

# Department of Public Health



## *At a Glance*

**RAUL PINO, M.D., M.P.H., *Commissioner***

**Janet Brancifort, M.P.H., R.R.T., *Deputy Commissioner***

**Yvonne Addo, M.B.A., *Deputy Commissioner***

***Established – 1878***

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

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

***Number of employees – 725***

***Recurring operating expenses –***

**Federal: \$111,000,218**

**State: \$104,533,604**

**Additional Funds: \$48,713,620**

***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 DPH's legislative agenda. The office tracks and analyzes public health-related legislation, ensures the implementation of approved legislation, coordinates the development of the agency's regulations, and maintains the Public Health Code.

## **Community, Family and Health Equity**

The Community, Family and Health Equity Section (CFHES) 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 administer 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) 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
- 5) Tobacco Control
- Tobacco Trust Fund
  - 1-800 QuitLine
  - Nicotine Replacement Therapy
  - Tobacco Use Cessation Programs
- 6) 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
  - Women, Infants and Children (WIC)
  - Healthcare referrals
  - Nutrition education
- 7) Breastfeeding promotion and support
- 8) Cancer
- Breast & Cervical Cancer
  - WISEWOMAN
  - Colorectal Cancer
  - Comprehensive Cancer
- 9) 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
- 10) 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
- 4) Office of Injury Prevention
  - Violent Death Reporting System
  - Intimate Partners and Sexual Violence Programs
  - Opioids and Prescription Drugs Overdose Prevention
  - Unintentional injury programs
  - Intentional injury programs

## **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 Office, the Connecticut Tumor Registry, and the Surveillance Analysis and Reporting Unit.

### **Vital Records Office**

The State Vital Records Office carries out general supervision of the state-wide birth, marriage, death and fetal death registries. It is responsible for promulgating procedures and recommending regulations and legislation to ensure uniform processes throughout the state, and to uphold the accuracy and integrity of vital records. The Office also performs the following duties:

- Keeps and preserves all Connecticut vital records from July 1, 1897 to present;
- Issues certified copies of birth, marriage, death and fetal death certificates to the public, and amends records as necessary to ensure accuracy;
- Creates replacement birth certificates for amendments related to parentage and gender change;
- Maintains the state paternity registry and provides data to the Department of Social
- Services for the purpose of child support services;
- Prepares vital records data for disclosure to medical and scientific researchers, and other various entities; and
- Provides vital records data to federal partners such as the Centers for Disease Control and Prevention/National Center for Health Statistics as part of the Vital Statistics Cooperative Program, and the Social Security Administration for the Enumeration at Birth Program and death verification.

### **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.

Specific activities include:

- Implementing an agency performance management system that is developed and managed using a data driven focus.
- Conducts agency strategic planning, statewide health assessment, and statewide population health planning.
- 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 and LEAN training, coaching, and technical assistance opportunities to state and local public health personnel.
- Coordinate planning activities to enhance workforce development.

PHSI also administers the Biomedical Research program, based on available funding, in accordance with Conn. Gen. Statute 19a-32c, making 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, local health administration, and public health preparedness and response. 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**

Environmental Health is the cornerstone of Public Health. It is the field of Public Health that is concerned with assessing and controlling the impact of the environment on people and the impact of people on the environment. It is both protective and proactive. Our mission to protect the health and safety of Connecticut's citizens is accomplished through technical assistance, enforcement of the public health code and relevant statutes, as well as the development of public policy. The section is comprised twelve programs which are diverse in their scope and oversight of both regulated and unregulated professions/entities:

- **Asbestos Program** - The Asbestos Program is responsible for reducing possible exposure to asbestos by ensuring proper management of asbestos-containing materials. Licensed asbestos abatement contractors, asbestos consultants and companies sample, analyze and identify asbestos in buildings and homes, as well as remove asbestos, when necessary. The Asbestos Program receives notifications of asbestos removal projects and uses this information to inspect them to make certain that work is performed correctly and according to laws. Elementary and

secondary (K-12), public and private schools are required to develop, maintain, and update asbestos management plans. The Asbestos Program conducts reviews of these plans to make certain that they are complete and that asbestos-containing materials are properly managed. The Asbestos Program provides general information to the public regarding issues involving asbestos. The Program investigates complaints, tips, and referrals about improper handling of asbestos-containing materials.

