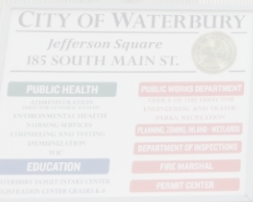


# Department of Public Health



City of  
**Waterbury**  
Connecticut



Neil M. O'Leary, *Mayor*  
William Quinn, *Director of Public Health*

# 2018 Annual Report

Waterbury Public Health  
Torrington Satellite Office  
Preventive



*Mission Statement*

**“Promoting Healthier Families,  
Healthier Neighborhoods,  
and a Healthier Community”**



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# Director of Public Health

The mission of the Waterbury Department of Public Health is to “Promote Healthier Families, Healthier Neighborhoods, and a Healthier Community.” The Department has served and protected public health in the City of Waterbury for more than 100 years, across the broad historic spectrum of emerging public health issues and evolving community needs. I am pleased to highlight some of the Department's 2017-2018 accomplishments using the CDC's 10 Essential Public Health Services framework which is the foundation for comprehensive public health services:

### 1. Monitor health status to identify and solve community health problems.

- ▶ The Department was part of a pilot group in June 2018 for use of the CTDPH Syndromic Surveillance system which provides near live-time emergency room data to local health departments. This new tool will be pivotal in identifying a wide range of local health outbreaks and emerging situations, including asthma severity, influenza spikes, emergency preparedness, food poisoning outbreaks, opioid overdoses, et al.; it will be in broad use by local health departments by fall 2018.
- ▶ The Department is part of the 2018 Data Haven Wellbeing Survey, a statewide survey to examine health, educational, economic and other well-being indicators. The data and analytical reports will be useful for collective action on local, regional and statewide levels.

### 2. Diagnose and investigate health problems and hazards in the community.

- ▶ Our Environmental Health Division ensures public health by inspecting for food safety, housing violations, neighborhood blight, lead-poisoning, et al. Our Healthy Homes program identifies qualified, private housing units for lead-hazard and Healthy Homes remediation to prevent childhood lead poisoning and other housing-related injuries. Detailed information about these services is presented in the body of this annual report.
- ▶ In 2017-2018, our School Nursing program analyzed data regarding the number and needs of local school children with diagnoses of asthma. As a result of the findings, the School Nursing program has developed a core of Specialty Services for Students with Asthma, detailed online at <http://www.waterburyct.org/schoolnursing>



**William Quinn, MPH**  
*Director of Public Health*

- ▶ Our Putting on AIRS asthma program spans our Environmental Health and Community Health Divisions in an effort to reduce asthma severity in the region by intervening upstream. This program provides high-need asthma patients referred by the hospital emergency rooms with home visits by a respiratory therapist or a nurse for one-on-one asthma education and a Healthy Home Assessment to identify environmental asthma triggers in the home.

### 3. Inform, educate and empower people about health issues.

- ▶ The City of Waterbury's website <http://www.waterburyct.org/> is the official information hub for City Departments, Boards and Commissions. The Health Department's page is located at <http://www.waterburyct.org/health> and serves as a comprehensive catalog of Departmental services as well as important public health information.
- ▶ A new Opioid webpage was added in fall 2017 at <http://www.waterburyct.org/opioid> to articulate the Waterbury CORE Opioid response program. It has been used as a model webpage by the CTDPH. The page is authored and maintained by the Health Department and is also fully integrated into the City website, and the websites for the Waterbury Police and Fire Departments for high visibility.
- ▶ A new School Nursing webpage was added in January 2018 at <http://www.waterburyct.org/schoolnursing>; this page is authored and maintained by the Health Department and is also fully integrated into the Waterbury Public Schools website for easy access for student families and guardians.



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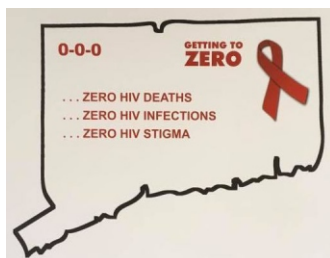
# Director of Public Health

### Continued from Page 2

- ▶ All Department staff provide individual and/or group education, including in our inspections, our clinics, in our targeted community-health programs, through our School Nurses, at community outreach events and health fairs, and through traditional media outreach. The Department has provided a Facebook channel for over a year to increase community awareness of available public health service; this has proven to be useful particularly for our School Nursing program which now broadcasts a video or other school health message every Friday morning.

### 4. Mobilize community partnerships to identify and solve health problems.

- ▶ The Department is a leader of or a key part of a number of well-established partnerships including the Mayor's Blight Task Force, the Mayor's Opioid Task Force/Waterbury CORE Opioid response, the Mayor's Early Childhood Challenge Committee, the Waterbury Public Schools Health & Wellness Council, the Waterbury Public Schools Confidential Rapid Response Team, the Greater Waterbury Health Improvement Partnership, the ESF8 Region 5 preparedness council, the regional Immunization Action Program council, the CTDPH Asthma Region 1 collaboration, the CTDPH Getting to Zero HIV/AIDS Commission, and the Connecticut Association of Directors of Health, et al.



### 5. Develop policies and plans that support individual and community health efforts.

- ▶ In FY 2017-2018, our School Nursing program worked closely with the Waterbury Public Schools for quality assurance on compliance with state and local school health requirements for students ranging from Pre-K through high school. Additionally, our School Nursing program developed a new core of specialty services for students with asthma to further support student health, wellness and school attendance; this effort in particular spans the Department, schools and clinical providers throughout the community.

- ▶ Our Preparedness program monitors and plans for response to a wide range of possible public health emergencies, including with Mass Dispensing Clinics. In 2018, the Department had planned to drill for a Mass Dispensing event; however the severe influenza outbreak experienced Statewide necessitated that the Mass Dispensing drill instead be delivered as a Mass Dispensing Clinic, providing free flu shots for children

and adults regardless of their place of residency. The smooth operation of this pop-up Clinic proved the efficiency and effectiveness of the underlying Preparedness plans.

### 6. Enforce laws and regulations that protect health and ensure safety.

- ▶ Our Environmental Division ensures oversight, inspection and enforcement for food establishments, barbershops/cosmetology, public swimming, housing, rooming houses, septic systems, child daycare centers, and the Mayor's Blight Task Force. Detailed information about these services is presented in the body of this annual report.

### 7. Link people to needed health services and assure the provision of health care when otherwise unavailable.

- ▶ The Department provides services that would otherwise not be available, including health care services for STDs, TB, HIV/AIDS, as well as prevention, outreach, referrals and case management services for vulnerable populations. Detailed information about these services is presented in the body of this annual report.

- ▶ The Waterbury CORE Opioid program implements the regionalized public safety approach to the opioid epidemic that was developed by Mayor O'Leary's Opioid Task Force and that unifies activities across the Waterbury Health, Fire and Police Departments. It focuses on increasing safe storage and safe disposal of prescription medications, as well as increased awareness of opioid overdose and response by means of training high-risk venues for naloxone deployment. For example, our School Nurses were among the first in the State to be equipped with naloxone in August 2017.



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# Director of Public Health

### Continued from Page 3

▶ The Department successfully nominated the Mayor and he was recognized by the Connecticut Conference of Municipalities with the 2017 Richard C. Lee Innovators Award in recognition of his innovation well beyond the traditional local responsibilities of a mayor. Mayor O'Leary has provided significant local leadership during the opioid crisis – as well as regionalized leadership for other communities. His focus on increased effectiveness and coordination across multiple local municipal governments has encouraged other communities to adopt and customize the Waterbury CORE Opioid program for their local use.



