

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

Annual Report

July 1, 2020 to June 30, 2021



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.

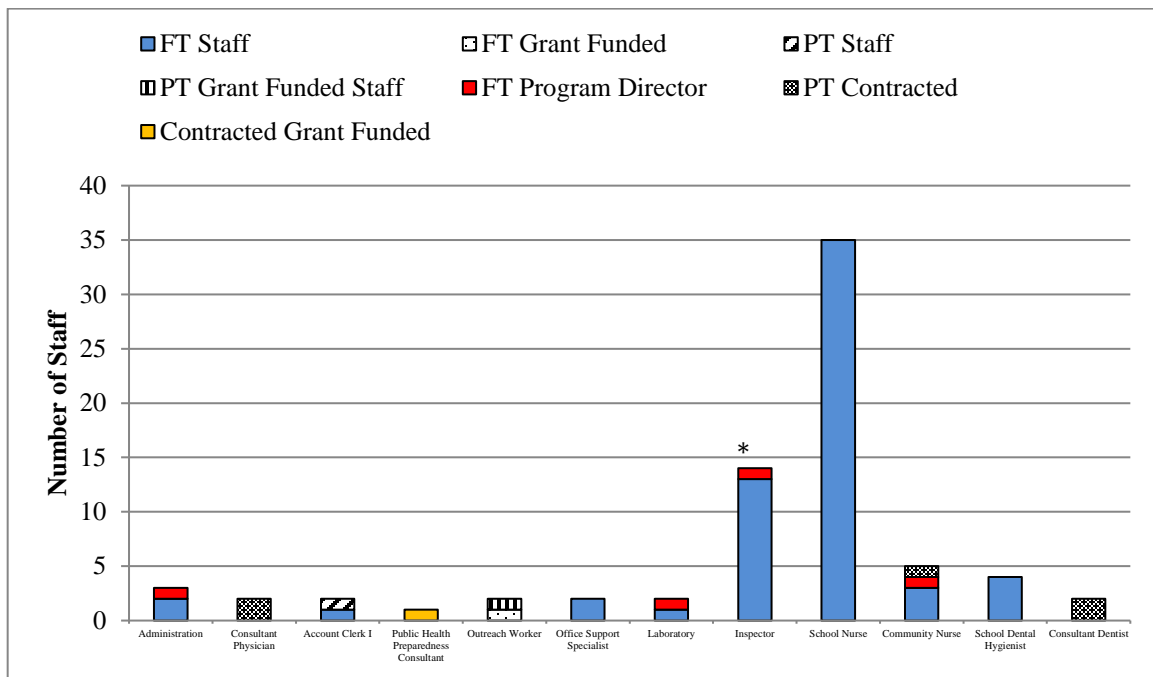
The State of Connecticut's General Statute 19a-207a requires that all Department of Healths engage in the *Ten Essential Services (ES) of Public Health*. These 10 ES are grouped into these major areas:

- 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 2020-2021, 74 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 2020-2021

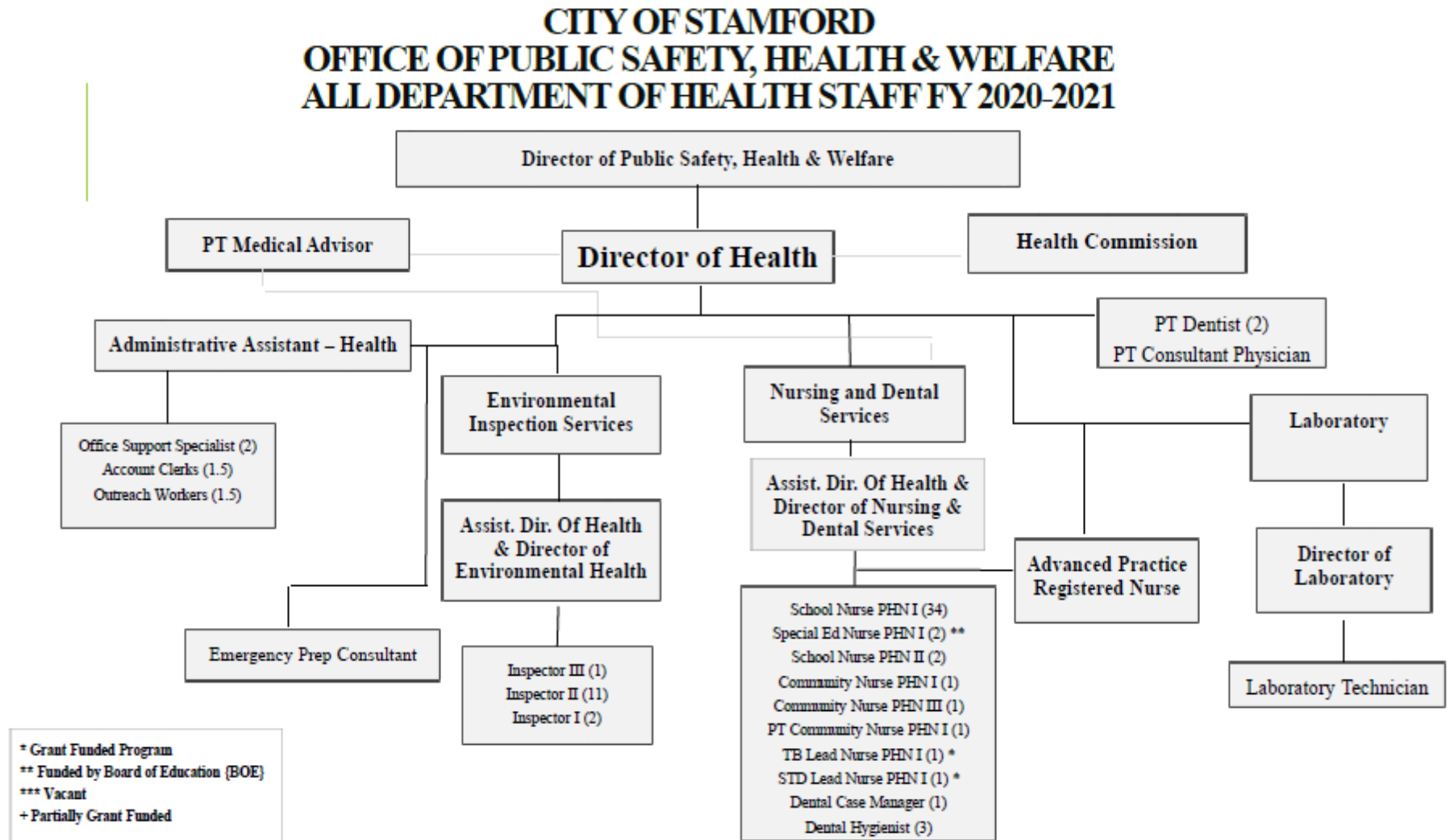


*Director of Nursing and Dental Hygiene oversees the school nurses, community nurses, and dental hygienists

The department is overseen by the Director of Health with support from a part-time Medical Advisor. The Director of Health reports to the Director of Public Safety, Health, and Welfare with support from the Health Commission. The department consists of three divisions, Environmental Inspections, Nursing & Dental Services, and Laboratory, including the Outreach, and Emergency Preparedness and Response Programs

Figure 2 shows the organizational chart for the department.

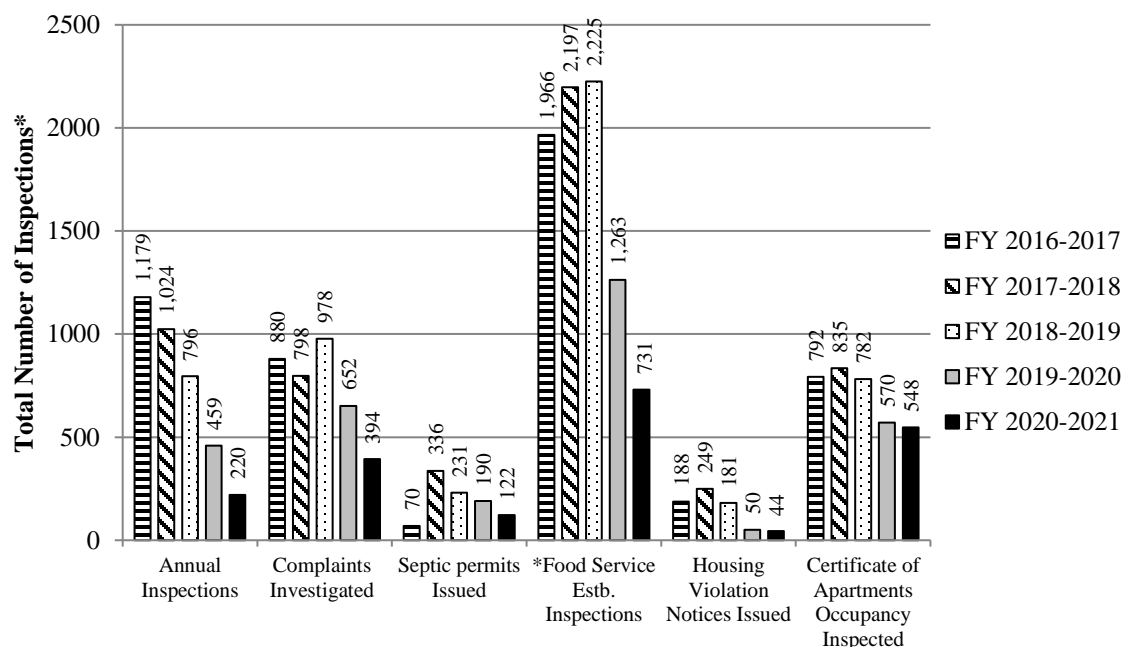
Figure 2. Stamford Department of Health Organizational Chart Fiscal Year 2020-2021



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, these program addresses essential services 3 to 6 and 8 to 9. In fiscal year 2020-2021, there were 2059 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.

