

# #2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, October 30, 2019 11:43:20 AM  
**Last Modified:** Thursday, November 07, 2019 1:04:10 PM  
**Time Spent:** Over a week  
**IP Address:** 162.221.9.166

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## Page 1: Local Health Department/District Information

### Q1 Department Name

Wallingford Health Department

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

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## Page 2: Board of Health

### Q3 Please complete the Board of Health information below.

Chairperson	<b>Mayor William Dickinson, Jr.</b>
Address	<b>45 South Main Street</b>
City/Town	<b>Wallingford</b>
State/Province	<b>CT</b>
ZIP/Postal Code	<b>06492</b>
Email Address	<b>towngov@wallingfordct.gov</b>

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**Q4 Board Function** **Advisory**

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### Q5 Number of Board Members

8

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

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**Q6** Director of Health

Name	<b>Stephen A. Civitelli</b>
Degree(s)	<b>BSc, MPH</b>
Active CT License(s)	<b>Registered Sanitarian</b>
Number of hours in Director of Health's average work week	<b>40</b>

<b>Q7</b> Please list salary figures as whole dollars per year.	Minimum Annual Salary	<b>104972</b>
	Maximum Annual Salary	<b>134313</b>
	Actual Annual Salary	<b>110498</b>

<b>Q8</b> 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>No</b>
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<b>Q9</b> 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 through a formal MOU/MOA.</b>
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<b>Q10</b> Does your department include a Housing Department?	<b>No</b>
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<b>Q11</b> Does your department include a Social Services Department?	<b>No</b>
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<b>Q12</b> Does your department include additional non-public health programs?	<b>Yes,</b> If yes, what other types of programs?: Medical Reserve Corps
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<b>Q13</b> Are there any collective bargaining units in your department?	<b>Yes,</b> If yes, how many?: 2
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<b>Q14</b> Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program?	<b>My department has not decided whether to apply for accreditation</b>
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**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					
Environmental Health Supervisor	1			\$42	\$53
Nursing Supervisor					
Office Manager	1			\$21	\$26
Bookkeeper					
Secretary					

**Q17** Medical

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Dental Professional					
Dietitian / Nutritionist					
Lab Technician					
Nurse* (RN, APRN)*Does not include School Nurse		1		\$33	\$33
Physician / Medical Advisor			1		
School Nurse					
Social Worker					

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**Q18 Public Health**

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Emergency Preparedness Coordinator			1	\$40	\$40
Environmental Health Inspector (e.g., food, lead, housing)	1	1		\$23	\$40
Epidemiologist					
Health Educator		1		\$22	\$23
Outreach Worker					
Other Paid Worker (Please describe below)			1		
Other Paid Worker, please describe: Medical Advisor - \$8,600.00					

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

	#
Dental Hygienist (RHD)	
Dentist (DMD/DDS)	
Food Inspector	4
Health Educator (CHES)	1
Lead Assessor	4
Lead Inspector	4
Nurse (RN/APRN)	1
Pharmacist (RPh)	
Phase I SSDS	4
Phase II SSDS	3
Physician (MD/DO)	1
Registered Dietitian (RD)	
Registered Sanitarian (RS)	3
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 \$	<b>24516</b>
<b>Q21</b> State funds - other than DPH	Amount \$	<b>0</b>
<b>Q22</b> Federal sources - direct	Amount \$	<b>0</b>
<b>Q23</b> Licensure/Permit fees	Amount \$	<b>30905</b>
<b>Q24</b> Local funds - city/town sources	Amount \$	<b>403280</b>

**Q25 Medicaid** Respondent skipped this question

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**Q26 Medicare** Respondent skipped this question

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**Q27 Other revenue** Respondent skipped this question

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**Q28 Patient personal fees** Respondent skipped this question

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**Q29 Private foundations** Respondent skipped this question

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**Q30 Private health insurance** Respondent skipped this question

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**Q31 What is your total operating budget?**

427796

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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

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**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**
- ,
- Description of factors that contribute to specific populations' health challenges**
- ,
- Description of existing community assets or resources to address health issues**

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**Q34 If yes, please upload the CHA or provide web link.**

**DataHaven2018 Wallingford Crosstabs Pub(1).pdf (189.5KB)**

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**Q35** Web link/URL

Respondent skipped this question

**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)

**Publication on the health department's website** ,

**Presentations and discussions at local meetings** ,

Other, please describe:

The focus areas for the Towns Health Improvement Plan were based on findings from the DataHaven and input from the Wallingford Community Health Alliance Membership team. Wallingford Health Improvement Plan is available on the towns website.

