GREENWICH
DEPARTMENT OF HEALTH

ANNUAL REPORT

July 1, 2018 - June 30, 2019

GREENWICH DEPARTMENT OF HEALTH

	2018-2019	2017-2018	2016-2017
Budgeted Personnel*(Note[1])	(1)24	(1)24	(1)24
*Includes permanent Part-time positions			
Expenditures: (Note[1])	(1)2,459,274	(1)2,406,484	(1)2,383,921
Current (Note[2])	(2)4,653,650	(2) 4,580,800	(2) $4,579,800
Capital (Note[1])	-0-	-0-	-0-
Total: (Note[1])	**(1)2,459,274**	**(1)2,406,484**	**(1)2,383,921**
Revenue: (Note[1])	(1)439,079	(1)$423,405	(1)$423,694

(Note [1]) Department of Health, includes encumbrances and improvements financed in each year.
(Note [2]) Includes contract expenditures for Greenwich Emergency Medical Services, Inc.

ADMINISTRATION

Organized in 1887, the Department of Health has dedicated itself to providing strong leadership for the advancement of health in the community. As the primary public health agency, the Department will furnish guidance and direction to service health providers in an effort to prevent disease, premature death, illness and disability. Functioning under statutory direction, the Department of Health will promote public health activities, encourage a healthier lifestyle; facilitate community commitment for a safe, pollution free environment and advocate for health policies that enrich the quality of life. With community and political support, the Department of Health will also collaborate to identify critical health needs, allocate resources to those who need them, assist with the delivery of health services and work to reduce population disparities so that equal access to health care can be obtained by all.

Administered by a Director of Health whose authority derives from the Connecticut General Statutes and Town Charter, the position serves to oversee all events and activities that impact the health of Greenwich residents. The Director is mainly responsible for assuring that all ten essential public health services are provided and that the day-to-day operation of the Department is carried out, especially controlling communicable diseases in the community. The execution of this function requires extensive knowledge of public health practice, a high level of personal and professional commitment, responsiveness towards the needs of the population, flexibility towards changes in the environment and administrative ability to direct and implement a public health emergency response. Under the aegis of the Board of Health, the Director guides the Department to work harmoniously with the public, private health service providers, individuals and organizations, to meet community goals and objectives.

The multi-faceted functions of the Department are executed through the specialized activities of the Divisions of Environmental Services (includes Laboratory), Administration (includes Public Health Emergency Preparedness – if funding is available), Family Health, Dental Health, the Business Office and the Office of Special Clinical Services. Overall, the Department's Operational Plan is structured according to the mission of public health which is responsible for monitoring health conditions within the community, providing essential public health services, identifying unmet critical health needs, developing health policies, ensuring access to health care, enforcing health laws and regulations, allocating health resources when needed, investigating disease outbreaks and planning for emergent events that would require a public health response.

Last year, the Department reported on the opioid epidemic facing the nation. This year, the opioid epidemic continues with a stronger grip as synthetic opioids, illicitly manufactured fentanyl (IMF) and fentanyl analogs, fuel the increase of opioid overdose deaths. In 2017, there were seventy thousand two hundred and thirty-seven (70,237) drug overdose deaths in the U.S., with forty-seven thousand six hundred (47,600) associated with opioids. Of those, 60%, or twenty-eight thousand five hundred and sixty (28,560) involved synthetic opioids. The evolving illicit drug supply is believed to be changing the demographics and populations effected by the opioid overdose epidemic

Today, illicitly manufactured fentanyl (IMF) and fentanyl analogs are not only being mixed with heroin, but with supplies of cocaine, counterfeit prescription pills, methamphetamines and other manufactured drugs. This situation has overwhelmingly increased the number of populations at risk for opioid-involved overdoes. In 2017, Connecticut reported one thousand and thirty-eight (1,038) accidental drug involved deaths with nine hundred and fifty-five (955) involving opioids.

Although the epidemic did not seem to get any better, some advances were made in State syndromic surveillance systems, which were funded by the federal government. These monitoring systems provide real-time estimates of Emergency Department (ED) utilization, that included non-fatal and fatal suspected drug and opioid overdoses. During the latter part of 2018, the Connecticut Department of Public Health reported a slight decrease in the number of ED visits related to drugs. Although Connecticut Emergency Department visit rate maybe decreasing in some parts of the State, opioid overdose ED visit rate is still 1.7 times higher than the national rate. In 2018, a total of one thousand one hundred and seventeen (1,017) people died in Connecticut from an opioid overdose. This is a slight decrease in the number of deaths reported in the year 2017. During the first six months (January-June) of 2019, five hundred forty-four (544) people died of an opioid overdose. This number includes two (2) overdose deaths in Greenwich. The veterinary tranquilizer Xylazine was introduced into the illicit drug supply for the first time in the U.S. and was responsible for 26 deaths. It is estimated that the number of deaths associated with opioids by the end of the 2019 could exceed the death rate for 2017 and 2018. The synthetic opioid fentanyl continues to be the major contributor in 75% of death cases.

According to the national database that tracks opioid based medications (pain pills), Connecticut pharmacies dispensed six hundred and seventy-five (675) million pills between 2006 and 2012. Although this amount seems excessive, Connecticut is on the low end compared to other states. According to the State of Connecticut Department of Public Health, a prescription monitoring program was established through the Department of Consumer Protection in 2008, when a law passed by the General Assembly allowed licensed physicians to see the patient's-controlled substance use. Unfortunately, it wasn't mandatory for physicians to register for the program until 2013. In 2015, all physicians were required to check the patient's database when prescribing a controlled substance for more than 72 hours. In 2018, Connecticut passed a law requiring electronic filing for all opioid prescriptions with a 7-day supply.

Every day, in the U.S., over ninety (90) people die as a result of a drug overdose and another seven thousand (7,000) are treated in the ED for misuse or abuse of drugs. According to the Center of Disease Control and Prevention (CDC), over a half a million people died from an overdose in the U.S. between 2000-2015. There are many more important parts of the opioid epidemic that can be discussed, but it is clear that improvements must be made in certain areas to reduce the fatality rate from opioid use. Identifying persons at high risk for overdoses involving illicitly manufactured fentanyl (IMF), linkage to risk reduction services and evidence-based treatments are critical. The use of Naloxon (Narcan), the lifesaving drug that can temporarily reverse the effects of opioids, must be made readily available. In 2018, only one Naloxone prescription was dispensed for every sixty-nine (69) high-dose opioid prescriptions. Health care providers can prescribe and dispense Nalaxone when overdose risk factors are present in their patients. Additional efforts are also needed to improve Nalaxone access at the local level, along with improvements of prescribing opioid medication and the enhancement of public health/public safety partnerships. Federal

resources have been made available in the U.S. to address the opioid epidemic; however, these resources should include the prevention and treatment of opioid associated infections.

