



ADMINISTRATIVE DIGEST

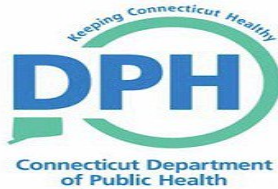
August 29, 2019

Renée Coleman-Mitchell, MPH
Commissioner



TABLE OF CONTENTS

Description	Page(s)
Summary Page at a Glance	3
Mission	4
<u>Public Service Sections</u>	
Statutory Responsibility	4
Office of the Commissioner	4-6
Community, Health and Prevention	6-7
Drinking Water	7
Environmental Health	8
Healthcare Quality & Safety	8-9
Health Statistics and Surveillance	9-10
Infectious Disease	10-11
Operations & Support	11
Public Health Laboratory	11-12
<u>Improvements & Achievements</u>	
National Rankings	13
National Accreditations and State Certification	13-14
Recognitions	14
Emerging Threats Responses	14-16
Advances & Innovation	16-18
Health Equity	18-21
Capacity Building	21-22
Preparedness & Local Health	22
Systems Improvement	23-28



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

At a Glance

Renée D. Coleman-Mitchell, M.P.H.,	Commissioner
Heather Aaron, M.P.H., L.N.H.A.,	Deputy Commissioner
Janet Brancifort, M.P.H., R.R.T.,	Deputy Commissioner

Established – 1878 Statutory authority – 19a-1a et seq.	C.G.S. Chap. 368a, Sections
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Number of employees –	710, as of June 30, 2019
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Recurring operating expenses –	
Federal: @ 39%	\$124,595,999
State: @36%	\$114,677,687
Other Funds :@(25%)	\$79,750,269
Total Funds	\$319,023,955

Organizational structure

- 1. Office of the Commissioner**
- 2. Affirmative Action/Equal Employment Opportunity**
- 3. Communications/Government Relations**
- 4. Community, Family Health and Prevention**
- 5. Drinking Water**
- 6. Environmental Health**
- 7. General Counsel**
- 8. Health Care Quality and Safety**
- 9. Health Statistics and Surveillance**
- 10. Infectious Diseases**
- 11. Operational and Support Services**
- 12. Public Health Laboratory**
- 13. Public Health Systems Improvement**

Mission

To Protect and Improve the Health and Safety of the People of Connecticut by:

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

Statutory Responsibility

The Department of Public Health (DPH) is the state's leader in public health policy and oversight. The agency is the center of a comprehensive network of public health services, and in partnership with local health departments, provides coordination and access to federal initiatives, training and certification, technical assistance and oversight, and specialty public health services that are not available at the local level. The agency is a source of up-to-date health information and analytics for the governor, the General Assembly, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on positive health outcomes and assuring quality and safety, while also minimizing the administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

Public Service

Office of the Commissioner

Affirmative Action/Equal Employment Opportunity

The Affirmative Action Office (AAO), also known as the Equal Employment Opportunity (EEO) Office, is responsible for ensuring compliance with federal and state antidiscrimination laws and department policies to ensure equal opportunity for all individuals. This compliance applies to all programs and services without regard to race, color, religious creed, age, sex (including pregnancy), gender identity or expression, marital status, national origin, ancestry, present or past history of mental disability, intellectual disability, physical disability (including blindness) or learning disability, genetic information, sexual orientation, domestic violence, prior conviction of a crime, status as a veteran and/or previously opposing such discriminatory practices (regardless of substantiation).

Communications and Government Relations

The *Communications Office* provides a full range of communication activities that serve the department and its stakeholders. The office manages public information, social media, Freedom of Information responses, media and community relations, marketing communications, issues management and public affairs, the agency's website, internal communications, and crisis and emergency risk communications.

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

General Counsel

The Office of General Counsel is the legal office for the Department of Public Health. The General Counsel is responsible for overseeing the legal and administrative activities of the office and provides legal support for the Commissioner and the agency. The Office provides legal and administrative support for 14 professional licensing boards, presides over hearings and renders decisions concerning appeals of public health orders, as well as reporting to federally mandated and private professional databases. The Office also responds to ethics and Health Insurance Portability & Accountability Act (HIPAA) questions, provides ethics and HIPAA privacy trainings, conducts investigations, responds to requests for personally identifiable health information, and generally ensures HIPAA compliance. The Office of the General Counsel includes the Public Health Hearing Office, the Ethics Officer, the HIPAA Privacy Officer, and the Attorney General Designee.

Public Health Systems Improvement

Public Health Systems Improvement (PHSI) is responsible for managing, coordinating and supporting organization-wide and multi-sector activities which improve public health structures, systems and outcomes. PHSI leads statewide assessment, planning and performance improvement activities through coordination and technical assistance to agency personnel and public health partners. PHSI also ensures that the agency maintains the standards of national public health accreditation, initially obtained in March 2017.

In partnership with the Department's Human Resources Office, PHSI supports a collaborative process to develop, update and implement the Workforce Development Plan. This plan is an evolving five year blueprint focused on building existing and future public health resources to meet the agency's strategic direction.

PHSI administers the Office of Health Equity established through Public Act 98-250, and

works to monitor the health status of at-risk populations, to ensure that health equity is a cross-cutting principle in all agency programs, data collection, and planning efforts, that DPH activities focus on the underlying social determinants of health, and the promotion and implementation of culturally and linguistically appropriate services in DPH contractors, local health, and community-based organizations.

PHSI also administers the State Primary Care Office, which facilitates the coordination of data-driven activities within the state that assess the need for primary care services and providers, promote the recruitment and retention of health care providers to fulfill identified needs, and reduce shortages of health care providers.

PHSI staffs a collaborative agreement with the Office of Health Strategy that was constructed to support the State Innovation Model (SIM). The agreement supports the development of a prevention linkage model and a community accountability model for the improvement of population health.

Community, Family Health and Prevention Section

The *Community, Family Health and Prevention* (CFHP) Section works to improve the health of the overall population across the lifespan, especially mothers, infants, children, adolescents and other vulnerable groups, by establishing opportunities that support healthy living habits through education, early detection, access to care, breastfeeding promotion and support, nutrition education and supplementation, chronic disease prevention and management, and injury prevention. The CFHP Section manages approximately 170 contracts and administers 42 accounts, including federal grants and state appropriations. Resources are dedicated to serve Connecticut's residents and affect the public health system, while maintaining a focus on the objectives of Healthy People 2020 and the CT State Health Improvement Plan.

