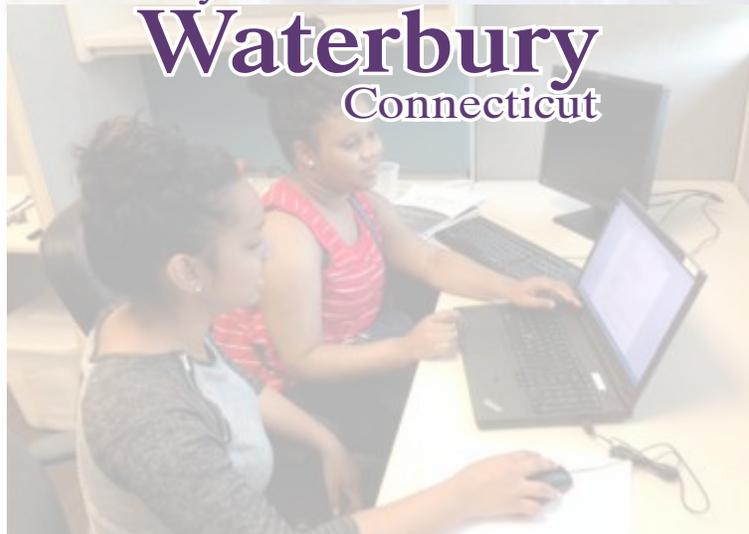
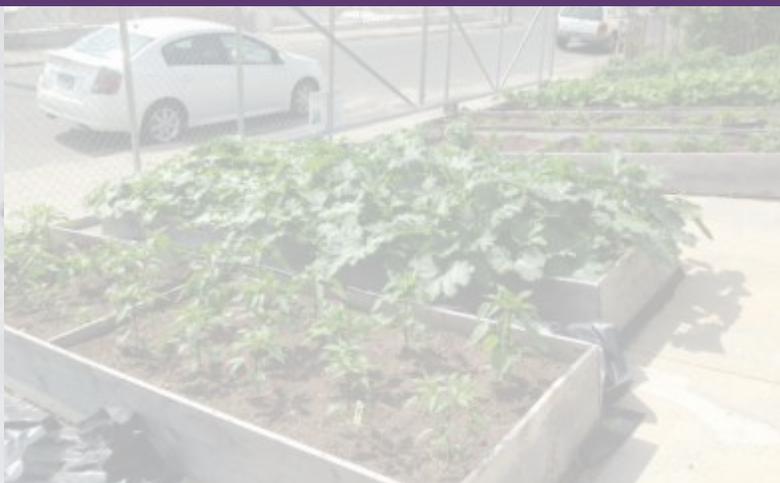


Department of Public Health



City of
Waterbury
Connecticut



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

2015 *Annual Report*



Mission Statement



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



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Director of Public Health

As Director of the Waterbury Department of Public Health, I am pleased to report that the Department has had a very productive year and has achieved significant advances in pursuit of our mission of "Promoting Healthier Families, Healthier Neighborhoods, and a Healthier Community". These advances were made thanks to the skilled performance of Department staff, close collaboration with other City and community agencies, with the support of the Board of Health and Mayor Neil O'Leary. I want to thank all participants for the part they played, and to convey my congratulations for a job well done.

In our Community Health Division, the Department provides a range of targeted health and social services for Waterbury residents, including: Family Health Services (which includes Infant Immunizations, Positive Parenting, and the Women, Infants and Children (WIC) Program), Health Education & Outreach, Health Care & Support Services for individuals living with HIV/AIDS as well as the HIV/AIDS Prevention Program, Public Health Nursing, Sexually Transmitted Infection Clinic, and the Tuberculosis Control Program. The Department's broadest and perhaps most visible strategy for Promoting Healthier Families is pursued by means of the School Nurse Program which serves more than 23,000 school children in 40 public and private schools in Waterbury.

Thanks to the vision of Mayor O'Leary, the Department has the necessary support to place at least one School Nurse in each of the 40 Waterbury schools. In School Year 2014-2015, the School Nurses provided 187,204 illness and first aid assessments for students, and returned 177,748 of the children to class. The Department is on track to begin the new school year in autumn 2015 with a full complement of School Nurses.

School nursing is a specialty practice that requires advanced education, significant professional experience in emergency care, and the great heart necessary to care for the health and emotional needs of a multitude of children. School Nurses are critical to ensuring that Waterbury's School Children are healthy, safe and ready to learn. In recognition of this critical role, the School Nurses of Waterbury were nominated to the Waterbury Hall of Fame in spring 2015 with a report detailing their accomplishments since School Nursing was instituted in Waterbury in 1904. To highlight the vital role Waterbury School Nurses serve every school day, Mayor Neil O'Leary proclaimed May 6, 2015 as School Nurses Day.

The School Nurses have been a valuable asset for the Promotion of Healthier Families around the most common chronic illness in children – asthma. Asthma is a significant health problem in Waterbury and a leading cause of school absence for school children as well as missed work days for parents of children with asthma. The Department is well integrated with the Waterbury Public Schools and the Bridge to Success, the partnership of 85 local organizations and over 200



William Quinn
Director of Public Health

community members working together to prepare Waterbury's youth for successes from cradle to career, to decrease school absence due to asthma. In spring 2015, in collaboration with the Connecticut Department of Public Health and the Naugatuck Valley Health District which is the regional lead agency for asthma control, the Department of Public Health re-launched the evidence-based program Putting on AIRS -- Asthma Indoor Risk Strategies. Because they are so well acquainted with the school children and trusted by the families they serve, the School Nurses are a key referral source for this home-visit based asthma education and control program. Asthma will continue to be a community as well as an environmental health priority for the Department.

In our Environmental Health Division, the Department provides a range of mandated environmental services that protect public health and Promote Healthier Neighborhoods. The environmental health services broadly benefit everyone who lives, works, eats, shops or visits Waterbury, including the Food Protection Program, Barber Shop/Cosmetology inspections, Public Swimming inspections, Rooming House inspections, Child Day Care Center inspections, Septic System inspections, Housing Inspections, Childhood Lead Poisoning Prevention Program, and the Waterbury Healthy Homes Program. Environmental health services benefit the community broadly, but because they are primarily focused on protecting the public health through prevention strategies, these services are largely invisible to the public.