Another public health threat emerging this year was the re-appearance of measles, an infectious disease. Measles is highly contagious and in the year 2000, measles was declared eliminated from the U.S. Although a small number of cases occur annually, the disease is not considered a treat because the vast number of people are vaccinated. In 2018, just before the FY 2018/2019 ended, eight hundred and thirty-nine (839) confirmed cases of measles in twenty-three (23) states were reported. About eighty-eight percent (88%) of these cases were associated with close-knit communities. According to the CDC, 1 in 12 children in the U.S. are not receiving their first dose of the Measles, Mumps and Rubella (MMR) vaccination on time. In addition, many states, including Connecticut, honor non-medical exemptions for required vaccinations. This exception could in fact give rise to a large number of unprotected populations that could become ill when exposed and be capable of transmitting the disease to others.

Caroline Calderone Baisley, MPH, RS
Director of Health

BUSINESS OFFICE
[*Deborah Edwards, Manager*]

The Business Office serves as a major support function in the areas of personnel, payroll and finance. The main focus of this program is financial and priority is given to the implementation and management of the departmental budget. As the centralized focal point for all divisions and programs, the Office manages salary allocations, orders supplies, monitors expenditures, authorizes processes, and records payments for the Department. Applications to the Board of Estimate and Taxation and Representative Town Meeting are also prepared and processed appropriately.

In addition to the management of Town funds, the Department received State and Federal funding which included Per Capita Funding in the amount of sixty-five thousand five hundred ninety-nine dollars and eighty-two cents ($65,599.82). This year the Department received Public Health Emergency Preparedness funding in the amount of forty-three thousand three hundred fourteen dollars and five cents ($43,314.05) from the State to conduct local emergency planning. However, Region 1 Emergency Preparedness funds to enhance Greenwich's Medical Reserve Corps (MRC) could not be obtained, because the State's new fiduciary agency did not know that the Department needed official correspondence to accept the funding awarded. A contract or an official document acknowledging the allocated funding amount is accepted by the BET for the funding appropriation. The Department also applied for and received fifteen thousand two hundred and forty-eight dollars ($15,248.00) of Health Education/Risk Reduction (HERR) grant funds, which was used to continue the Department's effort of obtaining National Accreditation. The Business office also continued to bill Medicare and Medicaid for reimbursement of recognized public health services rendered and billed a private health insurance company for vaccine immunization services. The office's Operational Manual was updated to help business operations run more smoothly. Grant applications are filed annually and detailed expenditure reports are submitted to the State on a quarterly basis. All grant funds from the State provide the Department an opportunity to conduct health and promotion activities that the State would not consider normal for municipal budget funding.

EMERGENCY PREPAREDNESS

(Reported by Joanna Lipson, Operations Administrator)

Public health threats are always present. Whether caused by a natural, accidental or intentional means, these threats can lead to the onset of public health incidents and or emergencies. Being prepared to prevent, respond to and rapidly recover from public health emergencies is critical for protecting and securing the community of Greenwich.

Shortly after the terrorist attack on September 11, 2001, the U.S. public health system began receiving funds for public health emergency preparedness planning in recognition of its importance to national security. This investment resulted in increased capacity, mostly in well-populated states and communities. The terrorist attacks awakened the nation not only to its vulnerability, but also changed the way the U.S. responds to emergencies.

During a public health emergency, residents, local businesses, health care providers and Town officials can become easily overwhelmed from a natural disaster, a disease outbreak or an intentional threat (chemical, nuclear or a radiological incident). Coordination and collaboration amongst all public and private entities in the community are needed to ensure a unified response. Almost at the end of FY 2018-2019, the Public Health Emergency Preparedness Coordinator's position was filled after prolonged vacancy, since a delayed State contract set the Department back a few months in the hiring process. The Department was given approval to hire a P/T PHEP Coordinator in an effort to bolster the preparedness efforts of the Town as a whole. The newly appointed PHEP Coordinator has a law enforcement background along with a higher degree of learning in Homeland Security. This position is funded primarily through Federal grant funds, with the hope that the Town will approve supplemental funding for the position in FY 2019/2020. The PHEP Coordinator, under the direction of the Director of Health, is committed to enhancing the Town's numerous essential preparedness duties, which include, but are not limited to, assisting with the Greenwich Medial Reserve Corps (MRC) unit activities, coordinating and collaborating with the CT Region 1 Health Care Coalition, maintaining coordination and collaboration amongst local emergency responders, updating the Department's Emergency Preparedness and Response Plans, conducting public education and outreach, and participating in crucial training and exercises.

This year, the Department was able to host its annual MRC meeting for approximately thirty-five (35) MRC members (medical and non-medical) in June 2019. The program agenda consisted of program updates, preparedness training and discussion on the nationwide opioid crisis. A guest speaker from the Greenwich Emergency Medical Service was on hand to educate MRC members on how to deal with an opioid related emergency. MRC members attending the meeting were also sworn in by the Town Clerk, a process which must be done bi-annually to provide liability coverage to MRC members who are called and serve during an emergency event. The Department is currently in process of coordinating with other Regional MRC units within CT to update the Regional Medical Reserve Corps Operation's Plan. In addition to volunteer recruitment efforts, the Department was a part of a regionalized advertisement campaign using Hearst Media. The article was a huge success with positive results for all MRC's in the State. The Greenwich MRC Training Plan was also updated this year, aligning it with the Competencies for Disaster Medicine and Public Health (DMPH). Training resources were made available to all Greenwich MRC members through TRAIN-MRC, which is an interactive learning management network that allows continuity amongst all unit volunteers. The Greenwich MRC unit Director, which is the Department's Operations Administrator and the PHEP Coordinator attended monthly Region 1 MRC meetings.

During this year, the Director of Health ensured that all the quarterly Medical Countermeasure (MCM) Distribution Technical Assistance calls and meetings facilitated by the Connecticut Department of Public Health were attended in preparation for the future Operational Readiness Review (ORR). The review

process is again being redesigned to better measure a jurisdiction's ability to plan and successfully execute a large-scale response that would require distribution and dispensing of medical countermeasures. The PHEP Coordinator and the MRC Director (Operations Administrator) attended a limited amount of training sessions this year, which included vulnerable population training that gave insight to reaching at-risk population's in the event of an emergency. Moreover, both staff participated in a Regional Measles Tabletop Exercise, an important training tool that addressed a local Department's response in the event of an infectious disease outbreak. The Operations Administrator was able to attend a Point of Dispensing full scale regional exercise that encompassed all facets of a Medical Countermeasure Distribution scenario. Up until the PHEP Coordinator being hired, the Director of Health assured that all critical requirements of the grant State and Regional health care coalition and public health preparedness meetings were attended by one of the staff. Once the PHEP Coordinator got hired, he began updating many of the Town's Public Health Preparedness Plans including the Department's Mass Dispensing Plan. A Hazard Vulnerability Analysis was also completed for the Department of Health, which was used to develop the regional and state preparedness planning, training and exercise priority objectives.