### 8. Assure a competent public and personal healthcare workforce.

- ▶ All Department staff routinely pursue continuing education on best practices in their subject area of expertise, as well as on City policies, and in Human Resource Safe Personnel training modules for the workplace, and Department Safety meetings, et al.
- ▶ The Department fosters future public health careers by hosting high school and college-level interns. Internships offer students a firm foundation to develop the range of skills and experience needed for college and scholarship applications, job applications and career path portfolios. The Department is currently hosting Naugatuck Valley Community College WAVE interns, and has hosted Waterbury Police Activity League (PAL)/Tomorrow's Leaders interns since summer 2015. Our current PAL intern Daiana Lilo graduated as the valedictorian of her Career Academy class and when her internship with the Department ends, she will attend Harvard University.

### 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

▶ The Department evaluates health system issues through the Greater Waterbury Health Partnership (GWHP), the local community health improvement partnership. In 2017-2018, the GWHP partnership prioritized and contributed funding to address: access to care; asthma services; chronic disease management; and health communications. As the GWHP backbone agency, the Department developed a steady flow referrals for the Putting on AIRS asthma

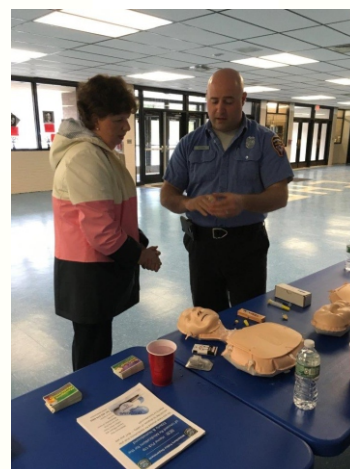
program spanning School Nursing, local and regional hospital emergency rooms, and other clinical settings. Additionally, the Department completed content development and launched the new GWHP website at <http://healthywaterbury.org/>



### 10. Research for new insights and innovative solutions to health problems.

▶ The Department has participated in research projects including: CTDPH Getting to Zero HIV/AIDS Commission, launched in June 2018; 2018 State Innovation Model Health Enhancement Community (HEC) Initiative to help define future population-health innovations; 2018 pilot use of the CTDPH Syndromic Surveillance system; 2017-2018 School Nurse asthma analysis; 2014-2016 Waterbury School Nurse student-BMI analysis; 2015-2016 CDC Community Health Improvement Learning Collaborative; 2016 and 2018 statewide Data Haven Wellbeing Surveys; and the 2016 UConn-Healthy Corner Store planning project.

It is an honor to work closely with my colleagues in the Department, and from throughout all the Departments of the City of Waterbury, as well as our elected officials and City administration, health and social service providers, community leaders and residents. We have accomplished much during the 2017-2018 reporting period and I look forward to continued collaboration in service to our Waterbury community.







## Board of Commissioners of Public Health

The Board of Public Health meets on the first Thursday of each month at 4:30 pm. The public is invited to attend these meetings; there is a public speaking portion on the monthly agenda in which citizens are given the opportunity to voice any questions or concerns.

The Board consists of six commissioners and one Alderman. The Alderman Representative serves as a liaison to the Board of Alderman, and promotes those health issues that are pertinent to the City. In addition to having a great interest in Public Health issues, all commissioners represent a professional facet of the medical health industry. With this broad knowledge of public health, our board can bring to the table the issues best suitable for improvement and setting policy where needed.

The Department of Waterbury Department of Public Health, under the direction of William Quinn has proven to be leaders of public health services in the State of Connecticut.

I am confident that our Board, while consistently working harmoniously with the Waterbury Department of Public, will continue to assist the community through our services and resolution of public health issues.

As the Board of Public Health Commissioners, we will continue to focus on providing optimal public health services to our community.



### WATERBURY BOARD OF COMMISSIONERS OF PUBLIC HEALTH - 2018

Sam D'Ambrosi, R. PH. - **President**

Michelle Godin, R.N.

Patricia Russell, R.N.

Margaret O'Brien, M. Ed.

Sandra McCarthy - **Alderman Liaison**

Debra Sims, RN

Danielle Albert







# Directory

## Administration

William Quinn  
*Director of Public Health*

Cynthia Vitone  
*Assistant Director of Public Health*  
(T) 203-573-6679  
(F) 203-597-3481

## AIDS Prevention (Waterbury)

Samuel Bowens  
(T) 203-574-6883  
(F) 203-574-8202  
**Office Hours:** Mon-Fri: 8:30am-4:50pm

## AIDS Prevention & CARE Program (Torrington)

Joyce Boone  
(T) 860-201-3954  
(F) 860-482-5350  
**Office Hours:** Mon-Fri 8:00am-4:00pm  
Or by appointment as needed

## AIDS Health Care & Support

Joyce Boone  
(T) 203-574-6994  
(F) 203-573-5071  
**Office Hours:** 8:00am-4:30pm

## Children's Immunizations

Randy York  
(T) 203-346-3907  
(F) 203-597-3481  
**Office Hours:** Mon 8:00am-2:00pm  
Tues, Wed: 8:00am-5:00pm  
Thurs: 9:00am-5:00pm

## Childhood Lead Poisoning Prevention

Richard Lee  
(T) 203-573-5077  
(F) 203-346-2644  
**Office Hours:** Mon-Fri 8:00am-4:00pm

## Emergency Preparedness

John Bayusik  
(T) 203-346-3907  
(F) 203-597-3481  
**Office Hours:** Tues, Wed, Thurs 7:30-4:30

## Environmental Health

Richard Lee  
(T) 203-346-3903  
(F) 203-346-2644  
**Office Hours:** Mon-Fri 8:30am-4:30pm

## Healthy Homes

Francis Ford  
(T) 203-573-5072  
(F) 203-573-6677  
**Office Hours:** Mon-Fri: 8:00am-4:00pm

## Positive Parenting

Janine Altamirano  
(T) 203-597-3417  
(F) 203-573-5073  
**Office Hours:** Mon-Fri: 8:00am-4:00pm

## Public Health Nursing

Patricia Kiesel  
Luci Moschella  
Lois Mulhern  
(T) 203-574-6880  
(F) 203-597-3481  
**Office Hours:** 8:00am-4:50pm

## Health Education/Core Opioid

Caitlin Collins  
(T) 203-574-6780  
(F) 203-597-3481  
**Office Hours:** Mon-Fri 8:30am - 4:50pm

## WIC

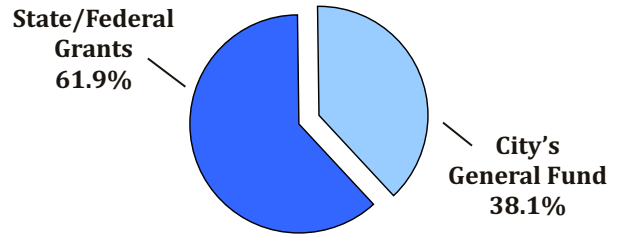
Michael Dessalines  
(T) 203-574-6785  
(F) 203-573-6065  
**Waterbury Office Hours:**  
Mon, Wed, Fri: 8:00am-5:00pm  
Tue, Thurs: 8:00am-6:00pm  
3rd Sat: 9:00am-2:00pm  
**Wolcott:** 1st Wed: 9:00am-12:00pm  
**Watertown:** 1st Thurs: 9:00am-12:00pm  
**Seymour:** Mon, Wed-Fri: 8:00am-5:00pm  
Tues: 9:00am-6:00pm  
**Shelton:** 3rd Fri: 9:00am-3:00pm  
**Derby:** 2nd Wed: 9:00am-3:00pm  
**Naugatuck:** 1st and 4th Thurs - 9:00am-3:00pm



# Operating Budget

The WHD successfully administered 15 different budgets totaling more than \$9.5M in local, state and federal funding during FY '18. All grant employees are funded through state and federal dollars, as well as private funding sources. All General Fund employees are hired through the Civil Service process and are strictly funded through the City of Waterbury General Fund.