The CFHP Section conducts comprehensive needs assessments to establish service priorities. Through significant contractual relationships, the CFHP Section provides health education and promotion, supports health screenings and referrals, leads care coordination initiatives, and provides technical assistance to promote quality improvement. Target populations and public health priorities are served by one or more of the CFHP Section's units, including:

- 1) **The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**
- 2) **Maternal and Child Health Epidemiology;**
- 3) **Adolescent and Child Health**
- 4) **Chronic Disease**
- 5) **Office of Injury and Violence Prevention**
- 6) **Injury and Violence Surveillance**
- 7) **Epidemiology**

The CFHP Section works to affect systems of care by supporting policies, systems and

environmental change strategies, and developing and maintaining a strong and sustainable infrastructure to support essential public health activities. This is possible through: collaborations with providers, patients and families; coordination of resources; support, development and implementation of statewide plans; translation of current and emerging information into health benefits; and efficient and quality programming by evaluating performance and promoting quality improvement.

- a. 86,922 WIC clients (women of childbearing age, infants, and children age 1-5 years) enrolled and served through 274,611 WIC clinic visits**
- b. 5,484 middle and high school students received sexual violence prevention and healthy relationship education at a total of 172 trainings.**
- c. 4,221 high risk women received services and screenings through the Comprehensive Cancer Program's Early Detection and Prevention Program.**

Drinking Water Section

The *Drinking Water Section* (DWS) is responsible for the administration and implementation of state and federal public health-focused drinking water laws and regulations, and is dedicated to assuring the purity and adequacy of the state's public drinking water systems and sources. The DWS has primacy over the U.S. Environmental Protection Agency's Safe Drinking Water Act (SDWA) of 1974, as well as state public drinking water laws.

DWS provides technical assistance, education and regulatory enforcement to Connecticut's **2,550** public drinking water systems, which provide public drinking water to approximately **2.8** million people on a daily basis. The DWS is committed to protecting and promoting healthy people in healthy Connecticut communities by assuring the use and distribution of high quality public drinking water for human consumption.

The DWS is organized into seven programmatic areas: Capacity Unit; Drinking Water State Revolving Fund (DWSRF) Unit; Enforcement Unit; Grant and Administration Unit; Safe Drinking Water Rule Implementation Unit; Source Assessment and Protection Unit; and, Technical Review and Field Assessment Unit.

- a. 639 inspections of Public Water Systems (PWS) conducted and completed**
- b. Approximately 100 water infrastructure improvement projects reviewed**
- c. 435,193 PWS water sample results processed**

Environmental Health Section

The Environmental Health Section (EHS) is responsible for assessing and controlling the impact of the environment on people and the impact of people on the environment. It is both protective and proactive. Its responsibility to protect the health and safety of Connecticut's citizens is accomplished through technical assistance, enforcement of the public health code and relevant statutes, as well as the implementation of public health policy.

The section is comprised of twelve programs which are diverse in their scope and oversight of both regulated and unregulated professions/entities: Asbestos; Environmental and Occupational Health Assessment; Environmental Engineering; Environmental Laboratory Certification; Environmental Practitioner Licensing; Food Protection; Healthy Homes; Lead Poisoning Prevention and Control; Private Wells; Radon; and, Recreation.

- a. 66,217 children under age six tested for lead poisoning; 2,425 children with elevated blood lead levels required follow-up.**
- b. 2,275 radon test kits were distributed to 34 local health departments for use within their jurisdictions as part of this year's Local Health Radon Partnership Program. The return rate for radon test kits from participating local health partners was 48% (1,092).**
- c. 401 subsurface sewage disposal system plans were reviewed from 137 municipalities.**
- d. 760 new licenses issued to environmental practitioners.**

Healthcare Quality and Safety

The Healthcare Quality and Safety Branch regulates access to health care professions and provides regulatory oversight of health care facilities and services. The branch consists of four major program components: Facility Licensing and Investigations; Practitioner Licensing and Investigations; Office of Emergency Medical Services; and, Office of Legal Compliance.

The Practitioner Licensing and Investigations Section (PLIS) ensures that a practitioner in a field has the required training, knowledge and experience to perform as a qualified professional in that field. PLIS receives and investigates complaints about specific providers that fall under its Authority. The Section responds to Scope of Practice Review requests to ensure that proposed changes to the scope of practice of health care practitioners contribute to the improvement of overall health of people in this state.

The Facility Licensing and Investigations Section (FLIS) licenses, monitors, inspects and

investigates complaints involving a variety of facilities and services. It also performs federal certification inspections in health care facilities participating in the Medicare and/or Medicaid programs and identifies deficiencies that may affect state licensure or eligibility for federal reimbursement.

The Office of Legal Compliance (OLC) prepares evidence and witnesses for public administrative hearings, represents DPH in administrative hearings before professional healthcare licensing boards and commissions, and settles legal cases involving more than 60 different professions licensed and regulated by DPH. This office is also responsible for providing information for reporting adverse actions to national databases and processing long-term care criminal history and patient abuse background searches.

The Office of Emergency Medical Services is responsible for strategic planning, regulatory & statutory oversight, as well as programmatic implementation of the Emergency Medical Services (EMS) system in Connecticut. For EMS providers, this includes development of the educational framework for training EMS providers, application and licensing of over 20,000 EMS providers, inspections of over 900 EMS vehicles and investigation of complaints against EMS providers for standard of care or other regulatory violations. For EMS organizations, this includes coordination of the overall EMS system via review and consideration of new EMS organizations and requested changes in services provided of current EMS organizations, oversight and analysis of EMS Data, as well as investigation of complaints against EMS organizations for regulatory violations that put the public's health at risk.