Last, the Department provided input towards the development and implementation of Region 1 Health Care Coalition Preparedness and Response Plan, which is an annex to the CT Department of Emergency Management and Homeland Security Region 1 Emergency Preparedness and Response Plan.

Finally, the Board of Health approved the Director of Health's action of accepting limited State funds for the PHEP position this year, with the understanding that the Director would move forward and work with the BET Budget Committee to obtain supplemental funds for the Coordinators position in the Department's FY 2019/2020 budget. The Board, along with the Director of Health, continues to believe that the PHEP Coordinator is needed to fortify the preparedness efforts of the Town and strengthen collaboration between the various entities involved in the local Greenwich emergency management system. The Director of Health remains committed to strengthening the Town's emergency preparedness efforts by ensuring that the required public health component is included to provide safety and well-being to Town of Greenwich residents during an emergency.

OFFICE OF SPECIAL CLINICAL SERVICES
[Robin Clark-Smith, Director]

The Office of Special Clinical Services is the primary HIV/STD prevention program in the Town of Greenwich. The Office collaborates with Greenwich Hospital to provide risk assessment, counseling, testing, referrals, and treatment to reduce the morbidity and mortality associated with HIV/AIDS, sexually transmitted diseases (STDs) and pregnancy. The Office of Special Clinical Services is responsible for bloodborne pathogen training and assessing occupational exposures for Town of Greenwich personnel. In addition to collaborating with Greenwich Hospital, the Office works with the Greenwich Department of Human Services, the Greenwich Board of Education and the State of Connecticut (CT) Department of Public Health (DPH) STD Program and other agencies to provide programs and services to the community. Education, prevention, and strategic interventions are key components in preventing additional cases of HIV/AIDS, sexually transmitted diseases, pregnancy and bloodborne pathogen exposures.

This year the program counseled and/or tested three hundred forty-eight (348) clients for HIV, sexually transmitted diseases (STDs) or pregnancy. This is a slight decrease from the previous year. One thousand, two hundred fifty-nine (1,259) clinical samples were collected and processed. Of those counseled and tested, sixty-four (64) were treated on-site. A total of forty-six (46) clients were referred for additional medical care and psychological and/or social services. In addition to on-site clinic counseling, two hundred and sixteen (216) telephone counseling sessions were conducted.

In December, the CT DPH laboratory updated the available test list, collection mechanisms and recommendations. This has allowed for faster processing of specimens. To increase accurate and timely reporting of positive STD tests to the Department, the Director worked with local medical providers and DPH. The Office again participated in National HIV Testing Day and held a Hepatitis C initiative to increase testing and awareness, as baby boomers account for seventy-five percent (75%) of HCV cases. The office also participated at the Senior Health Wellness Expo.

One hundred-five (105) educational programs about healthy relationships, the risks of pregnancy and acquiring HIV/STDs were conducted serving approximately two thousand, five hundred and seven (2,507) students. The number of educational programs and student served increased by eighteen percent (18%) from last year. Included was a program for sixth graders discussing communicable/non-communicable diseases. The peer education initiative continued with students who trained last spring and they provided an interactive activity on STD at the Greenwich High School health fair. An enthusiastic group of students have started training for the new fiscal year.

The Director also conducted sixty-two (62) bloodborne pathogen training sessions, with one thousand eighty-four (1,084) Town employees attending. Four (4) Hepatitis B titers (blood samples) were collected from Town of Greenwich personnel (professional and volunteer). There were five (5) occupational exposure referrals to the program.

The CDC estimates that about 1.1 million people in the United States are living with HIV. According to the morbidity and mortality weekly report in March 2019, over forty-two percent (42%) of new HIV infections were attributed to people who knew their status but were not in HIV care. This again demonstrates that early HIV testing and treatment improves health outcomes and reduces the risk of transmission. STD cases continue to increase with young people between the ages of 15 and 24, which accounts for half of the cases. If left undiagnosed and untreated, serious health complication can occur, including increased risk of acquiring HIV.

DIVISION OF ENVIRONMENTAL SERVICES
[*Michael Long, Director*]

The Division of Environmental Services has two major subdivisions: Environmental Health and Laboratory. The Environmental Services program focuses mainly upon regulation enforcement, while the Laboratory performs environmental and clinical testing on various samples. Both programs function in tandem to help support the health status of the community. The services of this Division are provided to protect the public from potential health hazards, illness and disease through programs such as health education, environmental inspection, sampling and testing, clinical screening, licensing, permitting and consultation with the social service community.

ENVIRONMENTAL HEALTH

The Environmental Health program is responsible for the establishment and execution of municipal environmental program functions that are either State or locally mandated. The program offers a variety of services, including body care facility inspection, housing code enforcement, sewage disposal inspection and plan review, food service inspection and environmental surveys. It also functions as a component of the land use agencies and provides consultation services to all citizens regarding public health issues. As part of a continuing arrangement, Division personnel were made available to the Greenwich Shellfish Commission in the conduct of its work.

This year, the number of well permits and septic permits issued decreased slightly from last year. The number of Class 4 food service licenses issued increased slightly in comparison to last year.

In 2018, there were two thousand five hundred and forty-four (2,544) human cases of West Nile Virus (WNV) in the U.S. This number has significantly increased from the previous year. Of those cases, twenty-three (23) human cases of WNV were reported from the State of Connecticut with no deaths. The Division managed the Town's larvicide program, which operated from June through September, with applications to public and private catch basins every six weeks. Information regarding WNV was also distributed to the public at various locations throughout Town. In 2018, the State continued to trap and test mosquito pools from designated testing locations, with several turning up positive in Greenwich. In an effort to battle nuisance mosquitoes, the Department of Parks and Recreation continued its program for mosquito control at facilities under its jurisdiction. In the 2018 mosquito season, the State of Connecticut continued testing for the Zika virus in mosquitoes and as a result there were no isolations of the Zika virus reported.

Many staff members assisted with seasonal flu clinics held for the public. Carrying out one of the key functions of the Division, the staff worked closely with land-use agencies of the Town to implement regulations to control development, preserve resources and prevent environmental degradation. The Division is working with the Information Technology Department and a software developer to phase out the Cityview program and implement Municity, which the Building Department will begin using first. The IT Department is also assisting the Division in finding a database to improve efficiency in the Laboratory.

The Division is working with other land use agencies to make improvements to the Towns webpage. Information is being posted to allow residents to understand the different requirements in the permit process. The process of scanning documents in the Division (complaints and inspections) into the Town's Digital Imaging software program continued with assistance from the Division's Administrative Assistant and the summer Environmental Aide. The progress of the project is slow due to the large variety of documents (septic, well and food service files) that need to be scanned.