- **Environmental Laboratory Certification Program (ELCP)** - The Environmental Laboratory Certification Program (ELCP) certifies laboratories involved in testing environmental samples (air, water, soil, sediments, and wastes) for a variety of contaminants. Major responsibilities of the program include, technical assistance, the development and revision of regulations and statutes, onsite inspections, proficiency test (PT) samples, and document review.
- **Environmental and Occupational Health Assessment Program (EOHA)** - EOHA provides overall scientific support within DPH on issues related to chemical and radiologic contamination in the environment and workplace. EOHA accomplishes this by maintaining a scientifically competent staff, who keep current with the latest literature relating to environmental/occupational issues. EOHA conducts risk assessment on air, soil and water pollutants to help set standards and performs risk assessments on specific contaminated sites. EOHA conducts surveillance of occupationally acquired diseases and is establishing a tracking system for environmentally related diseases. EOHA provides technical support to local health departments, other agencies and municipalities during chemical emergencies, indoor air pollution problems and routine risk communication on events. EOHA staff conducts educational seminars for professionals such as teachers, housing inspectors, local health officials, and consultants on a wide variety of environmental health topics.
- **Environmental Practitioner Licensing Program** - The EPLU operates in concert with three associated programs (the Asbestos Program, the Lead Poisoning Prevention and Control Program, and the Environmental Engineering Program). The major program goal is to ensure environmental practitioner candidates meet the specific requirements for their disciplines, administer examinations, issue certifications and licenses, and refer environmental practitioners to DPH's legal section for enforcement action.
- **Childhood Lead Poisoning Prevention Program** - The major goal is to eliminate confirmed elevated blood lead levels in children less than 6 years of age in Connecticut. The major program objective is to prevent lead poisoning and promote wellness through education and a wide range of lead poisoning prevention activities, including: providing case management and investigation oversight, and associated services for children ages 6 months through 6 years (in support of local health departments), collecting and analyzing child and environmental health data related to lead exposure, developing lead poisoning

prevention policies, laws, regulations and strategies, maintaining a statewide lead surveillance data system of approximately 80,000 records and providing community and professional outreach and educational services.

- **Environmental Engineering Program** - The primary role of the Environmental Engineering Program (EEP) is to administer the Public Health Code (PHC) as it relates to on-site sewage disposal. The EEP is also responsible for approving public mausoleums, columbariums, crematories, and private burial grounds. The program also trains/certifies local health agents for routine functions related to on-site sewage disposal systems and engineered plan reviews, annually updates and/revises the Technical Standards, as well as conducts outreach/training seminars for local health department staff, professional engineers, and sewage system installers and cleaners.
- **Food Protection Program** - The Food Protection Program's overall mission is to reduce the risk of foodborne disease by ensuring reasonable protection from contaminated food and improving the sanitary condition of food establishments. This is accomplished by enforcement of regulations, training and education, technical consultation, special investigations, and food safety promotion.
- **Healthy Homes** - The program's activities include the development of statewide partnerships and implementation of comprehensive policies and coordinated program activities that foster a healthy and safe home environment, reduce housing related health disparities, and improve the public's health through DPH's State Health Improvement Plan with local health agents, direct service providers, and partner agencies.
- **Private Wells** - Approximately 15% of Connecticut's population have private wells. Estimates are that nearly 300,000 private wells exist in this state. The program is responsible for providing technical assistance and outreach to local communities and the public, conducting special investigations, developing and updating regulations and developing a database that identifies all private wells within the state.
- **Radon Program** - Radon is the 2nd leading cause of lung cancer. The program works with several state agencies and non-profit organizations in order to promote radon awareness and the quality of radon testing and mitigation, when necessary. The program conducts technical assistance to local health departments, local building officials, realtors, and the general public about radon (over 1500 calls each year are received in the program); tests for radon in schools in collaboration with local health and education officials; conducts education and outreach campaigns and activities during October (Radon Action Week) and January (Radon Action Month); and promotes testing in all homes and schools.
- **Recreation Program** - The recreation program is responsible for administering the EPA beach program, updating regulations related to family campgrounds,

inspecting new and renovated public pools for conformance with existing statutes and regulations, as well as establishing the bacterial water quality standard for bathing water at freshwater and marine coastal beaches in Connecticut and administering the EPA Beach Grant.

