

# Department of Public Health



## *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 – 719***

***Recurring operating expenses -***

**Federal: \$120,672,402**

**State: \$109,859,068**

**Additional Funds: \$52,463,024**

***Organizational structure -***

- **Administration**
- **Affirmative Action/Equal Employment Opportunity**
- **General Counsel**
- **Communications/Government Relations**
- **Community, Family and Health Equity**
- **Health Care Quality and Safety**
- **Infectious Diseases**
- **Office of Health Care Access**
- **Health Statistics and Surveillance**
- **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 to all organizational sections of the agency:

### **Contracts and Grants Management**

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 healthcare service infrastructure.

### **Fiscal Services**

Fiscal Services is composed of two functioning subunits; Accounting/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**

The 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 information technology 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, operations, networking, application 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 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. The office monitors 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.

### **General Counsel**

The Office of the General Counsel includes the Public Health Hearing Office, the Ethics Officer, the HIPAA Privacy Officer, and the Attorney General Designee.

The *General Counsel* is responsible for overseeing the legal and administrative activities of the office and provides legal support for the commissioner and agency.

The *Public Health Hearing Office* provides legal and administrative support for 14 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
- Primary service area responders' performance standards or removal
- Health care facility licensees
- Voluntary and involuntary transfers of water companies/appeals of orders issued to water companies
- Involuntary discharges from residential care homes
- Applications for certificates of need for healthcare facilities, services, and equipment.

The office 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, reviews and implements the agency ethics policy, provides training, conducts investigations, and makes referrals to the Office of State Ethics, as necessary.

The *HIPAA Privacy Officer* conducts privacy training, responds to requests for personally identifiable health information, and generally ensures HIPAA compliance.

The *Attorney General Designee* represents the department in cases before the Commission on Human Rights and Opportunities (CHRO) and/or the Equal Employment Opportunity Commission (EEOC).

### **Communications/Government Relations**

The *Communications Office* provides a full range of communication activities that serve the department and its stakeholders. The office manages public information, social media, Freedom of Information responses, media and community relations, marketing communications, issues

management and public affairs, 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, Family and Health Equity Section**

The *Community, Family and Health Equity Section* (CFHES) section works to improve the health of the overall population across the lifespan, especially mothers, infants, children, adolescents and other vulnerable groups, by establishing opportunities that support healthy living habits through education, early detection, access to care and chronic disease prevention.

Units and offices within the CFHES include specific initiatives, including but not limited to:

#### **Units**

##### 1) Adolescent and Child Health

- Autism Spectrum Disorder
- Children and Youth with Special Health Care Needs
- Respite and Extended Services for Children and Youth with Special Health Care Needs
- Family Advocacy
- School Based Health Centers
- Sickle Cell Disease
- Community Health Services

##### 2) Women and Reproductive Health

- Maternal Mortality Review
- Case Management for Pregnant Women
- Family Planning
- Healthy Choices for Women and Children
- Personal Responsibility Education Program

##### 3) Chronic Diseases

- Diabetes Prevention and Control
- Heart Disease and Stroke Prevention
- Injury Prevention Program

##### 4) Injury Prevention

- Violent Death Reporting System
- Intimate Partners and Sexual Violence Programs
- Opioids and Prescription Drugs Overdose Prevention
- Unintentional injury programs
- Intentional injury programs

##### 5) Nutrition, Physical Activity and Obesity

- Supplemental Nutrition Assistance Program (SNAP-Ed)
- Preventive, Health and Health Services Block Grant (PHHSBG)