**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)

**Organizing town meetings,**

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

,

**Conducting group discussions with specific populations (e.g., teenagers, young mothers, residents of a specific neighborhood, etc.)**

,

Other, please describe:

SCOW, Senior Center, WHIP

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**

**Articles in newspapers ,**

**Website,**

Other, please describe:

The town Health Improvement Plan is available on the towns website and has been distributed in various forms to the public/local partners.

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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,**

**Emails,**

**Electronic data,**

**Phone calls,**

Other (please describe):

Maven systems, Community Surveys

**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.

**Yes**

**Q45** If yes, please upload the protocol.

**Confidential Report SOP.pdf (388.9KB)**

**Q46** If no, is the protocol in development?

**Respondent skipped this question**

**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**



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**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,**

**Health department's website**

**Designated contact person or a list of contacts**

**A call center,**

Other (please describe):

Police Dispatch for Emergency 24/7 with Health Department call list

**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?

4

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**

Other (please describe):

DataHaven Survey, Inspection Quality Assurance for Foodservice Inspections,

**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**

**Stakeholder interviews,**

Other (please describe):

DataHaven Community Assessment. Wallingford Health Improvement Plan/Community Health Alliance Meetings.

**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)

**Defined timelines,**

**Description of the analytic process used to analyze the data**

,

**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** ,
- Board of Health** ,
- Residents**,
- Media**

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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**

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**Q62** If yes, how has the department used data? (Select all that apply)

- Local ordinances**,
- Licensing/Permitting Program** ,
- Health Promotion Programs**,
- Other (please describe):  
Tobacco 21 (local ordinance) FDA Foodcode Ordinance  
Revision in process CT DPH HeartSafe Community Designation

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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,**
- Public health partners,**
- Community groups,**
- Key stakeholders,**
- Other local health departments,**
- Elected officials**

Other (please describe):

CT DPH Fact Sheets utilized for various public health topics  
EEE, Ticks/Lyme, Vaping, Scope of Services, Community Health Services

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,**

Other, please describe:

Nuisance Complaint Investigation SOP

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.

**No**

**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**

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**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)**

,

Other (please describe):  
Nuisance Complaint tracking system Foodservice Inspection Program Lead Maven

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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. **Yes**

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**Q72** If yes, does the protocol(s) include? (Select all that apply) **Use of prophylaxis and emergency biologics**

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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**

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**Q74** If yes, please upload the protocol.

**ESF 8 BASE PLAN Public Health Medical Services.pdf (1.2MB)**

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

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**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**

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**Q77** If yes, please upload the protocol.

**ESF 8 BASE PLAN Public Health Medical Services.pdf (1.2MB)**

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

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

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**Q80** If yes, please upload the protocol.

**ESF 8 Public Health Emergency Response Plan.pdf(302.4KB)**

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

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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. Yes

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**Q83** If no, is the documentation in development? Respondent skipped this question

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

3

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

2

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

0

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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

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

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**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?

**August 7, 2019**

What was the response time?

**2 Hours 45% response**

**Q91** Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services. **Yes**

**Q92** If yes, please upload the protocol.

**Laboratory 24-7 Coverage - Policy and Procedures.pdf(1.4MB)**

**Q93** If no, is the policy/procedure in development? **Respondent skipped this question**

**Q94** Requirement 4: My department has protocols for handling and submitting of specimens. **Yes**

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

**Lab Submissions.docx (195.4KB)**

**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**

**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**

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

**Email,**  
**Call** ,  
**down**  
**Text,**  
Other (please describe):  
Everbridge MRC and Town Staff list.

**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 additional 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.

**ESF 8 Public Health Risk Communication Plan 5-13.pdf(74.3KB)**

**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,**  
**Press release/media** ,  
**Distribution of printed materials (brochures, flyers, factsheets)**  
 ,  
**Fax broadcasts,**  
 Other (please describe):  
 Wallingford Government TV

**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** ,  
**Staff call down list**

**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/Everbridge

**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)**  
,  
**Fax broadcasts,**  
**Press release** ,  
**Public service announcement** ,  
  
Other (please describe):  
Wallingford Government TV

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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**

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**Q118** If yes, how has your department provided information to the public? (Select all that apply)

**Public presentation,**  
**Press release** ,  
**Media communications** ,  
**Brochure**  
  
Other, please describe:  
Lead Poisoning Prevention, WHIP, EEE, Tick/.Lyme Disease Signage, Wallingford Government TV, Vaping awareness.