### **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. This unit conducts over 700 public water system engineering reviews annually and provides over a thousand consults for technical assistance to public water systems and their customers.
- **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). Under the SDWA, this unit is responsible to implement 17 distinct public drinking water Rules to assure Connecticut public water systems remain in compliance. 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. Further this Unit reviews over 500,000 water quality samples per year to assure SDWA compliance for the State's 2,550 public water systems

- **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. This unit issues and works to resolve over 200 enforcement actions against non-compliant public water systems.
- **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. This program conducts over 300 surveys each year of the state's small non-community systems such as restaurants and small businesses.
- **Grant and Administration Unit** – The unit is responsible for grant and fiscal management, administration for the DWS, oversight of the Operator Certification program, purchasing and contract administration. Emphasis is on streamlining EPA grant processes, report writing and modernization of the certification program. This program certifies over 2,000 public water system distribution and treatment system operators. This program administers two EPA public drinking water grants that total over \$10 million per year to the DPH.
- **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 20 percent of the land area in Connecticut. Permitting requirements include the direct oversight of over 100,000 acres of water company owned lands through the permitting of sale and change of use of this protective land. 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 2015-16**

### **Highlights**

- On March 31, 2016, the agency submitted an application to achieve national public health accreditation by working in teams across the agency to document activities and agency performance that meet nationally recognized, evidenced-based standards of public health practice. The application is currently under review by the national Public Health Accreditation Board.
- As part of the State Innovation Model Test Grant coordinated through the Office of the Healthcare Advocate, DPH has initiated a diverse Population Health Council that is conducting activities leading to strengthening community health capabilities in concert with other health reform initiatives in the state. They include a system of population health indicators and accountability metrics, and designing and implementing two sustainable community health enabling structures: Prevention Service Centers and Health Enhancement Community models.
- The DPH Special Supplemental Nutrition Program for Women, Infants and Children (WIC) implemented electronic benefits, which replaced paper food vouchers for food issuance and redemption at authorized WIC grocery stores. The transition to EBT was completed statewide in June 2016, well ahead of the Federal mandate for completion by 2020.
- Four of Connecticut's local WIC programs received the Loving Support Awards of

Excellence by the US Department of Agriculture (USDA) for exemplary efforts in supporting Breastfeeding WIC mothers. The awardees demonstrated strong achievement of breastfeeding performance measures, effective peer counseling programs and community partnerships.

