

CITY OF STAMFORD
DEPARTMENT OF HEALTH & HUMAN SERVICES
Protecting the Public's Health

Annual Report

July 1, 2022, to June 30, 2023



The Department of Health and Human Services works to improve the health and safety of those who live and work in City of Stamford by applying the basic principles of health promotion and disease prevention through the programmatic activities undertaken by the department. The local director of health or his authorized agent or the board of health shall enforce or assist in the enforcement of the Public Health Code and such regulations as may be adopted by the Commissioner of Public Health.

The department underwent a strategic planning process in the spring of 2023 to update its vision, mission and values. Strategic priorities and related objectives were set.

The Department's Vision

Achieving healthy and safe outcomes for the community we serve.

The Department's Mission

Promote and protect health, wellbeing, and quality of life through advocacy, collaboration, practice, and education.

The Department's Values

We use an equity lens in all we do

We strive to be a trusted source of information and response

We maintain excellence through continuous performance improvement

We work with and care for our community

We are caring and respectful in our approach

We hold ourselves accountable

The State of Connecticut's General Statute 19a-207a requires that all Departments of Health engage in the *Ten Essential Services (ES) of Public Health*. These 10 ES are grouped into these major areas:

- I. **Assessment**
 1. Monitor Population Health
 2. Investigate and Address Health Hazards
- II. **Policy Development**
 3. Effective Health Communication
 4. Mobilize Community & Partnerships
- III. **Assurance**
 5. Develop Policies
 6. Enforce Laws and Regulations
 7. Ensure Equitable Access to Health Care
 8. Assure a Diverse and Skilled Workforce
 9. Evaluation, Research and Quality Improvement
 10. Support a Strong Public Health Infrastructure

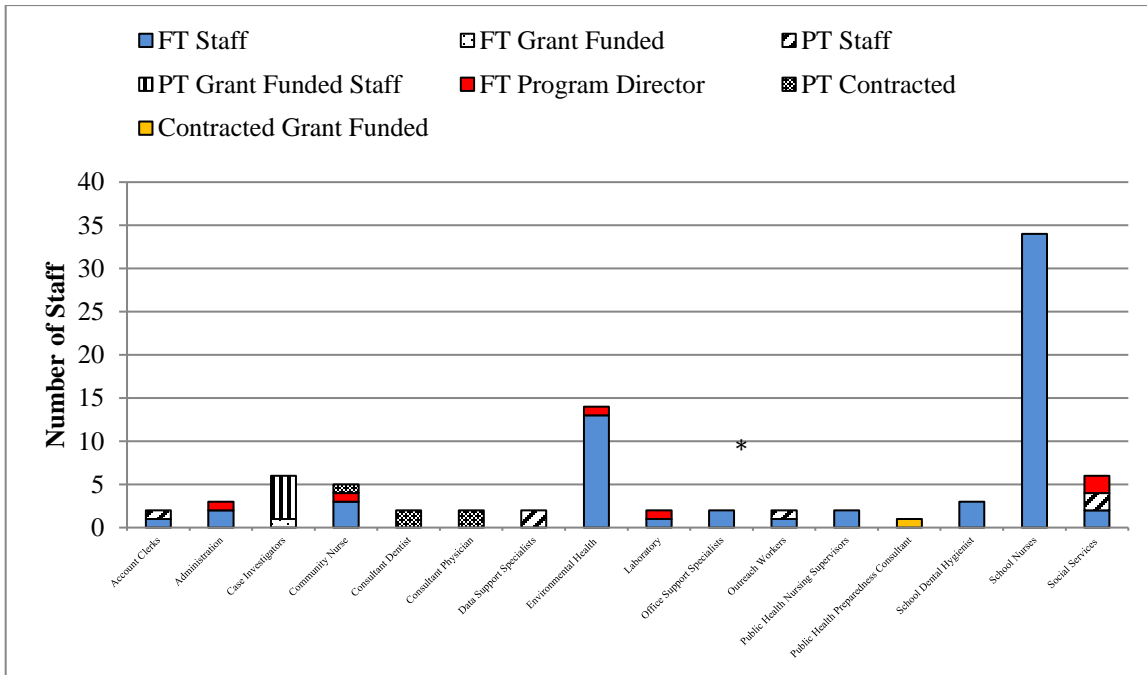
Through its, vision, mission, and values, the Stamford Department of Health and Human Services aligns its activities with these ten essential services. Additionally, the department worked in tandem with Stamford Health (Hospital) to create the 2023 Community Health Needs Assessment (CHNA) and subsequent Community Health Improvement Plan (CHIP). The

Director and other staff members continue to participate in the work of the CHIP and track the progress on all measures.

Staffing

In fiscal year 2022-2023, 88 positions were in place in the Stamford Department of Health & Human Services. Figure 1 below demonstrates the staffing levels by program when fully staffed.

Figure 1. Stamford Department of Health Staffing by Program Fiscal Year 2022-2023

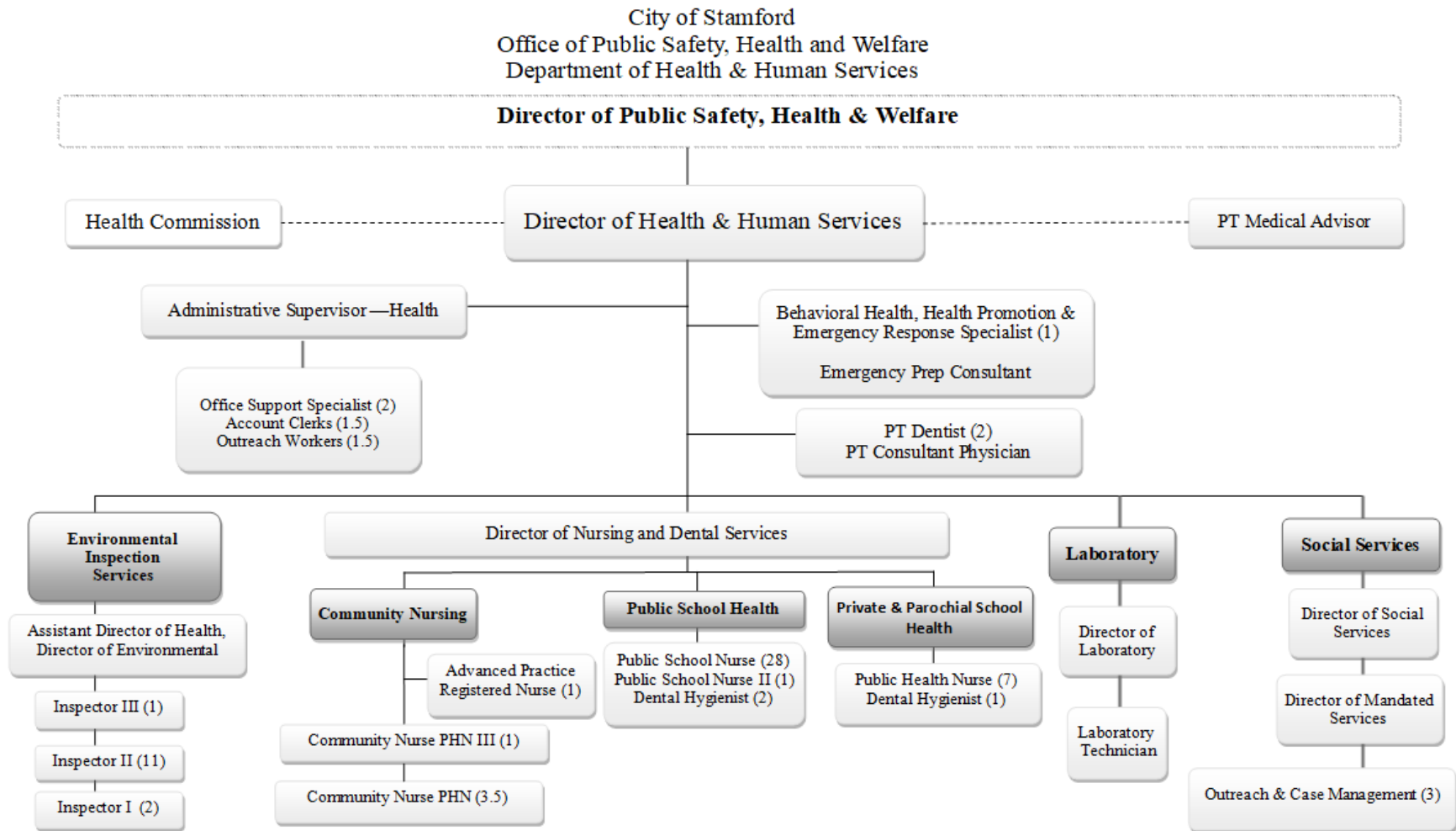


The department is overseen by the Director of Health and Human Services with support from a part-time Medical Advisor. The Director of Health and Human Services reports to the Director of Public Safety, Health, and Welfare with support from the Health Commission. The department consists of the Environmental Health & Inspections, Nursing & Dental Services, Laboratory, and Social Services Divisions, and Health Promotion and Emergency Preparedness and Response Programs. The Administrative Supervisor and her team support the work of the entire Department.

The Department has realized staffing challenges in nearly all areas. Losses due to resignations, retirements, medical leaves, and professional shortages have impacted the leadership team who have had to maintain the same level of response with fewer staff.

Figure 2 shows the organizational chart for the department. Some grant funded temporary staff such as the case investigations team are not included on the chart.

Figure 2. Stamford Department of Health & Human Services Organizational Chart Fiscal Year 2022-2023



Administration

In July 2022, the Administrative Assistant was upgraded to Administrative Supervisor – Health to reflect the role and responsibilities of the position more accurately. The administrative division works to enhance departmental procedures, systems, and customer service efficiencies.

In October 2022, the department reopened the 8th floor reception area to increase response to residents and visitors. The department also made structural improvements to create adequate space for staff to work comfortably with members of the public regarding plan reviews, licensing, permitting, trainings, and complaint investigations. In January 2023, the City's administration addressed overlapping properties which gave the Director of Health more responsibilities by rejoining the Department of Health with Social Services. As the department welcomes Social Services back, planning meetings have begun to bring their office down to the 8th floor, providing more support and better efficiency.

Part-time Data Support Specialists are dedicated to transferring historical data into the ViewPoint Cloud database, assist establishment owners to register accounts for licensing and permitting, address any discrepancies with accounts, and track delinquency payments owed to the department. Through this process the department has been able to educate external users to be self-sufficient in managing licensing and permitting applications, improve interdepartmental processes, and ensure program financial accounts are current and in good standing.

The continued enhancement of city systems allows for interdepartmental communication, transparency, and record retention. The Administrative Supervisor continues to spearhead the licensing and permitting system as the department seeks to transition to another vendor platform. The current system ViewPoint Cloud is limited in functionality of inspections, record retention, and status features, which led to the decision being made to work with another vendor, OPAL (Online Permitting and Licensing). Through the transition, the department seeks to reinstate inspection results being available to the public on the City's website in the year of 2024.

As the department and technology continues to evolve, the Administrative Supervisor updates and creates policies & procedures for division programs; providing clear and uniformed processes for how the department envisions conducting business.

Department of Health and Human Services participate in many community coalitions and partnerships.

Mental Health and Wellness

The Youth Mental Health Alliance (YMHA) a coalition of the Mayor's Office, Dept of Health and Human Services, Health Commission, Stamford Public Schools. Vita Health and Wellness Partnership (and over 30 community agencies) formed to spur a community-based awareness and response to the mental health crisis among youth with an emphasis on universal promotion of mental health wellness, prevention, early intervention, and targeted services/care coordination dovetailed into the existing or newly created mental health infrastructure. The Department supports the Alliance with participation by the Director as a lead facilitator and procuring grant

funding for community trainings and media communications. Many hours of staff time are dedicated to the Alliance by participating on workgroups and developing specific projects.

