



# ANNUAL REPORT

## FY 2023

Waterbury Department of Public Health

## From the Director

We have come so far this year in accomplishing several of the programmatic goals we set for our team over the past two years. However, I think our greatest accomplishment has been the sense of community we have achieved among our staff this year. Our staff have assumed new leadership roles that have in turn accorded a sense of urgency to our work and responsibility among team members to see those ambitions through. I am so proud to have joined the organization I did two years ago and even more of the dynamic department we have shaped ourselves into through the determination and courage of our team members; they share ideas to improve our work and are not afraid of the hard work that is needed to realize those ambitions.

We have installed a Lead Sanitarian I in Chris Eddy who is a dedicated resource to police, fire, Waterbury Development Corporation and the people of Waterbury who need assurance that someone is listening to their concerns with housing and safety. Sharon Ritucci has achieved the role of Lead Sanitarian II, assuring the highest standards for food and water safety in our city businesses is maintained while serving as a mentor to these businesses in meeting the standard.

On our Prevention, Harm and Risk Reduction Team, we have three new team lead positions with Jackie Robertson overseeing Prevention, Vinny Valdez leading the Overdose Data to Action team, and Rushnee Vereen as our veteran Overdose Response Technician Team Lead.

Tammie Jones was promoted into the role of Executive Administrative Assistant, expanding her responsibilities with the Board of Health Commissioners, and serving as our liaison with Human Resources and now Corporation Counsel. We also gained two new Health Commissioners after a prolonged vacancy – Jackie Jackson and Sarah Noujaim and Sam D’Ambrosi was re-elected as Board President.

We created a new section in our department this year, Program Decision Support, to serve as our backbone of evidence and data collection for programming and guide us through our long-term goal of Public Health Accreditation and a greater presence on social media. The former Health Educator position was made full-time and expanded its purview under Romelda Barhani’s innovation and Cindy Vitone assumed the role of Section Chief, overseeing our new Health Equity Epidemiologist, N’sira Kourouma, and Data Analyst, Nancy Bergmiller, who transitioned from the Advancing Health Literacy Grant which ends July 30, 2023.

We also welcomed Deirdre Gruber APRN-FP into the Director of Clinical Services role and transitioned the Enhanced Laboratory Capacity Grant into a more relevant program in the post-pandemic environment, capitalizing on the expertise and communications skills of our former contact tracing team, Victoria Caisse, Gidget Ford, Malika Watson and Annie Rosa. Among our school nurses we have created three levels of nurse in order to fill long-standing vacancies and improve the safety of our schools: Nurse I which is an LPN position assigned to low-volume, low-acuity schools and directly supervised by the School Nurse Supervisors. The Nurse II position is an Associate’s or Bachelor’s prepared Registered Nurse who is assigned at schools with larger volumes and moderate acuity. School Nurse IIIs are Bachelor’s degree prepared

nurses who work 12-month positions and are placed at high-acuity, high-volume schools. They serve as leaders among their peers to institute quality assurance projects to benefit the schools across the city according to the school-as-community model of care.

The Health Department has also benefitted greatly from housing two other City programs here at Jefferson Square – the Mayor’s Office created a liaison role to help with oversight of the opioid settlement funds and that position spends time between our program and City Hall. Secondly, Albana Lame was hired as Director of Community Strategy, a role that has benefitted public health in the City in countless ways. She coordinated collaborative efforts among City Departments and serves as an intermediary between the City and local and state community-based organizations. Already her efforts have resulted in the creation of a video to help families being relocated temporarily due to fire or other cause better understand the process and the City’s role. She has promoted the MyHomeCT program and allowed those with overdue water taxes to have those paid by the program, resulting in income for the city and relief for residents from tax debt. She has facilitated the establishment of Affiliation Agreements with colleges and universities across the state to allow Departments to benefit from college and graduate student interns and to promote public health as a vocation among these future professionals. She oversaw the renovation and re-opening of the School-based Health Centers at two high school-middle school complexes and an elementary school and manages the subcontract with the health care provider.

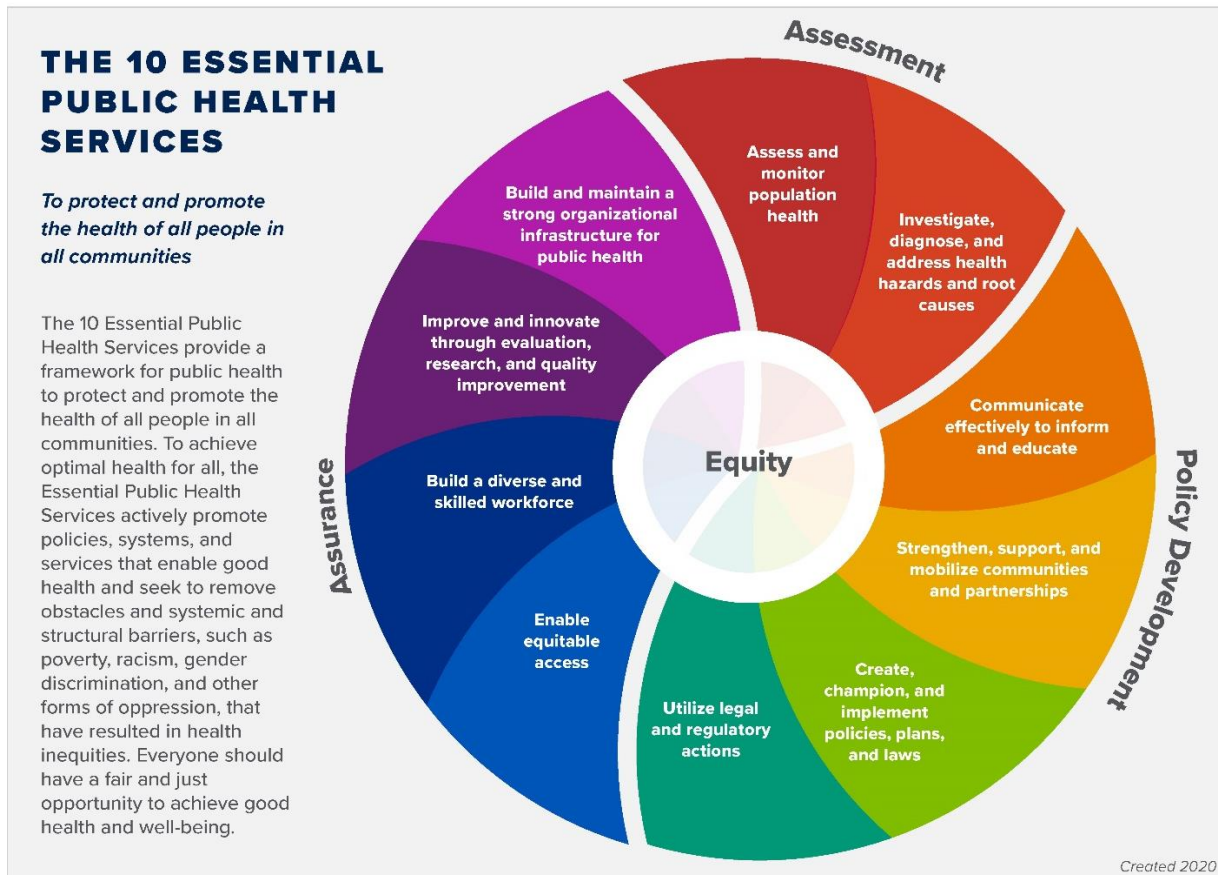
Our programmatic goals will be detailed throughout this report, but this year we also celebrated the presence of several outstanding interns who collectively improved our understanding of maternal and child health in our city, promoted peer-to-peer harm reduction for vaping and other harmful habits, and focused on our staff’s emotional and mental wellbeing by encouraging the establishment of bi-weekly Wellness Wednesdays when we gather to walk, dance or meditate as collective stress management and our Team Building Potluck Breakfasts when we gather to break bread and enjoy one another’s company.

We also established a Diversity, Equity and Inclusion Committee and accomplished several steps toward making our services more accessible for residents who speak languages other than English and will continue to meet to work to dismantle several other identified social determinants of health.

This year’s report is organized into sections describing our efforts to meet the ten essential services of public health (Figure 1), with promotion of health equity at the core of our work. The City Board of Aldermen this year declared racism a public health crisis and we are grateful for this public acknowledgement of the uphill battle undoing racism entails. We feel this burden every day as we try to connect individuals to culturally responsive health care, respond to unjust housing conditions, or help mothers get access to WIC benefits for themselves and their children. But with love, we persist.

Aisling McGuckin RN, MSN-MPH  
Director of Health

Figure I. The Ten Essential Public Health Services



## **Dedication**

This is the last year the Waterbury Health Department (WHD) will have a grant for the Special Supplemental Nutrition for Women, Infants and Children program (WIC), a grant through the Connecticut Department of Public Health (DPH) from the US Department of Agriculture (USDA). The grant provides for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk. WHD has had this grant since 1974 and several of our staff have been with the program since its early days. WHD elected to not pursue the grant in the most recent round of funding because it has become economically unfeasible to sustain, as it was the last health department still receiving the grant. WIC services will soon be delivered by Optimus Inc.'s Bridgeport office which has several WIC programs.

This Annual Report is dedicated to the women who make up WIC. This includes the staff who work with passion and patience, understanding and endurance to try to meet the needs of families in Waterbury. These are Nutritionists, Program Assistants, Nutrition Aides and Program Coordinators who use their language skills, listening therapeutically to women who are trying to do the best for their families, and their documentation skills to assure that families are getting every benefit to which they are entitled.

The report is also dedicated to the WIC mothers who are largely the ones who navigate the complexities of health care and social services for their families. We know navigating WIC has not been easy and we appreciate your patience, waiting with your kids and full strollers at Jefferson Square, smiling at our staff who are trying their best to help you and answer phones that are ringing endlessly, dealing with formula shortages all last year and remote appointments for almost three years. You are amazing and we salute you. We will miss seeing you at Jefferson Square but we believe that another location will be able to serve you better and another provider will be able to coordinate your care more efficiently with co-located services. Thank you for entrusting us with the care of your families for the past 29 years.