Compared to Fiscal year 2019-2020, there was an overall 35.4% reduction in Environmental Health and Inspections. However, it is important to note the division reported activities took place during the Covid-19 pandemic when the City and State were beginning to reopen following a 3-month shut down. Inspectors were redeployed to focus on ensuring compliance with gubernatorial and mayoral orders related to the pandemic (discussed in more detail in a later section). In addition, the reduction in complaint-related inspections and food establishment

violations issued may also be a result of aggressive outreach and education of landlords and restaurateurs resulting in less complaints and greater compliance.

The number of annual inspections completed decreased by 52.1%, the number of complaints investigated decreased by 39.5%, the number of septic permits issued, decreased by 35.8% most likely a result of the pandemic-related shutdown. Many businesses in this category closed or were delayed in reopening and there was limited access to many facilities in order to limit exposure.

There was a 12% decrease in housing violation notices compared to fiscal year 2019-2020. This decrease may be a result of home owners being more aware of the proper housing codes that ensure a safe living environment. This may also have been impacted by the COVID-19 lockdown and the fact that the division has been without a director for several months to spearhead the operation safe house initiative that targeted illegal and unsafe housing matters.

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 3.9% compared to fiscal year 2019-2020, which may be a result of residents being less mobile due to the pandemic.

Under the State of Connecticut Public Act 17-93, 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 only prepackaged, 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".

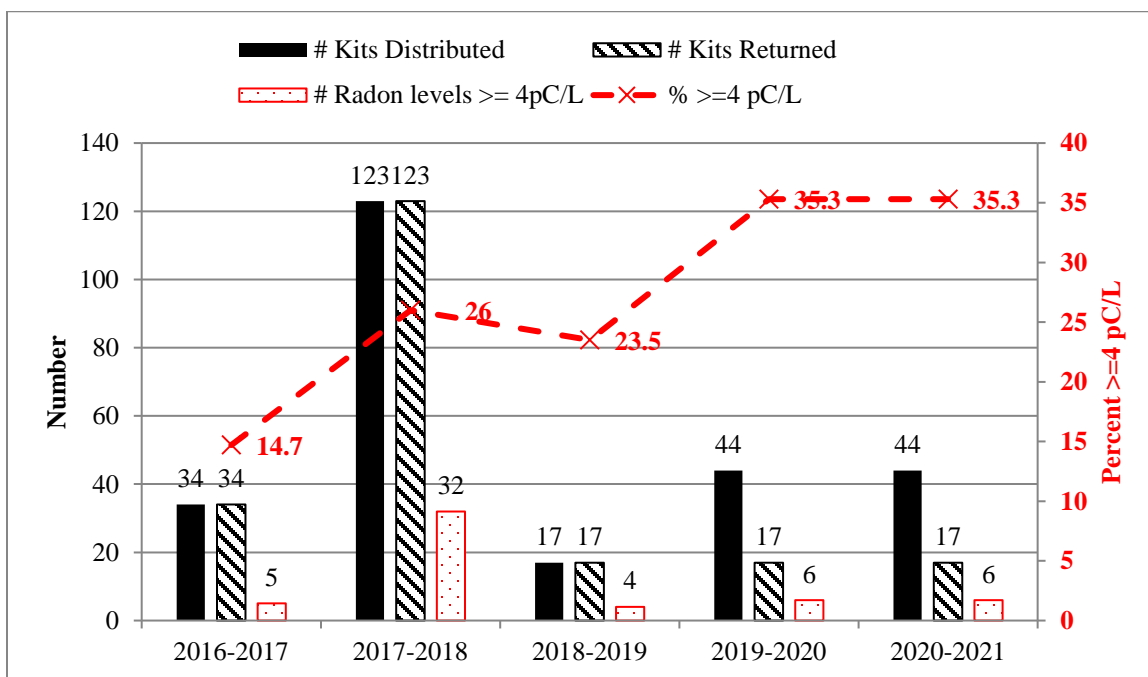
Radon Testing Program

In January 2016, 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.

Stamford Department of Health offers home owners 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 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 awareness 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.

Figure 4. Radon Testing of Air Samples in Homes



Mosquito Control Program

The Stamford Department of Health 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. 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 2020-2021 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. Every year the laboratory also tests the beach waters weekly in Stamford beginning in May and continuing through Labor Day. A total of 176 samples were collected and tested in 2020 with no recorded exceedances.

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

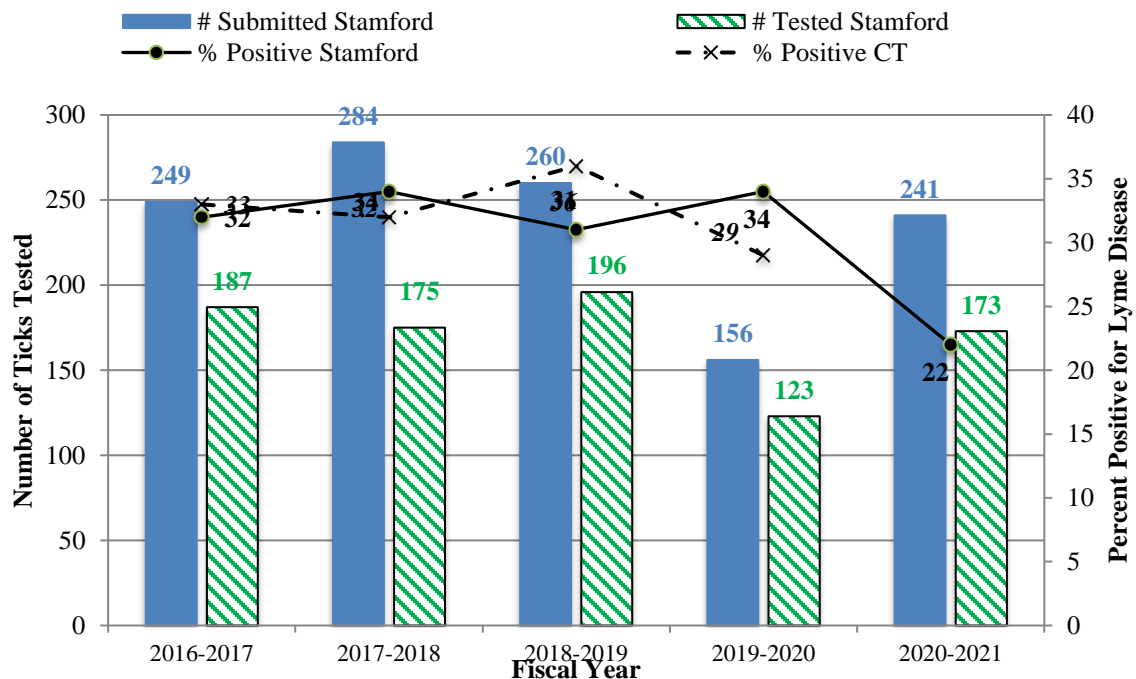
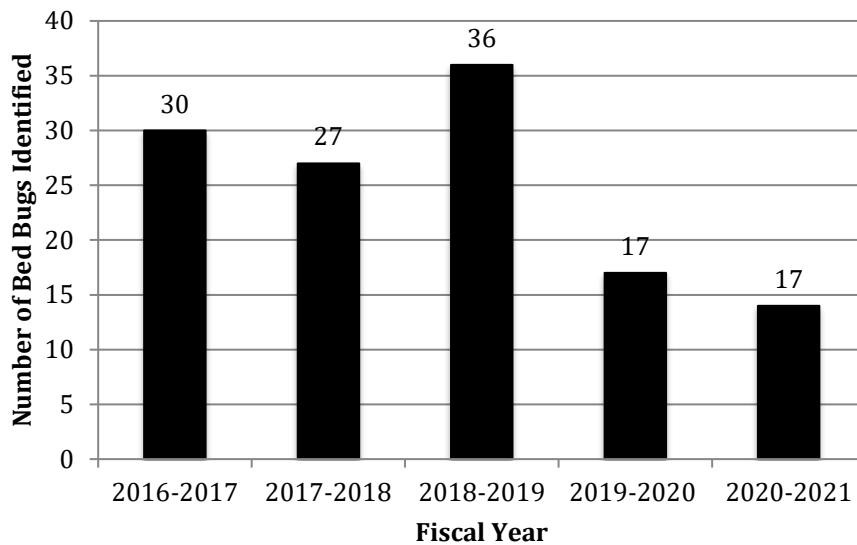


Figure 6 shows the number of bedbugs identified over the past five years. There was a decrease seen between 2014 to 2016. This was most likely due to changes in the State of Connecticut's House Bill No. 5335 and the Public Act No. 16-51, which became effective on October 1, 2016. This Act requires landlords 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 in fiscal year 2018-2019 remains unexplained and the 53% decrease in 19-20 may be affected by the COVID-19 pandemic-related lockdown for the last three months of the fiscal year. A small percentage decrease was shown in 20-21.