The Director of Health and Human Services and Director of Social Services, lead the Postvention team, responding to untimely deaths or death by suicide in the Stamford community.

In July 2021, the Department of Public Safety, Health and Welfare implemented a program to monitor air quality in the Stamford. Ten Purple Air Monitors, measuring PM2.5 levels, were acquired and installed at various sites throughout the city, with particular focus on areas with high asthma rates. The Department of Health and Human Services is responsible for management of the program, monitoring the data, and educating residents about the impacts of air quality. This program was especially helpful during the poor air quality the city experienced in June of 2022.

Additional programs are outlined later in the report.

Environmental Inspections

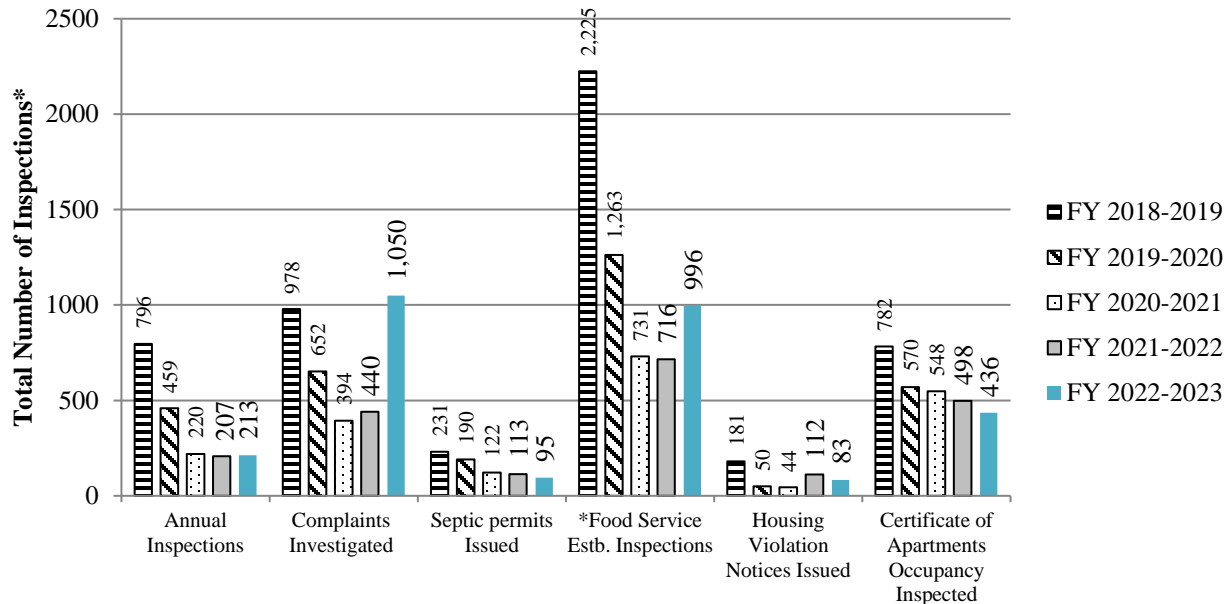
The Division continues to be short staffed, as there is a shortage of public health professionals especially in Environmental Health. As of June 2023, one Inspector I has obtained Food, Septic and Lead certifications. Currently, another Inspector I has obtained Septic and Lead certifications and is working on becoming certified in food inspections. The department continues to seek to fill Inspector II and III positions that are currently vacant.

The licensing and permitting program used by the Division is constantly being refined by the Administrative Supervisor to better be able to meet the needs of both internal and external users. Enhancements have been made to the licensing system to help all users navigate the database. Watermarks such as draft, void, and suspended, have been added to online system to preserve the integrity of the issued documents.

A new Food and Drug Administration (FDA) food code was adopted by the CT Department of Public Health in February of 2023. As a result, the FDA food inspection form has been created in ViewPoint Cloud pending approval for use from the CT Department of Public Health. This new FDA code focuses on public health risk factors and good retail practices. In addition, the adopted FDA food code discourages food inspection failures and concentrates on promoting education and food safety awareness among establishment owners, managers, and food workers.

The Environmental Inspections program addresses environmental issues that affect the health and safety of the public. These include but are not limited to issues related to housing, lead, radon, mold, asthma, air pollution, food, daycare, bedbugs, pools, weights and measures, rodent, septic, permits, stagnant water, water pollution, noise, and general complaints. In fiscal year 2022-2023, there were 2,873 environmental health related activities. Figure 3 below shows the five-year activity trends.

Figure 3. Environmental Health and Inspections Five-year Activity Trends



Includes repeat inspections.

Annual Inspections are conducted on Assisting living, Cosmetology/Personal Care, Daycares, Garbage Trucks, Hotels, Public Beaches, Rooming Houses, and Schools.

Complaint investigations are conducted throughout the year on a variety of issues including Air pollution, Bedbugs, Housing, Garbage, Lead and No Heat.

Septic permits are issued on subsurface sewage regarding new systems, additions, repairs, subdivision reserves, and code complying areas.

Food inspections are conducted throughout the year on all food establishments including retail establishments and temporary events.

Housing notices/orders are issued to owners or tenants who are in violation of the Connecticut Public Health Code, General Statutes of the State of Connecticut and Stamford City Code of Ordinances.

Certificate of Apartment Occupancy (CAO) inspections are inspections on structures that contain four (4) units or more and are at least 15 years of age or older.

There was a decrease of 26% in housing violation notices compared to the fiscal year 2021-2022. This decrease may be a result of homeowners becoming more aware of the proper housing code standards which promote safe living environments. Operation safe house inspections, which focus on illegal and unsafe housing matters, was reinstated in October 2022. This increased awareness regarding enforcement of housing code governing safe and healthy housing.

A certificate of apartment occupancy (CAO) inspection relies on owners calling to indicate that a dwelling-unit has been vacated, has been repaired or renovated, and is ready for inspection before a new tenant takes occupancy. As such, this type of inspection is based on the owner’s knowledge of the regulation and willingness to comply. There was a decrease of 12% compared to fiscal year 2021-2022, which may be a result of multiple family dwelling structures undergoing major renovations and therefore no longer require inspections or fewer apartment vacancies/reoccupations during that timeframe.

Under the State of Connecticut Public Act 17-93, enacted on October 1, 2017, food establishments are classified as Class I, II, III, V dependent upon the type of food prepared, served and sold and population served. The number of inspections required is based on classification. The division also manages vendors for temporary events and related inspections.

Temporary Food Service Establishment means a food service establishment that operates at a fixed location for a temporary time-period, not to exceed two (2) weeks, in connection with a transitory gathering. Much staff time is dedicated to this activity during the spring, summer and fall months to ensure public health and safety for attendees.

The 39% increase in food establishment inspections signals a return of inspection status closer to pre-pandemic levels and ability of staff to focus on completing inspections in a timely manner even with the implementation of new FDA standards for inspections.

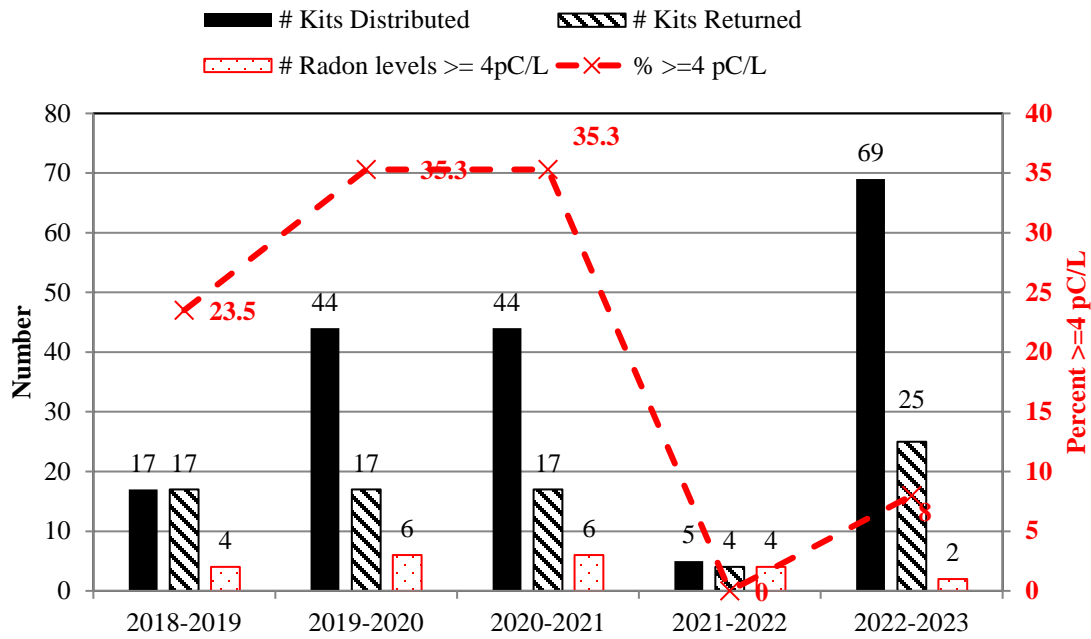
Radon Testing Program

In January 2022, the Department of Health in collaboration with the State Department of Public Health initiated the free voluntary Radon Testing program for home owners. Initially, radon surveillance was conducted during the months of January to March. In 2020, DPH changed this to an all-year activity.

The Stamford Department of Health and Human Services offers home owners free radon kits that the owner installs in his or her home to test the air for radon. The kits are returned to the Department of Health and Human Services where they are sent to a laboratory for testing. When the radon test results are equal to or higher than ≥ 4 pC/L; which is considered to be harmful, homeowners are given advice on how to remediate their homes.

Figure 4 below shows the radon results since voluntary testing started. Given that this is a convenience sample, the positivity rate may not be reflective of the actual positivity rate of homes in the city. The lower number of kits distributed in fiscal year 2018-2019 is most likely due to the fact that the radon public awareness activities did not occur that year. In 2020 outreach resumed and the number of kits requested increased by 158%. However, only 38.6% of the kits were returned compared to the prior two years. Numbers remained the same for 2020-2021. Response was very low in 2021-2022. The low level of interest in the program, highlighted the need to increase publicity of this important environmental health program. With increase publicity by CTDPH, Region 1 and Stamford Department of Health and Human Services, there was renewed interest in the program and 69 kits were distributed. Although participants are reminded to return the kit, less than half are returned for processing.

Figure 4. Radon Testing of Air Samples in Homes



Mosquito Control Program

The Environmental Health and Inspections Division inspects all reports of environmental areas and conditions that may potentially support the growth of mosquitoes. Whenever possible, inspectors take appropriate actions to eliminate mosquito-breeding sites and prevent the development of adult mosquitos.

The creation of a Mosquito Control Program within the Environmental Inspections Division has enabled the inspectors to more effectively eliminate mosquitoes and the diseases carried by them. Health promotion information to increase community awareness through education on how to reduce mosquito exposures and mosquito breeding sites around commercial and home environments is disseminated through the media.

In an effort to suppress the development of adult mosquitoes through the elimination of mosquito larvae, the city’s entire catch basin system is treated with a larvicidal product through the services of a contracted agent. Larviciding currently occurs four times per year to maximize the efficacy of the larvicide.