## I. Organizational Chart

The structure of the Health Department has continued to evolve over the past two years to introduce career ladders and opportunities for leadership. Presented below is the former structure found in last year’s report (Figure II) and the structure that was created this year with the introduction of the Program Decision Support Section (Figure III).

**Figure II. FY 22 Organizational Chart**

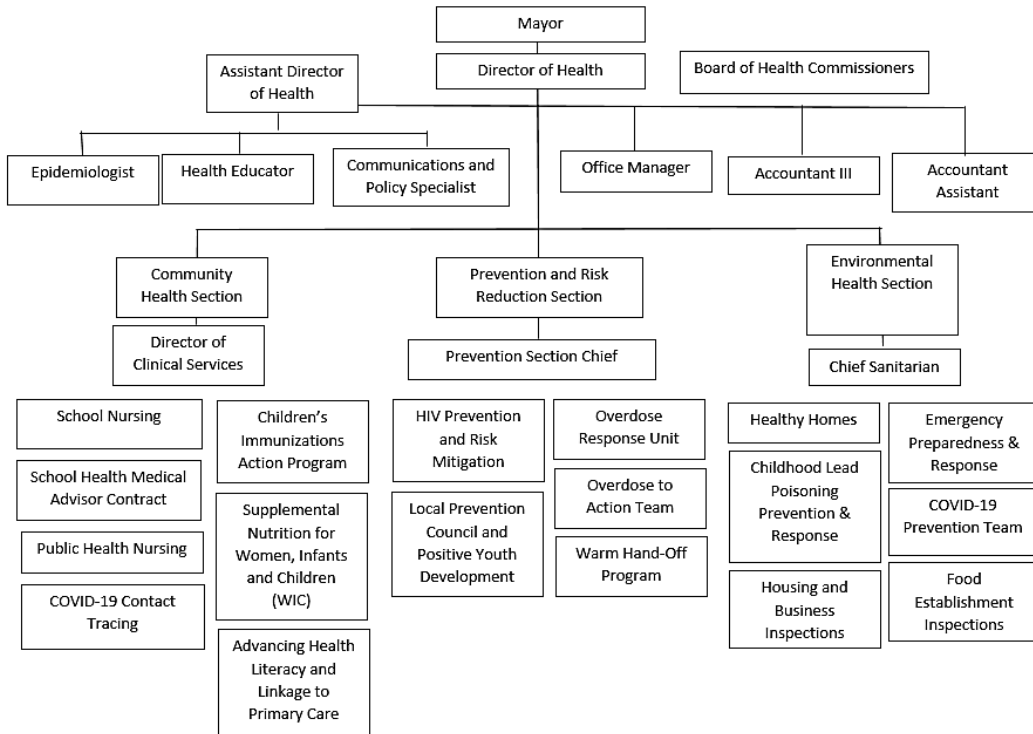
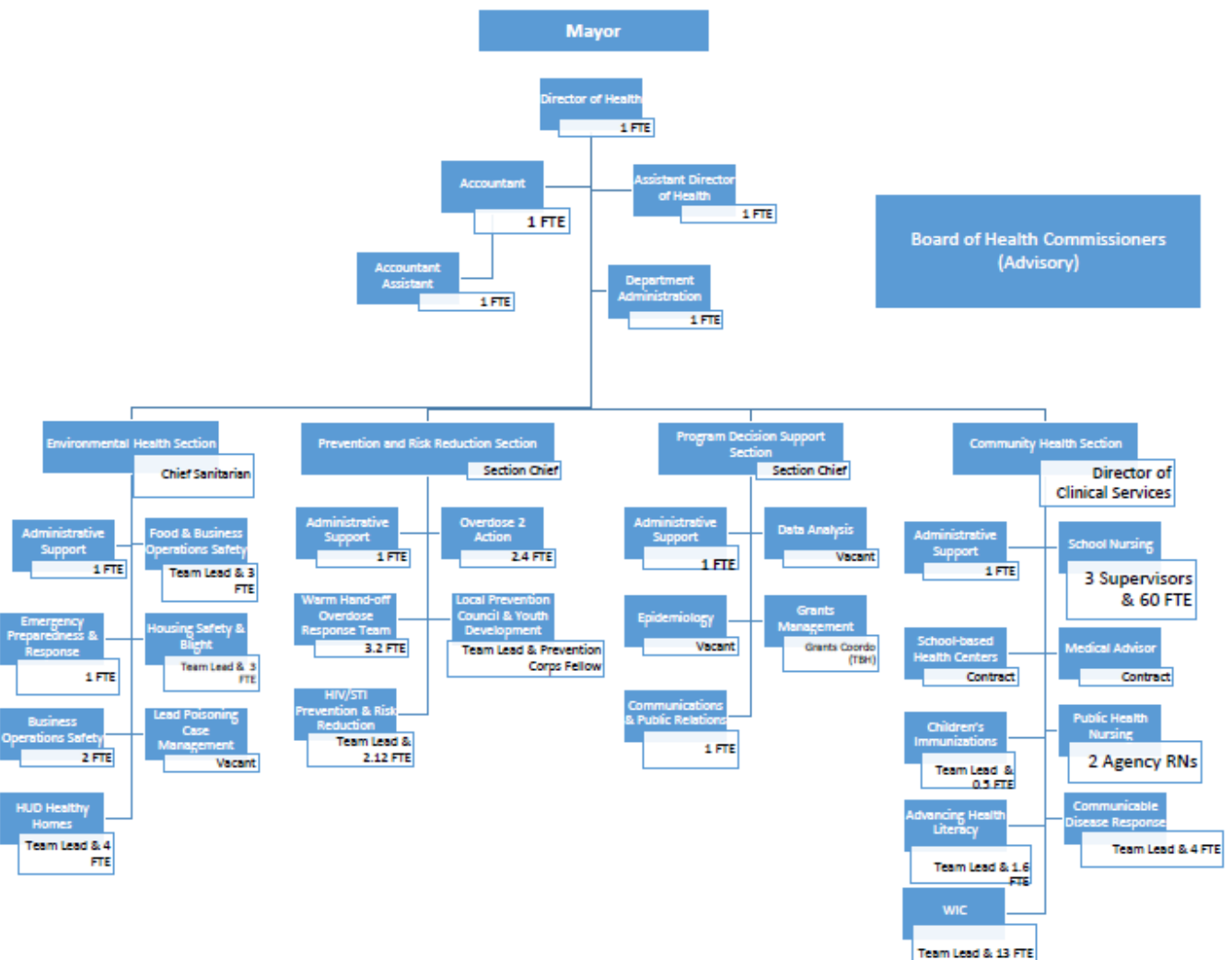


Figure III. FY 23 Organizational Chart



## II. Budget

The WHD successfully administered 15 different budgets totaling \$18,926,308 in local, state and federal funding during FY 23 (Figure IV). Approximately 76% of the budget is funded by state and federal grants (Fig. V). Among the grants, the majority of funding is spent on capital (Fig. VI). In contrast, the majority of the general fund dollars are spent on personnel (Fig. VII). The breakdown of spending among sections within the department is detailed in Figure VIII. This takes into account General Fund and Per Capita Grant dollars which go toward administrative salaries, salaries of sanitarians and school nurses. Approximately 20% is spent on Administration, 50% is spent on Community Health and 30% is spent on Environmental Health staff.

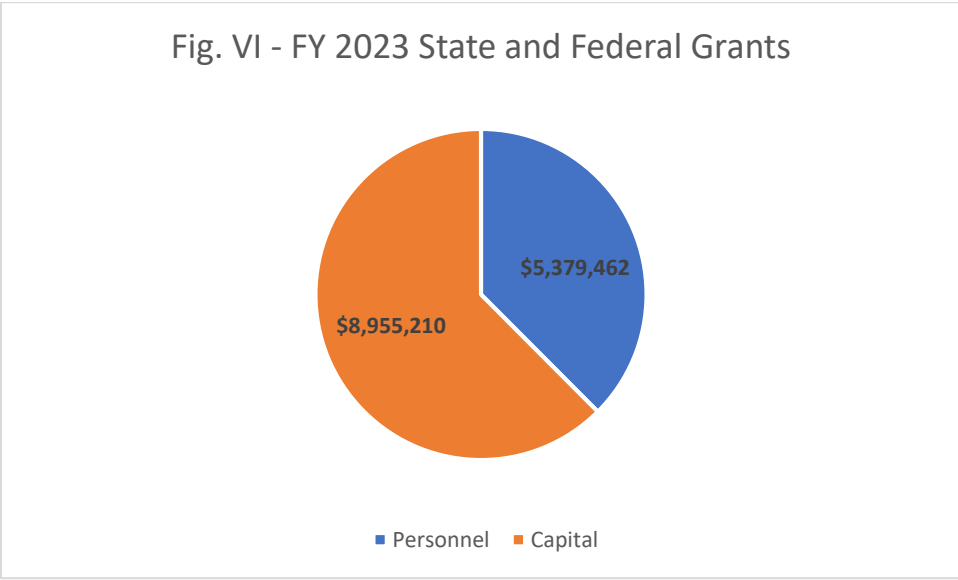
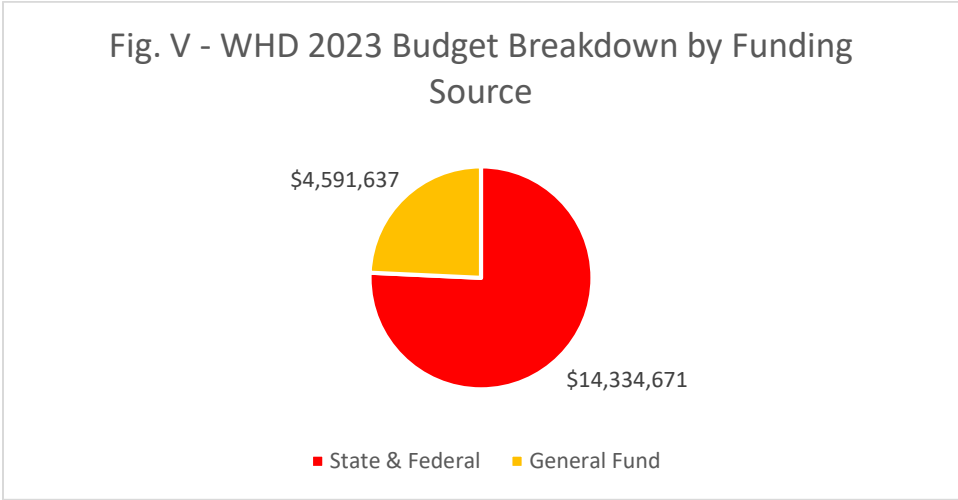
Figure IV. WHD FY 2023 Operating Budget