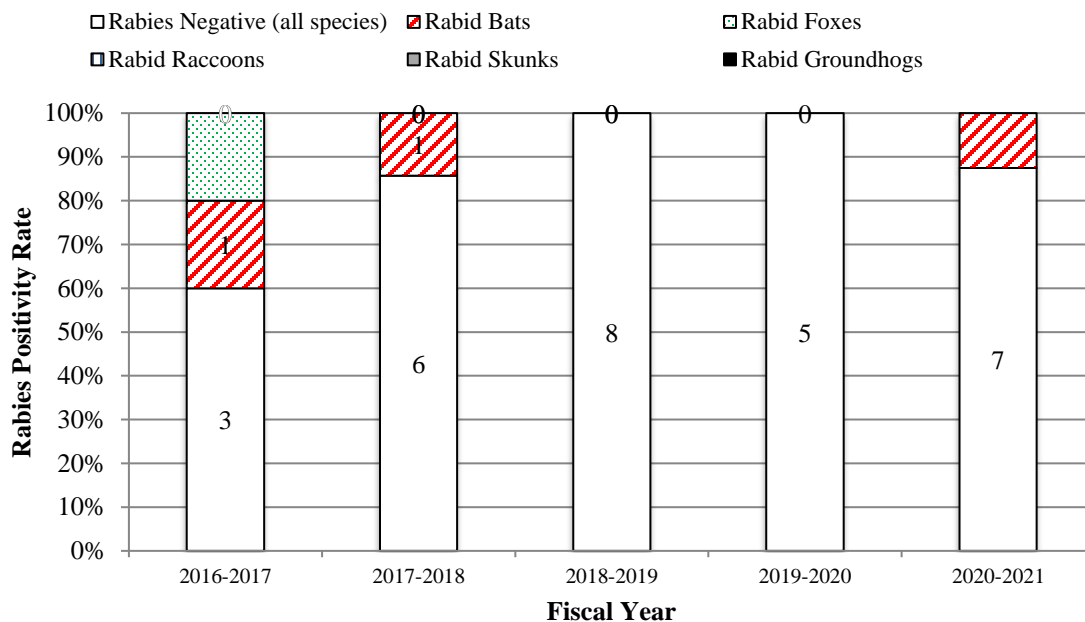
Figure 6. Number of Bed Bugs Identified



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 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.

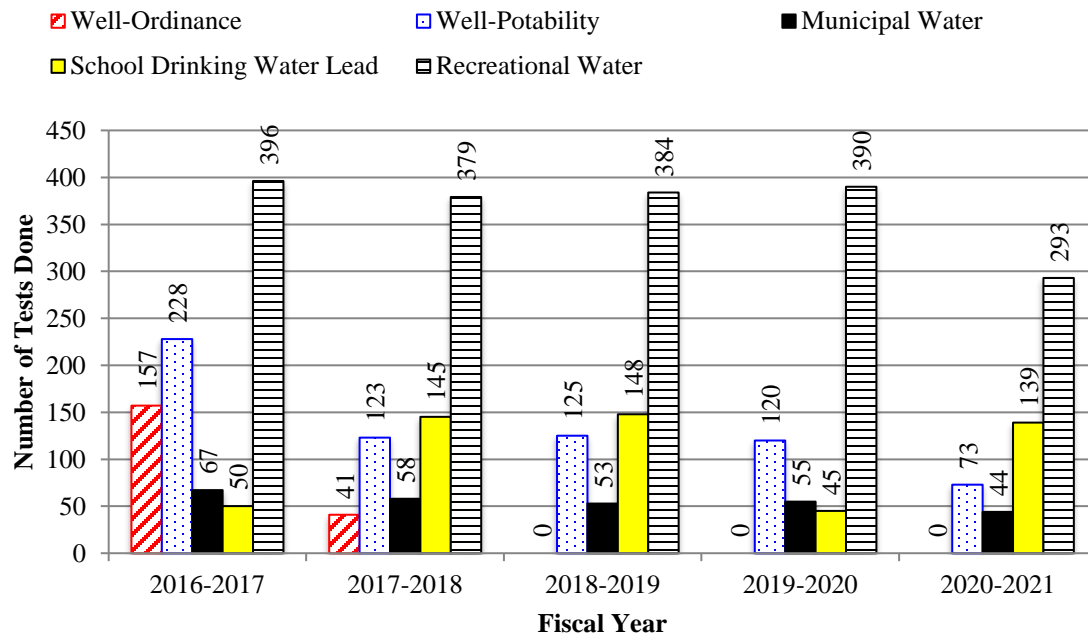
Figure 7. Animal Rabies Testing



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. Requests for well water testing related to the city ordinance dropped by approximately 50% after the first two years and continued to steadily decline. The ordinance expired on December 31, 2017. 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 Laboratory may be related to concerns about confidentiality of test results, as well as the general lack of knowledge about the need for periodic (annually) 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. Due to the COVID-19 pandemic schools closed early high risk activities such as dental services were suspended early the community clinic services were by appointments only, some staff chose not to work during the pandemic, and others were reassigned to focus on the pandemic response thus the breadth of services requested and provided were reduced. As the City reopened, many activities resumed but at a lower volume to maintain Covid mitigation strategies and protect the health and safety of clients and staff.

Community Nursing

Community nurses provide oversight to multiple programs: The Breath of Fresh Air Program, 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 the Adult Wellness Program. Community Nurses also participate in outbreak investigations and Public Health Emergency Response.

In November 2020, Community nursing implemented an electronic health record system (Patagonia).

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 has been gearing up to refocus its efforts and forge new partnerships in an effort to revitalize this essential program. However, due to the pandemic, the department has not publicized the program.

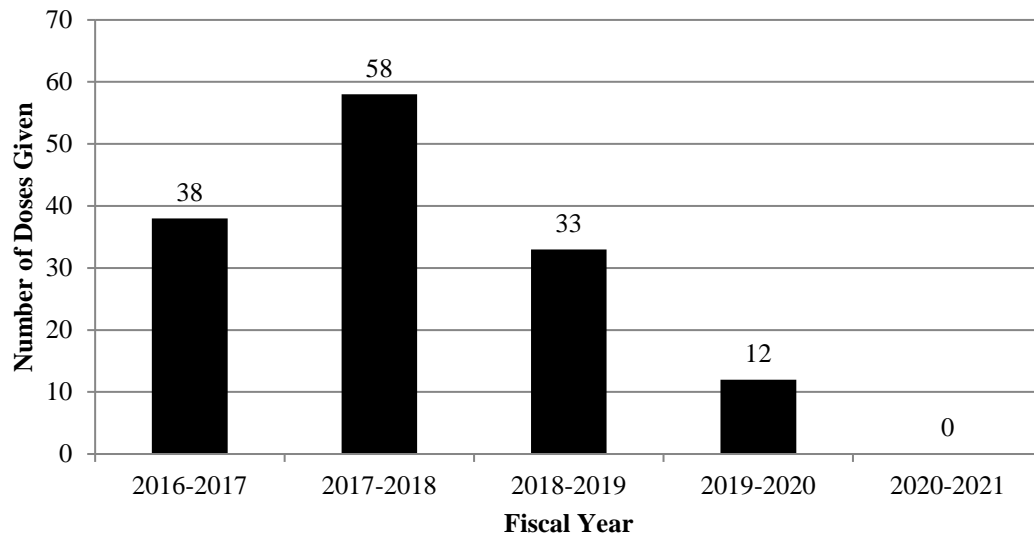
Table 1. Breathe of Fresh Air Program

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
New Clients	2	1	3	0	0
No. of Visits	4	2	4	0	0

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 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 lack of awareness of the City's program.

