

Department of Public Health



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At a Glance

JEWEL MULLEN, M.D., M.P.H., M.P.A., *Commissioner*

Established – 1878

Statutory authority - CGS Chap. 368a, Sections 19a-1a et seq.

***Central office - 410-450 Capitol Avenue,
Hartford, CT 06106***

Number of employees – 846

Recurring operating expenses -

Federal: \$148,960,173

State: \$111,454,054

Additional Funds: \$28,458,131

Organizational structure -

- **Administration**
- **Affirmative Action**
- **Agency Legal Director**
- **Communications/Government Relations**
- **Community Health and Prevention**
- **Family Health**
- **Health Care Quality & Safety**
- **Infectious Diseases**
- **Office of Health Care Access**
- **Health Statistics & Surveillance**
- **Public Health Preparedness and Response**
- **Public Health Laboratory**
- **Public Health Systems Improvement**
- **Regulatory Services**

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 is a partner to local health departments for which it provides coordination and a link to federal initiatives, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information for the governor, the General Assembly, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on positive health outcomes and assuring quality and safety, while also minimizing the administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

Public Service

Administration

The Administration Branch assures that department-wide administrative activities are coordinated and accomplished in an effective and efficient manner. The branch provides the following services across the agency:

Contracts and Grants Management Section

The Contracts and Grants Management Section prepares, issues, and manages contracts, grants and low interest loans in support of for-profit and non-profit service providers, federal and local governments, and individuals. The services funded by these contracts and grants provide otherwise unavailable health and/or support services to underserved residents of Connecticut and improve the Connecticut health care service infrastructure.

The section provides:

- Oversight and administration of the department's RFP/bid process used to solicit and review proposals from potential service providers and award contracts
- Oversight and administration of approximately 700 contracts, grants and loans totaling approximately \$500 million (\$200 million annually), in state and federal funds
- Support services to the department in the following contracting areas: training and education, fiscal oversight, compliance with state and federal regulations, contract

budget planning, approval processing, standardization of processes and documents, contract expediting and process and procedure guidance

- A liaison function between the department and the Office of Policy and Management, Office of the Attorney General, Department of Administrative Services, Office of the Treasurer, and the Office of the State Comptroller concerning contract and grant, bond fund and loan functions
- Collaboration with other state agencies and oversight units to improve inter-agency standardization and adoption of best practices

Fiscal Services

Fiscal Services is composed of two functioning subunits: Accounting and Budgeting, and the Business Office. The Accounting/Budgeting unit administers budget planning and preparation including the annual spending plan; monthly fiscal reports; fiscal impact statements related to legislation; accounting for expenditures against state, federal, and private funds; federal grant expenditure reporting; review of grant budget applications and allocation plans, and revenue accounting. The Business Office unit is responsible for accounts payable, purchasing, billing/accounts receivable, inventory/assets, travel reimbursement and the mailroom.

Human Resources

The Human Resources Section provides comprehensive personnel management to the department, including labor relations for seven bargaining units and managerial/confidential employees, recruitment, merit system administration, performance appraisal review, statistical personnel status reports, payroll, fringe benefit administration, classification work for appropriate job titles, and Performance Assessment and Recognition System for managers.

Informatics Section

DPH Informatics Section works both independently and in conjunction with the Department of Administrative Services, Bureau of Enterprise Systems and Technology (DAS/BEST), to provide the highest quality of support and services. Our services are delivered through two divisions, Infrastructure and Development. These divisions work closely together to provide the functionality and direction of Information Technology to the agency and external entities with interfaces to DPH internal systems. Responsibilities include strategic planning, maintaining critical agency infrastructure, providing platform services, operations services, networking services, application services and security services.

Affirmative Action/Equal Employment Opportunity

The Affirmative Action Office (AAO), also known as the Equal Employment Opportunity 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, gender identity or expression, marital status, national origin, ancestry, past or present history of mental disorders, mental disability, intellectual disability, physical disability (including blindness) or learning

disability, genetic information, sexual orientation, domestic violence, prior conviction of a crime, and/or previously opposing such discriminatory practices (regardless of substantiation).

Program responsibilities include:

- *Equal Employment Best Practices:* manage and direct department ‘best equal employment practices,’ supplier diversity for compliance with the law and outreach/recruitment programs
- *Enforcement and Auditing:* strategies and compliance to monitor in conformance with anti-discrimination laws and department policies to maintain workplace relations and administer programs and services in a fair and impartial manner
- *Affirmative Defense:* establish and disseminate department anti-discrimination policies and facilitate free on-site Diversity, Sexual Harassment Awareness Prevention and related training to provide strategies and remedies including the internal discrimination complaint procedure to prevent against the lowering of productivity and the increase of non-value-added costs
- *Internal Investigation and Mediation:* of complaints/allegations of discrimination/harassment within the 90 day timeframe, Americans with Disabilities Act Compliance Coordination and monitor the internal investigation program for patterns or practices that may impede full and fair participation
- *Affirmative Action Plan:* implement and compile the annual department plan submitted to the Commission on Human Rights and Opportunities (CHRO) in July of each year.