The Division has been anticipating the adoption of new food establishment regulations by the State Department of Public Health. At this time, the program is being reviewed by the State Legislation.
The 2018 beach season experienced a number of beach closings due to rainfall events. Byram Beach was closed for a total of thirteen (13) days due to rainfall events over 0.5" and one day due to measurable bacteria levels; Greenwich Point was closed two (2) days due to rainfall. Island Beach and Great Captain's Island had no closure days through the season. All beach facilities have written policies for automatic rainfall closures, since a scientific study has indicated high bacterial levels after certain levels of rainfall. Data continues to be compiled to see if the automatic rainfall closure criteria can be changed, especially for Byram Beach.

In 2018-2019, twenty-four (24) animals were sent to the Connecticut Department of Public Health Laboratory for rabies testing. Of those submitted for analysis, twenty-two (22) were bats that were found in the home. Of the total number of animals tested this year, none were found to be positive for the rabies virus.

Assistance was provided to the Department of Public Works in its effort to sponsor a Household Hazardous Waste Day. As in recent years, due to high cost, only one event was offered. Approximately three hundred and forty (340) vehicles were served in May 2019. This number is a slight decrease from 2018.

The Division continued to enforce State food service operation regulations in the three hundred sixty-two (362) food service establishments that are inspected and licensed annually by the Department. This year, there was a slight increase in the number of establishments licensed over last year. In addition, a considerable amount of time was spent reviewing more than one hundred sixteen (116) building plans and

thirty-three (33) building demolition permits. Approximately one hundred twenty-one (121) well and septic system permits were also issued, which is a decrease by one and a half percent (1.5%) from last year. To determine septic system suitability, one hundred twenty-five (125) soil tests were conducted, along with sixty-two (62) septic system replacement areas being identified. The number of soil tests decreased by sixteen percent (16%) from last year, while the number of replacement areas decreased by thirty percent (30%) from last year. Division staff followed up on twenty-three (23) cases of enteric illness in Greenwich residents, which indicates a slight increase from last year. A total of one hundred one (101) body care facilities and thirty (30) massage establishments were inspected and licensed. The Division also licensed twelve (12) indoor pools along with fifty-five (55) outdoor pools that are inspected and sampled annually during the summers season.

ENVIRONMENTAL SERVICES ACTIVITIES

	2018-19	2017-18	2016-17
Permits issued:			
Wells	28	43	43
Subsurface Sewage Disposal	93	80	89
Total	**121**	**123**	**132**
Licenses issued:			
Sewage chlorinators	4	4	4
Indoor swimming pools	12	12	12
Outdoor swimming pools	55	52	52
Marine docks	19	19	19
Temporary food services	310	301	242
Restaurant/food services (class 4)	245	243	246
Seasonal restaurants	19	19	18
Food stores (class 2)	66	68	64
Itinerant vendors	32	27	28
Body care facilities	101	103	96
Massage Establishments	30	37	39
Total	**893**	**885**	**820**
Communications			
Health violation notices	1	4	1
Violation letters	12	10	10
Total	**13**	**14**	**11**

INSPECTIONS AND ENFORCEMENT

	2018-19	2017-18	2016-17
POTABLE WATER - (Miscellaneous)		18	21
Private wells	49	48	62
Public wells	94	77	62
Distribution systems	96	105	109
Total	**239**	**248**	**254**
ENVIRONMENTAL POLLUTION-(Miscellaneous)	47	21	17
Pond and river samples collected	316	251	249
Pond and river complaints	9	2	17
Visible emissions and fugitive dust	13	17	22
Open burning	1	2	6
General air and noise	6	14	24
Odors	17	12	15
Indoor air pollution	10	9	6
Total	**419**	**328**	**356**
SEWAGE DISPOSAL - (Miscellaneous)		42	36
Planning and zoning reviews	35	45	111
Installation inspections	223	157	221

SEWAGE DISPOSAL - (Cont'd)		2018-19	2017-18	2016-17
Plan reviews		157	159	249
100% replacement plans		92	90	125
Soil testing		131	149	138
Dye tests		26	10	15
Plan revisions		127	154	122
	Total	**791**	**806**	**1,017**
SOLID WASTE - (Miscellaneous)				
Refuse storage		35	44	49
Hazardous material/hazardous waste day		1	5	9
	Total	**36**	**49**	**58**
HOUSING - (Miscellaneous)				
Residential/commercial		24	20	21
School inspections		10	1	2
Child day care center inspections		31	34	20
Child day care plan reviews		2	2	3
Body care plan reviews		24	23	25
Body care facility inspections		105	108	108
Body care construction visits		6	29	29
Massage Establishment Inspections		34	48	49
Massage Establishment Plan Reviews		4	9	7
Lead Inspections		5	11	6
Lead Abatement Plan Review		2	3	3
	Total	**247**	**288**	**273**
PEST AND ANIMAL CONTROL - (Miscellaneous)				
Rodents and insects		31	15	39
Domesticated animals		1	1	10
	Total	**32**	**16**	**49**
FOOD SERVICE - (Miscellaneous)				
Restaurants and food service insp.		1072	739	785
Restaurant walk through/construction inspections		74	84	54
Itinerant vendors		33	38	52
Complaints		34	26	30
Rechecks		75	75	117
Plan reviews and revisions		65	50	60
Foodborne complaints		18	20	24
Seasonal and temporary food service		418	312	286
	Total	**1789**	**1,344**	**1,408**
BATHING - (Miscellaneous)				
Swimming pool sampling		244	246	262
Swimming pool inspections		61	69	75
Beach and drinking water samples		218	152	175
Marine dock		19	19	19
	Total	**542**	**486**	**531**

LABORATORY

[Douglas Serafin, Supervising Director of Laboratory Activities]

The Laboratory is licensed by the Connecticut Department of Public Health to perform a wide range of environmental and clinical services necessary for the promotion and advancement of community health. It supports the entire operation of the Department, other municipal agencies, and most importantly, residents of the community. The laboratory provides a significant service to Town residents and the larger region through flexibility and variety of service and reasonable costs.

The occurrence of tick-borne disease is rising, not only within the Town, but also across the nation. In 2017, the latest year for which information is available, twenty-nine thousand five hundred and thirteen (29,513) confirmed Lyme disease cases were reported in the U.S., along with thirteen thousand two hundred thirty (13,230) probable cases. Both categories have increased from last year. Among the states with the most reports, Connecticut ranked seventh. In 2017, Connecticut reported a total of two thousand twenty-two (2,022) confirmed and probable cases of Lyme disease. Among the eight counties in Connecticut, Fairfield County reported a total of four hundred sixteen (416) confirmed and probable cases of Lyme, the highest in the state. There were seven (7) confirmed and probable cases of Lyme disease reported by the State for Greenwich in 2018; however, this number seems to be very low.