Figure 10. Cocoon Program Five-Year Trends Figure 7. Cocoon Program Five-Year Adult Tetanus, Diphtheria, & Acellular Pertusis Vaccination



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 provides influenza vaccine to all eligible persons ages three (3) years or older. The 2020-21 annual Influenza campaign was ‘kicked off’ at Henry Street Clinic on October 9, 2020. Subsequent to that a drive through vaccine clinic was held at Stamford High School on October 17, 2020, as part of Stamford’s Public Health Emergency Preparedness exercise. Over the years, the Department of Health has expanded its outreach activities in an effort to increase influenza vaccination coverage. These activities included targeting City and Board of Education employees, City of Stamford Boards of Finance and Representative Members, and members of the public. In addition to outreach events Influenza vaccines are offered at the Henry Street Clinic throughout the entire influenza season from October to May. For the last 2 consecutive years, 2019 - 20, and 2020 – 21, there has been an overall reduction in the number of vaccines administered due to the Covid-19 pandemic. Figures 11 and 12, respectively, show the five-year trends in influenza vaccine administration and the populations targeted

Figure 11. Influenza Vaccination Program

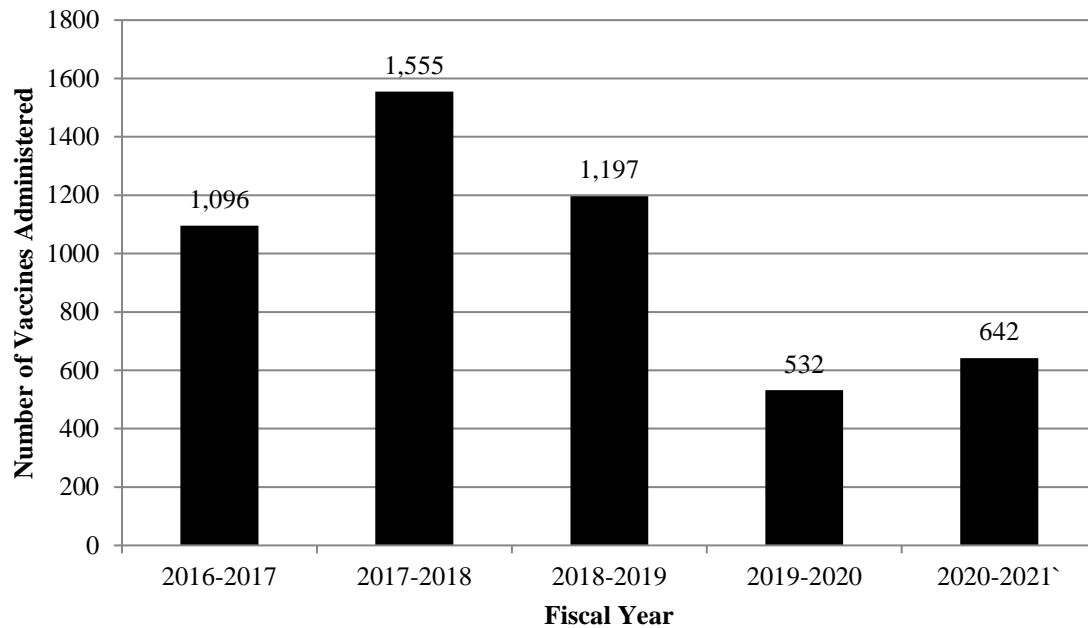
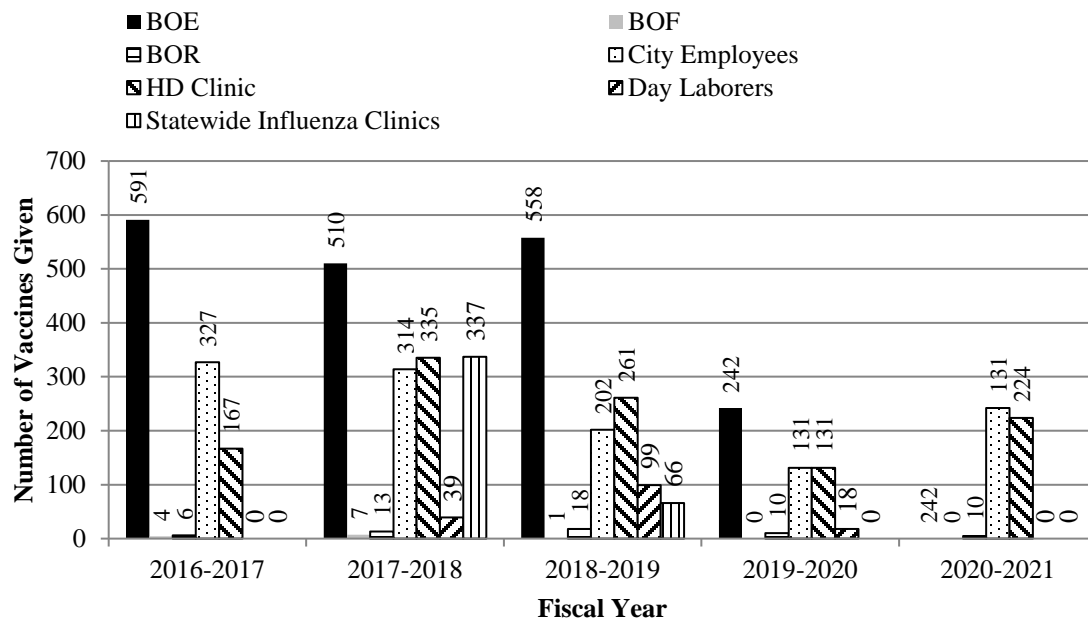


Figure 12. Influenza Vaccination By Population Served



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. Pregnancy testing is also offered and positive cases 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, details City of Stamford trend in STD positivity rates, which are reflective of the national trend. Overall, this emphasizes the need to maintain a local ability to provide needed STD services. For the year 2020-21, the number of cases seen at the clinic is starting to trend upwards once more due to the availability of the Covid – 19 vaccine and the relaxing of the treatment only restriction.

Table 2. Sexually transmitted Disease Clinic Five-Year Trends

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
No. of initial visits	450	439	355	245	248
No. of follow up visits ¹	124	108	96	47	96
No. of STD tests ²	458	486	380	256	659
No. (%) of syphilis positive	26 (5.7)	31 (7.0)	26 (7.3)	7 (2.7)	21(9.9)
No. (%) of <i>Chlamydia</i> spp. positive	27 (6.0)	35 (7.9)	25 (7.0)	13 (5.1)	17(8.0)
No. (%) of gonorrhea positive	8 (1.7)	6 (1.3)	10 (2.8)	5 (2.0)	7 (3.3)
No. of HIV tests done (% positive)	373 (.30)	379 (.26)	319 (0)	129 (0)	206 (.5)
No. of pregnancy tests done (% pregnant)	8 (50.0)	4 (25.0)	1 (0)	0	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

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. 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 appearance of MDR TB cases in Stamford is not surprising given the large immigrant population, many of whom emigrated from parts of the world with high rates of MDR TB. 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 3. Tuberculosis Five-Year Trends

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
No. of new TB cases	6	2	4	6	6
No. (%) of new cases that are adults	5 (83.3)	2 (100)	4 (100)	6 (100)	6 (100)
No. (%) of multi-drug resistant TB cases ¹	0	0	1 (25)	1 (16.7)	1 (16.7)
No. of extremely drug resistant TB cases ²	0	0	0	0	0
No. of visits to client on DOT ³	947	148	460	1,300	1280
No. of tuberculosis skin tests and or blood tests for TB administered	208	35	256	51	18
No. (%) of positive TB tests	13 (6%)	1 (2%)	13 (5.0%)	6 (7.2%)	4 (22.2%)

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

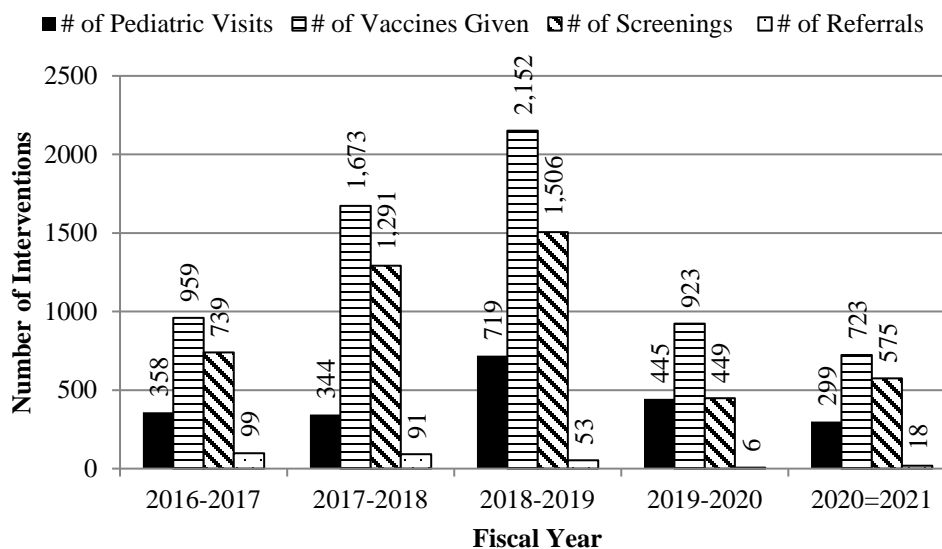
³DOT – directly observed therapy. This is used to ensure that persons who have active communicable TB disease are compliant with taking their medications.

The clinic continued it 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. 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 CTDPH via the Federal Vaccine for Children program to ensure that children are up-to-date on their vaccines. Fiscal year 2019-20 saw a reduction in well child visits primarily due to the pandemic related reduction in services. Figure 13 details the five-year trends.

