

APPENDIX A

DOH Supplemental Survey

The purpose of this survey is to collect supplemental information to the annual report in order to estimate the cost of routine inspections and services associated with response to elevated lead levels in children, private water wells, subsurface sewage disposal and the food protection program. For purposes of the survey please use CY 2012 cost and salary figures, since that is the last year of annual reports available to us. Should you have any questions, contact Dr. Pat Checko at [PJChecko@comcast.net](mailto:PJChecko@comcast.net) or 860-828-8445.

To be completed by the Director of Health with assistance of staff

ID # \_\_\_\_\_

Local Health Department/District \_\_\_\_\_

Director of Health (DOH) \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Health Department \_\_\_ FT Municipal \_\_\_ PT Municipal \_\_\_ Health District

What is the LHD work week? \_\_\_ 35 hrs. \_\_\_ 37.5 hrs. \_\_\_ 40 hrs. \_\_\_ Other, specify

DOH salaried workweek \_\_\_\_\_ hrs. /wk. (Not including extra hours you may work)

Population of Health Jurisdiction (DPH 2012 estimate) \_\_\_\_\_

For State Fiscal Year 2013 (2012 report year)

Total FTE Employees \_\_\_\_\_ Total FTE contract employees \_\_\_\_\_

Total FTE Environmental Health Employees \_\_\_\_\_

Total FTE Environmental Health contractors \_\_\_\_\_

Is your LHD Union \_\_\_\_\_ No Union \_\_\_\_\_?

**This section relates to the LHD budget for FY 2012-13**

1. What was the total LHD budget for FY 2012-13? \_\_\_\_\_
2. Does this budget reflect the total cost of operating the LHD, including personnel, indirect and fringe, equipment, overhead, etc? \_\_\_ Yes \_\_\_ No
3. If no
  - a. How are fringe benefits (FICA, Medicare, Health insurance) funded?
    - \_\_\_ Part of District/Department Budget
    - \_\_\_ Included in overall city/town budget as personnel line item

\_\_\_ Town/city comptroller handles  
\_\_\_ Other, specify \_\_\_\_\_  
\_\_\_ Don't Know

b. Are your offices in a municipal building? Yes \_\_\_ No \_\_\_

If yes, is there rent or overhead included in the LHD budget \_\_\_ Yes \_\_\_ No

c. What is the municipality or district fringe benefit rate?

Municipality \_\_\_% of salary District \_\_\_% of salary Don't know \_\_\_

4. Does the LHD receive federal funds (include those which are federal even if pass through from DPH)?

\_\_\_ Preventive Block Grant                      \_\_\_ BT/Emergency Preparedness  
\_\_\_ WIC    \_\_\_ HUD for lead  
\_\_\_ CDC grants direct    \_\_\_ Medicare  
\_\_\_ Other , please list \_\_\_\_\_  
\_\_\_ None

Federal fund % of LHD budget \_\_\_%

5. Does the LHD receive state funds?

\_\_\_ Per capita allocation    \_\_\_ Lead investigation funds  
\_\_\_ Medicaid    \_\_\_ Other, specify \_\_\_\_\_  
\_\_\_ None

State fund % of LHD budget \_\_\_%

6. Does the LHD receive other funding besides federal, state and municipal/district funds?

\_\_\_ Contract Revenue    \_\_\_ Local grants (CDBG, etc.)  
\_\_\_ Foundations/Corporations    \_\_\_ Other specify \_\_\_\_\_

Other fund % of LHD budget \_\_\_%

7. What percentage of the LHD operating budget is local funding? \_\_\_\_\_%
8. Do fees collected for environmental health services
  - \_\_\_\_\_ Become part of the LHD operating budget
  - \_\_\_\_\_ Go into the municipal general fund
9. When the LHD receives grant funds are the indirect, overhead and fringe benefits
  - \_\_\_\_\_ Added to the Department budget and used to offset costs
  - \_\_\_\_\_ Transferred to the municipal general fund/comptroller
  - \_\_\_\_\_ Other
  - \_\_\_\_\_ Don't Know

The following questions relate directly to the four mandated environmental health services that are being evaluated: response to elevated lead levels in children, subsurface sewage disposal, private water wells and the food protection program.

A. LEAD INVESTIGATIONS (For this section please use the regulation and action levels in place in 2012)

CT state law and regulations mandate the LHD provide follow-up and investigation of all reported blood lead levels (EBLL)  $\geq 20$  ug/dL.

