

#49

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, December 02, 2019 4:27:49 PM
Last Modified: Monday, December 02, 2019 5:34:26 PM
Time Spent: 01:06:37
IP Address: 50.201.223.209

Page 1: Local Health Department/District Information

Q1 Department Name

North Central District Health Department

Q2 Do you have a Board of Health? **Yes**

Page 2: Board of Health

Q3 Please complete the Board of Health information below.

Chairperson	Diane Wheelock
Address	132 Tallwood Drive
City/Town	Vernon
State/Province	CT
ZIP/Postal Code	06066
Email Address	dwheelock@vernon-ct.gov

Q4 Board Function **Advisory & Policy Making****Q5** Number of Board Members

21

Page 3: Director of Health and Local Health Department Information

Q6 Director of Health

Name	Patricia Sulik
Degree(s)	BS Environmental Technology and MPH
Active CT License(s)	RS
Number of hours in Director of Health's average work week	50

Q7 Please list salary figures as whole dollars per year.	Minimum Annual Salary	80000
	Maximum Annual Salary	123000
	Actual Annual Salary	109200

Q8 An Acting Director of Health is defined as an approved individual covering for a Director of Health when he or she is absent, for example, due to a vacation, medical leave, conference, or position vacancy. See Connecticut General Statute Section 19a-200 or 19a-244. Do you have a staff person(s) who is the Acting Director of Health in your absence?

Yes,
If yes, please provide the name(s) of the Acting Director of Health.:
Michael Caronna

Connecticut Local Health Annual Report SFY 2019

Q9 If no, how do you assure coverage when the Director of Health is absent? **Respondent skipped this question**

Q10 Does your department include a Housing Department? **No**

Q11 Does your department include a Social Services Department? **No**

Q12 Does your department include additional non-public health programs? **Yes,**
If yes, what other types of programs?:
Sanitarians respond to housing complaints

Q13 Are there any collective bargaining units in your department? **No**

Q14 Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program? **My department plans to apply for accreditation, but has not yet registered on e-PHAB**

Q15 In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation? **Have not decided on a target year**

Page 4: Local Health Personnel

Q16 Administrative

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Assistant or Deputy Director of Health	1			\$38	\$45
Environmental Health Supervisor	1			\$38	\$45
Nursing Supervisor	0				
Office Manager	0				
Bookkeeper	1			\$22	\$33
Secretary	2	3		\$15	\$24

Q17 Medical

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Dental Professional	0				
Dietitian / Nutritionist	0				
Lab Technician	0				
Nurse* (RN, APRN)*Does not include School Nurse	1		3	\$35	\$36
Physician / Medical Advisor	0				
School Nurse	0				
Social Worker	0				

Connecticut Local Health Annual Report SFY 2019

Q18 Public Health

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Emergency Preparedness Coordinator	1			\$19	\$32
Environmental Health Inspector (e.g., food, lead, housing)	6	1		\$22	\$37
Epidemiologist	0				
Health Educator	1	1		\$18	\$32
Outreach Worker	0	0	0	\$16	\$16
Other Paid Worker (Please describe below)			3		

Other Paid Worker, please describe:

Medical Advisor-\$2,400 per year Contractor-Grant Management level \$75-100 per hour Respiratory Therapist-\$41 per hour as needed

Q19 How many of your staff have the following licenses and/or certifications?

	#
Dental Hygienist (RHD)	
Dentist (DMD/DDS)	
Food Inspector	8
Health Educator (CHES)	
Lead Assessor	6
Lead Inspector	6
Nurse (RN/APRN)	1
Pharmacist (RPh)	
Phase I SSDS	9
Phase II SSDS	9
Physician (MD/DO)	
Registered Dietitian (RD)	
Registered Sanitarian (RS)	7
Social Worker (LSW)	
Veterinarian (DVM/VMD)	
Other (Please describe below)	

Page 5: Public Health Department Revenue

Q20 DPH funds - all regardless of source	Amount \$	459232
Q21 State funds - other than DPH	Amount \$	34000
Q22 Federal sources - direct	Amount \$	0
Q23 Licensure/Permit fees	Amount \$	436710

Connecticut Local Health Annual Report SFY 2019

Q24 Local funds - city/town sources	Amount \$	773184
Q25 Medicaid	Amount \$	0
Q26 Medicare	Amount \$	0
Q27 Other revenue	Amount \$	18451
Q28 Patient personal fees	Amount \$	0
Q29 Private foundations	Amount \$	0
Q30 Private health insurance	Amount \$	12015
Q31 What is your total operating budget?		
1458797		