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**Q119** Requirement 2

**Yes**

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**Q120** If yes, were the health promotion strategies?  
(Select all that apply)

**Developed with input of the community (focus groups, key informant interviews, town meetings, advisory groups)**

,

**Focused on social and environmental factors**

**Marketed using various platforms (social media, newspaper, etc.)**

,

**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)

Other, please describe:

1st Community Day highlighting the towns health improvement plan highlighting services available to the community.

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**

**Plans and/or efforts to address social change, social customs, community policy, level of community resilience, or the community environment**

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.

**Yes**

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

- Ensure that staff have a clear understanding and commitment to the brand of the department**
- ,
- Communicate the department's brand in a variety of ways to different stakeholders (public, Board of Health, elected officials, policy makers, the media)**
- ,
- Integrate brand messaging into organizational communication strategies and external communications**
- ,
- Use a common visual identity (logo) to communicate the community health board's brand**
- ,
- Include signage inside and outside the department's facility**
- ,
- Link the branding strategy to the department's strategic plan**

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

Respondent skipped this question

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

**Q127** Requirement 1: My department has external communication procedures or protocols.

Yes

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

**Coordination with community partners for the communication of targeted and unified public health messages**

,

**A contact list of media and key stakeholders**

A designated staff position as the public information officer – please provide the staff person's name below.:

Stephen Civitelli

**Q129** If yes, please upload the procedure or protocol.

**ESF 8 Public Health Risk Communication Plan 5-13.pdf(74.3KB)**

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

Respondent skipped this question

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. **Yes**

**Q132** If yes, does the risk communication plan, protocol or procedures? (Select all that apply) **Address how information is provided 24/7**, **Delineate roles, responsibilities and chain of command**, **Describe on the health department will work with media**

**Q133** If yes, please upload the plan, protocol or procedure.

**ESF 8 Public Health Risk Communication Plan 5-13.pdf(74.3KB)**

**Q134** If no, is the plan, protocol or procedure in development? **Respondent skipped this question**

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**, **Notifiable/reportable conditions link or contact number**, **Health data**, **Information and materials from program activities**, **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** ,  
**Language cards,**  
 Other (please describe):  
 MOU with Translation Services for Phone/in Person. Bi-Lingual Staff member. Signage in Spanish for POD/Shelter Events available

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:  
 Wallingford Health Improvement Plan/Wallingford Health Alliance, Coalition for a Better Wallingford

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

**Childhood injury prevention** ,  
**Chronic disease prevention** ,  
**Obesity,**  
**Anti-tobacco,**  
**Housing,**  
**Parks and recreation** ,  
**Substance abuse**

**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:  
 Tobacco 21 in conjunction with Wallingford Youth and Social Services and Coalition for a Better Wallingford,

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,**  
**School-age groups,**  
**Service providers, i.e., tattoo artists, salon owners, nail technicians, massage therapists, food establishment owners and workers**  
 ,  
**Advisory groups,**  
 Other (please describe):  
 CT DPH Food Safety Advisory Group, Wallingford Community Health Alliance, Member of Council on Ageing, Tobacco 21, School Security Committee, CADH (President Elect)

**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**

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**Q148** If yes, how does your department communicate and collaborate? (Select all that apply) **Meetings, Reports, Emails,**  
Other (please describe):  
4 Meetings per year with Board of Health.

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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**

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**Q150** If yes, how is your department monitoring and tracking issues? (Select all that apply) **Meeting agendas and minutes, Log of legislation, Professional organizations (CADH, CEHA),**  
Other, please describe:  
Town Legislative Meeting, Current CADH President Elect

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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**

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

**Media statements** ,  
**Talking points** ,  
**Fact sheets** ,  
**Official public testimony** ,  
**Participation in an advisory or work group** ,  
 Other (please describe):  
 CT DPH FSAG member, CADH advocacy committee member, Media statements regarding multiple public health issues. Vaping fact Sheets, EEE

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**

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

**Impact statements (science based) or fact sheets that address current or proposed policies** ,  
**Meetings/discussions of policy issues and impacts** ,  
**Presentation of evaluation or assessments of current and/or proposed policies** ,  
**Verbal or written testimony** ,  
 Other (please describe):  
 CT DPH Fact Sheets, Tobacco 21 ordinance, Wallingford Community Health Alliance meetings

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.