In an effort to protect the community against this endemic disease, the Laboratory continued its tick-testing program by identifying and testing deer ticks for the presence of *Borrelia burgdorferi*, the causative agent of Lyme disease. In 2018-2019, a total of three hundred and eighty-five (385) ticks and other insects were submitted. This is a decrease from last year. Of the three hundred eighty-five (385) ticks tested in-house, twenty-four percent (24%) were found to be positive for *B. burgdorferi*. This result is still considered within normal range.

Examining infection rates by the life stage of the tick, it was observed that twenty percent (20%) of the adult ticks, which are active in the late fall and early spring, were positive for the Lyme disease bacteria, and ten percent (10%) of the nymphs, the juvenile stage active from May to July, were positive. This emphasizes the importance of protection against tick bites. The much smaller nymph has a greater chance of remaining on the host, completing its feeding cycle, and passing on the Lyme disease bacteria.

In 2010, the Laboratory launched its tick testing program for *Babesia microti*, the causative agent for Babesiosis. *Babesia* can be present in the same tick as the Lyme disease organism. In 2018-2019, the Laboratory tested all of the in-house ticks (385) for the *Babesia* organism with fifteen (15) or four percent (4%) being positive. Of the total ticks analyzed, ten (10) of them carried both the Lyme disease organism *Borrelia* and the Babesiosis organism *Babesia microti*. The percentages noted above are about the same as last year. There were three hundred eleven (311) confirmed and probable cases of Babesiosis reported to the State in 2017, the last year for which statistics are available.

In collaboration with the Department of Parks and Recreation, public beach water samples were collected and analyzed for enterococci, the indicator organism used for evaluating bathing waters. Environmental testing of all rivers, ponds, streams, public wells, public pools, and the public water distribution system was conducted for chemical and bacterial contamination. Reports indicating public well water compliance were routinely submitted to the State Department of Public Health's Drinking Water Division. Lastly, laboratory personnel screened all Police vehicles for carbon monoxide and conducted monitoring at the Police firing range for airborne lead levels and ventilation efficiency.

During this year, the Laboratory continued its program to test children under the age of six for lead in blood, which is now legally required in Connecticut. Seventy-one (71) children participating in the monthly WIC (Women, Infant, and Child) Clinic and the Division of Family Health's Maternal and Child Health Clinic

were tested for lead in blood. Of the total number of children screened, none were referred for follow-up. Also, seventy-one (71) hemoglobin/hematocrit blood samples from clinic children were analyzed and reported. None were found to be below normal. The Laboratory maintained its support of the School Health Program operated by the Board of Education in screening children for anemia and lead exposure.

Since September 11, 2001, the Laboratory has been a contributing member of the Bioterrorism Laboratory Response Committee organized by the Connecticut Department of Public Health Laboratory. The Committee, which meets monthly, is assigned to evaluate lab surge capacity within the state should it be needed during a public health emergency. To assist the state with surveillance of biological and chemical agents, the Department's laboratory continues to certify and maintain its Level 2 biological safety cabinet, which allows for the safe handling of biological specimens. In an emergency or disaster event, the Laboratory will be able to assist the state lab with sample repackaging. In addition to the Laboratory Director serving on the State Lab Committee, the Laboratory staff attended several training sessions on bioterrorism response. They also participated in various drills, such as bioterrorism agent identification and biodosimetry drill which allowed the staff to practice for a radiological incident.

Through assistance from State funds, the Laboratory conducted a successful Radon Outreach Program. Targeting specific sections of the town, a total of two hundred twenty-three (223) residents were served with radon-in-air test kits. This number represents a nineteen percent (19%) increase from last year. Overall, the testing results indicated an average radon level of 4.1 pico curies per liter, slightly higher than the Environmental Protection Agency (EPA) action limit of 4.0 pico curies per liter. The program, which continues to increase the number of homes tested for radon in Greenwich (11.1% of all households), also identified potentially hazardous living conditions for some residents. Of the total homes tested, seventy-four (74) were found to have elevated radon in air levels (above the action limit of 4.0 pico curies per liter). All homeowners were given pertinent information on remediation methods for radon in air.

The laboratory launched a second component of the radon-in-air program and began testing for radon gas dissolved in potable well water. Twenty-five (25) private wells were tested and of those, four (4) or sixteen percent (16%) were found to be over the State Department of Energy and Environmental Protection (DEEP) action limit of 5000 pico curies per liter. All residents with elevated levels were given information about remediation methods for radon in water.

Finally, the laboratory continued to operate the weather station, located on the roof of the Town Hall. The station is considered an asset, providing current weather conditions such as rainfall amounts, temperature, wind speed, and direction. Connected to the Laboratory's computer system, the station prepared reports and has been found to be critical when determining beach and shellfish bed closures. The total rainfall measured for FY 2018-2019 by the weather station was 59.51 inches, a measurement fifty-eight percent (58%) greater than last year's total.

LABORATORY ANNUAL REPORT STATISTICS						
JUNE 2018 - JULY 2019						
	# of Samples			# of Examinations		
ENVIRONMENTAL STATISTICS	**2018-19**	**2017 -18**	**2016-17**	**2018-19**	**2017-18**	**2016-17**
Public Water Supply	225	239	236	1119	1147	1132
Well Water Supply	271	225	287	1500	742	1563
Public Swimming Pools	245	241	240	904	941	897
Beaches & Harbors	235	203	172	249	230	194
Pos. Sewage, Ponds, Rivers	270	256	272	2165	2674	2735
Lead In Paint & Ceramics	0	0	2	0	0	2
Biological ID's Insects/Matter	252	554	286	252	554	286
Ticks - Agricultural Station	3	3	2	3	3	2
Ticks Tested In House	385	665	405	385	665	405
CO In Police Cars	35	41	36	35	41	36
Radon in Air	223	180	145	223	180	145
Radon in Water	25	26	24	25	26	24
CLINICAL STATISTICS						
Lead in Blood	71	121	145	71	121	145
Hemoglobin	71	124	156	71	124	156
Cholesterol	1	14	25	1	14	25

DIVISION OF FAMILY HEALTH
[*Deborah C. Travers, Director*]

The **Division of Family Health** has two major components: The Adult, Maternal, and Child Health Program and the Dental Health Program for which it provides general oversight. The Adult, Maternal and Child Health Program (MCH) focuses upon health promotion and disease prevention in order to maintain and improve the health status of children, families and elderly Greenwich residents. The Division provides services to enable individuals to achieve and maintain optimum physical, emotional and social health. Components of all program areas provide much needed, high quality preventive health services and early identification of health problems through screenings, health maintenance, health education, home visits, consultation and communication with the medical and social service community.