The Department's work on the Mayor's Blight Task Force is the most visible strategy for promoting healthier neighborhoods. The Blight Task Force responds to community complaints as well as identifies blight in the community. Blight spans a range of neglect and abandonment issues that are magnified in a community living in close proximity to the point that the public health are threatened. Blight issues include accumulation of garbage, debris including cars and tires, overgrown brush,



Director of Public Health

abandoned pools with stagnant water, overflowing dumpsters, hoarding, neglected accumulations of animal feces, et al. Blight threatens public health and also the well-being of the community and its residents. Over the past year, 129 Blight Complaints were received, 133 Blight Inspections were made, and 44 Notice of Violations were issued. Blight will continue to be an environmental priority for the Department.

Our Emergency Preparedness program is the foundation of the Department's strategy to Promote a Healthier Community. Preparedness necessitates planning, drilling, and ultimately readiness for a range of possibilities and probabilities, including public health emergencies, weather-related events, man-made disasters, etc. The Department was ready when the extreme summer temperatures triggered the delivery of an overnight cooling station, as well as when extreme winter temperatures and snowfall led to the opening of an overnight warming station, each for 5-7 days/nights.

While the severe weather was a local and regional concern, an international public health emergency declared by the World Health Organization and the federal U.S. Department of Health and Human Services also required local response – A public health emergency order has been in place in Connecticut since 2014 for ebola viral disease. In response, the Department and regional emergency preparedness agencies have collaborated closely on interagency planning and drilling to ensure readiness. The Department has monitored three travelers for signs and symptoms as part of the ongoing international-state-local surveillance system.

Surveillance is the foundation of public health and underpins all of the functions of the Department. To further address the Promotion of a Healthier Community, the Department works closely with a range of health, social services and community leaders active in The Greater Waterbury Health Improvement Partnership (GWHIP). This partnership is working to create programs and initiatives to respond to the health needs identified in the 2013 Community Health Needs Assessment. The top four health concerns prioritized by the community are: Access to Care; Mental Health/Substance Abuse; Overweight/Obesity & related Chronic Illness; and Tobacco Use/Asthma.

Some examples of progress made to date by GWHIP include:

- Obesity is a significant problem in community and easy access to healthy foods is part of problem; some areas of City are designated as food deserts due to lack of grocery stores. The Overweight/Obesity & Chronic Disease Workgroup is seeking to develop 2 Healthy Corner Stores in underserved Waterbury neighborhoods
- Morbidity and mortality related to smoking is a significant problem in the community and the Tobacco Use/Asthma Workgroup is collaborating on the Healthy Corner Stores

Initiative with the intent of decreasing marketing of tobacco products in the stores.

- Asthma is a significant problem in Waterbury and exposure to secondary smoke is a leading trigger for asthma attacks. The Tobacco Use/Asthma Workgroup is an important advocate for the promotion of the Putting on AIRS program.
- GWHIP partners are local sponsors of the 2015 Community Well-Being Survey being administered by DataHaven throughout the state of Connecticut. This survey will produce the first statewide set of neighborhood-level and regional data describing quality of individual and community life indicators. The results of this Survey will be of significant value not only to the Department and the GHIP partners, but also to the City and communities across the State.

The Department's public health services are valuable resources for the community and the Department is focused on continually communicating their availability to the community, by all means and media available. The Department's staff are highly skilled and bring broad and deep expertise in each of their service areas and I thank all of the staff for their continuing service to our City. Each member of the Department serves a critical role in protecting and promoting the public health of our City.

This concentration of public health expertise and services has made the Department an ideal setting to promote public health into the future by hosting fieldwork by college and graduate level students. During the past year, the Department has expanded this opportunity to high school students to platform public health as a career path. The Department is facilitating a high school internship in community health for the Global Leadership Institute, a joint program of The Taft School and the Waterbury Public High Schools. Four GLI Scholars who are rising juniors are exploring the food as a local community health concern. The Department is hosting two Police Activity League Scholars who are also rising juniors at the Career Academy in a summer internship focusing on local channels for health communications.

It is an honor to work with people with the caliber of commitment shown at all levels in Waterbury, from elected officials, City administration, health and social service providers, community leaders and residents. Together we have accomplished much and will continue to do so.

William Quinn, MPH
Director of Public Health
City of Waterbury



Board of Health Commission

The Board of Public Health meets on the first Thursday of each month at 4:30pm. These meetings are open to the public.

The Board of Public Health is comprised of 6 commissioners and an Aldermanic Liaison. All of the commissioners represent a professional facet of the medical health industry.

The Board of Public Health, along with the Waterbury Department of Public Health, was successful in getting all of our city restaurants to voluntarily remove trans-fats from their menus. The F.D.A. is now exploring legal designation to remove this product from our restaurants.

The Board continues to pursue ordinances to permit the Environmental Health Sanitarians to conduct inspections in tattoo parlors, body piercing shops

and nail salons to ensure proper policies, techniques and practices are established and followed.

Our goals for the fiscal year 2015/2016 are to maintain 100% food inspections and to continue our long time collaboration with the Education Department to continue to provide a healthy and safe environment for our school children.

The Board of Public Health will continue to assist the community through our services and resolution of public health issues with our main focus being to provide optimal public health services.

Respectfully,

Sabato Dambrosi
President
Board of Public Health

WATERBURY BOARD OF HEALTH COMMISSIONERS - 2015

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

Kathy Caiazzo, CMRS

Michelle Godin, R.N.

George Brinnig, MD. Ph.D. M.M.M

Patricia Russell, R.N.

Margaret O'Brien, M. Ed.

Anne Phelan, M.S. - *Alderman Liaison*

Tammie R. Jones - *Secretary*



(Right) GLI Scholars Lauren, Mohamed, Christian and Brennan work on aquaculture and hydroponics at a greenhouse on Mill Street.



Environmental Department

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 food protection activities to ensure the public's safety at events such as festivals, farmers' markets, and community events.

The food protection program is also 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. There have been three recent recalls, each requiring the Sanitarians to inspect food service establishments throughout the City. Recalled foods 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 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.

Barber Shops/Cosmetology

The Environmental Health Division inspects and regulates over 133 barbershops and cosmetology establishments located within the City of Waterbury. The Division is continuing to monitor all establishments in regards to unlicensed barbers working within the City of Waterbury.

Inspection Statistics

Food Establishments Inspected	1,932
Temporary Events	173
Food Recall Investigation	0
Food-Borne Illnesses/Outbreak Investigation	1
Barbershop/Cosmetology Inspections	120
Pools	28
Pool Inspections	7
Housing Complaints Investigated	852
Blight Complaints Investigated	144
Total Notices of Violation Issued	262

Public Swimming

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.