Page 7: 10 ES - #1 Monitor health status to identify and solve community health problems

Q32 Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years. **Yes**

Q33 If yes, does the CHA include? (Select all that apply) **Data and information from various sources and how the data were obtained**, **Demographics of the population**, **Description of health issues and specific descriptions of population groups with particular health inequities**

Q34 If yes, please upload the CHA or provide web link. **Respondent skipped this question**

Q35 Web link/URL
still in draft form

Q36 Requirement 2: My department shared the findings from the community health assessment with the residents in my jurisdiction and asked for their input. **Yes**

Q37 If yes, what methods did you use to seek input from residents? (Select all that apply) **Listening sessions**, **Presentations and discussions at local meetings**, Other, please describe: **Key informant interviews**

Connecticut Local Health Annual Report SFY 2019

Q38 Requirement 3: My department routinely gathers information, collects data and/or conducts community dialogues specific to populations or geographic areas in the community where health inequities and poorer health indicators were identified in the community health assessment.

Yes

Q39 If yes, how is the data provided? (Select all that apply)

Participating in other local organizations' community meetings (e.g., church community meetings, school public meetings, community association meetings or assemblies, etc.)

Page 8: 10 ES - #1 Monitor health status to identify and solve community health problems

Q40 Requirement 1: My department shared the results of the community health assessment with the partners/stakeholders and the public.

No

Q41 If yes, how did your department share the results of the CHA? (Select all that apply)

Respondent skipped this question

Page 9: 10 ES - #1 Monitor health status to identify and solve community health problems

Q42 Requirement 1: My department has written processes and/or protocols used to collect surveillance data from multiple sources and to review and analyze the data.

Yes

Q43 If yes, how are the data collected? (Select all that apply)

Fax,
Electronic data,
Phone calls

Q44 Requirement 2: My department has written processes and/or protocols that (1) specify which surveillance data are confidential and (2) assure the confidential data are maintained and handled in a secure confidential manner.

No

Q45 If yes, please upload the protocol.

Respondent skipped this question

Q46 If no, is the protocol in development?

Yes

Q47 Requirement 3: My department has a 24/7 contact system or protocol to collect data from those who report data to my department.

Yes

Q48 If yes, how does your department collect the data 24/7? (Select all that apply)

A designated telephone line (voice or fax),
Email address,
Designated contact person or a list of contacts

Q49 Requirement 4: My department regularly uses the state DPH surveillance systems.

Yes

Q50 If yes, which surveillance systems do your department use?
(Select all that apply)

CTSITE (childhood lead) ,
CTEDSS (reportable diseases),
Syndromic Surveillance (opioids)

Q51 How many staff have been trained to use any of the state surveillance systems?

5

Page 10: 10 ES - #1 Monitor health status to identify and solve community health problems

Q52 Requirement 1: My department has been involved in the collection of primary quantitative data in addition to surveillance data.

Yes

Q53 If yes, how has your department collected primary quantitative data? (Select all that apply)

Inspection data,
Data collected for community health assessment

Q54 Requirement 2: My department has been involved in the collection of primary qualitative data.

Yes

Q55 If yes, how your department has been involved in the collection of primary qualitative data? (Select all that apply)

Open ended survey questions ,
Focus groups,
Key informant interviews

Q56 Requirement 3: My department uses standardized data collection instruments to collect quantitative or qualitative data.

Yes

Page 11: 10 ES - #1 Monitor health status to identify and solve community health problems

Q57 Requirement 1: My department analyses various types of data and draws conclusions.

Yes

Q58 If yes, do the analyses of the data include the following? (Select all that apply)

Time/trend analysis ,
Primary and secondary data from multiple sources

Q59 Requirement 2: My department shares data and data analyses.

Yes

Q60 If yes, with whom does you department share the data and data analyses? (Select all that apply)

Internal staff ,
Board of Health

Page 12: 10 ES - #1 Monitor health status to identify and solve community health problems

Q61 Requirement 1: My department has used data to develop policies, processes, programs or interventions or to revise or expand existing policies, processes, programs or interventions. **Yes**

Q62 If yes, how has the department used data? (Select all that apply) **Health Promotion Programs,**
Other (please describe):
Response to EEE

Page 13: 10 ES - #1 Monitor health status to identify and solve community health problems

Q63 Requirement 1: My department provides summaries or fact sheets of community health data. **Yes**

Q64 If yes, who are the summaries/fact sheets shared with? (Select all that apply) **Residents,**
Key stakeholders,
Elected officials,
Board of Health