- State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
- 6) Tobacco Control
  - Tobacco Trust Fund
  - 1-800 QuitLine
  - Nicotine Replacement Therapy
  - Tobacco Use Cessation Programs
- 7) Maternal and Child Health Epidemiology
  - Birth Defects Registry
  - Early Hearing Detection and Intervention CDC Grant
  - Early Hearing Detection and Intervention HRSA Grant
  - State Systems Development Initiative
  - Primary Care Office
  - Pregnancy Risk Assessment Monitoring System
  - Pregnancy Risk Assessment Tracking System
  - Federal Hartford Healthy Start
- 8) Women, Infants and Children (WIC)
  - Healthcare referrals
  - Nutrition education
  - Breastfeeding promotion and support
- 9) Cancer
  - Breast & Cervical Cancer
  - WISEWOMAN
  - Colorectal Cancer
  - Comprehensive Cancer
- 10) Epidemiology; conducts analysis of data from various sources, such as:
  - School-Based Asthma Surveillance System
  - Behavioral Risk Factor Surveillance System (Asthma Call-Back Survey)
  - CT School Health Survey (Youth Behavior Component and Youth Tobacco Component)
  - National Violent Death Reporting System
  - State WIC Information system
  - Connecticut Vital Records Death Registry
  - Hospital Discharge Data
  - Putting on AIRS Program Database
  - Supplemental Nutrition Assistance Program - Education
  - Tobacco Use Cessation Programs
  - WIC Vendor Management Database
- 11) Asthma Program
  - Environmental home-based education and management program
  - Surveillance and tracking of asthma in schools, emergency departments
  - Pediatric and Adult asthma clinical management programs

### Offices

- 1) Genomics Office
- 2) Office of Oral Health

- Connecticut Oral Disease Prevention Program
  - Dental sealant data – mini grants
- 3) Office of Health Equity
- Health Equity Research, Evaluation, & Policy

### **Healthcare Quality and Safety**

The Healthcare Quality and Safety Branch regulates access to health care professions and provides regulatory oversight of health care facilities and services. The branch 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:

- Ambulatory care services
- Clinical laboratories
- Dialysis facilities
- Home care and hospice services
- Hospitals
- Intermediate care facilities for the intellectually disabled
- Nursing homes
- Outpatient surgical facilities
- Residential care homes
- Substance abuse and mental health treatment facilities

#### **Practitioner Licensing and Investigations**

- Licenses, certifies and registers health practitioners in 65 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 and Advanced Practice Registered Nurse 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 65 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
- Inspecting 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
- Providing 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 Surveillance
- 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 and Surveillance**

The Health Statistics and 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 one million cancers includes all reported tumors diagnosed in Connecticut residents from

1935 through 2014, as well as treatment, follow-up and survival data. All hospitals, licensed providers, 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 Dr. Katherine A. Kelley 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, identify 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. Services exclusively provided by the 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 BioResponse agents
- Screening of all Connecticut newborns for the presence of 66 genetic, endocrine, and metabolic inherited disorders that cause severe mental and/or physical illness or death; through early detection and treatment, the adverse effects of these disorders can be mitigated.

**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 Emergency Preparedness and Response Laboratory in the event of an accidental or intentional hazardous chemical exposure.

### **Public Health Systems Improvement**

Public Health Systems Improvement (PHSI) is responsible for managing, coordinating and supporting organization-wide and multi-sector activities that result in measurable improvements of public health structures, systems and outcomes. Federal funding from the Centers for Disease Control and Prevention provided a five year Cooperative Agreement to help state public health 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 and ongoing implementation of the three pre-requisites and key plans for accreditation that include an agency strategic plan, statewide health assessment and statewide health improvement plan, agency Quality plan, and agency Workforce Development plan.
- Organize, plan for, and coordinate agency activities and documentation toward meeting national accreditation standards and plan and prepare for reaccreditation every five years.
- Provide quality improvement training, coaching, and technical assistance opportunities to public health personnel.

PHSI also administers the Biomedical Research program (CGS 19a-32c), which provides grants-in-aid for biomedical research in the fields of heart disease, cancer and other tobacco related diseases, Alzheimer's disease, stroke, and diabetes.

### **Regulatory Services Branch**

The Regulatory Services Branch has regulatory oversight of the state's drinking water systems, environmental health 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 also oversees agency public health preparedness initiatives.

The branch consists of:

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

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

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

The DWS is organized into seven programmatic areas. Each programmatic area is organized into a functional unit which is responsible to carry out a function of statewide public water system regulation and oversight. Each unit works under a set of programmatic measures and strives toward continuous quality improvement.

