

#24

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, November 26, 2019 9:53:24 AM  
**Last Modified:** Tuesday, November 26, 2019 4:08:31 PM  
**Time Spent:** 06:15:06  
**IP Address:** 67.218.91.186

## Page 1: Local Health Department/District Information

## Q1 Department Name

Redding Health Dept

Q2 Do you have a Board of Health? **No**

## Page 2: Board of Health

Q3 Please complete the Board of Health information below. **Respondent skipped this question**Q4 Board Function **Respondent skipped this question**Q5 Number of Board Members **Respondent skipped this question**

## Page 3: Director of Health and Local Health Department Information

## Q6 Director of Health

Name	<b>Dr. Lawrence Leibowitz</b>
Degree(s)	<b>MD</b>
Active CT License(s)	<b>037542</b>
Number of hours in Director of Health's average work week	<b>1</b>

Q7 Please list salary figures as whole dollars per year.	Minimum Annual Salary	<b>1000</b>
	Maximum Annual Salary	<b>1000</b>
	Actual Annual Salary	<b>1000</b>

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?	<b>Yes,</b>
	If yes, please provide the name(s) of the Acting Director of Health.: Barrington Bogle

Q9 If no, how do you assure coverage when the Director of Health is absent?	<b>A Director of Health in a neighboring municipality/health district without a formal MOU/MOA</b>
---	--

Q10 Does your department include a Housing Department? **Yes**Q11 Does your department include a Social Services Department? **No**

Connecticut Local Health Annual Report SFY 2019

**Q12** Does your department include additional non-public health programs? **Yes,**  
If yes, what other types of programs?:  
Emergency Response - Deputy Emergency Management Director - CERT

**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 has not decided whether to apply for accreditation**

**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		
Environmental Health Supervisor	1			\$30	\$30
Nursing Supervisor					
Office Manager		1		\$19	\$19
Bookkeeper					
Secretary					

**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	0				
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		\$30	\$30
Environmental Health Inspector (e.g., food, lead, housing)		2		\$30	\$35
Epidemiologist	0				
Health Educator	0				
Outreach Worker	0				
Other Paid Worker (Please describe below)	0				

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

	#
Dental Hygienist (RHD)	
Dentist (DMD/DDS)	
Food Inspector	3
Health Educator (CHES)	
Lead Assessor	2
Lead Inspector	2
Nurse (RN/APRN)	
Pharmacist (RPh)	
Phase I SSDS	3
Phase II SSDS	2
Physician (MD/DO)	1
Registered Dietitian (RD)	
Registered Sanitarian (RS)	2
Social Worker (LSW)	
Veterinarian (DVM/VMD)	
Other (Please describe below)	

Page 5: Public Health Department Revenue

<b>Q20</b> DPH funds - all regardless of source	Amount \$	0
<b>Q21</b> State funds - other than DPH	Amount \$	0
<b>Q22</b> Federal sources - direct	Amount \$	0
<b>Q23</b> Licensure/Permit fees	Amount \$	12000

Connecticut Local Health Annual Report SFY 2019

<b>Q24</b> Local funds - city/town sources	Amount \$	<b>101584</b>
<b>Q25</b> Medicaid	Amount \$	<b>0</b>
<b>Q26</b> Medicare	Amount \$	<b>0</b>
<b>Q27</b> Other revenue	Amount \$	<b>0</b>
<b>Q28</b> Patient personal fees	Amount \$	<b>0</b>
<b>Q29</b> Private foundations	Amount \$	<b>0</b>
<b>Q30</b> Private health insurance	Amount \$	<b>0</b>
<b>Q31</b> What is your total operating budget?		
101584		

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

<b>Q32</b> Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years.	Yes
<b>Q33</b> If yes, does the CHA include? (Select all that apply)	<p><b>Data and information from various sources and how the data were obtained</b></p> <p>,</p> <p><b>Demographics of the population</b></p> <p><b>Description of health issues and specific descriptions of population groups with particular health inequities</b></p> <p>,</p> <p><b>Description of factors that contribute to specific populations' health challenges</b></p> <p>,</p> <p><b>Description of existing community assets or resources to address health issues</b></p>
<b>Q34</b> If yes, please upload the CHA or provide web link.	
CHA - Redding Health Dept.pdf (4.4MB)	
<b>Q35</b> Web link/URL	Respondent skipped this question
<b>Q36</b> Requirement 2: My department shared the findings from the community health assessment with the residents in my jurisdiction and asked for their input.	Yes
<b>Q37</b> If yes, what methods did you use to seek input from residents? (Select all that apply)	Publication on the health department's website