Figure 13. Stamford Well Child Clinic Five-Year Trends

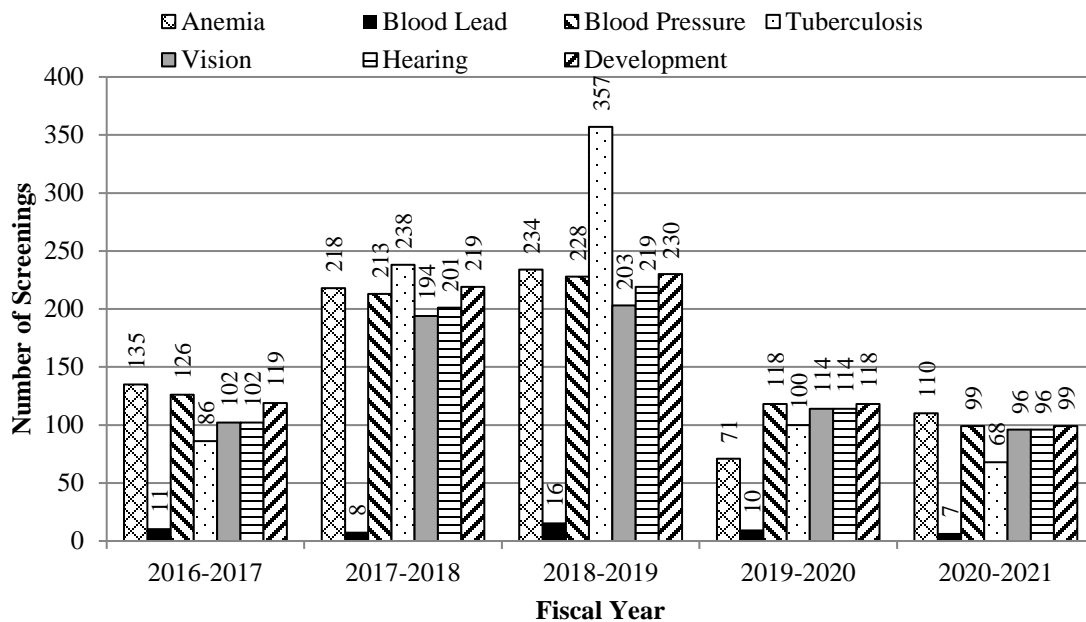


¹Screenings refer to vision, hearing, scoliosis, dental, developmental screenings, hemoglobin blood tests and lead blood tests

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.

Figure 14 shows the number and types of screening that are conducted in the clinic. Fiscal year 2019-2020 saw a decrease in all types of screening conducted compared to 2018-2019. This is due to clinic closure because of COVID-19 response. Visits remained low in 20-21 due to a loss and reassignment of staff and limited in person visits due to Covid.

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, and that testing continues until the VBLL normalizes, meaning, falls below <5 ug/dl. When necessary, community nurses collaborate with Environmental Inspections Division, to conduct inspection of homes to identify and provide guidance in eliminating any potential source of environmental lead.

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.

In fiscal year 2020-21, the community nurses investigated 7 elevated BLLs that were reported to the Department of Health. Of these, four (66.7%) homes required environmental inspection, but none was found to have lead on the property. However, it was established that these families were very 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 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 2020-2021, there were no 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 will continue until 2022. 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 PCPs as needed. Due to the Covid pandemic, HIPAA compliant Zoom sessions were held. Eighty (80) people received blood pressure screenings. Data from the first year of the program are shown in **Table 5**.

Table 4: Community Nursing Outreach

Stamford Department of Health Community Nursing Outreach	Number	Percent
No. (%) screened with normal blood pressure readings (< 120/80).	10	22%
No. (%) screened with elevated readings (120-129/<80).	11	24%
No. (%) screened with stage 1 hypertension (systolic 130-139 or diastolic 80-89	9	20%
No. (%) screened with hypertension stage 2 readings (>140 systolic or >90 diastolic)	16	35%
No. (%) screened with hypertensive crisis: >180 systolic and/or >120 diastolic	0	0%
No. (%) screened with elevated blood pressure readings that were aware of elevation.	16	44%

School Nursing Program

The goal of the School Nursing Program is to ensure a safe learning environment for all students. At the start of every school year, the school nurse reviews each medical registration form for all new entering students. School Nurses must also analyze the immunization and mandated physical exam forms for all kindergarten, seventh, tenth graders as well as all athletes preparing to play sports. Monitoring and maintaining immunization compliance is another major duty throughout the school year and is vital to maintaining a safe environment. The reviewing of medical records is pertinent to create a medical problem list to ensure that all students with chronic medical conditions are receiving the appropriate level of nursing care and monitoring required throughout the school day. School Nurses also conduct hearing, vision and scoliosis

screenings referring students for evaluation by a physician for early detection and treatment of developmental issues.

School nurses managed 18,373 students in public, private and parochial schools last school year. They also provided physician-ordered medical interventions for children with medical needs. Administering specialized medical treatments has become more prevalent in all schools throughout the city. School nurses are providing diabetic care, administering tube feedings, ostomy care and urinary catheterization in multiple school buildings throughout the city. This specialized care is a critical component of the program providing direct nursing care to students. Nurses educate families regarding various health-related topics to ensure healthy outcomes. They also respond to medical emergencies, provide first aid and administer medications.

School Nurses assemble the appropriate state required health metrics, which are reported to the State Department of Education. 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 contact private clinicians to address medical questions, write select nursing orders, and review special medically related requests.

Stamford Public School students returned to in-person education in September 2020 with many mitigation strategies in place to provide a safe environment for students. There was also an option available for students to remain at home on a daily basis accessing school remotely, 25.14% of the Stamford Public Schools population exercised this option. In addition to the regular school year, School Nurses provided nursing care throughout the summer at a six week extended school year, extended day, summer program available to all SPS students.

Tracking COVID-19 cases was an added responsibility for the School Nurses in the 20-21 School Year. Duties included assessing and screening ill students for symptoms, monitoring students in the isolation rooms while they were awaiting parent pick up due to illness or a positive test result, tracking positive cases and tracking quarantined students. The School Nurses worked closely with Principals, the School Nurse Supervisor and Contact Tracers to determine and establish contacts within the school. The exposed contacts were quarantined by the Department of Health. There are three additions to TABLE 6 this year, including "Nursing Management", the number of positive COVID – 19 cases and school related quarantines in the schools.

Table 5. School Nursing Activities

	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020 - 2021
No. of public school buildings	22	22	22	23	24
No. of private/parochial school buildings	19	17	15*	15	11
NURSING ACTIVITIES¹ (not including 911 calls or referrals)²					
TOTAL	274,930	308,901	350,882	100,031	176,147
No. (%) ³ of sick visits	62,634 (23.0)	67,840 (22.0)	61,063 (17.4)	50,349 (50.0)	33,009 (18.73)
No. (%) ³ of injury-related visits	32,226 (12.0)	31,333 (10.0)	28,899 (8.2)	14,706 (15.0)	11,469 (6.51)
No. (%) ³ of medication orders received and reviewed	4,309 (1.5)	3,016 (.9)	3,724 (1.0)	4,552 (4.5)	4,222 (2.39)
No. (%) ³ of medications given	15,728 (5.7)	23,696 (7.6)	27,628 (8.0)	11,705 (11.7)	44,641 (25.34)
No. (%) ¹ of management of cases					67,632 (38.39)
No. (%) ³ other nursing activities	133,247 (48.0)	152,045 (50.0)	193,140 (55.1)	22,275 (22.0)	15,174 (8.61)
Clinical Care That Are Mandated To an RN's Intervention⁴					
No. (%) of blood glucose testing	3,212 (1.1)	3,451 (1.0)	9,650 (2.8)	5,164 (5.0)	15,446 (57.13)
No. (%) insulin management	1,187 (.5)	1,818 (.5)	2,830 (.8)	1,321 (1.3)	4,984 (18.43)
No. (%) of oral suctioning	1,363 (.5)	1,542 (.5)	687 (.2)	997 (1.0)	687 (2.54)
No. (%) of catheterizations	555 (.2)	322 (.1)	738 (.2)	573 (.60)	1,115 (4.12)
No. (%) of gastric-tube feedings	1,723 (.6)	1683 (.5)	2,574 (.7)	573 (1.20)	4,202 (15.54)
No. (%) nasogastric tube feedings	0	1 (0)	0	0 (0)	0
No. (%) intravenous (IV) therapy	5 (0)	4 (0)	0	1 (0)	0
No. (%) nebulizer treatments	451 (.1)	370 (.1)	347 (.1)	200 (.20)	18 (0.06)
No. (%) ostomy care	192 (0)	280 (.1)	581 (.2)	601 (.60)	581 (2.14)
No. (%) oxygen administered	13 (0)	359 (.1)	261 (.1)	89 (.10)	1 (0.003)
No. (%) tracheostomy suctioning	0	0	558 (.2)	494 (.50)	0
No. (%) ventilator care	0	0	0	0 (0)	0
Other Mandated Activities					
<i>Screenings</i>					
No. (%) ³ vision screenings	7,780(2.8)	9,050 (3.0)	7,583 (2.1)	3,762 (3.80)	7,883
No. (%) ⁵ of vision referrals from screenings	465 (6.0)	549 (6.1)	430 (5.6)	248 (.20)	451 (5.7)
No. (%) ³ of hearing screenings	7,137 (2.6)	8,783 (2.8)	7,338 (2.0)	3,734 (3.70)	5,200
No. (%) ⁵ of hearing referrals	55 (.7)	77 (.9)	49 (.6)	28 (0)	312 (6)
No. (3) ³ of scoliosis screenings	3,168 (1.2)	3,308 (1.0)	3,284 (.9)	769 (.80)	2,613
No. () ⁵ scoliosis referrals	25 (.8)	53 (1.6)	52 (1.5)	35 (0)	22 (0.84)
No. of 911 calls ²	64	72	67	36 (0)	11
COVID-19 positive cases					1,278
COVID-19 quarantines due to school contacts					3,590