1. How many EBLL  $\geq 20$  ug/dL have been reported for your health jurisdiction in the past 5 years (2008-2012)? \_\_\_\_\_
2. Even if you have not had a case to investigate in the past 5 years, does your LHD have a plan to provide this mandated service? Yes\_\_\_ No\_\_\_
3. How does/would your LHD conduct the required epidemiology investigation?
  - \_\_\_\_\_ LHD staff who are Lead Certified and/or a nurse
  - \_\_\_\_\_ contract with another LHD
  - \_\_\_\_\_ contract other, specify\_\_\_\_\_
  - \_\_\_\_\_do/would not conduct epi investigation
4. How does/would your LHD conduct the required environmental investigation (paint ships, XRF, soil testing, etc)?
  - \_\_\_\_\_ LHD staff who are Lead Certified

\_\_\_\_ contract with another LHD

\_\_\_\_ contract other, specify \_\_\_\_

\_\_\_\_do/would not conduct environmental investigation

5. Where do you obtain the XRF machine for conducting environmental investigation

\_\_\_\_ LHD owns XRF machine

\_\_\_\_ LHD borrows XRF machine from DPH Lead Program

\_\_\_\_ Other (Specify) \_\_\_\_\_

6. How does/would your LHD conduct clinical follow-up with the patient and provider?

\_\_\_\_ LHD staff who are Lead Certified or a nurse

\_\_\_\_ contract with another LHD

\_\_\_\_ contract other, specify \_\_\_\_

\_\_\_\_do/would not conduct clinical follow and home visit

7. Does your LHD complete required MAVEN reports? \_\_\_Yes \_\_\_No

If yes, go to 8

8. Who is responsible for completing reports and maintaining MAVEN for lead? Check all that apply:

\_\_\_\_ Chief Sanitarian

\_\_\_\_ Nurse

\_\_\_\_ Lead certified Staff

\_\_\_\_ Admin staff

9. On average how much manpower does an uncomplicated lead case require, (i.e., cooperative , compliant property owner; case doesn't require court) investigations epi and environmental, writing orders, compliance, monitoring, documentation and MAVEN reporting to DPH.

Environmental health staff time \_\_\_\_days \_\_\_\_hours

Administrative staff time \_\_\_\_ days \_\_\_\_ hours

RN time \_\_\_\_days \_\_\_\_ hours

DOH time \_\_\_\_ days \_\_\_\_hours

Contractor time \_\_\_\_days \_\_\_\_hours

\_\_\_\_Don't know have never had to deal with a case of lead poisoning

#### PRIVATE WATER WELLS

1. Does your LHD jurisdiction include residences with private water wells? \_\_Yes \_\_No

If yes,

2. Who is the LHD staff person responsible for inspections, testing and/or permitting of new wells and well repairs?

\_\_\_\_ Sanitarian \_\_\_\_DOH \_\_\_\_ Contractor \_\_\_\_ Building Department

\_\_\_\_ No one, don't issue permits

#### SUBSURFACE SEWAGE DISPOSAL

1. Does your LHD jurisdiction include residences with septic systems for solid waste disposal? \_\_Yes \_\_No

If yes,

2. Does your LHD conduct inspections, investigations and permitting of subsurface disposal systems? \_\_\_\_Yes \_\_\_\_No

If no,

3. Does the municipal building department provide this service? \_\_\_\_Yes \_\_\_\_No  
4. How many staff sanitarians or RSs at your LHD are

Phase 1 certified \_\_\_\_\_ Phase 2 Certified\_\_\_\_\_

5. If you do not have Phase 2 certified sanitarians on staff, how do you deal with reviewing engineered plans?

\_\_\_\_ Send to DPH for review \_\_\_\_ Contract with another LHD

\_\_\_\_ Municipal building department has Phase 2 certified staff

\_\_\_\_ Other, specify \_\_\_\_ Don't know

Please estimate the average amount of time spent on each aspect of a typical new home system or a repair of an existing system

- a. Testing lots (deep holes) \_\_\_\_ hours  
b. Site plan review \_\_\_\_ hours (take into account number of engineered plans)

- c. Work with contractor and/or owner on site and consultation \_\_\_\_\_ hrs
- d. Septic installation and inspection (on-site) \_\_\_\_\_ hours
- e. Writing orders for repairs \_\_\_\_\_ hours
- f. Paper work including processing permit \_\_\_\_\_ Hours

6. Does your LHD conduct 19-13-B100a application review?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Contracted

If no,

7. Does the municipal building department provide the service? \_\_\_\_ Yes \_\_\_\_ No

Please estimate the average amount of time to:

Conduct in-house review of plan and issue approval \_\_\_\_\_ hours

Additional time if site visit required \_\_\_\_\_ hours

#### FOOD PROTECTION PROGRAM

1. Does your LHD license food service establishments in your jurisdiction? \_\_\_\_ Yes \_\_\_\_ No

If no,

2. What municipal department is responsible for licensing of food establishments and temporary food vendors? Specify \_\_\_\_\_ Don't Know \_\_\_\_

3. Are mandated food inspections conducted by LHD employees? \_\_\_\_ Yes \_\_\_\_ No

If yes,

4. What level of training/certification do the EHS staff who conduct the food inspections have?

\_\_\_\_\_ Registered Sanitarian

\_\_\_\_\_ Sanitarian without RS

\_\_\_\_\_ Food Service Certification Only

If no,

5. If food inspections are conducted by contractors

a. What level of training does the contractor(s) have?