- The DPH Immunization Program received a national vaccination coverage award for Healthy People 2020 (HP2020) for Influenza Vaccination among Children Aged 6 Months-17 Years from the Centers for Disease Control and Prevention.
- The US Health Resources and Services Administration (HRSA), Office of Shortage Designation (OSD), provides guidelines for determining federally qualified health professional shortage areas (HPSAs). Over the past six years, DPH has obtained seven full county mental/behavioral HPSA designations and expanded areas covered in Fairfield. Connecticut is now in the position to work with the National Health Service Corps, J-1 Visa, and National Interest Waiver programs to recruit more mental health providers in the newly designated areas. With the expanded HPSA county designations, psychiatrists providing care in the expanded geographic mental health HPSAs are now eligible to receive a 10% bonus payment through the Centers for Medicare and Medicaid Services.
- DPH received in March 2016 a Centers for Disease Control and Prevention (CDC) grant to help address the public health issue of opioid/prescription drug misuse. The goals of this grant include enhancing and maximizing the use of the Prescription Drug Monitoring Program through a collaboration with the Department of Consumer Protection (DCP) and implementation of community health system interventions in collaboration with six selected Local Health Departments/Districts (LHDs). The six selected LHDs are: Bridgeport LHD; New Haven LHD; Hartford LHD; Ledge Light Health District; Waterbury LHD; and, Quinnipiac Valley Health District. DPH will work with these LHDs by providing technical assistance, building and strengthening workforce capacity necessary to prevent opioid overdose deaths in their communities. Each LHD will implement evidence based strategies identified by the Connecticut Opioid REsponse (CORE) that can lead to the following outcomes: increased by-standers' intervention to prevent prescription drugs and opioids overdose deaths; increased outreach and education to providers on proper use and interpretation of prescription data; decreased prescription drug and heroin overdose deaths; and, reduced teen experimentation with prescription drugs.
- The Department of Public Health worked closely with the Departments of Mental Health and Addiction Services and Consumer Protection to support the successful passage of legislation which, among other things, expands to all licensed healthcare professionals the authority to administer an opioid antagonist to treat or prevent a drug overdose. The new law also requires municipalities to amend their local emergency medical services (EMS) plans to ensure that specified first responders are equipped with and trained to administer an opioid antagonist; and prevents practitioners from prescribing more than a seven day supply of an opioid drug to a minor or an adult who is receiving the prescription for the first time.
- The Governor designated DPH as the lead agency to plan and respond to the 2015-2016 Zika virus outbreak in the Western Hemisphere. In collaboration with other state agencies, a plan was developed with multiple components including surveillance, communications, prevention, laboratory testing, and mosquito monitoring. In addition,

DPH was successful in securing federal grant funds to support many of the activities. Unlike the 2014 Ebola outbreak in Africa, control of Zika virus, which is transmitted by mosquitoes and sexual relations from person to person, is likely to present an ongoing threat to Connecticut residents who travel to affected areas in the tropical Americas and the southern United States, requiring continuing activities by DPH.

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

- Healthy CT 2020 Action Teams refined priorities and health improvement targets that were included as part of Action Agendas. Progress in meeting health improvement targets were reviewed with the Advisory Committee of the Statewide Health Improvement Coalition through the agency's Healthy Connecticut performance dashboard. 57% of the health improvement targets on the 2016 Action Agendas were met. Refinement of targets and priority strategies for health improvement is ongoing through Action Teams and the Committee.
- DPH initiated 3 new LEAN/performance improvement processes to improve and streamline work related to: WIC Open Enrollment and Compliance Investigations, Lead Program: Cut the Paper - transitioning pediatric surveillance data from paper to electronic reporting, and Improving Participation and Use of the Performance Dashboard.
- 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. 171 agency staff, approximately 24 percent, have completed the training.
- The Affirmative Action Office (AAO) facilitated requisite training under Conn. Gen. Statutes Sec. 46a-54 (16); Diversity Training for State employees free on-site, saving the Department \$55 per person cost. During the reporting year 37 of 40 new staff were provided required Diversity training for 93% achievement (those not trained had start dates after the last training session).
- The AAO facilitated requisite training under Conn. Gen. Statutes Sec. 46a-54 (15) (A); Sexual Harassment Prevention Training and Education for employees free on-site, saving the Department the \$55 per person cost. During the reporting year 17 of 17 staff was provided required Sexual Harassment Prevention training for 100% achievement.

### ***Public Health Laboratory***

- DPH Epidemiology Program and State Public Health Laboratory (PHL) staff investigated an *E. coli* O157 outbreak involving 51 Connecticut residents. Illness was associated with visiting or having contact with a goat from, or someone who visited, a local goat farm in Connecticut. Affected residents were young (median age 4 years); 11 (22%) were hospitalized and 3 (6%) developed a kidney problem known as hemolytic uremic syndrome. 61 environmental samples were obtained from the goat farm; of these, 28 samples (46%) yielded the outbreak strain of *E. coli* O157. This investigation highlighted the importance of implementing infection prevention measures where farm animals are allowed to interact with the general public and restricting young children's (<5 years) access to livestock to minimize risk to this vulnerable population. Recommendations

included in the Compendium of Measures to Prevent Disease Associated with Animals in Public Settings were disseminated to members of the agriculture industry.