The following programmatic units make up the Drinking Water Section:

- Technical Review and Field Assessment Unit – The unit is responsible for sanitary surveys, engineering technical review and technical assistance to large community systems, small community systems and non-community, non-transient systems. Included with this unit is the incorporation of individual water supply plans with sanitary surveys and a focus on additional direct technical assistance customized by system type to include area wide optimization for large systems and asset management for small systems.
- Safe Drinking Water Rule Implementation Unit – The unit is responsible for administration and implementation of state and federal regulations directly related to the Safe Drinking Water Act (SDWA). Public water system compliance status with maximum contaminant levels, treatment techniques and monitoring and reporting requirements are tracked and technical assistance is provided to help bring the water systems back into compliance with the regulations. The unit also provides oversight of the Safe Drinking Water Information System (SDWIS/State) and reports water system compliance information to the Environmental Protection Agency in accordance with primacy requirements.
- Enforcement Unit – The unit is responsible for informal and formal enforcement of the public health code concerning water quality and quantity for all public water systems. This unit works with systems to return to compliance and reduce the number of regulatory violations. Formal enforcement is focused toward the use of consent orders/agreements to effectively address outstanding violations.
- Capacity Unit – The unit is responsible for capacity reporting and training and the coordination of on-going internal and external capacity development efforts in Connecticut. A baseline assessment grading system has been developed to direct priority technical assistance concerning asset management and sustainability by system type. The unit is responsible for direct oversight of transient non-community (TNC) sanitary surveys and engineering technical reviews and will focus on effective streamlining of the regulation process for TNC systems.
- Grant and Administration Unit – The unit is responsible for grant and fiscal management, administration for the DWS, oversight of Operator Certification program, purchasing and contract administration. Emphasis is on streamlining EPA grant processes, report writing and modernization of the certification program.

- Source Assessment and Protection Unit – is responsible for the purity of Connecticut’s approximately 4,000 surface and groundwater drinking water supply sources through regulation and guidance of activities within source water areas. These areas comprise over 18 percent of the land area in Connecticut. Annually the unit reviews activities/proposals in source water areas and issues permits, including approvals for new sources of public drinking water. This unit is also tasked with overseeing the creation and approval of water utility coordinating committees statewide as well as administering the Connecticut Source Water Collaborative.
- Drinking Water State Revolving Fund (DWSRF) Unit –The DWSRF provides long-term low interest loans to public water systems for infrastructure improvements that address public health, regulatory compliance or infrastructure sustainability. This unit is staffed with engineers that work closely with public water systems, the DPH Contracts and Grants Management Section, the DPH Business Office and the Office of the State Treasurer to prioritize projects and process loan applications that will receive the limited funding available each year.

### **Office of Local Health Administration**

The Office of Local Health Administration ensures the delivery of public health services at the local level. The office:

- Provides consultation to strengthen coordination and collaboration between DPH programs, local health agencies and professional organizations.
- Develops procedures to standardize communication and technical assistance to local health agencies.
- Administers, collects data, and analyzes annual local health agency reports via the Local Health Management System (LHMS) to monitor local health workforce trends and track the provision of public health services locally.
- Coordinates monthly conference calls and webinars for local health directors.
- Advises the Commissioner on the approval of appointments of directors and acting directors of local health agencies.
- Coordinates the bi-annual Commissioner meetings with local health directors.
- Supports implementation of DPH strategic priorities as outlined in the Healthy Connecticut 2020: State Health Improvement Plan by facilitating: 1) participation of local health agencies in the Connecticut Health Improvement Planning Coalition; and 2) information sharing related to implementation of the plan regarding state and local activities and evaluation of effectiveness of efforts.
- Serves as a central focal point for local public health issues within the department, investigating consumer complaints with individual local health directors and their agencies.
- Participates on interview panels for directors of local health agencies and assists with the distribution of local health agencies’ job announcements.
- Provides consultation, coordinates training and technical assistance on public health policies, and monitors public health services through the administration of the Connecticut Per Capita grants-in-aid for local health agencies.
- Updates statutes and regulations related to local health agencies. Submits new legislative proposals to improve and support delivery of public health services at the

- local level. Reviews proposed legislation and determines the impact on local public health and provides recommendations, when needed.
- Maintains a webpage and current local health agency directory to include contact information, addresses, and after-hour notification information
  - Helps coordinate responses to local public health emergencies by maintaining current contact and after business hour notification information for multiple contact lists in the Health Alert Network (i.e., Everbridge), and facilitates information gathering from local health agencies to determine operational status and local needs.
  - Supports regional public health systems that promote collaboration and coordination among local health agencies and other community partners such as with regional public health emergency preparedness planning and response efforts and administering contractual agreements in collaboration with the Office of Public Health Preparedness and Response.

