

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 – 855

Recurring operating expenses -

Federal: \$137,255,945

State: \$88,191,904

Additional Funds: \$12,227,851

Organizational structure -

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

Mission

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Preventing disease, injury, and disability; and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

Statutory Responsibility

The Department of Public Health (DPH) is the state's leader in public health policy and advocacy. 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 advocacy, 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 to the Governor, the Legislature, 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 health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

Public Service

Administration

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

Contracts and Grants Management

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 improve the Connecticut healthcare service infrastructure and provide otherwise unavailable health and/or support services to underserved residents of Connecticut.

Fiscal Services

The Fiscal Services Section administers budget planning and preparation, monitors 19 state and 142 federal accounts for expenditures, revenue accounting, accounts payable/receivable, and purchasing, including emphasis on procurement activities from small and minority-owned vendors; provides mail services and inventory control; gives grantees and their auditors a single point of contact for accounting and audit issues related to grants and over 650 contracts; provides technical assistance to contracting units within the department and monitors the final financial settlement of agency grants and contracts, including adherence to cash management and all applicable federal regulations for financial reporting.

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

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

Administrative Facility Management

Administrative Facility Management oversees the delivery of a safe and healthy work environment for Department of Public Health employees and programs. The department works together with an independent management company to address facility needs. A multidisciplinary team approach has been successful in alerting administrative officials and the management company of building needs that require attention.

Affirmative Action/Equal Employment Opportunity

The Affirmative Action Office, also known as the Equal Employment Opportunity Office, is responsible for ensuring that the department guarantees equal opportunity for all individuals, including all programs and services, without regard to race, color, religious creed, age, sex, marital status, national origin, ancestry, past or present history of mental disorders, mental disability, intellectual disability, physical disability (including blindness) or learning disability, genetic information, sexual orientation, gender identity or expression, 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' for compliance with the law, outreach/recruitment programs and monitor supplier diversity
- *Affirmative Defense*: establish, disseminate (and enforce) department prevention policies (anti-harassment policies) and facilitate free on-site Diversity, Sexual Harassment Awareness Prevention and related training to provide strategies and remedies available including the internal discrimination complaint procedure to prevent against the lowering of productivity and the increase of non-value-added costs

- *Enforcement and Auditing*: strategies and compliance monitoring in conformance with employment discrimination law and department policies to maintain workplace relations, employee satisfaction and overall productivity
- *Internal Investigation and Mediation*: of complaints/allegations of discrimination/harassment, Americans with Disabilities Act Compliance Coordination and monitoring the internal investigation program for patterns or practices which may impede full and fair participation
- *Affirmative Action Plan*: implementing and compiling the annual department plan submitted to the Commission on Human Rights and Opportunities (CHRO) in July of each year

Agency Legal Director

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

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

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

The Hearing Office also maintains indices and the originals of all department decisions, and reports to federally mandated and private professional databases.

The Ethics Officer responds to ethics questions, provides training, conducts investigations, and makes referrals, as necessary; *the HIPAA Privacy Officer* conducts privacy training, responds to requests for personally identifiable health information, and generally ensures HIPAA compliance; and, *the Attorney General Designee* represents the department in cases before the Commission on Human Rights and Opportunities (CHRO).

Communications/Government Relations

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

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

Community Health and Prevention

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

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

Family Health

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

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

- Community Health and Support
 - Birth Defects Registry
 - Community Health Centers
 - Early Hearing Detection and Intervention
 - Intimate Partner Violence
 - Sexual Violence Prevention
 - Sickle Cell Disease
 - State Systems Development Initiative
 - Primary Care Office

- Office of Oral Health
 - Home by One
 - Every Smile Counts
 - Water Fluoridation Plan
 - Basic Screening Survey for Older Adults
 - Dental Donated Services

- Maternal, Infant and Child Health
 - Action Learning Collaborative
 - Case Management for Pregnant Women
 - Family Planning
 - Fetal and Infant Mortality Review
 - Healthy Choices for Women and Children
 - Federal Hartford Healthy Start
 - State Healthy Start
 - Maternal, Infant and Early Childhood Home Visiting
 - Personal Responsibility Education Program
 - Pregnancy Risk Assessment Monitoring System
 - Pregnancy Risk Assessment Tracking System

- Child and Adolescent Health
 - Autism Spectrum Disorder
 - Children and Youth with Special Health Care Needs
 - Early Childhood Partners
 - Respite Care for Children and Youth with Special Health Care Needs
 - Family Advocacy
 - School Based Health Centers