Page 14: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q65 Requirement 1: My department has a written protocol that includes a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards. **Yes**

Q66 If yes, for which of the following entities does the protocol delineate the assignment of responsibilities? (Select all that apply) **Internal staff**

Page 15: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q67 Requirement 1: My department conducts audits or programmatic evaluations (e.g., After Action Report) of investigations to ensure capacity to respond to outbreaks of infectious disease. **Yes**

Q68 Requirement 2: My department has a written report or other documentation of a completed investigation of a non-infectious health problem or hazard. **Yes**

Page 16: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q69 Requirement 1: My department has a tracking log or audit on investigations that includes reporting lab test results and investigation results. **Yes**

Q70 If yes, how does your department track investigations? (Select all that apply) **State surveillance systems (CTEDSS, CTSITE, CTEPHT- also known as MAVEN)**

Page 17: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q71 Requirement 1: My department has written protocols for the containment/mitigation of health problems and hazards. **No**

Q72 If yes, does the protocol(s) include? (Select all that apply) **Respondent skipped this question**

Page 18: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q73 Requirement 1: My department has infectious disease outbreak protocols that describe the process for determining when the EOP will be implemented. **Yes**

Q74 If yes, please upload the protocol.

2.2.2 EOP Implementation-NCDHD.pdf (1.1MB)

Q75 If no, is the protocol in development? **Respondent skipped this question**

Q76 Requirement 2: My department has protocols that specifically address environmental public health hazards and that describe the process of determining when the EOP will be implemented. **Yes**

Q77 If yes, please upload the protocol.

2.2.2 EOP Implementation-NCDHD.pdf (1.1MB)

Q78 If no, is the protocol in development? **Respondent skipped this question**

Q79 Requirement 3: My department has cluster evaluation protocols describing the process for determining when the EOP will be implemented. **No**

Q80 If yes, please upload the protocol. **Respondent skipped this question**

Q81 If no, is the protocol in development? **Yes**

Page 19: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q82 Requirement 1: My department has a written description of how it determines if an event has risen to the level of significance requiring an AAR. **No**

Q83 If no, is the documentation in development? **Yes**

Q84 How many drills and exercises did your department conduct or participate in the last fiscal year?

3

Q85 How many real world public health events did your department respond to in the last fiscal year?

3

Q86 How many were significant that required the development of an AAR?

2

Page 20: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q87 Requirement 1: My department has policies and procedures outlining how the department maintains 24/7 access to support services in emergencies. **Yes**

Q88 If no, are the policies and procedures in development? **Respondent skipped this question**

Q89 Requirement 2: My department has a call down list that is used to contact epidemiological and environmental local public health resources. **Yes**

Q90 If yes,

When was the call down list last tested? **9-26-19**
 What was the response time? **6 minutes for 73%**

Q91 Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services. **No**

Q92 If yes, please upload the protocol. **Respondent skipped this question**

Q93 If no, is the policy/procedure in development? **Yes**

Q94 Requirement 4: My department has protocols for handling and submitting of specimens. **No**

Q95 If yes, please upload the protocol. **Respondent skipped this question**

Q96 If no, is the policy/procedure in development? **No**

Page 21: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q97 Requirement 1: My department has a protocol, procedure or policy that identifies support personnel (within or outside the department) who will be called on to provide surge capacity. **Yes**

Q98 If no, is the protocol/procedure/policy in development? **Respondent skipped this question**

Q99 Requirement 2: My department has staffing lists for surge capacity which includes both the staffing needed for a surge response and how staff will fill those needs. **Yes**

Q100 If yes, how are staff notified if they are needed for surge capacity? (Select all that apply) **Email, Call down, Text**

Q101 Requirement 3: My department has a document detailing the availability of equipment (transportation, field communications, personal protective equipment (PPE), etc.) to support a surge. **Yes**

Q102 If no, is the document in development? **Respondent skipped this question**

Q103 Requirement 4: My department has a schedule for training or exercises to prepare personnel who will serve in surge capacity (e.g., ICS or PPE). **Yes**

Q104 If no, is the schedule in development? **Respondent skipped this question**

Q105 Requirement 5: My department has a list and description of contracts, MOAs/MOUs, and/or mutual assistance agreements providing addition staff and services, including laboratory services, for surge capacity. **Yes**

Page 22: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q106 Requirement 1: My department has a communication protocol to contact staff, health care providers, response partners, the media and others, 24/7. **Yes**

Q107 If yes, please upload the protocol.