\_\_\_\_\_Registered Sanitarian

\_\_\_\_\_ Sanitarian without RS

\_\_\_\_\_ Food Service Certification Only

b. How many hours per week does the contractor work? \_\_\_\_\_ hrs/wk \_\_\_\_ FTE equivalent

c. Who is directly responsible for supervision of the contractor? Title \_\_\_\_\_

6. Does your LHD provide or require any training for food service employees?

\_\_\_ In-house basic food service course Fee \_\_\_\_\_

\_\_\_ QFO training and certification

\_\_\_ Other, Specify \_\_\_\_\_

\_\_\_ No

Please estimate the time spent on the annual licensure process. Take into account the amount of time required to update all the restaurants, form letters sent, processing of forms and payment.

EHS staff \_\_\_\_\_Days \_\_\_\_Hours

Admin Staff \_\_\_\_\_Days \_\_\_\_Hours

Please estimate the time spent on the actual inspection process. Do not include driving time.

Class I \_\_\_\_\_ hours

Class II \_\_\_\_\_hours

Class III \_\_\_\_\_ hours

Class IV \_\_\_\_\_ hours

Recording reports including entering into a data base \_\_\_\_\_

7. Does your LHD have a computerized data base for food service licensing and inspections?

\_\_\_ Yes \_\_\_No

8. Is the entire food form scanned or entered after each inspection? \_\_\_Yes \_\_\_No

If yes, type of software program: \_\_\_\_\_Maven

\_\_\_\_\_ purchased software. Specify\_\_\_\_\_

\_\_\_\_\_ in-house software program (ACCESS, etc)

9. Who is responsible for entering the data from the inspections?

\_\_\_\_\_ Individual conducting the inspection

\_\_\_\_\_ Administrative staff

10. Is someone in EHS responsible for periodically evaluating/analyzing the food data?

\_\_ Yes \_\_ No

If yes,

a. Who? \_\_\_\_\_ Chief Sanitarian \_\_\_\_\_ DOH \_\_\_\_\_ Other, specify

b. How often: \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_ other \_\_\_\_\_

11. Does your LHD have a food establishment rating system that is available to the public?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

a. How often is it updated?

\_\_\_\_\_ After each inspection

\_\_\_\_\_ Weekly

\_\_\_\_\_ Monthly

b. Who is responsible for entering the ranking and keeping it updated?

\_\_\_\_\_ Chief Sanitarian

\_\_\_\_\_ Admin Staff

\_\_\_\_\_ Other, specify \_\_\_\_\_

12. Does your LHD have any formalized relationship with food establishment owners, managers and /or QFOs and meet with them regularly?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe

EHS COMMUNICATIONS



1. Does your LHD have a website.  Yes  No

If yes,

a. Please provide url \_\_\_\_\_

b. Does your website have information and forms related to these four EHS services? Check all that apply.

Food Service Licensure and Inspection

Lead poisoning prevention and control

Private water wells

Solid Waste Removal (Septic Systems)

No

c. Can these forms be completed and submitted on-line?  Yes  No

d. Is there capacity to contact staff on-line with questions or complaints?  Yes  No

2. Does you LHD utilize other social media?  Yes  No

If yes please check all that apply

Facebook

Twitter Account

Other, specify \_\_\_\_\_

1. What type of administrative staff does EHS staff have?

At least one dedicated administrative staff just for EHS

At least one shared administrative staff for entire LHD

None, they do all their own typing, reports, permits, correspondence, etc.

## COST OF ENVIRONMENTAL HEALTH SERVICES

Please estimate the proportion of the LHD annual budget that is related to the performance of environmental health services. Include personnel, supplies, cars and mileage, EHS staff training, equipment, admin support and indirect and fringe if appropriate.

\_\_\_\_\_ %                      \$ \_\_\_\_\_ amount

What proportion of DOH time is related to environmental services directly, or as part of supervision and oversight?      \_\_\_\_\_ %      \_\_\_\_\_ hrs./wk.

Thank you for taking the time to complete this survey. This information will contribute to the understanding of cost, function and EH service delivery. It is our hope that all of you will benefit from this research in the future.

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Jeffrey Cohen, PhD.

Timothy Callahan