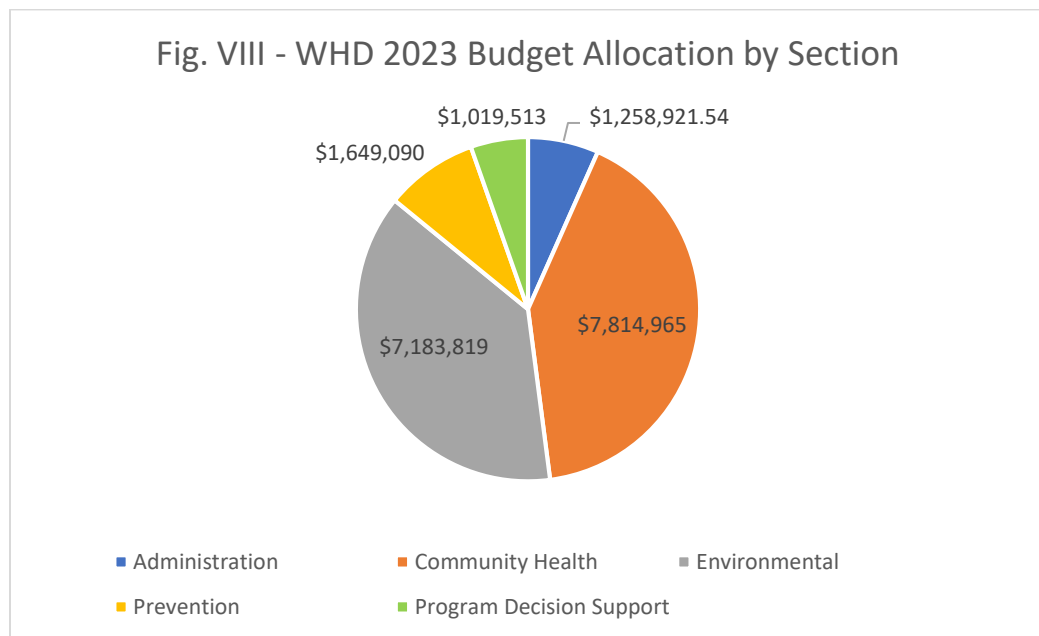
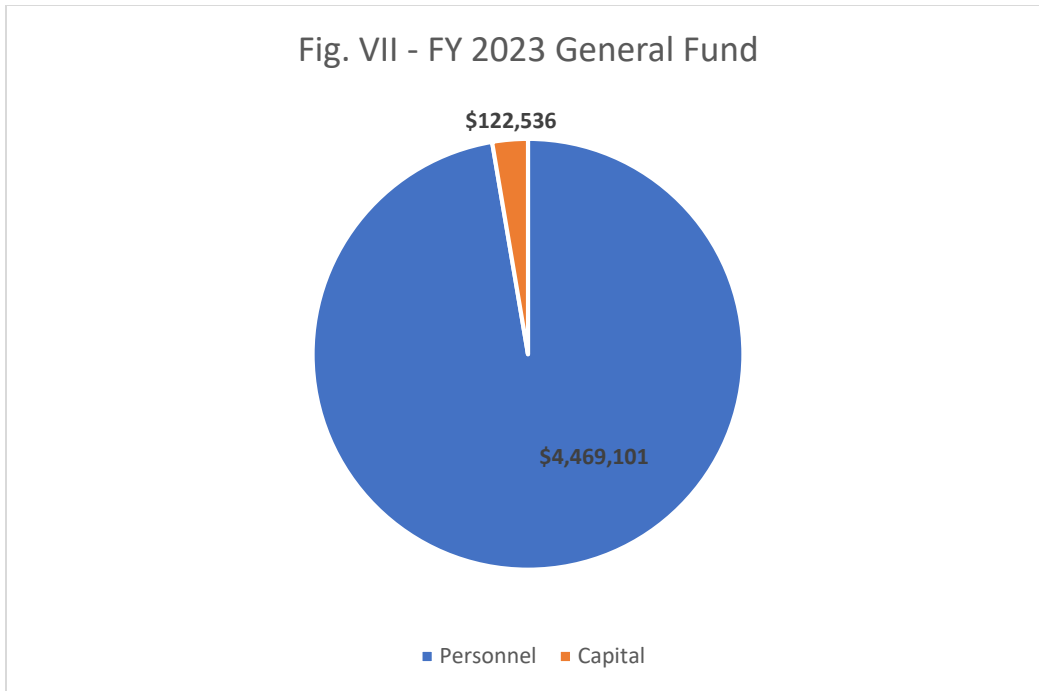
					<b>Expense Allocation</b>
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<b>Fund</b>	<b>Funding Period</b>	<b>Amount</b>	<b>Type</b>	<b>Personnel</b>	<b>Capital</b>
General Fund	7/01/22 - 6/30/23	\$ 4,591,637	Municipal	\$ 4,469,101	\$ 122,536
Advancing Health Literacy	7/01/21-6/30/23	\$ 4,000,000	Federal grant - OMH	\$ 690,948	\$ 3,309,052
American Heart Assoc.	4/12/23-6/30/23	\$ 5,000	Private	\$ -	\$ 5,000
COSSAP	10/1/21-9/30/24	\$ 900,000	Federal grant other	\$ 547,497	\$ 352,503
ELC2	02/01/23-05/31/24	\$ 1,019,513	Federal pass through	\$ 668,317	\$ 351,196
WLHH	01/2021 / 12/2024	\$ 5,700,000	Federal grant other	\$ 1,467,755	\$ 4,232,245
Immunization	7/01/22 - 6/30/23	\$ 108,810	Federal pass through	\$ 69,166	\$ 39,644
Immunization-COVID	7/01/22 - 6/30/23	\$ 215,035	Federal pass through	\$ 189,757	\$ 25,278
Lead Block	2/1/23 - 9/30/23	\$ 39,689	Federal pass through	\$ 32,820	\$ 6,869
Local Prevention Council	11/1/22-6/30/23	\$ 13,044	Private	\$ -	\$ 13,044
OD2A	2/1/23 - 8/31/23	\$ 260,000	Federal pass through	\$ 133,929	\$ 126,071
PCC-B	7/01/22 - 6/30/23	\$ 183,877	State	\$ 75,347	\$ 108,530
Per Capita	7/01/22 - 6/30/23	\$ 340,594	State	\$ 64,472	\$ 276,122
PHEP	7/01/22 - 6/30/23	\$ 61,639	Federal pass through	\$ 60,798	\$ 841
Prevention	01/01/23 - 12/31/23	\$ 292,169	Federal pass through	\$ 263,453	\$ 28,716
WIC	10/1/22- 9/30/23	\$ 1,195,301	Federal pass through	\$ 1,115,204	\$ 80,097



<b>Totals</b>		<b>\$ 18,926,308</b>	<b>\$ 9,848,563</b>	<b>\$ 9,077,746</b>





### **III. The Ten Essential Services of Public Health**

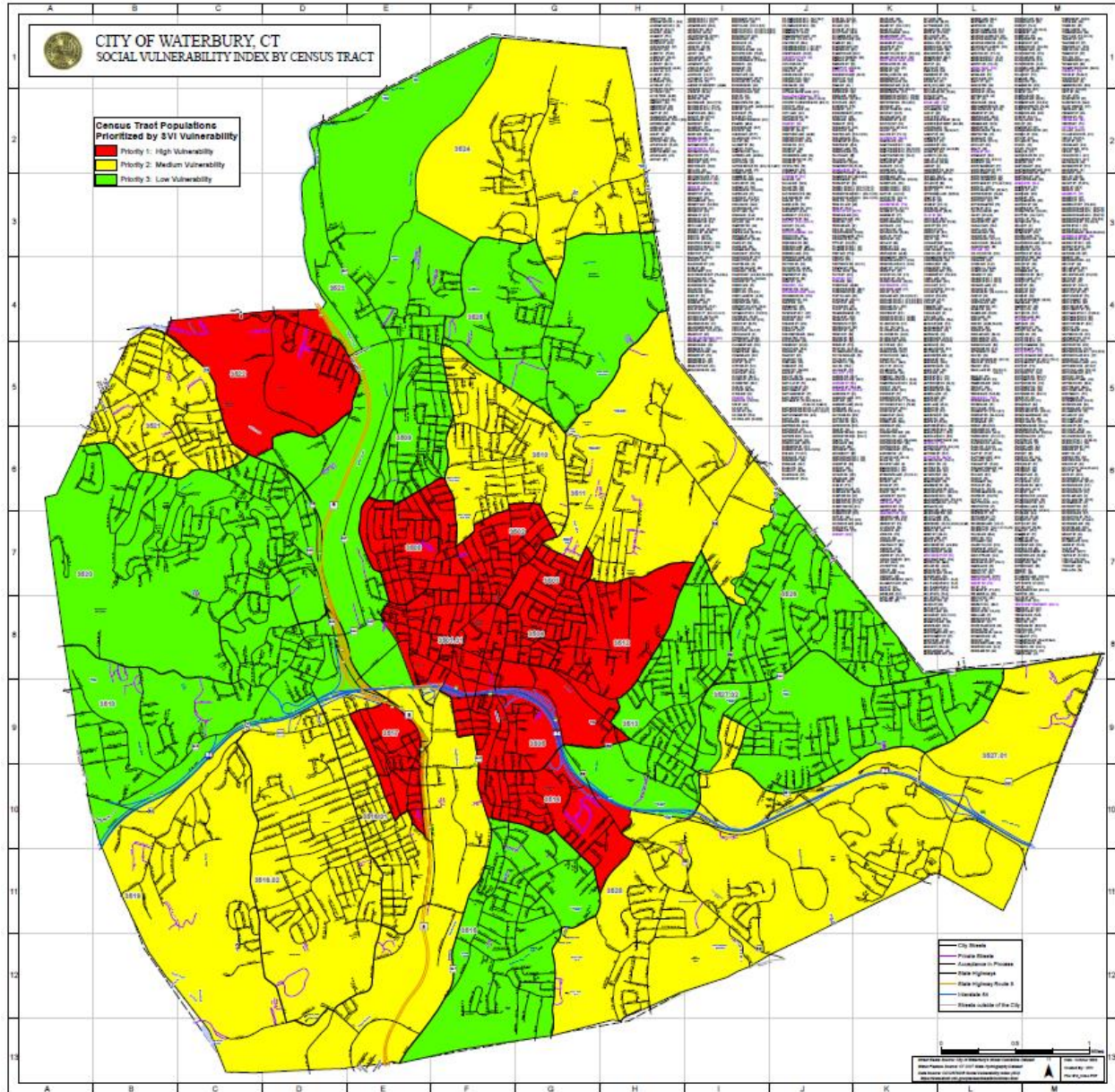
Waterbury Health Department continues to operate all essential services required of Public Health Departments by Connecticut law. The following section elucidates some of the strategies staff implemented to respond to the ten essential services over the past year.