- Efforts are ongoing to enhance the Laboratory Information Management System (LIMS), focusing 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. The Laboratory then undertook a project with this client to enable client entry of test orders and patient demographic/specimen information into LIMS. Other system enhancements that are ongoing include interfacing of instruments to automatically download results data into LIMS, and enabling electronic signatures for reports. The Laboratory has actively worked with clients to transition from printed reports to delivery by secure e-mail or autofax. These efforts improve timeliness and efficiency of reporting to clients, reduce manual workload, and reduce mailing costs.
- The PHL was successfully audited by a series of external regulatory and oversight 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).
- The Laboratory has been providing free testing of drinking water samples submitted by schools, in response to concerns about potential lead contamination.
- The Environmental Chemistry Section supported the Drinking Water Section in characterizing the extent of blue-green algae growth in Connecticut's surface waters (reservoirs). This information was useful in establishing a baseline for this emerging environmental concern.
- The 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. The Laboratory is working collaboratively with the FDA and the State Department of Consumer Protection to test suspect food for microbial pathogens, such as Salmonella, *E. coli* O157:H7, and Listeria.
- The Laboratory validated and brought on-line testing for emerging infectious diseases, including Ebola and Zika viruses, and implemented an expanded biosafety outreach and training program for Connecticut's acute care hospitals. For Zika, the Laboratory received authorization from the Centers for Disease Control and Prevention (CDC) to implement two complementary test methods and began testing clinical samples, including those from pregnant women, in accordance with CDC's screening recommendations. Implementation of this testing greatly reduced the amount of time patients had to wait for test results.
- The Laboratory is in the process of introducing testing for drug-resistant bacteria of public health significance, to guide treatment choices, infection control practices, and epidemiological control measures.
- The Laboratory completed its validation of a newborn screening protocol for Adrenoleukodystrophy (ALD). ALD is a disorder that can cause severe neurological symptoms, including profound developmental delays and progressive loss of motor

control and cognitive function. Testing went live in July, 2016 and, so far, three children have been identified and are receiving treatment and medical monitoring. Connecticut was the first state in the country to implement this testing using a methodology recently developed by the Centers for Disease Control and Prevention.

- The Laboratory also undertook the validation of a newborn screening method for detecting Succinylacetone, a primary marker for Tyrosinemia Type 1. Type 1 is the most severe form of Tyrosinemia. The addition of this method will provide a more robust screening procedure for a disorder that is typically fatal in the first year of life if undetected and untreated.

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

- In concert with the Strategic National Stockpile the Office of Public Health Preparedness and Response (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. This was followed by activation of Points of Distribution statewide and distribution of medical countermeasures to citizen volunteers to assess the state and municipal systems of distribution and cooperation among federal, state and local preparedness officials.
- OPHPR is planning to conduct a regional mass fatality exercise with New York, New Jersey, and Pennsylvania in the event of a catastrophic incident. The exercise will test regional response capabilities to a simulated bomb detonation on a fully loaded Metro North train. State agencies and Federal agencies will be participating in this event slated for October, 2016. The 2016 annual event to insure readiness for a mass fatality incident will be conducted in Connecticut for the first time.
- OPHPR in partnership with the Office of Communications implemented a quarterly newsletter for preparedness partners at the local, state and federal level. The newsletter was designed to enhance communication and awareness statewide of emergency response activities by DPH and other local, state and federal partners.
- In response to the spread of Zika virus, DPH's Office of Communications partnered with the CT Airport Authority, Jet Blue, and the Transportation Safety Administration (TSA) to establish a bilingual educational awareness campaign that includes dissemination of educational wallet cards to travelers, public service announcements (PSAs) on TSA's television monitors, and posters on jet bridges and baggage carousels. Other Zika education efforts included TV, radio and Pandora PSAs in English and Spanish, and the distribution of printed bilingual zika prevention and mosquito management materials to libraries, medical providers and local health departments throughout the state, with an emphasis on shoreline towns and municipalities with large Latino, Hispanic, or Caribbean populations.
- OPHPR and the Office of Communications created a bilingual Ebola and infectious disease video series to assist with future infectious disease outbreaks, through public education and support of the response efforts of DPH and local health departments. The four-part series included training on how to take an individual's temperature and protocols for potential monitoring of individuals during a public health emergency, like the recent Ebola outbreak.

