created a weekly automated process utilizing MS Forms, Power Automate, and Power Query to establish a systematic and timely approach of communicating local health directors' planned absences to DPH managers and supervisors. This process sends out weekly communications detailing which director of health will be absent, duration of absence, who will serve as acting director and relative contact information. This process was an improvement towards strengthening communication especially for situational awareness in the event of an emergency.
- Integrated a dynamic map using the [CT Open Data](#) Portal and [Datawrapper](#) into the Office of Local Health Administration's [website](#). This improvement allowed the public to easily find and download their local health contact information. It also reduced duplicative efforts when updating contacts saving staff time and effort. Additionally, OLHA worked with the [Data and Policy](#)

[Analytics – GIS Office](#) to use the data in the CT Open Data Portal in an [ArcGIS map](#) which shows geographic divisions of local health departments and districts and other important data regularly used by multiple programs within the Agency. These maps also run utilizing automated processes.

- Developed a check list for organizing the Commissioner’s Director of Meetings. The checklist outlines the various tasks to be completed. Staff persons can be assigned to a task and then indicate when the task is completed. All staff have access to the checklist to view the status of tasks and who is responsible for completion. The checklist also serves as a training tool for new staff.
- Successfully held a virtual Commissioner’s Directors of Health Meeting on December 13, 2023. The meeting focused on the Lead American Rescue Plan Act (ARPA) funding to address Childhood Lead Poisoning, Workforce Development, and the Opioid Response in Connecticut. A local director of health participated in the Workforce Development and Opioid Response in Connecticut presentation by sharing their jurisdiction’s programs and perspectives. The recording was uploaded to the directors of health SharePoint site for future use by directors of health.
- Completed the development of an updated interactive orientation for local directors of health and acting directors of health. The orientation focuses on the roles and responsibilities of a Director of Health. This initiative was undertaken in accordance with the CDC Public Health Crisis Response Cooperative Agreement to expand, train, and sustain the State, Tribal, Local, Territorial public health workforce to support jurisdictional COVID-19 prevention, preparedness, response and recovery initiatives. The orientation is now live on TrainCT.org; training plan number 7529.
- Collaborated with DPH Legal and CGMS to streamline local health contracting processes (e.g., review of contract drafts, requests for proposals and personal service agreements) for local health departments and districts, which included the 44 Immunizations contracts, 34 ELC2 contract extensions, 55 Workforce Development contracts, and two contract extensions for 22 field staff placed at DPH by the CDC Foundation. Assisted local health departments and districts with CORE-CT access, training, and reporting compliance.
- The Local Health Section coordinated biweekly meetings, also known as the Local Health Call, for local public health agencies to discuss general topics of interest. The Connecticut Association of Directors of Health (CADH) shared the responsibility of developing an agenda and hosted one meeting every month.
- To ensure continuity of operations at the local level the Local Health Section collaborated with local directors of health, chief elected officials, and board chairs to increase the number of approved acting directors of health. Currently, of the 59 local health departments and districts, 39 have a locally appointed acting director of health approved by Commissioner Juthani and 18 have agreements with other departments or districts to provide coverage when the director of health is absent.

List of statutory reports generated in FY 24

- No reports

Public Service: Office of Climate and Health

The Department of Public Health’s Office of Climate and Health (OCH) was established through Executive Order 21-3 in 2021. Specifically, OCH was charged with working at the intersection of climate change and health equity by implementing adaptation actions to address extreme heat and weather, air quality, vector-borne diseases, resilient public and private drinking water systems and sources, water-related illnesses, food security, and mental health needs during and post disaster response and recovery,

among other climate hazards. In a complement to adaptation efforts, OCH also prioritizes and leverages partnerships with local health departments and districts (LHD/s) to increase climate resiliency at the municipal level. Lastly, OCH seeks to build agency resiliency through intra-agency collaboration and strategic planning.