¹ All major nursing activities that the school nurse engages in excluding 911 calls, treatments, screening/referrals for vision, hearing & scoliosis.² Nursing Treatments³ Percentage of referrals resulting from screenings, referrals are made for students only to parents for healthcare providers

School Dental Program

The Stamford Dental Program provides a range of clinical and educational services. The proper metabolism of food begins with proper mastication, therefore, good oral health is a key component of good nutrition, children with oral health problems learn less either because they are unable to focus in class or they simply miss more school. Thus, proper oral health is important for proper childhood development.

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 is identified are given referrals to community clinics, private dental providers, or the Stamford Department of Health Dental Clinics. Students sometimes require more than one visit to complete preventive and treatment services.

In 2002, 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

	2015-2016	2016-2017	2017-2018	2018-2019	2019-20
Dental Hygienists ¹	4	4.4	4.4	4	4
Classroom Instruction	241	210	191	236	214
No. of Elementary & Middle School Children Screened	8,235	8,617	8,701	8028	5557
No. (%) of Elementary & Middle School Children Screened Requiring Dental Care	657 (8.0)	602 (7.0)	555 (6.4)	558 (6.9)	529 (9.5)
No. of Children Requiring Dental care who receive their Preventive care at the Department of Health's Dental Clinics (#Patients/#Visits)	377/426	305/401	281/361	301/376	244/278
No. of Children Requiring Dental care who receive their treatments at the Department of Health's Dental Clinics Treatment Services (#Patients/#Visits)	187/324	191/305	159/274	144/263	128/205
Sealants Grade 2	462	424	390	369	175
Sealants Grant Funded (Grades 1,6,7) ²	0	173	184	N/A	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 dental program was suspended before the close of school on March 6, 2020 due to the COVID-19 pandemic and did not reopen for the 20-21 school year. Instead, the dental hygiene staff was redeployed to effectively manage the Covid-19 contact tracing program (see Covid Response later in this document). In addition, the Dental Case Manager, acted as the Assistant Director of Health managing many aspects of the Department's response to the Covid-19 pandemic including contact tracing, data analysis and reporting, response to community queries, ReOpen Stamford (businesses and events) and ReOpen schools implementation as well as managing all aspects of the Department in the absence of the Director of Health.

Public Health Education and Outreach

Public health promotion efforts have focused on promoting wellness and disease prevention, as well as highlighting programs and services available in the Department. A new Behavioral Health, Health Promotion, and Emergency Response Specialist began on May 3, 2021 to provide expertise and dedicate time to health promotion. As part of the new Specialist's responsibilities, social media became a new key route for health promotion for the Department. Social media is a method to reach residents who otherwise may not engage with the Department's services and provide accessible health education information. Monthly social media calendars were developed to highlight key learning objectives around timely public health issues, center awareness days/months, and refer residents to services provided at the Henry St. Clinic. Example social media posts are shown below.



Today is National Sunscreen Day!

Using sunscreen regularly can reduce your risk of skin cancer later in life. Here are some tips for keeping your skin healthy:

- Make sure your sunscreen is SPF 15 or higher and it blocks both UVA and UVB rays.
- Reapply after 2 hours, or after swimming or sweating.
- Have old sunscreen sitting around? Make sure it isn't expired. If it doesn't have a date, toss after 3 years.
- For added protection, seek shade and wear hats, sunglasses, and protective clothing.

Information from the Centers for
Disease Control and Prevention, April 28 2021





May is Healthy Vision Month.
Here are some tips for keeping an EYE
on your health:

- Get regular eye exams
- Find out if any eye diseases run in your family
- Eat lots of foods rich in omega-3s, like dark leafy greens (spinach, kale, collard greens) and fish (salmon, halibut, trout, albacore tuna)
- Get physical activity most days
- Wear sunglasses with UVA and UVB protection
- Wear protective eyewear when you do repair work around your home or yard, or when playing sports
- Wash your hands before taking out your contacts
- Stop smoking - or never start!

Information from the Centers for Disease Control and Prevention (June 9, 2020) and the National Eye Institute (April 30, 2021)



Data show a need to focus on communications efforts through social media. Moving forward, it will be essential to ensure that the Department has access to a scheduling program such as Hootsuite or Sprout to increase efficacy and reach of the social media program.

Facebook, May 3, 2021-June 30, 2021

	<i>Posts</i>	<i>New Page Likes</i>	<i>Impressions</i>	<i>Comments</i>	<i>Likes</i>	<i>Shares</i>
<i>May</i>	41	20	2752	6	71	20
<i>June</i>	47	11	2126	2	35	28

Twitter, May 3, 2021-June 30, 2021

	<i>Posts</i>	<i>Impressions</i>	<i>Engagement</i>	<i>Likes</i>	<i>Replies</i>	<i>Retweets (Shares)</i>
<i>May</i>	52	20985	260	37	2	44
<i>June</i>	71	35356	471	120	9	88

Instagram, May 3, 2021-August 25, 2021 (Note: Instagram was a brand new account)

	<i>Posts</i>	<i>New Followers</i>	<i>Impressions</i>	<i>Reach</i>	<i>Likes</i>
<i>May</i>	19	158	1219	944	89
<i>June</i>	10	22	1585	204	61

Public Health Emergency Preparedness

Staffing

A new staff position was created to fill a previous gap of a dedicated staff member to manage emergency preparedness for the Department. This position was filled on May 3, 2021 by the new Behavioral Health, Health Promotion, and Emergency Response Specialist.

Emergency Planning

Using funds from a grant obtained from the State of Connecticut Department of Public Health, the City has contracted with All Clear Emergency Management, Inc. to assist with review of its written Public Health Emergency Preparedness and Response (PHEPR) plans and its PHEPR activities. This fiscal year, they focused on updating the Department's Infectious Disease Plan, Shelter Plan, and Mass Vaccination Plan. The Department and All Clear attended 24 virtual meetings for ESF8, Critical Workforce Planning Group, and Cities Readiness Initiative.

Emergency Response

A COVID isolation shelter was opened at University of Connecticut at the beginning of the pandemic. In addition, we also set up a charging station for a week at Westhill High School during Tropical Storm Isais during August 2020. On October 17, 2020, the Department conducted a drive through influenza vaccine clinic as a Point of Distribution (POD) drill which satisfied a requirement of the Emergency Preparedness Grant.

Medical Reserve Corps (MRC)

In fiscal year 2020-2021 a Medical Reserve Corps (MRC) liaison was appointed to assist with coordination of MRC activities; this responsibility was then assumed by the Specialist in June 2021.

Volunteers were recruited to support the pandemic response efforts, and 34 new members were sworn in during this fiscal year. Additional volunteers had applied through the state system, CTResponds, who will be onboarded during the 2021-2022 fiscal year. A streamlined application process is underway for the 2021-2022 to reduce volunteer attrition.

MRC volunteers were activated to support vaccination clinics as observers, registrars, and vaccinators; distribute masks to community members; and support contact tracing efforts. Twenty-six volunteers worked for a total of 628 hours throughout the fiscal year.

Other Activities

The Director of Health reviewed and approved 19 noise waiver applications and also reviewed death certificates to provide funeral directors with 14 non-contagion letters that allowed the removal of bodies for burial outside of the country.

Department of Health COVID-19 Pandemic Response

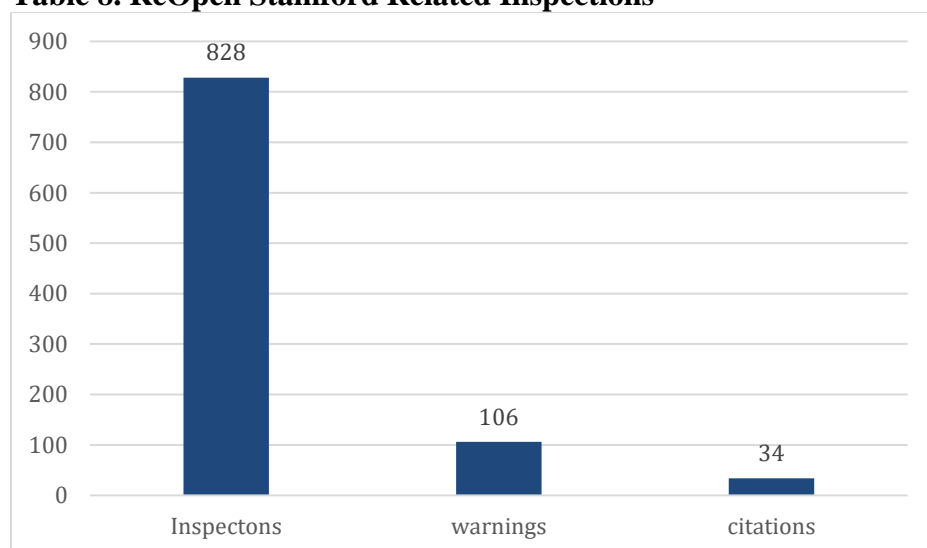
Due the pandemic, many routine activities were suspended, reduced or changed. The department adjusted its activities and some staff remained reassigned to roles and newly developed duties to support the department's COVID-19 response as Stamford began to reopen following a 3 month shut down.