### **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 the state 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.

## **Improvements/Achievements FY 2014-15**

### ***Highlights***

- Formal implementation of *Healthy Connecticut 2020*, the State Health Improvement Plan, began through renewing membership of a 150 member Statewide Health Improvement Coalition and launch of seven Action Teams that prioritize evidence-based strategies to address the most pressing health issues for Connecticut residents. The Coalition's work helps to align fragmented efforts among state, local and non-profit partners.

- DPH has eight active LEAN/performance improvement processes in progress to improve and streamline work related to: physician investigation and hearings; submission of tumor case abstracts and pathology reports from hospitals; the provision of low-interest loans to eligible public water systems in need of infrastructure improvements; time to execute contracts; time to produce reports following sanitary surveys of water systems; certified food inspectors enhanced inspections of food establishments; and the process for hiring student interns.
- DPH released a new tool on its website to monitor progress and performance in meeting shared goals for improving the public's health in the current decade, as identified in Healthy Connecticut 2020. The Health Connecticut 2020 Performance Dashboard displays, in a simple visual format, how the people of Connecticut are faring in a number of areas such as diabetes, heart disease, oral health, obesity, obtaining vaccinations, exposure to environmental risks and many more. Further, the dashboard describes strategies DPH and its partners are working on to combat these public health issues and how successful they are in meeting targets for improvement.
- DPH has submitted a letter of intent to the National Public Health Accreditation Board. This action is formal notification of the agency's intention to become an accredited state public health agency, meeting a set of quality standards for the provision of public health services to Connecticut residents. Internally, teams were launched to identify, align work, and prepare documentation that meets these national standards.
- DPH led the state's preparedness and response to the 2014 Ebola outbreak affecting multiple countries in West Africa as well as reports of Ebola virus disease in the United States. DPH served as a source of timely and accurate information for health care organizations and professionals, local health officials, and the public. DPH continues to implement a program to monitor travelers arriving in Connecticut from affected countries.
- The Office of Health Equity provided training to DPH staff and others on the federal CLAS Standards (National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care) to improve services to foreign language speakers and those of different cultures.
- The CDC awarded the DPH \$925,000 over the next five years to establish a violent death reporting system in Connecticut by collecting details on homicides, suicides and other violent deaths from law enforcement officials, medical examiners and death certificates, and enter data into the National Violent Death Reporting System. A thorough understanding of the complex circumstances surrounding these violent deaths will provide useful information in the development of prevention strategies.
- The DPH, in collaboration with *the Statewide Overdose Prevention Workgroup*, worked closely to support the successful passing of legislation to protect persons who administer naloxone to persons who overdose. Public Act 14-61 - An Act Providing Immunity to a person who administers an opioid antagonist to another person experiencing an opioid-related drug overdose - provides protection from civil liability and criminal prosecution to the person who administers the Naloxone (Narcan) to reverse an opioid overdose.

## ***Government Efficiency and Performance***

- DPH convened a Quality Improvement Learning Collaborative that provides consultation and training to two local health departments, two community health centers and an agency overseeing four school-based health centers to assist them in working together to improve how they provide key public health services. The agencies focused on obesity prevention, healthy aging, and asthma management - priority areas identified by [the Healthy Connecticut 2020 State Health Improvement plan](#).
- As part of instituting a culture of quality within the agency, DPH continues to provide leadership training for employees. The training employs an empowerment model that encourages staff initiative to identify, recommend, and initiate improvements in agency programs and processes. One hundred and fifty staff or approximately 21 percent of the agency has completed the training.
- Conducted an assessment of recruitment procedures, and implemented changes to improve efficiency
- Identified need for documented policies and procedures, then drafted and operationalized policies and procedures accordingly
- Managed the transition of staff from the Home Visitation Program from the Department of Public Health to the Office of Early Childhood
- Provided extensive HR support to the Health Care Quality and Safety Branch as they prepared for potential wide-scale nursing home strikes
- The Community Health and Prevention Section and the Family Health Section merged into the Community, Family and Health Equity Section to coordinate resources and maximize program efficiency and effectiveness.