#### **Assessment**

## **1. Assess and monitor population health status, factors that influence health, and community needs and assets**

The new Program Decision Support Section includes epidemiology, which centers the importance of data as the foundation for Departmental operations, evaluation and future aspirations. The Department used census-block level data in the Advancing Health Literacy grant funded by the US Department of Health & Human Services – Office of Minority Health. The data presented in that application demonstrated the varying levels of need of the local residents living in different areas of the city. The data was mapped by the City of Waterbury Public Works Department – GIS Division, and presents a detailed, visual demonstration of the needs of the community the Department serves (Figure IX). These 2020 data serve as a baseline from which future evaluations of the City’s progress towards improved health outcomes can be measured.

### **Figure IX. GIS Visualization of Social Vulnerability Indexed Zip Codes in Waterbury**



## 2. Investigate, diagnose, and address health problems and hazards affecting the population

WHD saw the adoption and implementation of the FDA Food Code in February of 2023 due to 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 evidence-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. The food protection program is responsible for the review of plans for new and remodeled establishments ensuring compliance with state and local food protection codes. The Food Inspectors are also

responsible for identifying, containing, and resolving 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.

WHD adopted the FDA Food Code in February of 2023 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 new changes under the FDA Food Code:

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

The Tuberculosis (TB) Program at Waterbury Health Department in association with St. Mary’s Hospital Pulmonary Department, Dr. Arora, Dr. Beri, Dr. Shahzad and director Dr. Zhang continues to provide medical services with initial consultation for Latent Tuberculosis Infection (LTBI) and follow up for persons with active TB residing within the Greater Waterbury area. At St Mary’s Hospital Clinic, services are provided twice a month by appointment only. Patients are monitored monthly until the completion of therapy, which varies between four, nine and twelve months.

The WHD TB Clinic continues to see an inflow of immigrant referrals received from the State of Connecticut/ Refugee, Immigrant Health Program and local civil Surgeon. All legal immigrants are mandated to be evaluated for TB. Often, these individuals have complex medical history, placing many demands on the Tuberculosis Program at Waterbury Health Department, due to intensive case management.

From 2022-2023, sixty-seven cases (incidence rate of 1.9/10,000 residents) of TB disease were reported in Connecticut. This is a 24% increase from 2021 (54 cases, rate of 1.5/100,000) and is the same number of cases reported in 2019. Nationally, 8,300 TB disease cases were reported, corresponding to an incidence rate of 2.5/100,000 (5% rate increase from 2021)- (2022TBataglance\_03232023\_Final.pdf)

Fifty cases (74.6%) were pulmonary and 12 (18%) were extra-pulmonary; 5 (7.4%) were both pulmonary and extra-pulmonary. Three cases (5.8%) were Multi Drug Resistance-TB (MDR-TB). One case (2%) was resistant to Rifampin; one case (2%) was resistant to the commonly used drugs Isoniazid & Rifampin (MDR-TB).

Among the sixty-seven cases there were 9 (13.4%) with history of untreated Latent TB; 5 cases (7.4%) had contact to a TB case within two years; 13 cases (19.4%) were diabetics; 15 cases (22.4%) had substance abuse; 1 case (1.5%) had HIV co-infection; 10 cases (15%) COVID 19 co-infection; 2 cases (3%) were incarcerated (2022TBataglance\_03232023\_Final.pdf). Below is a summary of the TB cases seen in Waterbury (Figure X).

<b>Fig. X - 2022-2023 WATERBURY HEALTH DEPARTMENT TUBERCULOSIS PROGRAM</b>	
<b>HIGHLIGHTS</b>	<b>TOTAL</b>

Latent TB evaluation and follow up	59
Tuberculosis Disease evaluation, treatment, case management, home visits and follow up	13
Monthly Chest Clinic services (twice/month)	84
Reimbursement for testing and TB case management	\$25,926.56

The Chest Clinic Services provided at St Mary’s Hospital in collaboration with Waterbury Public Health Nursing staff include medical consultation, laboratory, radiology, nursing, pharmacological and health education regarding TB/LTBI. The case management of the city of Waterbury population affected with TB/LTBI often faces complex medical cases accompanied by complicated social-emotional and psychosocial issues. The staff at the WHD TB Program is fully dedicated to assist the community, provide health education, share resources and raise awareness on TB prevention.

**Policy Development**

**3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it**

The newly-formed Program Decision Support Section is the foundation for a robust social media communications program spanning the services and messages of all Department Sections and programs. These communications also include general health messaging and key messaging from partners including the Waterbury Fire, Police, Public Works, Recreation and Recycling departments as well as the Waterbury Public Schools. Key integrated messages include: back-to-school health requirements, promotion of School-Based Health Services, National DEA Take Back Day events, fire safety and emergency preparedness messages, summer swim and camp programs for children, summer recreation programs, seasonal farmers market and free yoga classes, et al.

The Department onboarded a highly skilled Health Educator in November 2023. Since joining the Department, the Romelda Barhani has created a powerful new logo for the Department embedded within a high-caliber branding package for the Department. The branding package includes a color palette per Department Section to ensure unified and professional communications across the Department’s wide array of programming (Figure XI).



The Section provides communications support to the Department’s wide array of programs and services. This includes brochure development and design, social media promotion, video production for social media, and maintenance of the Department’s catalogue of services on the City of Waterbury website located at <https://waterburyct.org/services/health>.

The Health Educator has broadened the Department’s use of communications technology to include Adobe Express, Canva professional, and the Looka logo generator. The Health Educator has extended the Department’s robust presence on Facebook and Instagram to now include LinkedIn as a communications channel for content about recruitment and professional achievements (Fig XII).

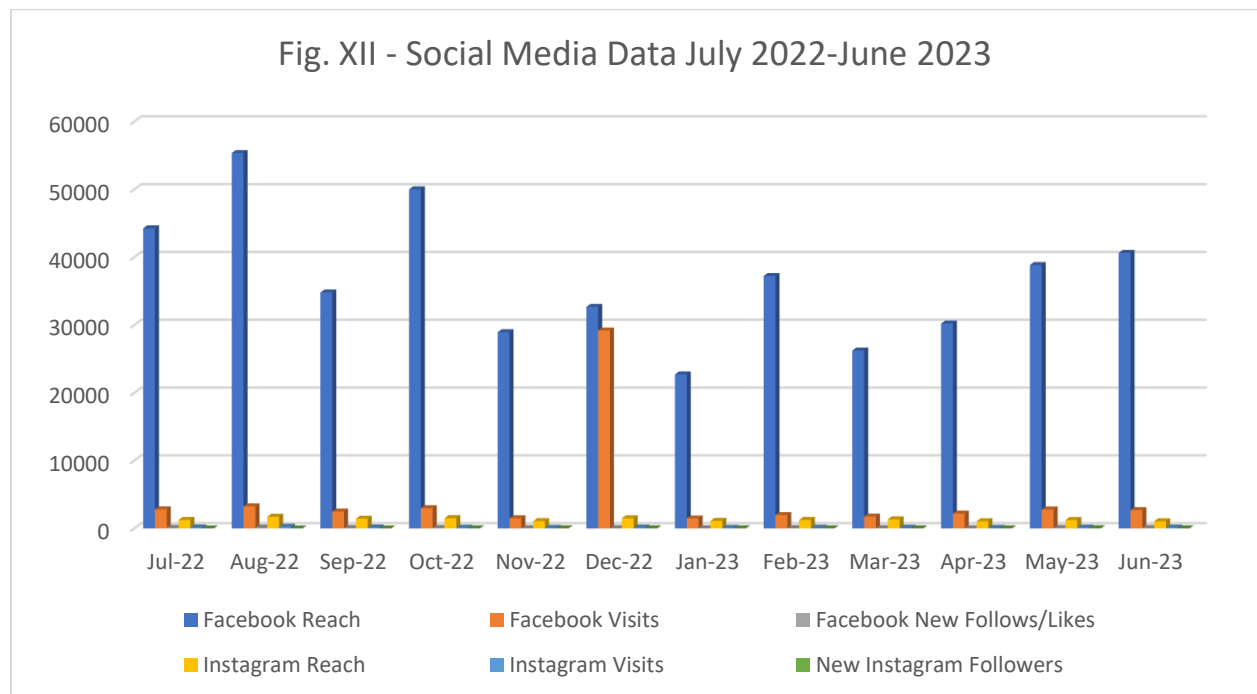
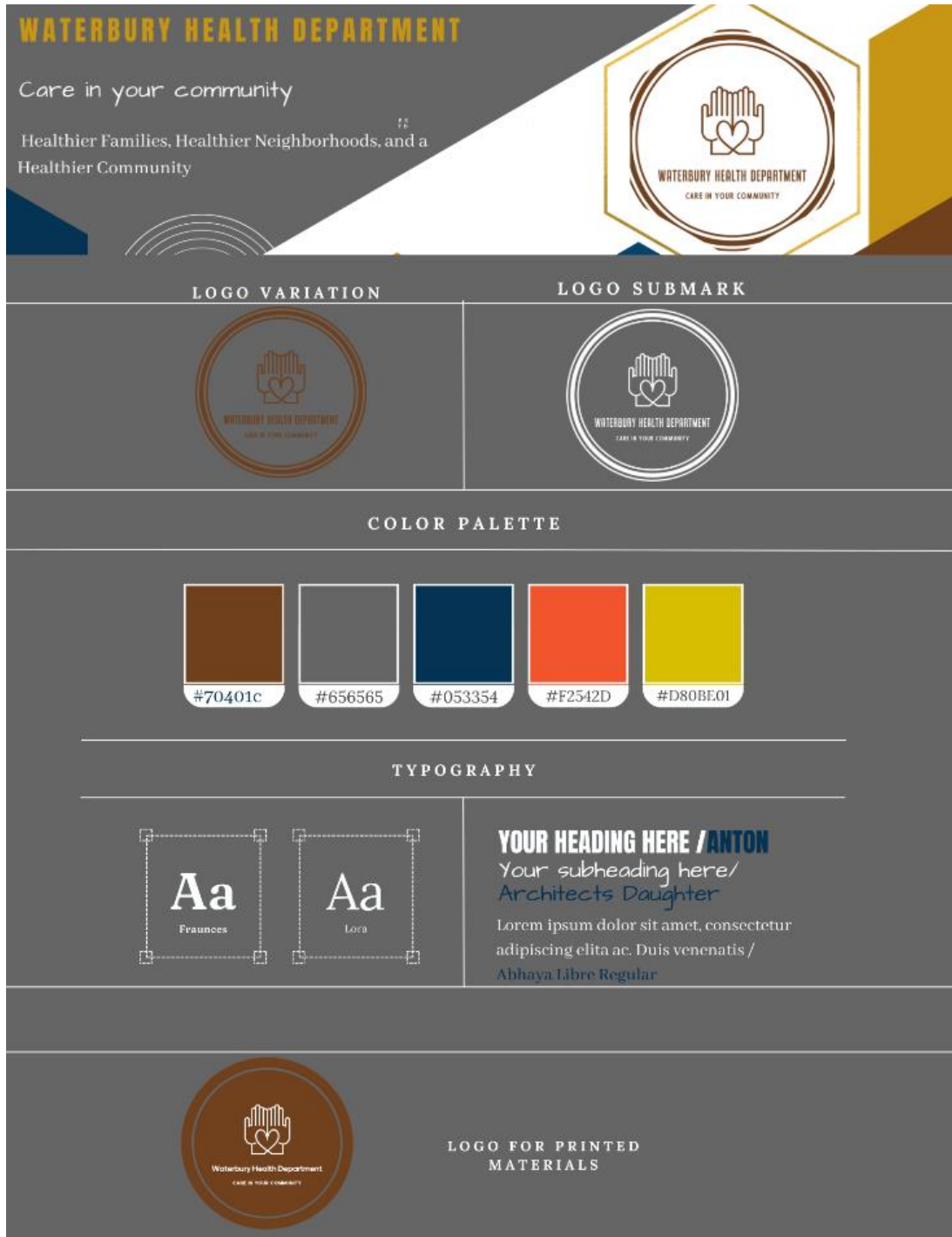