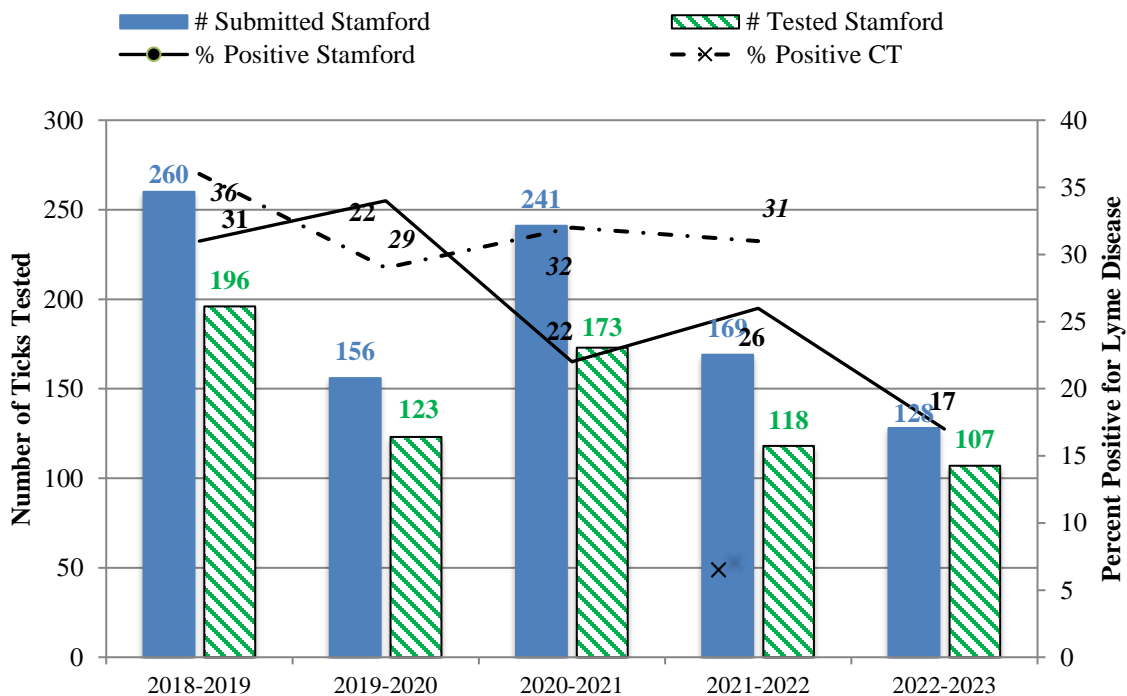
During the 2022-2023 fiscal year the program responded to 3 complaints involving mosquitoes and stagnant water.

Laboratory Division

The Laboratory provides supportive services to the various divisions of the Department of Health and Human Services. For example, the above programs, radon testing and larviciding, are managed as a collaboration between the laboratory and environmental health staff. The Laboratory Director assisted with the installment of the Purple Air Monitors and continues to manage the program. He also assists the public health clinic staff with vaccine management and response to reports of foodborne illness. Additionally, the laboratory conducts water testing, tick identification, facilitates animal rabies testing and tick testing for Lyme disease, and provides public health information to the citizens of Stamford. Through these activities, the Laboratory program supports essential services 1 to 3 and 6 to 8. Every year the laboratory also tests the beach waters weekly in Stamford beginning in May and continuing through Labor Day. A total of 313 beach samples were collected and tested in FY 2022-23. Based on test results, beaches may be closed to swimming and shoreline activities.

Figure 5 shows the five-year trend of *Ixodes scapularis* tick (a vector for Lyme disease) submissions and the percent that tested positive for Lyme disease. The rate of Lyme disease positivity in ticks collected in Stamford has traditionally been similar to the overall rate in the State of Connecticut.

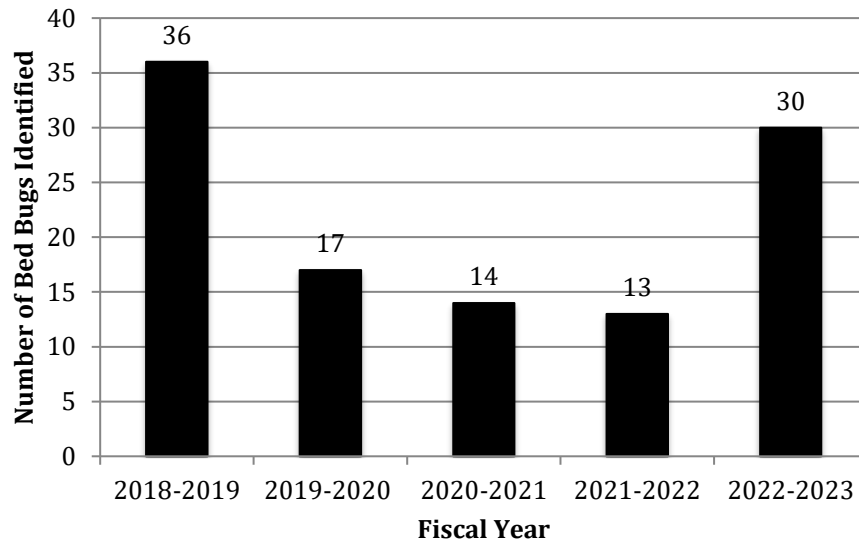
Figure 5. *Ixodes scapularis* Ticks Tested in Stamford vs. Statewide and Percent Positive for Lyme Disease



Bedbugs

Figure 6 shows the number of bedbugs identified over the past five years. Connecticut State Law requires landlords to remediate bedbug problems. Based upon complaints reported to the Department of Health and Human Services, environmental inspectors will perform a home inspection on rental properties and if bedbugs are found, issue orders to the landlords for extermination. Sometimes school staff will submit a specimen. Guidance is provided to school staff on mitigation.

Figure 6. Number of Bed Bugs Identified

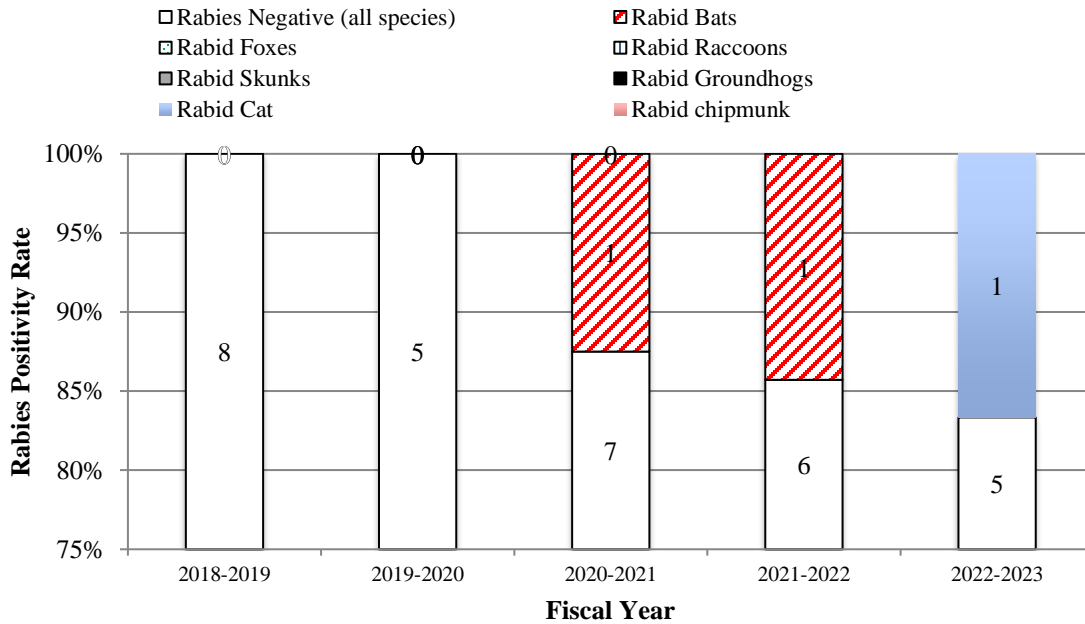


Rabies Testing

Rabies testing is conducted on suspected rabid animals that have had either human or domesticated animal contact. The Laboratory, along with the city's Animal Control program, ensures that animal specimens that need to be submitted for rabies testing are transported to the State Public Health Laboratory for testing. The Laboratory or Animal Control follows up with residents who have been exposed to an animal that tests positive for rabies to advise them to seek medical attention.

Figure 7 shows the five-year trend in samples submitted for testing and the percent that tested positive for rabies by species.

Figure 7. Animal Rabies Testing

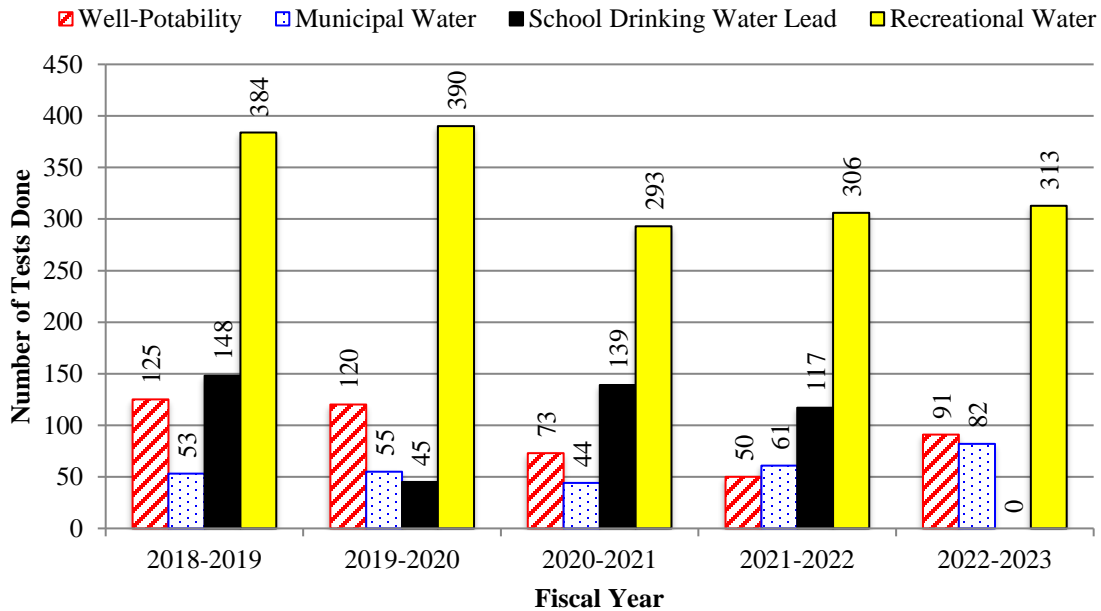


Water Testing

The Laboratory’s core activities relate to water testing. For a fee, municipal water testing for lead and copper, well water testing for potability, recreational water testing is available to the public. The Laboratory conducts biennial testing of school drinking water for lead and does beach water testing as is required by Connecticut General Statutes Chapter 98, Section 7-148.

Figure 8 shows the five-year trends for water testing. Well potability testing requests decreased slightly during the COVID pandemic while recreational and municipal water testing requests have remained relatively constant.

Figure 8. Water Testing



Public Health Nursing and Dental Hygiene Services

The Public Health Nursing program consists of Community Nursing and School Nursing and in combination with the School Dental Hygiene program supports ES 1 to 10. Many residents take advantage of the breadth of nursing and dental services the department offers including access to medical care.

Community Nursing

Community nurses provide oversight to multiple programs: Cocoon (Adult Vaccine) Program, Influenza Prevention Program, Sexually Transmitted Diseases (STD) Program, the Tuberculosis (TB) Program, Well Child Program, Pediatric Lead Prevention Program, Reportable Diseases, and the Adult Wellness Program. Community Nurses also participate in outbreak investigations and Public Health Emergency Response.