Agency Legal Director

The Agency Legal Director Office includes the Public Health Hearing Office, the Ethics Officer, the HIPAA Privacy Officer, and the Attorney General Designee. The Agency Legal Director is responsible for overseeing the legal activities of the office and providing legal support for the commissioner and agency.

The *Public Health Hearing Office* provides legal and administrative support for 15 professional licensing boards (e.g., the Connecticut Medical Examining Board, Board of Examiners for Nursing, etc.), and presides over hearings and renders decisions concerning:

- Individual licensing actions for providers who do not have licensing boards
- Appeals of orders issued by local health directors
- The Women, Infants and Children’s (WIC) program
- The need for new or expanded emergency medical services
- Disciplinary actions against day care, youth camp licensees, and health care facility licensees (e.g., long term care facilities)
- Voluntary and involuntary transfers of water companies/appeals of orders issued to water companies
- Involuntary discharges from residential care homes
- Maintains indices and the originals of all department decisions, and reports to federally mandated and private professional databases.

The Ethics Officer responds to ethics questions, provides training, conducts investigations, and makes referrals, as necessary; *the HIPAA Privacy Officer* conducts privacy training, responds to requests for personally identifiable health information, and generally ensures

HIPAA compliance; and, *the Attorney General Designee* represents the department in cases before the Commission on Human Rights and Opportunities (CHRO).

Communications/Government Relations

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

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

Community Health and Prevention

The Community Health and Prevention Section (CHAPS) works to improve the health of the overall population, especially its most vulnerable groups, by establishing opportunities that support healthy eating and active living through education, early detection and chronic disease prevention. The section is comprised of the following programs:

- Asthma Prevention
- Comprehensive Cancer
 - Breast & Cervical Cancer
 - WISEWOMAN
 - Colorectal Cancer
 - Comprehensive Cancer
- Diabetes Prevention and Control
- Epidemiology
- Genomics
- Health Equity Research Evaluation & Policy
- Heart Disease and Stroke Prevention
- Injury Prevention
- Multicultural Health
- Nutrition, Physical Activity and Obesity Prevention
 - Supplemental Nutrition Assistance (SNAP-Ed)
 - Coordinated School Health (CSH)
 - Community Transformation Grant (CTG)
 - Preventive, Health and Health Services Block Grant (PHHSBG)
- Tobacco Use Prevention and Control
- Women, Infant and Children Supplemental Food (WIC)

Family Health

The Family Health Section (FHS) administers and oversees services primarily intended to impact the health and well-being of all members of the family. The FHS is responsible for the Maternal and Child Health Services Block Grant (MCHBG), one of the largest federal block grant programs and the key source of support for promoting and improving the health of all the nation's mothers and children, including children with Special Health Care Needs.

FHS is comprised of four units, each of which is responsible to manage specific initiatives listed as follows:

- **Community Health and Support**
 - Birth Defects Registry
 - Early Hearing Detection and Intervention
 - Intimate Partner Violence
 - Sexual Violence Prevention
 - State Systems Development Initiative
 - Primary Care Office
 - Pregnancy Risk Assessment Monitoring System
 - Fetal and Infant Mortality Review

- **Office of Oral Health**
 - Home by One
 - Community Water Fluoridation Training
 - Dental Donated Services

- **Perinatal, Maternal, Infant and Early Childhood Health Programs**
 - Case Management for Pregnant Women
 - Family Planning
 - Healthy Choices for Women and Children
 - Federal Hartford Healthy Start
 - State Healthy Start
 - Maternal, Infant and Early Childhood Home Visiting
 - Personal Responsibility Education Program

- **Access to Care and Child Health Unit**
 - Autism Spectrum Disorder
 - MCH Information and Referral
 - Medical Home Initiative for Children and Youth with Special Health Care Needs
 - Respite Care and Extended Services for Children and Youth with Special Health Care Needs
 - Family Advocacy
 - Sickle Cell Disease
 - School Based Health Centers
 - Community Health Centers
 - Waterbury Health Access Program
 - Project Access New Haven

Healthcare Quality & Safety

The Healthcare Quality & Safety Branch regulates access to health care professions and provides regulatory oversight of health care facilities and services. The branch protects public health by ensuring competent and capable health care service providers. The branch consists of four major program components, which have responsibility for implementing state licensure and federal certification programs. The branch has the authority to investigate and take disciplinary action against providers who are in violation of the law or otherwise pose a risk to public health and safety.

The branch consists of the following sections and programs:

Facility Licensing & Investigations

- Licensing, certification and investigation of healthcare institutions, including:
 - o Ambulatory care services
 - o Clinical laboratories
 - o Dialysis facilities
 - o Home care and hospice services
 - o Hospitals
 - o Intermediate care facilities for the mentally retarded
 - o Nursing homes
 - o Outpatient surgical facilities
 - o Residential care homes
 - o Substance abuse and mental health treatment facilities

Practitioner Licensing and Investigations

- Licenses, certifies and registers health practitioners in 55 professions
- Licenses and inspects funeral homes, crematories and optical shops
- Investigates consumer complaints and other practice related issues involving licensed/certified/registered health care practitioners
- Administers the Connecticut Nurse Aide Registry
- Maintains the Physician Profile program
- Approves and inspects health practitioner education programs for nurses, nurse aides and barbers/hairdressers
- Oversees the review process for scope of practice determinations for healthcare professions

Office of Licensure Regulation and Compliance

- Processes agency caseloads in connection with prosecution of all individual healthcare practitioner disciplinary actions (approximately 77 professional licensure categories and over 215,000 total healthcare practitioners and certain licensed healthcare and environmental entities);
- Witness preparation and evaluation of investigative documents;
- Prepares formal charges, subpoenas and settlement agreements;
- Engages in formal administrative conferences and settlement negotiations pursuant to Uniform Administrative Procedures Act;

- Coordinates case prosecution with state and federal authorities as needed;
- Conducts all aspects of trial practice at formal administrative hearings;
- Provides legislative and regulatory support;
- Processes fingerprint-based criminal history record checks for a variety of categories of healthcare providers.