In May, the Division of Family Health along with the Department celebrated the **105th anniversary of the Greenwich Public Health Nursing Service** (renamed the Division of Family Health in 1989). Since 1914, the public health nurses have worked diligently to provide caring and comprehensive services to children, older adults and families in the Greenwich Community. By assessing the changing health needs of the community, public health nurses continue to interact with the residents by providing seamless nursing services which remain constant in nature and responsive in program design.

The **Immunization Program** offers regularly scheduled clinics at the Division of Family Health which provide children, expectant parents, caregivers, adults and Town employees with vaccination services. In addition to these years round sessions, in FY 2018-19, the public health nurses conducted thirty (30) community-based Flu and Pneumonia vaccine clinics at senior housing residences, senior daycare, the Senior Center, private/independent school clinics, private business, and early childcare centers and after school programs. New this year, nurses offered on site clinics for Town employees at Town Hall and several centrally located schools. Public health nurses administered approximately one thousand six hundred (1,600) influenza, pneumonia and shingles immunizations as well as other recommended vaccines for children and adults.

Through the **Tuberculosis Prevention and Control Program**, the Communicable Disease and Infection Control nurse coordinates and monitors the medical management of residents infected with active and latent tuberculosis living in the community. Additionally, the nurse helps ensure that refugees and Class B immigrants arriving in Greenwich transition through the **CT Refugee and Immigrant Health Program (RIHP)** at the local level. Tuberculosis and health assessments are conducted through collaboration with health care providers with referrals to the Department TB Chest Clinic as indicated.

The Division staff oversee the implementation of the OSHA Blood borne Pathogen Standard and provide epidemiologic and surveillance support when a disease outbreak is suspected. Surveillance of reportable communicable diseases, emerging trends and influenza patterns is ongoing by review and follow-up of filed reports (600+). Recent community surveillance efforts included health education, proactive outreach for determination of local measles immunization status of early childhood education centers and school (public and independent) students and local follow up in relation to confirmed measles cases in CT. During the influenza season, nurses maintained weekly contact with public and private schools, childcare programs and preschools, long-term care facilities and senior residences.

The **Senior Health Program** provides health monitoring, preventive care and anticipatory guidance to ambulatory elderly in various clinical settings. Public health nurses in the Senior Health Program provided more than nine hundred (900) hypertension screenings at weekly Town Hall clinics, the Senior Center, and six community locations which included referral and follow-up for at risk participants. Each month, the nurses provided resources and information about a variety of health topics. For example, in February which

is Heart Health Month, Public Health Nurses took blood pressures, measured BMIs and provided health education on heart health statistics, risk factors, "Know Your Numbers", smoking cessation, exercise & nutrition, family health history and tracking charts. Individuals with elevated or abnormal screening results were referred to health care providers for follow-up.

The **Home Health Maintenance (HHM) Program** nurses visit frail and /or elderly clients and collaborate with primary care health providers to support the independent living of senior residents whose care is not covered by insurance or other providers. Of note, reflective of the growing "aging population" in Greenwich, the average age of HHM clients is 88 ½ years old and requests for assistance continue. The nurses made over four hundred (400) in home health assessment visits, administered vaccines, and assisted elderly clients with medication management, daily activities and referrals within the community network of health care providers and service agencies. Family Health staff participated in the *Dementia Friends* training initiative.

The **Maternal and Child Health (MCH) Program** conducts state mandated school physicals and immunizations to assist students to transition smoothly within the Greenwich academic community. Referrals and help making connections to local service providers are offered routinely. The MCH nurse oversees the Lead Poison Prevention program activities and blood lead test reporting regulations for Greenwich children. Nurses continue to provide wellness services and health education to uninsured or underserved families through Well Child Clinics, bi- monthly WIC clinics, expectant parent class, as well as newborn and postpartum home visits. Staff facilitated the smooth transition of WIC services to Greenwich residents during the change of provider from the City of Stamford to Optimus Healthcare. The MCH nurse made approximately seven hundred (700) child health promotion visits and provided cross over services to the Adult Health program during a staffing shortage.

The ***Passport to Good Health*** program teaches a ten-month health curriculum and provided health screenings to almost two hundred and seventy-five (275) preschool children in seventeen classrooms across Greenwich. As part of our early literacy advocacy efforts this year, in collaboration with *Reach Out and Read* and through the generosity of the Stew Leonard family, all clinic patients and every student in the *Passport to Good Health* program received a free copy of Swim Time with Stewie the Duck to increase awareness about water safety.

The **Daycare Licensing Program**, which, in conjunction with the Division of Environmental Services, inspects daycare, preschools and after school facilities for Department registration and state licensure, enforces CT State regulations and local regulations as they apply, and conducts complaint investigations. The MCH nurse provides consultation and in-service health education to Directors and staff on related health policy development and implementation.

Community Health Needs Assessment

Family Health partnered with Greenwich Hospital/Yale New Haven Health System and collaborated with other providers to conduct the 2018-19 Greenwich Community Health Needs Assessment which highlights key factors affecting the health of the greater Greenwich community and seeks to identify resources in the state or the community to address these factors. A strategic Community Health Improvement Plan to address issues and health needs was designed and will be implemented over the next three years. Family Health serves as Co-Chair on the Healthy Lifestyles committee.

Town Agencies and Community Partnerships

- Greenwich Community Health Improvement Partnership: Co-chair Healthy Lifestyles
- Greenwich United Way Community Planning Council
- YWCA Domestic Violence Task Force
- Greenwich Hospital Community Advisory Committee
- Greenwich Together (a/k/a Greenwich Prevention Council)
- Communities4Action
- Youth Services Council
- School Readiness Council
- Child Protection Team
- Senior Provider Network
- Commission on Aging - Common Aging Initiative
- Nathaniel Witherell Infection Control Committee
- Greenwich Hospital Infection Control Committee
- Greenwich Infection Control Professionals Group- Chair
- Town of Greenwich Health and Safety

In response to growing national and local public health trends, the Family Health staff participated in training initiatives including but not limited to NARCAN, a Dementia Friendly Community, Domestic Violence, Teen Dating Abuse, Hospice and Palliative Care, Healthy Homes and Risk Reduction as well as other key issues.