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

- The Environmental and Occupational Health Assessment (EOHA) Program, completed geocoding of 15 years of Connecticut hospitalization and emergency department data. This is the first time such a project has been undertaken and provides a valuable new resource for staff across the agency. This new dataset provides new spatial information for staff to use in the analysis and review of hospitalization and emergency department usage in Connecticut.
- Three MAVEN (DPH's electronic disease surveillance system) data collection applications for the Food Protection Program were completed and are expected to be online by January 2017. This will allow the program to track food inspector certifications, food complaints and food establishment inspections.
- On November 20, 2015, EOHA staff attended a stakeholders meeting for the National Childcare Safe Siting Initiative. This initiative is led by the Agency for Toxic Substances and Disease Registry and has a goal of protecting children from chemical contaminant exposures and health risks from improperly locating child care facilities. This national initiative is directly modeled after CT's Daycare SAFER Program, which has been successfully operating since 2007. Staff serves on a national workgroup for the ATSDR initiative and one of the products of the workgroup is a reference manual of tools and guidelines to help states implement programs to improve child care siting.
- EOHA has developed a geographic information system (GIS)-based process to identify hazardous waste sites located within a specified buffer around new child cares facilities.
- Chemicals of Concern to Children – Memorandum of Agreement (MOA): The Commissioners of Public Health, Consumer Protection, and Energy and Environmental Protection signed an MOA calling for the development of a list of chemicals of concern in children's products. This is a no cost MOA and the 3 agencies will develop the list within existing resources.
- Two successful media campaigns: "Colorful Babies", focusing on Black children and families, and "Sacco el Plomo", focusing on Latino and Hispanic families, were developed and implemented throughout CT to educate the public on the importance of lead testing and lead safe homes. Black and Latino/Hispanic children in Connecticut have a disproportionately higher prevalence of lead poisoning, which directed the focus of the two campaigns.
- The Drinking Water State Revolving Fund (DWSRF) program loaned over \$150 million to a variety of public drinking water infrastructure projects in Connecticut, including funding a \$20 million surface treatment plant rebuild for the City of Meriden and a \$24 million treatment plant for the City of New Britain.

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

- The Long Term Care Mutual Aid Plan for Connecticut's nursing homes which 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, has successfully been implemented now statewide and has been utilized to the benefit of LTC residents.

- The Office of EMS has received DPH approval to implement Statewide EMS standards as of January 2017. The OEMS Director and Medical Director will help to expand these to the entire New England region.
- The CMS long term care comprehensive background check program has been successfully implemented in nursing homes, home health and residential care homes.
- OHCA, in conjunction with the Department of Insurance (DOI), published the Connecticut Acute Care Hospital and Outpatient Surgical Facility Data: FY2015 databook, based on data from Connecticut's acute hospitals, hospital satellite and free-standing surgical facilities and health insurance carriers' fully insured plans regulated by DOI, in response to Conn. Gen. Statutes Sec. 38a-1084. The databook provides information on the most frequently occurring acute care hospital inpatient primary diagnoses, principal and surgical procedures, outpatient facilities' surgical procedures and fully insured plans' imaging procedures performed in 2015.
- OHCA authored The Certificate of Need Requirements report to the Joint Standing Committee of the General Assembly on matters relating to Public Health in response to Public Act 15-146 §34. The report provides information on the requirements and expedited review process for certain Certificate of Need applications.

