NEW HAVEN HEALTH DEPARTMENT
Programs Status Report
MARIO GARCIA – HEALTH DIRECTOR
January, 2014

PROGRAMS Target Population and Service Goals Status and Vision	Performance Indicators	Partners	Funding Source
HEALTH INSURANCE NAVIGATOR PROGRAM Target Population: Uninsured and Underinsured Individuals and families in New Haven County, with a focus on vulnerable and underserved groups. Service Goals: The Navigator Program coordinates and oversees approximately 80 In-Person Assisters in the New Haven Region to enroll individuals into Health Insurance. The Navigator program is one of several requirements of the Affordable Care Act (ACA) to help consumers access the health insurance marketplace (The Exchange). Status: The New Haven Health Department was selected to be the Navigator for the New Haven region and is one of six Navigator organizations in CT. Outreach activities is currently targeting 3,000 engagements through the New Haven County. This is accomplished through enrollment events, educational sessions, mass mailings, traditional media outlets and coordination with approximately 50 community based organizations throughout the area. Open Enrollment for Health Insurance Exchange Plans under the Affordable Care Act is October 1, 2013 - March 31, 2014. The grant ends May 31st Vision: The New Haven Health Department is the only municipal government agency in CT designated as a Navigator organization. The Department aims at reducing obstacles for access to health care services among New Haven residents. The Department will continue its engagement in future enrollment periods during the implementation of the Affordable Care Act in Connecticut.	Number of individual outreach engagements Number of Traditional Media engagements Number of individuals enrolled Number of outreach events Number of educational sessions Best Practice Report Customer Satisfaction Survey	Community Based Organizations Churches Health Advocate AccessHealthCT Jade Consulting Gateway Community College New Haven Board of Ed Adult Education Center Yale Hospital Hill Health Center Fair Haven Community Clinic Haven Free Clinic Students for a Better Healthcare System	STATE ACCESSHEALTHCT
COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPROVEMENT PLAN (Multiagency) Target Population: All residents of the City of New Haven and surrounding areas Service Goals: The NHHD has engaged local partners in the public health system in a collaborative effort to carry out a Community Health Assessment (CHA). CHAs are requirements of the National Public Health Accreditation Board and the Affordable Care Act. The purpose of the CHA is to characterize community health and quality of life issues and to define priorities for intervention. The CHA describes the health status of the community, its strengths and assets, and the context or forces of change. This will be followed by a Community Health Improvement Plan (CHIP), which will develop strategies to guide the investment and allocation of resources by public and private agencies in the public health system. Status: The Greater New Haven Community Index report was released at the end of 2013. This collaborative effort represented two years effort of multi-agency collaborations. A new cycle of data collection and analysis will be conducted in the next three years. This will occur concomitantly with a Community Health Improvement Plan (CHIP). The improvement plan is in an early phase. Seven focus areas have been defined and workgroups with multiple stakeholders have been organized. Vision: The CHIP will not only rationalize public health programming and coordination of projects, but will also inform policy and promote changes to improve the health of the community. This report will serve as a blueprint for investment in health improvement projects. Both the CHA and the CHIP are part of a long-term strategy to address health needs and to implement recommended priorities, which will be addressed in an annual leadership summit of all anchor organizations in the city.	Comprehensive Assessment Report Strategic Health Improvement Plan completed Annual Leadership Summit Anchor Organizations	Yale New Haven Health System Yale School of Public Health City of New Haven Departments Data Haven Robert Wood Johnson Foundation Community Foundation YMCA Fair Haven CHC Hill Health CHC	UNFUNDED

