

# TURN OF THE CENTURY REPORT 1999

The City of Manchester  
Department of Health  
795 Elm Street, Suite 302  
Manchester, NH 03101

## From the Chair

Throughout its history, the Manchester Board of Health has played a key role in improving the health of the community. In the mid 1800's the Board was comprised of three members who would personally investigate suspected communicable diseases in the City and issue orders for quarantine and other control measures as warranted. In 1885, the Board of Health hired its first staff who became responsible for communicable disease control and a variety of inspectional duties. Additional inspection and nursing staff was added as the city grew and new public health needs presented.

In 1965, the City Charter expanded the Board to its current makeup of five members and changed its composition to include a physician, a dentist, a nurse, and representatives of labor and the public at large. In addition to hearing matters related to the regulation of food establishments, the Board provides counsel to the Department on health, community, and policy matters. At its monthly meetings, it reviews Department activity reports and discusses issues related to the public health of the community. While new public health issues emerge continually, the Board has witnessed the evolution of Department services to best meet the public health needs of the time with the resources available.



The Board is proud to report that the Department is staffed with competent professionals who are committed to providing quality public health services to our community. The Board of Health extends its heartfelt gratitude to all the community agencies and members of the public who have worked with us towards protecting and improving the health of all Manchester residents and visitors to our city.

Respectfully Submitted,  
Robert Christy, Chair  
Manchester Board of Health

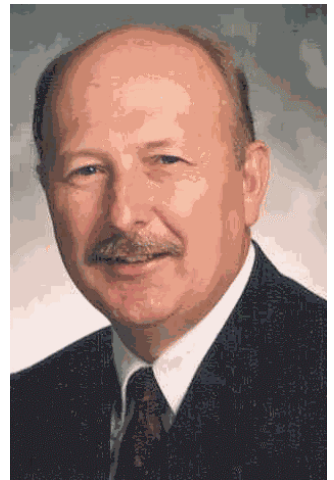
## From the Director

It is with great pleasure that we present this *"Turn of the Century"* report on the activities of the Manchester Health Department for 1999. This report summarizes the work of each of the Department's divisions and includes some historical photos and information. In fact, the Board of Health Report for 1900 is presented herein in its entirety. From this report, readers will develop a sense of how far we have come as a community over the past century, over a period of just a few generations. What will the health of our children, grandchildren, and great grandchildren be just a few generations from now?

In many ways, the important work of the Manchester Health Department has not changed its public health over the past century. Just as it did in 1900, the Health Department continues to assess the health of the City through compilation of public health statistics. This information is analyzed and used to develop and promote community prevention strategies. The Department also continues to investigate and control communicable diseases. Sometimes this work is very visible, as is the case when bacterial meningitis occurs in one of our school children. More often the work is unnoticed by the general public since the work of public health is usually completed quietly. The important fact is that the vigilance of public health occurs and we are able to enjoy our lives with little thought about outside public health threats.

Today, many public health issues are a result of our lifestyle choices. Diet, physical activity, substance use, and risk of injury are major factors in determining our health, quality of life, and longevity. Access to regular health care is essential for all Manchester residents, but this alone cannot develop a healthy population. To do so will require new national and community strategies to motivate individuals, particularly our youth, to choose healthy lifestyles.

The push for a healthy environment continues today just as it did 100 years ago. Some environmental control measures are not too unlike those employed a century ago. Food safety issues are still addressed through education and inspections and, for un-sewered areas of Manchester, the installation of septic systems is completed under the purview of the Department. However, new environmental health concerns are recognized today. The prevalence of asthma has greatly increased. Although great strides have been made over the past decade to reduce the number of children with lead poisoning, lead from a variety of sources continues to present an environmental concern. Indoor air quality in homes, schools, and workplaces is often identified as a health risk. Vector borne diseases such as Lyme disease and West Nile virus fever are reminding us that the natural environment can pose significant health risks as well. In the coming years, what we do as a community to insure a healthy environment will be inextricably linked to the well being of our City and its residents.



In closing, on behalf of the Department's employees, I thank the Board of Health for its effort and direction, the Board of Mayor and Aldermen for its support, the many community agencies, schools and community health care providers with whom we work closely, and the public we serve. Together, we can assure a healthy community for the next century.

Respectfully Submitted,  
Frederick A. Rusczek, M.P.H.  
Director of Public Health

The final year of the 1900's has been another year of success and change for the Manchester Health Department. Department staff continues to search out new methods to fulfill the department's mission of protecting and improving the health of Manchester's public. Below is a brief synopsis of some notable highlights of the work of the department over the past year.

## **COMMUNITY ACTIVITIES**

### **Public Health Assessment & Improvement Initiatives**

One of the most important functions of a local health department is the ongoing assessment of the health of the community. This assessment is then used by the department and the community to promote improvements in the health, healthcare, and social service programs throughout the Manchester area. Two important initiatives were completed in 1999. First of these was a study on the impact of adolescent pregnancies and births to the Manchester community. This work ultimately led to a \$90,000 two year state grant for the department to hire an adolescent pregnancy prevention coordinator, and to completed grant requests to Robert Wood Johnson Foundation and community charitable foundations for funding to support broad community initiatives. By years end two local charitable foundations, The Bean Foundation and Cogswell Charitable Trust, have committed at least \$400,000 to adolescent pregnancy prevention over a five-year period. It is hoped that \$1.5 million in outside funding will be committed for this effort. The goal is to reduce the adolescent birth rate, which is twice the statewide average birthrate, by 30% by year 2010. The second broad initiative that the Health Department undertook over the past year was the assessment of the dental health needs in the community. This issue has consistently risen as one which affects a broad cross section of the community yet does not receive the same recognition as a significant health concern when compared to other health issues. Over the past couple of years Manchester has experienced several improvements in services to improve the oral health of the community.