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

- The Hepatitis C Baby Boomer Testing Bill was passed in 2014. CT is the third state to pass this legislation, which requires primary care providers ensure that individuals born between 1945 and 1965 – the baby boomer generation who are five times more likely to be infected with hepatitis C– have at least one hepatitis C screening test regardless of any known risk factors. The Hepatitis Program continues to engage statewide partnerships throughout the state to implement this statute in order to improve screening, early identification, linkage to care and treatment.
- To expand access to clean syringes in Connecticut, the DPH HIV Prevention Program, in collaboration with members of the Statewide Overdose Prevention Workgroup, distributed the *Connecticut Pharmacy Resource Packet* to 110 pharmacies in 25 towns in Connecticut, in order 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 conducted its second statewide Pre-Exposure Prophylaxis (PrEP) Summit on October 29, 2015, with 100 participants. The goal of the summit was to continue to bring awareness to PrEP as a prevention tool for at risk populations, and to educate the community about PrEP initiatives currently being implemented in CT.
- The HIV Prevention Program Overdose Prevention Education and Naloxone Access (OPEN Access CT) community distribution program trained 485 Connecticut residences in overdose prevention and provided 486 naloxone kits. This OD prevention community distribution intervention is a collaboration with a variety of state, local, and community-based providers and syringe services programs (SSPs). The goal of this intervention is to provide a coordinated effort to increase OD awareness, training, and community access to Naloxone and overdose prevention services.

- The HIV Prevention Program successfully advocated for revisions to current HIV statutes regarding Syringe Exchange Programs. Changes to the statute include expanding the scope of services for Syringe Service Programs such as enhanced harm reduction information regarding overdose prevention education, access to community naloxone distribution programs, and testing for Hepatitis C. Changes to the statute also allow for funding of services beyond the three cities with the highest burden of HIV disease in order to provide service where there are pockets of high injection drug use and/or overdose.
- HIV Prevention Program, in collaboration with several community health centers, developed a pilot program to evaluate PrEP access models within Federally Qualified Health Centers (FQHCs). The pilot is called Project STOP. The goal of Project STOP will be to identify and evaluate a seamless referral and linkage mechanism to PrEP services for high risk persons diagnosed with Syphilis and Gonorrhea.
- DPH, in collaboration with partners at the Yale Center for Interdisciplinary Research on AIDS (CIRA), shared the findings of two evaluation projects completed in 2016 during the 3rd Annual New England HIV Implementation Science Network Symposium: *Building on our Success!*. The findings will be used to educate stakeholders on the most cost effective ways to provide HIV prevention and drug user health services in Connecticut.
- DPH has expanded the healthcare associated infections program to address issues of antimicrobial resistant “superbugs.” The program has established an advisory committee of experts, has completed two years of surveillance for CRE (a worrisome class of antimicrobial resistant bacteria), and the State Laboratory has successfully competed for funding to establish antimicrobial resistance testing at the Laboratory. In partnership with CDC, DPH investigated the third US case of mcr-1, a mutation in bacteria that could create untreatable superbugs, and found there was no risk to the public in this case.
- DPH competed successfully for federal funding to assess hospital preparedness for Ebola and the quality of infection control programs in hospitals and other healthcare settings. DPH funded the End Stage Renal Disease Network of New England to develop an innovative training program and best practices training manual for hemodialysis centers.
- DPH was awarded an additional \$580,000 to supplement a \$1,548,688 per year five year CDC grant initially awarded in 2013 through the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (SHAPE) program. DPH, in collaboration with the Connecticut State Department of Education, is using the SHAPE funds to implement strategies across the state to address diabetes, heart disease, obesity and related risk factors, and to promote school health.
- DPH distributes grants to develop and administer School Based Health Center and Expanded School Health programs that provide access to prevention, primary care and/or behavioral health services and/or dental health services for students on the enrolled in the schools in which these centers are located. School Based Health Centers serve a large Medicaid and underserved population, and allow students to access care while facilitating an immediate return to class. School Based Health Centers allow for the provision of medical, behavioral and dental health services without the need for parents to miss time from work. Services consist of management of chronic conditions as well as urgent needs. In FY 2016, DPH funding supported the operation of 85 school based health

centers, 11 expanded sites, and 1 school-linked site.