- a. 16,226 Long-term care applicant background check eligibility determinations completed; and 13,255 Long-term care applicant background check initial state and federal fingerprint checks fully processed and completed**
- b. 239,133 individuals licensed in 65 different professions throughout Connecticut**
- c. 23,506 Emergency Medical Services providers licensed**

Health Statistics and Surveillance

The Health Statistics and Surveillance section consists of the Office of Vital Records (OVR), the Connecticut Tumor Registry (CTR), Survey Unit, and the Surveillance Analysis and Reporting Unit (SAR). The State OVR carries out general supervision and enhancement of the state-wide birth, marriage, death and fetal death registries. The CTR is a population-based resource for examining cancer incidence and trends in Connecticut. The registry's electronic database of over one million cancers is used to estimate the cancer burden in Connecticut residents and to assist in planning cancer control interventions. The Survey Unit is responsible for the collection of health information to generate health estimates for Connecticut adults and youth through use of two major Centers for Disease Control and Prevention (CDC) surveillance systems. Adults are surveyed via telephone and high school students are surveyed in the school setting. The adult survey is a major data collection tool in chronic disease surveillance. The Surveillance Analysis and Reporting Unit (SAR) analyzes and interprets vital statistics, hospital discharge and hospital quality of care data.

SAR also works in collaboration with the US Census to produce Connecticut's annual state and county population estimates by age, sex and race/ethnicity. Data collected by both the Survey Unit and SAR are used to help track the health of Connecticut residents, provide guidance for numerous health programs, and provide a better understanding of health risk behaviors that face our adults and youths.

- a. 36,154 Births, 31,460 Deaths, and 18,844 Marriages were recorded in Connecticut**
- b. In calendar year 2018, 12,978 vital record certificates were issued, paternity was documented on the birth certificate for 12,202 children, and 1,017 adoptions were processed**
- c. 23,097 new cancer cases were registered from cases diagnosed in calendar year 2016**
- d. Over 9,000 adult health surveys were completed in calendar year 2018**

Infectious Disease Section

The Infectious Diseases Section encompasses surveillance programs for emerging infections and more than 50 acute communicable diseases including conditions potentially associated with bioterrorism; outbreak detection and investigation; planning for the public health response to infectious disease emergencies, and programs for the prevention of perinatal infectious diseases, vaccine-preventable diseases, healthcare-associated infections, human immunodeficiency virus (HIV), hepatitis, sexually transmitted diseases and tuberculosis. A critical part of the section's mission is to provide health education to the public, medical professionals and public health providers on prevention and management of disease transmission and emerging infections.

The Immunization Program prevents disease, disability and death from vaccine-preventable diseases in infants, children, and adolescents by actively engaging in surveillance, case investigation and control, monitoring of immunization levels, provision of vaccine, and professional and public education on the benefits of vaccination.

The HIV Program administers prevention, care and surveillance services through various interventions such as: HIV screenings, referring high risk populations to medical providers for Pre Exposure Prophylaxis (PrEP), referring individuals in need of care to medical providers as well as providing assistance with transportation, housing and drug rehabilitation services with the ultimate goal of reducing new infections and keeping infected residents living healthy.

- a. **4,977 Narcan (overdose prevention) dosages distributed by the Syringe Services Program**
- b. **Distributed 1,245,528 doses of vaccine to 671 enrolled providers to vaccinate children aged 0 through 18 years.**
- c. **212,589 electronic laboratory reports processed for blood lead, HIV, Hepatitis B, Hepatitis C, influenza, Chlamydia, Gonorrhea and Syphilis.**
- d. **190 outbreak investigations reported:**
 - i. **36 foodborne disease investigations(14 of which were part of CDC-led foodborne multi-state investigations)**
 - ii. **3 Legionellosis outbreak investigations;**
 - iii. **46 GI outbreaks reported in long-term care facilities (person-to-person)**
 - iv. **105 Upper respiratory outbreaks reported in long term care facilities)**

Operational & Support Services

The Operational & Support Services Branch is essential to the delivery of public health services across the state, ensuring that department-wide administrative activities are coordinated and accomplished in an effective and efficient manner. In addition, Operational & Support Services coordinates the Preparedness and Local Health Section. The branch provides the following services to all organizational sections of the agency: Contracts and Grants Management, Fiscal Services, Human Resources, and Information Technology.

- a. **594 active contracts, valued at \$585,648,382, which includes 58 bond fund grants and low-interest loans, valued at \$166,647,516**
- b. **\$49,518,687 total revenues collected**
- c. **\$27,937,361 in grants to local health departments across Connecticut**

Public Health Laboratory

The Dr. Katherine A. Kelley Public Health Laboratory (PHL) serves all communities in the state through the analysis of clinical specimens and environmental samples submitted by federal and state agencies, local health departments, clinical laboratories, health care providers, and water utilities. The PHL provides well over 2 million test results on approximately 150,000 specimens and samples it receives each year. Analytical data are used to monitor for agents harmful to the public health, identify the cause of outbreaks, and assure that control measures (e.g., vaccines, antibiotics, environmental remediation) are effective.

The PHL is comprised of the following testing and support sections: Administrative and Scientific Support Services; Environmental Chemistry; Infectious Diseases; and, Newborn Screening.

- a. 35,952 newborn screening tests conducted, representing 99.9% of all eligible infants born in FY 19. Eighty-eight (88) newborns have been confirmed positive for a disorder or as a carrier of a disorder.**
- b. 738 highly drug-resistant pathogens were tested and reported to healthcare providers**
- c. More than 1,000 tests performed for a variety of Radionuclides in 330 samples of air, water, vegetation, milk, fish and soil surrounding the Millstone Nuclear Power Plant.**
- d. The Laboratory tested 50 environmental white powder samples and 54 clinical isolates for the presence of bio-threat agents.**

Improvements and Achievements 2018-19 Highlights

National Recognition and Achievements:

Rankings

- 1. The United Health Foundation ranked Connecticut as the third healthiest state in the nation.**

- 2. Connecticut continues to have the third lowest teen birth rate in the nation and ranks among the states with the lowest incidence of low birthweight babies, preterm births and percent of births to unmarried mothers, according to the Centers for Disease Control and Prevention (CDC).**

- 3. Connecticut has the 10th lowest adult obesity rate in the nation, and the eighth lowest obesity rate for youth ages 10 to 17 (Trust for America's Health and Robert Wood Foundation; 2018.)**

- 4. Connecticut was one of 17 states that placed in the top tier of a three-tiered measure of performance on 10 indicators of public health and emergency response readiness (Trust for America's Health; February 2019.)**

National Accreditations and or State Certifications

- CT DPH submitted its second annual report to the National Public Health Accreditation Board (PHAB) in March 2019 and received favorable feedback from PHAB peer reviewers. DPH was recognized for taking a strategic approach to assessing its performance management systems and strengthening its performance management and quality improvement infrastructure.