Office of Emergency Medical Services

- The Office of Emergency Medical Services administers and enforces emergency medical services statutes, regulations, programs and policies. Responsibilities include:
 - Developing the Emergency Medical Services (EMS) plan and training curriculum, including EMS for Children
 - Providing regulatory oversight of licensing and certifying emergency medical services personnel, licensing and certifying EMS agencies, facilities, and approving sponsor hospital designations
 - Conducting complaint investigations`
 - Inspection of emergency medical response vehicles
 - Coordinating emergency planning with the Department of Emergency Services and Public Protection (DESPP)
 - Integrating statewide electronic EMS and trauma system data collection
 - Provide technical assistance and coordination to facilitate local and regional EMS system development
 - Issuing trauma center designations

Infectious Disease Section

The Infectious Disease Section collects data to assess chronic and infectious disease and associated risk factors; identifies and responds to emerging infections, and conducts outbreak investigations and surveillance. The section is comprised of the following units and programs:

- Epidemiology
 - Emerging Infections
 - Foodborne Disease
 - Public Health Preparedness
 - Vector borne and Zoonotic Diseases
- Healthcare Associated Infections
- Immunizations
 - Registry & Program Support
- HIV/AIDS Prevention
- AIDS Health Care and Support Services
- HIV/AIDS and Viral Hepatitis Surveillance
- Sexually Transmitted Diseases
- Tuberculosis Control and Prevention

Office of Health Care Access

The major functions of the Office of Health Care Access (OHCA) include the administration of the certificate of need (CON) program; preparation of the Statewide Health Care Facilities and

Services Plan; health care data collection, analysis and reporting; and hospital financial review and reporting.

The CON program promotes appropriate health facility and service development that addresses a public need. The CON program strives to ensure accessibility for needed services while limiting duplication or excess capacity of facilities and services.

OHCA has statutory authority to gather and analyze significant amounts of hospital financial, billing and discharge data. Information collected, verified, analyzed and reported on includes hospital expenses and revenues, uncompensated care volumes, and other financial data as well as hospital utilization, demographic, clinical, charge, payer and provider statistics. The office produces an annual acute care hospital financial stability report and biennial utilization study reflective of these data analyses.

The office posts these reports on the website, as well as separate hospital utilization tables and financial dashboards and a page dedicated to assisting consumers with hospital billing and other hospital concerns. OHCA continues to review requests by consumers to verify that their hospital charges are in agreement with the hospital charge masters.

Health Statistics & Surveillance

The Health Statistics & Surveillance Section consists of the Vital Records Registry, the Connecticut Tumor Registry, and the Surveillance Analysis and Reporting Unit.

Vital Records Registry

The State Vital Records Registry maintains a statewide registry of all births, marriages, deaths, and fetal deaths that have occurred in Connecticut since July 1, 1897. The registry:

- Issues certified copies of birth, death and marriage certificates to the public
- Provides vital record data to the Centers for Disease Control and Prevention/National Center for Health Statistics as part of the Vital Statistics Cooperative Program
- Maintains the state paternity registry and collaborates with the Department of Social Services and obstetric hospitals to encourage unwed couples to establish paternity
- Processes all adoptions for Connecticut-born children, foreign-born children adopted by Connecticut residents, and adoptions finalized in Connecticut

Connecticut Tumor Registry

The Connecticut Tumor Registry is a population-based resource for examining cancer incidence and trends in Connecticut. The registry's electronic database of over 850,000 cancers includes all reported tumors diagnosed in Connecticut residents from 1935 through 2011, as well as treatment, follow-up and survival data. All hospitals and private pathology laboratories in Connecticut are required by law to report cancer cases to the registry. These data are used to estimate the cancer burden in Connecticut residents and to assist in planning cancer control interventions.

Surveillance Analysis and Reporting

The Surveillance Analysis and Reporting Unit is responsible for the collection of health morbidity and mortality data, and the enhancement of statewide registries for births, deaths and marriages in Connecticut. The section analyzes and interprets vital statistics, adult and youth health surveys, hospital discharge and hospital quality of care data, and chronic disease surveillance. It also calculates, certifies, and publishes the annual population estimates of 169 Connecticut municipalities for years between the decennial U.S. census enumerations. Our mission is to provide timely and accurate information to the public, students, school districts, local health organizations, health departments, colleges and universities.