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FEDERAL HEALTHY START Target Population: Pregnant and parenting women, children and families with a particular emphasis on high risk African American and Latina women and infants. Service Goals: In order to promote positive birth outcomes, Healthy Start contractors provide HUSKY application assistance in collaboration with the regional DSS office. The program also offers case management and home visiting support. The Healthy Start network is an integral and essential component of New Haven's care coordination/home visiting service delivery system for families at-risk of poor birth and health outcomes, child poverty and undiagnosed developmental delays. The program works to ensure efforts to improve pregnancy outcomes reduce the infant mortality rate and promote family health and well-being in the City of New Haven. The program also provides short-term, limited care coordination, a comprehensive risk assessment, and referrals to needed services with the aim or improving poor birth outcomes. Status: The Healthy Start program is an intensive city-wide care coordination system of care for women who are identified as being at risk for poor birth and health outcomes. 30 outreach sessions are conducted monthly and just over 2,000 referrals have been made. An impact evaluation report is currently in preparation. Vision: The vision for the next 5 years of the contract is to actively participate in building collective impact and developing a resilience portfolio for each client. The program is funded through May 30, 2014. A competitive application was recently submitted seeking funds for a 5 year cycle of funding beginning in June 2014.	Infant Mortality Rate Low Birth Weight Rates Number of Outreach sessions Number of depression screenings Number of referrals	DPH, DSS, DCF, MOMS, YNHH, Fair Haven Health Center, Hill Health Center, Community Foundation for Greater New Haven, Federal Healthy Start, Perinatal Partnership, Community Health Improvement Plan.	COMMUNITY FOUNDATION HRSA
STATE OF CT HEALTHY START & HUSKY Target Population: Pregnant and parenting women, children and families. Service Goals: New Haven Healthy Start is a comprehensive system of care with the over-arching goals of 1) improving access to health care, particularly among minority populations; 2) eliminating disparities and 3) improving birth outcomes. The Healthy Start program offers intensive case-management and home visiting services for pregnant women and their families who are identified as being at risk for poor birth and health outcomes. Healthy Start's assesses individual needs and connects families to existing community based resources, such as, Birth to Three, Early Head Start, Head Start, Nurturing Families, Family Resource Centers, School Readiness programs, teen clinics, WIC, Job Training, parenting programs and shelters. As part of the state Healthy Start program, the Health Department also serves as the Regional Administrator for the state Medicaid (HUSKY) Program, providing Medicaid application assistance for pregnant women and their families. The program also provides short-term, limited care coordination, a comprehensive risk assessment, and referrals to needed services. Status: 911pregnant and postpartum women and 615 children were enrolled in HUSKY. 722 women screened for depression and 176 families receiving intensive case management. 514 Home visits. An impact evaluation report is currently in preparation. Vision: The program seeks to improve pregnancy outcomes, to reduce infant mortality rate and to promote family health and well-being in the City of New Haven. It is expected that the Healthy Start contract will be amended in June and funded until June 30, 2015	Infant Mortality Rate Low Birth Weight Rates Children, pregnant and postpartum women enrolled in HUSKY Number of depression screenings Number of families receiving case management Number of Home visits.	DSS, DPH, DCF, YNHH, MOMS, Fair Haven Health Center, Hill Health Center, Middletown Health Center, Birth to Three, Early Head Start, Head Start, NFN, Family Resource Centers, School Readiness Programs, Teen clinics, Polly McCabe, WIC, Job Cor, Parenting Programs, New Haven Home Recovery, other shelters	DSS DPH

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NURTURING FAMILIES NETWORK (Multiagency) Target Population: First time parents, prenatal and postpartum, infants and children up to the age of 5. Service Goals: The goal of the Nurturing Families Network is to provide quality, evidence based home visitation for families with multiple risk factors for poor outcomes such as poverty, low education, a family history of domestic violence or neglect and to create a system to help improve the health, social, emotional, and cognitive outcomes for all children. This visitation program helps new first-time parents at risk for abuse and/or neglect to learn how to care for their baby and adjust to the many demands of becoming a parent. Status: The NFN is a no-cost, voluntary program that provides information, guidance and assistance for first-time