- State Public Health Laboratory (Accreditations and State Certification):
 - 1. Testing of Produce to ISO/IEC 17025:2017 Requirements (April 2019)**
 - 2. Connecticut Department of Consumer Protection (Controlled Substances); (April 2019)**
 - 3. Environmental Lead to ISO/IEC 17025:2017 Requirements (September 2018)**
 - 4. US EPA Drinking Water (Chemistry & Microbiology); (September**

2018)

5. US EPA Drinking Water Radiochemistry (July 2018)

Recognitions

1. The Radon Program Supervisor was nominated to the Conference of Radiation Control Program Director's E-25 Committee on Radon to provide national and international technical assistance, to coordinate annual national radon conferences, to judge the national radon poster contest, and to work with the United States Environmental Protection Agency and the American Association of Radon Scientists and Technologists on standards and techniques.
2. The Environmental and Occupational Health Assessment Program's Indoor Environments Epidemiologist was nominated and confirmed to be a technical reviewer for the National Academies of Sciences, Engineering, and Medicine (NASEM) report, *Management of Legionella in Water Systems*.
3. The Centers for Disease Control and Prevention shared a Public Service Announcement: "Protect your Health around Animals" created and produced by DPH Communications and Infectious Disease staff on their web site.
4. In January 2019, the Immunization Program received two awards for the National Immunization Survey (NIS) – from CDC; 1) Healthy People 2020 Childhood Flu Award-2019 and 2) Healthy People 2020 Adolescent Award-2019 (NIS-Teen data).
5. In June 2019, the Immunization Program received three awards from the American Registry Assoc.(AIRA) Certificates of Recognition for furthering the interoperability goals of the Immunization Information System (IIS); 1. Transport, Complete Level, 2019; 2. Submission and Acknowledgment, Complete Level, 2019; 3. Query & Response, Complete Level, 2019.
6. The Connecticut Tumor Registry received a first place Data Quality Profile award from the National Cancer Institute for the second consecutive year.

Public Health Response to Emerging Threats:

Opioids

- The DPH Office of Emergency Medical Services (OEMS) worked collaboratively with the DPH Office of Injury and Violence Prevention (OIVP), the Connecticut Poison Control Center (CPCC) at UCONN Health, and New England High Intensity Drug Trafficking Area (NE Trafficking) on initiatives to strengthen Connecticut's response to the opioid crisis. A real time reporting mechanism has been put in place for Opioid Overdoses in the State through Emergency Medical

Services called the CT EMS Statewide Reporting Directive (SWORD). The SWORD mandates reporting by Emergency Medical Services (EMS) to the CPCC of every suspected overdose call regardless of whether naloxone was given. Data is entered into real-time tracking software called ODMAP which allows public health and safety agencies to monitor the activity in real-time enabling the state and community agencies to immediately mobilize a response to a sudden increase, or spike in suspected overdose events.

- DPH hosted its fifth annual statewide **Opioid and Prescription Drug Overdose** Prevention Conference in May 2019, for 250 attendees that included public health professionals, health care providers, pharmacists, policy makers, and social service staff involved with harm reduction. The objectives of the conference included: sharing recent data on opioid overdose and use in CT, discussing targeted actions for special populations, and highlighting new treatment and recovery approaches.
 - **The Occupational Health Program** published a white-paper titled **The Opioid Crisis and Connecticut's Workforce**, a multidisciplinary approach for employers that challenges conventional, “punitive discipline” human resource models as ineffective in addressing complex substance abuse issues in the workforce. The paper proposes that incorporate effective and compassionate workplace policies that recognize substance abuse as a chronic disease rather than a personal failing, incorporate current, evidence-based best practices of substance abuse treatment and recovery professionals, and identify the important role employers’ play as a partner in the treatment and recovery of workers and their families.
 - On April 1, 2019, DPH, along with Governor Lamont, launched a free Naloxone + Overdose Response progressive web App (NORA), available at norasaves.com. Inside NORA, users can learn about naloxone, the medication that can be used to reverse an opioid overdose, recognizing the signs of an opioid overdose and what to do, how to give all four types of naloxone, safe storage and locating local drug collection boxes, and extra support for people in need.
 - The Department of Public Health Applied for and was awarded over \$2 million from the Centers for Disease Control and Prevention through the Public Health Preparedness Crisis funding mechanism. The funding was utilized to develop communications and response plans within the agency, develop systems for several offices across the agency to track opioid related overdoses, and to support harm reduction programs through local public health departments statewide.
- Influenza**
- DPH teamed up with local health departments to provide free influenza vaccine at clinics across the state during the “State Flu Vaccination Days,” which occurred in early 2019. Local health departments and districts vaccinated thousands of children

and adults through the many clinics held across the state.

Emerging Pathogens

- *Candida auris* is a yeast emerging pathogen that presents a global health threat. It is often drug resistant, difficult to identify and can cause outbreaks in healthcare settings. The presence of this fungal organism puts healthcare workers and patients at serious risk. The Laboratory uses recommended protocols and antibiotics to establish drug regimens that should be effective in treating fungal infections. The Laboratory has performed antimicrobial susceptibility testing on 134 fungal pathogens collected from hospitals across the state.
- Carbapenem-Resistant Enterobacteriaceae (CRE) continues to be another significant emerging pathogen of public health concern. The CRE bacteria are very resistant to antibiotics and represent a major infectious disease concern in all healthcare settings. In FY19, the Laboratory performed identification and drug susceptibility testing on 604 of these highly drug resistant bacteria submitted from healthcare providers throughout the state

Chemical Contaminants

- Per- and Polyfluoroalkyl Substances (PFAS) are an emerging public health issue due to the pervasive use of this family of chemicals and the extraordinary low levels that are potentially harmful to developing fetuses. In September of 2018, the DWS sent two Circular Letter notifications on PFAS, one to all public water systems, Chief Elected Officials, Local Directors of Health, and Certified Operators to provide a general update on PFAS and the second to the 80 largest public water systems and Local Directors of Health requiring an update to land use assessments and requesting to sample drinking water sources for PFAS. The DWS staff worked with the water industry to develop format and content on the land use assessment requirement, which was due the end of March 2019. In June 2019, the DWS, working with the Environmental Health Section (EHS), DPH Laboratory, and Commissioner's Office worked to brief the Governor's Office on PFAS to discuss the potential development of a statewide action plan, in collaboration with the Department of Energy and Environmental Protection (DEEP), to express the needs of the state.

