

Miscellaneous

Staff wore blue on March 7th for Dress in Blue Day lets allies everywhere join our mission to end colorectal cancer. By wearing blue, you bring awareness to this disease, support Colorectal Cancer Alliance work, and honor all impacted by colorectal cancer.

Screening can find the warning signs of colon and rectal cancer, so you can take action to stop the disease.
Screening can also find colorectal cancer early, when treatment is most effective.

Left to right from the bottom of the stairs:
John (Registered Sanitarian), Jess (Director of Health), Laurel (Chief Environmental Health Specialist), Amanda (Registered Sanitarian), Judi (Administrative Assistant), Amy (Registered Sanitarian), Carissa (Assistant Director), Bea (SORT Program Specialist), Austin (Overdose Prevention Navigator), Vanessa (Immunization Program Specialist), Lisa (Health Educator), and Melanie (Assistant Director).



Staff also wore green to celebrate St. Patrick's Day!

Left to right, front row:

Jess (Director of Health), Bea (SORT Program Specialist), Amanda (Registered Sanitarian), Rose (Administrative Assistant), John (Registered Sanitarian).

Left to right, back row:

Laurel (Chief Environmental Health Specialist), Carissa (Assistant Director), Vanessa (Immunization Program Specialist), Melanie (Assistant Director), Amy (Registered Sanitarian) and Judi (Administrative Assistant).



Public Health
Prevent. Promote. Protect.

**Naugatuck Valley
Health District**

Board of Directors
Monthly Public Health Report: March 2025

CT Association of Directors of Health (CADH)

Positions held: Member; Elected to Board of Directors; Emergency Preparedness Committee Chair; Advocacy Committee Member

The CT Association of Directors of Health continues to co-host statewide local health calls with DPH. The monthly CADH Board of Directors meeting was held March 18th. CADH submitted testimony in opposition to HB 7248, An Act Concerning Well Water Quality. The testimony we submitted is attached to this report.

Statewide DPH & Local Health Meetings

I continue to attend the monthly meeting held for local health and DPH staff. NVHD staff also attend if their schedule permits. The meeting was held on March 12th.

Quality Improvement

Carissa continues to Chair the QI Committee. The Reconstruction of the Temporary Event Process Project continues and is highlighted in the Environmental Health section of this report.

Workforce Development

Lisa continues to chair the NVHD Workforce Development Committee. Staff continue to work on completing the required two online training courses this quarter.

I was asked to be part of a small committee that is working on creating program requirements and evaluating curriculum for two public health certificates and a new public health associate's degree that will be offered through the CT State (Community College) network. Our monthly meeting was held on March 6th.

Air Quality and Climate Change

Grant: EPA Air Quality Monitoring Grant

Status: Still Pending Sub-Contract from CT DPH

Naugatuck Valley Overdose Prevention & Education (NOPE) Program

Grant: Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A)

Status: Year 2 Sub-contract Executed with New Haven Health Department

The OD2A partners meeting was held on March 13th.

Updates from Austin (Valley Overdose Prevention Navigator):

Austin has been engaging with the community through a variety of events and activities. He has started attending the Valley Council for Health & Human Services meetings, where he can engage with local leaders and stakeholders to collaborate and share information. In addition to this, he has established regular tabling at the Derby Public Library. This allows him to interact with the community, answer questions, and provide educational materials to the public regarding overdose prevention and our department's offerings. Austin also participated in the Ansonia Kindergarten Registration event, where he had the opportunity to meet with parents and families, distributing valuable resources and information. Austin also became certified to teach the evidence-based Question, Persuade, Refer (QPR) suicide prevention training!

Austin will be hosting 2 Narcan trainings as part of a statewide "Save a Life Day" during National Public Health Week in April. There will also be a Medication Take Back Event in Derby in late April. Please see the April Newsletter or look for flyers coming out soon!





Milford/Orange/West Haven Overdose Prevention Navigator:
Pending contract amendment. Position remains vacant.

Public Health Emergency Preparedness (PHEP)

I am currently supervising a remote intern, Walid Ourdane, who is a graduate student in the Master of Public Health (MPH) program at University of Bridgeport. Walid will be working on various PHEP activities during March and April.