Improvements/Achievements

- OCH is in its third year of administration for the CDC’s Building Resilience Against Climate Effects (BRACE) grant. In FY 24, the following actions were achieved:
 - Survey to Develop Climate and Health Equity Training Curriculum was created and disseminated in December of 2023 to all LHD Directors. The survey was completed by 42% of Directors and forms the basis of the Climate and Health Equity Training Curriculum.
 - The Climate and Health Equity Coalition (“the Coalition”) convened on January 30, 2024, and met again on April 17, 2024. This technical assistance group meets quarterly and advises in the implementation of BRACE activities to advance health adaptation and resiliency planning, and to address climate-related health equity concerns. The Coalition is made up of an interdisciplinary group of people from other state agencies, LHDs, nonprofits, community-based organizations, advocates, and academic partners.
 - OCH and the Yale Center on Climate Change and Health (YCCCCH) hosted the first annual Climate and Health Equity Symposium (“the Symposium”) on March 6, 2024. It was the first conference dedicated to climate change and public health in the state. OCH led a presentation on BRACE-related work, including an introduction to the Office of Climate and Health and its strategic goals. The Symposium was attended by 167 participants.
 - In April of 2024, OCH and YCCCCH concluded a selection process for two pilot grant awardees from LHDs to engage in local heat and air quality preparedness and response planning. Funding has been allotted for two years and the selection process for two additional LHDs will begin later this year.
 - In May of 2024, OCH onboarded two graduate interns from the Yale School of Public Health for a year-long practicum experience. They are spearheading work related to the BRACE grant.
 - In June of 2024, work commenced on the Climate and Health Equity Training Curriculum. It consists of five core modules: extreme weather, temperature, air quality, water and food-borne illnesses, and vector-borne illnesses. Within each module, there are sections on related health outcomes, mental health considerations, social disparities and health equity considerations, future implications and projections, and resiliency strategies.
- OCH is in its second year of administration for the EPA’s Community Air Quality Monitoring grant. Though work is in its initial stages, OCH’s primary role is to facilitate partnerships between four sub-awardees: Naugatuck Valley Health District, Yale School of Public Health, University of Connecticut, and Yale-Griffen Prevention Research Center.
- OCH is committed to increasing agency knowledge and resiliency related to climate hazards and health outcomes. As part of this initiative, OCH presented during an all-agency meeting on February 28, 2024. The presentation included an introduction to OCH and its strategic priorities, explanation of key climate terms, like mitigation, adaptation, and health co-benefits, and ways in which OCH can provide technical assistance to existing programming.

List of statutory reports generated in FY 24

- No reports

Public Service: Office of the Chief Data Officer

In November 2023, the Commissioner hired a Chief Data Officer to lead the agency efforts with data modernization and to implement a data governance framework to guide DPH staff with how we collect, use, store, and report on the data collected by the agency. During the COVID-19 pandemic, it became apparent that the existing data procedures were limiting our ability to be responsive to the needs of leadership as well as the citizens of the state. Providing modern platforms and the ability to properly use them will increase our efficiency and response footprint and allow DPH to serve the right data, to the right people, at the right time.

Improvements/Achievements

- During the first half of 2024, the Office of the Chief Data Officer (OCDO) along with the BITS Customer Success Manager reviewed the technology options available for use that would allow DPH to be strategic and address concerns over sustainability. Options were explored and recommendations for leadership are being compiled and readied to be presented to the Project Advisory Team (PAT) and the Strategic Oversight Committee (SOC).
- The Data Advisory Team (DAT) was stood up and is in the process of becoming operational. The DAT will provide the data expertise to develop governance documents to include policy, standards, and guidance. The DAT will also work closely with DPH Legal for reviewing the legal authority to collect, use, store, and share all DPH data.
- The CDO has participated on Incident Management Teams for several events: providing general and specific data support. The CDO also represents the agency on several statewide committees and councils including the All Payers Claims Database Advisory Group, the Health Information Exchange Regulatory Advisory Subcommittee, Geographic Information System Advisory Committee, and the Health Information Technology Advisory Council.

List of statutory reports generated in FY 24

- No reports

Office of Firearm Injury Prevention

In March 2024, the Commissioner established the Office of Firearm Injury Prevention (OFIP) to elevate the work addressing various forms of firearm injury and death and to strengthen our response to a public health crisis impacting our communities. The mission of OFIP is to reduce firearm-related injury and death, fund and support effective programs, strengthen partnerships and collaboration, collect timely data on firearm-involved injury and death, evaluate effectiveness of programs, advocate for effective policies, determine community-level needs, and secure state and federal funding.

OFIP works in collaboration with experts, stakeholders, and community members to spearhead innovative strategies and programs designed to prevent firearm injuries, support efforts related to community gun violence intervention and prevention, as well as reducing suicides by firearms and the use of firearms in intimate partner violence. The office also supports the work of the Commission on Community Gun Violence Intervention and Prevention whose mission is to develop evidence-based, evidence-informed, community-centric gun violence prevention programs and strategies to reduce community gun violence in the state.

Achievements:

- Collaborated with CT Children's Injury Prevention Center to fund 8 community-based organizations (CBOs) that are implementing evidence-based, community-centric gun violence prevention programs across the state.

- Hired Public Health Services Manager and Health Program Associate and sustained an Epidemiologist to support the work of the office.
- Released a request for proposals (RFP) to evaluate the COB's programs. Proposal selected July 2024 and contract anticipated to be executed December 2024.
- Released a second RFP for CBOs to implement evidence-based, community-centric gun violence prevention programs. Proposals to be selected August 2024.
- OFIP supported the Commission on Community Gun Violence Intervention and Prevention that was formed in August of 2022. The Commission meets quarterly, five Subcommittees meet bi-monthly.

List of statutory reports generated in FY 24:

- No reports