Figure XI. Branding Guide



#### 4. Strengthen, support, and mobilize communities and partnerships to improve health



The objective of the Immunization Action Plan (IAP) Program is 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 from the Connecticut Vaccine Program (CVP). See Figure XIII for outcome data.

The IAP program accomplishes this by conducting site visits/assessments at all area facilities that utilize this vaccine. All Waterbury facilities that administer vaccines from CVP are visited and assessed at least every 24 months, assuring that vaccines are properly stored in refrigerator and/or freezer units and that all patient records are completed and entered into Connecticut’s immunization registry, CTWiz.

The IAP program helps providers stay current with the ever-changing information needed to address the complex issues commonly encountered in vaccination practice. Working partnerships between IAP staff and community pediatric providers, along with frequent educational events throughout the year are essential in this goal. IAP activities support immunization standards and best practices by working in community settings, medical settings and social service settings. The program coordinator, Natasha Arce, also remains a visible presence at community festivals and outreach events across the city year-round.



Fig. XIII - July 1, 2022 through June 30, 2023 Immunization Action Plan Outcomes:	Waterbury IAP Outcome		CT DPH GOAL
	(#)	(%)	
Total number of children in WTBY aged 0-24 mo. referred to the IAP agency for immunization outreach	541		

Number of children aged 0-24 mo. who were successfully identified, brought back into care, and/or records updated in CT WiZ	508	94%	90%
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## 5. Create, champion, and implement policies, plans, and laws that impact health

The re-opening of School-Based- Health Centers (SBHCs) at Crosby High School-Wallace Middle School, Wilby High School-North End Middle School, and Driggs Elementary School was championed by the Director of Community Strategy, Albana Lame. In collaboration with the City of Waterbury Health Department and Department of Education, a \$268,000 contract was secured by WHD from DPH for administration of the SBHCs in September 2022. Work began on renovating the space and January 2023 marked the re-opening of the SBHCs at the two high school-middle school complexes. Clinical services provided to the students of these schools include Medical, Behavioral Health, and Dental Care services. Dental services resumed at Driggs elementary in May. These services allow students to address any of their medical needs while in school, removing barriers to care, and reducing absenteeism among students. WHD seeks to continue expansion of SBHCs as new funding opportunities become available.

During FY 2023 the Director of Community Strategy also pursued the reinstatement of mobile dental services for Waterbury Public School students by releasing a competitive Request for Proposal (RFP). A local Federally Qualified Health Center (FQHC), StayWell Health Center’s Smile Builders Program, was selected to provide preventative mobile dental service at Waterbury Public Schools that are not covered by the SBHCs.

Over the past year the Director of Community Strategy also advocated for the MyHomeCT Program which is a Partnership with Connecticut Finance Housing Authority (CFHA), the City of Waterbury Tax Collectors Office, and local non-profit organizations to provide eligible Waterbury homeowners financial assistance due to COVID-19-related financial hardship for real estate taxes, condo dues, water/sewer lines, etc.

The City of Waterbury allocated a portion of its American Rescue Plan Act to investment in local non-profits through the Waterbury Community Service Investment Program (WCSIP). Working with the City of Waterbury and the Citizen’s Advisory Committee, the Director of Community Strategy and the Community Development Director allocated \$1,960,442.26 to 37 health and human service community providers to directly support projects that impact residents.

## 6. Utilize legal and regulatory actions designed to improve and protect the public’s health

WHD’s 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.

House Bill 5045 lowered the threshold for blood lead levels in individuals in the following:

1. From 10 to 3.5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) which requires licensed health care institutions and clinical laboratories to report lead poisoning cases to Department of Public Health
2. From 5 to 3.5  $\mu\text{g}/\text{dL}$ , the threshold at which local health directors must inform parents or guardians about a child's eligibility for the state's Birth-to-Three program and lead poisoning dangers, ways to reduce risk and lead abatement laws
3. Incrementally lowers from 20 to 5  $\mu\text{g}/\text{dL}$ , the threshold for local health departments to conduct epidemiological investigations of the source of a person's lead poisoning
4. Incrementally lowers from 20 to 5  $\mu\text{g}/\text{dL}$ , the threshold at which local health directors must conduct on-site inspections and remediation for children with lead poisoning.

As of January 1, 2023, a full investigation will be conducted if a child's blood lead level is  $\geq 15$   $\mu\text{g}/\text{dL}$ . During each home visit, a case manager provides educational materials and interim control measures to parents/guardians and answers questions that parents/guardians may have with regards to childhood lead poisoning. For children with Blood Lead Level (BLL) between 5 $\mu\text{g}/\text{dL}$  up to 15 $\mu\text{g}/\text{dL}$ , 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 15 $\mu\text{g}/\text{dL}$  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.

Since the passage of the new legislation, WHD has identified 18 children whose venous blood-lead level is between 5  $\mu\text{g}/\text{dL}$  and 14.9  $\mu\text{g}/\text{dL}$  through the MAVEN surveillance system. Lead inspectors make initial contact with parent or guardian by telephone, complete the lead survey tool and/or epidemiological investigation by phone or in person. In addition, lead inspectors schedule visual inspection of the BLL child's housing and provide lead poisoning prevention materials and recommendations tailored to each family's needs related to the findings of the visual inspection of the residence.

During this reporting time period, there were 18 BLL children identified through the MAVEN surveillance system. All 18 families were contacted initially via telephone and 10 of them called back for further follow up survey. Data collected through the lead survey tool are summarized below in Figure XIV.

**Figure XIV – 2022-2023 Blood Lead Level Data WHD**

Outcome Objective	Measure Activities	Outcome		%
		# cases reached	# responded	Completion rate
1. Utilize the lead survey tool with each BLL (5µg/dL to 14.9µg/dL) child’s parent or guardian	Collect data via the childhood lead tool for the following	18	10	55.56%
	a. BLL child healthcare provider’s provision of anticipatory guidance.	18	7	38.89%
	b. BLL child family’s receipt of printed lead poisoning prevention materials.	18	5	27.78%
	c. The name and occupation of the person who provided the lead poisoning prevention materials.	18	6	33.33%
	d. If the family received housing subsidies.	18	0	0%
2. Complete the epidemiological investigation form for all BLL (5µg/dL to 14.9µg/dL) children in Waterbury.	Enter 100% of the epidemiological investigation form information into the lead surveillance system.	18	2	11.11%
3. Perform a visual inspection of the BLL (5µg/dL to 14.9µg/dL) child’s home.	Conduct visual inspection of children’s residences for children with BLL ≤15µg/dL	18	2	11.11%
4. Provide lead poisoning prevention recommendations to the BLL (5µg/dL to 14.9µg/dL) child’s family	Ensure 100% of the parents or guardians receive lead poisoning prevention recommendations tailored to their needs, which were found during the visual inspection of the residence.	18	2	11.11%

## **Assurance:**

### **7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy**

WHD's Office of Emergency Preparedness remains steadfast to its program mission: to build a more resilient community, prepared to deal with, promptly respond to, and recover from any major emergencies arising from natural disasters or man-made causes. The core focus of its efforts continues to be the coordination of ongoing surveillance and preparation for various public health emergencies that may threaten the well-being of Waterbury citizens. This report outlines the key activities, accomplishments, and ongoing initiatives undertaken to achieve the department's goals.