parents and is available through 5 community agencies and birthing hospitals. Over one thousand home visits and 40 families served currently. The retention rate of the program has increased with 98% of participating children with ongoing pediatric care, 96% immunization rate and comparatively low rate of child abuse. Vision: It is expected that this program will lay the foundation for the healthy development of children by helping to prevent New Haven's costliest social problems, e.g., school failure, child abuse. The program will ensure that children are born as healthy as possible and parents are equipped with the necessary skills to raise their children in a supportive, nurturing, and safe environment. This program is funded through June 30, 2014 and is expected to be amended and renewed.	Number of home visits Number of families served Retention rates Immunization rates Substantiated child abuse rates.	DSS, DPH, DCF, YNHH, MOMS, Fair Haven Health Center, Hill Health Center, Middletown Health Center, Birth to Three, Early Head Start, Head Start, NFN, Family Resource Centers, School Readiness Programs, Teen clinics, Polly McCabe, WIC, Job training, Parenting Programs, New Haven Home Recovery, other shelters, YNHH Community Health Improvement Plan	STATE DSS OFFICE OF EARLY CHILDHOOD
MENTAL HEALTH OUTREACH FOR MOTHERS (MOMS) PROJECT (Multiagency) Target Population: Pregnant and parenting women and their families. Service Goals: To address perinatal depression and trauma in low-income, racially and ethnically diverse, pregnant and parenting women who live in New Haven. Status: Reports available upon request. 1,000 women in a study. Ongoing stress management groups at the NHHA Vision: To develop public health approaches to ensure pregnant and parenting women achieve the highest possible standards of mental health and well-being throughout their lives.	Number of stress management sessions conducted Rate of participation and retention	Clifford Beers, All Our Kin, The CT Diaper Bank, Yale School of Medicine (Dpt. Psychiatry), New Haven Housing Authority,	UNFUNDED
OFFICE OF VITAL STATISTICS Target Population: All Residents of the City of New Haven Service Goals: The office *secures citizenship rights* by issuing certificates for birth, death, marriages and civil unions that occurred in the City of New Haven. Adoptions, legal changes of name, and amendments are also recorded. Original records dating from 1649 are stored and maintained in the Office's vault. It also issues the Elm City Resident ID Card to all New Haven residents. Status: The office operates and serves the public in a regular basis. Vision: To modernize the office and expand capacity for faster and more efficient customer services	Number of Certificates Number of record modification transactions Records retention and Quality Assurance Assessments	CT DPH Hospital and medical Services providers Law Enforcement	CITY FUNDS

PROGRAMS Target Population and Service Goals Status and Vision	Performance Indicators	Partners	Funding Source
HIV-AIDS RYAN WHITE PART A PROGRAM Target Population: people living with HIV/AIDS (PLWHA) in the New Haven-Fairfield Counties Service Goals: The New Haven Health Department serves as the administrator EMA Ryan White Part A Grant. The program provides core medical and support services to the target population. All contractors collect and analyze service utilization and health outcomes data. Status: The Department has received Ryan White funding from the federal government since 1993. In 2012, the Health Department received nearly $7 million for the Ryan White Program. Lead agencies report quarterly to the Health Department on their successes and barriers to care and are required to discuss and address service gaps and barriers to access by special population groups deemed disproportionately impacted by the epidemic. Vision: The program continues to assess the impact of the implementation of the Affordable Care Act on the future allocations for AIDS care through direct federal aid. The Ryan White planning council is tasked with making recommendations on the future program allocations towards social support services as more clinical care is secured through the expansion of insurance coverage.	Number of CD4 T cell counts in HIV infected clients AIDS clients with Anti-retroviral Therapy. Number of medical visits by HIV infected clients	HIV medical/non-medical providers State DPH HIV surveillance and Prevention staff Other Ryan White-funded Grantees HIV+ clients Ryan White Planning Council	FEDERAL HRSA