2.4.1 Communication Protocol-NCDHD.pdf (2.2MB)

Q108 If no, is the protocol in development? **Respondent skipped this question**

Q109 Requirement 2: My department provides information to partners and the public about how to contact the health department to report a public health emergency, risk, problem, or environmental or occupational public health hazard. **Yes**

Q110 If yes, how does your department inform partners and the public? (Select all that apply) **Web page, Distribution of printed materials (brochures, flyers, factsheets)**

Q111 Requirement 3: My department's partners and the public can contact the health department 24/7. **Yes**

Q112 If yes, how does the public and partners contact your department 24/7? (Select all that apply) **Police dispatch**

Q113 Requirement 4: My department has established or participates in a Health Alert Network (HAN) or similar system that receives and issues alerts 24/7. **Yes**

Q114 If yes, how often does your department test the system?

Quarterly

Connecticut Local Health Annual Report SFY 2019

Q115 Requirement 5: My department provides information to the public and uses the media to communicate information to the public during a public health emergency. **Yes**

Q116 If yes, how does your department provide information and use the media to communicate information to the public? (Select all that apply) **Web page, Distribution of printed materials (brochures, flyers, factsheets), Press release**

Page 23: 10 ES - #3 Inform, educate, and empower people about health issues

Q117 Requirement 1: My department has provided information to the public on health risks, health behaviors, disease prevention, or wellness. **Yes**

Q118 If yes, how has your department provided information to the public? (Select all that apply) **Public presentation, Brochure, Other, please describe: website**

Q119 Requirement 2 **Yes**

Q120 If yes, were the health promotion strategies? (Select all that apply) **Evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice, Developed with input of the community (focus groups, key informant interviews, town meetings, advisory groups), Implemented in collaboration with stakeholders, partners, and the community**

Q121 If yes, what types of health promotion strategies were developed and implemented or sustained? (Select all that apply) **Biking pathways, Immunizations, Media campaigns**

Page 24: 10 ES - #3 Inform, educate, and empower people about health issues

Q122 Requirement 1: My department has assessed health inequity across the jurisdiction within the last five years. **Yes**

Q123 If yes, does the assessment include? (Select all that apply) **The use of health equity indicators, Internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes**

Page 25: 10 ES - #3 Inform, educate, and empower people about health issues

Q124 Requirement 1: My department has a policy, plan or strategy for branding. **No**

Connecticut Local Health Annual Report SFY 2019

Q125 If yes, does the branding policy, plan or strategy? (Select all that apply) **Respondent skipped this question**

Q126 If no, is the policy, plan or strategy in development? **Yes**

Page 26: 10 ES - #3 Inform, educate, and empower people about health issues

Q127 Requirement 1: My department has external communication procedures or protocols. **No**

Q128 If yes, does the external communication procedures or protocols include? (Select all that apply) **Respondent skipped this question**

Q129 If yes, please upload the procedure or protocol. **Respondent skipped this question**

Q130 If no, is the protocol in development? **Yes**

Page 27: 10 ES - #3 Inform, educate, and empower people about health issues

Q131 Requirement 1: My department has a risk communication plan, protocol or procedure. **No**

Q132 If yes, does the risk communication plan, protocol or procedures? (Select all that apply) **Respondent skipped this question**

Q133 If yes, please upload the plan, protocol or procedure. **Respondent skipped this question**

Q134 If no, is the plan, protocol or procedure in development? **Yes**

Page 28: 10 ES - #3 Inform, educate, and empower people about health issues

Q135 Requirement 1: My department maintains a website or web page to inform the public about public health issues. **Yes**

Q136 If yes, my department's website or web page has the following information: (Select all that apply)

- 24/7 contact number for reporting health emergencies** ,
- Links to public health-related news** ,
- Information and materials from program activities** ,
- Links to CDC and other public health-related federal, state, or local agencies, as appropriate** ,
- The names of the Director of Health and leadership team**

Page 29: 10 ES - #3 Inform, educate, and empower people about health issues

Q137 Requirement 1: My department has demographic data defining ethnic distribution and languages in the jurisdiction. **Yes**

Q138 Requirement 2: My department has access to staff or contractors who provide interpretation, translation or specific communication services.

Yes

Q139 If yes, how does your department provide interpretation, translation or specific communication services? (Select all that apply)

Bi-lingual or multi-lingual staff ,
Language telephone services,
Translation services/contractors

Page 30: 10 ES - #4 Mobilize community partnerships and action to identify and solve health problems

Q140 Requirement 1: My department has been an active member of a community partnership(s) or coalition(s) to improve the health of the community.