Environmental Health and Inspections Division

Department Environmental Health and Inspections staff played an integral role in the Re-Open Stamford as business began to open up following a 3-month shut down. In addition to completing regular inspections, they conducted inspections to ensure compliance with the RE-Open CT sector rules. Guidance was also provided to organizers of all temporary events to ensure compliance with the Covid mitigation strategies outlined in the sector rules.

The Department of Health was charged with enforcing State sector rules for the establishments for which they provide oversight and licensing. From October 2020 to April 2021, Inspectors conducted 828 inspections resulting in 106 warnings and 34 citations.

Table 8. ReOpen Stamford Related Inspections



Laboratory Division

Throughout the pandemic, the Laboratory remained open to provide routine services to residents upon request. This included identification of ticks and facilitating testing using the State Agricultural Experiment Station, assisting the Environmental Inspections Division by identifying bedbugs related to housing complaints, testing private wells for bacteria, lead, other minerals and metals and testing recreational waters including public beaches. In addition to these services, laboratory personnel assisted with the pandemic response by working with Region 1 Medication Distribution Area (MDA) agent to facilitate CT DPH's distribution of personal protective equipment (PPE) to primary care physicians, dentists, home health care facilities, dialysis centers

and small businesses located in Stamford.

Weekly, staff travelled to the Region 1 distribution site at Sherwood Island to pick up PPE, and coordinate distribution to the professional and facilities listed above. Between July and August 2021 a total of 29,266 pieces of PPE were distributed to Stamford primary care providers.

Beginning in December 2020 the Laboratory assisted in conducting COVID vaccination clinics for first responders, city employees and the general public. The Laboratory was responsible for maintaining the cold chain of the COVID vaccine which included accepting delivery to storage and ultimately administration. A total of 984 COVID vaccines were administered between December 2020 to June 2021.

Nursing and Dental Services

From July 1 to August 2020 while school was not in session, school nurses continued to be deployed for pandemic response. They monitored the temperature of all visitors and staff to the Government Center, performed wellness check calls to people housed in city isolation/quarantine housing, attended weekly conference calls with CDC and DPH, assisted City Managers with risk assessment for employees, supported First Responders who were on quarantine; distributed thermometers and ensured that meals were served. Many hours were spent in consultation with the Stamford Board of Education regarding the safe return to school..

The COVID-19 vaccine arrived to the Department of Health on December 23, 2020 and school nurses began administering the vaccine to first responders on December 24, 2020. While schools resorted to 100% remote learning due to an uptick in COVID-19 cases throughout the school system, school nurses continued administering vaccine to first responders and senior citizens until schools reopened in early 2021. School Nurses continued to work after school hours at Department of Health vaccine clinics as well as the vaccine super site in partnership with Stamford Health System.

Contact Tracing

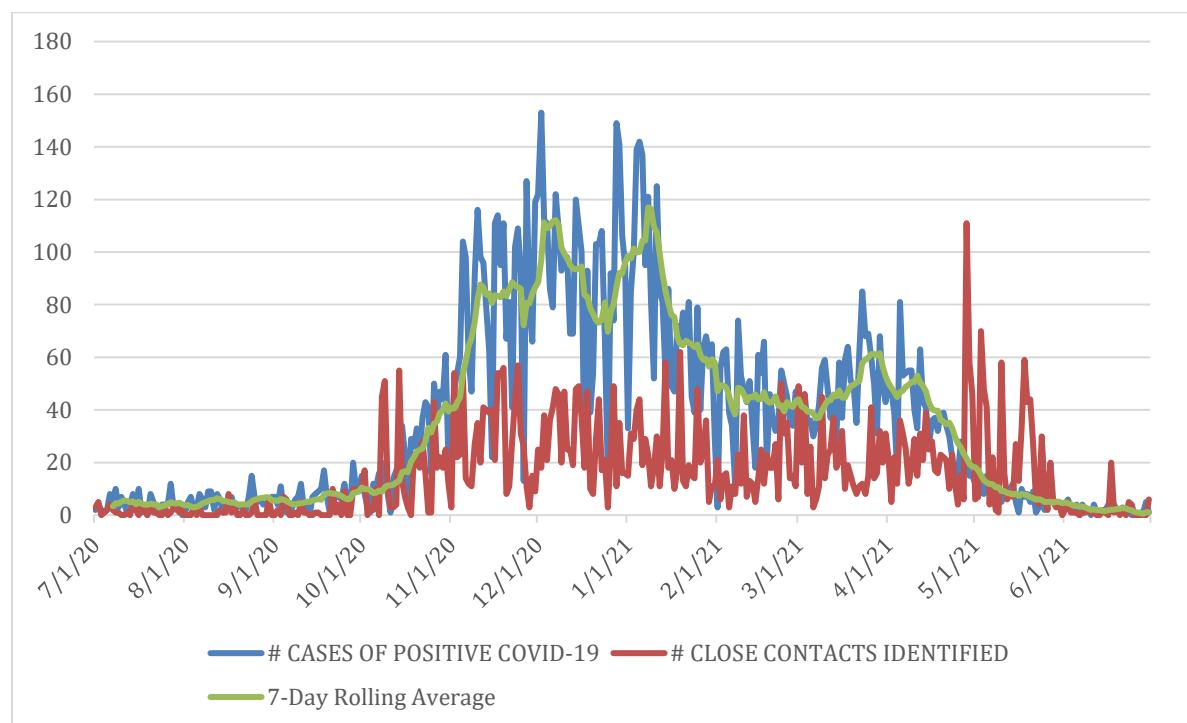
Case investigation and contact tracing are key strategies to stop the spread of infectious diseases. In June 2020, CTDPH implemented a contact tracing program (ContaCT) which was administered by Community Nursing until October 2020. All nursing administrators, community nursing staff, the dental case manager and three MRC volunteers were trained to conduct contract tracing with the CTDPH program. Covid cases were called to provide guidance on isolation and identify contacts for quarantine. Contacts were also notified and provided quarantine guidance. When school resumed without the reopening of the dental program, the dental hygiene staff effectively managed the contact tracing program. This included general Stamford residents, City employees, school and daycare related, sports related cases and contacts as well as providing guidance and support to nursing homes and assisted living facilities. Seasonal contact tracers were hired in November to take on most of the general contact tracing and assist with contact tracing in the schools. By the end of the fiscal year, Stamford's contact

tracing team consisted entirely of seasonal employees, reporting to the Assistant Director of Health, Director of Nursing and Dental Services.

Case numbers, as reported to the electronic contact tracing system (ContaCT), rose from a 7-day rolling average of around 4 cases/day in July 2020 up to a peak 7-day rolling average of 117 cases per day in early January 2021. After falling to a low of 37 in early March, another peak occurred at the end of March (62 cases/day), before a steady decline to 1 case/day by late June.