ESF 8: Public Health & Medical Services, Chair

I facilitated the Region 5 ESF 8 meetings on March 7th and attended the Region 2 ESF 8 meeting on March 19th.

Statewide Training and Exercise Workgroup (STEW)

The March STEW meeting was canceled due to a statewide training conflict.

CT Healthcare Coalition (HCC)

Public Health Representative & Voting Member; Elected to the Executive Committee

The Executive Committee meeting was held on March 11th to discuss the CT HCC Strategic Plan, review the current year spenddown summary, and draft 2025-2026 budget.

NACCHO Preparedness Policy Advisory Group (PPAG)

Connecticut Representative

The PPAG met on March 19th. Representatives from the HHS Region 2 (Federal region including New York and New Jersey) provided 5-minute updates on the current status of preparedness planning, training/exercises, initiatives, policy, current responses and other key updates and efforts. There was discussion about the need for public health focused incident command system (ICS) training. CT is currently rolling out this type of training, which I provided an update on.

Medical Reserve Corps

I provided 2 Loyalty Oath Ceremonies during the month of March.

NVMRC was awarded a \$10,000 2025 Operational Readiness Award (ORA) Grant from the National Association of County & City Health Officials (NACCHO). I have provided requested budget revisions and am awaiting the executed contract. The 2025 ORA will primarily cover the costs associated with purchasing training items for volunteers for programs like STOP THE BLEED®, Adult Mental Health First Aid Certifications, Opioid Prevention & Response Training (including Narcan kits), updated ID lanyards, office supplies, and 2 hours per week of my time for supervising the program. Work will begin on this once we have received our contract from NACCHO.

We are still in the process of coordinating dates for our Region 5 MRC BLS and First Aid Training program that is being funded through a CT HCC grant. Once the dates are confirmed, the training information will be sent to active MRC volunteers in good standing (meaning they have a current CTResponds.CT.gov profile, have passed a background check, have completed orientation and have completed a Loyalty Oath).



Public Health
Prevent. Promote. Protect.

**Naugatuck Valley
Health District**

Board of Directors Monthly Public Health Report: March 2025

The Capitol Region MRC hosted a MRC Mission Sets Workshop on March 20th for MRC leaders and volunteers, local health department/district public health emergency preparedness coordinators and directors of health, hospital staff, long-term care facility staff, CT DPH, the CT Healthcare Coalition, and the federal Administration for Strategic Preparedness and Response (ASPR)! All five emergency planning regions in CT were represented!

The workshop included guided discussions, presentations, and group exercises to dive into collaborative understanding and creation of mission sets that are applicable to CT MRC activities.

Guest speakers from the Rhode Island MRC and the Massachusetts MRC shared their roads to success and expert knowledge. I provided training on the topics of Family Reunification and Family Assistance Centers and facilitated a functional exercise in the afternoon related to developing a FAC Mission Set.





ELC2 Grant: Surveillance & Outbreak Response Team (SORT)

- COVID-19 – Status: Endemic Response
 - *An endemic means a disease is spreading in a community at normal or expected levels*
- Mpox – Status: Monitoring
- Flu, RSV, and Pertussis – Monitoring
- H5N1 Bird Flu –Monitoring
- Measles– Monitoring and education

The following update is provided by Paulina:

The Long COVID Community Learning Sessions are still in development. The Long COVID video PSA was published on March 15th to commemorate International Long COVID Awareness Day, along with www.nvhd.org/long-covid, where residents can find information and resources about the condition.

Beatriz continues to attend community outreach events and participated in a Teddy Bear Clinic at Derby Neck Library on March 17th.

Table 1. Adult Case Statistics (18+)

	February	March
Total Cases & Contacts Managed	58	41
Attempted Contact: Letters Mailed	56	32
Consultations with Residents	0	2

Table 2. Youth and Teen Case Statistics (0-17)

	February	January
Total Cases & Contacts Managed	8	8
Attempted Contact: Letters Mailed	8	8
Consultations with Residents	0	0

*Please note that “Total Cases & Contacts Managed” also includes reports of self-tests originating from various sources such as schools, childcare centers, congregate living facilities, etc. and as such do not always come with contact information and/or do not always warrant further follow-up by NVHD staff.

