

CITY OF STAMFORD DEPARTMENT OF HEALTH
Protecting the Public's Health

Annual Report

July 1, 2018 to June 30, 2019



The Department of Health 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 Department’s Mission is to promote wellness and healthy lifestyles, prevent disease and injury, and proactively protect the health, safety, and well-being of the public and our city environment.

The Department’s Vision is to have healthy people living, learning, working, and playing in a safe, healthy, and culturally diverse community.

The Department’s Values are, (iCARE):

innovation: We search for create solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

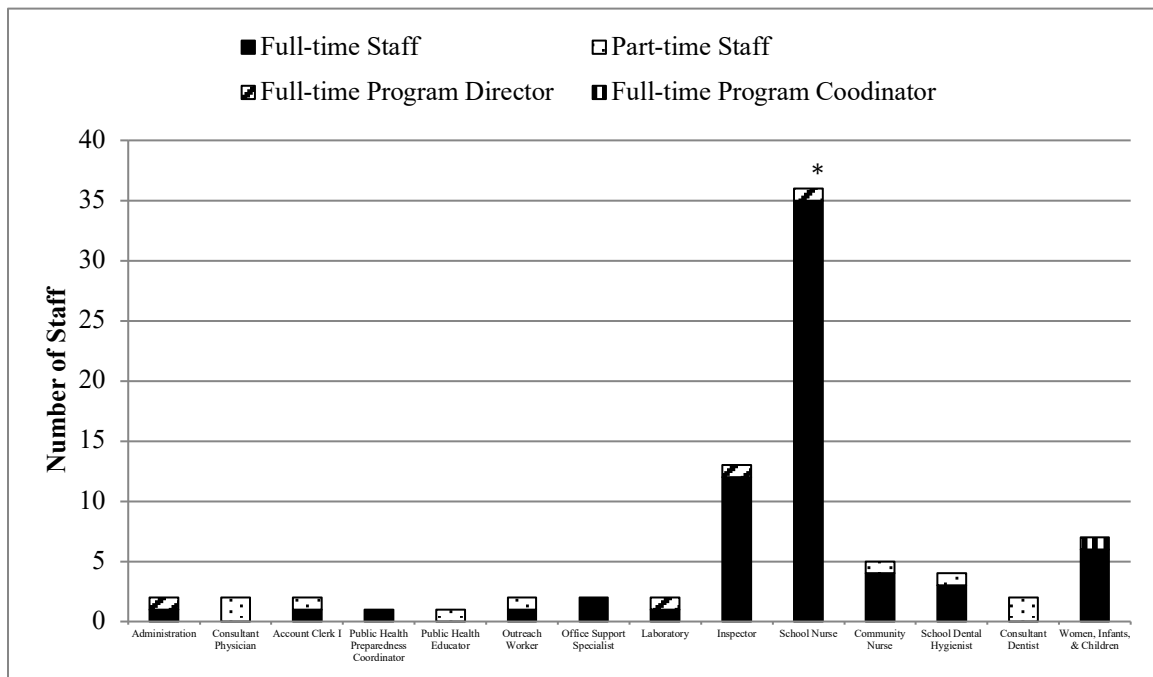
The State of Connecticut’s General Statute 19a-207a requires that all Departments of Health engage in the *Ten Essential Services (ES) of Public Health*. These 10 ES are grouped into these major areas:

- I. **Assessment**
 - 1. Monitor Health
 - 2. Diagnose & Investigate
- II. **Policy Development**
 - 3. Inform Educate & Empower
 - 4. Mobilize Community & Partnerships
- III. **Assurance**
 - 5. Develop Policies
 - 6. Enforce Laws
 - 7. Link to/Provide care
 - 8. Assure Competent Workforce
 - 9. Evaluate
 - 10. Research

Through its, mission, vision, and values, the Stamford Department of Health aligns its activities with these ten essential services.

In fiscal year 2018-2019, 82 persons worked in the Stamford Department of Health. Figure 1 below demonstrates the staffing levels by program.

Figure 1. Stamford Department of Health Staffing by Program Fiscal Year 2018-2019



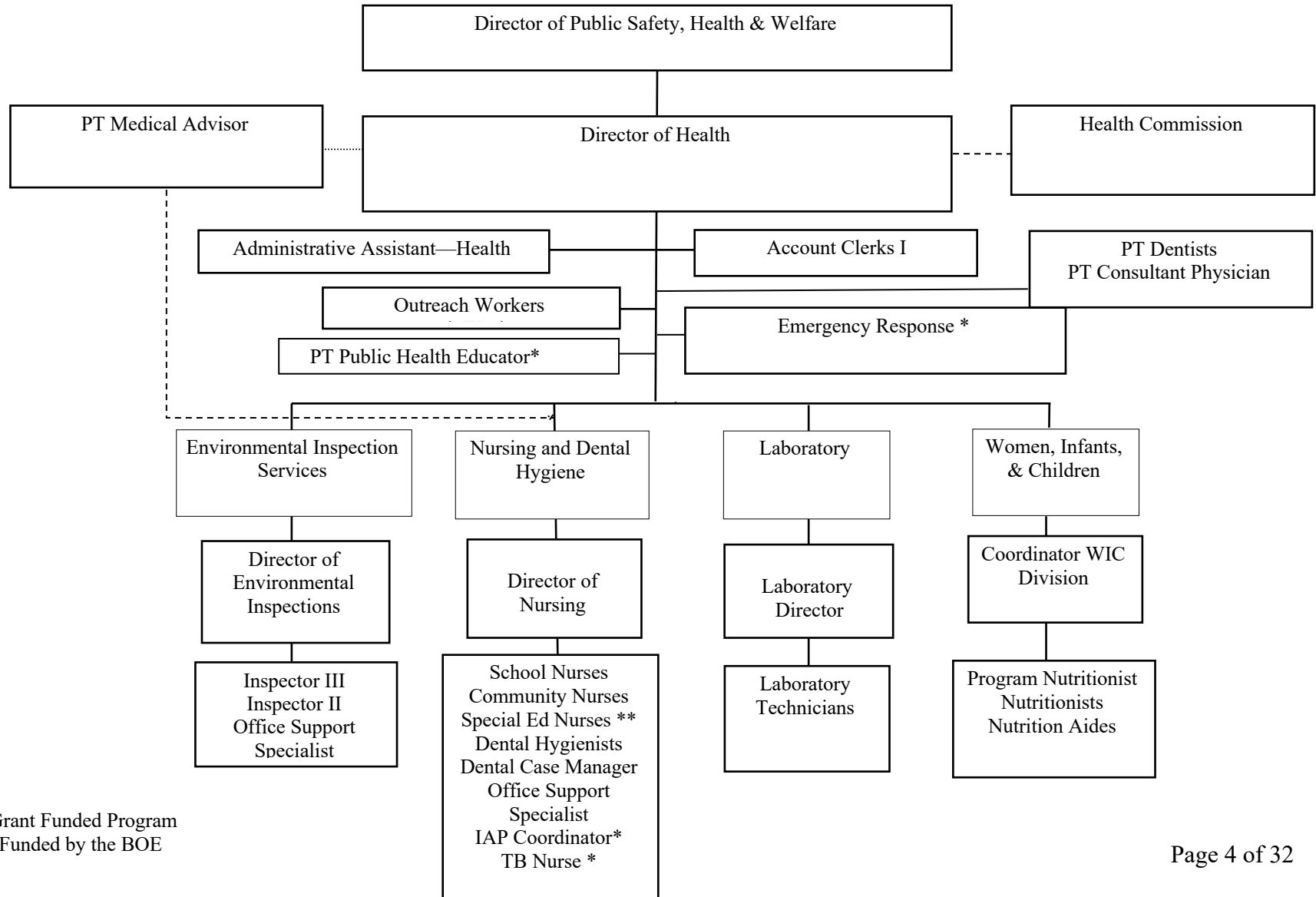
*Director of Nursing and Dental Hygiene oversees the school nurses, community nurses, and dental hygienists

The department is overseen by the Director of Health with support from a part-time Medical Advisor. The Director reports to the Director of Public Safety Health and Welfare with support from the Health Commission. The department consists of four divisions, Environmental Inspections, Nursing and Dental, Laboratory, and Women, Infants, and Children (WIC), as well as the Public Health Education, Outreach, and Emergency Preparedness and Response Programs.

Figure 2 shows the organizational chart for the department.