## Operating Budget \$9,675,827



## Operating Budget:.....\$9,675,827

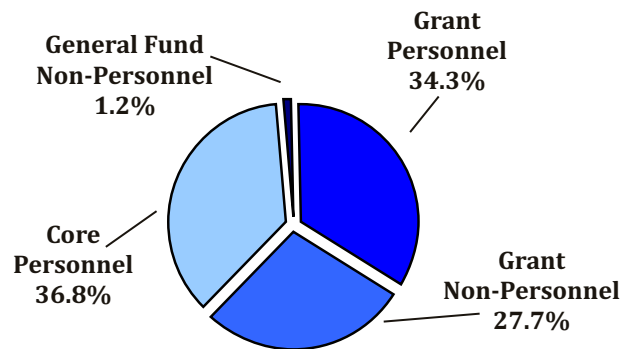
### Revenue

Grant Funds	
State & Federal .....	\$5,993,220
General Funds .....	\$3,678,607

### Expense Allocations

Personnel	
General Funds: .....	\$3,557,764
Grant Funds:.....	\$3,315,872
Capital	
General Funds:.....	\$120,843
Grant Funds:.....	\$2,677,348

## Expense Allocations



# Workers Compensation Activities & Initiatives

Employees placed out of work due to work-related injuries and total amount of time-loss incurred	0
Work related incidents by type	0
Employees authorized for light duty and placed back to work in a light-duty capacity	0
Safety Committee Meetings held during the 2016/2017 fiscal year	11

### Implemented Initiatives to Reduce Exposure & Incidents

- Safety guide
- Badging Policy
- Restricted-access policy during non-business hours
- Distribute department-wide safety messages via mass email (ongoing)
- Departmental safety policy

### Safety Trainings Held

- Blood-Borne Pathogens held yearly
- HAZCOM Training Refresher
- New Accident Reporting
- Defensive Driving
- Mandatory Safe Personnel Training

### Initiatives for 2017/2018

- Accident Reporting Investigation for Supervisors
- Conduct Building Safety Audit (ongoing)
- Complete medical qualification and fit testing to qualify for N-95 respirator
- Expand Safety Committee Membership
- Attend City Executive Safety Committee Meetings
- Expanded safety meetings to individual departmental work groups. Monthly safety meetings are required of these work groups
- Participating in Safe Personnel Training Program



# Environmental Health Department

**Richard Lee**  
Chief Sanitarian

### Food Protection Program

Food protection is one of the highest priorities of the Waterbury Department of Public Health. The Food Inspectors assigned to the Food Protection Program are responsible for the inspection and monitoring of all food service establishments that are located within the City of Waterbury. In addition, the Food Inspectors conduct inspections at events such as festivals, farmers' markets, and community events.

The Food Protection program is responsible for reviewing plans for new and remodeled establishments to ensure compliance with state and local food protection codes.

The Food Inspectors identify, contain and resolve incidents involving food-borne illnesses and outbreaks.

Food recalls are ordered by Federal and State agencies on a regular basis. Recalls have included items ranging from ground beef to bean sprouts. In situation when there is a recall notice issued, the Sanitarians will inspect food service establishments throughout the City to ensure recall items are not available for purchasing or consumption; and recalled food items have been embargoed by the Health Department and/or voluntarily destroyed by the proprietors.

Investigations relating to food borne illnesses and food borne outbreaks are conducted immediately upon receipt of the complaint or upon the referral to the Environmental Health Division. It is imperative that the Food Inspectors respond immediately in order to limit and contain exposure to affected parties and to be able to conduct the investigation to determine the cause of the food borne illness or food borne outbreak and to ascertain and implement the appropriate corrective measures.

### Adoption of FDA Food Code

The Food Protection Program, the State Department of Public Health is in the process of adoption the FDA Food Code and this change is caused by the passage of Public Act 17-93. Any food establishment that stores, prepares, or serves food to the public will be covered by the FDA Food Code. The FDA Food Code is science based and is revised every four years in order to incorporate the most recent policy and technical changes. Adoption of the FDA Food Code will provide a uniform set of regulations for retail and food service operations that focus on the prevention of foodborne illness.

Below are some changes:

- A Qualified Food Operator will essentially be renamed a Certified Food Protection Manager. Food

Inspection Statistics	
Food Establishments Inspected	1,683
Temporary Events	197
Food Recall Investigation	0
Food-Borne Illnesses/Outbreak Investigation	0
Barbershop/Cosmetology Inspections	90
Public Pool Inspections	38
Housing Complaints Investigated	875
Blight Compliant Investigated	248
Number of Notice of Violations Issued	454
Rooming Houses/Hotels	4
Day Care Center Inspections	53
Sub-surface Sewage System Inspections	11

establishments that are determined to be Class 2, 3, or 4 will be required to employ one person who has passed a test that has been evaluated, conforms to national standards, and is listed with a national accredited program.

- A Person in Charge will be required in all food establishments. The person may also be the Certified Food Protection Manager but can also be a different individual who is in charge of the establishment at various times. The Person in Charge is responsible for operating the food establishment in compliance with the regulatory requirements.
- Potentially hazardous foods will be referred to as time/temperature controlled for safety foods (TCS foods). Cut leafy greens will be added to the list of TCS foods and will need to be temperature-controlled.
- The risk classifications for food establishments will change to better reflect the food safety risks associated with the processes utilized and the population served. Inspection frequencies may change based on your new classification.

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# Environmental Health Department

### Continued from Page 8

- An itinerant vendor is described as a vehicle mounted, self-contained, mobile food establishment.
- Certified food inspectors are currently involved in required additional training – both online courses and classroom training.
- A new one page inspection form is being developed. This form will be similar to the green, two-page, Focused Food Inspection form currently being used by some inspectors, but the inspection will not result in a numerical score. Instead, the goal will be to obtain immediate correction of risk factor violations and monitoring repeat risk factor violations.
- The violations on the inspection form fall into three new categories: Priority, Priority foundation, and Core. Priority items eliminate, prevent or reduce to an acceptable level, hazards that cause foodborne illness or injury; e.g. food workers washing hands appropriately. Priority foundation items provide support to Priority items; e.g. soap provided to wash hands with. Core items are related to general sanitation/maintenance and standard operating procedures; e.g. floors are easily cleanable.
- Food establishments will be allowed to conduct special processes, such as reduced oxygen packaging, sous vide, acidification, smoking, and curing. Due to the increase risks associated with these processes, they will require prior approval from the regulatory authority (reduced oxygen packaging may be approved at the local level while all other special processes must be approved by Department of Public Health).
- Food establishments will be required to implement a date-marking system for certain foods stored in the establishment.