Healthcare Quality & Safety

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

ensuring competent and capable health care service providers. The branch consists of three 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 mentally retarded
- Nursing homes
- Residential care homes
- Substance abuse and mental health treatment facilities

Practitioner Licensing and Investigations

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

Legal Office

- Criminal background checks program
- Prosecution of regulated entities
- Legislative and regulatory support

Infectious Disease Section

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

- Epidemiology
 - Emerging Infections
 - Foodborne Disease
 - Public Health Preparedness

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

Office of Health Care Access

The major functions of the Office of Health Care Access (OHCA) include the administration of the certificate of need (CON) program; preparation of the Statewide Health Care Facilities and Services Plan; health care data collection, analysis and reporting; and hospital financial review and reporting.

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

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

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

Population Health Statistics & Surveillance

The Population Health Statistics & Surveillance branch consists of the Vital Records Registry, the Connecticut Tumor Registry, and the Health Information Systems and Reporting Section.

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:

- 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 840,000 cancers includes all reported tumors diagnosed in Connecticut residents from 1935 through 2009, as well as treatment, follow-up and survival data. All hospitals and private pathology laboratories in Connecticut are required by law to report cancer cases to the registry.

Health Information Systems and Reporting

The Health Information and Reporting Section 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.

Public Health Laboratory

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

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

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

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

Environmental Chemistry – This section tests for over 100 toxic chemical agents in public drinking water supplies, private wells, rivers, lakes and streams, wastewater, spills, and soils. This section also provides analytical services for testing consumer products and other materials where there is a potential for exposure to hazardous materials such as lead based paint. Other services include monitoring of the nuclear power industry, serving on the state’s nuclear response team, and maintaining preparedness and capabilities to respond to radiation emergencies. The laboratory is also designated as the state’s Chemical Terrorism Response Laboratory in the event of a terrorist attack involving chemical agents or Weapons of Mass Destruction (WMDs).

Public Health Preparedness and Response

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 response personnel, licensing and certifying provider organizations, facilities, and approving sponsor hospital designations
- Conducting complaint investigations
- Coordinating emergency planning with the Department of Emergency Services and Public Protection (DESPP)
- Integrating statewide electronic EMS and trauma system data collection
- Issuing trauma center designations

Public Health Preparedness

The Office of Public Health Preparedness is responsible for the design, development and implementation of the department’s public health emergency plans and initiatives. The office ensures compliance with state and federal mandates with respect to public health preparedness, and is responsible for identifying and securing grants in support of the state’s public health preparedness efforts. Within the department’s incident command structure, the office provides operational management. This office also coordinates the federal Public Health Emergency Preparedness and Hospital Bioterrorism grant submissions. This function includes outfitting and operations of a 100-bed mobile field hospital. This office also partners with the Connecticut Military Department in the operations of the New England Disaster Training Center in Windsor Locks.

Public Health Systems Improvement

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

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

These activities are tied to grant performance measures that are monitored annually. The strategic plan and health improvement plan are under development will include implementation plans with goals, objectives, and measures.

Regulatory Services Branch

The Regulatory Services Branch has regulatory oversight of the state’s drinking water systems, child day care facilities, youth camps and environmental services. 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 licensed providers is a priority.

The branch consists of:

Community-Based Regulation Section

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

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

Environmental Health Section

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

- Asbestos
- Environmental Engineering
 - On-Site Subsurface Sewage Systems
 - Mausoleums, Crematories and Private Burial Grounds
- Environmental Laboratory Certification

- Environmental and Occupational Health Assessment
 - Environmental Public Health Tracking
 - Toxicology
 - Occupational Health
 - Agency for Toxic Substances and Disease Registry
 - Indoor Environmental Air Quality
- Environmental Practitioner Licensure
- Food Protection
- Lead and Healthy Homes
- Private Wells
- Radon
- Recreation
 - Bathing areas
 - Beaches
 - Public pools
 - Family campgrounds

Drinking Water Section

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

The section is comprised of the following units which work to assure and maintain the high standard of public drinking water Connecticut's residents have come to expect and enjoy.

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

Enforcement and Certification Unit - handles all enforcement actions, approximately 3,000 in 2011, for the Drinking Water Section and also ensures that community and non-transient non-community public water systems are being operated by properly certified individuals. This unit certifies approximately 1,500 public drinking water system operators.

