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 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) ≥ 20 ug/dL.  

1. How many EBLL ≥ 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
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 your 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.

Patricia J. Checko Dr.P.H.
Jeffrey Cohen, PhD.
Timothy Callahan