PA 17-93 requires that the Commissioner adopt the FDA Food Code by July 1, 2018, however, the effective date of FDA Food Code adoption has been postponed to the beginning of 2019. There are some changes had

happened prior to the adoption of FDA Food Code. On October 1, 2017

- Hot and cold holding temperatures for TCS (food that requires temperature control to prevent bacterial growth) will change.
  - ▶ Cold holding temps **new 41 °F or below** [OLD 45 °F or below]
  - ▶ Hot holding temps **new 135 °F or above** [OLD 140 °F or above]
- As stated above, the classification designations of food establishments will change. Your local health department will be reviewing each food establishment and will notify you of your new category. There are still four categories, but the definition of each category has changed as follows:

“Class 1 food establishment” means a food establishment that only offers for retail sale (A) prepackaged food that is not time or temperature controlled for safety, (B) commercially processed food that (i) is time or temperature controlled for safety and heated for hot holding, but (ii) is not permitted to be cooled, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

“Class 2 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to foodborne illnesses and offers a limited menu of food that is prepared, cooked, and serve immediately, or that prepares and cooks that is time or temperature controlled for safety and may require not or cold holding, but that does not involve cooling;

“Class 3 food establishment” means a retail food establishment that (A) does not serve a population that is highly susceptible to foodborne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

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## Annual Summary of Food Establishment Inspections Report

Classification	Class I	Class II	Class III	Class IV	Temp Event
# of Establishments	137	192	143	296	N/A
# of Inspections Shall be Conducted	137	384	429	1,184	197
# of Inspections Conducted	124	341	300	918	197
Percentage (%)	91%	89%	70%	78%	100%



# Environmental Health Department

## Continued from Page 9

“Class 4 food establishment” means a retail food establishment that serves a population that is highly susceptible to foodborne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

## Adoption of New Data Management System – CityView

The Environmental Health Division is in the process of adoption of new data management system – CityView. To accomplish this data migration, the division is working with the City’s IT Department and consultant to implement “Licensing Module” and “Code Enforcement Module” of the CityView. The Licensing Module will manage inspection, issuing permits, permit renewal, issuing letters and notification and reporting. The Code Enforcement Module will manage case intake, issuing Notice of Violation and Warrants, and reporting. The CityView is expecting to go live in the beginning of August 2018.

## Barber Shops/Cosmetology

The Environmental Health Division inspects and regulates barbershops and cosmetology establishments located within the City of Waterbury. The Division inspects these establishments on an annual basis and is continuing to monitoring all establishments in regards to unlicensed barbers working within the City of Waterbury.

## Public Swimming Pools

The Environmental Health Division is responsible for the inspection of all the city’s public pools, spas, hot tubs, as well as the swimming area at Lakewood Park. While inspecting the pools the Inspectors use approved testing equipment and instructs pool staff of the proper procedures for maintenance. All water samples that are obtained that require testing beyond on-site capabilities are transported to the State of Connecticut Lab in Rocky Hill. In emergency situations a local lab is used to obtain results in less than four hours.

The Lakewood Park swimming area is used for public recreational swimming on a seasonal basis. The water is monitored twice weekly throughout the swimming season by the Environmental Health Division, to ensure that it meets acceptable sanitary standards. State guidelines form monitoring bathing waters are followed in this on-going program.

## Rooming Houses/Hotels/Motels

The Environmental Health Division regulates and inspects all rooming houses, hotels and motels within the City of Waterbury. The Health Inspectors insure that compliance standards are maintained. It is imperative that proper sanitation is maintained throughout the facility especially common areas. If fire code violations are observed during the inspection, they are referred to the Waterbury Fire Marshall’s office.

## Child Day Care Centers

The Environmental Health Division regulates commercial and home child day care centers that service more than six children located in the City of Waterbury. Child Day Care Centers are licensed by the State of Connecticut. All of these facilities are inspected on a yearly basis by the Environmental Health Division to ensure that proper sanitation is maintained throughout the facility.

## Sub-surface Sewage Systems

The Environmental Health Division regulates sub-surface sewage systems in the City of Waterbury. There are still a small fraction of homes in Waterbury utilizing sub-surface sewage systems to treat sewer discharged from homes. When a sub-surface sewage system fails, the Environmental Health Division is responsible for reviewing, approving the plan and authorizing repairs to an existing system or for requiring the owner to connect to the City’s sanitary sewer line if the home is within 100 feet of the sewer line. The State Department of Public Health has released an updated “On-site Sewage Disposal Regulations and Technical Standards for Subsurface Sewage Disposal Systems” on January 1, 2018.

## Housing Violations

The Environmental Health Division responses to housing complaints and enforces housing codes for all properties in the City of Waterbury. The Division receives over 100 complaints monthly and each complaint is handled in a timely fashion. Various types of complaints received include but are not limited to: no hot water, no heat, no water, no utility service, insect/rodent infestation, broken water and sewage lines, etc. Each complaint is investigated and evaluated to determine the proper action or solution. Once the Housing Inspectors identify violations, the Director of Health issues Notice of Violations to the property owners and requires the property owners to remediate the violations within a reasonable time frame. For property owners who fail or refuse to remediate the violations, warrants will be issued and cases will be forwarded to Housing Court.

Continued on Page 11



# Environmental Health Department

Continued from Page 11

## Mayor’s Nuisance Enforcement Team Force

The Environmental Health Division works in conjunction with numerous of City departments to contain and abate blight within the City. Division staff attend weekly meetings with all city departments to discuss new cases and progress of existing cases. During this calendar year, the City re-branding the Blight Task Force and the new name is Nuisance Enforcement Team.

## Childhood Lead Poisoning Prevention Program (CLPPP)

Childhood Lead Poisoning Prevention Program (CLPPP) provides lead poisoning prevention education and case management services to reduce the risk and prevent lead poisoning for children between the age of 6 months through 6 years of age who reside in the City of Waterbury. Overall program services include: case management services, visual risk assessments, epidemiological investigations and full lead-based paint inspections. CLPPP works closely with HUD funded Waterbury Lead and Healthy Homes Program in providing referrals for properties, where children with elevated blood lead levels reside, for lead abatement and healthy homes remediation. In addition, CLPPP works closely with Code Enforcement team for any identified housing codes violations.

During each home visit, case manager provides educational materials, interim control measures to parents/guardians and answers questions that parents/guardians’ have with regards to childhood lead

poisoning. For children with Blood Lead Level (BLL) between 5µg/dL up to 15µg/dL, the case manager provides preventive education, conducts visual assessments to check for defected paint surfaces and discusses interim controls measures and proper cleaning techniques with the parents and/or guardians. For children with BLL 15µg/dL and above, case manager conducts epidemiological investigation and a full lead-based paint inspection at the premises. If lead-based paint identified during the inspection, a Lead Abatement order is issued and a full lead abatement is required within a specific time frame.

CLPPP Statistics	
Blood-Lead Value	Cases
= < 4µg/dll	1,523
>= 5 - 10 µg/dll	91
10 - 19 µg/dll	18
>= 20 µg/dll	4
Cases Closed Due to Decreased BLLs	57







# Waterbury Healthy Homes Program

**Francis Ford**  
*Project Director*

The Waterbury Lead and Healthy Homes Program is a federally-funded program provided by the Office of Healthy Homes and Lead Hazard Control Program (OHHLHC) through the Department of Housing and Urban Development (HUD). It assists privately-owned rental or owner-occupied housing in identifying and controlling lead-based paint hazards. During Fiscal year 2015, Waterbury Healthy Homes received a new grant award of \$3,200,000. With this new funding, Waterbury Lead & Healthy Homes proposed to conduct 230 units of lead-hazard risk assessment, complete 210 units of lead-hazard control, and conduct outreach and education such as skills training workshops for local contractors.

## 685 South Main St., Bldg 2



## 296 Bishop Street



## 36 Maple Street



## 209 Woodlawn Terrace





# Emergency Preparedness

## John Bayusik Project Coordinator

As a community, the City of Waterbury may experience a variety of public health emergencies. These emergencies can be the result of natural causes such as hurricanes, tornados, and winter snow storms. Public health emergencies can also be the result of manmade events such as a terrorist attack or the result of a Pandemic such as the H1N1 (swine) flu of 2009/10. Worldwide there have been a number of recent natural and man-made events, all of which resulted in public health emergencies. These events underscore the importance of being prepared.