Effective March 24, 2025, the funding stream supporting the ELC2 Grant is canceled by the federal government. In response, CT DPH issued an immediate stop work order, ceasing all services and expenditures authorized under this contract while CT DPH assesses whether this contract can continue to be supported.



COMMUNITY HEALTH SERVICES
Carissa Caserta, MPH
March 2025

Community Health Assessment: The Valley Index (CHA)

Lisa and I have been very active in the new Valley Community Index process and Jess has also started attending the Coordinating Committee meetings again. Each of the four sections of the Index have working groups that have met and started reviewing data; they include Health and Mental Health Committee (which Jess, Austin, Lisa and I are on), Children, Youth & Education, Seniors & Aging, and Economic Stability & Basic Needs.



Lisa has been instrumental in reviewing the data and creating the charts that will be used to showcase the data for the entire Index! The next steps are to collect any final data and start an outline of what each chapter will look like. A survey was also created and distributed that will collect information from our community related to top issues/priorities in the Valley. Please help us by completing the survey! The link is below and will remain active until April 18th. The goal is to have the 2025 Index published this Summer. Survey link: www.surveymonkey.com/r/ValleyIndex

Community Health Programs

Diabetes Self-Management Program (DSMP)

Kristie and Lisa will be hosting a DSMP at the Seymour Community Center starting April 14th.

Chronic Disease Self-Management (CDSMP)

Kristie and Lisa will be hosting a Chronic Disease workshop at the Naugatuck Senior Center this Summer.

Matter of Balance (MOB)

A new MOB class will be starting at the Ansonia Senior Center on April 1st.

Lead Poisoning Prevention Program

Lead case management continues to grow and is being completed by Lisa daily. There continues to be an increase in lead on-site inspections and epidemiological investigations carried out by several of our staff.

Immunization Grants & Clinical Services

Clinical Services

In March, Kristie provided 28 vaccines to children and 1 adult in the Valley.



Public Health
Prevent. Promote. Protect.

**Naugatuck Valley
Health District**

Board of Directors
Monthly Public Health Report: March 2025

Infection Prevention & Control (IPC) & Healthcare-Associated Infections & Antimicrobial Resistance (HAI-AR)

DPH continues to host a monthly meeting with the CT DPH HAI-AR staff and local health departments/districts building capacity in Infection Prevention & Control (IPC); Jess attended the meeting on March 18th which focused on multidrug-resistant organisms (MDROs).

Tuberculosis (TB)


Kristie is actively monitoring 2 cases of TB.

Immunization Action Plan (IAP) Grant Program

Elizabeth had 1 in person site visit for her program, and then she had 1 IQIP check-in visit with providers over the phone. The quarterly IAP statewide meeting was held on March 6th; Elizabeth, Jess and I attended virtually.

CDC Immunization Grant Outreach Events Summary

Effective March 24, 2025, the funding stream supporting the CDC Immunization Grant is canceled by the federal government. In response, CT DPH issued an immediate stop work order, ceasing all services and expenditures authorized under this contract while CT DPH assesses whether this contract can continue to be supported.

Ansonia Kindergarten Registration Health Fair	<p>Vanessa and Austin attended the Ansonia Registration Fair for the third year in a row. The event is targeted toward Ansonia residents who have children eligible to attend kindergarten for the upcoming school year, and it has proven to be an excellent opportunity to strengthen the transition to kindergarten and familiarize families with community agencies such as NVHD and programs through stations and activities. This year, about 80 children were registered for kindergarten at this event.</p> 
Salvation Army	<p>Vanessa and Bea held an informational verbal presentation to the children ages 6-12 who attended the Salvation Army after school Kids Club. The topic discussed was how to stay healthy (from respiratory viruses), and the children were able to ask questions and then make their own custom masks (with a fabric mask and fabric markers). They loved showing off their unique mask designs.</p>
Outreach	<p>Vanessa has continued to conduct outreach throughout the Valley to let community members know we are here to answer any questions they may have as far as immunizations or other health topics. This month's focus has continued to be on Measles and ensuring people keep their children up to date.</p>



Public Health
Prevent. Promote. Protect.