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

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

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

Capacity Development Unit - oversees the Drinking Water State Revolving Fund which provides millions of dollars in low interest loans and subsidies to Connecticut public water systems’ each year for important drinking water infrastructure projects. In state fiscal year 2013 it is projected that over 40 million dollars in loans will be issued for improvements to Connecticut’s public drinking water infrastructure.

Source Water Protection Unit – is responsible for the purity of Connecticut’s 4,000 surface and ground water drinking water supply sources through regulation and guidance of activities within source water areas. These areas comprise over 18% of the land area in Connecticut. Annually the unit reviews approximately 608 activities/proposals in source water areas and issues approximately 95 permits, including approximately 60 approvals for new sources of public drinking water.

Office of Local Health Administration

The Office of Local Health Administration serves as the primary interface between the department and Connecticut’s local health departments (LHDs). Responsibilities include:

- Advising the Commissioner on the approval of appointments of local directors of health and acting directors of health.
- Administering per capita grants-in-aid for LHDs.
- Planning and coordinating the Commissioner’s semi-annual meeting for directors of health.
- Providing technical assistance and consultation to DPH programs, local health directors, local officials and residents on local public health issues.
- Maintaining and developing Connecticut’s Health Alert Network (HAN) and assisting local health departments with the development of local HANs.
- Working with local health departments to integrate and promote the National Public Health Performance Standards.

Improvements/Achievements FY 2011-12

Government Efficiency and Performance

- In September 2011, DPH initiated a strategic mapping process that included agency staff and key external partners. Participants identified the agency’s central challenge (Improve Health

Outcomes for All in Connecticut Through Leadership, Expertise and Focus) to reach its mission, five strategic priorities, and critical actions to meet the central challenge. This process is ongoing and is the basis of development of the agency's formal organizational strategic plan that will be completed in December 2012. The organizational strategic plan is a pre-requisite for national accreditation of public health agencies.

- The DPH Laboratory began screening of all Connecticut newborns for Severe Combined Immunodeficiency (SCID). SCID is a potentially deadly genetically-determined condition that results in the inability to make protective antibodies. While most SCID babies appear normal at birth, it soon becomes apparent that they lack the ability to fight off routine infections. To date the laboratory has screened approximately 25,000 babies for this disorder, which can be treated if it's identified within the first three months of life. Connecticut is one of nine states currently screening for SCID.
- The department is nearing completion of a multi-year project to relocate the Connecticut Public Health Laboratory from its aging facility, built in 1965 and located at 10 Clinton Street in Hartford. Using a bonding allocation of \$76 million, a new state-of-the-art facility has been designed and built on state-owned property at 395 West Street in Rocky Hill. Many operational and cost-saving efficiencies are being achieved through this relocation, including high-efficiency mechanical systems and other energy saving measures. Through various cost-saving measures, a total of \$12 million from the original project authorization of \$86 million has been returned to the state coffers.
- Connecticut underwent its annual evaluation by the Centers for Disease Control and Prevention of the state's Strategic National Stockpile plan and received a score of 97 out of a possible 100.
- DPH responded to Tropical Storm Irene and Winter Storm Alfred in coordination with the Governor's Office, other state agencies, local public health and healthcare system partners to assure public health and safety for state residents. The response included conducting surveillance and education related to the outbreak of Carbon Monoxide poisoning after the October snow storm and real time case finding by contacting hospitals. Over 140 cases of CO poisoning were documented. The DPH Drinking Water Section (DWS) responded to and assisted the drinking water industry in their recovery from Tropical Storm Irene and Winter Storm Alfred. The Environmental Protection Agency awarded the DWS an Environmental Merit Award for its efforts during the two storms.
- The Affirmative Action Office/Equal Employment Opportunity Manager obtained regulatory review and approval, of the 2011 Department Affirmative Action Plan, by the Commission on Human Rights and Opportunities
- The DPH Child Daycare SAFER (Screening Assessment for Environmental Risk) continues to protect children from exposure to hazardous chemicals. This collaborative program between the Environmental Health and Community Based Regulation sections identifies child daycares located on or near hazardous waste sites and improves siting of new child daycares. DPH has been able to implement this voluntary program at no cost to the state, towns or day care operators. In other states such as New Jersey, a similar program has cost millions of dollars to implement.
- The DPH Environmental Health Section proposed a revision to CGS 19a-111j, which enabled the department to distribute state lead poisoning prevention funds to our community partners in a more efficient and timely manner. The legislation will result in the more timely delivery of funds to health departments to continue services without interruption, which is of

benefit to Connecticut's communities and children. Additionally, streamlining the delivery process will save both the state and municipal/district health departments' administrative time and effort.