Public Health Laboratory

The Public Health Laboratory serves all communities in the state through the analysis of clinical specimens and environmental samples submitted by federal and state agencies, local health departments, clinical laboratories, health care providers, and water utilities. The laboratory provides over 2 million test results on approximately 250,000 specimens and samples it receives each year. Although the laboratory does not charge sister agencies or local health departments, the value of these testing services is over \$7 million per year. Analytical data are used to monitor for agents harmful to the public health, identification of the cause of outbreaks, and assure that control measures (e.g., vaccines, antibiotics, environmental remediation) are effective. The laboratory is comprised of the following testing sections:

Biological Sciences – This section tests for infectious agents in humans, animals, food and water, and provides reference testing in support of epidemiological surveillance and outbreak investigations. Laboratory services exclusively provided by the Connecticut Public Health Laboratory include:

- Testing for emerging infectious diseases
- Testing for surveillance and outbreak investigations
- Animal testing for rabies
- DNA fingerprinting of foodborne pathogens
- Identification of agents of bioterrorism
- Screening of all Connecticut newborns for the presence of approximately 45 inherited disorders that cause severe mental and/or physical illnesses, which are treatable if identified early.

Bio-monitoring – This section provides testing services for Connecticut’s uninsured for the presence of elevated lead from exposure to lead-based paint, folk remedies, or other sources.

Environmental Chemistry – This section tests for over 100 toxic chemical agents in public drinking water supplies, private wells, rivers, lakes and streams, wastewater, spills, and soils. This section also provides analytical services for testing consumer products and other materials where there is a potential for exposure to hazardous materials such as lead based paint. Other services include monitoring of the nuclear power industry, serving on the state’s nuclear response team, and maintaining preparedness and capabilities to respond to radiation

emergencies. The laboratory is also designated as the state's Chemical Terrorism Response Laboratory in the event of a terrorist attack involving chemical agents or Weapons of Mass Destruction (WMDs).

Public Health Preparedness and Response

The DPH Office of Public Health Preparedness and Response (OPHPR) is responsible for the development and implementation of the state's public health emergency plan and initiatives. The office ensures compliance with all state and federal mandates with respect to preparedness and response, and directs department operations during emergencies. The office is also responsible for identifying and securing grants in support of the state's public health preparedness efforts and coordinating the federal Centers for Disease Control and Prevention's Public Health Emergency Preparedness, Bioterrorism Laboratory and the Hospital Preparedness Program cooperative agreements.

Deployment of the Strategic National Stockpile, Mobile Field Hospital, Mass Casualty trailers, Mass Casualty Management, City Readiness Initiative, Health-related Nuclear Emergency Response, Medical Reserve Corps, Mass Fatality Management and Disaster Medical Assistance Team are managed and coordinated through OPHPR. Statewide public health and healthcare communications are coordinated by OPHPR in collaboration with Division of Emergency Management and Homeland Security (DEMHS). The office partners with DEMHS and the Military Department for the New England Disaster Training Center, a training facility that offers unique hands-on training focused on preparing civilian and military disaster responders.

Public Health Systems Improvement

Public Health Systems Improvement is responsible for managing, coordinating and supporting organization-wide and multi-sector activities that result in measurable improvements of public health structures, systems and outcomes. Federal funding from the Centers for Disease Control and Prevention provides a five year Cooperative Agreement to help state agencies initiate a culture of quality and improve efficiency and effectiveness of public health programs and services, while enhancing readiness for national public health accreditation. Specific activities include:

- Implementing quality improvement processes and establishing an agency performance management system that are developed and managed using a data driven focus;
- Development of the three pre-requisites for accreditation that includes an agency strategic plan, statewide health assessment and statewide health improvement plan.
- Organize, plan for, and coordinate agency activities and documentation toward meeting national accreditation standards.
- Provide quality improvement training, coaching, and technical assistance opportunities to public health personnel.

These activities are tied to grant performance measures that are monitored annually.

Regulatory Services Branch

The Regulatory Services Branch has regulatory oversight of the state's drinking water systems, child day care facilities, youth camps, environmental services, and local health administration. Programs include licensure, investigation, and enforcement action against suppliers/providers that are in violation of the law or otherwise pose a risk to public health and safety. The branch also operates prevention programs focusing on health education. Providing technical assistance to local health departments and licensed providers is a priority.

The branch consists of:

Community-Based Regulation Section

Licensing, technical assistance, and investigations of facilities, including:

- Child Day Care centers
- Group Day Care homes
- Family Day Care homes
- Youth camps

Environmental Health Section

The Environmental Health Section (EHS) is comprised of ten programs, which are diverse in their scope, and oversight of both regulated and unregulated professions/entities. The section works closely with local health departments and a licensed workforce of practitioners to provide technical assistance, training, and risk assessment on emerging environmental health issues. EHS also manages the initial licensure of environmental health practitioners, and assures regulatory activities are executed in accordance with established standards of practice, regulations, and statutes.