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) **Conducting open forums,**  
Other, please describe:  
Collect birth/death reports, compile tick test results, share information with regional health departments

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. **Yes**

**Q41** If yes, how did your department share the results of the CHA? (Select all that apply) **Emails to partners and stakeholders ,**  
**Website**

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) **Emails,**  
**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) **Email address,**  
**Health department's website ,**  
**Designated contact person or a list of contacts ,**  
Other (please describe):  
Police Com Ctr

Connecticut Local Health Annual Report SFY 2019

**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)**

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

1

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) **Vital records,** **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**, **Forums**

**Q56** Requirement 3: My department uses standardized data collection instruments to collect quantitative or qualitative data. **No**

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) **Defined timelines,** **Comparison of the data to other local agencies, the state or nation**, **Time/trend analysis**

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

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

Internal staff ,  
 Community groups,  
 Public Health Partners,  
 Elected officials ,  
 Department of Public Health or other state entities ,  
 Residents

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)

Local ordinances,  
 Health Promotion Programs

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)

Public health partners ,  
 Other local health departments ,  
 Media

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.

No

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

Respondent skipped this question

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

Connecticut Local Health Annual Report SFY 2019

**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) **Tracking log, 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. **No**

**Q74** If yes, please upload the protocol. **Respondent skipped this question**

**Q75** If no, is the protocol in development? **Yes**

**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. **No**

**Q77** If yes, please upload the protocol. **Respondent skipped this question**

**Q78** If no, is the protocol in development? **Yes**

**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? **No**

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?

10

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

0

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

0

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? **not tested**

**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. **Yes**

**Q95** If yes, please upload the protocol.

**Rabies testing protocol.doc (170.5KB)**

**Q96** If no, is the policy/procedure in development? **Respondent skipped this question**

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**

Connecticut Local Health Annual Report SFY 2019

**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. **No**

**Q102** If no, is the document in development? **Yes**

**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). **No**

**Q104** If no, is the schedule in development? **Yes**

**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. **No**

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. **No**

**Q107** If yes, please upload the protocol. **Respondent skipped this question**

**Q108** If no, is the protocol in development? **No**

**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, Social media, Distribution of printed materials (brochures, flyers, factsheets), Automated call systems, Email listservs**

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

Connecticut Local Health Annual Report SFY 2019

<p><b>Q112</b> If yes, how does the public and partners contact your department 24/7? (Select all that apply)</p>	<p><b>Police dispatch</b></p>
<p><b>Q113</b> Requirement 4: My department has established or participates in a Health Alert Network (HAN) or similar system that receives and issues alerts 24/7.</p>	<p><b>Yes</b></p>
<p><b>Q114</b> If yes, how often does your department test the system?  2-3 times a year</p>	
<p><b>Q115</b> Requirement 5: My department provides information to the public and uses the media to communicate information to the public during a public health emergency.</p>	<p><b>Yes</b></p>
<p><b>Q116</b> If yes, how does your department provide information and use the media to communicate information to the public? (Select all that apply)</p>	<p><b>Web page,</b> <b>Social media,</b> <b>Distribution of printed materials (brochures, flyers, factsheets)</b> , <b>Automated call systems,</b> <b>Email listservs,</b> <b>Press release</b></p>
<p>Page 23: 10 ES - #3 Inform, educate, and empower people about health issues</p>	
<p><b>Q117</b> Requirement 1: My department has provided information to the public on health risks, health behaviors, disease prevention, or wellness.</p>	<p><b>Yes</b></p>
<p><b>Q118</b> If yes, how has your department provided information to the public? (Select all that apply)</p>	<p><b>Public presentation,</b> <b>Press release</b> , <b>Media communications</b> , <b>Brochure,</b> <b>Social media,</b> Other, please describe: town-wide mailer</p>
<p><b>Q119</b> Requirement 2</p>	<p><b>Yes</b></p>
<p><b>Q120</b> If yes, were the health promotion strategies? (Select all that apply)</p>	<p><b>Focused on social and environmental factors</b> , <b>Marketed using various platforms (social media, newspaper, etc.)</b></p>
<p><b>Q121</b> If yes, what types of health promotion strategies were developed and implemented or sustained? (Select all that apply)</p>	<p><b>Media campaigns,</b> <b>Radon test kits</b></p>

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) **Analysis of factors that contribute to higher health risks and poorer health outcomes of specific populations**,  
**The use of health equity indicators**