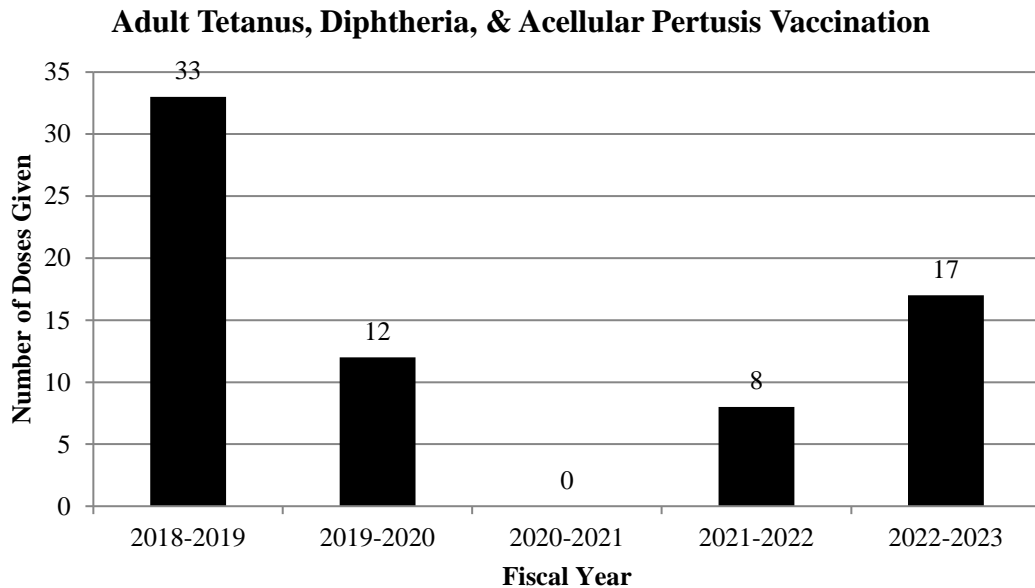
Cocoon Program

The Cocoon Program is a state funded program that provides free tetanus diphtheria and acellular pertussis (Tdap) vaccine to any adult family member who has contact with an infant. The goal is to protect the child against pertussis infection that may be transmitted from the adult caregiver to the infant. The vaccine is provided for free by Sanofi Pasteur through a program sponsored by the State Department of Public Health and the Centers for Disease Control and Prevention.

Figure 9 shows an improvement in number of doses given since fiscal years during and just post the Covid Pandemic 2020-2021 & 2021-2022. While improved the relatively low administration of the vaccine may be attributed to several reasons. Additional sites such as pharmacies now

offer this vaccine, persons with insurance are getting the vaccine from their providers, and lack of awareness that the vaccine is provided by the Adult Vaccine Program.

Figure 9. Cocoon Program Five-Year Trends



Influenza Prevention Program

The goal of the influenza prevention program is to increase the vaccination rates in the city, thereby increasing herd immunity. This will make the city better prepared to withstand the effects of an influenza pandemic. To help achieve this goal, the Department of Health and Human Services provides influenza vaccine to all eligible persons ages six months or older. The Department of Health and Human Services takes part in the Children’s Vaccines Program (CVP) for our infants and school age children up to 18years old to provide free immunizations for that population.

The 2022-2023 annual Influenza campaign was ‘kicked off’ September 30th, 2022, at the Lathen Wilder Building on the second floor in the conference room where the mayor was the first in line to receive the Flu vaccine for the 2022-2023 flu season. Partnering with the Stamford Human Resources Department, Flu vaccination included targeting all City of Stamford and Board of Education employees and City of Stamford Boards of Finance and Representatives members, After the “Kick-Off “the outpatient clinic offered vaccine clinics as outreach to the adult day care centers, and adult living facilities, women and men shelters, and to the day worker population. Over the years, the Department of Health and Human Services has expanded its outreach activities to increase influenza vaccination coverage. The last three consecutive years, however, 2020, 21, and 22 there has shown an overall reduction in the number of vaccines administered. This could be due to delays due to the pandemic as well as increased access to flu vaccines at pharmacies and provider offices. Figures 11 and 12, respectively, show the five-year trends in the adult influenza vaccine administration and the populations targeted.

Figure 10. Influenza Vaccination Program

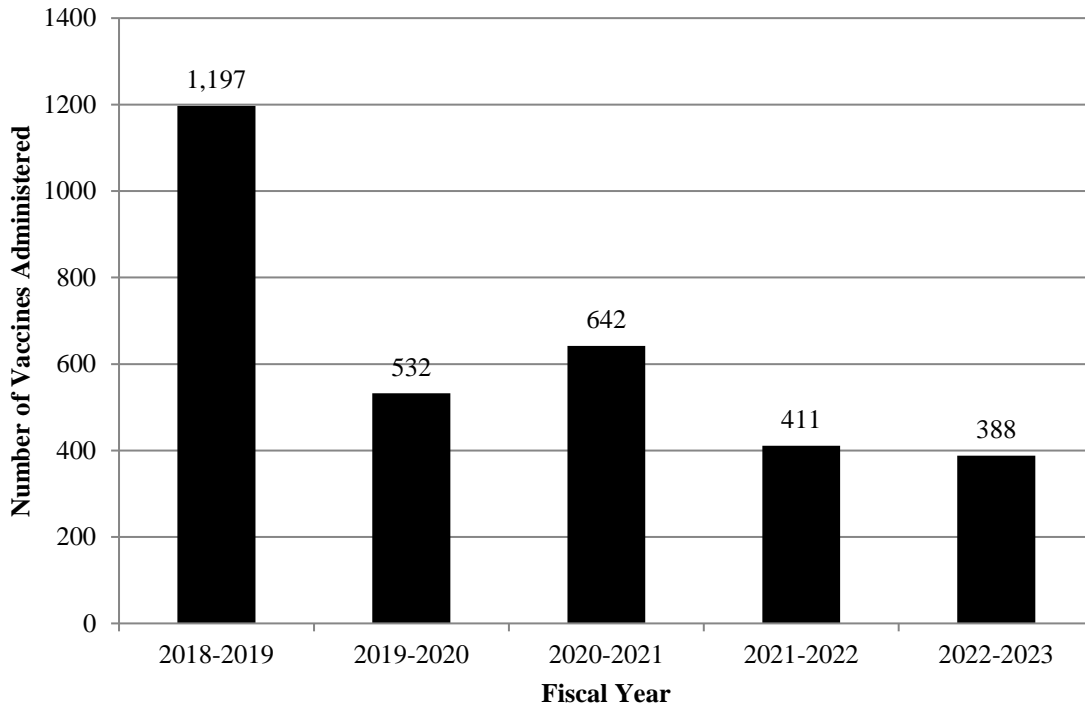
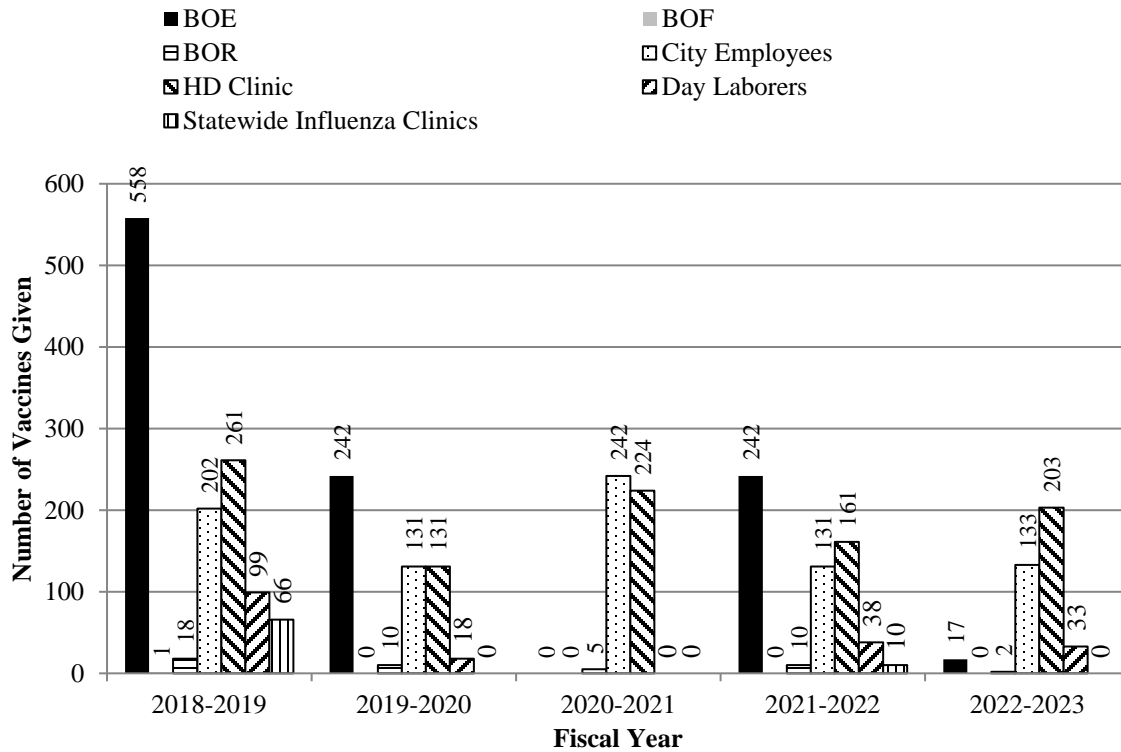


Figure 11. Influenza Vaccination by Population Served



Sexually Transmitted Disease (STD) Program

The Stamford Department of Health’s Sexually Transmitted Disease (STD) Clinic is partially supported by a grant from DPH that is funded through the Centers for Disease Control and Prevention. The program provides comprehensive diagnostics, treatment, and counseling for the most common STDs including syphilis, gonorrhea, *Chlamydia* spp., *Trichomonas* spp., and Herpes viruses. The program assists with the identification of the sexual partners of persons diagnosed with a STD and offers prophylactic treatment when appropriate. Service is free of charge to anyone 13 years or older. Free HIV testing is also offered through the program and positive individuals are linked to care through partnership with Stamford CARES (Coalition for AIDS Resources, Education and Services), a Family Centers program. Hepatitis A and B vaccines are provided by DPH and are offered free of charge to STD clinic patients. Table 1, details the City of Stamford trend in STD positivity rates, which are reflective of the national trend. The positivity rate for syphilis decreased, but the rate for other STDs tested continued to grow. Overall, this emphasizes the need to maintain a local ability to provide needed STD services.

Table 1. Sexually Transmitted Disease Clinic Five-Year Trends

	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
No. of initial visits	355	245	248	273	269
No. of follow up visits ¹	96	47	96	248	313
No. of STD tests ²	380	256	659	521	588
No. (%) of syphilis positive	26 (7.3)	7 (2.7)	21(9.9)	30 (12.0)	13 (5.0)
No. (%) of <i>Chlamydia</i> spp. positive	25 (7.0)	13 (5.1)	17(8.0)	25 (9.0)	38 (14.1)
No. (%) of gonorrhea positive	10 (2.8)	5 (2.0)	7 (3.3)	11 (4.0)	17 (6.3)
No. of HIV tests done (% positive)	319 (0)	129 (0)	206 (.5)	248 (.008)	247 (0)
No. of pregnancy tests done (% pregnant)	1 (0)	0	0	0	4 (0)

¹Follow up visits are for counseling, medications, second dose of vaccines, rechecks for positive tests, and recheck if the patient remains symptomatic.

² When STD testing is conducted, each patient is routinely tested for syphilis, gonorrhea, and *Chlamydia* spp. at the initial visit if there was no prior testing done or if testing was done and the patient is still symptomatic at initial visit. If needed, at the follow-up visit some patients are retested if they remain symptomatic

All persons who were diagnosed with a STD were treated in the clinic. The STD grant requires that clients are treated within seven (7) days of their initial visit. To ensure compliance, treatment is usually started empirically and is changed if needed based on the confirmatory diagnosis. Not all patients treated are tested at the clinic; some are referred for treatment based on positive test results elsewhere.