## ***Public Health Laboratory***

- The Public Health Laboratory (PHL) implemented molecular testing for Middle East Respiratory Syndrome (MERS), a severe acute respiratory illness caused by the MERS-CoV coronavirus, which has a mortality rate of about 30 percent.
- The PHL has implemented the most up-to-date testing technology to provide a highly sensitive early detection screening for Human Immunodeficiency Virus (HIV). This “4<sup>th</sup> generation” test allows the PHL to accurately identify HIV infections up to 7 days earlier than with a standard HIV antibody test.
- The PHL and its partner hospitals developed a system allowing birthing centers to track newborn screening (NBS) specimens after collection and shipment to the Laboratory. This system provides critical information both to the birthing center and the Laboratory’s NBS Tracking program to ensure that NBS specimens are not lost or unduly delayed in transit.
- The PHL hosted a Laboratory Systems Improvement Process meeting, to conduct a baseline assessment and comparison to national benchmarks. The meeting brought over 50 system partners together and generated a number of improvement opportunities. Following the assessment, the PHL developed and implemented an action plan to effect system-wide improvements.

- Recent efforts to enhance the new Laboratory Information Management System (LIMS) have focused on the secure electronic transmission of test results to DPH disease surveillance and control partners, as well as external clients. One major undertaking that was successfully completed was the electronic transmission of results to the PHL's largest client for sexually transmitted diseases testing, with automated uploading of results into the client's test management database system. Other LIMS enhancements included interfacing of instruments to automatically download results data into LIMS, and piloting electronic signatures for reports. These efforts improve timeliness and efficiency of reporting to clients and reduce mailing costs.
- The PHL was successfully audited by a series of outside regulatory agencies in order to maintain its accreditation in several areas. Agencies included the Food and Drug Administration (Dairy and Shellfish Seawaters, American Industrial Hygiene Association/International Organization for Standardization (Environmental Lead), the U.S. Environmental Protection Agency (Drinking Water) and Clinical Laboratory Improvement Amendments (all clinical testing programs).

### ***Public Health Preparedness***

- In concert with the Strategic National Stockpile the Office of Public Health Preparedness (OPHPR) conducted a statewide full scale Medical Counter Measures exercise which involved receiving medical materials from the CDC in Atlanta, repackaging the materials and distributing them to 77 locations state wide.
- OPHPR participated in a regional mass fatality exercise with New York and New Jersey in the event of a catastrophic incident. This year's situation was a dirty bomb detonation in midtown Manhattan. This is an annual event to insure readiness for a mass fatality incident.
- The Ollie Lundgren Mobile Field Hospital had several deployments over the last year, including the emergency shut down of the Danbury Hospital Emergency Room. The field hospital was deployed to Danbury set up and treated 93 patients during the closure.
- The Public Health Laboratory (PHL) participated in several food safety inspection service/food emergency response network exercises with scenarios involving contamination of foods with various radionuclides.
- The PHL supported federal, state, and local law enforcement by testing environmental and clinical samples for potential BioResponse agents. In FY14-15, twenty-seven environmental samples and twenty-one clinical samples were tested.

### ***Environmental Health, Drinking Water and Food Safety Initiatives***

- The Lead and Healthy Homes Program added an additional case type to their disease surveillance system utilized by all local health departments, enabling staff to initiate and open cases for properties where children under the age of six are in residence and where lead-based paint hazards have been identified. Tracking and managing this case type allows local health departments and DPH to quantify the most effective means of eliminating lead hazards before they cause childhood lead poisoning.