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**

**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**

Connecticut Local Health Annual Report SFY 2019

**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** ,

Other (please describe):  
Goggle Translate Ap

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,**

**Social service organizations** ,

**Local government agencies** ,

**Faith institutions,**

**Community members**

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

**Chronic disease prevention** ,

Other, please describe:  
Nutrition

**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**

Connecticut Local Health Annual Report SFY 2019

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

**Access to Healthy food (e.g., removal of soda machines in schools, expansion of farmers' markets)**

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**

**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,  
Reports,  
Emails**

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 ,  
List-serves,  
Newsletters,  
Professional organizations (CADH, CEHA)**

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)

**Media statements ,  
Other (please describe):  
CDC CAES Integrated Tick Management study results**

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

Connecticut Local Health Annual Report SFY 2019

**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

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

Distribution of emails, briefing statements or reports on policy impacts

,

Meetings/discussions of policy issues and impacts

Presentation of evaluation or assessments of current and/or proposed policies

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 has not begun 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.

No

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

Respondent skipped this question

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

My department has not begun a strategic plan

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

Connecticut Local Health Annual Report SFY 2019

**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. **Respondent skipped this question**

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. **No**

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

**Q173** Requirement 2: Within the last five years, my department has tested the public health EOP through drills and exercises. **No**

**Q174** If yes, did your department complete an AAR the drills or exercises? **Respondent skipped this question**

**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 the impact on health equity**
- Use model public health laws, checklists, templates or some other standard outline or guide**
- Solicit input from key partners and stakeholders**
- 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) **Talking points, Meetings**

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, Subsurface sewage disposal systems, Housing, hoarding, blight, Uniform relocation Act, Opioid/naloxone, Disaster response/emergency preparedness**

**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) **Enforcement documents or logs, Communications with other agencies**

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, 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,  
 Email or fax,  
 Regular mail,  
 Phone conversations

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)

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,  
 Private wells,  
 Septic systems

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

<http://townofreddingct.org/wp-content/uploads/2015/02/Health-Department-Ordinance-Sanitary-Code.pdf>

**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),  
 Spreadsheet,  
 Childhood Lead (CTSIT - MAVEN)

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**, **Official communications**, **Compliance plans**

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

**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**

**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. **Yes**

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

**Q206** If no, is the protocol in development? **Respondent skipped this question**

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) **Social service organizations**

**Q209** If yes, do you maintain documentation (agendas, minutes, rosters) of the collaborative process/meetings? **No**

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

Connecticut Local Health Annual Report SFY 2019

**Q211** If yes, how does your department share the data? (Select all that apply) **Reports,**  
**Emails,**  
Other (please specify):  
With other Health Dept/Dist in area at monthly meetings

**Q212** Requirement 3: My department assesses emerging issues that may impact access to care. **No**

**Q213** If yes, please provide an example of an emerging issue. **Respondent skipped this question**

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. **No**

**Q215** If yes, how are the populations identified? (Select all that apply) **Respondent skipped this question**

**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) Other (please describe):  
Consult with senior/social services director

**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) **Linking individuals with needed and convenient services**

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.

Yes

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

Coordination of service programs to optimize access (e.g., WIC, immunizations, and lead testing)

Contractual arrangements with local VNA services

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.

No

**Q227** If yes, what are some of the initiatives? (Select all that apply)

Respondent skipped this question

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)

Other (please describe):

Have students shadow health officer in the field

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)

Acknowledge the changing environment and include consideration of areas where the technology advances quickly, such as information management and (digital) communication science

Acknowledge the changing environment and include considerations of areas where the field is advancing; for example, emergency preparedness training, health equity, and cultural competence

**Q232** If no, is the plan in development?

Respondent skipped this question

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

No

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

Respondent skipped this question

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

Connecticut Local Health Annual Report SFY 2019

**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) **Protocol/process to verify staff qualifications**,  
**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)**

**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) **Meetings and conferences**

**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**,  
**Providing professional development opportunities**

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? **Yes**

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) **Governing entities, Food establishment owners, Tradespeople, General public, Volunteers**

**Q251** Requirement 2: My department has implemented changes/improvements based on the customer feedback. **Yes**

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

Established expedited system to notify residents of tick test results.

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 not begun 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. **No**

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

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

**Q263** Promising practice description **Respondent skipped this question**

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.

road salt impacts on private wells

**Q266** If yes, with whom did your department communicate the research findings? (Select all that apply) **Elected/appointed officials**, **Local agencies/departments**, **State agencies/departments**

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**