Tuberculosis (TB) Program

The Stamford Department of Health has a primary responsibility for preventing and controlling the spread of TB. To meet this challenge successfully, the TB control program engages in a number of activities that include the following key components:

- Conducting overall planning and development of policy
- Identifying persons who have clinically active TB
- Managing persons who have or are suspected of having TB disease
- Providing directly observed therapy (DOT) to persons with active TB. DOT is a process during which the nurse observes the patient take his or her TB medications
- Identifying and assessing the contacts of persons who are identified with active communicable TB
- Identifying and managing persons infected with TB
- Providing laboratory and diagnostic services
- Providing education to staff, clients, and providers about the prevention, diagnosis, and control of TB.

The Stamford Department of Health Adult TB Clinic services are conducted via a collaborative agreement between OPTIMUS Health Care, the Department of Health, and Stamford Hospital's Pulmonary Division. Table 3 describes the five-year TB trends. It should be noted that none of these TB cases resulted in exposures that caused new infections. This is most likely a result of the Department of Health's efforts to encourage providers to increase TB screening to facilitate early detection and treatment of TB cases and to communicate with the department so that we are quickly involved. DOT remains the cornerstone of effective TB treatment but is a labor-intensive process that requires many nursing interactions for each patient.

Table 2. Tuberculosis Five-Year Trends

	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
No. of new TB cases	4	6	6	7	9
No. (%) of new cases that are adults	4 (100)	6 (100)	6 (100)	7 (100)	9 (100)
No. (%) of multi-drug resistant TB cases ¹	1 (25)	1 (16.7)	1 (16.7)	1 (14.3)	0
No. of extremely drug resistant TB cases ²	0	0	0	0	0
No. of visits to client on DOT ³	460	1,300	1280	1820	1920
No. of tuberculosis skin tests and or blood tests for TB administered	256	51	18	106	63
No. (%) of positive TB tests	13 (5.0%)	6 (7.2%)	4 (22.2%)	5 (4.72%)	8 (12.7%)

¹Multi drug resistant (MDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin

²Extensively drug resistant (XDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin and any fluoroquinolone and at least one of three injectable drugs namely Amikacin, Kanamycin, or Capreomycin

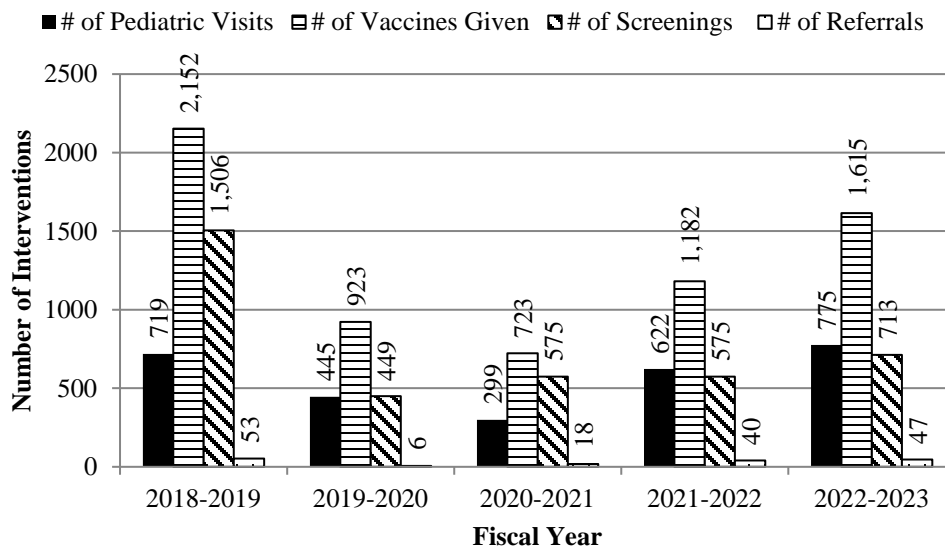
³DOT – directly observed therapy. This is used to ensure that persons who have active communicable TB disease are compliant with taking their medications.

The clinic continued increased efforts to identify persons who are latently infected with the TB bacillus and recommend treatment to prevent subsequent TB disease and transmission.

Well Child Clinic

The Stamford Well Child Clinic provides primarily underinsured or uninsured children with physicals, vaccinations, medical screenings, social and psychological needs assessments, and if necessary, referrals to specialists. Medical providers, school nurses, the Stamford Health (Hospital), and other sources refer children to the clinic. Well Child Clinic visits are also used to educate families about child development, nutrition, sleep, safety, diseases, other health topics, and available community resources. The ultimate goal is to link children to a medical home to ensure continuity of care for the child. The clinic is an available resource for families who need physicals and vaccinations for the children to enter school. Vaccines are given for free to the Department of Health from CTDPH via the Federal Vaccine for Children program to ensure that children are up-to-date on their vaccines. FY 21-22 began to see an increase in visits toward pre-pandemic levels as parents attempt to get their children up-to-date with physicals and vaccines. With the influx of new families to Stamford, especially those new to the country, the demand for school physical and vaccines increased greatly. Figure 12 details the five-year trends.

Figure 12. Stamford Well Child Clinic Five-Year Trends

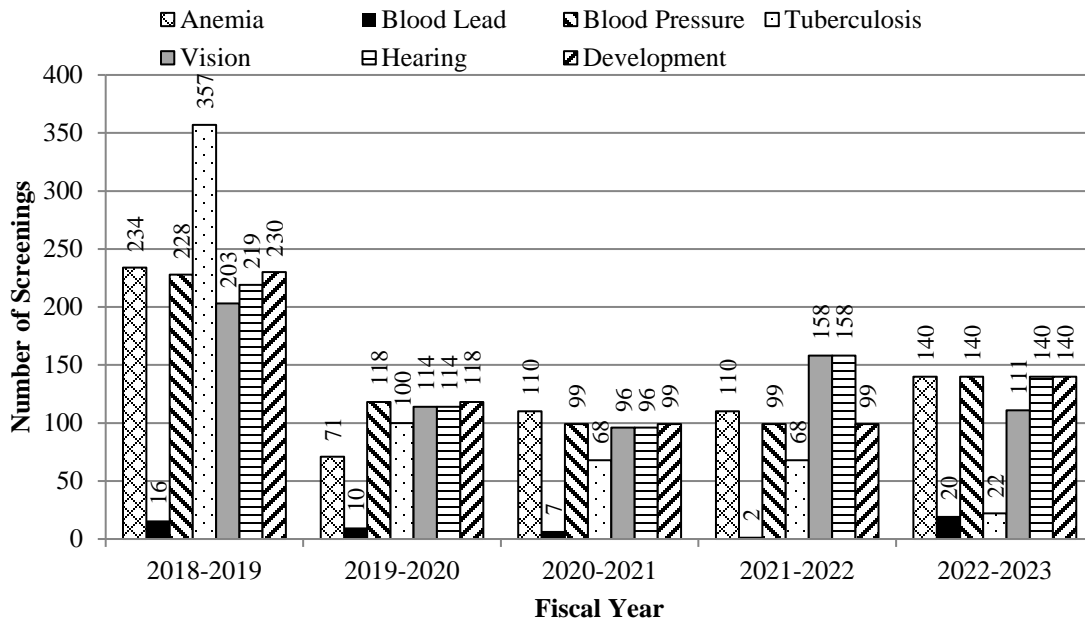


¹Screenings refer to vision, hearing, scoliosis, dental, developmental screenings, hemoglobin blood tests and lead blood tests

²Referrals are to other providers include but are not limited to the following, outside medical providers for evaluations and medical homes, dental clinics, School Based Health Centers, Community Based Health Centers

Figure 13 shows the number and types of screening that are conducted in the clinic.

Figure 13. Well Child Clinic Screenings



Pediatric Lead Poisoning Prevention Program

Pediatric lead surveillance is required by Connecticut General Statute §19a-110(d). In addition to the lead screenings that are conducted through the Well Child Clinic, The Advanced Practice Registered Nurse (APRN) follows up on all reports of elevated pediatric blood lead levels (BLL). An elevated BLL is defined as a BLL >3.5 ug/dl. The APRN ensures that the child is appropriately monitored by his or her healthcare provider by alerting the child’s parents of the importance to take their child for follow-up testing, that testing continues until the Venous BLL normalizes, meaning, falls below <3.5 ug/dl.

When necessary, community nurses collaborate with the Environmental Inspections Division, to conduct and collect, clinical, and behavioral information about the child as the environmental division inspects of homes to gather and identify any potential source of environmental lead. Both the Environmental Inspections Division and Community Nursing provide guidance and education for the family to eliminate areas where lead is found.

Pediatric lead screenings are only required for children ages 0 to 3 years of age. Most children seen at the department of health outpatient on Henry Street are older than three years of age. When a lead level is reported from the DPH lab as 3.5mg/dl or higher, if the child continues without a primary care provider, the Well Child Clinic community nurse takes a venous sample for testing that is sent to the state lab for evaluation.

In fiscal year 2022-23, the community nurses investigated 4 elevated BLLs that were reported to the Department of Health and Human Services. Of these, four homes (66.7%) required environmental inspection, but none was found to have lead on the property. However, it was established that these families were transient, regularly travelling back to their home countries, where it is suspected they were being exposed.

(Non- TB, STD, & HIV) Reportable Diseases Program

Under Connecticut General Statute Section 19a-2a and Section 19a-36-A2 the Commissioner of Health establishes a list of diseases and conditions that must be reported to CTDPH and to Local Departments of Health. Local Departments of Health either investigate these cases independently or provide support to the CTDPH-lead investigations. In the fiscal year 2022-2023, there were two food outbreak related investigations.

Community Nursing Outreach Activities

In 2020, funding from a Preventive Health and Health Services Block Grant provided an Adult Wellness Program which continued until September 30, 2023. The Department contracted a nurse to provide blood pressure screenings and coordinate nutrition and exercise education to adults in the community. The program offered exercise classes and cooking demonstrations to promote low sodium meal preparations and overall better management of hypertension. Participants were offered blood pressure devices, free of cost, for self-monitoring and to report to their Primary Care Providers as needed. During the Covid-19 pandemic HIPAA compliant Zoom sessions were held. For the third year of the program one hundred twenty-nine (129) participants received blood pressure screenings. Program data are shown in **Table 3**.

Table 3: Community Nursing Outreach

Stamford Department of Health Community Nursing Outreach	Number 2020- 2021	Percent 2020- 2021	Number 2021- 2022	Percent 2021- 2022	Number 2022- 2023	Percent 2022- 2023
No. (%) screened with normal blood pressure readings (< 120/80).	10	22%	55	26%	42	33%
No. (%) screened with elevated readings (120-129/<80).	11	24%	59	28%	24	19%
No. (%) screened with stage 1 hypertension (systolic 130-139 or diastolic 80-89)	9	20%	52	25%	27	21%
No. (%) screened with hypertension stage 2 readings (>140 systolic or >90 diastolic)	16	35%	41	20%	36	28%
No. (%) screened with hypertensive crisis: >180 systolic and/or >120 diastolic	0	0%	2	1%	0	0%
No. (%) screened with elevated blood pressure readings that were aware of elevation.	16	44%	81	39%	48	55%

School Nursing Program

Our primary goal in the School Nursing Program is to ensure a safe learning environment for every student in the Stamford Public Schools and the twelve not for profit private and parochial schools by providing guidance, monitoring student health, and delivering nursing services. At the beginning of each school year our School Nurses must analyze the immunization records and mandated physical exam forms for thousands of new students entering the Stamford Public Schools as well as students matriculating to grades 7 and 10. Monitoring and maintaining immunization compliance is a major duty throughout the school year and is vital to maintaining a safe environment. The reviewing of every medical record is also pertinent to developing a yearly medical problem list for each school to ensure that all students with chronic medical conditions are receiving the appropriate accommodations, nursing care and support throughout the school day. School Nurses review these medical alerts with teachers as needed per the student's plan of care. Nurses also conduct state mandated hearing, vision and scoliosis screenings referring students for evaluation by a physician for early detection and treatment of developmental issues. The high school nurses are also responsible to make sure every student athlete has an annual physical exam on file with clearance to play sports.