Programs within EHS include:

- Asbestos
- Environmental Engineering
 - On-Site Subsurface Sewage Systems
 - Mausoleums, Crematories and Private Burial Grounds
- Environmental Laboratory Certification
- Environmental and Occupational Health Assessment
 - Environmental Public Health Tracking
 - Toxicology
 - Occupational Health
 - Agency for Toxic Substances and Disease Registry
 - Indoor Environmental Air Quality
- Environmental Practitioner Licensure
- Food Protection
- Lead and Healthy Homes
- Private Wells
- Radon
- Recreation
 - Bathing areas

- Beaches
- Public pools
- Family campgrounds

Drinking Water Section

The Drinking Water Section (DWS) is responsible for the administration of state and federal public health-focused drinking water laws and regulations, and is dedicated to assuring the purity and adequacy of our state's public drinking water sources. The DWS is committed to protecting and improving the health of the people of Connecticut by assuring high quality public drinking water. DWS provides technical assistance, education and regulatory enforcement to over 2,600 public drinking water systems, which provide public drinking water to approximately 2.7 million persons on a daily basis.

The section maintains a commitment to drinking water treatment and monitoring, sanitary review of all public water systems statewide, drinking water source protection, water supply planning and consumer education in order to assure and maintain the high standard of public drinking water for Connecticut's residents, thereby promoting healthy people in healthy Connecticut communities.

The following units make up the Drinking Water Section:

Compliance Regions North and South - responds to acute water quality violations, water supply emergencies, and security incidents. The regions are also responsible for completing approximately 700 routine sanitary surveys of public water systems a year and technical project reviews. Compliance region staff provide daily technical assistance and response to public water systems.

Enforcement and Certification Unit - handles all enforcement actions for the Drinking Water Section and also ensures that community and non-transient non-community public water systems are being operated by properly certified individuals. This unit certifies approximately 1,500 public drinking water system operators.

Information Systems Unit - manages all of the data systems used by the Drinking Water Section and determines public water system compliance based on approximately 500,000 water quality samples a year.

Grants and Admin Support Unit – responsible for Connecticut's public drinking water grants which total over 10 million dollars a year, Drinking Water Section grant administration, office support services and other administrative functions.

Statewide Public Water Supply Planning Unit – coordinates statewide and regional planning of public water systems to ensure the purity and adequacy of all public drinking water supplies with a focus on assuring adequate high quality public drinking water over the next fifty years

Capacity Development Unit - oversees the Drinking Water State Revolving Fund which provides millions of dollars in low interest loans and subsidies to Connecticut public water systems' each year for important drinking water infrastructure projects. In state Fiscal Year 2013, over 40 million dollars in loans were issued for improvements to Connecticut's public drinking water infrastructure.

Source Water Protection Unit - responsible for the purity of Connecticut's 2,600 surface and ground water drinking water supply sources through regulation and guidance of activities within source water areas. These areas comprise over 18% of the land area in Connecticut. Annually the unit reviews approximately 600 activities/proposals in source water areas and issues approximately 95 permits, including approximately 60 approvals for new sources of public drinking water.

Local Health Administration

Local Health Administration is the primary interface and liaison between the department and Connecticut's local health departments/districts (LHDs). Responsibilities include:

- Advising the commissioner on the approval of appointments of local directors of health and acting directors of health.
- Coordinating an orientation for newly appointed and employed local health officials (e.g., Board of Health members, senior local health staff local health nurses, etc.).
- Providing technical assistance and consultation to Department of Public Health programs, local health directors, other public health partners, local officials and residents on local public health issues and health promotion activities.
- Administering per capita grants-in-aid for LHDs.
- Assisting other DPH programs with local health contract compliance issues.
- Planning and coordinating the commissioner's semi-annual meeting for local directors of health.
- Maintaining a current local health department/district database and directory.
- Collecting annual reports from local health departments, analyzing the data and distributing the data to DPH programs, local health departments, other public health partners and the legislature, when requested. Working with local health departments to integrate and promote integration of the National Public Health Performance Standards.
- Collaborating with local health departments/districts to define a fully functional local health system in alignment with national performance standards.
- Sending routine and emergency communication via the Connecticut's Health Alert Network (HAN) and assisting local health departments with the development of local HANs.
- Administering the Local Health Management System (LHMS) in Maven. Training and providing technical assistance to DPH and local health department users.
- Strengthening Connecticut's public health infrastructure by collaborating with other Department of Public Health programs, state and federal agencies and professional organizations.

- Coordinating and planning conference calls with local health departments to enhance communication.
- Mediating and resolving resident complaints involving local health department services.