Figure 2. Stamford Department of Health Organizational Chart Fiscal Year 2018-2019

City of Stamford
Department of Health

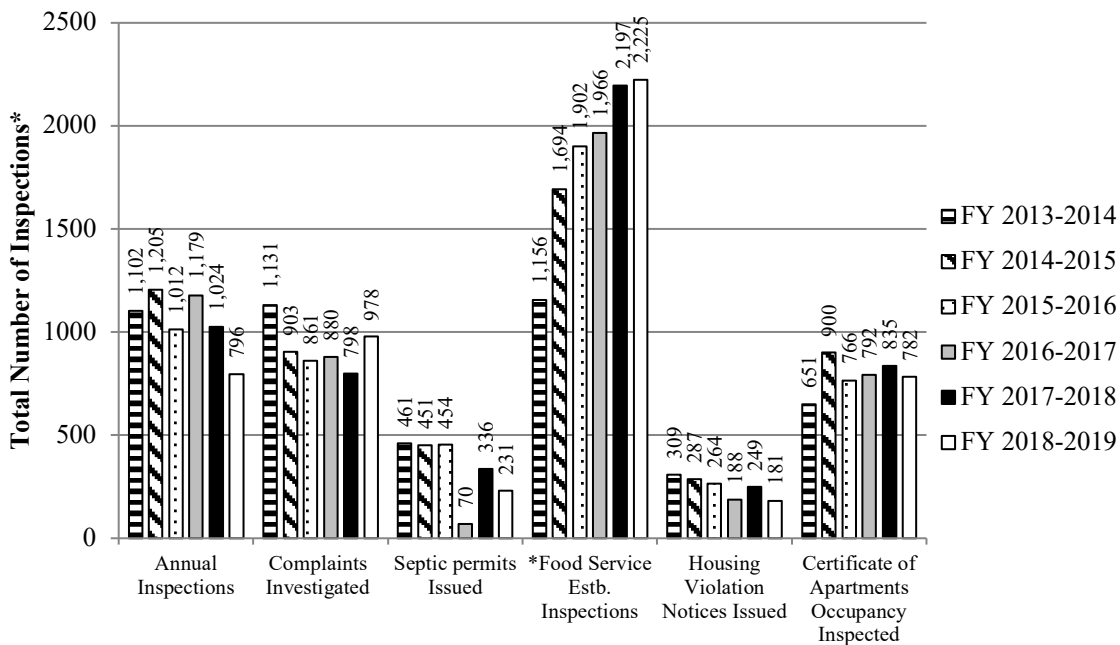


* Grant Funded Program
** Funded by the BOE

Environmental Inspections

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, mold, asthma, air pollution, food, daycare, bedbugs, pools, weights and measures, rodent, septic, permits, stagnant water, water pollution, noise, and general complaints. Through these activities, this program addresses essential services 3 to 6 and 8 to 9. In fiscal year 2018-2019, there were 5,139 inspections. Figure 3 below shows the five-year inspections trends.

Figure 3. Environmental Inspections Five-year Inspection Trends



*Includes repeat inspections

Annual Inspections are conducted on Assisting living, Barber Shops, 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.

Compared to Fiscal year 2017-2018, there was a 2.2% decrease in annual inspections as a result of the increased attention given to complaint investigations and food inspections.

The number of complaints investigated increased by 22% as a result of the department's efforts to respond to complaints submitted through Fix-It-Stamford in a timely manner.

Septic permits include, code complying areas permits, permit to install, and permit to discharge. The number of septic permits issued, decreased by 31.2%, this may be due to the property have been issued a code complying area in the past and thus none was required to install or discharge.

There was a 27.3% decrease in housing violation notices compared to fiscal year 2017-2018. This decrease may be a result of home owners being more aware of the proper housing codes that ensure a safe living environment, or this may also have been impacted by the fact that the Division has been without a director for eight months who spearheaded the operation safe house initiative that targeted illegal and unsafe housing matters.

A certificate of apartment occupancy (CAO) inspection applies to homes that are at least 15 years of age and have four or more units. This inspection relies on owners calling to indicate that their dwelling 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 marginal increase of 6.3% compared to fiscal year 2017-2018.

Under the State of Connecticut Public Act 17-93, which was enacted on October 1, 2017, food establishments have been reclassified as follows:

Class I Food establishments only offer for retail sale (1) prepackaged food or food prepared in the establishment that are not required to be maintained at a specific temperature or (2) commercially processed food that is may be heated prior to serving but not permitted to be cooled; Class II Retail food establishments serve high risk populations and offer food items that are (1) prepared, cooked, and served immediately or (2) prepared, cooked, and held at the appropriate hot or cold temperatures; Class III Retail food establishments (1) do not serve high risk populations (2) have an extensive food menu, many of which require proper time- or temperature-control for safety and require complex preparation; and Class IV Retail food establishments (1) serve high risk populations or (2) conduct specialized food processes (e.g., smoking or curing).

In addition, the City of Stamford Ordinance Chapter 132 section 28 defines Retail Foods "as any establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. The term includes delicatessens that offer prepared food in bulk quantities only. The term does not include establishments which handle prepackaged and non-potentially hazardous foods; roadside markets that offer only fresh fruits and fresh vegetables for sale; food service establishments; or food and beverage vending machines". "Temporary Food Service Establishment means a food service establishment that operates at a fixed location for a temporary period of time, not to exceed two (2) weeks, in connection with a carnival, circus, or public exhibition, festival, celebration, or similar transitory gathering".

Figure 3 above shows that overall food service inspections which include re-inspections demonstrated an annual increase over the preceding five years. Table 1 below shows an 2.5% increase in the number of routine inspections that have been conducted. This is first time that the inspections program has completed at least 80% of routine inspections. These efforts have been achieved by setting goals and targets for all inspectors to ensure that the department is meeting

the established benchmarks. While there has been some improvement, it is evident that additional oversight is needed to reduce duplication of efforts and focus resources where needed.

Table 1. Restaurant Inspections

Fiscal Year 2017-2018						Year Fiscal 2018-2019				
Class ¹	Total # of * establishments in Stamford	<i>Inspection² Bench Mark</i>	Total # of routine inspections completed	Total % of all routine inspections completed	Total # of ³ all inspections	Total # of * establishments in Stamford	<i>Inspection² Bench Mark</i>	Total # of routine inspections completed	Total % of all routine inspections completed	Total # of ³ all inspections
I	58	58	83	143	89	51	51	73	143	76
II	176	352	356	101	409	165	330	339	102	377
III	428	1,284	1,122	87	1,421	430	1,290	1,028	80	1,236
IV	19	76	49	64	56	18	72	62	86	75
Retail	140	280	133	47	156	125	250	155	62	190
Temporary Events	216	216	51	23	66	209	209	122	58	128
Total	1,037	2,266	1,794	79	2,197	998	2,202	1,779	81	2,082

¹Note: The Classifications changed for Fiscal Year 2017-2018, see page six (6) for definitions.

²State inspections bench mark

³Total of all inspections including re-inspections

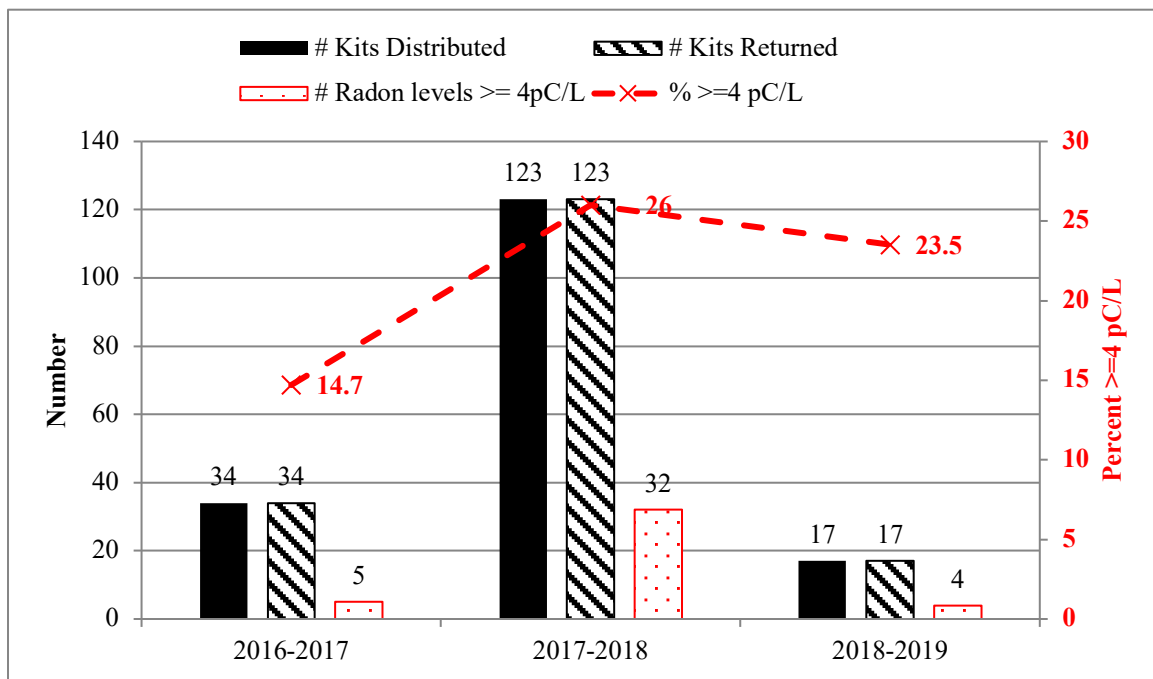
*Public Act 17-93, Department of Public Health's adoption of the Food and Drug Administration Model Food Code. All Class I, II, III, and IV Food Establishments have been reclassified to reflect the FDA's classification as of October 1, 2017, see page six (6) for definitions