- The Private Well and Occupational Health Assessment Programs, in conjunction with the Office of Communications, produced a series of three videos to help private well owners assure that their drinking water is safe. The video series provided information on contaminants that may be found in well water, instructions on what chemicals to test for, how often to test, and information on treatment options if problems were found in their water.
- The Radon program, in conjunction with the Office of Communications, produced a video for homeowners on how to test for Radon.
- The Food Protection Program participated in a quality improvement process which requires all certified food inspectors to successfully pass an online FDA microbiology course. The program participated in FDA's round 2 beta testing of a new database for foodservice establishment risk-factor data and conducted 26 food outbreak investigations, three of which were multi-state investigations involving commercially prepared food products or produce.
- The Environmental Engineering Program completed a revision of the department's *Technical Standards for Subsurface Sewage Disposal Systems*. Nine statewide half-day seminars were held to update local health officials, engineers, home builders, and sewage system installers on the changes to the technical standards. The program also prepared a climate change and resiliency planning document for decentralized sewage systems and met with housing and other officials to discuss planning initiatives.
- The Drinking Water Section renewed a regional water supply planning effort to assure an adequate supply of portable water for a 50 year period on a statewide basis, securing state and federal funding to support plan development, and initiation of contracting processes.
- During state fiscal year 2015, the Drinking Water Section's Drinking Water State Revolving Fund Program committed approximately \$28.2 million dollars in new funding agreements for drinking water infrastructure and emergency power generator projects. Since the emergency power program began, 38 subsidized loans have been executed totaling over \$900,000 for the purchase and/or installation of 42 generators.
- The Drinking Water Section was awarded a \$600,000 Grant to the US Department of Housing and Urban Development (HUD) Community Development Block Grant for Disaster Recovery program. The grant, administered through the State Department of Housing, will support a public drinking water and private well Vulnerability Assessment and Resiliency Plan for the four shoreline counties affected by storm Sandy.

### ***Health Care Quality, Safety, and Access***

- The Centers for Medicare and Medicaid Services (CMS) approved a proposal submitted by DPH to financially support the Long Term Care Mutual Aid Plan for Connecticut's nursing homes utilizing civil money penalties acquired through fines as a result of individual nursing home non-compliance with federal laws and regulations. The plan establishes a course of action and an agreed commitment among participating nursing homes to assist each other as needed in the time of a disaster. In 2015, the program has been expanded to all five Department of Emergency Management and Homeland Security Regions.
- The Office of Health Care Access (OHCA) issued the *Preventable Hospitalizations in Connecticut: A Reassessment of Access to Community Health Services* databook. The

report provides information on 2012 acute care hospitalizations that may have been prevented or avoided with timely, effective primary care and disease management.

- OHCA created the webpage *Hospital Quality and Utilization* with an application developed by the Agency for Healthcare Research and Quality of the U.S Department of Health and Human Services. The webpage provides information on hospital utilization, quality ratings, cost and charges, county rates of medical conditions and procedures and avoidable hospitalizations.
- OHCA hosted a webinar on and created a webpage, *Outpatient Surgery Data*, to facilitate the process for reporting mandated outpatient surgical data. Forty-two representatives of hospitals, outpatient surgical facilities and their vendors participated in the webinar.
- OHCA authored the *Hospital Transfers of Emergency Coronary Angioplasty Patients for Emergency Surgery or Open Heart Surgery* report in response to Public Act 13-208 Sec. 69. The report provides information on the frequency of patient transfers to other hospitals from the three Connecticut hospitals permitted by certificate of need to provide emergency/primary coronary angioplasty services only; and state and national trends in primary and elective percutaneous intervention and implications.
- OHCA developed a *Certificate of Need (CON) Guide*, a document that informs CON applicants and the public about the application process and makes available all the most relevant, up-to-date CON-related information in one source.
- OHCA issued its *Statewide Health Care Facilities and Services Plan – 2014 Supplement*, which is statutorily mandated to be completed every two years. This publication, a supplement to the 2012 plan, focused on identifying the unmet health care needs of vulnerable and at-risk populations. It also examined inpatient bed need in the state and included updated health care utilization data and an assessment of the current availability and use of health care services throughout Connecticut.