HIV/AIDS AND HEPATITIS C PREVENTION - SAFETY COUNTS PROGRAM Target Population: Injection Drug Users Service Goals: The Health Department provides confidential, rapid HIV and Hepatitis C testing, HIV/AIDS education for youth and adult groups, and Safety Counts, a group educational program designed to reduce the risk of HIV and Hepatitis C transmission among injection and non-injection drug users. These programs reach approximately 5000 people per year. 1) Conduct a minimum 6 cycles in a calendar year with a minimum of 32 unduplicated clients 2) offer each Safety Counts participants, and syringe exchange participant, free HIV and Hep. C testing 3) provide referrals and transportation to substance abuse treatment programs to all clients who seek these services. Status: 177 HIV and 138 Hep. C tests conducted –42 unduplicated clients enrolled in Safety Counts - 6 cycles of Safety Counts conducted in 2013. Currently in the 2nd and last year of the grant. All goals were met in the first year. HIV testing and Hep. C testing activities are no longer funded. Vision: We strive to continue providing HIV/Hep C risk reduction counseling through Safety Counts until the end of the year to our Syringe Exchange Clients. Safety Counts will no longer be funded after 2014.	HIV tests conducted Hep. C tests conducted Number of unduplicated clients Number of cycles of Safety Counts conducted	Columbus House Taking Initiative Center (TIC) Liberty Safe Haven APNH APT Foundation Merritt Hall SCRC	STATE DPH CITY FUNDS
SYRINGE EXCHANGE PROGRAM Target Population: Injection drug users. Service Goals: The program provides clean needles to intravenous drug users in exchange for used ones to prevent the spread of HIV/AIDS and other blood borne diseases. The program is offered on the Department's mobile outreach unit at sites throughout the City. Syringe exchange involves HIV/AIDS education, counseling about drug treatment, and drug treatment referrals. 1) 100% of clients will receive a comprehensive risk assessment. 2) 100% of enrolled clients will be provided with health promotion education and tools to reduce the risk of HIV infection. 3) 100% of clients will be offered HIV and Hep. C testing. 4) 100% of clients will be referred to secondary and early intervention services when appropriate.	Number of syringes exchanged	Columbus House Taking Initiative Center (TIC) Liberty Safe Haven APNH Merritt Hall APT Foundation	STATE DPH CITY FUNDS

PROGRAMS Target Population and Service Goals Status and Vision	Performance Indicators	Partners	Funding Source
5) All clients accepting referrals will receive assistance to enter into drug treatment services. Status The program has positively contributed to the reduction new HIV cases associated with injection drug use risk in New Haven—In 2002, 48.1% of newly diagnosed HIV cases were associated with injection drug use and by 2011 this number had fallen to 20.0%. The SEP operates daily with exchanges conducted in the Health Department clinic and the mobile unit. Home deliveries are also arranged for individuals unable to reach the mobile unit. A bag of groceries from FISH Food Pantry and bread from Panera are also distributed. Two trained peer distributors conduct secondary syringe exchanges reaching clients at locations and times not available to outreach workers. Over seventy thousand needles were exchanged in 2013. Projected to serve about 150 unduplicated clients next year. Vision: We strive to engage all IDU in New Haven and surrounding towns to ensure that they have access to clean syringes and are able to navigate substance abuse treatment services, as desired. We hope to expand the number of peer distributors with whom we work to a total of 3 and to provide better SEP service by having van stops in surrounding towns (East Haven, West Haven, Branford, etc.). This grant is funded through 2014. A new application will be submitted for continuation of funding.	Number of unduplicated needle exchange clients served each period Number of peer distributors	SCRC FISH Food Pantry Panera Bread Maternal & Child Health Division Health Dept. Clinic NHPD	STATE DPH CITY FUNDS
PREVENTIVE MEDICINE – Walk-in Clinic Target Population: Residents seeking confidential care for communicable diseases Service Goals: The purpose of the walk-in clinic is to provide primary care clinical services to underserved residents who seek confidential care for sexually transmitted diseases and other infectious diseases. Prevention and control of infectious diseases is a priority of the Health Department for the protection of the public's health. Services are focused on the provision of immunizations and preventing transmission of STD's, HIV, Tuberculosis and seasonal Influenza. Status: The Health Department offers clinics to provide information, prophylaxis and treatment related to flu protection, tuberculosis testing, STD screening, HIV counseling/testing and adult immunizations. The preventive medicine clinics are open to residents and non-residents. Approximately 70% of patients are city. The majority of the clients are presently uninsured. Half of the patients are from the ages of 16 to 35. 