Radon Testing Program

In January 2016, the Department of Health initiated the free Radon Testing program during the months of January to March. Each year, the Environmental Health and Inspections Division offers homeowners free radon kits that the owner deploys in his or her home to test the air for radon. The kits are returned to the Department of Health 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 in homes. Also the lower number of kits distributed in fiscal year 2018-2019 is most likely due to the fact that the radon testing public awareness activities did not occur this fiscal year.

Figure 4. Radon Testing of Air Samples in Homes



Mosquito Control Program

The Stamford Department of Health Environmental 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. The program engages in activities to increase community awareness through education on how to reduce mosquito exposures and mosquito breeding sites around commercial and home environments.

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 2018-2019 fiscal year the program responded to 14 complaints involving mosquitoes and stagnant water.

Laboratory Division

The Laboratory provides supportive services to the Department of Health's various divisions, 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.

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. While this service is of value to some, it should be noted that treatment decisions must not be based on tick testing results.

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

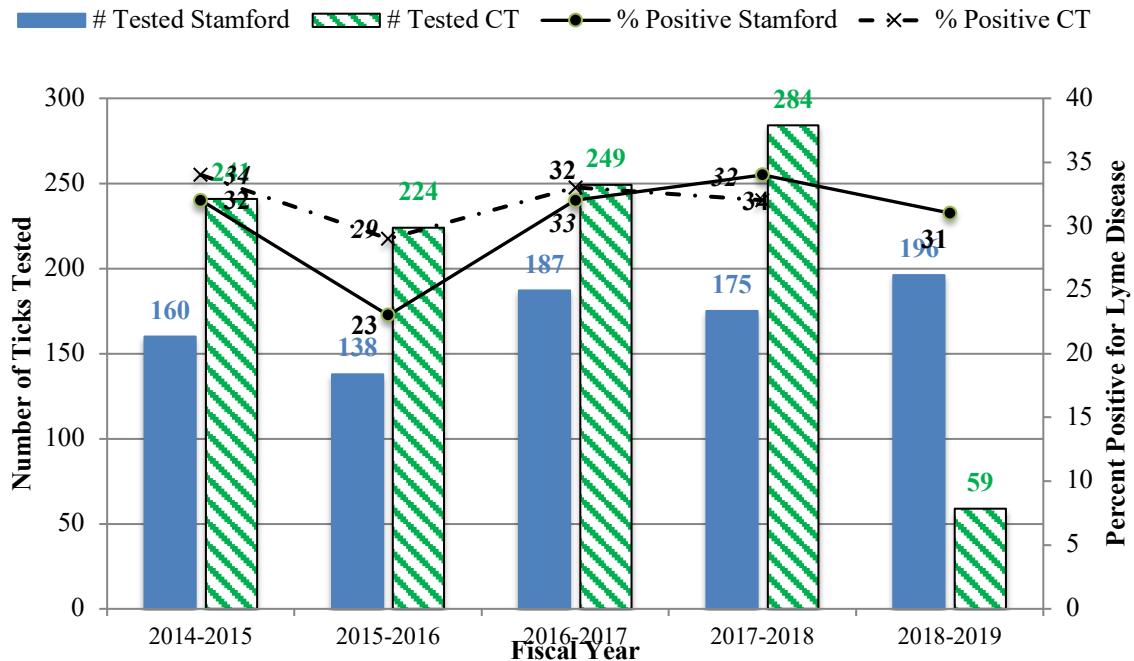
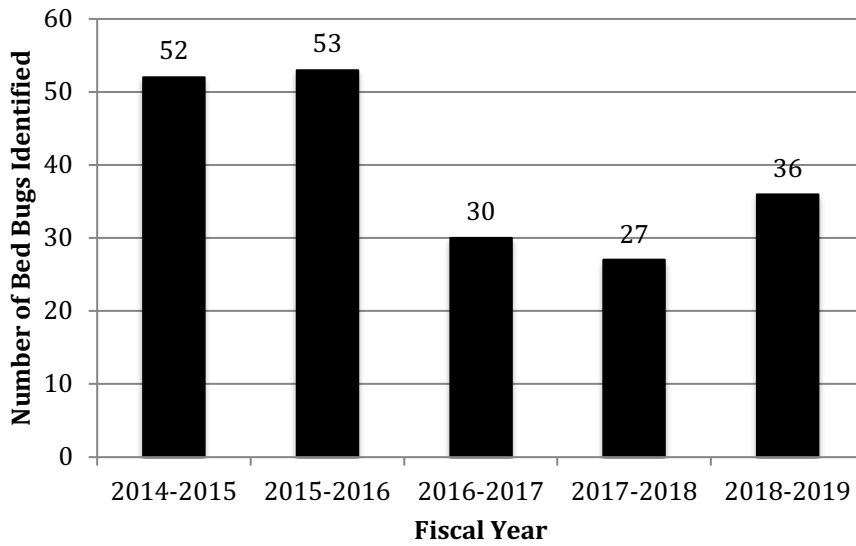


Figure 6 shows the number of bedbugs identified over the past five years. There was a decrease seen from 2014 to 2016. This was most likely due to changes in the State of Connecticut’s House Bill No. 5335 and the Public Act No. 16-51, which became effective on October 1, 2016. This Act requires landlords to remediate bedbug problems. Based upon complaints reported to the Department of Health, environmental inspectors will perform a home inspection on rental properties and if bedbugs are found, issue orders to the landlords for extermination. The 33.3% increase seen submissions in fiscal year 2018-2019 cannot be explained at this time.

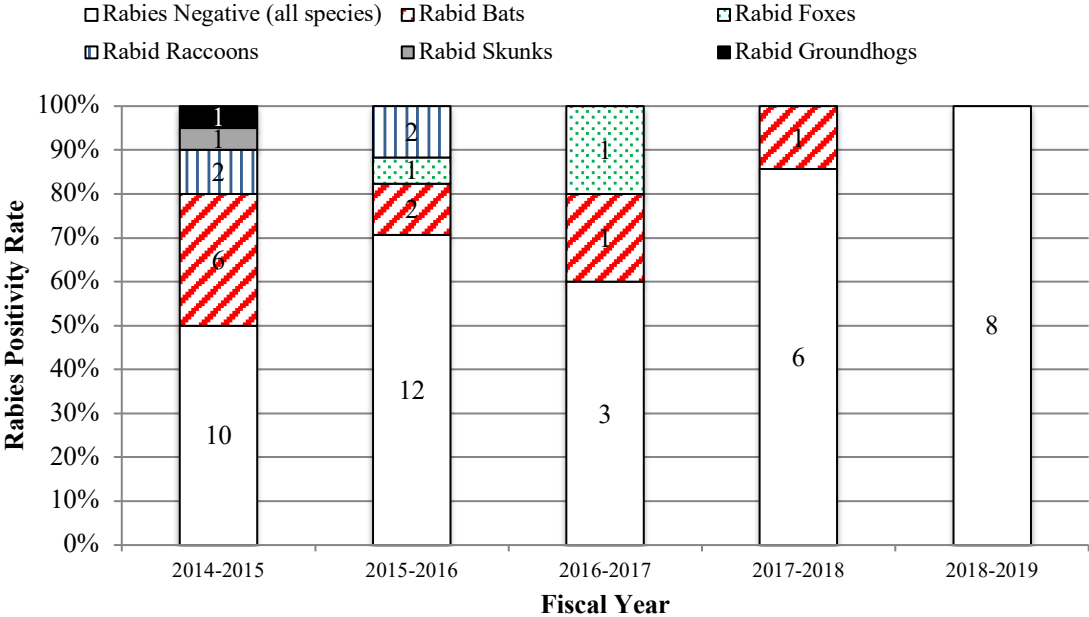
Figure 6. Number of Bed Bugs Identified



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, 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. The data show that the majority of rabid animals in Stamford have been bats, this is consistent with state and national trends.