Yes

Q141 If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent? (Select all that apply)

School systems,
Hospitals/Community Health Centers,
Social service organizations ,
Local government agencies ,
Not-for-profit organizations,
Community members ,
Youth organizations,
Other, please describe:
Substance abuse prevention coalitions Chamber of Commerce

Q142 If yes, which health issue(s) are being addressed in the community partnership(s) or coalition(s)? (Select all that apply)

Obesity,
Health equity ,
Housing,
Transportation,
Substance abuse,
Other, please describe:
Poorly controlled asthma

Q143 Requirement 2: My department has made a change in a policy or created or revised a program that was implemented through the work of the partnership(s) or coalitions(s).

Yes

Q144 If yes, what policy change or revision was implemented? (Select all that apply)

Other, please describe:
Expand awareness/understanding of opioid abuse and Narcan

Page 31: 10 ES - #4 Mobilize community partnerships and action to identify and solve health problems

Q145 Requirement 1: My department engages with the community as a whole or with specific populations that will be affected by a policy or strategy. **Yes**

Q146 If yes, which sectors of the community has your department engaged? (Select all that apply)

Senior Citizens,
Service providers, i.e., tattoo artists, salon owners, nail technicians, massage therapists, food establishment owners and workers
 ,
Advisory groups,
 Other (please describe):
 Substance abuse coalitions

Q147 Requirement 2: My department communicates and collaborates with the governing entity, advisory board and/or elected officials concerning public health policy or strategy at least quarterly. **Yes**

Q148 If yes, how does your department communicate and collaborate? (Select all that apply)

Meetings,
Emails,
 Other (please describe):
 Professional organizations-CADH, CEHA

Page 32: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q149 Requirement 1: My department monitors and tracks the public issues being discussed by my department's governing entity, elected officials, individuals and/or other entities that set policies and practices that impact the health department or public health. **Yes**

Q150 If yes, how is your department monitoring and tracking issues? (Select all that apply)

Meeting agendas and minutes ,
Legislative Reports/Summaries

Page 33: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q151 Requirement 1: My department has contributed to the formal discussions concerning public policy and practice and its impact on public health. **Yes**

Q152 If yes, how has your department contributed to the discussions? (Select all that apply)

Participation in an advisory or work group ,
 Other (please describe):
 Advocacy work through CADH

Page 34: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q153 Requirement 1: My department has informed policy makers and/or the public about potential health impacts of policies that are being considered or in place. **Yes**

Connecticut Local Health Annual Report SFY 2019

Q154 If yes, how has your department informed policy makers and/or the public? (Select all that apply)

Other (please describe):

Through CADH, through presentations at Board Meetings and to Member-Town Town Councils

Page 35: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q155 Requirement 1: My department has a community health improvement plan (CHIP) dated within the last five years.

No

Q156 If yes, does the CHIP include the following? (Select all that apply)

Respondent skipped this question

Q157 If yes, please attach the CHIP or provide the web link.

Respondent skipped this question

Q158 Web link/URL

Respondent skipped this question

Q159 If no, where is your department in the process? (Select one)

My department is in process of developing a CHIP

Page 36: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q160 Requirement 1: My department has a tracking process to document actions taken toward the implementation of the CHIP.

Respondent skipped this question

Q161 Requirement 2: My department and/or my partners have implemented some areas of the CHIP.

Respondent skipped this question

Q162 If yes, what area has been implemented and by whom? (Provide one example)

Respondent skipped this question

Page 37: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q163 Requirement 1: My department has a strategic plan dated within the last five years.

Yes

Q164 If yes, does the plan include? (Select all that apply)

Mission, Vision and Value Statements

Strategic Priorities,

Measurable and time-framed goals and objectives

Analysis of Strengths and Challenges

Q165 If no, where is your department in the process? (Select one)

Respondent skipped this question

Page 38: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q166 Requirement 1: Since the strategic plan's adoption, my department has reviewed the plan and has monitored and assessed progress towards reaching the goals and objectives.