85% of patients are male. Although the clinic has a small fee, no one is rejected for non-payment. Vision: The goal of the clinic is to serve individuals unable to reach other medical facilities in the community. There is also and opportunity to expand capacity by processing insurance claims and increasing revenue collection. A travel clinic and expanded hours have been proposed. Reduction of service demand is possible as the insurance market expands and other site provider offer similar services.	Number of unduplicated patients Number of client encounters Number of referrals Number of vaccinations Number of travel consultations	DPH Disease Intervention Specialists Local Healthcare Providers	STATE DPH CITY FUNDS
SEASONAL FLU IMMUNIZATION CLINICS Target Population: All New Haven adult residents Service Goals: To provide flu vaccinations for adults with emphasis on senior Citizens, low income residents, residents with limited access to healthcare, and city employees. Status: The Department has provided approximately 550 residents access to flu shots via scheduled clinics and outreach through community partners in the current season. Vision: In addition to providing flu vaccinations, the Department will convene periodically all immunization providers to coordinate flu shot distribution and ensure access to all adult population in the City.	Number of vaccinated adults Vaccine Providers coordination meetings	New Haven Senior Centers, Community Health Centers, Occupational Health Yale Community, Healthcare Van, Yale Neighborhood Health Project, Varick Memorial Zion Church Food Bank	STATE DPH CITY FUNDS

NEW HAVEN HEALTH DEPARTMENT
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INJURY PREVENTION Target Population: Parents and caregivers of children ages 6 and younger. Service Goals: To provide parents and caregivers with information needed to keep children safe when riding in vehicles, including information on the stages of child passenger protection, proper installation of car seats, recalls, and the importance of reading car seat installation instructions and vehicle manuals. Parents' presentations aim at reducing the risk of unintentional injury among children under the age of 6. Status: Child passenger safety presentations are offered throughout the year at head start centers, school readiness sites, and daycare centers. Eight child passenger safety presentations were conducted in 2012-2013 Vision: This program strives to reduce the number of injuries and fatalities sustained by children through ensuring that all caregivers have the necessary skills and information to properly install and utilize child passenger safety seats.	Number of Child Passenger safety workshops.	AAA of Branford New Haven Public Schools Head Start / School Readiness	STATE DPH
DIABETES PREVENTION PROGRAM Target Population: Individuals over the age of 18 who are at risk for developing type II diabetes. Service Goals: The New Haven Health Department will begin offering New Haven's adult residents the opportunity to participate in the CDC's Diabetes Prevention Program. This free program is designed for individuals who are at risk for developing diabetes. During the year-long program, participants meet as a group once a week for 16 weeks (core session) and then once a month for the remainder of the year (post-core sessions). Session topics include achieving and maintain a healthy diet and ways to increase one's amount of daily physical activity. Status and This program has been re- launched twice (October 2013 and January 2014) at the Brennan-Rogers' School Family Resource Center. Due to lack of participation, the program was put on hold. The program will be re-launched in the spring at a new location and time. Vision: It is hoped that this program, once up and running, will be offered at a few different venues throughout the City in the course of a year as a means to improve the health and well-being of New Haven residents.	Number of Core Sessions Number of Adults at risk enrolled	New Haven Public Schools School-Based Health Centers YMCA	UNFUNDED