- Effective April 2012, the Environmental Health Section implemented a change in the process associated with the analysis of bulk samples for asbestos content. Previously, samples collected by the Asbestos Program and local health departments were submitted to the Department of Public Health Laboratory for analysis. A process was established whereby bulk samples are now analyzed by a certified private environmental laboratory. This change has resulted in an annual savings of approximately \$96,000.

Health Care Quality and Regulatory Standards

- The department continues to expand its use of the states' eLicense system by migrating its child day care and youth camp licensing databases into this online resource - continuing progress toward a single licensing system for all licensed providers statewide. The integrated licensing system takes advantage of new technology capabilities that increase efficiency and service quality for licensed providers, researchers, parents, the general public, and other interested stakeholders. The new system yields efficiencies and savings in data management costs and allows the department to collect valuable data related to the child day care licensing and monitoring activities.
- With the potential for 69 nursing home labor contracts expiring, the department developed a Continuity of Operations plan to manage monitoring of patient care in the event of a labor action.
- In collaboration with the Centers for Medicare and Medicaid Services (CMS), the department implemented enhanced survey activities and monitoring of patient discharge, infection control and quality assessment, and performance activities in the acute hospital setting to promote patient safety.
- The department successfully implemented the new legislatively mandated process for scope of practice determinations for healthcare professions. The department received ten requests for scope of practice determinations and was able to complete five reviews, including the submission of comprehensive reports and recommendations to the Public Health Committee of the General Assembly.
- The Office of Emergency Medical Services has received over 500,000 EMS Patient Care Reports being reviewed for patient care delivery system enhancements.
- The department's Drinking Water Section issued administrative orders to 10 public water systems in 2008 and 2009 for failure to comply with the radionuclide maximum contaminant levels (MCLs). The orders required the water systems to achieve compliance with the MCLs by December 31, 2011 or July 1, 2012. Nine of the 10 water systems returned to compliance by either installing treatment, re-configuring water system operations or connecting to another public water system through a main extension. The remaining system will be connecting to another public water system by December 2012.
- The Environmental Engineering Program issued guidance concerning exception applications submitted to DPH for central septic systems and for septic system repairs in close proximity to water supply wells. The new applications will streamline the exception process, ensure complete submissions, assist in the protection of water supply wells, and ensure septic systems are viable for the longer term.

- DPH engaged the services of a medical fellow to review the current licensing, investigation and disciplinary processes for physicians, meet with interested stakeholders and make recommendations concerning ways to strengthen and streamline these processes. As a result of this review and further discussions between DPH and the Connecticut Medical Examining Board, the department implemented several changes related to the processes for complaint investigations and case resolution. In addition, during the 2012 session of the Connecticut General Assembly, statutory revisions related to the composition of the Board and the list of non-board medical hearing panelists were enacted.

Health Promotion and Disease Prevention

- The Women, Infants and Children (WIC) Program authorized approximately 120 stores through open enrollment this year. This process provided an open, equal, and transparent opportunity, a definitive timeframe and increased the chances for stores to apply to the program. Increasing the number of WIC vendors improves access to healthy foods for WIC participants and all residents, especially for those who reside in locations considered “food deserts” and rural areas. WIC authorization significantly contributes to creating healthy food environments in inner-city neighborhoods, and additional jobs and increased economic growth for the store owners and neighborhoods.
- The department’s Family Health Section secured a federal 4-year grant in the amount of \$27 million under the Maternal, Infant and Early Childhood Home Visiting Program to implement evidence-based home visiting programs in twenty communities. The goal of the program is to improve the health and development of at-risk pregnant women, parents, caregivers and children from birth-to-eight years of age. Connecticut’s grant award will build on the state’s existing early childhood system by expanding the capacity of home visiting programs that are designed to increase parent knowledge of early childhood development and improve parenting practices, provide screening and early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children’s school readiness and school success.
- The DPH Comprehensive Cancer Program incorporated a patient navigation component into the Connecticut Breast and Cervical Cancer Early Detection, Well-Integrated Screening and Evaluation for All Women Across the Nation, and Colorectal Cancer Control Programs to assist participants with navigating through the maze of doctors’ offices, clinics, hospitals, outpatient centers, insurance and payment systems, patient-support organizations, and other components of the health care system. This model improves patient outcomes by providing education and support in a culturally appropriate and sensitive manner.
- The Diabetes Prevention and Control Program collaborated with the Department of Social Services, Aging Service Division on the American Recovery and Reinvestment Act grant administered through the National Council on Aging (NCAO). This grant reached 639 Chronic Disease Self-Management Program completers, well above the goal of 500.
- DPH designated twenty-three (23) of the thirty (30) acute care hospitals in Connecticut as Primary Stroke Centers. To achieve this designation, a hospital must meet stroke care standards established by the American Heart Association/American Stroke Association and the Brain Attack Coalition.