To help the City of Waterbury prepare for these public health emergencies, the Health Department has developed a number of plans that outline in detail the steps to take when responding to these emergencies. Plans focus on specific types of events such as a pandemic, Anthrax release, or smallpox to name a few.

Periodically, portions, or all of these plans are tested or practiced in as close to real life situations as possible. This provides an opportunity to identify any weaknesses in the plans and to make necessary changes. All of the plans are reviewed yearly to ensure they reflect current response objectives and are still relevant.

The department continues to publish an Emergency Preparedness Newsletter twice a year. The Newsletter is intended to keep volunteers informed on Emergency Preparedness activities as well as current preparedness topics. In addition, the department continues to meet with community groups to talk about the cities preparedness activities, develop relationships with these groups and talk about volunteering.

In February, the department conducted a full scale Flu Clinic. The clinic was in response to an unusually high volume of flu cases. During the all-day clinic, approximately 90 flu shots were provided. Approximately 30 Health Department employees and nurses staffed the clinic.

In June, the Emergency Preparedness Division participated in a Mass Dispensing exercise in Ansonia, Connecticut sponsored by the Naugatuck Valley Health Department. The purpose of the exercise was to create an opportunity for Health

Departments, volunteers, and first responders to practice and test their skills in responding to a simulated anthrax event. The objective of the exercise was to measure thru put (to aid in staffing a clinic), evaluate the use of Dispense Assist for forms completion, and evaluate the flow of patients thru the clinic.

In May, the preparedness manager attended a donning and doffing class at Waterbury Hospital. The purpose of the training was to correctly put on and remove Personnel Protective equipment required should there be a response to an Ebola event. Later in the month, a drill was conducted as a simulated Ebola event to practice what was learned in training. The preparedness division acted as an evaluator for the event.







# Infant Immunization Action Plan Program

## Randy York

Immunization Action Plan Coordinator

It is the goal of the Immunization Action Plan (IAP) Program to establish a strong coordinating presence in the local health department to facilitate access to recommended vaccines, improve immunization coverage rates for Waterbury children, and ensure the proper storage, management and administration of State-provided vaccines.

The IAP Program has historically and consistently improved the immunization coverage rates for young Waterbury children by participating in the Connecticut Immunization Registry and Tracking System or more commonly known as CIRTS.

The Connecticut Department of Public Health will soon replace CIRTS with a new and improved Immunization Information System (IIS) called "CT WiZ". The Waterbury IAP program staff attended several introductory CT WiZ training sessions in the spring and early summer of 2018. It is expected that the new CT WiZ will "go live" in the fall of 2018.

**COMING FALL 2018! One Integrated System!**

**New Immunization Information System "CT WiZ"**



CT WiZ will offer many new features! The Immunization Registry will enable bi-directional electronic data exchange between patient electronic health records (EHRs) and CT WiZ. CT WiZ includes up to date programming, called the "Recommender" which will forecast which vaccinations are due, overdue or invalid. This will help to avoid under and over-vaccinations. These features and more are all part of the new CT WiZ.

Waterbury Immunization Coverage Rates are monitored and reported out annually by the State of Connecticut. Immunization rates are based on children living in Waterbury, and who are enrolled in the Immunization registry. The most recent coverage rate was released in February 2018. This report identified **85% of children were fully immunized with age-appropriate vaccines by 24 months of age.**

Pediatric health care providers and other health facilities are supplied with publically-purchased vaccines from the Connecticut Department of Public Health Vaccines for Children (VFC) Program. The IAP program is responsible for ensuring that all facilities are given the tools and information needed to properly store, manage and administer the VFC vaccine according to established protocols and standards. The IAP program accomplishes this by conducting site visits/assessments at all area facilities that utilize this vaccine. All Waterbury facilities that administer VFC vaccines are visited and assessed at least every 24 months, assuring that vaccines are properly stored in refrigerator and/or freezer units that are monitored 24-7 with certified calibrated thermometers, as required by the Centers for Disease Control.

The IAP program helps providers stay current with the ever-changing information needed to address the complex issues commonly encountered in vaccination practice. This is accomplished by developing working partnerships and providing frequent educational opportunities for practitioners on all levels. Educational events are conducted throughout the year in community settings, medical settings and social service settings.



**Vaccines for Children**  
20 years of protecting America's children

The Vaccines for Children program was established in 1996 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...big time!

CDC estimates that vaccination of children born between 1994 and 2013 will:

- prevent **322 million** illnesses save 10x the amount of money of the entire U.S.A.
- help avoid **732,000** deaths 10x the cost of the population of Rhode Island.
- save nearly **\$1.4 trillion** in total societal costs at \$4,471 for each American (that includes 2.95 million uninsured kids)

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/features/vfcprogram](http://www.cdc.gov/features/vfcprogram)





# Women, Infants and Children (WIC)

**Michael Dessalines**  
Program Coordinator

The Special Supplemental Nutrition Program for Women, Infants and Children, better known as the WIC Program, provides healthcare referrals, nutrition education, breastfeeding promotion and support, and supplemental foods to eligible low income families in our community. WIC is a federally funded nutrition assistance program administered by the U.S. Department of Agriculture (USDA) and Food and Nutrition Services (FNS). Pregnant, breastfeeding and post-partum women, infants and children up to 5 years of age may apply for the WIC Program.

Below is what the WIC Program has accomplished in the past fiscal year:

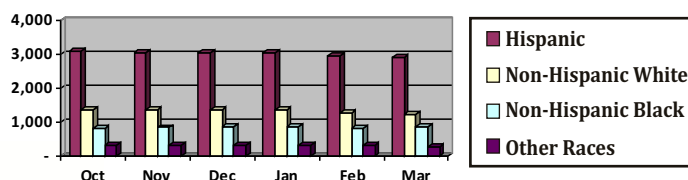
1. The Waterbury WIC Program had added more new WIC participants than all the other WIC local agencies in the state of Connecticut combined. This comes at a time when nationwide participation is in decline. This was due to a devoted team that worked for health betterment of the families in our community.
2. The local agency has consistently met the following state outcome objectives: low birth weight, breastfeeding and anemia rate.
3. The Waterbury WIC Program had served an average of 5,470 participants on a monthly basis between its two permanent offices and 5 satellites throughout the greater Waterbury and Naugatuck Valley areas.
4. The newly opened satellite in Derby entered its second year of WIC service in that community and participants are very appreciative of that WIC services are brought to them in their respective community. Over 95% of WIC participants attending that monthly satellite said that they are extremely satisfied with the WIC services they are receiving in that location. Over half of the survey respondents said that they would not have received WIC services should that satellite have not been open in that location.
5. The Waterbury WIC program had only a 9% staff turnover comparing to over 50% in the prior year. This is due to WIC management finding ways to boost employee morale through the celebration of National nutrition month, employee appreciation day and so on. This creates an inviting work environment for both internal and external customers.