Advancing Public Health/Innovations in Public Health

- An interface was established with eleven healthcare provider clinics to electronically report immunization doses administered through the clinic's electronic health record to Connecticut's Immunization Information System (CT WiZ). An additional 193 clinics are in the process to begin reporting. Electronic reporting eliminates the need for paper reporting to the Department of Public Health, increases the timeliness, accuracy and number of vaccine doses that can be included in CT WiZ (since the system is not reliant upon data entry at DPH). It also consolidates a patient's immunization record into one document accessible to all enrolled healthcare providers. Nearly 200,000 immunization doses have been reported electronically since January 2019.

- **The long-term care Applicant Background Check Management System (ABCMS)** is an automated, web-based portal accessible to long-term care facilities to process the fingerprint-based background checks on applicants with direct patient access. The DPH is the lead State agency responsible for overseeing the development, implementation and coordination of Connecticut's ABCMS for direct patient access employees, working in collaboration and partnership with the Department of Emergency Services and Public Protection (DESPP) and Bureau of Enterprise Systems and Technology (BEST).
- The ABCMS represents the construction of an entirely new state database to process and manage fingerprint-based criminal background checks for employment purposes. As a result, the ABCMS' web-based portal effectively and efficiently processes a significant volume of background checks with a limited expenditure of state resources while providing exemplary customer service. The ABCMS applies a significant degree of automation – utilizing technological advances and processes not currently employed by the DESPP in other state background check programs – in an effort to process background checks and distribute criminal history results to long-term care providers in a timely and accurate manner.
- **The Newborn Screening Program** entered into agreement with Connecticut Children's Medical Center (CCMC) to create the CT Newborn Diagnosis and Treatment Network (CNDTN) to respond to presumptive positive newborn screening results reported by the State Public Health Laboratory (SPHL). The CNDTN begins the diagnostic work-up and treatment, as necessary, in conjunction with pediatric specialty care groups at Yale New Haven Hospital to assure that infants with a confirmed disorder receive timely care close to home. A registry for measuring, tracking, and reporting disorder specific outcomes from birth to age 21 has been established. The SPHL began electronic reporting of results and demographic information to the CNDTN through a new interface to CCMC's electronic medical record, in March 2019.
- **The Food Protection Program** implemented the revised food inspector certification process that involves training local inspectors to be Food Inspection Training Officers (FITOs). These officers will be responsible for training new inspectors and assessing currently certified food inspectors at their respective local health departments. This shift of training responsibilities from DPH to the local health departments will reduce the number of days the DPH Food Protection Program staff spends in the field conducting standardization inspections with new inspectors from an average of 6 days to 1-2 days. Twelve inspectors have been designated FITOs and 7 new inspectors have been certified under this new process.
- **The Connecticut Primary Care Office (PCO)** worked with DPH IT to link provider eLicensing data stored at the Department of Administrative Service Bureau of Enterprise Systems & Technology's (DAS/BEST) to DPH servers with an automated monthly data refresh which ensures up-to-date information is reported to the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). This eliminates the need for a sporadic data request and multiple staff involved in creating large datasets based on unique criteria.

- The PCO collaborated with the Department of Social Services and its Medicaid administrative services organization (ASO) Community Health Network of Connect (CHNCT) to gain access to provider-level claims data to reliably and accurately provide shortage data to HRSA.

Reducing Health Disparities and Enhancing Health Equity

Incorporating the Voices of Underrepresented Populations in our State Health Planning

- The State Health Assessment (SHA) is currently being updated. The SHA tells the story about the most critical health needs of Connecticut residents. The findings of the report will inform health improvement strategies being developed in the State Health Improvement Plan. As part of the development of the assessment, focus groups with members of historically underrepresented groups were conducted to learn what health issues impact their communities. Engaging with constituents from these underrepresented groups, helps to inform and improve the effectiveness of DPH programs to address health inequities, and ultimately, improve the health of our residents.

Reducing the Disparity of Uncontrolled High Blood Pressure among Low-Income Residents

- In partnership with the Department of Social Services (DSS), the Department of Public Health's Chronic Disease Section and Office of Health Equity are developing trainings for physicians, pharmacists, and Medicaid recipients to increase the prescribing and use of automatic, cuff-style self-monitoring blood pressure monitors (SMBP) for people with uncontrolled high blood pressure. SMBP are a recognized method for helping physicians determine whether treatments are working and are a covered expense for Connecticut's Medicaid population. This initiative receives technical assistance from the Centers for Disease Control and Prevention.

Protecting Families from Preventable Diseases

1. **The CT Vaccine Program distributed 1,247,528 doses of vaccine to 671 enrolled providers to vaccinate children aged 0 through 18 years.**
2. **The HIV Prevention Program staff led the Commissioner appointed "Getting to Zero" Initiative committee and developed first ever *CT Getting to Zero Plan*, to get to zero new HIV infections, zero HIV-related deaths and zero HIV-related stigma and discrimination in Connecticut.**
3. **The Lead Poisoning Prevention and Control Program received and reviewed 66,217 lead results for children under 6 years of age**
4. **The Adult Blood Lead Epidemiology and Surveillance (ABLES) Program received 3,234 adult blood lead test results, with 62 of those results found**

to be elevated (>20 ug/dL) and requiring follow-up.