Figure 7. Animal Rabies Testing

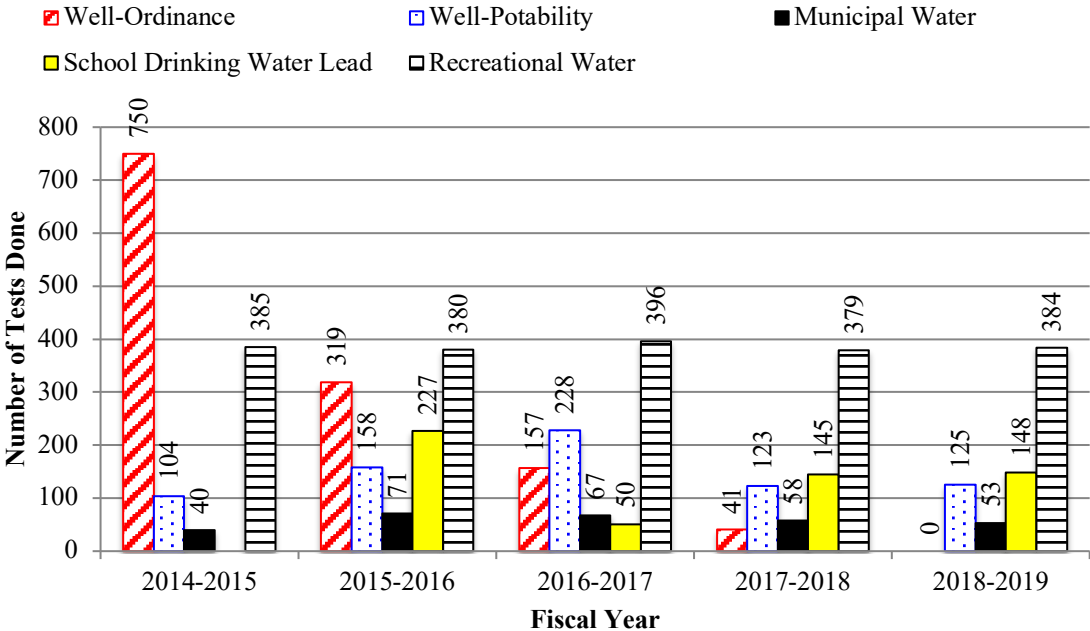


During fiscal year 2018-2019 all sexually transmitted disease (STD) testing was conducted by the State Department of Public Health (DPH) for free with the exception of the screening tests such as wet mounts and gram stains which are conducted by the clinic physician. Laboratory personnel are no longer being used in this capacity.

The Laboratory’s core activities relate to water testing. For a fee, municipal water testing for lead and copper, and well water testing for potability can be requested. For a fee, recreational water testing is also 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. Requests for well water testing related to the City Ordinance dropped by approximately 50% after the first two years and continued to steadily decline. This may have been a result of many homeowners having tested their wells privately. Well potability testing requests steadily climbed until fiscal year 2017-2018 when the number of requests decreased and it has remained at that level since. Recreational and municipal water testing requests have remained relatively constant. The inability to increase testing through the city Laboratory may be multifactorial and related to concerns about confidentiality of test results, slower turnaround time compared to commercial laboratories due to having a non-automated and single test processing system, many homeowners having tested their wells at least once, and lack of knowledge about the need for periodic (approximately every two years) well water potability testing regardless of prior negative results.

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 to10.

Community Nursing

Community nurses provide oversight to the Breath of Fresh Air Program, the Immunization Action Plan (IAP), the Cocoon Program, the Influenza Prevention Program, the Sexually Transmitted Diseases (STD) Program, the Tuberculosis (TB) Program, the Well Child Program, the Pediatric Lead Prevention Program, Reportable Diseases, and Travel Clinic. Community Nurses participate in outbreak investigations and Public Health Emergency Response.

Breath of Fresh Air

The Breath of Fresh Air Program (Asthma Program) is a collaborative effort between the Environmental Health and Inspections and Nursing Divisions that is offered free to parents of asthmatic children. The goal of the program is to reduce asthmatic attacks through education and environmental dust reduction. Table 2 below shows a decrease in the program’s activity which is due to a dramatic decrease in funding. The Department of Health is gearing up to refocus its efforts and forge new partnerships in an effort to revitalize this essential program.

Table 2. Breathe of Fresh Air Program

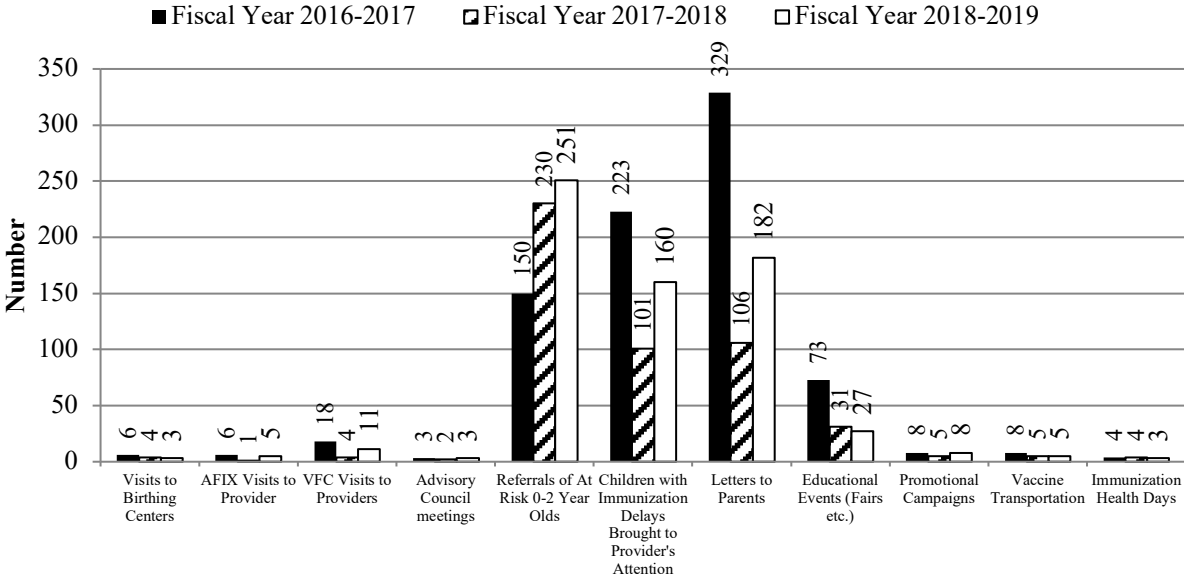
	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
New Clients	14	4	2	1	3
No. of Visits	11	4	4	2	4

Immunization Action Program (IAP)

The goals of IAP are to educate and inform the community about the importance of childhood immunizations, to educate health care providers about currently recommended immunization schedules and the importance of appropriately timed vaccine administrations, to ensure that vaccine providers store and handle vaccines appropriately to avoid compromising the vaccines' integrity, to ensure that all pediatric vaccines doses are reported to the Connecticut Immunization Information System (CT WIZ), and to assess vaccine coverage rates in children at 24 months of age.

To accomplish these goals, the IAP Coordinator works closely with physicians' offices as well as with the local birthing centers to ensure that children are enrolled in CT WIZ, their vaccines are given on schedule and reported to CT WIZ. Other activities include conducting education events, hosting Advisory Council meetings that elicit input from stakeholders. Figure 9 below demonstrates the activities for the fiscal years 2016-2017 to 2018-2019. To be noted, traditionally, the fiscal year for this program has been from January to December. During fiscal year 2017-2018, the program changed their data collection year from January to December to July 1st to June 30th.