Environmental Department

Rooming Houses

The Environmental Health Division regulates and inspects all Rooming Houses within the City of Waterbury. The Health Inspectors ensure that compliance standards are maintained at the Rooming Houses. 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

There are 28 Child Day Care Centers that each serve more than six children located in the City of Waterbury; all 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.

Septic Systems

The City of Waterbury has over 300 active septic systems. When a septic system fails, the Environmental Health Division is responsible for authorizing repairs to an existing system or for requiring the owner to connect to an existing sanitary sewer line if it is available.

Housing

There are over 45,000 housing units within the City of Waterbury. The Health Inspectors receive over 100 complaints monthly and response to each complaint is handled as quickly as possible. The Environmental Health Division received various

types of complaints which include but are not limited to: no hot water, no heat, no water, no utility service, insect/rodent infestation, and broken water and sewage lines. Each complaint is investigated and evaluated to determine the proper disposition in each case. Enforcement of the housing code is enforced by the Health Inspectors, although many of the complaints can be resolved by initial contact with the property owner; there are complaints that require the Inspector to issue a Notice of Violation to the property owner. All complaints remain open until the violations are abated, corrected, or, if necessary, tenants are displaced or relocated due to uninhabitable residence or relocated.

Mayor's Blight Task Force

The Environmental Health Division works in conjunction with the numerous city departments to contain and abate blight within the City. Inspectors attend weekly meetings with city departments to discuss new cases and progress of existing cases. The Health Department has inspected 144 properties with blight issues.

Childhood Lead Poisoning Prevention Program (CLPPP)

The CLPPP provides lead poisoning prevention services to reduce the risk and prevent lead poisoning for children aged from 6 months through 6 years of age who reside in the City of Waterbury. Overall program services include: community outreach and lead hazard education, blood lead level data tracking, case management for children with elevated blood lead level (EBLL), and relocation to a lead safe home if deemed medically necessary.

Annual Summary of Food Establishment Inspection Report

Classification	Class I	Class II	Class III	Class IV	Temp Event
# of Establishment	112	194	142	317	N/A
# of Inspection Shall be Conducted	112	388	426	1,268	173
# of Inspection Conducted	132	381	341	1,078	173
Percentage (%)	118%	98%	80%	85%	100%



Environmental Department

CLPPP Outreach Events

Types of Audiences	Number of Events	Number of Individuals Reached
Home Educational Visits	45	180
Schools	13	600
Community Events	7	7000
Pediatrician Office	4	20

CLPPP Statistics

Blood Lead Value	Cases
$\leq 4 \mu\text{g}/\text{dll}$	2130
$\geq 5 - 10 \mu\text{g}/\text{dll}$	210
$10 - 19 \mu\text{g}/\text{dll}$	40
$\geq 20 \mu\text{g}/\text{dll}$	6
Cases Closed Due to Decreased BLLs	10

Workers Compensation Activities & Initiatives

Employees placed out of work due to work related injuries and total amount of time loss incurred	1
Work related incidents by type	5 (slip and fall) Total - 5
Employees authorized for light duty and placed back to work in a light-duty capacity	0
Employees authorized for light duty and placed back to work in a light-duty capacity	0
Safety Committee Meetings held during the 2014/2015 fiscal year	4

Implemented Initiatives to Reduce Exposure & Incidents

- Safety guide
- Badging policy
- Safety kits
- 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
- Carpel Tunnel

Initiatives for 2015/2016

- Accident Reporting Investigation for Supervisors
- HAZCOM Refresher Training
- Conduct Building Safety Audit - ongoing
- Conduct Quarterly Safety Meetings
- Completed 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 now a requirement of these work groups.



Emergency Preparedness

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 December the Emergency Preparedness coordinator was a guest on Talk of The Town a WATR radio talk show. The coordinator was provided an opportunity to talk about Health Department preparedness activities and answer listener questions.

On June 13, 2015, the Emergency Preparedness Division participated in a Mass Casualty exercise in Torrington, Connecticut. The purpose of the exercise was to create an opportunity for hospitals, fire units, and first responders to practice and test their skills in responding to a multiple injury disaster that was the result of a bomb explosion.

The responders treated a number of victims with varying injuries including burns, loss of limbs, fractures, as well as fatalities. Most of the volunteers that participated as victims were local high school students as well as Explorer members interested in becoming first responders. There were approximately 70 volunteer victims. This was a Region 5 exercise conducted by the Connecticut Department of Emergency Services and Public Protection Emergency Management and Homeland Security.

During late spring, the Department initiated medical clearance and fit testing as part of the Respirator use program. Completion of the medical clearance and fit testing qualified employees in the Environmental Division to use the N-95 respirator. This certification is required to meet OSHA requirements.

During late 2014 into 2015, EBOLA became a worrisome health issue. The department worked with inter-departmental and inter-agency groups to develop procedures to respond to possible cases. While there were no EBOLA cases in Waterbury, the department did monitor two travelers coming to Waterbury from countries with EBOLA outbreak.





Infant Immunization Action Plan Program

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 and improve immunization coverage rates for Waterbury children.

The IAP Program has improved community-wide immunization coverage rates for Waterbury children, twenty-four months of age by participating in the statewide implementation of the Connecticut Immunization Registry and Tracking System (CIRTS.) Various reports, generated by CIRTS, are used to locate Waterbury children who appear behind on their immunizations. The IAP program is often successful in linking children back to a medical home where immunizations can be updated and continuity of care can be achieved. IAP staff works closely with Waterbury pediatric offices to ensure the timely and accurate reporting of all infant shots to CIRTS. This includes training, troubleshooting, data entry, and utilization of several methods for reminder/recall systems to improve rates.

The immunization coverage rate for all recommended infant shots has steadily increased over the past several years, from 65% in 2002 (prior to full implementation of CIRTS) to 86% in 2014. The implementation of new web-based immunization registry system continues to expand, as more Waterbury several pediatric practices were trained throughout 2014 and 2015.

Pediatric health care providers and other health facilities are supplied with free 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 free vaccine. Twelve site visits will be completed in 2015.

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.





Positive Parenting

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 their 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 support, education and encouragement.