SMOKE FREE RENTAL HOUSING INITIATIVE Target Population: Property owners/managers and tenants of multi-unit dwellings in New Haven. Service Goals: The Smoke Free Rental Housing Initiative would encourage public housing, private rental property management companies and small landlords to impose a rule that prohibits the smoking inside their rental units and on the property. This initiative aims at reducing serious health issues as a result of secondhand smoke exposure. In addition, this initiative will benefit property managers of multi-unit housing by diminishing maintenance cost, decreasing risk of accidental fires, and providing a healthier environment for all tenants. 1) survey owners/managers regarding current smoking policies 2) provide education about the legality of smoke-free rental policies 3) provide technical assistance to adopt smoke-free rental policies. Status: The Department is currently working with property owners/managers in the Dixwell, Fair Haven, and Hill sections of the City. A mass mailing of postcards sent to property owners/managers, in these sections of the city, who own 3 or more two-three family homes in 2013. Additional mailings will be conducted in 2014. Attended four health fairs to educate the community about smoke-free housing policies, and engaged the media on at least two occasions. Vision: It is the hope of this program that all of New Haven's multi-unit dwellings will be covered under a 100% smoke-free policy so that the health of all residents can be better protected. The ultimate goal is to decrease renters' exposure to second-hand and third-hand smoke by increasing the number of smoke-free rental properties in the City.	mass mailing to property owners/managers Number of informational sessions Community events attended Number of new properties implementing smoking bans	American Lung Association Elderly Services Tax Assessor's Office Potential Partners (LCI, Economic Development, HANH)	STATE DPH

PROGRAMS Target Population and Service Goals Status and Vision	Performance Indicators	Partners	Funding Source
LEAD POISONING PREVENTION AND ABATEMENT Target Population: New Haven families and homeowners Service Goals: To resolve cases of childhood lead poisoning; provide educational outreach activities and assist with distribution of federal lead abatement funds to prevent lead poisoning. 1) Staff provide extensive educational outreach efforts in the community and in schools for the prevention of lead poisoning. Individual consultations are also provided to homeowners, tenants and landlords of affected properties during epidemiological investigations of lead poisoned children. 2) As part of this program, the Department identifies and provides advice on addressing housing-related health hazards. Individuals and families with children under the age of 6 are provided with Healthy Home inspections. These inspections provide clients with information regarding asthma triggers and possible safety hazards including fall hazards, smoke and carbon monoxide detector safety, fire hazards, air quality issues, mold, radon, and asbestos. 3) The program administers provision of deferred forgivable loans (federally funded) to assist owners of occupied units requiring full lead abatement due to the presence of a child with elevated blood lead levels. Additional funds are used for deferred forgivable loans to assist in the creation of lead-safe housing through rehabilitation of vacant buildings needing lead hazard reduction prior to occupancy by non-profit and/or faith-based housing developers creating affordable units. Status: Complying with state regulations regarding inspections. Below performance indicators for number of housing units lead abated. Increased marketing of HUD program is underway. Vision: The HUD program will complete the three-year funding cycle and resubmit an application for continuation in 2015. Expanded number of lead abated housing units. Elimination of Childhood Lead poisoning.	Number of children/families assisted Number of housing units lead abated Outreach prevention activities	Yale Lead Program Regional Treatment Center Livable City Initiative State Health Department	FEDERAL HUD CITY FUNDS CDBG DPH
FOOD SAFETY PROGRAM Target Population: Patrons and owners/managers of food-service establishments. Service Goals: The Department enforces the state statutory mandates for food safety within the city limits. The program monitors the safety of the City's food supply to prevent food-borne illness outbreaks. This is accomplished through comprehensive inspections of all food-service establishments operating in the City. Additionally, the Department licenses every food establishments, including restaurants, food trucks/carts, and itinerant vendors. Status: Currently not achieving state mandated number of inspections, which would require at least two additional sanitarians/inspectors. Over 1,000 food-service establishments are licensed and inspected every year. Vision: To expand program capacity to meet the inspections standards defined by the Connecticut Food Safety Program	Number of inspections Number of licensed food-service establishments	Food-service owners	CITY FUNDS