ADULT, MATERNAL AND CHILD HEALTH PROGRAMS

	2018-19	2017-18	2016-17
Child Health			
# Clients•	98	97	100
New Admissions	38	24	13
# of Clinic Sessions	58	56	51
Clinic Visits	94	94	102
Number of Immunizations	125	62	112
Number of Screenings^^	1466	1602	1089^^
Physical Examinations	62	73	87
Health Promotion Visits	675	1030	958
Referrals	103	62	66
Blood Lead screening reports/ follow up ∞	27	54	0
Maternal/Parent Health			
Maternal /Parent assessments "	88	112	100
Health Ed & Family Services	40	38	36
Early Childhood Programs			
Licensing Visits	42	36	34
Health Education Sessions	180	184	140
Hypertension Screening			
# Clients Screened**	164	143**	145
Referred for Follow-Up	53	42	48
Senior Health Clinics			
# Patients (Individual)	220	232	173
# Visits	888	974	834
# Sessions	100	112	106
Home Health Maintenance Program			
#Patients (Individual)	49	50	50
#Visits	418*	441	566
Immunization and Testing Service			
# Client Visits	353	307	405
# Immunizations Administered ^	260	200	351
# Tuberculin Skin Tests	33	70	82
Greenwich Consultation Services			
# Sessions	19	18	16
#Patients	43	66	38
Total Visits (MD)	43	53	45
Total Nursing Assessments	338	290	312

*Short Term rehab admissions/deaths 2018-19

** HERR BP and Cholesterol classes cancelled due to Unavailable Grant $

^Does not include Influenza & Pneumonia clinics

^^ No Kindergarten BMI project in 2016-17; No health fair

• Includes school physicals

GENERAL HEALTH STATISTICS
Reportable Diseases (Calendar Year Basis)

	2018	2017	2016
A.phagocytophilum	1	0	0
Babesiosis	0	2	5
Brucellosis+	0	2	1
Campylobacter	26	21	20
Carboxyhemoglobin (>5)	5	0	0
Chlamydia	49	79	74
Cryptosporidiosis+	3	4	2
Drug Resistant Infections	12	6	3
Ehrlichiosis	0	1	3
E.Coli	1	1	1
Giardia	6	7	7
Gonorrhea	18	30	12
Hemolytic Uremic Syndrome	0	1	1
Hepatitis A	0	1	2
Hepatitis B	10	2	18
Hepatitis C	25	32	28
Haemophilus influenza	2	1	5
Legionellosis+	1	3	1
Listeriosis +	1	1	1
Lyme Disease	1	4	8
Mercury	20	15	8
Mumps**	0	2	0
Pertussis	1	1	1
Pneumococcal Disease	7	2	4
Q fever+	0	1	1
Rotavirus	0	2	1
Salmonella	11	17	8
Shigella	10	2	3
Streptococcal A	1	3	3
Streptococcal B	8	3	4
Syphilis	22	15	10
Tuberculosis	0	2	2
Tularemia+	3	1	2
Varicella (reported cases)	1	1	1
Varicellla Zoster (shingles) **	1	2	0
West Nile Virus	1	0	0
Dengue Fever	1	0	1
Vibrio ^	4	2	2
Zika Virus Infection+	0	0	4
Total	**252**	**269**	**247**

^new 2015,+new 2016,**new 2018

	July 2018-June 2019			July 2017- June 2018			July 2016 - June 2017		
Causes of Death	Male	Female	Total*	Male	Female	Total*	Male	Female	Total
Cancer	28	43	71	30	40	70	23	43	66
Cerebral/Cerebrovascular	10	18	28	13	27	40	15	21	36
Heart & Circulatory Conditions	60	84	144	68	79	147	62	83	145
Respiratory	21	32	53	29	33	62	34	42	76
* Misc. - accidents and other	33	29	62	27	26	53	26	30	56
Annual Totals	152	206	358	167	205	372	160	219	379

*This includes cases of death due to accidents and other disease not categorized.

DENTAL HEALTH PROGRAM
[*Linda Conti; Jeannie Schnakenberg, Public Health Dental Hygienists*]

Implemented by a staff of two (2) registered public health dental hygienists, the Dental Health Program applies the principles and practices of preventive dentistry through a comprehensive oral health program of services to children, adolescents, adults and the elderly. The program consists of four initiatives: The School Dental Health Program, Community and School-Based Preschool and Head Start Programs; the Maternal and Child Health Clinic and the Adult Health "Caring in the Community" Program, which encompasses health fairs, wellness forums and programs for residents, Town of Greenwich employees and community businesses. Working collaboratively with the professional dental community, Husky providers, the Dental Center of Stamford and Optimum Health Care Center, the program strives to prevent dental health disease in persons of all ages by providing oral health and orthodontic care. The program also assists those who do not appear to have sufficient access to oral health care services.

The major program goal of preventing oral health disease is directed mainly to children in the public school system. The School Dental Health Program includes (11) elementary schools and three (3) middle schools. Despite dramatic successes in the reduction of caries in children over the past twenty years, oral health related diseases still appear in young children. The program is equipped to recognize early stages of dental disease by providing dental screenings and periodic assessment of oral health problems. Public health education sessions are taught to stress the importance of preventive oral health care measures in all grades where the program is offered. This year, within the Town's eleven elementary schools and three middle schools, a total of two hundred and eight (208) educational sessions were taught in kindergarten through fifth grade classes and six thousand thirty-five (6,035) of the six thousand one hundred fifty-four (6,154) eligible students received dental screenings. Of those examined, nine hundred seventy-five (972) or 16.1% were found to be in need of dental care and were referred to a dentist for follow-up. This number is slightly lower than last year. There was a total of seventy-eight (78) or 7.8% completed corrections. Tracking referrals is a long-term process. Compliance forms received by the Dental Health Office after the fiscal year will be recorded in the following year. Of the one thousand thirty-eight (1,038) students referred (including pre-schools) in 2017-2018, there were an additional four hundred and eighteen (418) students that had treatment completed but did not return the referral form in 2017-2018. Therefore, after examining these students in the beginning of 2018-2019, a total of five hundred and ten (510) or 99.1% of the students visited a dentist and received treatment for the fiscal year. As an ongoing objective, the dental program strives to provide oral health screening to at least seventy-five percent (75%) of the children entering school for the first time (kindergarten). This year, six hundred nineteen (619) entrant forms were distributed. Of those, three hundred sixty-five (365) or 59% were returned, indicating the number of students who had received dental exams by a dentist. This number represents a slightly higher return rate for new students entering school from the year before. Also, in this fiscal year the dental hygienists responded to ninety-seven (97) dental first aid needs.

Tooth decay known as dental caries is preventable and remains the most common chronic disease effecting children aged 5 to 11 years and adolescents aged 12-19 years. In the United States, tooth decay affects one out of four elementary school children, two out of three adolescents and nine out of ten adults. In Connecticut, forty-two percent (42%) of Connecticut third grade children have experienced dental decay.