### ***Health Promotion and Disease Prevention***

- The Tuberculosis (TB) Control Program continued to oversee reductions in TB disease in the state with 60 cases reported in 2014, the lowest number ever reported in Connecticut. The TB Control Program held a statewide TB Conference entitled “Tuberculosis at a Crossroads: Staying on Track Towards Elimination” in November 2014. Over 120 healthcare providers and nurses attended.
- In 2014, a survey tool was developed to assess local pharmacy staff knowledge and beliefs around the provision of clean syringes; syringe exchange programs (SEPs), and laws regarding the purchase and possession of syringes for populations at risk for HIV, hepatitis and other blood-borne infections. The data showed that despite current legislation supporting the sale of syringes, not all pharmacies sell syringes over the counter or are aware of syringe exchange services in CT.
- To expand access to clean syringes in Connecticut, the DPH HIV Prevention Program in collaboration with members of the Statewide Overdose Prevention Workgroup, developed the *Connecticut Pharmacy Resource Packet*, to educate pharmacists and the community about current syringe legislation, and the importance of syringe access as a public health strategy to reducing the spread of disease.
- The HIV Prevention Program successfully sponsored a statewide pre-exposure prophylaxis (PrEP) Summit in December 2014 to bring awareness to PrEP as a

prevention tool for at risk populations, and educate the community about PrEP initiatives currently being implemented in CT.

- The HIV Prevention Program kicked- off the Overdose Prevention Education and Naloxone Access (OPEN *Access* CT) initiative in January 2015. In collaboration with a variety of state, local, and community-based providers and syringe services programs (SSPs), the aim is to provide a coordinated effort to increase OD awareness, training, and community access to Naloxone and overdose prevention services. To date, over 2, 975 overdose kits have been distributed to our OPEN *Access* CT members.
- DPH updated state regulations related to vaccinations based on the Advisory Committee on Immunization Practices (ACIP) recommendations. As of January 1, 2015 all college students living in on campus housing are now required to show proof of having received a dose of meningococcal conjugate vaccine within the past five years.
- Data from the Emerging Infections Program, a network of 10 states engaged in cutting edge epidemiological studies in collaboration with the CDC, has yielded data on healthcare associated infections that has driven the national response to these infections and to the threat posed by antibiotic resistant “superbugs” and *Clostridium difficile*.
- The Office of Health Equity developed a Health Equity Toolkit full of resources for staff to understand health equity issues and improve DPH services to the public, and issued the first [Limited English Proficiency Policy](#) for the department to show our commitment to improved services in this area, and how we would implement these changes.
- The Coalition to Improve Birth Outcomes completed the Statewide Plan to Improve Birth Outcomes (PIBO). The strategies outlined in the plan will serve to reduce perinatal health disparities and improve the health of women and infants across the life course.
- Governor Malloy signed into law P.A. 15-10: *An Act Concerning Cytomegalovirus*, requiring any newborn infant who fails a newborn hearing screening a screening test for cytomegalovirus on and after January 1, 2016, and any case of cytomegalovirus that is confirmed as a result of a screening test be reported to the Department of Public Health.
- DPH received a Certificate of Recognition from the Breastfeeding Friendly Worksite Program – a collaboration between the Connecticut WIC Program and the Connecticut Breastfeeding Coalition.
- Connecticut received the State Fluoridation Quality Award, a national honor awarded to states that maintain the quality of fluoridation as determined by the ability of fluoridating systems to monitor and maintain recommended fluoride levels.
- Public Act 13-287 expanded the membership of the school-based health center advisory committee and requires the committee to advise the DPH Commissioner on matters relating to minimum standards for providing services in School Based Health Centers (SBHCs) to ensure that high quality health care services are provided.
- The Coalition to Improve Birth Outcomes was merged with the former Maternal and Child Health (MCH) Advisory Group, and commencing in September 2015 will be known as the CT MCH Coalition. The merger of the former two groups combined with a broader vision and expanded scope, will maximize existing resources and create synergies to better serve Connecticut residents.
- The Asthma program secured a 5-year CDC grant to improve Comprehensive Asthma Control Through Evidence-based Strategies and Public Health-Health care Collaboration. CT was named to the Asthma and Allergy Foundation of America State Honor Roll for

its comprehensive and statewide public policies supporting people with asthma in schools.

- The WISEWOMAN Grant was reinstated for an additional four years to provide outreach and cardiovascular risk reduction services to women enrolled in breast and cervical cancer screening programs.