Yes

Page 39: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q167 Requirement 1: My department participates in preparedness meetings with other government agencies, local health departments and health care providers. **Yes**

Q168 Requirement 2: My department has conducted drills or exercises or responded to real events that tested components of the All Hazards EOP within the last five years. **Yes**

Q169 If yes, did your department develop an AAR after the emergency or drill/exercise? **Yes**

Q170 Requirement 3: As a result of an exercise, drill or real event, my department has revised the All Hazards EOP. **No**

Page 40: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q171 Requirement 1: My department has a public health emergency response plan that is dated within the last five years. **Yes**

Q172 If yes, does your department's public health EOP include? (Select all that apply)

- The health department staff responsible for coordinating a response**
- The roles and responsibilities of the health department and its partners**
- A health department communication network that addresses communication with other members of emergency networks or organizations that are also responders; or an emergency communication plan.**

Q173 Requirement 2: Within the last five years, my department has tested the public health EOP through drills and exercises. **Yes**

Q174 If yes, did your department complete an AAR the drills or exercises? **Yes**

Q175 Requirement 3: My department has revised the public health EOP based on AARs. **No**

Page 41: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q176 Requirement 1: My department reviews regulations, statutes, and ordinances for their public health implications. **Yes**

Q177 If yes, when reviewing laws, does your department? (Select all that apply)

- Consider evidence-based practices, promising practices**
- Consider the impact on health equity**
- Collaborate with other municipal departments, Tribes, state health department**

Q178 Requirement 2: My department has access to legal counsel as needed. **Yes**

Page 42: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q179 Requirement 1: My department provides advice and recommendations to the governing entity and/or elected officials on the public health impact of new laws and changes to current laws. **Yes**

Q180 If yes, how does your department provide advice and recommendations? (Select all that apply) **Meetings,**
Other, please describe:
When a question or situation arises.

Page 43: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q181 Requirement 1: My department's staff have been trained in laws related to their job responsibilities within the past two years. **Yes**

Q182 If yes, on which laws have staff received training? (Select all that apply) **Food,**
Lead,
Infectious disease (e.g., TB, STD, immunizations) ,
Subsurface sewage disposal systems ,
Housing, hoarding, blight,
Uniform relocation Act ,
Opioid/naloxone,
Disaster response/emergency preparedness,
Other (please describe):
QI training

Q183 Requirement 2: My department ensures consistent application of public health laws. **Yes**

Q184 If yes, how does your department ensure the consistent application of public health laws? (Select all that apply) **Communications with other agencies ,**
Other (please describe):
Review of cases at staff meetings.

Page 44: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q185 Requirement 1: My department has information concerning public health related laws available to the public. **Yes**

Q186 If yes, how is your department providing information concerning public health related laws? (Select all that apply)

- Website,
- Email or ,
- fax
- Regular mail,
- Phone
- conversations

Q187 Requirement 2: My department has information about permit/license applications available to the public.

Yes

Q188 If yes, how is your department providing information about permit/license applications? (Select all that apply)

- Website,
- Flyers/Brochures,
- Information/training session,
- Email or ,
- fax
- Regular mail,
- Phone ,
- conversations
- Other (please describe):
- in response to questions from the public

Page 45: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q189 Requirement 1: My department provides information or education to regulated individuals or entities about their responsibilities related to public health laws.

Yes

Q190 If yes, how is your department providing information or education to regulated individuals or entities? (Select all that apply)

- Website,
- Flyers/Brochures,
- Information/training session,
- Email or ,
- fax
- Regular mail,
- Phone
- conversations

Page 46: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q191 Requirement 1: My department has local ordinances/regulations for conducting enforcement actions.

Yes

Q192 If yes, what types of ordinances/regulations? (Select all that apply)

Food,
 Hair Salon,
 Public Pool,
 Private wells,
 Septic systems,
 Other (please describe):
 Hotel/Motel, Migrant Labor Camps

Q193 Please provide a link to where these ordinances can be found:

<http://www.ncdhd.org/forms>

Q194 Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas. **No**

Q195 If yes, please upload the protocol. **Respondent skipped this question**

Q196 If no, is the protocol in development? **Yes**

Page 47: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q197 Requirement 1: My department maintains a database or log of inspection reports with action taken, current status, follow-up, return inspections, and final results/closure. **Yes**

Q198 If yes, what is/are the database(s) or log(s)? (Select all that apply)

Infectious disease (CTEDSS - MAVEN),
 Childhood Lead (CTSIT - MAVEN),
 Inspection software

Page 48: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q199 Requirement 1: My department has a database or log of actions related to investigations and complaints. **Yes**

Q200 If yes, does the database or log document? (Select all that apply)

An analysis of the situation,
 Actions taken,
 Meetings,
 Hearings,
 Notice of violations,
 Legal orders

Page 49: Copy of page: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Connecticut Local Health Annual Report SFY 2019

Q201 Requirement 1: My department analyzes the information in the database or log of investigations and complaints. **Yes**

Q202 If yes, does your department analyze the data for? (Select all that apply) **Patterns and trends**, **Performance improvement for the enforcement program**, **Development of a summary annual report**