School nurses managed 18,676 students in public, private and parochial schools in the 22-23 school year. They also provided physician-ordered medical interventions and prepared nursing care plans for children with medical needs. They participated in 504 and IEP meetings to accommodate student needs throughout the school day. School Nurses educate and empower students to gain independence and support families regarding various health-related topics to ensure healthy outcomes. Administering specialized medical treatments has become more prevalent in many of the schools throughout the city. School nurses provide diabetic care, administer tube feedings, ostomy care and urinary catheterization in multiple school buildings throughout our city. This specialized care is a critical component of the program providing direct nursing care to students. They also respond to medical emergencies, provide first aid, and administer medications. Professional development for the nurses in the 22-23 school year focused on mental health including suicide prevention gatekeeper training.

The School Nursing Program benefits from the oversight of the city's Medical Advisor and the city's Medical Consultant who work closely with the School Nurse Supervisor to provide and update protocols, provide medication orders for emergency epinephrine and albuterol, contact private clinicians to address medical questions, provide guidance to schools and review special medically related requests.

School Nurses mobilize during a crisis as was demonstrated during the COVID-19 pandemic to provide testing and administer vaccines. School Nurses continued to deliver COVID vaccines to our homebound residents throughout the past year after school and on weekends. They are also a part of the Department of Health team that responds to staff shelters as needed during weather related emergencies to coordinate care for residents with chronic health conditions. Fifteen School Nurses staffed the school nurse offices this summer providing nursing care for summer school students as well as reviewing registration health assessment records for new enterers and students matriculating to grades 6 and 9.

Table 4: School Nursing Activities

	FY 2018-2019	FY 2019-2020	FY 2020 - 2021	FY 2021 - 2022	FY 2022 – 20223
No. of public school buildings	22	23	24	24	24
No. of private/parochial school buildings	15*	15	11	12	12
NURSING ACTIVITIES¹ (not including 911 calls or referrals) Number/percentage²					
TOTAL	350,882	100,031	176,147	305,598	367,227
No. (%) of sick visits	61,063 (17.4)	50,349 (50.0)	33,009 (18.73)	64,073 (20.97)	71,343 (19.4)
No. (%) of injury-related visits	28,899 (8.2)	14,706 (15.0)	11,469 (6.51)	32,649 (10.68)	37,219 (10.1)
No. (%) of medication orders received and reviewed	3,724 (1.0)	4,552 (4.5)	4,222 (2.39)	2,586 (0.84)	3,476 (.95)
No. (%) of medications given	27,628 (8.0)	11,705 (11.7)	44,641 (25.34)	90,704 (29.69)	107,520(29.3)
No. (%) ¹ of management of cases			67,632 (38.39)	85,192 (27.88)	75,300(20.51)
No. (%) other nursing activities	193,140 (55.1)	22,275 (22.0)	15,174 (8.61)	30,394 (9.94)	35,150(9.6)
Clinical Treatments that are Mandated to be administered by a Licensed Nurse					
No. (%) of blood glucose testing	9,650 (2.8)	5,164 (5.0)	15,446 (57.13)	20,652 (53.52)	25,113 (52.5)
No. (%) insulin management	2,830 (.8)	1,321 (1.3)	4,984 (18.43)	8,028 (20.81)	10,179 (21.3)
No. (%) of oral suctioning	687 (.2)	997 (1.0)	687 (2.54)	773 (2.0)	1,460 (3.1)
No. (%) of catheterizations	738 (.2)	573 (.60)	1,115 (4.12)	1,905 (4.94)	2,427 (5.1)
No. (%) of gastric-tube feedings	2,574 (.7)	573 (1.20)	4,202 (15.54)	5,963 (15.45)	7,555 (15.8)
No. (%) nasogastric tube feedings	0	0 (0)	0	0	0
No. (%) intravenous (IV) therapy	0	1 (0)	0	0	0
No. (%) ostomy care	581 (.2)	601 (.60)	581 (2.14)	636 (1.65)	755 (1.6)
No. (%) oxygen administered	261 (.1)	89 (.10)	1 (0.003)	263 (0.68)	267 (.56)
No. (%) tracheostomy suctioning	558 (.2)	494 (.50)	0	0	82 (.17)
No. (%) ventilator care	0	0 (0)	0	0	45 (.09)
Other Mandated Activities					
<i>Screenings</i>					
No. (%) vision screenings	7,583 (2.1)	3,762 (3.80)	7,883	7,811	7,971 (41.1)
No. (%) of vision referrals from screenings	430 (5.6)	248 (.20)	451 (5.7)	610 (7.8)	590 (7.4)
No. (%)of hearing screenings	7,338 (2.0)	3,734 (3.70)	5,200	7,738	7,599 (39.2)
No. (%) of hearing referrals	49 (.6)	28 (0)	312 (6)	51 (0.65)	52 (9.68)
No. (%) of scoliosis screenings	3,284 (.9)	769 (.80)	2,613	4,162	3,814 (19.7)
No. (%) scoliosis referrals	52 (1.5)	35 (0)	22 (0.84)	24 (0.57)	24 (.63)
No. of 911 calls from nursing staff	67	36 (0)	11	47	60
COVID-19 positive cases			1,278	4,020	1,543
COVID-19 quarantines due to school contacts			3,590	1,010	

¹ All major nursing activities that the school nurse engages in excluding 911 calls, treatments, screening/referrals for vision, hearing & scoliosis.

² Percentage of all nursing services

There was a about a 15-20% increase in the number of nursing activities in almost all categories from the previous FY. It should be noted that all these services continued despite staffing challenges due to absences, retirements, and an overall nursing shortage.

School Dental Program

The Stamford Dental Program provides a range of clinical and educational services. Proper oral health is crucial for proper childhood development, and is a key component of good nutrition as it facilitates proper mastication that enhances the metabolism of food.. Children with oral health problems learn less either because they are unable to focus in class or they simply miss more school.

The dental hygienists provide oral health education in classrooms and conduct dental screenings for preschoolers, elementary, and middle school students. When an oral health issue is identified in a student, their parent/guardian is given a referral to community clinics, private dental providers, or the Stamford Department of Health Dental Clinics (when it reopens). Students sometimes require more than one visit to complete preventive and treatment services.

Table 5 below details the five-year trends for the school dental program.

Table 5: Dental Services Five-Year Trends

	2018-2019	2019-20	2020-21	2021-22	2022-23
Dental Hygienists	4	4	3	3	3 ¹
Classroom Instruction	236	214	0	196	294
No. of Elementary & Middle School Children Screened	8028	5557	0	3208	6703
No. (%) of Elementary & Middle School Children Screened Requiring Dental Care	558 (6.9)	529 (9.5)	0	310 (9.6)	657 (9.8)
No. of Children Requiring Dental care who receive their Preventive care at the Department of Health’s Dental Clinics (#Patients/#Visits)	301/376	244/278	0	0	0
No. of Children Requiring Dental care who receive their treatments at the Department of Health’s Dental Clinics Treatment Services (#Patients/#Visits)	144/263	128/205	0	0	0
Sealants Grade 2	369	175	0	0	0

¹ Retirement of one staff member mid-year

Since the dental hygiene program suspension on March 6th, 2020 due to the pandemic, the percentage of referrals from the dental screening program has increased again for the 2nd school year after reopening in October 2021. This is an increase from the 6 - 7% referral rate in previous years. There was an increase in the prevalence and severity of dental disease from the previous school year. With the retirement of two key staff members, the dental program remains understaffed and unable to reopen all dental services.

Health Promotion

The health promotion program continued to grow over this FY. Although currently staffed by only one full-time staff member (Behavioral Health, Health Promotion, and Emergency Response Specialist), the support of other divisional staff, interns, and community partners have allowed us to strategically grow and strengthen this function of the Department. We have continued to respond to existing and emerging health threats through community partnership, dissemination of health information, and health promotion events.

Mothers and Babies

This FY, we offered two six-week sessions of an evidence-based postpartum depression prevention program, Mothers and Babies. The program was facilitated by the Public Health Nursing Supervisor and Behavioral Health, Health Promotion, and Emergency Response Specialist. The program is based in principles of cognitive behavioral therapy, attachment theory, and mindfulness.

Three mothers completed each session, with others who attended one or more classes. Although retention proved challenging, preliminary qualitative data from the evaluation showed that the program was well received by participants. Future sessions will focus on additional recruitment and retention strategies, including partnering with local nonprofits to provide incentives and working with healthcare providers to offer referrals.

QPR (Suicide Prevention Training)

In August 2022, several department staff and volunteers were trained as facilitators for Question, Persuade, Refer (QPR), an evidence based suicide prevention training focused on bystander intervention. The team, in addition to a trainer from our partner organization Liberation Programs, trained over 100 participants beginning in September. Groups trained included school staff (nurses and security guards), 9/11 emergency dispatch, our postvention team, after-school providers, Stamford CARES, and the Stamford Rotary Club.

Preliminary results from the program showed a high level of participant satisfaction. 92% were satisfied or very satisfied with the quality of the training, and 99% said they would recommend the training to others. We are continuing to grow and develop this program, with a more intensive evaluation to measure program objectives.

Community Coalitions

Department staff have been active leaders and participants on community coalitions throughout the FY. The Behavioral Health, Health Promotion, and Emergency Response Specialist began the FY co-leading the communications workgroup of the Youth Mental Health Alliance and transitioned to leading the evaluation workgroup during the FY.

Department staff partnered with Norwalk Health Department and LGBTQ+ community leaders and nonprofits to respond to the mpox epidemic in summer and fall of 2022. Throughout the course of the FY, as mpox concerns waned, the group pivoted to focus on a range of public health issues impacting the local LGBTQ+ community and engaged in joint messaging, outreach, and planning together. Resources developed jointly with the group include an LGBTQ+ specific mental health resources brochures, infographics explaining mpox, and more.

Staff continue to serve on a range of community and regional coalitions focused on public health topics, including the Local Prevention Council, Mayor's Advisory Council on Aging, and Regional Suicide Advisory Board, among others.

Rapid Community Assessment

In November 2022, Department staff worked closely with staff from the Centers for Disease Control and Prevention (CDC) and CTDPH on a Rapid Community Assessment (RCA). The RCA is designed to be a quick assessment of community perceptions of and needs in a particular area. Our RCA focused on childhood vaccines. We identified key areas for improvement and have begun working towards collaborative strategies.

Community Health Needs Assessment and Community Health Improvement Plan

The Department continued to work in collaboration with Stamford Health on a [Community Health Needs Assessment \(CHNA\)](#) and [Community Health Improvement Plan \(CHIP\)](#). The CHNA and CHIP are conducted every three years and serve as a systematic assessment of the health needs of the community. The top three needs identified this year were mental/behavioral health, access to primary care, and housing. We have begun work on implementing strategies to address these needs, as outlined in the CHIP and will continue to work with the hospital on the long-term implementation and monitoring process.