Jennifer

My name is Jennifer and I enrolled in the Positive Parenting Program about 1 year ago. Claudia is my Case Manager. She enrolled me when I was 6 months pregnant and living in a transitional residential facility in Waterbury. With my baby's due date approaching, I had no plan of where I was going to live and how to support my child. Positive Parenting provided me with the resources and encouragement to move forward and eventually find childcare and employment. My Case Manager Claudia gave me the support I needed and is consistently there for me and my baby. Claudia worked with me to find an apartment that was safe and affordable. I am currently living on my own with my daughter. I have enjoyed coming to monthly groups to meet other moms and keep updated on new information.

Honestly, as I sit here and think, I really don't know where I would be without this program. I am blessed to have Positive Parenting and my Case Manager Claudia in my life.

Home Visits Conducted	860
Average Monthly Caseload	28
Support Groups Held	9



Women, Infants and Children (WIC)



The Connecticut Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded nutrition assistance program administered

by the United States Department of Agriculture (USDA) and Food and Nutrition Services (FNS). WIC serves low-income, nutritional at-risk prenatal, post-partum breastfeeding and non-breastfeeding women, infants, and children up to five (5) years of age.

The Waterbury WIC Program aims to provide health leadership in promoting health and improved nutritional status of Connecticut's families by providing nutrition education, breastfeeding promotion, supplemental nutritious foods and partnerships, and referrals to other public and private community groups.

The Waterbury WIC Program continues to collaborate with the Naugatuck Valley Health District and maintain the Seymour WIC office, along with satellite offices in Shelton and Naugatuck. The Waterbury WIC Program provides WIC services for the following cities and towns: Ansonia, Beacon Falls, Derby, Middlebury, Naugatuck, Oxford, Prospect, Southbury, Waterbury, Watertown, Wolcott, and Woodbury.

Waterbury WIC strives to offer excellent customer service to participants in combination with offering nutrition counseling and supplemental foods and referrals.



Monthly Participation by Race / Ethnicity Federal Fiscal Year 2015

	Quarter 1			Quarter 2		
	Oct	Nov	Dec	Jan	Feb	Mar
Hispanic	2,479	2,358	2,415	2,347	2,268	2,340
Non-Hispanic Whites	1,009	988	980	938	897	949
Non-Hispanic Blacks	743	706	703	677	643	653
Non-hispanic, Other Races	154	155	157	154	158	154

Source: Susan J. Hewes, MPH Racial/Ethnic Participation- FNS 191- WICP3002



Health Care And Support Services

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 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."

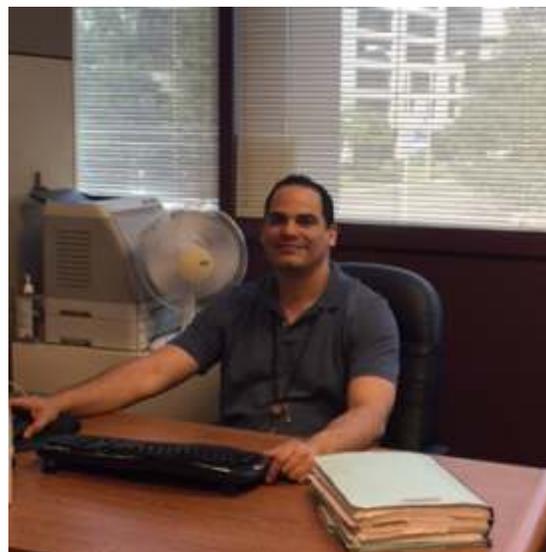
Waterbury Health Care and Support Services

Our services include but are not limited to:

Provider Ryan White Part B

- Client Advocacy
- Assistance with receiving health care
- Assistance with basic needs such as food, shelter and transportation
- Support group referrals
- Assistance with financial entitlements and emergency financial assistance
- Assistance with health insurance premiums and co-pays (must qualify)
- Connecting clients to legal services
- Bi-Weekly support groups
- Connecting the client to Primary and Specialty Care
- Medical Transportation Services
- Referrals to mental health and substance abuse counselors/programs
- Referrals to dental services and nutritional services

Client Encounters	778
Emergency Financial Assistance	113
Medical Transportation Services	35



**Medical Case Manager
Luis Santiago**



**PAL Summer Interns at Career Academy
Ramona Ramsarran (human services strand, interested in psychology) &
Danielle Moring (health career strand, interested in medicine)**



Waterbury Healthy Homes Program

Waterbury Healthy Homes Program (WHH) is funded by the Office of Healthy Homes and Lead Hazard Control (OHHLHC), U.S. Department of Housing and Urban Development (HUD), that will provide funding assistance to eligible property owners for lead abatement and healthy homes intervention. WHH received a total amount of \$2,475,000. Of the \$2,475,000, \$2,375,000 was awarded for Lead Hazard Control and \$100,000 of the Healthy Homes Supplemental funding was awarded for Healthy Homes intervention. The grant performance period is from November 1, 2011 through October 31, 2014.

Target Area and Population

Waterbury, incorporated in 1853, is the fifth largest city in Connecticut and the home for nearly 107,271 (2010 US Census) citizens of diverse ethnic (45.5% White, 31.2% Hispanic/Latino, 20.1% Black/African American, and 3.3% other race), cultural and religious backgrounds. Just like the other old industrialized cities in the northeast region, the city is suffering with declining industry and high unemployment, with a profusion of low-income residents residing in the inner city neighborhood. Because of its long history, approximately 75% of the housing stock was constructed prior to 1978 and nearly 40% was pre-dated before 1950.

Program Goals

Specific goals for WHH included: (1) Enhancing partnerships with community and faith-based organizations to identify at risk children and properties in which they reside; (2) Conducting community outreach & education with partnering agencies to inform the people within targeted communities of the hazards of lead and create awareness to WHH programs; (3) Increasing the number of blood lead screening in children under the age of 6 to enable early detection of Elevated Blood Lead Levels (EBLL); (4) Increasing the number of lead-safe housing units throughout Waterbury to eliminate the risk of EBLL in children; (5) Providing "Lead-Safe Work Practices" training to targeted workforce groups to create employment opportunities to low income individuals within Waterbury; (6) Maintaining the "lead-safe housing registry" to allow potential tenants and families of children with EBLL to find and locate lead safe housing; and (7) Promoting and developing the "Healthy Home Program" in conjunction with lead hazard control work to address the overall safety of the housing units within the City of Waterbury.