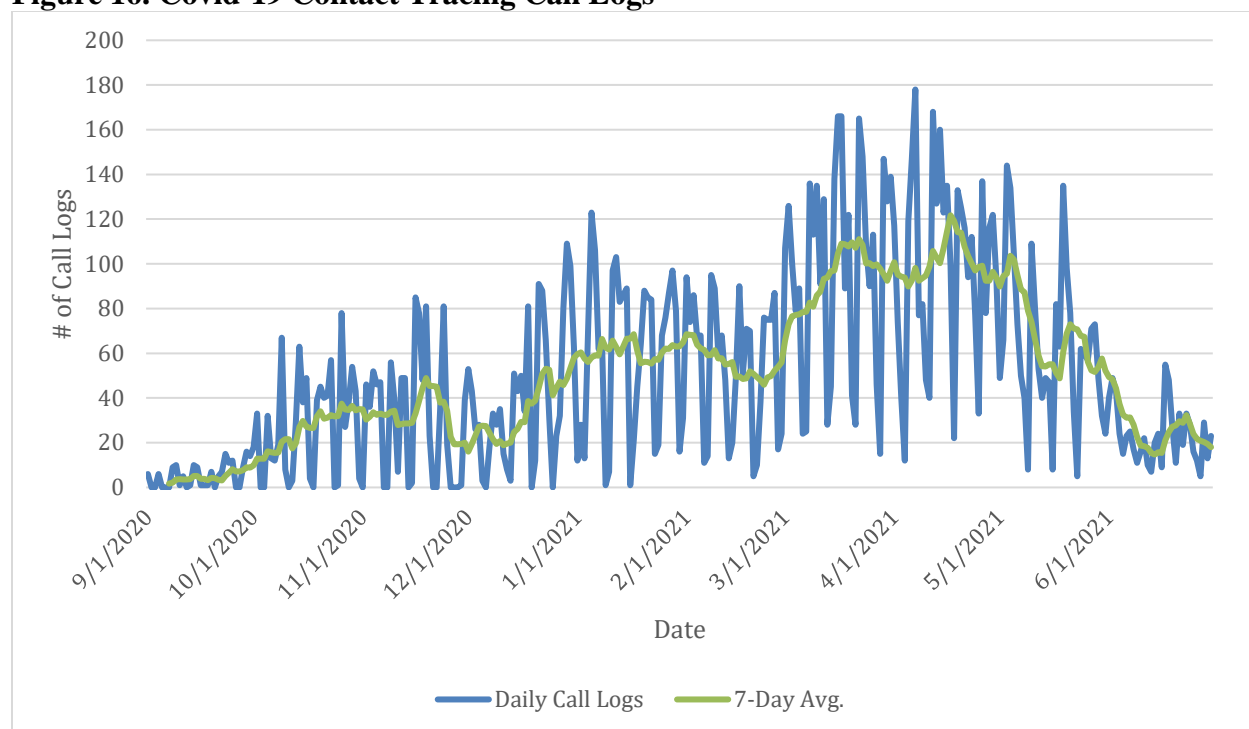
From 7/1/2020 to 6/30/2021, there were 12,987 cases, with contact tracing attempts made to every with a phone number. From those cases, 5,714* close contacts were identified and given the option to be monitored.

Figure 15. Covid-19 Cases and Contacts.



CTDPH used the standard that 90%+ of cases and close contacts should receive a call within 48 hours of the local health department receiving notice and expected 50%+ to be reached (call answered by case/contact) within those same 48 hours.* From 9/1/2020 (when the function was added to ContaCT) through 6/30/2021, there were 15,305 official call logs. The 7-day rolling average of call logs per day peaked in mid-April 2021 at 122 calls averaged during the 7 days from 4/11/2021-4/17/2021.

Figure 16. Covid-19 Contact Tracing Call Logs



Community Health Workers/Community Resource Coordinators

In October 2020, The Stamford Department of Health received a grant to contract with Family Centers to hire and train Community Health Workers (CHW) to assist cases and contacts in order to isolate and quarantine at home safely. Subsequently CTDPH implemented a Community Resource Coordinator (CRC) program to do the same. The CHWs/CRCs assisted with a variety of needs including; personal protective equipment, cleaning supplies, thermometers, housing assistance, food support, and non-COVID health care concerns. CHW/CRC referrals totaled 1,056 from the time the program began in through the end of the reporting period.

Evaluating Contact Tracing Effectiveness

The Johns Hopkins University Bloomberg School of Public Health created a program for assessing the effectiveness of COVID-19 contact tracing in community settings. The program (CONTESSA) was accompanied by a three-hour training on how to properly gather and input the data. Since it was developed in 2020, the program was based upon a reproductive number (R_0) of 2.5 per case, which corresponded approximately to the original and alpha variant versions of the

virus. The R_0 means that each positive case will infect about 2.5 other people if no countermeasures are in place.

The CONTESSA analysis of Stamford's contact tracing program revealed a reduction of R_0 from 2.5 to an R value between 2.1 and 2.3. The variation is due to uncertainty about the number of people who actually follow the isolation and quarantine recommendations. Still, the 0.2-0.4 reduction in R value corresponds to potentially 1,000-2,000 fewer COVID cases over the reporting period, and, by extension, 10-20 fewer Stamford resident deaths, specifically attributable to the contact tracing program.

Vaccine Distribution

On December 23, 2020, the Department received the Covid-19 vaccinations and began to deliver shots in arms on December 24th. Vaccine clinics were held by the Stamford Department of Health, staffed by school nurses and contracted nurses funded by the Epidemiology and Laboratory Capacity Grant and a collaboration with CTDPH/Griffin Health. In May 2021, the Department received a \$1.8 million grant to increase vaccine equity in the city. Community partners, including Stamford Health, Family Centers and Community Health Center, Inc came together to establish mobile clinics in Stamford's most socially vulnerable neighborhoods and conduct outreach by Community Health Workers to link people to vaccine sites. That work is ongoing. Table 9 lists the vaccine clinics and the agencies and populations served.

Table 9. Covid-19 Vaccination Clinics

Date	Location of Vaccination Clinic	Agency/Population
12/23/2020		vaccination received
12/24/2020	Police Headquarters	SHD/FIRST RESPONDERS
12/28/2020	Police Headquarters	SHD/FIRST RESPONDERS
12/30/2020	Police Headquarters	SHD/FIRST RESPONDERS
12/31/2020 to 3/4/2021	Henry Street	SHD/Public
1/5/2021	Patio Café	SHD/FIRST RESPONDERS
1/6/2021	Patio Café	SHD/Public
1/7/2021	Patio Café	SHD/Public
1/8/2021	Patio Café	SHD/Public
1/9/2021	Patio Café	SHD/Public
1/12/2021	Patio Café	SHD/Public
1/13/2021	Patio Café	SHD/Public
1/14/2021	Patio Café	SHD/Public
1/18/2021 to 3/4/2021	Stamford Hospital Clinics	Staffing sent to TSH weekdays and weekends
1/21/2021	Patio Café	SHD/Public
1/22/2021	Patio Café	SHD/Public

1/25/2021	Patio Café	SHD/Public
1/29/2021	Patio Café	SHD/Public
1/30/2021	Stamford Hospital Clinics	All vaccination activities diverted to TSH
2/23/2021 to present	Bedbound Visit Began	SHD/ weekly bedbound Tuesdays and Wednesdays
3/5/2021 to present	Henry Street	SHD/Daily vaccinations Monday to Friday.
4/7/2021	Pacific House	SHD/Homeless vaccinations
4/13/2021	Patio Café	SHD/Restaurant workers
4/20/2021	Patio Café	SHD/Restaurant workers
4/23/2021	Stop&Shop	SHD/Grocery Store Employees and Public
4/26/2021	ACME	SHD/Grocery Store Employees and Public
4/27/2021	Patio Café	SHD/Restaurant workers
4/29/2021	Trader Joes	SHD/Grocery Store Employees and Public
5/2/2021 and 5/30/2021	Grace Daycare	DPH/GRIFFIN Van Started Clinics in Stamford
5/5/2021	Pacific House	SHD/Homeless vaccinations
5/11/2021	Patio Café	SHD/Restaurants
5/18/2021	Patio Café	SHD/Restaurants
5/21/2021	Stop Shop	SHD/Grocery Store Employees and Public
5/22/2021	Southend Library Clinic	SHD/Public
5/24/2021	ACME	SHD/Grocery Store Employees and Public
5/25/2021	Patio Café	SHD/Restaurants
5/27/2021	Trader Joes	SHD/Grocery Store Employees and Public
5/3/2021-5/8/2021	Hunt Park	DPH/GRIFFIN Van
5/9/2021-5/15/2021	John Bocuzzi Park	DPH/GRIFFIN Van
5/16/2021-5/22/2021	Jackie Robinson	DPH/GRIFFIN Van
5/16/2021-5/22/2021	Cummings Park	FEMA
6/21/2021-6/26/2021	St. Benedicts	SHD/Public
5/23/2021-5/29/2021	Michael Leoni	DPH/GRIFFIN Van
5/30/2021	Grace Daycare	DPH/GRIFFIN Van
6/1/2021-6/5/2021	Hunt Park	DPH/GRIFFIN Van
6/6/2021-6/12/2021	Chester Addison	DPH/GRIFFIN Van
6/6/2021-6/12/2021	John Bocuzzi Park	DPH/GRIFFIN Van
6/13/2021-6/19/2021	Robinson Park	DPH/GRIFFIN Van
6/13/2021-6/19/2021	Mill River Park	DPH/GRIFFIN Van
6/20/2021-6/26/2021	Lione Park	DPH/GRIFFIN Van
6/20/2021-6/26/2021	St. Mary's	DPH/GRIFFIN Van

6/27/2021-6/30/2021	Cummings Park	DPH/GRIFFIN Van
6/28/2021-6/30/2021	Chester Addison Center	DPH/GRIFFIN Van

Public Health Education and Outreach

The Department created a Health Promotion team to identify major themes of concern relating to Covid-19 vaccination for black and Hispanic populations in Stamford and launch a multimedia health promotion campaign. The team adopted the slogan, “Take the Shot” and social media hashtag #TakeTheShot.

Educational pieces promoting health and safety practices and testing and vaccination information, flyers, door hangers, lawn signs, banners, billboards, bus tags, bus shelter posters and shopping bags were designed and distributed.. Variable messaging boards advertised a local number for residents to call for vaccine appointments.

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