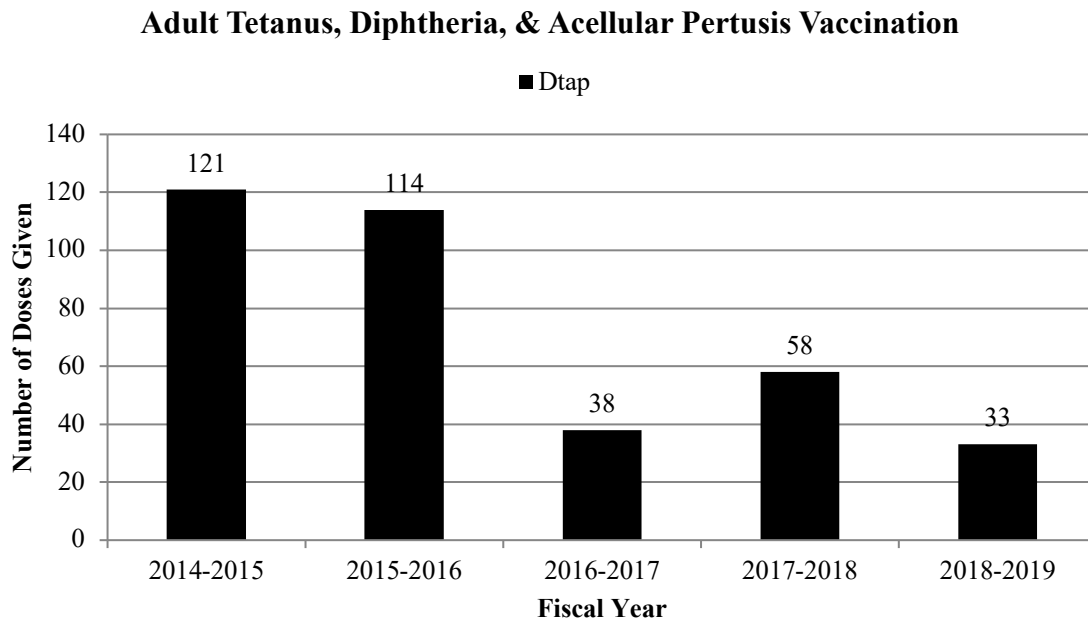
Figure 9. Immunization Action Plan Activities



Cocoon Program

The Cocoon Program provides free tetanus diphtheria and acellular pertussis (Tdap) vaccine to any adult 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 10 shows a dramatic decrease in number of doses given since fiscal year 2015-2016. This decrease may be attributed to several reasons such as; many sites that have pharmacy services now offer this vaccine, persons with insurance are getting the vaccine from their providers, and ineffective marketing of the City’s program.

Figure 10. Cocoon Program Five-Year Trends Figure 7. 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 in achieving this goal, the Department of Health provides influenza vaccine to all eligible persons ages three (3) years or older. The 2018-2019 annual Influenza “kick-off” campaign was held at the 137 Henry Street Clinic on September 25, 2018. Over the years, the Department of Health has expanded its outreach activities in an effort to increase influenza vaccination coverage. These activities include targeting city employees, Board of Education employees, City of Stamford Boards of Finance and Representative Members, and members of the public. The city also participated in the Commissioner Pino’s Annual Statewide Influenza Vaccination Clinics that are aimed at increasing influenza vaccination uptake state-wide. Figures 11 and 12 respectively show the five-year trends in influenza vaccine administration and the populations targeted. Influenza vaccines are offered at the Henry Street Clinic throughout the entire influenza season from October until May.

In 2018-2019 the number of influenza vaccines administered decreased by 23.0%, this was may be due to the fact that there were no deaths due to influenza as had occurred in the prior influenza season and this may have impacted individual health risk taking behaviors.

Figure 11. Influenza Vaccination Program

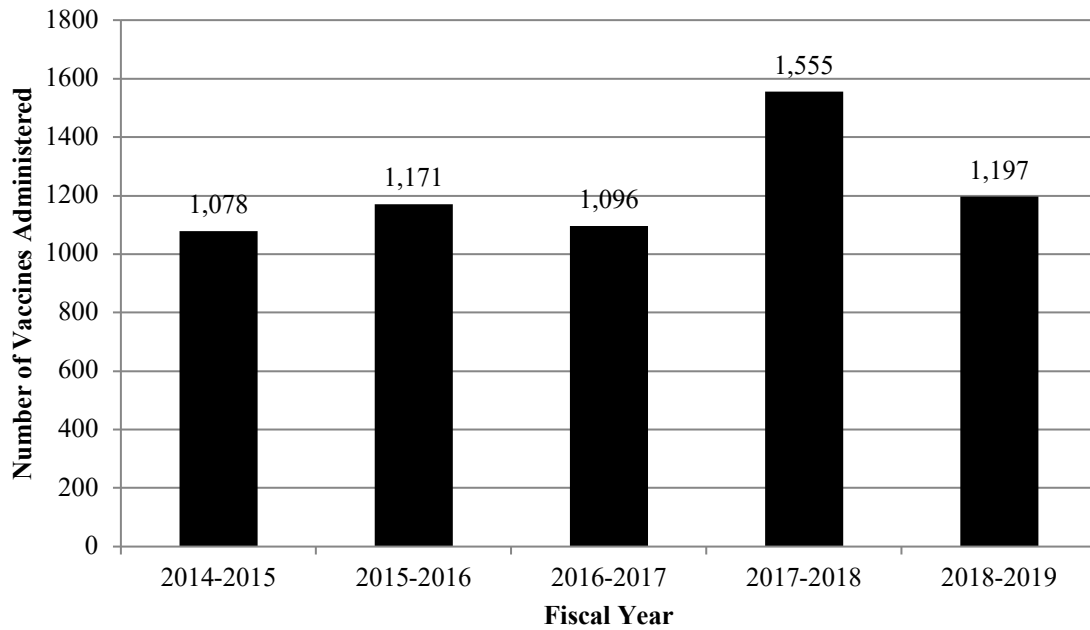
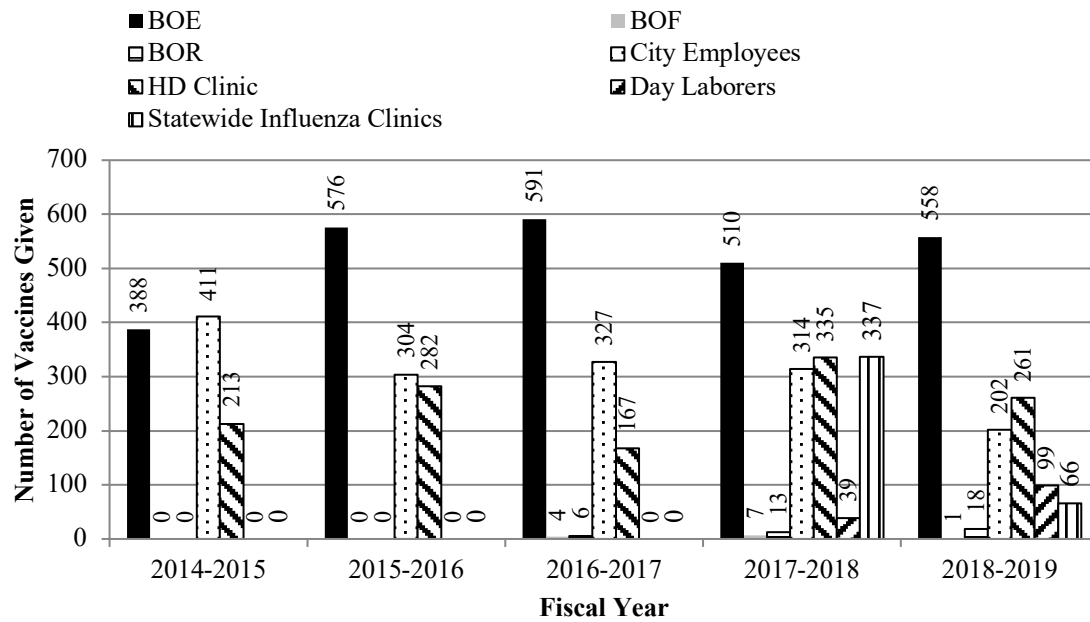


Figure 12. Influenza Vaccination By Population Served



Sexually Transmitted Disease (STD) Program

The Stamford Department of Health’s 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. Free pregnancy testing is also offered, and women who are pregnant are referred to Optimus Health Care for prenatal care. Hepatitis A and B vaccines are provided by DPH and are offered free of charge to STD clinic patients. Table 3 below details the trend in activities. These data reflect the national trends in which STD rates are increasing and emphasizes the need to maintain a local ability to provide these needed services.