#### *Surveillance and Preparedness for Public Health Emergencies*

1. **Collaborative Planning and Review:** The Emergency Preparedness Division has actively collaborated with the Region 5 Emergency Support Function (ESF) #8 group to review and update the plans designed to respond to public health emergencies. Through a cooperative effort, we have ensured that these plans are comprehensive, adaptable, and aligned with the latest guidelines issued by relevant authorities.
2. **Real-Life Simulations:** Periodically, the Emergency Preparedness Division conducted simulations and exercises to test the efficacy of our response plans. We participated in different drills and an Anthrax Tabletop exercise, which replicated real-life situations as closely as possible, enabling us to assess our preparedness, identify potential weaknesses or gaps, and fine-tune our strategies accordingly.
3. **Public Awareness Campaigns:** We recognize that a well-informed public is crucial in mitigating the impact of public health emergencies. To this end, the office has continued its efforts to run public awareness campaigns throughout the year. These campaigns aim to educate citizens about emergency preparedness measures, emphasizing the importance of individual and community resilience.

#### *Emergencies and Challenges*

1. **SARS-CoV-2 Pandemic:** We continue to witness the ongoing challenge posed by the SARS-CoV-2 pandemic. The Emergency Preparedness Division remained at the forefront, working closely with our community partners to manage the pandemic's impact on the community by offering free vaccination clinics throughout the City of Waterbury. We extended support to healthcare facilities, faith-based organizations, non-profit

organizations, and schools to ensure the availability of essential supplies and disseminate accurate information to the public.

2. **Waterbury Blood Bank:** To combat a significant challenge with a declining blood donation rate, we collaborated with Red Cross to host a successful Blood Drive, collecting 45 pints of viable blood, enough to save 135 lives.
3. **Natural Disasters:** Waterbury faced its share of natural disasters, including extreme weather conditions and poor air quality. The Emergency Preparedness Division promptly responded to these events by activating established response protocols, aiding affected residents, and working with other agencies to expedite recovery efforts.
4. **Man-Made Incidents:** Though not faced with any major terrorist attacks or bioterrorism incidents, the division remained vigilant and ready to respond in case of any such threat. Regular assessments and coordination with law enforcement agencies and first responders were maintained to ensure a coordinated response.

### *Continued Collaboration and Training*

1. **Community Partnerships:** The office actively engaged with various community partners, including local businesses, faith-based organizations, non-profit organizations, and educational institutions. These collaborations have strengthened the city's overall preparedness by fostering a sense of shared responsibility among all stakeholders.
2. **Training and Development:** Recognizing that preparedness is an evolving process, the division prioritized training and development for its staff. Regular workshops, seminars, and knowledge-sharing sessions were conducted to enhance expertise and efficiency. These initiatives foster a culture of preparedness, equipping us with essential skills to improve public information dissemination during emergencies.



As we move forward, we shall remain dedicated to continual improvement, innovation, and collaboration. By embracing a proactive approach to preparedness and leveraging the lessons learned, we will effectively enhance our ability to respond to future emergencies. The City of Waterbury will continue to be a beacon of resilience and preparedness, standing strong in the face of adversity.



In 2021, the Connecticut Department of Public Health expanded the Immunization Action Plan (IAP) focus to raise COVID-19 immunization rates for eligible children and adults—the initiative aimed to reduce the spread of the disease and promote the benefits of vaccination. The COVID Action Plan (CAP) Immunization program focused on increasing COVID-19 vaccination rates through outreach and education while dispelling vaccine myths. This report highlights the COVID-19 communication and education activities conducted, especially among underserved and racial and ethnic minority populations, during fiscal year 2023. Additionally, it outlines the efforts to address vaccine misinformation and increase vaccine confidence in our communities throughout the year.

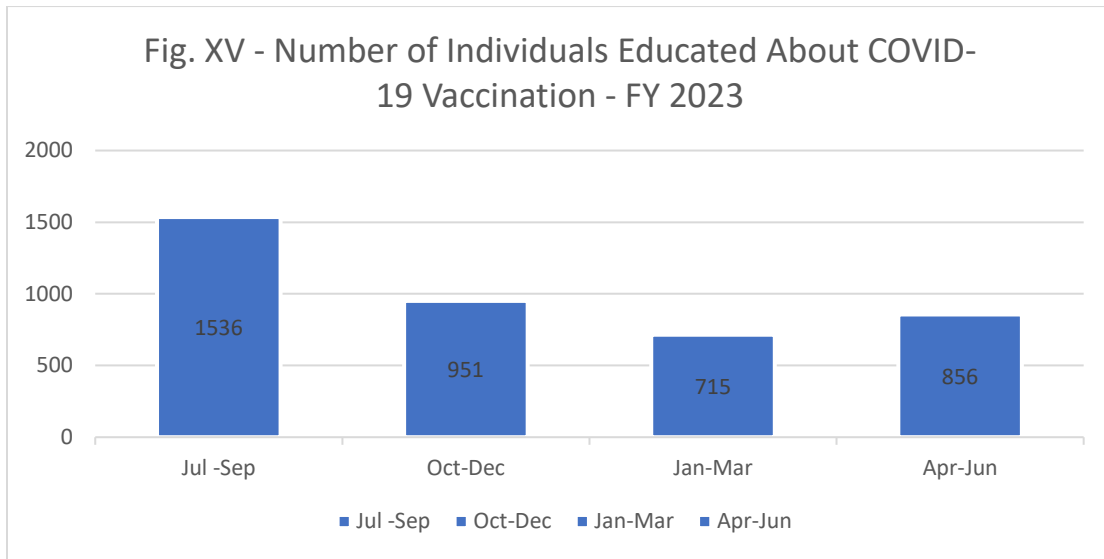
**Work Done in Fiscal Year 2023:** In fiscal year 2023, the CAP program made significant efforts to address vaccine misinformation, increase vaccine confidence, and boost vaccine uptake, particularly among racial and ethnic minority populations (Figure XV). The strategies employed during this period were designed to foster trust and provide accurate information:

1. **Addressing Vaccine Hesitancy:** One of the key strategies of the CAP program involved identifying and addressing vaccine hesitancy among the target populations. The CAP program organized informative sessions that emphasized the effectiveness and importance of vaccination. Personal testimonials from individuals who had received the vaccine were shared to dispel myths and provide reassurance.
2. **Multifaceted Information Dissemination:** The CAP program utilized multiple platforms to educate the public about COVID-19 transmission and prevention. Social media postings, community outreach events, and information sessions at community partners' events were used to disseminate accurate information. These efforts aimed to increase awareness and understanding of the virus and the significance of preventive measures, including vaccination.
3. **Accessibility of Vaccination and Testing Sites:** The program focused on informing the public about the availability of COVID-19 vaccination and testing sites. Flyers were distributed in higher Social Vulnerability Index (SVI) locations to ensure that communities facing greater challenges in accessing healthcare services were well-informed. Social media postings were also utilized to reach a broader audience and provide up-to-date information on vaccination and testing options.

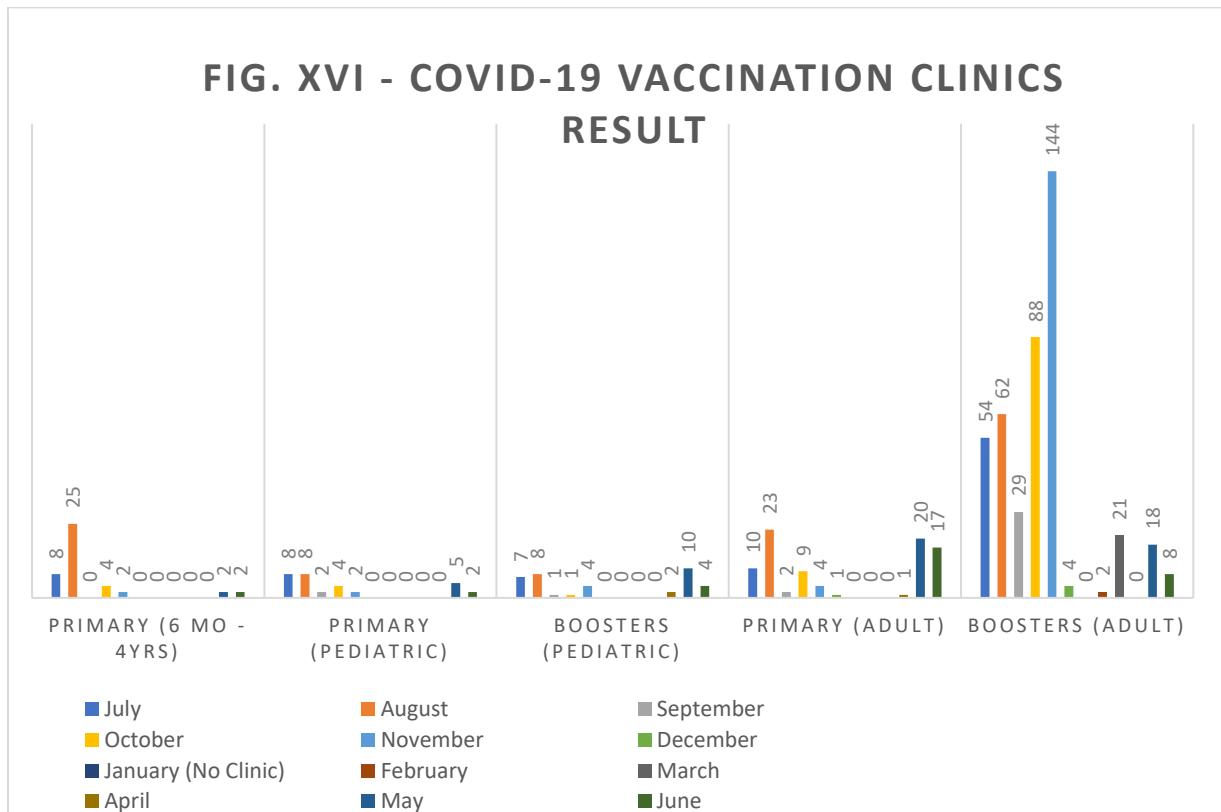
**Barriers and Solutions:** Despite the extensive outreach efforts and education initiatives, the CAP program encountered some obstacles to vaccine uptake in specific communities. The primary challenges included:

1. **Lack of Interest:** With the end of the Public Health Emergency, there was a noticeable decline in interest from the target population to receive the COVID-19 vaccine.
2. **Vaccine Hesitancy:** Some individuals expressed fear regarding the vaccine's side effects, safety, and efficacy, leading to hesitancy towards vaccination.