- The DPH Nutrition, Physical Activity and Obesity Program was awarded nearly \$500,000 in Affordable Care Act funds to support community prevention efforts to reduce chronic disease. These funds, awarded through the Community Transformation Grant, will help build capacity at the state and county level to implement policies, environmental, and infrastructure improvements that will reduce chronic disease rates and address health disparities.
- The Office of Multicultural Health provided sponsorship, materials and participated in the 1st Annual NAACP (National Association for the Advancement of Colored People) Health Fair, The African American Women’s Health Summit, and The Raising Awareness, Exploring Strategies: Asian American Communities Retreat to bring awareness and address health disparities experienced in the communities.
- The Tobacco Use Prevention and Control Program adopted a fee for service approach for reimbursement to contractors providing tobacco-use cessation programming in order to better target available funding to successful programs.
- The DPH HIV Health Care and Support services unit is responsible for the administration and oversight of the approximately \$14.5 million federal Ryan White Part B grant that provides support to Connecticut residents living with HIV to access appropriate medical care and treatments to manage their infection to delay or prevent disease progression. The program continued to fund, support, and monitor Ryan White part B services throughout the state including medical case management services, medication adherence programs, and the Connecticut AIDS Drug Assistance Program (CADAP). Approximately 2,000 Connecticut residents living with HIV receive services through the case management and medication adherence programs. As people living with HIV survive longer, the number of residents requiring these services continues to increase.
- The HIV Health Care and Support unit implemented the Connecticut Insurance Premium Assistance Program (CIPA), which uses CADAP funding to help pay for health insurance premiums for eligible persons living with HIV/AIDS. The program is monitoring anticipated cost savings as it tends to be more cost-effective to purchase health insurance than pay for HIV anti-retroviral medications directly.
- DPH continues efforts to expand opportunities for electronic laboratory reporting. The number of laboratories that are sending HIV viral load reports electronically continues to increase. The Hepatitis Surveillance Program made progress in moving towards electronic laboratory reporting by converting the hepatitis B & C registries to the MAVEN platform. Electronic laboratory reporting reduces the burden of manual data entry and frees personnel hours for other tasks
- DPH contracts with the University of Connecticut Correctional Managed Health Care to provide HIV testing in correctional settings. A new system of testing that eliminates counseling prior to testing resulted in an increase in HIV testing and more HIV+ individuals diagnosed.
- The HIV program issued an RFP for services for contracts beginning January 2013 that aligns the program with the National HIV/AIDS Strategy. This “high impact prevention” focuses on increasing the number of people tested, focusing services on the areas of the state with the highest burden, working with people with HIV on prevention issues, identifying new cases and linking them to care, and partner notification. This will allow for more HIV testing to be conducted within the state as federal resources are being reduced.

- The Tuberculosis (TB) Control program conducted an evaluation with the Centers for Disease Control and Prevention that led to HIV testing rates increasing by more than 5% among providers who provide health care for active TB cases in Connecticut.
- The Sexually Transmitted Diseases Control (STD) program continues to collaborate with HIV Programs through the state to implement routine screening and assure comprehensive screening for newly diagnosed HIV positive clients. The comprehensive screenings include other STDs, TB, hepatitis C, partner services and referral for ongoing HIV services and medical care.
- The STD control program began interviewing gonorrhea cases in high incidence areas after conducting a GIS and census tract analysis of Connecticut cases. These interviews help assure treatment of cases and exposed sexual partners.
- DPH partnered with the New Haven Health Department and the Community Foundation for Greater New Haven (Federal Healthy Start Program) to submit an application for a Partnership to Eliminate Disparities in Infant Mortality (PEDIM) to address systemic and institutional racism that leads to adverse birth outcomes in the City of New Haven. This Action Learning Collaborative (ALC) is funded by City MatCH, the Association of Maternal and Child Health Programs and the National Healthy Start Association. The duration of the project is June 2011 to November 2012.