Improvements/Achievements FY 2012-13

Highlights

- DPH completed a formal Organizational Strategic Plan, and a State Health Improvement Planning Coalition was convened comprising representatives from more than 100 state, local, and tribal agencies, businesses, academic institutions, health care facilities and providers, and community services. Coalition members and other stakeholders developed goals, objectives, and strategies for inclusion in a comprehensive plan to improve the health of Connecticut residents by 2020. These initiatives help to identify priorities, focus and leverage resources toward organizational and health improvement goals, and prepare the agency for national accreditation by the Public Health Accreditation Board.
- Quality improvement projects are in process to improve efficiency in contracting, accounts payable, cancer case ascertainment, rendering of Certificate of Need decisions, health data availability, and management of hepatitis C clients. A performance management IT system is under development to monitor program outcomes across DPH and share accomplishments through the website.
- DPH continues to strengthen and streamline the processes for licensing, investigating and disciplining physicians and to work toward improving the timeliness of disciplining physicians. Toward this effort, DPH worked with the Connecticut Medical Examining Board to implement additional changes related to complaint investigations and case resolution, including but not limited to, engaging board members to assist with case reviews, soliciting consultants through the license renewal process and providing an exemption from up to ten hours of mandatory continuing medical education for physicians who serve as consultants.
- Connecticut was selected as one of four states to participate in the *Learning Network on Improving Birth Outcomes* by the National Governors Association. As part of the project, a statewide coalition was formed to align and coordinate existing efforts in the state to improve birth outcomes with a goal of reducing preterm deliveries by 8% statewide by 2014.
- Connecticut was selected by the Association of State and Territorial Health Officials (ASTHO) to participate in a national effort to address policy options and other strategies to decrease prescription drug misuse, abuse, and diversion. In Connecticut, drug poisoning is the leading cause of accidental death among adults. Connecticut is one of only 16 states in which death from overdose is more common than death from vehicular accident.
- DPH was awarded \$7.7M over the next 5 years from the Centers for Disease Control and Prevention (CDC) to implement strategies and interventions to address diabetes, heart disease, obesity and related risk factors and promote school health through a grant award titled, "State Public Health Actions to Prevent and Control Diabetes, Heart Disease,

Obesity, and Associated Risk Factors and Promote School Health.” The grant will target populations at higher risk for chronic disease and their complications. This grant will support, enhance and accelerate Connecticut’s efforts to address chronic disease by leveraging existing capacities and partnerships created through other chronic disease programs.

- DPH was selected to participate in a national leadership program to increase the quality of prenatal care for low-income women. Connecticut was one of twenty sites selected through a competitive process to participate in the [National Leadership Academy for the Public’s Health](#) (NLAPH), a leadership training program offered by the federal Centers for Disease Control and Prevention. The academy provides training that brings together leaders from public health, health care and community organizations to improve specific, measurable public health problems within their community.
- Connecticut was awarded nearly \$144,000 in a capacity building grant to help implement comprehensive K-12 school environmental health programs using EPA’s new “*Voluntary Guidelines for States: Development and Implementation of a School Environmental Health Program*.” The grant program means that Connecticut is one of only five states sharing nearly \$750,000. The grants are targeted to help states implement programs that will help their schools create healthy, productive learning spaces for students by reducing chemical and environmental hazards in local schools.
- DPH successfully expanded its childhood vaccination program, which will add three lifesaving immunizations to those available to Connecticut children across the state. The new program, called the Connecticut Vaccine Program (CVP), expands the state’s current childhood vaccination program by providing required vaccines to all children in Connecticut. With the addition of these three vaccines - pneumococcal conjugate, influenza, and hepatitis A - the state will cover fourteen of the sixteen vaccines currently recommended by the Centers for Disease Control and Prevention (CDC).

Government Efficiency and Performance

- Implemented training sessions specific to Branch/Section needs for supervisory staff on a range of Human Resources/Labor Relations topics.
- Contract payments are now processed in approximately four days instead of ten days due to the implementation of several administrative changes.
- DPH continues to expand opportunities for electronic disease reporting, which reduces the burden of manual data entry, reduces errors and increases timeliness of available information. Infection control practitioners at all acute care hospitals have been trained to access and report select diseases via the web-based Connecticut Electronic Disease Surveillance System. In addition, 53 of the 74 local health departments have been trained allowing them direct access to jurisdiction specific disease reports.
- The HIV Prevention Program worked closely with DPH-funded HIV Prevention providers to promote the goals of the National HIV/AIDS strategy that have been rolled into a revised approach to HIV prevention. The HIV prevention program has also implemented quality management and improvement initiatives, and is using tools such as community mapping to identify the most effective locations for services. The main goal

of these activities is to assist in identifying undiagnosed cases of HIV and to link them into care and prevention services as early as possible.

- DPH worked with stakeholders to pass legislation permitting home health aides employed by a licensed home health agency who have been delegated the task, trained and demonstrate competency to assist with medication administration in the home care setting. Permitting the home health aide rather than a licensed nurse to conduct this task is anticipated to reduce Medicaid reimbursement for Connecticut Medicaid residents who require assistance with medication administration.
- As part of DPH's Quality Improvement initiative, the Association of Public Health Laboratories conducted an assessment of the Dr. Katherine A. Kelley State Public Health Laboratory. Their findings will be used to improve laboratory operations, practices and policies.
- The DPH Drinking Water Section's 2nd Quarter federal Fiscal Year 2013 Government Performance and Results Act measures exceeded both the national and EPA Region 1 targets. During this time period, 90.3% of community water systems in Connecticut met all applicable health-based standards through approaches that include effective treatment and source water protection; over 99% of the state's population was served by community water systems that met health-based standards.
- IT upgrades were completed at DPH headquarters in Hartford, dramatically increasing the speed of its network.
- The Affirmative Action Office facilitated required training in Sexual Harassment Prevention and Education and Diversity, saving the agency thousands of dollars.
- DPH continued its relocation to the new Connecticut Public Health Laboratory from its aging facility, built in 1965 and located at 10 Clinton Street in Hartford. Network infrastructure, computers, phone systems, and laboratory instrumentation were deployed to the new lab.