Protecting Communities and Health

Ensuring Healthcare Quality

- In an effort to ensure public health, safety and welfare of the consumer/public, the Practitioner Licensing and Investigation Section (PLIS) issued a total of 239,133 professional licenses, including new licenses and renewals of existing licenses. They also registered approximately 30,000 nurse aides and provided permits for physician interns. The Department received 1,961 new complaints against health care practitioners and closed 1,708 investigations.
- **The Facility Licensing and Investigations section (FLIS)** received 1,803 complaints and conducted 1,591 investigations. Additionally, licensure and/or certification surveys were conducted for upwards of 500 healthcare institutions.
- **The Office of Legal Compliance (OLC)** processed and completed eligibility determinations on 16,226 applicants entered into long-term care applicant background check management system (ABCMS). This includes the completed processing of 13,255 applicant fingerprints for state and national criminal history records.
- **The Connecticut Statewide Emergency Medical Services (EMS) Protocols** is dedicated to Connecticut's EMS providers and their patients. The protocols are intended to be the first component of a dynamic process that will drive the delivery of quality pre-hospital care. The development of these protocols support the ongoing initiative among the New England states to unify pre-hospital care across the region. The protocols will not only bring us closer to more consistent pre-hospital care in Connecticut, but also increases the potential to provide more efficient care across state borders and share educational materials and data/quality assurance process within the New England states.

Protecting the Water We Drink

- The Private Well Program worked with a media company to promote the testing of private wells. The media campaign generated 3,024,715 impressions and 5,929 clicks to the <https://testyourwell.ct.gov> website.
- **The Drinking Water State Revolving Fund (DWSRF)** Program provided over \$37.3 million in financial assistance to 16 public water systems for 28 critical drinking water infrastructure projects that will improve the quality of Connecticut's public drinking water. This important drinking water infrastructure financing program greatly reduces the cost impact of capital improvement and public health projects on Connecticut's ratepayers.

- Legionella is a bacterium that can be found throughout the world, mostly in aquatic and moist environments (e.g., lakes, rivers, groundwater and soil). The infection caused by Legionella is known as legionellosis and occurs primarily in two forms: **Legionnaires' disease and Pontiac fever**. The Drinking Water Section is a member of the Department Legionella team assisting in evaluating environmental assessments conducted in response to the detection of legionella in drinking water or the evaluation of a defined legionella case in healthcare setting or in the hospitality sector.
- The DWS has worked on three significant state planning efforts during this past state fiscal year. These combined planning efforts ensure the state's public water systems and drinking water sources are well positioned for high quality and adequacy well into the future. Public water system adequacy, redundancy, and resilience have a critical role in ensuring continued public health and safety.
- The DPH, represented by the DWS' Public Health Section Chief, is a member of the Water Planning Council, and in collaboration with other state agency members, were able to successfully obtain approval of the State Water Plan through the Legislature and Governor's Office during the 2019 Legislative Session.
- On December 20, 2018, the DPH Commissioner approved the coordinated water system plans for the Western, Central, and Eastern Water Utility Coordinating Committees (WUCCs). These plans are the result of over 24 months of work by state agencies, local government and water utilities and will ensure that smart planning decisions are made about the future of Connecticut's drinking water.
- The DWS, through an Memorandum of Agreement with the University of Connecticut, Connecticut Institute for Resilience and Climate Adaptation, completed a Drinking Water Vulnerability Assessment and Resiliency Plan that assessed and identified vulnerabilities for community water systems in Fairfield, New Haven, New London and Middlesex counties and prepared a plan to ensure preparedness and resiliency before, during and after future storms and hazards.

Protecting Our Children and Families

- **The Child Care SAFER (Screening Assessment for Environmental Risk)** Program screened 60 new child care facilities seeking a license. The screening is a geographic-based buffer analysis comparing the location of the child care facility with locations where hazardous contaminants are present (or potentially present) in the environment. Of the facilities screened this year, 23 (38%) needed further follow-up. None were found to be harmful such that an environmental intervention or remediation was needed.
- 64 soil samples were analyzed as part of a remediation project in collaboration with the EPA and DEEP to clean up an abandoned factory identified as having Radium

226 contamination.

- More than 500 samples were collected from CT homes during the winter months and tested by the Laboratory for the presence of Radon in air.
- **The DPH Lead, Radon and Healthy Homes Program** continued its annual media campaign focusing on Hispanic and African-American families with young children using billboards, social media and television and radio to reach these audiences. The cities of New Haven, Hartford, New Britain, Bridgeport, Waterbury and Meriden were the focus of the campaign due to the higher prevalence of lead poisoning among Hispanic and African-American children living there. The billboard advertising had over 5.9 million impressions. Social media, including Facebook, yielded 869,420 impressions and television and radio had over 1.2 million impressions. This campaign has been successful in driving more traffic to the Lead Poisoning Prevention and Control Program webpages. The Program is also seeing a reduction in the rates of lead poisoning in Hispanic and African-American children from the campaign target areas.
- **The Asbestos Program** tracked 4,650 Asbestos Abatement Projects; approved 305 Alternative Work Practice applications; approved 24 Asbestos Abatement While School is in Session applications; and formally inspected the Asbestos Management Plans at 25 schools, and approved 15 Asbestos Management Plans for new school buildings.
- **The Asthma Program** provided funding and technical assistance to providers to support the evidence-based Putting On Airs Program (POA). Fifty (50) clients (83% children, 17% adult) with poorly controlled asthma received services. Interventions included asthma symptom management, medication administration, and environmental exposures to allergens, irritants and pest management. 63% of participants who completed the POA program had a decrease in asthma-related hospitalizations and emergency department visits six months following completion of the program; the average number of hospitalizations/ED visits was reduced from 2.8 (range: 1-7) to 0.3 events.

Capacity Building

Partnerships

- DPH provided technical assistance to local public health agencies and community-based organizations to promote health equity. This includes ways to strengthen partnerships, promote health equity through the use of CLAS standards, identify the language needs of non-English speaking populations within their communities, and ensure language access services are available and displayed.

- In partnership with UCONN Health Disparities Institute, the DPH Office of Health Equity developed the Connecticut Report Card on Health Equity among Boys and Men of Color to focus and further leverage statewide and local strategic planning initiatives aimed at reducing health disparities, improving healthcare quality and transforming service delivery models to improve health.
- DPH provides technical assistance to local health departments and districts pursuing accreditation. This effort improves their capacity to carry out the essential services of public health to effectively protect the health of CT residents.
- **The State Public Health's Bio response Laboratory** in collaboration with the 14th Civil Support Team and the Federal Bureau of Investigation (FBI) conducted First Responder Training at the Laboratory. This year's training featured education on a chemical agent, VX and consisted of informative lectures by subject matter experts in the morning followed by a tabletop exercise led by the FBI Weapons of Mass Destruction Coordinator. There were approximately 100 attendees.