**Yes**

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

**Community health priorities** ,  
**Measurable objectives,**  
**Improvement strategies,**  
**Activities with time-framed targets,**  
**Policy changes,**  
**Designation of individuals or organizations responsible for implementing strategies**  
,  
**Consideration of national or state health improvements priorities**  
,  
Other (please describe):  
References Healthy People 2020, Focus areas with identified partners.

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

**CHA Improvement Plan 2019.docx (1.8MB)**

**Q158** Web link/URL

**Respondent skipped this question**

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

**Respondent skipped this question**

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. **Yes**

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

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

YSS and Coalition for a better Wallingford focus on Opioid awareness and prevention/ Substance abuse subsection in WHIP

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**

**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.**

,

**How the health department will manage continuity of operations during an emergency**

**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**

,

**Solicit input from key partners and stake holders**

,

**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)

**Fact sheets,**  
**Official public testimony** ,  
**Presentations,**  
**Meetings,**  
 Other, please describe:  
 Tobacco 21 ordinance

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,**  
**Opioid/naloxone,**  
**Legal orders** ,  
**Disaster response/emergency preparedness,**  
**Vector control,**  
**Surveillance/outbreak investigations**

**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)

**Internal audits** ,  
**Enforcement documents or logs,**  
**Written review of case reports** ,  
**Communications with other agencies**

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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**

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

**Website,**  
**Flyers/Brochures,**  
**Information/training session,**  
**Email or fax** ,  
**Regular mail,**  
**Phone conversations** ,  
Other (please describe):  
Foodservice Newsletters, CFPM certification courses

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

**Yes**

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

**Website,**  
**Information/training session,**  
**Email or fax** ,  
**Regular mail,**  
**Phone conversations**

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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,**  
**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)

**Blight,**  
**Food,**  
**Hair Salon,**  
**Nail Salon,**  
**Tattoo Parlor,**  
**Public Pool,**  
**Day care,**  
**Private ,**  
**wells**  
**Septic systems,**  
**Lead,**  
Other (please describe):  
Public Health Code utilized for Public Pools, Daycare, Lead (19a-111)

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

<https://www.ecode360.com/WA0944>

**Q194** Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas. **Yes**

**Q195** If yes, please upload the protocol.

**Nuisance complaints REVISED.doc (29.5KB)**

**Q196** If no, is the protocol in development? **Respondent skipped this question**

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)**,  
**Access database,**  
**Childhood Lead (CTSIT - MAVEN)**,  
**Inspection software**,  
 Other (please describe):  
 Food Service inspection program. Nuisance Complaint investigation software FileMaker Pro

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,**
- Official communications** ,
- Notice of violations** ,
- Legal orders** ,
- 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** ,
- 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.

**Yes**

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

**Minutes from public meetings** ,  
**Emails,**  
**Correspondence,**  
**Reports,**  
 Other (please describe):  
 Annual report

**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)

**Health care providers,**  
**Social service organizations** ,  
**Private sector employers,**  
**Community based organizations,**  
**Mental/behavior health organizations** ,  
**Local Coalitions,**  
**Specific populations who may lack health care and/ or experience barriers to service (e.g., disabled, non-English speaking)**  
 ,  
 Other, please specify:  
 SCOW utilizing WHIP/Wallingford Community Health Alliance

**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**

Connecticut Local Health Annual Report SFY 2019

**Q211** If yes, how does your department share the data?  
(Select all that apply)

**Reports,**

Other (please  
specify):

Annual Report/WHIP on website

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

**Yes**

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

Limited Access to insurance/preventative care

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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**

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

**Coalitions,**

**Community groups,**

Other (please  
describe):

SCOW

---

**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**

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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**

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**Q219** If yes, how are the gaps in health care services  
and barriers to care identified? (Select all that apply)

**Community Health Assessment**

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**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.