Accreditation

Working towards Departmental accreditation has been a major focus for the second half of this FY. Our Behavioral Health, Health Promotion, and Emergency Response Specialist has been serving as Accreditation Coordinator, working closely with the Director of Health and Human Services and with support from the Leadership Team and staff at all levels.

We began an initial readiness and training process through the Public Health Accreditation Board (PHAB) in January 2023 and finished the FY with 41% of documentation identified and gathered. We are well ahead of schedule to submit our application by January 2025.

Social Media

Social media continued to be a key tool for health education of the community. Monthly social media calendars were developed to highlight monthly awareness events and DHHS resources, as well as pertinent public health issues such as mental health, mpox, and emergency preparedness. Acquiring Hootsuite last FY proved to be incredibly valuable and will provide the Department with the opportunity to engage much further with social media and track data monthly.

Importantly, metrics for this FY are far below those of last year – during the previous FY, we had a grant supporting a communications consultant group, who dedicated significant time and money towards the social media campaigns. Their work ended in November of this FY. Nevertheless, this FY we continued to grow our following and engagement and focus strategically on ways to engage the community and highlight the work we do.

Statistics for this and last fiscal year across all platforms are as follows:

Table 6: Social Media Data

	2021-2022	2022-2023
Number of Posts	1,432	958
Total Engagements	77,543	2,057
Total Impressions	4,010,827	803,853
Total Followers	1,393	1,896
New Followers	-	503
Ad Spending	\$45,203	\$12,491

Intern Curriculum

DHHS continued to partner with local schools of public health to host interns and support local public health workforce development. Throughout FY 22-23, we hosted four health promotion interns- one BA student and three MPH students. Their projects focused on their interests, as well as the needs of the Department and their school.

Responsibilities included:

- Development and implementation of a vaping education program for fifth grade students
- Review of educational materials about childhood lead exposure for parents
- Creation of social media content
- Development of communications campaign on importance of primary care
- Documentation of local maternal mental health and youth mental health resources

We will continue to pursue internships in the upcoming FY, as they prove to be mutually beneficial to the student, schools, and the Department

Employee Wellness

This FY, we expanded our health promotion focus to include employee wellness, knowing that supporting healthy habits of our employees extends into the larger community and enables us to maintain capacity to provide services for our residents.

During National Public Health Week (NPHW) in April 2023, Department staff from across all divisions tabled in the lobby to share information about the services we provide. This was designed to close a gap identified in our strategic plan that other city employees aren't aware of the services we provide. In addition, we began an internal employee wellness campaign, with weekly walks to Mill River Park together and a series of mindfulness classes on Fridays.

Spurred by the success of the weekly Department walks beginning during NPHW, on June 12-16, 2023, the Department partnered with Human Resources to host an employee walking challenge. We provided gift card raffle incentives to city employees to walk for at least twenty minutes per day around lunchtime. Approximately 75 employees participated over the course of the week.

Public Health Emergency Preparedness

This program also saw extensive growth during the 22-23 FY. The program continues to be staffed full time by the Behavioral Health, Health Promotion, and Emergency Response Specialist, but additional grant funding this year allowed us to hire two part time staff – Public Health Emergency Response Planner and MRC Coordinator.

Partnerships

The Department works closely with regional partners to ensure emergency preparedness. We attended regular virtual meetings for ESF8, Critical Workforce Planning Group, and Cities Readiness Initiative.

We engaged in regular meetings throughout the FY with other city departments, CT DPH, and other local health departments to prepare for the possibility of a bus of migrants arriving in our jurisdiction, as we were seeing in other municipalities across the country. We also attended preliminary meetings with the US Army Corps of Engineers about the proposed FY 24-25 hurricane barrier project and continue to prepare accordingly for that response.

We also developed and deepened connections with local nonprofits who are able to provide support during mass sheltering response, including Salvation Army, Rapid Relief Team, and the Red Cross.

Emergency Planning

The Public Health Emergency Response Planner was hired in November 2022 under a grant provided by the CT Department of Public Health. Our Public Health Emergency Response Plan (PHERP) was updated by the close of this FY to meet Accreditation standards. Additional plans

developed and workshopped with staff include Crisis and Emergency Risk Communication and an attachment to the original shelter plan to focus on potential migrant sheltering needs.

Training

We hosted a shelter training on June 28, 2023 with the Red Cross for our staff and MRC and CERT volunteers. We provided an overview of the updated shelter plan (from last FY) and practiced different responsibilities in sheltering, including registration and dormitory.

We continued to engage in regular training with local and regional partners to exercise our response capabilities. Tabletop exercises attended by Department staff this FY included:

Table 7: MRC Training

Date(s)	Topic	Hosted By
11/3/22	Winter Storm Preparations	Director of Public Safety, Health, & Welfare
2/7/23	Mass Shooting	Region 1 Emergency Management
6/20 & 6/21/23	Crisis and Emergency Risk Communications (CERC)	Region 1 Health Departments

Response

We continued to respond with local partners to cases of untimely death and death by suicide in the community. Our postvention plan developed last FY continued to support and guide our response efforts.

Medical Reserve Corps (MRC)

This year, our MRC program capacity was able to expand due to a \$67,500 grant from the National Association of City and County Health Officials (NACCHO). A part time MRC volunteer coordinator was hired in August 2022 to focus on the day to day of the program and recruit new volunteers.

In December 2022, we hosted our annual recognition event to thank our volunteers for their work throughout the year and identify those who contributed the highest number of volunteer hours. City leadership was in attendance to provide remarks and administer the Loyalty Oath.

We continued our monthly training program and added Mental Health First Aid (MHFA) and CPR trainings, funded by the grant. 29 volunteers were CPR certified and 25 attended MHFA trainings. Monthly trainings focused on capabilities identified by the federal government and were facilitated by local experts and MRC volunteers themselves.

A goal for this year’s recruitment was to recruit members of diverse racial and ethnic backgrounds who reflect the communities we serve. A survey of 27 active members in June 2023 showed that volunteers represented all neighborhoods in Stamford, as well as some who lived out of town. 54% of respondents identified as white, with two identifying as Hispanic/Latino, four identifying as Black or African American, and five identifying as Asian. Although not all

members completed the survey, these demographics show a shift in our membership to include more members of Black, Hispanic/Latino, and Asian backgrounds.

MRC volunteers were activated to attend trainings, translate preparedness messages, support blood pressure screening events, vaccinate residents for COVID-19, and more. 47 volunteers worked a total of 439 hours throughout the fiscal year.

Our Behavioral Health, Health Promotion, and Emergency Response Specialist also supported the development of bylaws for the CERT team. We look forward to continuing to grow and partner with CERT.

Social Services

Social Services strives to provide Stamford's residents with information and assistance with accessing programs and resources that meet their basic needs and to protect their human and legal rights. The division is staffed by 4 full time (Department director/Commission Coordinator Director of Mandated Services, Outreach coordinator for seniors/disabled, & Outreach coordinator for Families and children) and 2 part-time employees (Eviction storage worker and 1 Casework assistant)

Staff is available to the public Monday-Friday from 8a-4p. Per request, staff will accommodate those who are unable to meet during regular business hours. Client meetings occur via phone, in-person and remotely online (zoom) to make it more convenient for them. Staff also occasionally work evenings/weekends for health fairs, trainings, meetings and relocations.

The Division received over 15,000 requests for services including several mandated functions, calls, making and receiving referrals, application assistance, advocacy, program enrollment, and educational workshops. Additionally, a significant amount of the department's daily work is unplanned as staff responds to regular interruptions via telephone and "walk in" request for advice and assistance with a range of issues.

The number one request and need in the community continues to be affordable and safe housing, especially for those on fixed incomes, seniors, persons with disabilities, and those with a prior eviction and poor/no credit. There are also gaps in services for the undocumented who don't have the same access to government programs for healthcare, housing, substance abuse and mental health treatment, or employment that offers sick and personal time.

Mandated Services: Eviction Storage, Fair Rent & Relocation

Eviction Storage

After a residential eviction or foreclosure has occurred Connecticut law requires any unclaimed property of the evicted tenant(s) to be removed from the rental premises (by a state marshal) and delivered to a municipally designated location for storage. Possessions remaining unclaimed after fifteen days may be sold at a public auction. In Stamford, evictees possessions are delivered to, and stored in city-owned bins located at Magee Avenue.

The Department's Director of Mandated Services is responsible for administering the eviction storage program and, as appropriate to individual circumstances, assisting evictees in locating safe, secure permanent housing or placement in temporary shelters. The number of evictions in Fiscal year 22-23 tripled compared to the last 2 years. In February 2022 pandemic related eviction prevention protection lifted, and the State added additional funding to support eviction prevention which became exhausted. Payment

agreements and one time help from local nonprofit organizations is the only option for many to remain housed. Significant increases in rent have also contributed to the rise in evictions.

Fair Rent

Connecticut law permits municipalities to establish Fair Rent and Human Rights Commissions within the guidelines required by State law. Effective June 30, 2023, all towns with 25,000+ residents must form Fair Rent Commissions. Accordingly, the Stamford Social Services Commission acts as the city's Fair Rent Commission, as well as its Human Rights Commission. In its Fair Rent capacity, the Social Services Commission is empowered to make studies and investigations, conduct hearings and receive complaints relative to rental charges on housing accommodations within the city, in order to control and eliminate excessive rental charges on such accommodations.

The Director of Social Services acts as staff to the Commission. With respect to the Fair Rent process, the Director is responsible for receiving, investigating, and mediating complaints and assisting administratively with the hearing process.

In 2022, the Commission has been more active with cases and making decisions on rent increases as rents in Stamford have gone up substantially. The Commission Coordinator has also offered help and advice to other cities who are in the process of getting their commissions set up and functioning.

Relocation

Tenants displaced by housing code enforcement receive assistance with finding a new apartment, relocation costs and emergency housing as mandated by the Uniform Relocation Assistance Act. Relocation cases require a great deal of mediation between landlord and tenants and coordination with multiple departments and agencies to get the tenant rehoused.

In 2022-2023 staff worked hard getting landlords to provide relocation assistance upfront which reduced the departments expenditures on moving, temporary housing and permanent rehousing which produced a budget cost savings of 26% or \$13,000.

Trend data pertaining to all mandated services are located on Table 8.

Table 8: Mandated Services

	2020-2021	2021-2022	2022-2023
<i>Evictions</i>	56	90	251
	2020-2021	2021-2022	2022-2023
<i>Fair Rent Complaints</i>	25	32	12
	2020-2021	2021-2022	2022-2023
<i>Relocation Services</i>	17	18	24

Enrollment Assistance: Insurance Enrollment & Renter’s Rebate

Health Insurance Enrollment

Families with children and single individuals under 65 years of age needing health insurance are provided one on one enrollment assistance. Applicants also receive assistance and advocacy with

re-determinations, unpaid medical bills, fair hearings, and spend-downs. The State of CT expanded Husky coverage to include all children ages 12 and younger regardless of immigration status. Social Services was awarded the grant and enrolled 225 children in a four-month period between March and June 2023. The grant also supports assisting those who will lose Husky coverage for failure to recertify their eligibility which was automatically renewed during the pandemic without showing proof of eligibility.

Rent Rebate

The Connecticut Renters’ Rebate Program provides rebates to older adult or disabled renters whose incomes do not exceed certain thresholds. Yearly, between April 1 and October 1, qualified individuals apply to the Social Services office. Applications are processed and the applicant receives an award or a denial letter stating how much they will receive. Since applicants provide their income information, if staff discovers they are eligible for other programs such as Husky or Qualified Medicare Beneficiary, staff will enroll them at the time of application.