Program Accomplishment

During the three-year grant performance period, Waterbury Healthy Homes not only reached, but exceeded the benchmarks set forth in the work plan. As of October 31, 2014, Waterbury Healthy Homes completed 212 units of risk assessment; 177 units of lead abatement; 68 community outreach and educational events, including outreach to a total of 109,897 individuals; and finally, conducted 12 skill training workshops either in house or in collaboration with other agencies that have reached out to a total of 175 individuals in the following categories: low-income individuals, property owners / tenants / remodelers, renovators / maintenance workers, lead-based paint contractors, and staff.

Among the 177 units (162 families) receiving funds from Waterbury Healthy Homes for lead abatement, 138 units (78%) were constructed pre-1940, 9 units (5%) were constructed between 1940 to 1950s, and 30 units (17%) were constructed between 1960 to 1977 (Table 1). Eleven units are single family dwellings and 166 units are multi-family dwellings (Table 2). As for occupant information of units completed by Healthy Homes, there were a total of 318 occupants residing in these units when lead hazard control work was initiated. Among those 318 occupants, 73 (23%) were children less than 6 years of age, 52 (16%) were children under 6 years of age and receiving State Medicaid assistance, and 193 (6%) were either children greater than 6 years of age or adults. As for ethnicity break down for the population that WHH served, among these 73 children under the age of 6, 34% were Hispanic, 9% were Black, and 57% were identified as more than one ethnicities. Among those 193 individuals age 6 and older, 7% were White, 26% were Hispanic, 7% were Black, and 60% were identified as having more than one ethnicity (Table 3 & 4).

Information with regards to blood lead level (BLL) for children under age of 6: of those 52 children under 6 years of age, 45 of them had BLLs under 10 $\mu\text{g}/\text{dl}$, 4 of them had BLLs between 10 to 19 $\mu\text{g}/\text{dl}$, 2 of them had a BLL greater than 20 $\mu\text{g}/\text{dl}$, and 1 child had no BLLs information upon the time of property enrollment. Through providing families with lead safe environment, WHH has observed a downward trend of BLLs for children residing in these units that received the lead abatement funding. There are two children with BLL of 42.3 $\mu\text{g}/\text{dl}$ (date of blood sample: 6/18/2012) and 28 $\mu\text{g}/\text{dl}$ (date of blood sample: 6/28/2013), respectively. At the subsequent blood lead level testing, the new BLL



Waterbury Healthy Homes Program

of the child with 42.3 µg/dl went down to 15 µg/dl (date of blood sample: 15 µg/dl); and the new BLL of the child with 28 µg/dl went down to 8 µg/dl (date of blood sample: 9/25/2014). The significant reductions of the BLLs in these two children were attributed to the lead hazard control funding.

Stimulating the local economy was also one of the WHH priorities, during the grant performance period, 6 jobs were created as a result of the funding award.

Capacity Building

To enhance local capacity building, in November of 2012, WHH in collaboration with other partners, formed the Waterbury Healthy Homes Coalition with a mission of improving health outcomes by increasing availability of healthy housing stock. Moreover, with growing prevalence of housing related illnesses and injuries, WHH is planning to continue to provide Healthy Homes assessment for all eligible units to identify and remediate 29 housing related health and safety hazards in the next three-year grant performance period.

Summary

The funding award required WHH to complete 180 Paint Inspection Risk Assessments, complete/clear 173 units of lead based paint hazards, conduct 173 Healthy Home assessments by using the Healthy Homes Rating System (HHRS), conduct 65 community outreach and educational events, and provide 10 skills training workshops. At the closing of the grant, WHH not only met the requirements of the benchmarks, According to the OHHLHC quarterly assessment reports, WHH has been receiving performance ratings of 100 out of 100 points since July of 2013. As of June 15, 2014, WHH received applications for 287 units (90 properties); enrolled 177 units; completed lead risk assessments and HHRS for 212 units; cleared 155 units; conducted 64 outreach and educational events, provided 11 skill training workshops and 22 units are under construction. It is estimated that by September 30, 2014, WHH will complete and clear 177 units, which exceeds the benchmark by 4 units. As a result, the Lead Hazard Control funding has made 397 lead safe units available in the City of Waterbury, as well as making positive impact in reducing blood lead level in poisoning children and preventing new cases in the City of Waterbury.

Table 1: Units Completed Lead Abatement by Year Constructed

Year Constructed	Number of Unit	Percentage
Pre-1940	138	78%
1940 to 1950s	9	5%
1960 to 1977	30	17%
Total	177	100%

Table 2: Units Completed by Single vs. Multi-Family Dwelling

Dwelling Type	Number of Unit	Percentage
Single Family Unit	11	6%
Multi-Family Unit	166	94%
Total	177	100%

Table 3: Individuals Served by the Program by Ethnicity - Children Under Age of 6

Ethnicity	Percentage
White	0%
Hispanic	34%
Black	9%
More than one ethnicities	57%
Total	100%

Table 4: Individuals Served by the Program by Ethnicity - Children Under Age of 6

Ethnicity	Percentage
White	7%
Hispanic	26%
Black	7%
More than one ethnicities	60%
Total	100%



HIV/AIDS Prevention Program

In 1986, the Waterbury Department of Public Health began HIV Prevention Education services throughout the Waterbury area. There are several components within 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/her 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 ORASure, OraQuick Advance (Rapid Test) and the Clearview tests are used. An HIV Counselor will determine which test is the most appropriate for a client. All Prevention Program Staff are certified on Clearview (Testing/detection of antibodies to HIV 1/2 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 Counselor/educators :

- Conduct educational HCPI and CTR throughout the greater Waterbury area on a daily basis.
- Conduct Urine Based Screenings for chlamydia and gonorrhea.
- Conduct Blood draw screenings for syphilis.
- Conduct Hep C screenings.

Annual Event Highlights

HCPI and CTR presentation at River-Baldwin Recreational Community Center, National Latino AIDS Awareness Day, October 15, 2014

HCPI and CTR presentation at Waterbury Armory Annual Homeless Connect Health Fair, October 17, 2014

HCPI and CTR presentation at First Congregational Church Annual World AIDS Day December 1, 2014

HCPI and CTR presentation at Annual Black AIDS Awareness Day, February 6, 2015

HCPI and CTR presentation at Stone Academy Annual Health Fair, March 19, 2015

Participated in the AIDS Awareness Day at the Capitol, Hartford, CT, May 19, 2015

HCPI and CTR presentation at Annual AIDS Health Fair, South Congregational Church, June 6, 2015

Participated/organized Waterbury Annual HIV/AIDS Community Walk June 20, 2015, over 200 people attended from the Greater Waterbury community.