Yes

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

**Assessment of the availability of health care services, for example, clinical preventive services, EMS, emergency departments, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, chronic disease care (e.g., diabetic care, HIV health services), dental, and other health care services.**

---

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**  
,  
**Establishing systems of care in partnership with other members of the community**  
,  
Other (please describe):  
Vulnerable Population meetings ESF8 Document created identifying low cost/no cost services

---

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

**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)**  
,  
**Cooperative system of referrals between partners that shows the methods used to link individuals with needed health care services**  
,  
Other (please describe):  
Immunization, Referrals to agencies

---

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**

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

**Use of lay health advocates indigenous to the target population**  
,  
**Language/interpretive services,**  
Other (please describe):  
SCOW and MOU with Translation Service agency

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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**

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**Q229** If yes, how? (Select all that apply)

**Collaboration with a school or college of public health to host interns/volunteers**  
,  
**Guest lecturing at a college**,  
**Making presentations to students about public health and public health careers**  
,  
**Participating in student career fairs**

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

**Q230** Requirement 1: My department has a workforce development plan. **No**

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**Q231** If yes, does the workforce development plan? (Select all that apply) **Respondent skipped this question**

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

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

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**Q234** If yes, what workforce development strategies have been implemented? (Select all that apply) **Completed assessment of current staff competencies** ,  
Other (please specify):  
Food Service QA reviews. Onsite Subsurface Sewage Evaluations

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

**Q235** Requirement 1: My department ensures a competent workforce. **Yes**

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

**Documented process for recruitment of qualified staff** ,

**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**

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

**Documents that the qualifications have been verified for all staff hired in the past 2 years**

**Annual performance reviews,**

Other (please describe):

Personnel Department oversees hiring process

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** ,

**Mentoring,**

**Job shadowing,**

**Tuition reimbursement/time-off for classes**

**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 ,  
 Executive management seminars or programs ,  
 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 ,  
 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 ,  
 Providing collaborative learning opportunities (e.g., participation on boards, committees, and task forces in community, collaborative planning sessions, shared reviews of program evaluations, etc.)

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.

Yes

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

Performance standards, including goals, targets and indicators, and the communication of expectations



**Q245** If no, is the department in the process of adopting a system? **Respondent skipped this question**

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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. **Yes**

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**Q247** If yes, does the committee or team? (Select all that apply) **Set goals and objectives with identified timeframes**,  
**Monitor performance to meet the goals and objectives and timeframes**,  
**Document performance results, opportunities for improvement and next steps**

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**Q248** If yes, for which area(s) has the performance management system been implemented? (Select all that apply) **Human resources functions**

---

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**

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**Q250** If yes, what groups have you surveyed? (Select all that apply) **Food establishment owners**

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

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

CFPM courses

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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. **Yes**

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**Q254** If yes, how does your department provide staff development in performance management? (Select all that apply) **Webinars,**  
**Hire a consultant,**  
**Trainings/presentations,**  
**Training materials**

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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. **Yes**

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**Q256** If yes, does the QI plan address the following? (Select all that apply) **Quality improvement terms to create a common vocabulary and a clear, consistent message**  
,  
**Culture of quality and the desired future state of quality in the organization**  
,  
**Key elements of the quality improvement effort's structure (e.g., organization structure, roles and responsibilities, staffing, budget and resource allocation)**  
,  
**Types of quality improvement training available and conducted within the organization**  
,  
**Quality improvement goals, objectives, and measures with time-framed targets**  
,  
**Regular communication of quality improvement activities conducted in the organization**  
,  
**Process to assess the effectiveness of the quality improvement plan and activities**

---

**Q257** If no, where is your department in the process? (Select one) **Respondent skipped this question**

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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. **No**

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

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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**

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**Q261** If yes, what is/are the source(s) of the evidence-based or promising practice? (Select all that apply) **Federal agencies** ,  
Other (please describe):  
FDA Standard 4 for QA of Foodservice inspectors. Enrolled in the FDA Program Standards

---

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

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**Q263** Promising practice description

FDA Standard 4 for QA of Foodservice inspectors. Enrolled in the FDA Program Standards

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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**

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**Q265** If yes, describe the research.

Annual Report/WHIP posted on town website and News article.

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**Q266** If yes, with whom did your department communicate the research findings? (Select all that apply)

**Elected/appointed officials** ,  
**Local agencies/departments,**  
**Community organizations,**  
**General public**

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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**

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