Table 3. Sexually transmitted Disease Clinic Five-Year Trends

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
No. of initial visits	635	549	450	439	355
No. of follow up visits ¹	131	126	124	108	96
No. of STD tests ²	635	534	458	486	380
No. (%) of syphilis positive	16 (2.5)	26 (4.7)	26 (5.7)	31 (7.0)	26 (7.3)
No. (%) of <i>Chlamydia</i> spp. positive	41 (6.4)	40 (7.2)	27 (6.0)	35 (7.9)	25 (7.0)
No. (%) of gonorrhea positive	9(1.4)	7 (1.2)	8 (1.7)	6 (1.3)	10 (2.8)
No. of HIV tests done (% positive)	550 (.54)	500 (.20)	373 (.30)	379 (.26)	319 (0)
No. of pregnancy tests done (% pregnant)	26 (30.8)	6 (0)	8 (50.0)	4 (25.0)	1 (0)

¹ Follow 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. Some patients are not tested because they are referred to the clinic for treatment based on a prior positive test results.

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. For fiscal year 2018-2019 clients were treated on average the same day seen and all empiric diagnoses were concordant with the confirmatory diagnosis.

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 4 describes the five-year TB trends. In fiscal year 2018-2019, the first cases of multidrug resistant (MDR) TB was diagnosed in a Stamford resident. However, to date, no extensively drug resistant (XDR) has been identified in a city resident. The number of active communicable cases of TB has been declining until fiscal year 2017-2018. The increase seen in fiscal year 2018-2019 is likely linked to changes in immigration patterns. It should be noted that none of these cases resulted in exposures that required intensive investigation. 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 4. Tuberculosis Five-Year Trends

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
No. of new TB cases	13	7	6	2	4
No. (%) of new cases that are adults	10 (76.9)	6 (86.7)	5 (83.3)	2 (100)	4 (100)
No. of multi-drug resistant TB cases ¹	0	0	0	0	1
No. of extremely drug resistant TB cases ²	0	0	0	0	0
No. of visits to client on DOT ³	509	1,040	947	148	460
No. of tuberculosis skin tests and or blood tests for TB administered	32	140	208	35	256
No. (%) of positive TB tests	13 (40%)	5 (3.5%)	13 (6%)	1 (2%)	13 (5.0%)

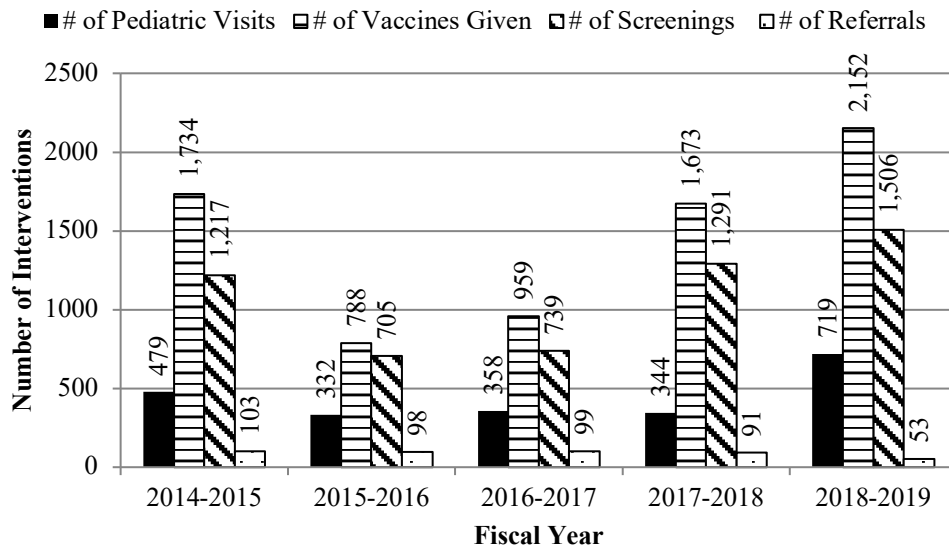
¹Multi drug resistant (MDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin
²Extensively drug resistant (XDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin and any fluoroquinolone and at least one of 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 has increased its 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 underinsured or uninsured children with physicals, vaccinations, medical screenings, social and psychological needs assessments, and if necessary, referrals to specialists. Children are referred to the clinic by medical providers, school nurses, the Stamford Hospital, and other sources. 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 DPH via the Federal Vaccine For Children program. Figure 13 details the five-year trends.

Figure 13. 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, the City of Stamford Department of Health Breath of Fresh Air program.

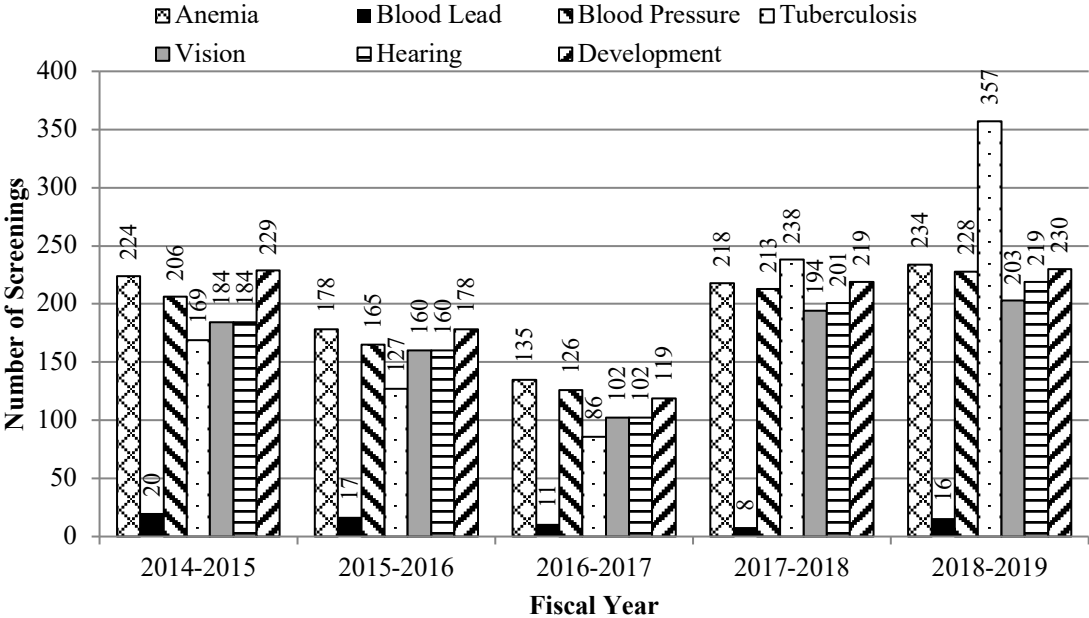
Fiscal year 2018-2019 saw a 109.0% increase in the number of pediatric visits, 28.6% increase in vaccines given through the Well Child Clinic, and a 16.6% increase in the number of screenings. These data suggest that more vaccines are given per child ensuring that children are up-to-date on their required and recommended vaccinations and more comprehensive examinations are being conducted that allow early identification of medical problems. Based on the clinic physician’s assessment, fewer children are in need of referrals.

Figure 14 shows the number and types of screening that are being conducted in the clinic. Fiscal year 2018-2019 saw an increase in all types of screening conducted compared to 2017-2018. The most notable increase occurring for TB. TB screening and early identification of active

communicable TB cases especially among children continues to be a major focus of the Department of Health as a result of multiple TB exposures occurring in the Stamford School system as a result of children with active communicable TB disease remaining undiagnosed and being approved for school entry by private practitioners. Also, attention to TB is important given the current demographics of the City of Stamford where the risk for TB disease is high.

Given that pediatric lead screenings are only required for children ages 0 to 3 years of age and the majority of children seen at the city’s Henry Street Clinic are older than three (3) years of age, the Well Child Clinic does not offer many lead screening tests.

Figure 14. 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, Community nurses follow up on all reports of elevated pediatric blood lead levels (BLL). An elevated BLL is defined as a BLL >5 ug/dl. Nurses ensure that the child is appropriately monitored by his or her healthcare provider, that parents take their child for follow-up testing, that testing continues until the BLL normalizes, and when needed, by collaborating with Environmental Inspections Division, an environmental inspection is conducted of the child’s home to identify and eliminate any potential environmental sources of lead.

In fiscal year 2018-2019, the community nurses investigated 61 elevated BLLs that were reported to the Department of Health. Of these, six (9.8%) required an environmental inspection, two (33.3%) were linked to properties that had lead paint in the structures, and two (33.3%) were linked to sources other than paint such as toys, jewelry, or eating utensils, the remaining two (33.3%) were linked to hand to mouth behaviors.