Services and Encounters	Clients
Outreach, Testing & Linkage Referral Services	445 HIV tests performed
Outreach and Recruitment Services	16,909 consumers reached
Health Communications & Public Informational Groups	2043 consumers reached
UBS	96 tests performed



HIV/AIDS Prevention Program

HIV/AIDS Programs administered through the Torrington Satellite Office include **Health Care and Support Services (HCSS)** and **HIV Prevention**. Although these programs are unique in their individual activities and functions, they are connected by a common goal; to reduce the spread of HIV in the community.

One of the most important goals of the HCSS Program is to keep HIV positive people connected to health care services in order to achieve the best possible health outcomes. Compliance to health and medication regimens significantly improves immune function and reduces the likelihood that HIV will be transmitted to others.

Our Medical Case Manager (MCM) assisted 39 clients during the past year through the development of personalized care plans aimed at identifying and resolving unmet needs. Some of the services provided include: scheduling and coordination of medical appointments, assistance navigating changes in health care to ensure health care coverage for all clients, assistance with the completion of applications for housing and social services programs, initiation of appropriate referrals, and help securing basic needs such as food and clothing.

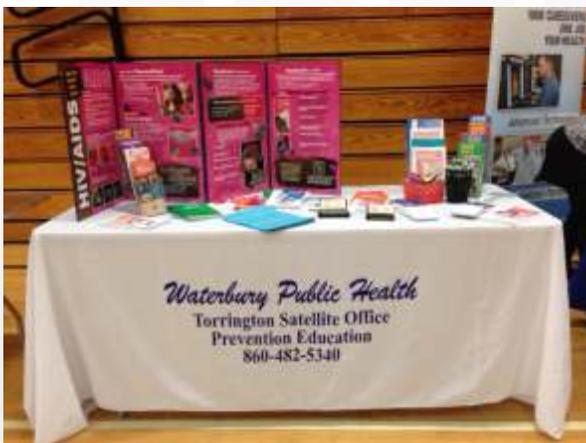
Outreach, Testing, and Linkage to care (OTL) is an HIV Prevention initiative aimed at reaching the community we serve with information about HIV - how it is transmitted, how it can be prevented, and how we can help by offering free and confidential HIV testing. For any

client who should test HIV positive, we are able to offer immediate linkages to medical case management, health care, and partner services.

Since our program is aimed at serving the people of Litchfield County, in addition to the extensive collaboration between this office and numerous health care and social services providers located in the greater Torrington area, we also reach out to providers located in more rural towns such as Kent, Sharon and Cornwall. These established relationships are of great importance to the program because they are the basis for initiation of appropriate referrals into and from this program.

Statistics and Notable Activities (July 1, 2014 – June 30, 2015)

- Clients who received MCM services: 39
- Number of HCSS client services provided: 514
- Consumers who requested HIV testing: 101
- Approximate number of outreach contacts: 1800
- New OTL testing site: New Opportunities, Torrington Office, July 2014
- Office Relocation (222 Prospect Street, Torrington): August 2014
- Project: Quality Management Plan Update, May 2015
- World AIDS Day event: Community Soup Kitchen of Torrington, December 1, 2014
- Veterans Stand Down Event: April 22, 2015





Adult Immunization Clinic

The Adult Immunization Clinic continues to provide services to Waterbury residents and residents from the surrounding towns who are 18 years or older. The number of Tdap (Tetanus, Diphtheria and acellular Pertussis) vaccinations administered decreased by 25%. The State provides this vaccine through the "Cocoon Program" which encourages all persons who have close contact with infants to be vaccinated for pertussis. This is the only vaccine provided by the State at a reduced cost.

All other vaccines are now purchased privately which has increased the cost of vaccine administration substantially. This increase in fees could explain the decrease in the number of residents receiving other vaccines.

The increase in Hepatitis B vaccine administration is the result of a clinic provided to a local laundry service to immunize their employees. We will continue to offer and improve the immunization status of adults through our adult immunization clinic services.

Vaccines Provided	Total # Given 2013-2014	Total # Given 2014-2015
Hepatitis B	22	28
MMR	20	12
Varicella	18	8
Menactra	9	0
Tdap State Provided	4	3
Tdap	20	1
Td	6	0
PPD	7	2
Total Patients Seen	103	50
Total Vaccines Administered	108	51
Revenue Received	\$5,026.00	\$3,195.00





School Health

The Waterbury Public Health Department in conjunction with the Board of Education provides nursing services to the parochial, private and public schools within the City of Waterbury. The Nursing division in the WPHD consists of three nursing supervisors, a school medical advisor, school nurses, and public health aides, audiometric and clerical personnel.

This year the School Nurses were recognized by Mayor Neil M O'Leary in a special proclamation recognizing the vital role school nurses have played enhancing the lives of millions of children for the last 111 years! The Republican American wrote a feature article on school nursing and Lois Mulhern, School Health Coordinator, was a guest on the radio show "Talk of the Town". The topic was "Contemporary School Nursing". Finally, a booklet was created based upon the 2015 nomination to the Waterbury Hall of Fame.

Our goal is to be able to:

- Provide an RN at every school, every day.
- Provide emergent care.
- Administer immediate first aid and medications.
- Educate students about wellness
- Perform daily medical procedures such as urinary catheterizations, tracheotomy care, nebulizer treatments, blood glucose checks and gastrointestinal tube feedings by providing professional nursing care.

School Health Statistics	
2014-2015 Student Enrollment	approx 23,000
911 calls initiated	99
Medications Given	44,290
Illness First Aid Visits	187,204
Returned to Class	177,748
Special Procedures	18,930
Lice Checks	9,353

FROM THE DESK OF THE SCHOOL MEDICAL ADVISOR

As the School Medical Advisor for the City of Waterbury, I have had the privilege of being involved in the overall health of the children in the Waterbury Schools.

As part of the School Health and Wellness Committee, I provide input into the school policies for nutrition, obesity, mental health, absenteeism and medications that need to be given in school. The committee this year has been expanded to include any community organizations that service the schools.

I have worked with the school nurses to solve problems of feeding, diabetic care, asthma and field trips. We have developed medical care plans that meet the needs of each individual student so that they may attend school with the least restriction to their education.