Collaborating with Griffin Health, a series of COVID-19 vaccination clinics were held in FY-2023 (Figure XVI).



As the CAP program concluded, its legacy will continue through the lasting effects of the education and outreach initiatives it has implemented. The importance of such efforts in public health crises like COVID-19 highlighted the significance of equitable vaccine distribution and communication for the well-being of all members of society. As future challenges emerge, the lessons learned from the CAP program serve as a valuable foundation for developing similar strategies to tackle new health crises and ensure that no community is left behind.

### **AHL Community Partnerships, Events, and Resident Referrals**

In July 2021, the Waterbury Health Department became one of only about 40 cities nationwide to receive a \$4 million grant by the US Health and Human Services Office of Minority Health with goal to advance health literacy in the city of Waterbury. The Advancing Health Literacy (AHL) grant grew out of the weekly calls held by the Mayor's Chief of Staff and the City Emergency Manager during the COVID-19 pandemic. At that time, city organizations and agencies expressed intense needs of the Waterbury community for health care and other basic essentials. Through the AHL Grant, WHD has been working in collaboration with 10 partners across the City:

- Community Health Center Inc.
- Grace Baptist Church
- Greater Waterbury Health Partnership
- Hispanic Coalition of Greater Waterbury
- New Opportunities Inc.
- St. Mary's Hospital
- StayWell Health Center
- Waterbury Senior Center
- The Wheeler Clinic
- Center for Human Development

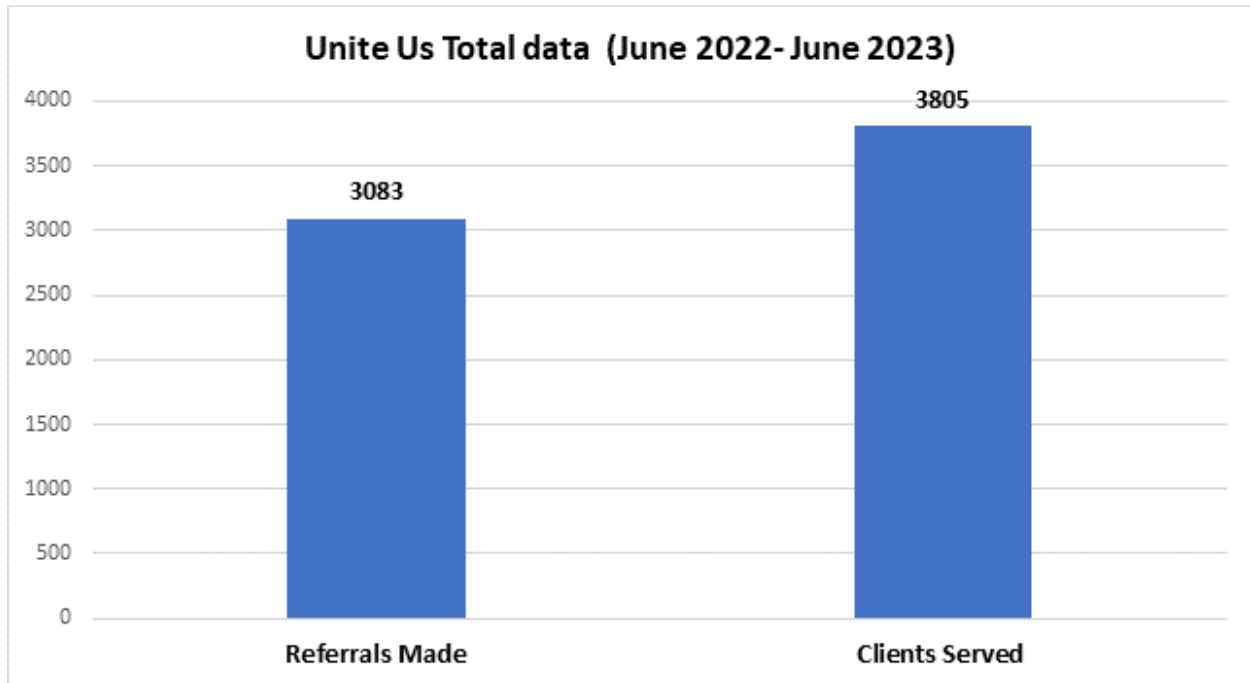
The two-year effort has worked intensively to connect underserved residents to primary care providers, improve the delivery of culturally-responsive care and assist residents with linkage to other services related to the social determinants of health.

Community Health Workers (CHW) have been an indispensable part of making this grant a success. Since providing culturally and linguistically competent services is an advocacy strategy for reducing health disparities, all CHWs were trained in culturally responsive communication. They conducted screenings/assessments to determine unmet needs and make medical and social service referrals including but not limited to primary care providers, food, housing, transportation, insurance, and applying for SNAP. The Advancing Health Literacy Grant allowed CHWs to use Unite Us, an electronic referral platform, which made screening and referral efficient, confidential, and easy to follow up on to ensure residents were linked to agencies and services assess. Through this platform, CHWs worked with a total of 3805 residents and placed 3083 referrals.

Community events were a staple of AHL. 137 unique community events took place between June 2022-May 2023 with AHL CHWs in attendance to survey community needs and support

health education delivery. 3729 people attended these events and 26% of the attendees reported that they learned something new about health as a result of working with AHL staff.

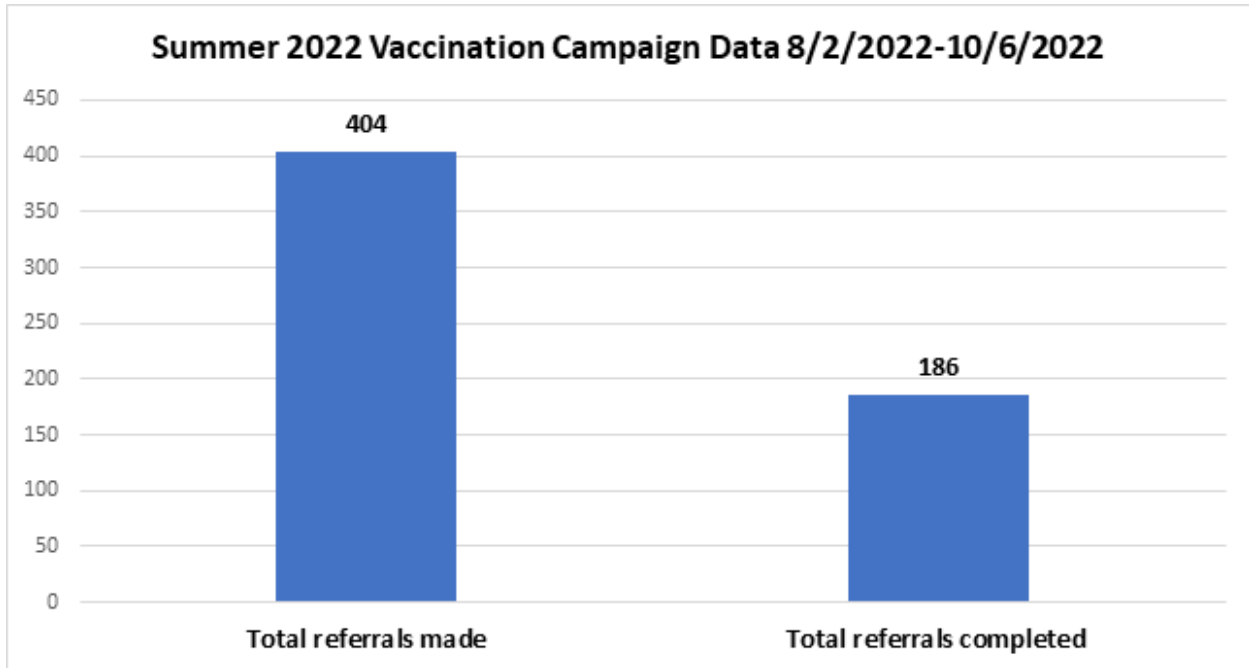
**Figure XVII – Unite Us Totals 2022-2023**



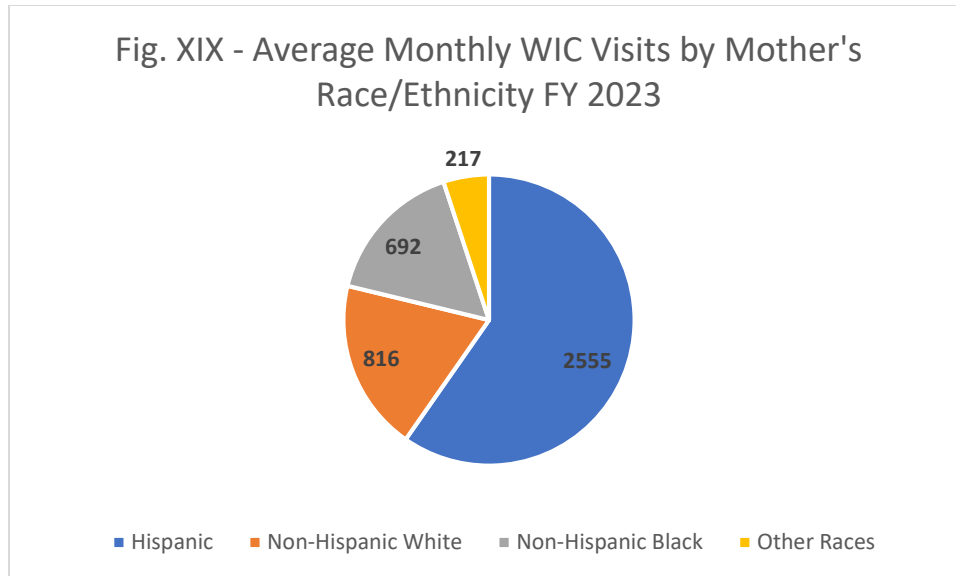
**Primary Care Connection**

Main activities of the grant supported linkage to primary care services and other preventive care screenings. As such, the last phase of the grant capitalized on the need for children to obtain physicals and get caught up on immunizations as a mechanism to link families to a medical. The Waterbury Health Department hosted a back to school childhood vaccination campaign during the summer of 2022 with CHWs managing referrals. 404 referrals were made and total of 186 physical exams and immunizations were completed within 2 months of the campaign start. The event was advertised on Parent Square, social media, and with external partners. Community health workers also assisted with referrals for families to obtain insurance enrollment, transportation, energy assistance and other needs through the Unite US platform. The campaign was so successful that the Health Department replicated it during the winter, spring, and summer of 2023. Waterbury Health Department continues to work with StayWell, Community Health Center Inc., and Wheeler Clinic into the start of the 2023/2024 school year (Figure XVIII).