Table 9: Enrollment Assistance

Insurance Enrollment	2020-2021	2021-2022	2022-2023
	1426	1691	855
Renter’s Rebate	2020-2021	2021-2022	2022-2023
	1567	1600	1568

Community & Interdepartmental Collaboratives

Postvention

The Department of Health and Human Services postvention plan developed last FY in coordination with mental health and grief professionals, churches, funeral homes, and the Stamford Police Department Behavioral Health Unit continued to respond to cases of untimely death and death by suicide in the community. The Directors of Health and Social Service are the co-chairs and receive the information about an untimely death or suicide and reach out to the surviving family and friends and offer condolences, grief and mental health support, guidance on things they need to do after losing a loved one. Partners are contacted to provide additional support depending on the extent of the response needed. Between July 2022 and June 2023, the postvention team responded to 33 untimely deaths and 4 deaths by suicide. The response has been positive and welcomed by the surviving loved ones.

Warming Centers/Cooling Centers

Warming/Cooling Centers are centers where residents can find respite during extreme weather conditions. Space is offered during the daytime for cooling and overnight in cases of extreme cold. Each year, community partners are contacted to determine if they will serve as a warming center site and their information is compiled into a list that is on the City of Stamford website, WebEOC and 211-United Way. Inspirica and Shelter for the homeless are the two providers of overnight warming centers during governor declare weather emergencies. Outreach is conducted,

however, there are those who refuse to go to a shelter for a number of reasons including not being able to bring pets, belongings that don't fit in a locker and rules of the shelter.

Senior Transportation

The Social Services Division continues to oversee the city's successful Share the Fare program that provides subsidized, half-price taxicab rides for Stamford senior citizens and disabled individuals. Under contract, via services provided by Norwalk Transit, Stamford enables reduced fare, door-to-door transportation services for senior citizens. Riders use this service for transportation to senior nutrition sites, medical appointments, and shopping. Additionally, the grant supports senior rides provided by Silversource, Stamford Senior center, and The Over 60 Club.

In 22-23 Social services mailed out surveys with the Renter's Rebate notice and out of 1700 surveys mailed out, 1456 were returned with feedback on their transit needs. Due to the pandemic, CT Transit buses remained free until April 2023, we have had a significant amount of people come forward needing help with transportation once there was no longer free bus fare. The free buses allowed them to put those savings toward food and increase housing costs. From April 2023-June 2023 we issued (100) one day and (750) 31 day passes to those who are senior/disabled and request them at the same time educating them on other transportation options that are free or low cost.

Other Activities

The Director of Health reviewed and approved 58 noise waiver applications and reviewed death certificates to provide funeral directors with 18 non-contagion letters that allowed the removal of bodies for burial outside of the country.

COVID-19 Pandemic Response

This FY, the department continued to meet with monitor cases, wastewater, hospitalizations and deaths and congregate settings as well as meet with partners to prepare communication and response strategies even as the public health emergency ended in spring of 2023. Below outlines some of the activities the department undertook.

PPE

The Department distributed PPE to community organizations, city departments, and residents in vulnerable groups throughout the course of the FY. A total of 3,704 home testing kits, 1453 N95 and 3150 surgical were distributed through community partners.

Public Health Education and Outreach

The Department of Health has been contracting with Conceptual Communications, a media and public relations company with experience working with local government, to develop a branded multimedia campaign focused on educating and empowering residents in census tracts with high Socially Vulnerability Indices. The team has utilized photography and videos of local residents and healthcare professionals, and all materials have been translated into Spanish and Haitian Creole. The messaging follows current local trends shown in contact tracing data and aims to educate accordingly. For example, a rise in cases after residents were traveling led to messaging focused on safe travel and testing when you get home.

Print materials were developed and translated into Spanish and Haitian Creole. Two thousand five hundred twenty five (2,525) English/Spanish flyers were printed and distributed to promote COVID-19 vaccinations. Flyers were continually updated to reflect changing guidelines.



In June 2022, the department partnered with a community health education organization, Southwest AHEC, to canvass high SVI neighborhoods near clinics and testing sites. The Public Health Program Manager provided canvassing skills training and analysis, turf maps and guidance, COVID information and flyers for distribution. Blocks in Stamford’s West Side, upper Waterside, Cove and East Side High-SVI neighborhoods were identified. These blocks also have the highest concentration of the city’s Hispanic/Latino and Black/African-American households. There were 4 canvass days knocking on a total of 772 doors. Here is the Westover vaccine site flyer used.

Non-Print Materials

Several banners were created to be hung at local parks with QR codes to City website with testing and vaccine information.

The City Department or Health website is updated almost daily, and as often as changes are needed according to updated science or changes in vaccination or testing sites.

Pageviews

/testing-information	13,765
/covid-19-vaccine-information	13,687
/covid-19-info	3,539

Flyers were distributed through Peachjar, Stamford Public Schools’ online flyer delivery system

for families and staff. Twelve flyers were distributed during this time, garnering 4,080 views. Online digital ads were promoted on the Haitian Voice website to promote bivalent boosters among Haitian residents. If readers clicked directly on the ad, it sent them to our vaccine clinic calendar.

An [op-ed](#) was produced on vaccines for kids 6 months + by one of our local trusted pediatricians in the Stamford Patch. This had an estimated publicity value of \$14,226 with an expected audience of 1 million residents.

Laboratory Division

The Laboratory Director support pandemic response by receiving and maintaining PPE and Test Kit supplies and assisting in distribution.

The Laboratory was integral to the vaccine response by assisting with ordering and maintaining the cold chain of the COVID vaccine which included accepting delivery to storage and ultimately administration.

Nursing and Dental Services

From July 2022 to June 2023 the school nurses and dental hygienists continued to provide pandemic response in addition to regular school nursing and dental duties. School nurses provided vaccines to the homebound through the homebound program

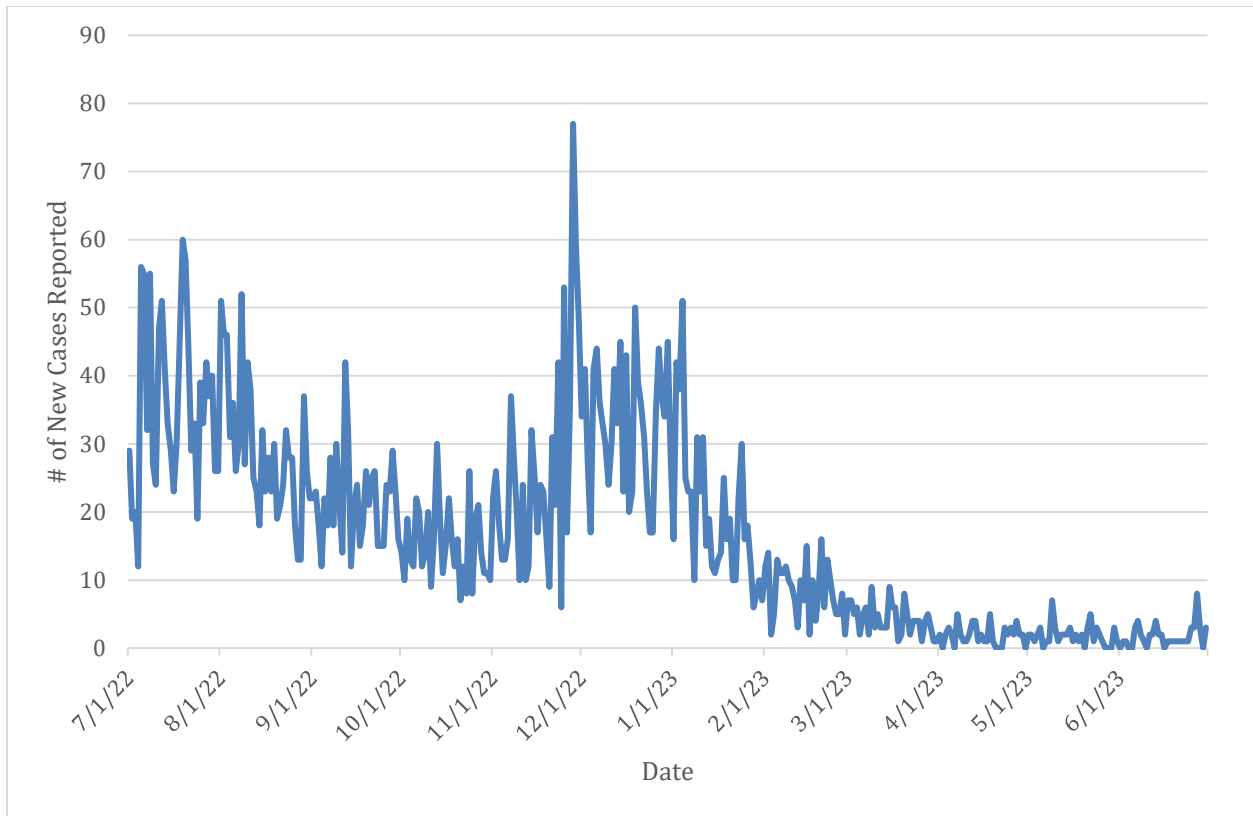
Case Investigation and Outbreak Response

This fiscal year coincided with the final year of the public health emergency (PHE). No longer acting in a contact tracing capacity, the case investigation and outbreak response team responded to 6,084 cases of COVID-19 in Stamford during the FY.

During calls with residents and community partners, the team provided information regarding current local, state, and Federal guidance, along with information about available resources to assist cases and contacts. While there was no in-school contact tracing during this FY, the team continued to work with schools for case notifications and responses to outbreak situations.

During periods of high case volume, specifically in December 2022 and January 2023, call priority was given to cases 50 years of age and older, followed by cases under age 19. At times when case numbers were more manageable, the team was able to make multiple call and text attempts to non-responders with the aim of sharing valuable information to as many cases as possible

Figure 15. COVID-19 Cases and Contacts.



The case investigation and outbreak response team made 10,544 calls during the FY. While data collection on call outcomes was reduced after the PHE ended, at least 3,358 of the calls were successfully completed interviews with cases. Another 418 follow-up and monitoring calls were completed.

Additionally, the team provided updated guidance and mitigation strategies to Stamford’s long-term care facilities (i.e., nursing homes, assisted living facilities, and memory care units). This was tandem with multiple check-ins each week to stay on top of any emerging COVID-19 outbreaks. There were 584 cases at these facilities during this FY.

Vaccine Distribution

The Stamford Department of Health continued to collaborate with area agencies to provide access to the COVID vaccinations. The department hosted or arranged 546 clinics between June and November of 2022 resulting in 5972 vaccinations. An additional 149 vaccines were given in the homebound program. The Department of Health and Human Services public health community clinic at Henry Street continued to offer vaccines to all ages and gave an additional 207 vaccines from November 18, 2022 to June 30.. Since pediatricians often do not offer the Covid-19 vaccine, the clinic is popular for children.

Conclusion

Despite the need to develop and maintain Covid-19 pandemic response, receiving and providing mitigation strategy guidance, and testing and vaccine support, attention was given to the regular functions of the Department as well as creating and implementing new programs to promote health and wellness within our community. Much time has been spent developing community relationships, improving health literacy and reducing health inequities.

Prepared September 2023 by:

Jody Bishop-Pullan, RDH, BS, MPH, Director of Health and Human Services

Moirra Bryson, RN, School Nurse Supervisor

Sharona Cowan, Director of Social Services

Brittany Dube, MPH, CHES Behavioral Health, Health Promotion, & Emergency Response Specialist

Raquelle Early, Administrative Supervisor-Health

James Federici, MS, Director of Laboratory

Christopher Fountain, Supervisor Contact Tracing, Case Investigation and Outbreak Response

Ebrima Jobe, MPH Director of Environmental Health and Inspections

Monselue Perez, DHA, MSN, BSN, RN Public Health Nursing Supervisor