INVESTIGATION OF NUISANCES AND ENFORCEMENT OF THE PUBLIC HEALTH CODE Target Population: All City residents Service Goals: Major functions as required by the State Public Health Code, State Statutes, and Municipal Ordinances include: 1) Investigation of public health nuisance complaints and to ensure resolution of infractions of applicable codes, statutes and ordinances; 2) Routine Inspection of schools, daycare centers, senior centers and summer lunch feeding sites to ensure the health and safety of vulnerable residents and compliance with applicable codes, ordinances and statutes. 3) Staff monitor recreational water quality of public swimming pools and beach water to prevent waterborne illness. 4) In concert with the Connecticut Agricultural Experiment Station and DPW, staff works in the prevention of Human cases of West Nile Virus in the City through education and outreach, reduction of mosquito breeding sites and strategic placement of mosquito larvicide. Status: Meeting performance indicators Vision: Maintain services	Number of inspections	City Departments	CITY FUNDS

NEW HAVEN HEALTH DEPARTMENT
Programs Status Report
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THE SCHOOL NURSING PROGRAM Target Population: Students in public and non-public New Haven schools. Service Goals: Goals: to identify and assess the needs of the students through the delivery of nursing services, education and counseling. Status: This program provides school health nursing services (31 nurses) to 22,000 pre-K through 12th graders attending 53 public and non-public school sites. Public Health Nurses ensure that health-related barriers to learning are addressed as well as that state mandated immunizations, physical exams and vision, hearing and scoliosis screenings are conducted. Nurses provide first aid for trauma, allergies, treatment of illness and injuries; medication dispensing; and individualized health care plan development for children with special healthcare needs. Vision: to expand and provide comprehensive coverage of nursing services to ensure that all students have equal opportunity to receive help with health related barriers to learning while being compliant with all state requirements for school health services. To implement a proposed plan to close seven main gaps in the delivery of School Health Services	Number of students served Number of schools meeting the standard nurse/student ratio Health Records System in place Number of students referred	Board of Education New Haven Health Care providers School Based Health Clinics School Wellness Teams BOOST Childsight, SCSU nursing	CITY FUNDS
EPIDEMIOLOGY PROGRAM Target Population: All New Haven residents Service Goals: To collect, analyze and disseminate health data to facilitate evidence-based decision making by the Department, other state and city government departments, community institutions and New Haven residents. Status: The program reviews an average of 420 surveillance reports monthly and conducted 28 interviews in the course of food-borne outbreaks investigations. The program also participates in the infectious diseases (TB) contact investigations. The epidemiology program plays an important analytical role in the development of the Community Health Needs Assessment of the New Haven area. Other recent projects include the calculation of life expectancy estimates; a perinatal period of risk analysis to identify possible ways of reducing feto-infant mortality, and an evaluation of the New Haven Healthy Start Program that compares birth outcomes of New Haven mothers enrolled and not enrolled in the program. Report will be available early 2014. Vision: To continue expanding the ability to provide useful public health information by monitoring and analyzing data, identifying novel data streams, and strengthening relationships with data users. To establish a school health services record system.	Number of EPI investigations conducted Communicable Disease Surveillance Reports Mortality Surveillance Report Number of subject specific data analysis and mapping reports CHNA	City Departments Community Foundation of Greater New Haven Yale School of Public Health Yale New Haven Hospital, DataHaven CT DPH	CITY FUNDS