**Naugatuck Valley
Health District**

Board of Directors
Monthly Public Health Report: March 2025

Evidence Based Public Health Course	In the month of March, Vanessa and Austin began a weekly 10-part course. It intends to build skills in applying evidence-based decision-making to improve population health and advance health equity. Through presentations, practice exercises, and case examples, the course takes a “hands-on” approach and emphasizes information that is readily available to practitioners.
Teddy Bear Clinics Derby Neck Library	Going to the doctor can make anyone feel anxious—especially kids. To ease their fears, NVHD community health staff came together to cohost a Teddy Bear Clinic at the Derby Neck Library where children had a chance to play doctor with their favorite toy, providing it with the same care they would receive at the doctor’s. Carissa, Kristie, Vanessa, Bea, and Austin had a great time providing information to all the families who attended. The children also had the opportunity to craft a chalk hand X-ray.
Translation: Vanessa assisted community health staff 14 times with translating from Spanish to English and vice versa. She translated surveys and flyers for the Valley Community Index as well.	



ENIRONMENTAL HEALTH SERVICES
Melanie Dokla, BS, RS
March 2025

Food Service Establishments

Seasonal permit applications are being reviewed and scheduled for inspections.

Staff continue to conduct plan views and site visit inspections for food service establishments that are new or changing ownership.

Glenda Buenaventura, per diem food inspector, continues to assist in conducting food service inspection after hours and on the weekend, up to 20 hours a week.

Public Pools

Applications to renew the existing public pool permits were mailed out (46). The permits expire on April 30th; renewals for seasonal pools are due prior to operation.

Body Care

Staff continue to conduct plan views and inspections for body care establishments that are new or changing ownership.

Subsurface Sewage Disposal Systems (SSDS)

Staff continue to conduct SSDS inspections, B-100 visits, soil testing, B-100 plan reviews, new SSDS plans reviews, and have issued permits to discharge.

Laurel continues to train staff in the SSDS program.

Over the past month there has been an increase in sewage complaints and B-100a/building permit signoffs. There has also been an increase in private well permit applications and requests for well exceptions.

Housing Complaints

Environmental staff continue to investigate housing code violations and complaints.

On 3/5/25 Laurel Shaw, Chief Environmental Health Specialist, was subpoenaed to appear in Milford Court regarding housing code violations located in a rental property in Ansonia.

On 3/7/25 Amanda Ruchin and I appeared in Milford Court regarding housing code violations located in a rental property in Seymour.

Lead Poisoning Prevention Program (LPP)

Lead abatement plans submitted by lead abatement contractors are being reviewed and property owners are issued written orders from this office. Once the project has received approval and work is completed, a final inspection is conducted to ensure work was done as specified in the plan.



Public Health
Prevent. Promote. Protect.

**Naugatuck Valley
Health District**

Board of Directors
Monthly Public Health Report: March 2025

Lead Prevention standard operation procedures was reviewed/updated and awaiting approval from the steering committee.

On 3/26/25, me, Laurel, Amanda, Amy, Jess, and Carissa attended a virtual training session sponsored by Yale School of public health entitled Interdisciplinary Approach to Improving Outcomes in Children Exposed to Toxic Lead Hazards. The session affirmed the importance of early intervention, rethinking how we educate families, reviewing interview techniques and building networks for compliance.

Lead Stats

Open lead cases - 20

New - 2

Miscellaneous

Laurel will be teaching a Certified Food Protection Manager class at NVHD on Monday, April 7th at 5:30pm and Saturday, April 12th at 9:30am. Registration is required. We hope to continue to provide courses/exams throughout the year.

The environmental section continues to work on a quality improvement (QI) project. The goals of this project are to review and revise the Temporary Event application and guidelines, create educational materials, reduce the number of late applicants and improve compliance.

The QI team completed the revision of the Temporary Food Service application and detailed guidelines. Both documents have been updated on our website and an announcement was posted on our social media platforms. We will continue to create additional materials for the operators and social media postings.