Below are two of many testimonials received by WIC participants during this fiscal year:

*"My experiences at the Seymour WIC have been very positive. All of the staff are knowledgeable and kind. It is always encouraging to see posters and other materials celebrating and educating about breast feeding and bonding with a newborn as well as many other health and safety tips. In our society, parents can use all the help and support we can get. I am thankful to have the help and support of the WIC program at my local office and staff."*

*"The Federal WIC Program made it possible for me to be able to feed my son when he was an infant. Without WIC, I wouldn't have been able to afford formula or breast pump which allowed me to pump while I had a good supply of milk production. My son is now 3 and WIC has been a huge blessing as I am able to provide him with more nutritious foods than I would be able to afford without WIC benefits."*

**WIC Participation by Race/Ethnicity From October 2017 to March 2018**



	Hispanics	Non-Hispanic Whites	Non-Hispanic Blacks	Other Races
<b>Oct</b>	3,073	1,372	837	307
<b>Nov</b>	3,061	1,364	841	297
<b>Dec</b>	3,055	1,354	846	301
<b>Jan</b>	3,034	1,348	863	311
<b>Feb</b>	2,933	1,276	825	299
<b>Mar</b>	2,930	1,245	844	294

**Source: CT\_WIC Participation by Race/Ethnicity FFY 2018 ran on 07/16/2018**

The ultimate goal of the Waterbury WIC Program is to continue to provide great WIC services day in and day out to the eligible low income households in our communities towards betterment of health outcomes.



# Positive Parenting

**Janine Altamirano**  
*Program Coordinator*

The Positive Parenting Program is designed to meet the health and social needs of pregnant and parenting women in the Greater Waterbury area. This Program strives to improve birth outcomes among its participants by providing comprehensive community-based, family-oriented and culturally-appropriate case management services.

A core component of this Program is to raise community awareness regarding the health risks associated with poor birth outcomes through prevention, intervention and health education. Our staff is committed to supporting and empowering

women and families throughout their pregnancy, up to the child's third birthday.

Prepared childbirth classes, lactation counseling, home visits and parenting support groups are offered to clients free of charge. Our mission is to assist clients in meeting their goals by focusing on their individual strengths and providing them with support, education and encouragement.

<b>Home Visits Conducted</b>	<b>670</b>
<b>Average Monthly Caseload</b>	<b>16</b>

## Shelli

We are very grateful to be a part of such an amazing program. The Positive Parenting Program has guided us through some tough times of being new to parenting. The staff is always supportive. Never have I felt like I was being judged. That is what I love most. True and genuine people who know what its' like and want to help. The staff provide wonderful opportunities to families and have always been able to provide basic necessities to us if we needed something. Just all around wonderful and the kids agree as well!





# HIV/AIDS Prevention & Health Services

## Samuel Bowens

### Program Coordinator

In 1986, the Waterbury Department of Public Health began HIV Preventions Education services throughout the Waterbury area. There are several components with in the AIDS Program.

The Waterbury Department of Public Health HIV Prevention Program offers free anonymous and confidential HIV Outreach, testing and linkage services (OTL). OTL is a collection of activities designed to increase a client's knowledge of his/hers HIV serostatus, encourage and support risk education, secure referrals for appropriate medical care, preventative measures, as well as partner counseling and referrals services (PCRS).

The Alere Determine HIV Ag/Ab Combo Test (forth generation) is used. All Prevention Program Staff are certified on Alere (Testing/detection of antibodies to HIV ½ in serum, plasma, or whole blood).

The Mobile Health Van conducts offsite HCPI and CTR presentations throughout the greater Waterbury area on a weekly basis.

Prevention OTL Counselor/educators conduct educational HCPI and CTR throughout the greater Waterbury area on a daily basis.

Provide PrEP screening and referral services

- All HIV Prevention staff trained and certified Narcan distribution and education
- All HIV Prevention staff successfully completed and certified in Motivational Interviewing counseling
- Conduct Urine Based Screenings for chlamydia and gonorrhea.
- Conduct Blood draw screenings for syphilis.
- Conduct Hep C screenings.
- Conduct bi-weekly HIV Support Groups for (PLWA) people living with HIV/AIDS.
- Conduct bi-weekly Mpowerment Social Groups for young (MSM) men who have sex with men ages 18-29.

## Annual Event Highlights

- HCPI and OTL presentation at Grace Baptist Church Annual Back to School Health Fair, August 12, 2017
- Waterbury Health Department HIV Prevention Coordinator (Samuel F. Bowens III), selected to sit on National "Getting to Zero Commission board", September 11, 2017
- HCPI and OTL presentation at Annual National Latino World AIDS Day, October 16, 2017
- HCPI and OTL presentation at National World AIDS Day at Grace Baptist, December 1, 2017
- HCPI and OTL Presentation, Black HIV/AIDS Awareness Day- February 27, 2018
- Participated in the AIDS Awareness Day at the Capitol, Hartford, CT. April 18, 2018
- Participated/organized Waterbury Annual HIV/AIDS Community Walk June 16, 2018, over 200 people in attendance from the Greater Waterbury community.



Services and Encounters	Clients
Outreach, Testing & Linkage Referral Services	550 HIV tests performed
Outreach and Recruitment Services	12,400 consumers reached
Health Communications & Public Informational Groups	990 consumers reached
STD Urine Based Screenings (UBS)	55 tests performed
HIV Support Group for (PLWA) people living with HIV/AIDS	20 groups facilitated
Mpowerment Social Group for (MSM) men who have sex with men	22 groups facilitated
Mobile Health Van Services Community Events	20 conducted
Waterbury Youth Homeless Committee Meetings	4 attended
Waterbury HIV Continuum/Consortium Meetings	11 attended
Connecticut HIV Planning Consortium Meetings	9 attended





# Health Education

**Caitlin Collins**  
*Program Coordinator*

The health of the community can be improved by giving community members the educational tools to make healthy choices in their own lives. Health education is spread through communication which can include newspapers, local radio and television as well as in person community events. The Health Department has visited community events such as the Waterbury Senior Center Health Fair and the Tinker School Fair to give educational materials about our services as well as important public health issues such as the Opioid Crisis. In addition, communication is largely spread through the internet via social media. Some social media platforms include; Facebook, Twitter, Instagram and YouTube. Through these channels, a large audience can be

reached at little to no cost. The Waterbury Health Department currently has an active Facebook page, @waterburyhealthdepartment and YouTube account. The Waterbury Health Department Facebook page is 1,161 followers strong and growing. Some of the highest performing posts have reached as many as 55,098 people through shares and likes. We use our Facebook page to tell the community about important health services that are available, health information, and local activities that are coming up in the city. Through this mode of communication, the Waterbury Health Department has the ability to reach thousands in and beyond our community, in real time. The official channel of communication for the Waterbury Health Department is our website which is a wealth of information and a great catalog of the services we provide <http://www.waterburyct.org/health>.

## CORE Opioid Program

The Connecticut Opioid REsponse (CORE) Initiative began in 2016 with the goal of decreasing deaths due to opioid overdoses in Connecticut. The City of Waterbury was awarded a 3 year, \$90,000 grant by the CT Department of Public Health to deliver CORE strategies. Using CORE funding, the Waterbury Health, Fire and Police Departments have implemented the unified public safety plan developed by the Mayor's Opioid Task Force to address the opioid epidemic in Waterbury. In addition, the City of Waterbury website has a page dedicated to Opioid Resources, <http://waterburyct.org/opioid>

The Waterbury CORE program spreads awareness of the opioid epidemic and educates our community about safe use, safe disposal and safe storage of prescription medications. The program features train-the-trainer materials that have been broadly distributed to other public health departments and municipalities across the State for their possible adoption, customization and rapid use. Finally the Waterbury CORE program provides training in the community for the identification of an opioid overdose and the emergency deployment of naloxone to save a life in the event of an opioid overdose.