- DPH is partnering with the Connecticut School Based Health Association and School Based Health Center providers in five communities to pilot reporting standards to be proposed as national performance measures through the National School Health Alliance and HRSA.
- The State Coalition to Improve Birth Outcomes has developed the State Plan to Improve Birth Outcomes, which includes recommendations and strategies believed to have the greatest potential for impact and feasibility. The plan serves as a roadmap to support the coordination and integration of strategies necessary for a comprehensive and holistic effort to improve birth outcomes in the state.
- The Every Woman Connecticut Learning Collaborative initiative was launched on May 18, 2016. Every Woman Connecticut is made up of clinical and community-based partners who serve women of childbearing age in 8 communities across Connecticut. Communities with high volume/high burden of poor birth outcomes were sought for their participation in the collaborative. The main goal of Every Woman Connecticut is to increase expertise and self-efficacy in implementing routine pregnancy intention screening and appropriate care, education, and services to ultimately improve birth spacing, increase pregnancy planning, and the proportion of Connecticut women who deliver a live birth who report discussing pre-conception and/or inter-conception health with a healthcare worker.

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

- On January 1, 2016, the Vital Records Office launched a new web-based birth registry. The registry is referred to as the Connecticut Vital Records System (ConnVRS). The ConnVRS birth record corresponds to the current standard birth certificate that is recommended by the federal Centers for Disease Control and Prevention (CDC). Connecticut is now collecting new data items such as the use of infertility treatments to attain the pregnancy, the mother's participation in WIC during her pregnancy, and whether the infant was being breastfed at discharge.
- The Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS) is an ongoing public health telephone survey of adults, conducted through a cooperative agreement with the CDC. Households are randomly selected for participation in the survey, which monitors the health status, health risk and protective behaviors, and chronic conditions of Connecticut residents. During calendar year 2015, over 11,500 citizen volunteers in the state participated in the survey. This survey size is enhanced from prior years due to funding, in part, from the Preventive Health and Health Services Block Grant, as well as from the State Innovations Model (SIM) grant. Funding from these sources to enhance the survey size has also made possible, for the first time, a methodology to provide estimates of the health and wellbeing of residents living in local areas. In addition, a methodology has been developed that allows larger local areas to include town-specific questions in the survey.
- Tumor Registry staff obtained funding from the National Cancer Institute for three applied research studies aimed at improving the quality of Connecticut cancer data.
- Surveillance, Analysis and Reporting (SAR) staff collaborated with the UConn State Data Center to develop and test a new population estimation model to provide detailed,

local-area population data and associated health indicator statistics for the multi-agency SIM project.

- Staff continued work on the CDC-funded States Monitoring Assisted Reproductive Technology (SMART) collaborative project. The purpose of SMART is to establish, evaluate, improve, and promote state-based surveillance of Assisted Reproductive Technology (ART), infertility, and related activities. Connecticut is one of three states funded in this collaborative project with CDC.

### *Technology*

- Applicant Background Check Management System (ABCMS) for long-term care providers, established pursuant to Conn. Gen. Statutes Sec. 19a-491c, went live with nursing home providers in October 2015. The ABCMS represents a cutting-edge background check management service whereby both the agency and long-term care providers will be able to track the background check status on applicants in real time.
- The Facilities Licensing Inspection Section (FLIS) Mobile computing initiative was successfully implemented to establish a framework that allows complaints related to long term care facilities to be electronically logged and filed directly into the CMS Aspen application and utilize a fillable PDF online to initiate complaints. All Field Staff in the FLIS Complaints division are equipped with laptops for field use and docking stations have replaced all desktop CPU's. Scanners are available at multiple locations for conversion of collected paper work sheets into electronic permanent records. This model will be expanded to other inspection staff sections throughout DPH. This project was made possible by the IT Capital Investment Program.
- DPH replaced its legacy digital phone system with an enterprise Voice over Internet Protocol (VoIP) system.
- Upgraded DSL with AT&T Switched Ethernet Service (ASE) at twenty three WIC locations, allowing the new eWIC web-based application to run faster.
- Upgraded approximately 200 DPH users' desktops in the PC refresh initiative.
- Implemented a new disk based UDP (Unified Data Protection) backup solution to improve operational efficiency. Connected the DPH computer room to a diesel powered building generator for extended service during power outages.