This year, the second school based health center in Waterbury has opened in the Wallace-Crosby complex. It operates independent of the education and health departments by the Stay Well Health Center. I am happy to have been told that it has gotten off to a good start.

I look forward to contributing to the Waterbury school children's health and wellness for the 2015-2016 school year.

Respectfully,

Dr. Michael Rokosky
School Medical Advisor

School Children Immunization Statistics	
Lois Mulhern RN BSN NCSN • June 30,2015	
Students immunized	600
Immunizations Given	1320



School Health

Conservation of Hearing Program - 2014-2015 School Year

Linda Egan, Audiometrist

School	# Students Tested	# Absent/# Refused	#Under Care	# Brought U/C Post 1st Screening	# Retested	# Referred	# Brought U/C Post Referral
Bucks Hill	0	0	0	0	0	0	0
Bunker Hill *	271	3	5	0	9	0	0
Brass City	78	0	0	0	5	1	0
Carrington	178	0	7	0	8	4	4
Chase	0	0	0	0	0	0	0
Driggs*	340	4	4	4	9	0	0
Duggan*	198	5/A 1/SR	1	1	10	0	0
Generali*	390	0	6	1	15	6	0
Gilmartin	207	2	4	2	8	1	1
Hopeville	337	0	5	1	13	9	5
Kingsbury	277	2	6	1	14	2	2
Reed	193	0	3	1	15	3	2
Regan	174	0	1	0	9	5	3
Rotella	350	0	13	2	13	3	1
Sprague	259	0	9	0	16	5	5
Tinker*	320	1	3	0	6	0	0
Walsh	277	0	2	0	5	1	0
Washington	224	0	0	1	8	3	3
W. Cross*	201	0	7	2	8	3	0
Wilson	181	0	2	0	10	3	2
Alpha Omega	12	0	0	0	0	0	0
B. Sacramento	93	0/2PR	3	1	3	1	1
Mt. Carmel	108	0	3	0	5	2	0
St. Mary*	122	0	3	1	3	0	0
SSPP	97	0	2	2	3	1	1
CCS	74	0	1	0	7	2	1
Yeshiva*	171	0	3	1	2	1	0
NEMS	286	1	2	0	14	6	0
Wallace	349	1	3	0	9	4	1
WAMS	116	0	2	1	5	2	0
Westside*	293	2A/1SR	3	0	8	2	0
Enlightenment	0	0	0	0	0	0	0
TOTALS:	6,176	21A/4R	103	22	240	70	32
		#Absent: 21 #Refused:4 2:Parental 2:Student	1.6% Under Care Prior to Testing	9% of Retested Received Medical Care Post 1st Test	3.9% Retested	29% Students Failed the Retest	46% of Referrals Brought Under Care

* Schools serviced in May or June



STI

**Lucille Moschella, R.N., BSN
Program Coordinator**

The Waterbury Health Department – STI Clinic (Sexually Transmitted Infection) continues to provide STI testing and treatment to Waterbury residents and residents from surrounding towns.

In reviewing the clinic activities we experienced a 13% decrease in clinic attendance even though we had a 3% increase in clinics held. This 13% decrease can be attributed to patients seeking care elsewhere and the overall decrease in the incidence of chlamydia and gonorrhea. Most of the clinic activities decreased in percentages except the number of HIV tests administered, increasing by 2% and the number of express visits performed, increasing by 21%.

During this fiscal year, the number of gonorrhea cases has decreased both in the health department clinic and in surveillance reports for the City of Waterbury. Chlamydia cases have also decreased within our clinic and within our surveillance for the City. Our efforts to increase partner treatment have increased by providing education and stressing the need for partner examination and treatment through our Extended Partner Therapy provision.

During this reporting period, the Waterbury Health Department – STI Clinic provided an observation opportunity for student physician assistants and medical residents from St. Mary's Hospital. This opportunity provided them with exposure to the services we provide through the clinic and the total management of STI's including; history taking, examination and testing, patient counseling and education, partner identification and treatment.

Our goal to decrease the incidence of Sexually Transmitted Infections will continue to be our major focus for clinic services and to provide STI information and education to promote prevention of STI's.

STI Clinic Activity Report

	<u>'13-'14</u>	<u>'14-'15</u>
STI clinics held	91	94
Patients seen within the STI clinic	415	361
Patients deferred	82	15
Hepatitis vaccines administered	110	67
HPV (Gardasil) vaccines administered	119	50
Cases of gonorrhea diagnosed	22	16
Cases of chlamydia diagnosed	41	29
Primary cases of syphilis seen	0	0
Secondary cases of syphilis seen	4	0
Early latent cases of syphilis seen	1	1
Late latent syphilis cases treated	2	5
HIV tests performed	256	263
HIV cases diagnosed	0	1
Genital herpes cases	7	0
New cases of HPV	17	9
Follow-up cases of HPV seen	14	14
Cases of Vaginitis diagnosed	5	5
Full male examinations	169	133
Express male examinations	93	117
Full female examinations	63	47
Express female examinations	30	28
Total revenue received *	\$756.00	\$797.00

**STI Surveillance for the
City of Waterbury**

	<u>'13-'14</u>	<u>'14-'15</u>
Sexually Transmitted Infections		
Gonorrhea Cases	238	151
Chlamydia Cases	849	628
Syphilis		
Primary and Secondary cases of syphilis	6	5
Early latent cases of syphilis	2	2



Tuberculosis Control Program

The Tuberculosis Program, in association with the St. Mary's Hospital Pulmonary Department, Dr. Beri and Dr. Zhang, continues to provide medical services for the care and follow up of persons with active Tuberculosis Disease and Latent Tuberculosis 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 clinic was relocated to the Surgical Suite, #308, within the Medical Building as planned. The surgical staff welcomed our clinic and fostered a smooth transition for our patients.

Forty-six (77%) of the Connecticut TB cases reported during the 2014/2015 fiscal year, were among persons born outside the United States or Puerto Rico. Foreign-born persons came from 21 different nations. Countries with 5 or more cases included Haiti, China and India.

Connecticut cases were reported from 34 different towns. There were 3 towns reporting 5 or more cases. The City of Waterbury remains within the 1-4 cases per 100,000 population category.