To deliver these strategies as a unified safety approach, we partner with our Waterbury Police and Fire Departments. The Health Department has partnered with the Waterbury Police Department to provide an additional Rx drop box and to promote increase safe disposal of

prescription medications at the 2 drop boxes located in the Police Station and the Community Relations site. The Waterbury Health and Fire Departments have trained 474 people at 22 organizations at increased risk for an overdose on their premises, including homeless shelters, healthcare organizations, retail settings, etc. This training focuses on how to identify and respond to an overdose: call 9-1-1 and deploy naloxone if available. This approach has given the opportunity to spread messages in a more meaningful and thoughtful way, through a different voice. The same message can be received in different ways depending on who is delivering that message. To spread the message that naloxone saves lives, it is more meaningful coming from first responders who see these scenarios in the field.





# Health Care And Support Services

## Joyce Boone

Program Coordinator

The Waterbury Health Care and Support Services Program within the Health Department offer Medical Case Management to individuals living with HIV/AIDS and their families. Our Medical Case Management staff works with consumers and their families to assess their individual needs to reach successful outcomes. The goal of the Medical Case Manager is to empower individuals to help them discover their inner strength and self-determination. The program revolves around the consumer's needs and strengths.

Individuals living with HIV/AIDS infection are often faced with a multitude of issues that, if not addressed in a timely manner, can result in negative health consequences. Obtaining these services is often difficult for these individuals. A person may receive assistance in securing these critical services through what is commonly referred to as "case management."

**Waterbury Health Care and Support Services**  
Provider Ryan White Part B

### Our services include but are not limited to:

- Client Advocacy
- Assistance with receiving health care
- Assistance with basic needs such as food, shelter and transportation
- Support group bi-monthly meetings
- Assistance with financial entitlements and emergency financial assistance
- Assistance with finding health insurance
- Assistance clients with connecting to legal services
- Consumers are invited to support groups on a bi-weekly basis
- Connecting the consumers to Primary and Specialty Care
- Medical Transportation Services
- Referrals to mental health and substance abuse
- Referrals to dental services and nutritional services
- Adherence Medication Nurse
- On Site Food Pantry
- MCM assist clients with CADAP application/State Funded Medication Program

# Health Care And Support Services

The Waterbury Health Department Torrington Satellite Office continues to provide key HIV/AIDS services to residents of Litchfield County in an effort to reduce the number of new infections in the community.

One of the most important aspects of HIV/AIDS program is the provision of medical case management services. During the past year the Torrington satellite office Medical Case Manager assisted HIV+ clients with the development of personalized care plans, coordination of medical appointments, monitoring of progress toward key indicators of health, ongoing assessment of needs, and numerous other interventions to help clients remain in care and achieve the best possible health outcomes. This program also offer a food pantry, Adherence Medication Nurse and the Medical Case Manager at this site also offer free clothing for those clients that are in need.

HIV positive clients receive added support from staff and each other at monthly support group meetings. These gatherings provide clients with an opportunity to socialize in a casual, non-judgmental environment where they can share their feelings, express concerns, share

helpful information, support one another, and develop friendships. Guest speakers are periodically invited to present information that may be of interest to clients, while other meetings are planned to be strictly social.

Throughout the year, staff from both Prevention and Health Care and Support Programs participates in many community activities to increase awareness of HIV/AIDS services, network with other providers, and offer information and free HIV testing to the community. Every year the biggest event is World AIDS Day which is December 1, which brings infected and affected people together in the community to honor and celebrate the past, present and future of the progress that this illness presents.

	Waterbury	Torrington
<b>Client Encounters</b>	820	847
<b>Emergency Financial Assistance</b>	87	26
<b>Medical Transportation Services</b>	58	21



# School Health

**Lois Mulhern, BSN, RN**  
*School Health Coordinator*

The Waterbury Public Health Department in conjunction with the Board of Education provides nursing services to the 40 parochial, private and public schools within the City of Waterbury. The School Nursing Division at the Waterbury Health Department is administrated by a School Nurse Manager, a School Medical Advisor, 43 School Nurses, 17 Public Health Aides, and an Audiometrist.

The School Health Program provides daily health services to approximately 23,000 students within the school health education laws/regulations of the State of Connecticut and the procedures of the Waterbury Public Health Department. School Nursing services are provided to improve student health and safety, which will enhance their readiness to learn.

Our goal is to be able to provide:

- an RN at every school every
- to administer immediate and emergent first aid
- to be able to support those students who require daily medications by administering it to them.
- to perform daily medical procedures such as catheterizations, tracheotomy care, nebulizer treatments, blood glucose checks and gastrointestinal tube feedings by providing professional nursing care
- to educate students about wellness.

Please visit our school nursing website at [www.waterburyct.org/schoolnursing](http://www.waterburyct.org/schoolnursing)

***The professional nurse enables ALL students to receive education in the least restrictive environment.***

School Health Statistics	
911 calls initiated	122
Medications Given	50,570
Gastro-Intestinal Tube Feedings	1670
Blood Glucose Checks	20,990
Concussions	121
Urinary Catheterizations	1,815
Illness First Aid Visits	205,831
Returned to Class	195,032
Lice Checks	4,344

School Children Immunization Statistics	
Students Immunized	537
Immunizations Given	883
Flu Shots	36

## FROM THE DESK OF THE SCHOOL MEDICAL ADVISOR

In this school year 2017 - 2018 training of teachers and administrators in glucagon administration was completed in several schools and naloxone treatment for opioid overdose was made available in all middle and high school health rooms. The School and Health Wellness Committee continued to review policy on field trips, obesity, school nutrition, and vaccine compliance.

Select Physical Therapy has continued to provide three athletic trainers to cover all four high schools. The system has been running smoothly and the trainers know they can contact me if a problem arises.

I am available for consultation to the school nurses and nursing supervisors for any problems that may arise.

The School Health and Wellness Committee was presented with a challenge from Board of Education president Elizabeth Brown. She presented a paper from the American School Health Association named "Healthy Children Are Better Learners". She then asked the School Health Committee, how well we are meeting the needs of our students. The article made it clear that children need to be healthy physically and mentally to be ready to learn in order to gain the most out of their educational experience.

The committee had already set asthma as a priority for this year. The school nurses were tracking students identified as asthmatic, whether they had medications in school, and how often they needed to use their medications in school. The results showed the number one chronic medical problem in school was asthma. One of the problems the school nurses were having with providing care to these children was that they had a difficult time knowing the overall plan of care. The committee agreed that an Asthma Action Plan would provide the needed information to provide the best care for our asthmatic students. In September all children that have asthma medication in school must bring an Asthma Action Plan filled out by their physician and parent. Follow up of how well this intervention will be working is in development.

In trying to find a way to tract health problems and interventions made by the schools, we looked at "Healthy Children Are Better Learners" which lead to the Center for Disease Control's recommendations in establishing healthy schools. This in turn lead to a new program from the American Academy of Pediatrics call TEAMS (enhancing school health services through Training, Education, Assistance, Mentorship and Support). This project helps school districts to overcome barriers by engaging in a systematic, planned process to improve their health services. They use an online tool called HATS (Health Assessment Tool for Schools) to assess strengths, weaknesses, and to tract improvements over time.

The Education Department has a new leader that seems open to new ideas. It is my hope that she will, review the TEAMS concept of school health and give support to the TEAMS.