Fluoride is a natural mineral that is shown to protect against tooth decay. It has long been recognized as the most effective, economical and practical preventive measure to reduce tooth decay (cavity) and promote good oral health. Fluoride works by stopping or even reversing the tooth decay process. It keeps tooth enamel strong and solid and helps to re-mineralize tooth surfaces. It also prevents cavities from continuing to form. Despite scientific facts, there is a perception that fluoride supplements are not necessary due to the presence of fluoride in toothpaste and water. In Connecticut over eighty-seven percent (87%) of the state's population

receive some level of fluoride in their drinking water from public water systems. However, the remainder of the population is served by a private well water supply. The level of fluoride in this water system is generally not known without testing; however, measurable levels are infrequent unless natural pockets of fluoride are identified. As many as two thousand five hundred (2,500) Greenwich residences utilize private wells for their water supply. In addition, bottle water is fluoride-free and toothpaste provides minimal fluoride amounts. The weekly fluoride rinse initiative is offered to students in first through fifth grades in all eleven (11) elementary schools. Of the three thousand four hundred and five (3,405) eligible students, two thousand seven hundred seventy-one (2,771) children or 81% participated. Overall, the program participation rate remained consistent with the previous year.

In 2016/2017, the dental hygienists participated in the Connecticut State Department of Public Health's dental health surveillance program, which was also sponsored by the State Board of Education. This survey is conducted to provide important information on the oral health of elementary school children across the State. In Greenwich, at random pick, Parkway and Riverside schools were chosen. The surveillance survey data was tabulated and did not identify any individual school results. The overall key findings of the State survey are highlighted below:

In 2017, a Connecticut statewide dental health survey was conducted on four thousand four hundred (4,400) kindergarten and third grade children, a representative sample of elementary schools in the State. Key findings of the survey indicated that dental decay continues to be a public health problem for CT elementary school children. The survey indicated that fifteen percent (15%) of the children screened did not receive appropriate dental care due to social, ethnic and socioeconomic health disparities. In addition, sixteen percent (16%) of CT children screened had untreated dental decay compared to fourteen percent (14%) recorded in a previous survey. Last, thirty-two percent (32%) of the kindergarten children screened had experienced dental decay along with forty-two percent (42%) of third grade children.

In the end, the findings of this survey indicate that it is crucial to provide education on the importance of oral health practice and its contribution to overall health and wellbeing. In addition, the survey states how important it is to utilize dental services in school based and public health settings; increase the knowledge and consumption of fluorinated water to prevent dental decay and to develop/implement public health policies and programs to reduce health disparities and increase treatment.

The staff continued to guide families through the HUSKY insurance application process in an effort to find a provider. Since the closure of the Greenwich Hospital Dental Clinic many dentists have begun to accept state insurance. Recognizing that oral disease, especially tooth decay, is the most chronic childhood disease, the staff dental hygienists worked collaboratively with community dental providers to obtain prompt appointments for treatment. According to the U.S. Surgeon General, tooth decay is five times more common than asthma and seven times more common than hay fever. It is estimated that more than fifty-one (51) million school hours are lost each year due to dental related illness.

In addition to the public school curriculum, four (4) elementary school-based pre-schools and seven (7) community-based pre-school programs were serviced with a total of three hundred and thirty-seven (337) exams conducted and thirty-five (35) educational classes taught (including Head Start programs). Special assistance was given to the two (2) Head Start programs (First Steps and Kid's Corner) so that compliance performance standards could be met for Federal funding. All parents in these programs were given a list of HUSKY providers for dentists and clinics. With 100% participation, thirty-three (31) children were examined and forty-one (41) conferences were conducted. Dental services were also coordinated for three (3) referrals to a dentist.

According to the literature, untreated tooth decay is a significant problem for many vulnerable adults in Connecticut, particularly those living in long-term care facilities. According to a statewide oral health

survey of elderly adults in long-term care facilities and congregate meal sites (mostly senior centers), twenty-six percent (26%) had untreated tooth decay, twenty-nine percent (29%) needed dental care, fifty-nine percent (59%) had no dental insurance and nineteen percent (19%) had no natural teeth. Overall, about thirty percent (30%) of older adults in general have untreated dental caries. A presentation on "*The Oral Systemic Connection*" was given at the River House senior adult day care program with fifteen (15) seniors participating.

The staff educated one hundred fifty (150) children aged 5 to 14 at the Boys and Girls Club of Greenwich, an event that is offered annually in February during Dental Health Month. Lastly, a Power Point presentation called "To Vape or not to Vape" was developed and presented by the dental team to two hundred (200) nine-grade students, in an effort to educate students on the dangers of vaping. A survey was presented to 70 students in an effort to understand tobacco use. Additionally, the staff presented two educational sessions called "Oral Health During Pregnancy" and "Oral Health for Infants "to sixteen (16) expectant mothers at the Greenwich Hospital Outpatient Pregnancy clinic

Finally, as guest speakers, the staff presented an outstanding talk "Oral Systemic Connection" about the real relationship between oral health and systemic diseases. A Greenwich cardiologist also spoke in coordination with the staff about the connection between dental hygiene and cardiac disease. Overall, the presentation was well attended.

In the end, the staff examined total of six (6) children enrolled in the Women, Infants and Child (WIC) program, which meets monthly at Town Hall. There were no referrals for treatment.

SCHOOL DENTAL HEALTH PROGRAM

	2018-2019		2017-2018		2016-2017	
	Number	**%**	**Number**	**%**	**Number**	**%**
Schools visited	14		14		14	
Total Student Enrollment	6,154		6,133		6,150	
Children examined	6,035	98.1%	6,039	98.0%	6,053	98.4%
# Requesting no exam/absent			94	1.5%	97	1.6%
Children referred	972	16.1%	1,004	17.0%	975	16.1%
Educational programs	208		210		212	
Dental first aid	97		72		88	
Conferences (total)	892		1,001		940	
with Parents	143		133		148	
with Principals/Teachers/RN/Staff	713		827		754	
with Dental Professionals	36		41		38	
Fluoride Rinse Program						
# eligible, Grades 1-5	3,405		3,517		3,513	
# participants	2,771	82.0%	2,869	82.0%	2,871	81.7%
All of the elementary schools and the three middle schools were served by this program.						
HEAD START PROGRAM						
Centers visited	2		2		2	
Children examined	33		31		32	
Children referred	6	18.2%	3	9.7%	4	12.5%
Educational programs	2		2		2	
Conferences	41		38		46	
PRESCHOOL						
Children examined	304		339		297	
Children referred	27	8.9%	33	9.7%	24	8.1%
Educational programs	33		35		34	
Conferences	99		113		135	
MATERNAL/CHILD DENTAL HEALTH						
Clinics						
Children examined	0				11	
Children referred	0		0		7	63.3%
Parent conferences	0		0		9	
WIC / Children examined	6		24		58	
Total # of Children Examined	**6,378**		**6,433**		**6,451**	
Total # of Referrals	**1,005**		**1,040**		**1,010**	
Total # of Conferences	**1,032**		**1,152**		**1,130**	
Total # of Educational Programs	**243**		**247**		**248**	