(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 DPH and to local Departments of Health. Local Departments of Health either investigate these cases independently or provide support to the DPH-lead investigations.

In fiscal year 2018-2019 the community nurses were involved in the investigation of 59 individual cases that included the following pathogens: *Campylobacter jejuni*, *Clostridium botulinum*, *Ehrlichia* spp., *Escherichia coli*, *Giardia* spp., Hepatitis A, Hepatitis B and Hepatitis C viruses, *Bordatella pertussis*, *Enterobius vermicularis*, Rubeola virus, *Salmonella* spp., *Sarcoptes scabiei*, *Streptococcus* spp., and *Yersinia* spp.

Staff were also involved in several outbreak investigations that often required support from the Nursing, Environmental Inspections, and Laboratory Divisions. These outbreaks investigations ranged in size from two (2) to 15 persons and were related to, *Campylobacter* spp. at a catered event; influenza infection at an Assisted Living facility; influenza infections at two (2) nursing homes; and an outbreak of *Escherichia coli* that was linked to a local Stamford restaurant.

Travel Clinic

Given the staff time that was needed to provide these non-mandated services, the cost to the City to provide these services, and the fact that these services can be more efficiently provided by private providers, the Department of Health suspended the Travel Clinic activities beginning July 1, 2018.

Community Nursing Outreach Activities

The community nursing program participated in the Commissioner of Health's Statewide Hepatitis A Vaccination program and provided a total of 53 doses of vaccines to at risk persons. Vaccination clinics were held at Stamford CARES of Family Centers on November 30, 2018 and Building One Community on December 16, 2018 and June 30, 2019. These outreach activities were used as an opportunity to also provide free influenza vaccine; 26 persons accepted influenza vaccines. By collaborating with Stamford CARES, free HIV testing was offered during the Hepatitis A vaccination campaign at Building One Community where six participants agreed to be tested for HIV.

The Community Nursing program obtained an internet enabled television set that is being used not only to enhance workforce development for staff but to also educate clinic patients using education videos from the Centers for Disease Prevention and Control and DPH to reinforce the clinic staff's health promotion activities and improve patient compliance.

School Nursing Program

The School Nursing Program's goal is to ensure a safe learning environment for school children. This is accomplished by ensuring that only children who meet the health requirements for school entry are admitted into the school environment, and that children while attending school undergo mandated screenings and referrals that are designed for early detection and treatment of developmental problems.

School nurses also provide physician-ordered medical interventions for children with medical needs. This is a critical component of the program given that there is an increasing trend to mainstream children with high medical acuity so that they enjoy a richer educational environment. Further, nurses provide first aid, respond to emergencies, and review all required medical records for each child who is scheduled for a field trip to ensure that the child's health is not be compromised during the trip.

Nurses educate families about various health-related topics to ensure healthy outcomes and prepare the appropriate state required health metrics that are collected and reported to the State Department of Education to facilitate program planning. The School Nursing Program benefits from the oversight of the city's Medical Advisor and the city's Medical Consultant who work with the private clinicians to address medical questions, write select nursing orders, and review special medically-related requests.

Table 5 shows the five-years trends in the school nursing program.

Table 5. School Nursing Activities

	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
No. of public schools buildings	21	22	22	22	22
No. of private/parochial school buildings	19	19	19	17	15*
NURSING ACTIVITIES¹ (not including 911 calls or referrals)²					
TOTAL	278,256	283,376	274,930	308,901	350,882
No. (%) ³ of sick visits	60,672 (22.0)	64,054 (22.0)	62,634 (23.0)	67,840 (22.0)	61,063 (17.4)
No. (%) ³ of injury-related visits	32,899 (12.0)	30,711 (11.0)	32,226 (12.0)	31,333 (10.0)	28,899 (8.2)
No. (%) ³ of medication orders received and reviewed	4,168 (1.5)	4,557 (1.6)	4,309 (1.5)	3,016 (.9)	3,724 (1.0)
No. (%) ³ of medications given	16,064 (5.7)	16,661 (6.0)	15,728 (5.7)	23,696 (7.6)	27,628 (8.0)
No. (%) ³ other nursing activities	130,370 (47.0)	135,092 (48.0)	133,247 (48.0)	152,045 (50.0)	193,140 (55.1)
Clinical Care That Are Mandated To an RN's Intervention⁴					
No. (%) of blood glucose testing	3,296 (1.1)	3,968 (1.4)	3,212 (1.1)	3,451 (1.0)	9,650 (2.8)
No. (%) insulin management	1,878 (.6)	1,835 (.6)	1,187 (.5)	1,818 (.5)	2,830 (.8)
No. (%) of oral suctioning	928 (.3)	1,622 (.6)	1,363 (.5)	1,542 (.5)	687 (.2)
No. (%) of catheterizations	628 (.2)	1,131 (.4)	555 (.2)	322 (.1)	738 (.2)
No. (%) of gastric-tube feedings	1,223 (.4)	1,412 (.5)	1,723 (.6)	1683 (.5)	2,574 (.7)
No. (%) nasogastric tube feedings	1 (0)	0	0	1 (0)	0
No. (%) intravenous (IV) therapy	61(0)	11 (0)	5 (0)	4 (0)	0
No. (%) nebulizer treatments	355 (.1)	327 (.1)	451 (.1)	370 (.1)	347 (.1)
No. (%) ostomy care	389 (.1)	1018 (.4)	192 (0)	280 (.1)	581 (.2)
No. (%) oxygen administered	1 (0)	0	13 (0)	359 (.1)	261 (.1)
No. (%) tracheostomy suctioning	1 (0)	0	0	0	558 (.2)
No. (%) ventilator care	0	0	0	0	0
Other Mandated Activities					
<i>Screenings</i>					
No. (%) ³ vision screenings	9,278 (3.3)	8,220 (3.0)	7,780(2.8)	9,050 (3.0)	7,583 (2.1)
No. (%) ⁵ of vision referrals from screenings	424 (4.6)	495 (6.0)	465 (6.0)	549 (6.1)	430 (5.6)
No. (%) ³ of hearing screenings	11,191 (4.0)	8,371(2.9)	7,137 (2.6)	8,783 (2.8)	7,338 (2.0)
No. (%) ⁵ of hearing referrals	84 (.7)	68 (.8)	55 (.7)	77 (.9)	49 (.6)
No. (3) ³ of scoliosis screenings	4,853 (1.7)	3,828 (1.4)	3,168 (1.2)	3,308 (1.0)	3,284 (.9)
No. () ⁵ scoliosis referrals	37(.7)	20 (.5)	25 (.8)	53 (1.6)	52 (1.5)
No. of 911 calls ²	65	54	64	72	67

*Spire & Pinnacle are for profit schools and are no longer served by the Department of Health

¹ All nursing activities that the school nurse engages in excluding 911 calls, referrals for vision, hearing, and scoliosis, and mandatory paperwork

² 911 calls include calls for students and adults. Referrals are made for students only to other healthcare providers

³ Percentage of all nursing activities

School Dental Program

The School Dental Program provides a range of clinical and educational services. Proper oral health is important for proper childhood development. Good oral health 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, the parents of students in whom oral health issues are identified are given referrals to community clinics, private dental providers, or the Stamford Department of Health Dental Clinics. Students sometimes required more than one visit to complete preventive and treatment services.

In 2001 the program initiated the dental sealant program that targets second graders. In 2016 the sealant program obtained a two-year grant from the Health Resources and Services Administration (HRSA) and the Connecticut Department of Public Health that allowed the expansion of the program to first, sixth, and seventh grades in qualified schools. These are schools in which 50% or more of the students are eligible for the free or reduced lunch program. The grant program was a part of the CDC Sealant Efficiency Assessment for Locals and States (*SEALS*) which is designed to capture, store, and analyze school sealant program data nationwide.

Table 6 below details the five-year trends for the school dental program.