Preparedness and Local Health

- **The Preparedness and Local Health Section** used federal funds to establish one statewide healthcare coalition, and maintain the five regional emergency support function 8 committees to continue coordinating public health planning, response and operations work across sectors and among a variety of partners. Comprised of hospitals, local health departments, EMS, emergency management officials and other community partners, the Coalitions had many accomplishments this past year. These include adopting formal governance structures, completing regional hazard vulnerability assessments, and developing a coalition preparedness plan. Coalitions also conducted two communications drills, hosted training opportunities for their members, and participated in a coalition surge test involving the simulated evacuation of a hospital in each of their respective regions.
- **The Preparedness and Local Health Section** conducted several after-action briefings and workshops to support the agency and its partners to improve response to emergencies and preparedness plans. Workshops were held on norovirus response, legionella response, and intra-departmental opioid communications protocol development. The Preparedness and Local Health Section engaged in a memorandum of understanding with the Military Department for the state's 100-bed mobile field hospital. The Military Department trained its foot and horse guard members to deploy and set up the mobile field hospital, evaluated and assessed the components of the mobile field hospital, and developed a deployment protocol for use between the two agencies. This initiative will continue into future years and ensure appropriate

maintenance and management of the DPH asset.

Systems Improvements and Efficiencies:

Streamlining Processes

- **The Radon program** began electronic import of residential radon mitigation data. More than 800 new records have been imported via the import interface, which has resulted in an 80% reduction in staff time dedicated to this activity.
- **The Practitioner Licensing and Investigations Section** has transitioned all initial and renewal license applications from hardcopy to online submission in March, 2019. The online application process provides automated email status updates and allows applicants to log in to the system and view a checklist of items that are outstanding, rather than having to contact DPH by telephone. Applicants for initial licensing are required to answer questions regarding their past professional history (felony, other state discipline, etc.). Online application submission allows for an automated review of responses to questions, and produces a daily report of all applications with an affirmative response to any of the professional history questions. This allows the reviewer responsible for investigating the affirmative responses to better plan his/her work and to review these applications at the time of application submission, rather than later in the process. These automations allow for a more efficient interaction between applicants and DPH, and allow staff to concentrate on processing applications and providing customer service.
- **The Facility Licensing and Investigations Section (FLIS)** processes approximately 12,000 accident and/or incident reports that are submitted by nursing homes annually. FLIS has developed a web based online reportable events/accident and incident reporting system for nursing homes. This system was modeled after the FLIS hospital adverse event reporting system. Currently, all reportable events are submitted through a web based report tracking system. Notification to FLIS which was once done by voice to voice contact telephonically has changed staff notification from such telephone call to a web based notification. Significant events which require immediate reporting are conducted through notification of select staff with a text message for timely follow-up and action. Additionally, there is bi-directional communication with the FLIS team through the web based events system. The system also retains history and facility Administrators for each facility have full administrative functions to create/delete/activate/inactivate users for their assigned facility. This web based online system utilized computer and telephone technology to increase efficiencies for both the state agency and the facilities.
- **FLIS** has transitioned the renewal licensure process to an on line system applications for all healthcare entities. In addition, FLIS is issuing electronic violation letters issued to healthcare facilities when non-compliance with state and federal laws and regulations is identified with the facility's approved plan of correction. Automating this process has reduced redundancies and allowed for greater transparency to the public.

- Efficiencies were realized by automating the linkage between the Department of Motor Vehicles (DMV) and Department of Public Health death file so that the DMV files can be updated and more quickly remove deceased residents from their files.
- DPH is in the process of developing an **Electronic Death Registry (EDRS)**. The EDRS will be a secure web based system that allows completion of the death certificate through the contribution of data elements from many partners located in different parts of the state including the Funeral Directors, medical facilities, medical providers, Town Clerks, and Office of the Chief Medical Examiner (OCME). The EDRS will be able to share data with the OCME data system (interoperability), thereby reducing data entry. Staff time will be saved at the OCME, DPH, Town Clerks, Funeral Directors, and Medical facilities by reducing the time needed to process paper documents. The death file is shared and used by many other CT state agencies including Auditors, Comptroller, Judicial, Labor, Motor Vehicles, Public Protection, Office of Policy and Management, Rehabilitative Services, and the Treasury. The EDRS is projected to be operational July 1, 2020.
- **The Preparedness and Local Health** Section successfully applied for over \$10M in federal funds to build public health and health care preparedness capacity across the state. The Section modified its new streamlined system to more efficiently deliver these funds to five regional healthcare coalitions rather than to individual organizations. The section also further reduced the number of preparedness-related contracts administered by DPH, in an effort to foster regional collaboration, and healthcare system preparedness.
- **The Preparedness and Local Health** Section worked with local public health departments statewide to negotiate and reduce the number of ‘mass dispensing areas’ from 41 individual entities down to five (5) regional planning entities. This realignment will create efficiencies by further reducing duplicative administrative work at the local and state level, and enables the newly established regional planning entities to build resilience within their planning regions.
- **Initial Office of Emergency Medical Services (OEMS)** renewal applications for the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician, (AEMT) and paramedic providers are now accepted online through E-License.
- **The Drinking Water Section** has begun developing an online data entry portal for public water systems to report their surface water and groundwater capacities. Currently, the capacities are reported in digital file that is manual entered into a database. The number of forms being submitted is significant enough to warrant the development of this data portal. In conjunction with the National Integrated Drought Information System (associated with NOAA), a North East Region data portal is also

being developed. Its use will allow public water systems to electronically monitor their surface water capacities to determine possible drought conditions and adjust drought response triggers and actions.

- On November 1, 2018, the **Connecticut AIDS Drug Assistance Program (CADAP)** transitioned from the Department of Social Services to the Department of Public Health. DPH entered a contractual relationship with a Pharmacy Benefits Manager, Magellan Rx Management to administer the program. DPH implemented new policies and procedures to improve management of the CADAP and provide timely services to eligible clients and ensure compliance with the Ryan White HIV/AIDS Part B requirements.
- **The Sexually Transmitted Diseases (STD) Program** transitioned its surveillance database from a DOS-based system to the web-based Connecticut Electronic Disease Surveillance System (CTEDSS). This transition has allowed for increased efficiencies including the ability to receive electronic laboratory reports, decreasing part of the need for manual data entry, and the ability for epidemiologic staff who follow-up with patients diagnosed with STD's to access data from the field. The STD Program is continuing to work with DPH informatics staff on improvements to the STD CTEDSS module to streamline processes and improve analytic capabilities to ensure accuracy and completeness of data.