**Figure XVIII – Summer 2022 Vaccination Campaign**



The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program at WHD collaborated with many local community partners in Waterbury including The Nurse Family Partnership and TEAM Inc. Head Start. These collaborations were critical to building partnership and helped enhance client referrals between organizations. As a high majority of WIC participants are Hispanic (see Figure XIX below for Average Total Monthly WIC Participants by Race/Ethnicity), the WIC staff comprised of 5 Spanish-speaking staff, including one nutritionist. This helped alleviate language barriers and increased one on one nutritional education services. The show rate, on average for the Waterbury office from July 2022-June 2023 was 84%. In-person appointments have increased over the past year.



## 8. Build and support a diverse and skilled public health workforce

This year, WHD hosted undergraduate and graduate interns from a host of universities including University of New Haven, UConn, Purdue University, Sacred Heart University and had two fellows placed for summer internships through the Yale Public Health Fellows Program. WHD also hosted three interns from the Global Leadership Institute through Taft School in the Summer of 2022 who mapped community assets and challenges with GIS. In the summer of 2023 WHD welcomed two high school interns to work with our Prevention Team and one job shadow student who shadowed our health inspectors through the Human Resources' summer internship program. The Director of Community Strategy collaborated with WHD to facilitate the establishment of affiliation agreements with several colleges and universities. Collaborating with the City of Waterbury Corporation Counsel, City Departments, Colleges, and Universities these affiliation agreements will allow the city to readily welcome interested undergraduate and graduate students for internship opportunities within different city departments and will build a pipeline for possible future hires in the City's departments.

The AHL grant will be remembered as the grant that led to the development of robust partnership and collaboration to raise awareness on health issues and working to close the gap on health disparities in the Waterbury community. In addition to the demonstrative outcomes for referrals and linkage to care there were other accomplishments to further Health Literacy in the Waterbury health Department and across the partner agencies.

### **Diversity, Equity and Inclusion**

Under the AHL grant the Health Department initiated the Diversity Equity and Inclusion committee. The committee convened members from various health department divisions. The committee instituted staff training activities and implemented Culturally and Linguistically

Appropriate Services (CLAS) standards. The CLAS standards became guidelines to making measurable goals and improving service delivery to the public across the department. The committee worked to develop a policy on the usage of language line services, as well as creating multilingual signage to assist persons seeking services at The Health Department. The creation of an “I Speak” card was an initiative of the DEI committee. The I Speak card allows the public seeking services to inform health department employees they will need assistance provided in their native language. This empowers non-English speaking residents to advocate for themselves when seeking City services. In addition, the committee was able to liaise with Waterbury Public School’s Director of Diversity, Equity and Inclusion Dr. Lara White to provide Basic Health Equity Trainings to Health Department personnel. The trainings are meant to advance the principles of diversity, equity and inclusion in departmental public service.

### **Grand Rounds for Community Partners**

WHD, Saint Mary’s Hospital, Bridge to Success and the Weitzman Institute of CHC Inc. collaborated to offer 13 Grand Round sessions to AHL partners. Grand Rounds are an educational method to inform healthcare providers on current issues and improve quality in practice. The sessions were offered monthly during the term of the AHL grant. A range of topics was presented including exploring health equity in among black and indigenous people of color (BIPOC) communities, vaccine equity, and the role macroaggressions play in health care. A total of 394 people from the AHL partner organizations attended these sessions. Links to the sessions were posted on Health Department social media sites to allow other healthcare professionals, caregivers, and the community to view these presentations. Final feedback from the partners was very positive. 100 individuals indicated they developed a deeper understanding of what health literacy is from these sessions and how limited health literacy impacts the care people receive, especially among vulnerable and marginalized groups

## **9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement**

The Program Decision Support Section provides support to the Department by means of the development of policies and procedures used to guide daily operations. The policies and procedures are also important to prepare for annual infrastructure reporting to the Connecticut Department of Public Health (CTDPH) and for use in a future application to the Public Health Accreditation Board (PHAB).

During the reporting period, the Program Decision Support Section produced the following internal documents promulgated by the Director of Health as required standards to guide the day-to-day operation of the Department:

- WHD Policy # 2023-01: Confidential Public Health Surveillance Data
- WHD Policy # 2023-02: Routine External Communications Guide

- WHD Policy # 2023-03: Use of Language Assistance Line
- WHD Policy # 2023-04: Protocol for WHD Requests for Assignment of Counsel
- WHD Policy # 2023-05: Protocol for Review of WHD Reporting to Funding Sources of Grants

Additionally, the Program Decision Support Section assisted the Department with other useful functions including the development of a Draft Employee Handbook and Onboarding Checklist for New Staff, and a reorganization of the Department's F drive to serve as a central library of key documents for broad use by staff.

## **10. Build and maintain a strong organizational infrastructure for public health**

Staff from the Program Decision Support Section and all Department personnel are always seeking additional opportunities for the Department to grow, including by means of private, local, state and federal funding. During the reporting period, the Program Decision Support Section assisted with the development and submission of the following grant applications:

- CTDPH Comprehensive Integrated HIV/HCV Prevention Services grant – The Department will receive funding as a subcontractor to the Yale AIDS Program for this regionalized service grant
- CDC Overdose to Action (OD2A) grant – The Department is a key partner in the New Haven County application for funding (awaiting outcome)
- Environmental Protection Agency – Environmental Justice Government-to-Government Program (awaiting outcome)
- Tuberculosis (TB) Elimination Alliance Mini-Grant Program – 2023 Request for Funding (awaiting outcome)

The Section assisted with the early development of a federal grant application for clinical services for sexually transmitted infections (STIs); the application was not submitted, but instead was redeveloped as a broader roadmap of steps needed to be taken for the Department's vision to restart clinical services in the future.

From 7/1/2022-6/30/23 Waterbury had 5827 lab-reported positive COVID-19 cases and nine deaths attributed to COVID-19. Contact Tracing has seen a steady decline of daily numbers and as such the contact tracing staff has been reduced from 13 to 4 staff members. The team continue to manage case numbers using a Microsoft Office Teams application and provide daily updates to the City's leadership. The COVID-19 Public Health Emergency was declared over on 5/5/23. The Contact Tracing Team officially became the Infection Prevention Team at that point and have assisted with monitoring of travelers from countries with Ebola outbreaks as well as those with Mpox infections at the beginning of the epidemic in the summer of 2022. The team presented to school nurses on 8/24/22 regarding education on topics such as COVID-19 and Mpox and continued to assist the Waterbury Public Schools and State DPH on COVID-19

outbreaks and monitoring outbreaks in congregate settings such as Nursing Homes and Homeless shelters. The staff successfully uses CyraCom Language Assistance Line to communicate with residents with limited English proficiency. The Program Coordinator, Victoria Caisse, assisted in creating a COVID-19 mitigation plan for our local Head Start Program at TEAM Inc. Staff incorporate new knowledge as trainings become available and are invested in effectively educating the public about infection prevention through disease mitigation and vaccination.

The nursing division of the Waterbury Public Health department works in conjunction with the Department of Education to provide nursing services to approximately 18,000 students across a total of 32 public schools and six private/parochial schools in the city.

Staffing has been a challenge for the division in the post-pandemic times. The division opened schools in August 2022 with 20 city employed nurses and 21 agency employed nurses. By June 2023, the division had 30 city employed nurses on staff and utilized 14 agency employed nurse. One initiative that proved successful was the hiring of Licensed Practical Nurses (LPNs) to work in the health offices. Research on the feasibility of this was done, and the division began the hiring process of LPNs in February 2023. Another noteworthy addition was a new position of School Nurse III. This full-time position was designed to offer a more comprehensive role of the school nurse, including opportunities to build and implement quality improvement projects and development of community-level programming. At this time, there are two of four School Nurse III positions filled with continued recruiting efforts underway.

School nurses were provided with multiple professional development opportunities during the school year, many led by community partners. Some of these included: “Stop the Bleed” training led by members of the Waterbury Fire Department, “Managing Students with Seizures” presented by the Epilepsy Foundation of Connecticut, interpreter services through CyraCom International Inc., and “10<sup>th</sup> Annual Diabetes Education Session” hosted by Connecticut Children’s Medical Center. In conjunction with the Security and Safety office of the City’s Department of Education, new automated external defibrillator devices were placed in the public school health offices. In person training on the devices was offered through the manufacturer Stryker. Through a partnership with Sacred Heart University, Fairfield, Connecticut, a total of 13 nursing students had the opportunity to shadow seven nurses in the division during the Spring 2023. Moving forward, the nursing division plans to offer more learning opportunities for staff and build upon relationships with local and state agencies.

The nursing welcomed a new School Medical Advisor, Melissa Amicone, DNP, APRN, FNP-BC through Community Health Center, Inc. Due to the prevalence of asthma diagnoses in Waterbury, school nurse supervisors identified a need for a standing order for albuterol. Melissa was instrumental in assisting the nursing division in the creation of a standing order for the administration of albuterol via nebulization. This initiative was implemented in February 2023, and feedback from school nurses was positive in nature. Standing orders for epinephrine and naloxone are also current and available for school nurses in case of emergency.



The nursing division believes in fostering morale and providing opportunities for staff to spend time together. Lois Breton, RN was awarded the Mary Monagan Award in November 2022 for her commitment to school nursing, specifically her actions during a medical emergency. In May 2023, staff was treated to a luncheon and celebration for Nurses' Day and in June a pizza truck and ice cream social ended the school year on a fun note.