After-Hours/Emergency Reponses

	Date/Time	Location	Description of Event
1.	3/21/25	Johnson Street, Naugatuck	Sewage
2.	3/24/25	Stop & Shop, Seymour	Power outage



TO: Co-Chairs and Members of the Public Health Committee

DATE: March 24, 2025

RE: Testimony in Opposition to Raised HB 7248, AN ACT CONCERNING WELL WATER QUALITY

Dear Co-Chairs and Members of the Committee,

The Connecticut Association of Directors of Health (CADH) **strongly opposes** Section 2(c)(1) of Raised Bill 7248 provisions that establish private well and semi-public well test results as confidential pursuant to Section 19a-25 of the Connecticut General Statutes.

The proposed changes in Raised Bill 7248 and previously passed changes to this statute seek to address some of the concerns related to data accessibility. Unfortunately, these efforts fall woefully short in PROTECTING HEALTH AND ensuring ACCESS TO INFORMATION VITAL TO THAT MISSION. SAFETY OF WATER IS A SOMETHING THE PUBLIC EXPECTS.

Approximately 24% of Connecticut's population, approximately 840,000 residents, rely on private wells for drinking water. Groundwater contamination, whether natural or man-made, poses a significant public health concern in Connecticut, particularly in areas served by private wells. Providing residents and stakeholders with unfettered access to water quality information is an essential public health function, empowering property owners, neighbors, and communities to take action to protect themselves from contamination exposures. Data related to private well water quality has been readily available to the public for over 60 years. Over these years, local health departments have worked closely with industry stakeholders, state agencies, property owners, and communities on groundwater quality issues, addressing a wide array of contaminants including emerging concerns such as sodium chloride (NaCl) and per- and polyfluoroalkyl substances (PFAS). There is no reasonable rational for limiting access to this important environmental health data. It is our position that governmental public health's duty to warn significantly outweighs any De Minimis right to privacy, with limiting any access to such information at least public health negligence and at worst public health malfeasance.

For example, as one reads the current plain language of these provisions the local health director is required to obtain approval from the Commissioner of Public Health prior to disclosing drinking water lead test result from a private well to a resident family with a child who has been diagnosed with lead poisoning. This requirement stands in stark contrast to a local health director's ability, without explicit approval from the Commissioner, to disclose the identity of a sick restaurant worker to a restaurant manager. The lead scenario is one of many examples where there is little to no justification for this

additional layer of bureaucracy, which is currently affecting the timely reporting of crucial information needed to reduce exposures from environmental health hazards.

In addition, the basic science of ground water hydrology tells us that the presences of a single contaminated private well indicates a risk to other nearby wells. Yet, under these current statutory provisions neighbors whose wells are at risk would not be able to access critical information unless they meet specific, and unreasonable conditions. These conditions include obtaining explicit approval from the DPH Commissioner, submitting a signed contract for the purchase of their neighbor's property, and receiving a determination from public health authorities that the contract provided is sufficient. Such restrictions create significant barriers to the timely dissemination of information that could otherwise prevent potential exposures and help protect the health of nearby residents and in some cases, the entire neighborhood.

Furthermore, the administrative burden and number of legal questions created by these provisions and confronting local public health on this issue cannot be overstated. With 60 years of well water data in our public records, both hard copy and online digital files, establishing this data as confidential has created a legal minefield of liability, and material administrative challenges for local public health departments. A paradigm shift in many of our internal workflows became necessary to manage this change. Prior to the establishment of this law, we routinely released and/or consulted on the data with a number of stakeholders for legitimate public health reasons. These include but are not limited to building officials seeking to approve a certificate of occupancy, housing inspectors seeking to certify rental property, environmental enigneers seeking to assess a property for development, higher education scientists conducting research, and finally the very owners of these properties seeking advice on their own drinking water quality. Now, under the current provisions of this statute we need to ask for approval from the Commissioner of Health for each of these scenarios with no assurance for some these scenarios of receiving the requested approval, timely or otherwise.

The current statutory approach handcuffs the ability of local public health professionals to protect residents, create informed communities, and prevent adverse health outcomes. Transparency in environmental health reporting should be the rule, not the exception. The Connecticut Association of Directors of Health urges the Public Health Committee to reconsider the provisions of Raised Bill 7248 and support the full reinstatement of private well data as public information, as it was for decades before. This data empowers individuals and communities to protect themselves from groundwater contamination and helps safeguard the health of Connecticut's residents.

Thank you for your time and consideration.

Robert Rubbo

President CADH