Table 6: Dental Services Five-Year Trends

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Dental Hygienists ¹	4	4	4.4	4.4	4
Classroom Instruction	305	241	210	191	236
No. of Elementary & Middle School Children Screened	8,427	8,235	8,617	8,701	8028
No. (%) of Elementary & Middle School Children Screened Requiring Dental Care	700 (8.3)	657 (8.0)	602 (7.0)	555 (6.4)	558(6.9)
No. of Children Requiring Dental care who receive their Preventive care at the Department of Health's Dental Clinics (#Patients/#Visits)	394/473	377/426	305/401	281/361	301/376
No. of Children Requiring Dental care who receive their treatments at the Department of Health's Dental Clinics Treatment Services (#Patients/#Visits)	138/222	187/324	191/305	159/274	144/263
Sealants Grade 2	390	462	424	390	369
Sealants Grant Funded (Grades 1,6,7) ²	0	0	173	184	N/A

¹ Three full time hygienists, one grant funded part-time hygienist and one case manager

² The grant has ended and there are no additional funds available to support this program

The number of screenings decreased due to completion of grant funding that supported screenings from 2016-2018. The number of private/parochial school screenings has been steadily decreasing over a five-year period due to a decline in enrollment. Offering the sealant program at the first grade level for the previous two years, decreased the number of students eligible for sealants in the second grade. The prevalence and severity of disease in children receiving treatment in the school dental clinics has increased, requiring more time per child for patient/case management and completion of care.

The children who are served by the Department of Health's Dental Program oftentimes are not eligible to participate in any other dental program and therefore, their only access to dental care is through the school dental hygiene program. Also, some family members report enjoying the convenience of having access to a school-based the program as it decreases barriers to access to care, i.e. transportation, time away from school and work.

Public Health Education and Outreach

1. Since January of 2017, the Department of Health has been focused on centering its health education activities around a series of health awareness days to promote wellness and disease prevention while highlighting the programs and services available through the

department. To enhance its community outreach and strengthen its community partnerships, the department collaborated with local health providers and not-for-profit organizations such as Stamford Health, the Ferguson Library and the City's Parks and Recreations Department. This fiscal year in addition to traditional press releases, the department started using Twitter, Instagram, and YouTube to disseminate education information. These new tools also enhanced the department's ability to capture and measure outreach efforts. The department also purchased several A stands one of which was used in the Government Center lobby to provide educational information for visitors. Figure 15 below shows the Sun Safety information on display.

Figure 15. Sun Safety Educational Stand



The department has traditionally been challenged with the financial resources to pay for the development of educational brochures. During this fiscal year the department has been able to locate an online printing service that for a reasonable fee is able to prepare pamphlets. In fiscal year 2018-2019 the department created a printed a pamphlet for its' asthma initiative and for Sun Safety

There is now a formalized mechanism to request Department of Health participation in educational activities. This allows the department to focus its activities within its areas of expertise while managing costs. Persons wishing to request Department of Health participation may do so via the Department's Website at <https://stamfordct.seamlessdocs.com/f/VTTUoh> . As

with any department activity it is critical to track outreach activities and to this end a metrics form has been developed to track the number of participants at each event and the number of educational material that has been distributed at each event.

Below are the health promotion activities that were highlighted in fiscal year 2018-2019.

July/August/September, 2018

- Sun Safety and Melanoma Monday event at Government Center
- Breastfeeding Awareness celebration
- Tick and Mosquito Bite Prevention promotion
- Influenza Season kick-off

October/November/December, 2018

- Lead Awareness event at the Government Center and at KT Murphy School
- Hispanic Health Fair "Honor Your Health"

January/February/March, 2019

- World Tuberculosis Day Celebration ("Hot Topics in TB") at Henry Street

April/May/June, 2019

- The Stamford Health Department ("STD Approach in the Community"-Brenice Duroseau, APRN speaker) [26 attendees;75 pamphlets; 30 Get Tested pens with website; 25 STD control lanyards with DPH phone number; 27 folders with a copy of the power point; 30 Stamford STD clinic schedules with PDH phone numbers and local and DPH Fax numbers; 30 pedometers and 25 GYT pins distributed]
- Ferguson Library Story Time (Sun Safety) [19 children 0-3 years; 22 adults; 22 Sunscreen packets and 22 pamphlets distributed]
- Parks & Recreation Springdale Elementary School (Sun Safety presentation) [59 students and 6 counselors, 75 brochures on Sun Safety distributed]
- Department's reception room educational television was used a resource to educate clients in the department's waiting room.
- Twitter and Instagram use used for a variety of events
 - MRC CERT recruitment
 - Public Health Champion announcement
 - Measles vaccination availability
 - National STD month
 - National Infant Immunization Month
 - Food Safety
 - Sun Safety
 - Rabies prevention
- YouTube videos on Opioid addiction prevention

While the education and outreach program continues to improve in the organization and focus, the program is in need of a dedicated staff member who has expertise in health promotion and

who will not only be able to develop effective health promotion activities that will promote behavior change, but will also be able to assess the extent of knowledge assimilated by participants in these activities.

The department's staff lent their expertise to a wide variety of community-based, state, and city-wide committees and partnerships. Examples of committee on which staff served include:

- Cancer Outreach Committee
- Childhood Learning Center Head Start Health and Advisory Committee
- City of Stamford Development Assurance Committee
- City of Stamford Health & Wellness Committee
- City of Stamford Housing Safety and Zoning Code Enforcement Task Force
- Commissioner of Health HIV Getting to Zero (G2Z) Initiative
- Community For Action OPIOD taskforce
- Connecticut Association of Housing Code Enforcement Official (CAHCEO)
- Connecticut Coalition for Oral Health and Connecticut Oral Health Initiative
- Connecticut Department Public Health Sealant Advisory Committee
- Eta Sigma Gamma National Honors Society
- Haitian American Professionals Coalition (HAPC)
- Joseph W Nunn Board - Joseph W Nunn Scholarship Foundation
- National Association of County and City Health Officers – Infectious Disease Workgroup
- Optimus Health Care Advisory Board
- Parent Leadership Training Institute
- Reach Out and Read
- School Readiness Council - Infant Health and Development
- Stamford Children's Health Collaborative (Previously Stamford Childhood Obesity Prevention)
- Stamford Early Childhood Collaborative Committee
- Supplemental Nutrition Assistance Program (SNAP) Regional Advisory Board
- United Way Cradle to Career
- Vita Collaborative

Public Health Emergency Preparedness

Within the Department of Health, Emergency Preparedness continues to be a shared responsibility for all staff. While emergency sheltering continues to be a responsibility for the department, fortunately in fiscal year 2018-2019 there was no need to provide emergency sheltering.

The Department of Health through its Public Health Emergency Preparedness program in collaboration with Stamford Hospital and film Director Mary Shanahan obtained a National Association of County and City Health Officials (NACCHO) funded Medical Reserve Corps Challenge grant to address educational activities related towards opioid abuse prevention. In

fiscal year 2018-2019 the department produced two videos that are available on the Department of Health's webpage and on YouTube. As part of the grant activities, the department developed a NARCAN train-the-trainer event and trained eight MRC volunteers.

The Director of Health has assumed full responsibility for restructuring and developing the Medical Reserve Corps. (MRC) and assumed the role of Unit Director for the program. MRC volunteers were activated and participated in the Statewide Influenza Vaccination Clinics on December 1 and 8, 2018. During fiscal year 2018-2019, CERT and MRC started training together. The following topics were offered during the year:

- Bloodborne Pathogens
- Shelter Fundamentals
- Tactical Communication
- Points of Distributions (PODs) Table Top Exercise
- Cultural Competency During Disaster Response

Women Infants and Children (WIC) Program

Due to a lack of funding, with approval from DPH, the WIC program activities, were reassigned to Optimus Healthcare. Optimus Healthcare has a long history of providing WIC services in the state of Connecticut.

Other Activities

The Director of Health reviewed and approved 67 noise waiver applications and reviewed death certificates to provide funeral directors with 13 non-contagion letters that allowed the removal of bodies for burial outside of the country. In fiscal year 2017-2018, the department obtained free NARCAN for the Stamford Public High Schools. The director was a member of Commissioner Pino's G2Z Commission to prevent HIV transmission statewide and in Stamford. With the departure of some employees, the director used the opportunity to update several outdated job descriptions; the Administrative Assistant –Health, Inspector I, and to upgrade the Director of Environmental Inspections and the Director of Nursing positions to Assistant Director of Health and Director of environmental Health and Inspections and Assistant Director of Health and Director of Nursing and Dental Services respectively. This will ensure compliance with DPH's requirement of having three-deep coverage for the Director of Health. These changes will result in an enhancement of the workforce skillset by having persons with at least a baccalaureate degree and more persons with academic training in public health. In fiscal year 2018-2019, in an effort to improve efficiencies, the department introduced a bilingual kiosk check in system that preserves resources as well as provides data on peak service times, average wait times as well as average service time. In fiscal year 2018-2019 the department had 3,931 visits; this number is an underestimate as some people failed to check in. Most persons were seen between 9:00 am and 12:00 pm. The average waiting has constantly improved and during the third quarter was an average of nine (9) minutes. Plan reviews require the longest service time.

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