Education and Training

- The Occupational Health Program distributed over 1,600 copies of the white-paper titled *The Opioid Crisis and Connecticut's Workforce* to six DMHAS-funded Regional Behavioral Health Action Organizations, as well as to attendees at the Connecticut Business and Industry Association's Human Resource and Safety and Health conferences. In addition, Program staff gave presentations detailing the white-paper contents and distributed materials to the Prevention Subcommittee meeting of the CT Alcohol and Drug Policy Council, the Workers' Compensation Trust conference, the CT Opioid Overdose Prevention Conference, the Northeast Regional Occupational Disease And Injury Surveillance Conference, the Council of State and Territorial Epidemiologists (CSTE) annual meeting, and the annual meeting of the National Academy for State Health Policy.
- **The Office of Emergency Medical Services (OEMS)** has completed several educational efforts to address the opioid crisis. These efforts have resulted in the training of emergency medical personnel across the state:
 - a. **Developed and distributed pocket cards in Spanish on "how to Obtain Naloxone" to be left at the home of patients suffering from substance use disorder.**

- b. **Continued to sponsor conferences entitled “Opioid Overdose Epidemic, The EMS Role”. There were two conferences held with an attendance of 77 EMS providers.**
 - c. **Rolled out Statewide Opioid Reporting Directive, (SWORD) on April 1st 2019.**
 - d. **Produced an on-line training on CT-TRAIN for all EMS providers in reference to SWORD directive, with over 1400 EMS providers accessing the training.**
 - e. **Produced written and digital information on SWORD to all EMS, Hospital and Community partners.**
 - f. **Developed a dedicated web-page under OEMS for SWORD and opioid information.**
- **The Environmental Engineering Program** held 12 half-day training seminars during the winter and spring to update local health officials, engineers, sewage system installers and cleaners, water treatment system installers, and other interested parties on the revisions to the Technical Standards for Subsurface Sewage Disposal Systems. In total, 610 people attended the seminars.
 - In June 2019, the DPH DWS, along with the **Connecticut Environmental Health Association**, held a Sodium Chloride Stakeholder Workgroup Meeting with over thirty diverse entities to identify and address the increasing presence of sodium chloride in drinking water. Representatives from academics, local health, regional government and state agencies were present to discuss how they can collaborate to address chloride issues across the state.
 - The DPH DWS partnered with the **Environmental Finance Center Network (EFCN)** to present a series of three webinars aimed at developing technical, managerial and financial capacity for small community water systems. The webinar series was designed together to prepare small PWS in meeting the new requirements as part of Public Act 18-168. The webinars included topics covering asset management, rate structures and rate setting, DWSRF funding program, unaccounted for water loss, hydro pneumatic storage tank assessment, and regionalization and partnerships. The webinars were recorded and are available both on the EFCN and DPH DWS websites.
 - **The Supplemental Nutritional Assistance Education Program (SNAP-Ed)** continued to implement a Telephonic Health Coaching program that provides intensive, client-centered education to support sustainable lifestyle behavior changes among SNAP-eligible adults. For the fiscal year, 75 SNAP-Ed clients participated in 742 health coaching sessions. Participating clients reported achieving their goals more than

half of the time and making significant positive changes in 14 of 18 nutrition behaviors.

- DPH supports the **National Network of Public Health Institutes' (NNPI)** Learning Navigator, a streamlined, curated online resource supporting quality learning for the public health workforce. DPH provides representation on the Learning Navigator Advisory Committee and reviews courses submitted to the Learning Navigator.
- PHSI brought the **Public Health National Center for Innovations (PHNCI)** to DPH to deliver an all day, hands on workshop on Design Thinking. Design Thinking is a discipline focused on the needs of people, the technical feasibility of an idea, and its overall business viability. Use of Design Thinking in public health is an emerging practice for agencies with a focus on innovation. The training utilized a mock innovation project in an engaging simulation. The training was attended by 38 DPH staff and community partners.
- **PHSI and HR provided Supervisor Training** for DPH supervisors. This six hour course provided participants with a deeper understanding of the potential impact of supervision on the culture of the workplace; the role and responsibility of a supervisor and the skills and resources a supervisor may capitalize upon to increase their success. It was attended by 97% of DPH staff (220) whose job description includes supervisory responsibilities.
- **PHSI brought Leadership Greater Hartford (LGH)** to DPH to provide coaching training. Participants learned how to facilitate a group coaching segment. The program ran for three months. Participants met once a month for two hours. There was also a forty five minute group phone call between in person meetings. Participants studied leadership topics based on articles and other reference material provided by LGH. Fifteen DPH staff attended.

LEAN

1. Seven (7) **“Just Do it!”** Improvement projects were documented reflecting improvements made in internal administrative processes, provider licensing, reducing error rates and process time, and programmatic improvements aimed at reducing vaping and improving coordination and utilization of resources reducing duplicative effort across the state.
2. The DWS has improved its incident response and reporting process, both internally and externally, for events that may have potential implications on drinking water quality.
3. In May 2019, the **STD Program** also participated in a Lean of the process for follow-up of syphilis reports. Recommendations from this Lean process are being implemented with the goal of increasing efficiencies for staff and improving outcomes of patient interactions.

4. **The TB, STD, HIV and Viral Hepatitis** Section conducted a Lean kaizen to streamline the syphilis reporting process. This resulted in more efficient process that allowed for prioritization of high needs cases.

5. **The SAR (Surveillance Analysis and Reporting)** Unit of the Health Statistics and Surveillance Section conducted a Lean in October of 2018. This effort streamlined their statistical file management process, increasing efficiency and minimizing time spent completing administrative tasks related to the request.

6. **Lead, Radon, and Healthy Homes Program** enhanced data sharing with housing authorities. Housing authorities conduct housing quality standards (HQS) inspections. Changes to HUD legislation provided an opportunity to reduce the risk of elevated blood lead levels in children. Improvements made to this process increased the number of required lead inspections and lead abatements conducted in contracted housing authority subsidized housing.