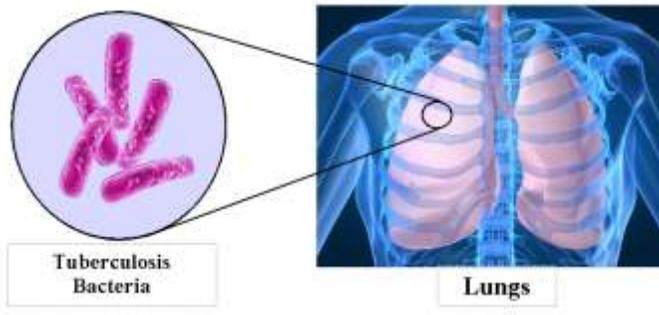
Program Highlights

- Administration of P.P.D. skin tests to 368 clients
- Latent Tuberculosis infection evaluation and follow up provided to 178 client encounters
- Tuberculosis Disease evaluation and follow up provided to 16 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 Tuberculosis case management services \$6,859.41

5 Facts about T.B.

- TB is contagious and spreads through the air; if not treated, each person with active TB infects on average 10 to 15 people each year
- 2 billion people — one third of the world's population — are infected with TB bacilli, the microbes that cause TB.
- TB is a worldwide pandemic; though the highest rates per capita are in Africa (29% of all TB cases), half of all new cases are in 6 Asian countries — Bangladesh, China, India, Indonesia, Pakistan and the Philippines
- 1 in 10 people infected with TB bacilli will become sick with active TB in their lifetime;
- People with HIV are at a much greater risk of TB infection

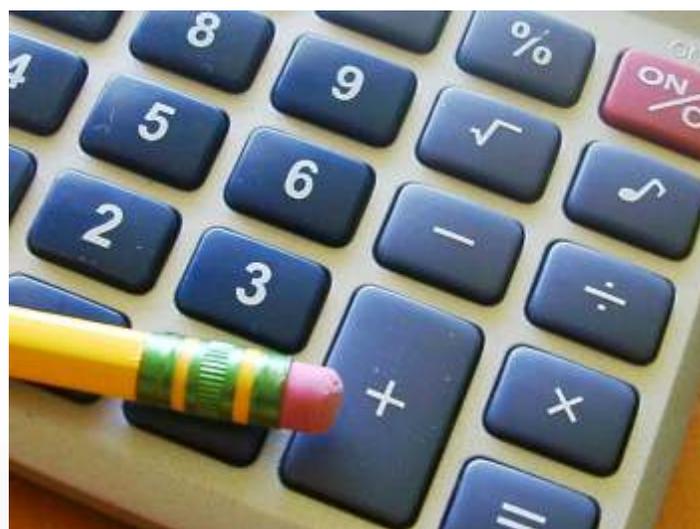
World Health Organization





Operating Budget

The WHD effectively managed 15 different budgets totaling more than \$6.9M in local, state and federal funding during FY '15. All grant employees are funded through state and federal dollars. All General Fund employees are hired through the Civil Service process and are strictly funded through the City of Waterbury General Fund.



Operating Budget: ...\$6,999,444

Revenue

Grant Funds

State & Federal\$2,673,347

General Funds\$4,326,097

Expense Allocations

Personnel

General Funds:.....\$4,206,336

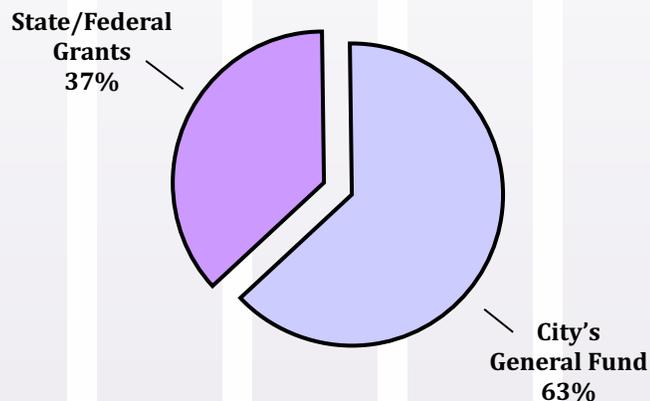
Grant Funds:.....\$2,316,319

Capital

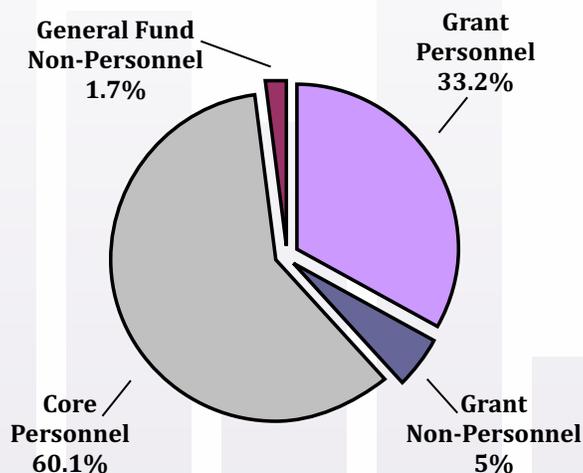
General Funds:\$119,761

Grant Funds:.....\$357,028

Operating Budget \$6,894,597



Expense Allocations





Directory

Administration

William Quinn,
Director of Public Health

Patricia Kiesel,
Acting Assistant Director of Public Health

(T) 203-574-6780
(F) 203-597-3481

AIDS Prevention (Waterbury)

Samuel Bowens
(T) 203-574-6883
(F) 203-574-8202

AIDS Prevention & CARE Program

(Torrington)

Lynn Hillman
(T) 860-201-3954
(F) 860-482-5350

AIDS Health Care & Support

Joyce Boone
(T) 203-574-6994
(F) 203-573-5071

Children's Immunizations

Randy York
(T) 203-346-3907
(F) 203-597-3481

Childhood Lead Poisoning Prevention

Richard Lee
(T) 203-573-5077
(F) 203-346-2644

Emergency Preparedness

John Bayusik
(T) 203-346-3907
(F) 203-597-3481

Environmental Health

Richard Lee
(T) 203-346-3903
(F) 203-346-2644

Positive Parenting

Janine Altamirano
(T) 203-597-3417
(F) 203-573-5073

Public Health Nursing

Patricia Kiesel
Luci Moschella
Lois Mulhern
(T) 203-574-6880
(F) 203-597-3481

Healthy Homes

Francis Ford
(T) 203-573-5072
(F) 203-573-6677

WIC

Kara Vendetti
(T) 203-574-6785
(F) 203-573-6065

Celebrating 111 Years of Waterbury School Nursing



1904 - 2015