Q203 Requirement 2: My department conducts debriefings or other methods to evaluate what worked well, to identify problems and recommends changes in the investigation/response procedure to the enforcement protocols or procedures. **Yes**

Page 50: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q204 Requirement 1: My department has a protocol for notifying other agencies and the public of enforcement activities. **No**

Q205 If yes, how does your department notify other agencies and the public of enforcement activities? (Select all that apply) **Respondent skipped this question**

Q206 If no, is the protocol in development? **Yes**

Page 51: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q207 Requirement 1: My department participates in a collaborative process to assess the availability of health care services to the population. **Yes**

Q208 If yes, with whom does your department collaborate to assess the availability of health care services? (Select all that apply) **Health care providers**, **Social service organizations**, **Mental/behavior health organizations**, **Local Coalitions**

Q209 If yes, do you maintain documentation (agendas, minutes, rosters) of the collaborative process/meetings? **Yes**

Q210 Requirement 2: My department shares public health data for assessment and planning purposes. **Yes**

Q211 If yes, how does your department share the data? (Select all that apply) **Reports**, **Other (please specify):** **Board meetings and Advisory Groups**

Q212 Requirement 3: My department assesses emerging issues that may impact access to care. **Yes**

Q213 If yes, please provide an example of an emerging issue.

Transportation to receive medical care; lack of beds for substance abuse patients. Lack of mental health professionals available in rural area. Frequent turnover of staff at a CHC

Page 52: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q214 Requirement 1: My department has a process for identifying populations who lack access to health care. **Yes**

Q215 If yes, how are the populations identified? (Select all that apply) **Public Health Partners,**
Other (please describe):
Partnership with DataHaven survey

Q216 Requirement 2: My department has a report or has developed a report that identifies populations who experience barriers to health care services. **No**

Q217 If yes, in the report, are the populations who experience barriers identified by the following? (Select all that apply) **Respondent skipped this question**

Page 53: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q218 Requirement 1: My department has a process used to identify gaps in health care services and barriers to health care services. **Yes**

Q219 If yes, how are the gaps in health care services and barriers to care identified? (Select all that apply) **Community Health Assessment,**
Other (please describe):
DataHaven survey

Q220 Requirement 2: My department has a report or developed a report of analysis of data from various sources that identify and describe gaps in access to health care services and barriers to health care services in my jurisdiction. **No**

Q221 If yes, does the report include? (Select all that apply) **Respondent skipped this question**

Page 54: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q222 Requirement 1: My department participates in a collaborative process for developing strategies to improve access to health care. **Yes**

Q223 If yes, what strategies has the coalition developed to improve access to health care services and reduce barriers to care? (Select all that apply) **Establishing systems of care in partnership with other members of the community**,
Other (please describe):
Seeking/obtaining funding to expand collaborative efforts; reaching out to a broader group of partners.

Page 55: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Connecticut Local Health Annual Report SFY 2019

Q224 Requirement 1: My department has collaboratively implemented strategies to improve access to health care services for those who experience barriers. **No**

Q225 If yes, what strategies have been implemented to improve access to health care services? (Select all that apply) **Respondent skipped this question**

Page 56: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q226 Requirement 1: My department has initiatives to ensure that access and barriers are addressed in a culturally competent manner and take into account cultural, language and low literacy barriers. **Yes**

Q227 If yes, what are some of the initiatives? (Select all that apply) **Language/interpretive services,**
Other (please describe):
Utilization of a bi-lingual Community Health Worker

Page 57: 10 ES - #8 Assure competent public and personal health care workforce

Q228 Requirement 1: My department actively promotes public health as a career choice. **Yes**

Q229 If yes, how? (Select all that apply) **Collaboration with a school or college of public health to host interns/volunteers**,
Making presentations to students about public health and public health careers,
Participating in student career fairs,
Other (please describe):
Serve on advisory board of CT-RI Public Health Training Center; Work with Commissioner on workforce development

Page 58: 10 ES - #8 Assure competent public and personal health care workforce

Q230 Requirement 1: My department has a workforce development plan. **Yes**

Q231 If yes, does the workforce development plan? (Select all that apply) **Address the collective capacity and capability of the department workforce**,
Include an assessment of current staff competencies against the adopted core competencies

Q232 If no, is the plan in development? **Respondent skipped this question**

Q233 Requirement 2: My department has implemented its workforce development strategies. **Yes**

Connecticut Local Health Annual Report SFY 2019

Q234 If yes, what workforce development strategies have been implemented? (Select all that apply)

Completed assessment of current staff competencies

Page 59: 10 ES - #8 Assure competent public and personal health care workforce

Q235 Requirement 1: My department ensures a competent workforce.