**Dr. Michael Rokosky**  
*School Medical Advisor*





# School Health

## Conservation of Hearing Program - 2017-2018 School Year

Linda Egan, Audiometrist

SCHOOL	# Students Tested	# Absent/ # Refused	#Under Care	# Brought U/C Post 1st Screening	# Retested/Failed 1st Screening	# Referred	# Brought U/C Post Referral
Bucks Hill	307	0A/1R	3	2	22	7	5
Bunker Hill *	302	4A/1R	10	0	16	0	To retest in Fall '18
Brass City	150	0A/1R	5	0	7	0	0
Carrington	189	0	3	1	10	4	3
Chase *	480	0	8	1	23	11	3* (2 from '16-'17)
Driggs *	259	7	3	1	12	0	To retest in Fall '18
Duggan	168	1	4	2	10	4	1
Generali	363	0	6	0	19	10	4
Gilmartin	184	2	1	0	1	0	0
Hopeville	299	0	4	0	14	10	1
Kingsbury	330	0A/2R	2	0	15	4	0
Reed	146	0	4	0	10	3	3
Regan	148	0	2	0	2	2	1
Rotella	340	0	10	0	18	7	5
Sprague *	133	8A/1R	3	0	5	0	To retest in Fall '18
Tinker *	345	3	10	0	14	0	To retest in Fall '18
Walsh *	290	1	3	2	15	4	0 *
Washington	185	0	1	0	7	3	3
W. Cross	185	0A/1R	3	0	7	5	4
Wilson	205	1	3	0	10	1	1
Alpha Omega	20	0	0	0	0	0	0
B. Sacrament	52	0	2	0	5	2	2
Mt. Carmel	76	0A/1R	2	0	2	1	1
St. Mary	59	0	3	2	3	0	0
SSPP	44	0	0	0	0	0	0
CCS	76	2	1	0	0	0	0
Yeshiva *	201	0	2	1	7	1	0*
<b>TOTALS:</b>	<b>5,536</b>	<b>29A/8R</b>	<b>98</b>	<b>12</b>	<b>254</b>	<b>79</b>	<b>37</b>
	99% of 1st, 3rd, 4th, & 5th Grade Students were Tested	#Absent: 29 #Refused:8 5:Parental 3:Student	2% Under Care Prior to Testing	5% of Retested Received Medical Care Post 1st Test	5% Retested	31% Students Failed the Retest	46% of Referrals Brought Under Care

\* Schools serviced in May or June



# STI Care

## Luci Moschella, RN

The Waterbury Health Department - STD (Sexually Transmitted Disease) Clinic continues to provide STD testing and treatment to Waterbury residents and residents from surrounding towns.

In reviewing the clinic activities, we experienced a 19% decrease in clinic attendance.

Vaccine administration increased slightly for the Hepatitis AB Vaccine and a slight decrease in Human Papilloma Vaccine. Vaccine numbers continue to be low due to the continued limitations placed on us to offer the vaccines to only uninsured patients. Our clinic positivity rates have increased for both gonorrhea by 75% and chlamydia by 15%. Our surveillance reports for the City of Waterbury have demonstrated an increase by

11 % for gonorrhea and 13 % for chlamydia\* cases. Syphilis has increased by 33% for Primary and Secondary cases and 50% for non-primary non-secondary syphilis within the City of Waterbury.

On January 1, 2018 the syphilis case definition was changed to obtain the most accurate surveillance for syphilis and its clinical manifestations. This change will better address syphilitic infection and transmission.

The medications that are provided to our STD patients are possible through the Federal 340B program. To participate in this program, we are now required to trace all medications to the patient receiving the medication. The Health Director has been identified as the Authorizing Official and the Nursing Supervisor is the Primary Contact Person. Re-certification for this program is now required on a yearly basis.

We continue our efforts to increase partner treatment by providing education and stressing the need for partner examination and treatment offered through our Extended Partner Therapy provision.

Our goal to decrease the incidence of Sexually Transmitted Diseases will continue to be our major focus for clinic services and along with providing STD information and education to promote the prevention of STD's.

\* The number for chlamydia cases may be under reported due to the State of Connecticut's change to an electronic reporting system.

## STI Clinic Activity Report

STI clinics held	92
Patients seen within the STI clinic	293*
Patients deferred	4
Hepatitis vaccines administered	41
HPV (Gardasil) vaccines administered	21
Cases of gonorrhea diagnosed	28
Cases of chlamydia diagnosed	37
Late latent syphilis cases treated	7
HIV tests performed	209
HIV cases diagnosed	2
Genital herpes cases	3
New cases of HPV	9
Follow-up cases of HPV seen	12
Cases of Vaginitis diagnosed	27
Full male examinations	170
Express male examinations	61
Full female examinations	30
Express female examinations	13

*\* No person is denied care*

## STI Surveillance for the City of Waterbury

<b>Sexually Transmitted Infections</b>	
Gonorrhea Cases	284
Chlamydia Cases	1004
<b>Syphilis</b>	
Primary & Secondary cases of syphilis seen	4
Late latent syphilis cases treated	3



# Tuberculosis Control Program

## Patricia Kiesel, BSN, RN

Program Coordinator

The Tuberculosis Program in association with the St. Mary's Hospital Pulmonary Department, Dr. Beri and Dr. Zhang welcomed the addition of Dr. Deepinder Osahan to the Chest Clinic Team. The Team continues to provide medical services for the care and follow up of persons with active T.B. Disease and Latent T.B. Infection within the Greater Waterbury area. Clinic services are provided twice monthly by appointment only. Patients are monitored on a monthly basis until the completion of their therapy.

The State of Connecticut had sixty three cases of Tuberculosis (TB) reported in 2017, a 21% increase from 2016 (52 cases). Forty-six cases (73%) were pulmonary and twelve cases (19%) were extra-pulmonary; while five cases (8%) were both pulmonary and extra-pulmonary. One case (1.6%) met the criteria for multi-drug resistance (MDR-TB).

Fifty-two (82.5%) of the Connecticut TB cases reported in 2017 were among persons born outside the United States or Puerto Rico. Foreign-born persons came from 30 different nations. Countries with 4 or more cases included India, Haiti, Guatemala and Mexico.

Connecticut cases were reported from 30 different towns. There were 6 towns reporting 4 or more cases. The City of Waterbury remains within the 1-4 cases per 100,000 population category.

## Program Highlights

- Administration of P.P.D. skin tests to 336 clients
- Latent Tuberculosis Infection evaluation and follow up provided to 211 client encounters
- Tuberculosis Disease evaluation and follow up provided to 9 client encounters
- Chest Clinic services provided twice per month, including medical, laboratory, radiology, nursing and pharmacological services
- Community partnership with the Wellmore Inc. and other area providers to assist with staff and client screening, provide education and to assist with risk assessment reports
- Reimbursement for P.P.D. testing and T.B. case management \$6,450.00 reports

# Adult Immunization Clinic

## Luci Moschella, RN

The Adult Immunization Clinic continues to provide services to Waterbury residents and residents from the surrounding towns who are 19 years and older. The only vaccine provided by the State at a reduced cost is the Tdap vaccine. This vaccine can be administered through the "Cocoon Program" which encourages all persons who have close contact with infants to be vaccinated for pertussis.

All other vaccines are purchased privately, which has resulted in an increased cost to the patient. The number of vaccines administered this year has decreased compared to the numbers administered in previous years.

The patients seen in this clinic are primarily patients enrolling in a college program and/or underinsured.

We will continue to offer vaccines to improve the immunization status of adults through our adult immunization clinic services.

Vaccines Provided	Total # Given 2017-2018
Hepatitis B	5
MMR	16
Varicella	9
Meningococcal	0
Tdap State Provided	6
Tdap	2
PPD	2
<b>Total Patients Seen</b>	<b>29</b>
<b>Total Vaccines Administered</b>	<b>39</b>