Public Health Preparedness

- DPH responded in coordination with the Governor's Office, other state agencies, local public health agencies, the healthcare system, and federal partners, to assure public health and safety for state residents before, during and after Hurricane Sandy and the Blizzard of 2013.
- Each of Connecticut's five Emergency Planning and Preparedness Regions have been recognized by the national organization representing local health departments for their ability to respond to public health emergencies. Connecticut is now the fourth state in the nation to achieve statewide recognition.
- The DPH Drinking Water Section created a Water Facility Status Board in the existing state-wide WebEOC information management system. WebEOC is a crisis information management system that provides real-time information sharing to help agencies and officials make decisions during emergencies. The Water Facility Status Board will allow public water systems to report and update their operational status during periods of emergency, and improve the quality of information collected during emergencies.
- Applications for 60 emergency power generator projects were received by the DPH Drinking Water Section for the Drinking Water State Revolving Fund (DWSRF) Small

System Emergency Power Generator Program for approximately \$3.5 million. The DWSRF Small System Emergency Power Generator Program was created in 2011 after Connecticut was hit with two separate significant storm events that left over 200 small PWSs without power to operate their water systems for several days.

Environmental Health, Drinking Water and Food Safety Initiatives

Environmental Health

- The Occupational Health Unit's *Workplace Hazard Assessment Program* provides free and confidential health and safety evaluations to assist Connecticut employers with identifying potentially hazardous working conditions at their facilities and to provide recommendations to correct those conditions. In the four years since its creation, the program has provided 25 different employers throughout the state with comprehensive on-site hazard assessments, resulting in 518 individual recommendations for safety and health improvements in Connecticut workplaces.
- DPH has begun development of a tracking system for private well data. During the past year, a mechanism was developed to electronically transfer all private well testing data from the DPH Laboratory into the tracking system. Eventually this system will allow local health departments to view and analyze data for their towns.
- DPH has served on the National Academy of Sciences Panel that is guiding the federal Environmental Protection Agency (EPA) on how to perform its risk assessment for inorganic arsenic. The new EPA risk assessment will have great bearing on our understanding of the health risks presented by arsenic in drinking water and food in Connecticut.
- The state's Childhood Lead Poisoning Prevention Screening Advisory Committee was reconvened to revise Connecticut's blood lead screening requirements and medical follow-up guidelines to align with the national recommendations. The major revision to the requirements and guidelines include (1) lowering the blood lead level for retesting from 10µg/dL to 5µg/dL; (2) testing and re-testing timelines; and (3) streamlining the risk assessment questions.
- The Lead and Healthy Homes Program finalized and published the first *Connecticut Healthy Homes Data Book*. The Data Book serves to inform policy makers, property owners, and families on Connecticut-specific data on factors in the home that impact health.
- Through a collaborative effort of Healthy Homes Initiative partner organizations, convened by DPH, the nation's first Health Impact Assessment (HIA) on weatherization was published. The HIA offers an evidence-based set of recommendations to guide state officials as they decide how best to invest federal, state, and utility ratepayer funds to boost energy efficiency and health as Connecticut moves to reach its goal of weatherizing 80 percent of its housing stock by 2030.

Drinking Water

- During state fiscal year 2013, the Drinking Water State Revolving Fund (DWSRF) Program administered by DPH committed approximately \$43 million dollars in new

funding agreements for drinking water infrastructure and emergency power generator projects.

- DPH solicited drinking water infrastructure projects to be funded by the Drinking Water State Revolving Fund (DWSRF) in SFY 2014 and 2015. DPH received 129 project eligibility applications from public water systems during the solicitation period for approximately \$164 million.
- DPH began utilizing the Connecticut e-Licensing Enterprise data system to manage the 2,277 active water operator certifications currently held within DPH's water operator certification program.
- DPH participated in the 2011 Drinking Water Infrastructure Needs Survey and Assessment conducted by the Environmental Protection Agency. The findings will be used to allocate DWSRF capitalization grants to states. Connecticut reported \$3.578 billion in source, transmission and distribution, treatment, and storage needs, more than half of the reported need for the 2007 survey. Connecticut will receive 1.01% of the national allocation of DWSRF funds for 2014 through 2017.

Food Protection

- The DPH Food Protection Program (FPP) enrolled in the federal Food & Drug Administration's Voluntary Retail Program Standards. A self-assessment of the FPP was conducted, an action plan was developed, and the program continues to move forward with a goal of meeting all nine standards at a future date.
- The DPH Food Protection Program conducted 16 foodborne outbreak investigations, three of which were multi-state investigations involving commercially prepared food products or produce.
- The Dr. Katherine A. Kelley State Public Health Laboratory was awarded a five year grant of \$1.2 million from the Food and Drug Administration (FDA) to achieve ISO 17025 accreditation for microbiological analysis of food. Upon accreditation, the laboratory will be part of a nationally integrated food safety system of food testing laboratories. It will work with the FDA through the Department of Consumer Protection to test suspect food for microbial pathogens, such as Salmonella, E.coli O157:H7, and Listeria.