Yes

Q236 If yes, how does your department ensure a competent workforce? (Select all that apply)

Staff retention activities (e.g., employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs)

Job descriptions and requirements for specific certifications, skills, training, experience and education

Annual performance reviews

Page 60: 10 ES - #8 Assure competent public and personal health care workforce

Q237 Requirement 1: My department documents staff's completion of their professional development activities.

Yes

Q238 If yes, what types of professional development activities? (Select all that apply)

Continuing education for certifications/licenses

Training opportunities (e.g., HIPAA, emergency response, methods for the presentation of data, health equity, and communications)

Mentoring,

Job shadowing,

Tuition reimbursement/time-off for classes

Other (please describe):

Attendance at conferences

Q239 Requirement 2: My department provides leadership and/or management development training programs.

Yes

Q240 If yes, what type of leadership and/or management development training programs? (Select all that apply)

Leadership Institutes

Meetings and conferences

Other (please describe):

In-hours Leadership Training and leadership opportunities to prepare for succession.

Q241 Requirement 3: My department provides an environment in which employees are supported in their jobs.

Yes

Q242 If yes, how does your department provide a supportive environment? (Select all that apply)

- Supporting staff's regulatory work, which can be met with resistance
- ,
- Seeking staff input on professional development goals
- Providing professional development opportunities
- Providing tuition reimbursement,
- Providing support through an Employee Assistance Program (EAP)
- ,
- Maintaining institutional memory, the transfer of knowledge, succession planning
- ,
- Encouraging systems thinking, change management, data use for decisions, and a culture of quality improvement

Page 61: Copy of page: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and

Q243 Requirement 1: My department has adopted a performance management system with input from staff and leadership. **No**

Q244 If yes, does the performance management system include? (Select all that apply) **Respondent skipped this question**

Q245 If no, is the department in the process of adopting a system? **No**

Page 62: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q246 Requirement 1: My department has a committee or team that is responsible for implementing the performance management system. **Respondent skipped this question**

Q247 If yes, does the committee or team? (Select all that apply) **Respondent skipped this question**

Q248 If yes, for which area(s) has the performance management system been implemented? (Select all that apply) **Respondent skipped this question**

Page 63: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q249 Requirement 1: My department collects, analyzes, and draws conclusions from feedback from different customer groups. **Yes**

Q250 If yes, what groups have you surveyed? (Select all that apply) **Other (please describe):**
Evaluation forms for Public Health Education Programs

Q251 Requirement 2: My department has implemented changes/improvements based on the customer feedback. **No**

Q252 If yes, what is one (1) change that your department has implemented? **Respondent skipped this question**

Page 64: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q253 Requirement 1: My department provides staff development in performance management. **No**

Q254 If yes, how does your department provide staff development in performance management? (Select all that apply) **Respondent skipped this question**

Page 65: 10 ES - #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q255 Requirement 1: My department has a written quality improvement (QI) plan that is dated within five years. **No**

Q256 If yes, does the QI plan address the following? (Select all that apply) **Respondent skipped this question**

Q257 If no, where is your department in the process? (Select one) **My department has begun planning for a QI plan**

Page 66: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q258 Requirement 1: My department has documentation of implemented quality improvement activities based on the QI plan. **Respondent skipped this question**

Q259 If yes, did the documented QI activities include the following? (Select all that apply) **Respondent skipped this question**

Page 67: 10 ES - #10 Research for new insights and innovative solutions to health problems

Q260 Requirement 1: My department has incorporated an evidence based or promising practice in a process, program or intervention. **Yes**

Q261 If yes, what is/are the source(s) of the evidence-based or promising practice? (Select all that apply) **Federal agencies**

Q262 If yes, please upload or describe one promising practice implemented. **Respondent skipped this question**

Q263 Promising practice description

NCDHD is the fiduciary and service provider for CDC's Putting on Airs program

Page 68: 10 ES - #10 Research for new insights and innovative solutions to health problems

Q264 Requirement 1: My department has communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public. **Yes**

Q265 If yes, describe the research.

Research that impacts food protection guidance regulations-for example hot and cold holding temperatures.

Q266 If yes, with whom did your department communicate the research findings? (Select all that apply) **Regulated/licensed entities (food service establishments, salons, etc.)**

Page 69: 10 Essential Services Certification

Q267 The Director of Health ensures that the provisions of a basic health program, as per CGS Section 19a-207a, are being provided to the community and that the information included in this report is accurate and true to the best of his/her knowledge. **Yes**