MEDICAL SERVICES BILLING PROJECT Target Population: Agency Operations Improvement Service Goals: To provide operational support to the Preventive medicine clinic, school based health clinic and school nursing program Status: The Health Dept. is currently modernizing and implementing a billing system by setting processes with service providers, contracts with insurance carriers and upgrading staff capacity to process claims. Vision: Implementing a billing system and new financial structure will allow the Department to increase revenue for billable services performed in the short-term and will allow the clinics to continue to function in the long-term as revenue streams. The Department is aligning with a national trend to change from government grants to revenue from billable preventive services, which are now paid by insurance policies under the provisions of the Affordable Care Act.	Number of claims processed Revenue increase	Private Plans: Anthem Blue Cross/Blue Shield, Aetna, and ConnectiCare. Public Plans: Medicaid, Medicare	UNFUNDED REVENUE GENERATING

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Programs Status Report
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TUBERCULOSIS CONTROL PROGRAM Target Population: New Haven residents identified as a TB case or contact Service Goals: To prevent the spread of Tuberculosis the Department ensures that individuals identified with active infectious tuberculosis (TB) are compliant with treatment [Directly Observed Therapy (DOT). The Department has the authority to order any person isolated or quarantined whom such director has reasonable grounds to believe to be infected with a communicable disease or to be contaminated, if person poses a substantial threat to the public health and isolation or quarantine is necessary to protect or preserve the public health. The program also monitors and sometimes gives treatment to contacts to address possible latent TB cases. Status: Three residents on daily treatment with follow-up and contacts investigation. Approximately two thirds of cases are foreign born individuals and half of them are uninsured. Vision: To continue to provide services for those who need it.	Number of cases Number of contact investigations Rate of Treatment retention Rate of loss to follow up	CT DPH Winchester Clinic Yale PCC Community Health Centers IRIS Homeless shelters	STATE DPH
PUBLIC HEALTH EMERGENCY PREPAREDNESS Target Population: All residents of New Haven, particularly those predetermined as vulnerable populations. Service Goals: To provide residents with information, education, and coordinated services during declared emergencies. The primary function of this program is to provide planning, training, education, and collaboration with local, regional, state, and community stakeholders to prepare for emergency situations. The Office of Emergency Preparedness works across all divisions of the Health Department and in close cooperation with the New Haven Emergency Operations Center to ensure the City of New Haven responds effectively to natural disasters, acts of bio-terrorism, and other emergencies that could affect the public's health. Status: Participated in several training, exercises, and responses. During extreme heat and extreme cold events in 2013, the Department provided weather safety information and collaborated with the EOC to establish cooling/warming centers and run emergency shelter operations. The Department has obtained funding to support the City's Everbridge system used to operate emergency call-downs and contact residents during major emergencies. The Department also funded the development of the VEOCI system utilized by the EOC to monitor and coordinate emergency response between all City departments. Vision: Our goal will continue to be improving our ability to serve the residents of New Haven during a time of a public health emergency.	EOC Activations Participation in Drills and Table Top Exercises	NH Office of Emergency Management, NHFD NHPD Other local health departments Other city departments	STATE DPH
MEDICAL RESERVE CORPS Target Population: All New Haven residents Service Goals: The Medical Reserve Corps Units will primarily be trained to operate sheltering operations in emergency situations. This unit will train volunteers to support public health education and prevention efforts as well as to better prepare for, respond to and recover from emergencies. Status: The Department is currently establishing and maintaining an active Medical Reserve Corps Unit. A volunteer coordinator is in the process of recruiting volunteers and planning trainings. Currently have approximately 20 volunteers, looking to increase to 100 by June 30, 2014. Vision: The MRC will strengthen public health, emergency response and community resiliency through collaboration with first responders, municipalities and community and local groups. This program will provide residents with an opportunity to get involved in their community through volunteering. One montly training will be offered to MRC volunteers.	Number of Volunteers Number of training sessions Volunteer participation in community events	Other Local/Regional MRC groups	STATE DPH