Health Care Quality, Safety, and Access

- Expanded use of the states' eLicense system to increase efficiency, enhance services provided to licensees, the general public and other interested stakeholders, and collect valuable data related to the state's health care workforce. Legislation was enacted during the 2013 legislative session to require physicians, dentists and nurses to complete their license renewal utilizing the on-line system.
- With the on-going potential for nursing home labor contracts expiring, DPH developed a Continuity of Operations plan to manage monitoring of patient care in the event of a labor action.
- In collaboration with the Centers for Medicare and Medicaid Services, the department continues to participate in the Patient Safety Initiative with enhanced survey tools to

monitor patient discharge, infection control, and quality assurance and performance activities in the acute hospital setting to promote patient safety.

- DPH participated in the Initiative to Improve Dementia Care for nursing home residents. The initiative has provided additional training to nursing home caregivers and revised federal regulations with enhanced interpretive guidance for surveyors to improve the quality of life for residents with dementia who reside in a nursing home and ensure that residents receive resident-centered interventions rather than the administration of an antipsychotic medication.
- DPH developed and implemented Hospice Inpatient Facilities regulations increasing access to care for Connecticut residents who may require inpatient hospice services.
- The department successfully completed the second year of the mandated process for scope of practice determinations for healthcare professions that was enacted in 2012. DPH received eight requests for scope of practice determinations and completed three reviews, including the submission of comprehensive reports and findings to the Public Health Committee of the General Assembly.
- The Office of Emergency Medical Services received over 500,000 EMS Patient Care Records and uploaded this information to the National EMS Information System.
- The Office of Emergency Medical Services spearheaded a statewide EMS re-assessment provided by the National Highway Traffic Safety Administration.

Healthcare Access

- In 2012, OHCA issued the first *Statewide Health Care Facilities and Services Plan and Inventory*. The plan is an advisory document for health care delivery in Connecticut, serving as a resource for policymakers and those involved in the Certificate of Need process to guide planning for health care facilities and services in the state.
- OHCA incorporated a new Hospital Financial Reporting process this year to allow hospitals to upload all Annual Reporting and Twelve Month Filing documents into a secure Internet connection. This process allows an electronic file transfer from the hospital to OHCA through a new secure Internet site. As a result, OHCA is no longer requiring the filing of the many of the related documents on CDs or by email.
- OHCA issued 19 Certificate of Need (CON) decisions and 37 CON determinations in the past year. The CON program promotes appropriate health facility and service development that addresses a public need. The CON program strives to ensure accessibility for needed services while limiting duplication or excess capacity of facilities and services.
- OHCA improved access to hospital charge masters or price masters by posting the current version of these documents in the Consumer Assistance Process section of the webpage. This allows easy access to the charge masters, commonly considered to be a hospital's detailed price list, by both the public and the industry, thus improving overall transparency of the pricing information that OHCA collects.

Health Promotion and Disease Prevention

- Central Line Associated Blood Stream Infections (CLABSIs) in acute care hospital adult ICUs are 46% lower than the national baseline benchmark established in the years 2006-

8, and are on track to meet the national Healthcare Associated Infection (HAI) prevention goal of a 50% decrease by the end of 2013.

- The DPH HAI program participates in CDC's Emerging Infections Program HAI network and contributed to the first national study of the prevalence of HAIs in acute care hospitals in over 30 years. This study will be published in a major medical journal in 2013 and provide crucial information for future planning and the benchmarking of progress against HAIs.
- The first year of data collection for the Pregnancy Risk Assessment Monitoring System (PRAMS) began in April 2013. PRAMS is designed to provide DPH with data about maternal health, experiences, and behaviors during the perinatal period; advance knowledge about risk and protective factors among Connecticut mothers; and investigate the associations between these factors and birth outcomes and maternal and infant health.
- The Office of Oral Health conducted the first oral health status survey for vulnerable older adults living in our state. Two target populations were assessed; residents of long term care facilities and those attending federally subsidized congregate meal sites. A total of 845 older adults were screened. The results demonstrate many vulnerable older adults are not getting the dental care they need.
- Latest results from the 2011 National Immunization Survey (NIS) reported in September 2012 show Connecticut with the 7th highest coverage rate in the country for its 2 year old population. Connecticut's rate of 79.0% is significantly higher than the national rate of 73.3%.
- Connecticut was one of the first states in the region to begin offering a new option for the treatment of latent tuberculosis infection (LTBI) (1) through the DPH Tuberculosis drug program. As of May 31, 2013, 92 patients had started the regimen with 61 patients completing the regimen and 22 patients currently on treatment; a total of 83/92 patients (90%) have either finished or are continuing treatment. This new regimen with fewer doses is one of the biggest advances in LTBI treatment in 40 years.
- The Asthma Control Program, in collaboration with the New England Asthma Regional Council, Middlesex Hospital and Children's Medical in Hamden, was awarded a Center for Medicaid and Medicare Services (CMS) Innovation grant to provide patient self-management education by Certified Asthma Educators, utilize a Community Health Worker to connect patient and community and conduct home assessments for asthma triggers as needed. The award was one of 46 across the country from 3,000 applications submitted.
- The Heart Disease & Stroke Prevention Program has designated twenty-three (23) of the thirty (30) acute care hospitals in Connecticut as Primary Stroke Centers. To achieve this designation a hospital must meet stroke care standards established by the American Heart Association/American Stroke Association and the Brain Attack Coalition.