### **Healthy Manchester Coordinating Council**

Many of Manchester's public health issues have multifactoral causes. Therefore, improvement will require a multi-faceted prevention strategy. We are very fortunate to have board support from key agency heads and community leaders who serve on the Healthy Manchester Coordinating Council. The HMCC looks at public health issues from a broad community perspective rather than an individual agency perspective. This group serves as the City's '*Turning Point: Collaborating for the Next Century of Public Health*' Committee. Manchester is one of 41 communities in the country to receive Turning Point funding from the Kellogg Foundation to examine and develop the public health system needed to improve health in the next century and to foster those collaborations necessary to have an effective public health system. During the past year the Healthy Manchester Coordinating Council worked diligently towards this end and successfully led the community in fluoridation of our community water supply. The exceptional achievements of this relatively new group have received recognition throughout the state.

# **COMMUNITY HEALTH PROGRAMS**

## **Dental Health**

Three significant achievements occurred in 1999. The first was the successful referendum on fluoridation of the community's water supply. This will have a tremendous positive impact on the dental health of the community and will enable the department to eliminate the fluoride rinse program currently being conducted in 5 public schools.

Second, the new dental van, a gift from the Manchester Kiwanis Club, went online midyear. This new van will serve the community for many years to come.

Third, because of a collaborative relationship with the Manchester Dental Alliance Clinic, the Health Department was able to dismantle its dental operatory. This will enable the dental hygienists to concentrate on public health work and refer children in need of dental treatment to the Manchester Dental Alliance clinic if they are income eligible and do not have a local dentist. Because of the collaborative relationship with the Manchester Dental Alliance the community is now able to capture Medicaid reimbursement for dental hygiene services that went uncollected in the past. This money helps provide dental treatment services at the Manchester Dental Alliance for children on Medicaid.

## **Communicable Disease Control**

During the past year, the community has experienced some cases of communicable disease (notably bacterial meningitis and tuberculosis) that serve to remind us that communicable disease control is one of the most important services that we provide to the community. We are pleased to have prevented secondary cases that could be associated with reported communicable disease. The department has the capability today to mobilize a staff of competent, dedicated public health workers to address infectious disease issues 7 days a week. This has served the community well over the past several years.

## **Licensed Practical Nurses in the Schools**

Over the past year, the Health Department has worked towards the establishment of licensed practical nurses in the school setting to assist the school health program primarily with first aid, medications, and ill child care. This will help the department achieve effective and cost efficient school health services in the future.

## **Center for Disease Control Public Health Prevention Specialist Assignment**

The Manchester Health Department is pleased to be the home for a 2 year Centers for Disease Control and Prevention Public Health Prevention Specialist. The department joins a hand full of other communities across the country who are benefiting from a highly trained public health professional for a 2 year period at no cost to the community. The assignment of this individual to Manchester was the outcome of a highly competitive application process. This individual will examine some key environmental health issues in the community and will develop a strategy to improve Manchester's environment and quality of life for affected residents.

## **The Way Home**

During the past year the Health Department entered into a contract with The Way Home to provide community peer educator to assist families of children who have been dismissed from school due to head lice. These community health workers coordinate services with the department's school nurses and families to ensure that time lost from school will be at the minimum.

# **ADMINISTRATION AND ORGANIZATION**

## **Accounting**

During the year, the Health Department's Accountant became responsible for overseeing the payroll, purchasing, program reporting, and other accounting functions for the City's Office of Youth Services. This action enables the Office of Youth Services to have full-time access to accounting staff in a manner more cost efficient than if it were to hire its own part-time staff. In addition, a state audit of state funded programs it found no errors or significant findings – a perfect audit.

## **Yarger Decker Classification and Compensation Study**

Over the past year a new city employee classification and compensation study was instituted. The new system provides market level wages, a merit based pay system, bonus pay for exceptional performance, achievement pay for meritorious and valued achievements, and an employee development system to help employees achieve career growth within the department. This new system will enable the department to attract and retain qualified staff.

## **Office Space Changes**

The Health Department is entering its 18<sup>th</sup> year in space that was considered temporary quarters when the department occupied it in 1982. As we close out the year, the department is working to improve its space by consolidating its offices onto 2 floors, rather than 3, and by upgrading workstations and workspace to meet the requirements of modern office equipment and department operations.

## **Service Excellence Team**

The Department's Service Excellence Team, a Total Quality Management Committee made up of representatives of each of the department's divisions and supervisory staff, completed its fifth year. The Service Excellence Team has been instrumental in improving department services and work environment. Discussions at Service Excellence Team meetings led to the establishment of the department's Public Health Improvement Teams which work at a neighborhood and school level.

## **Senior Staff**



Seated: Robin Harper, Administrative Services Manager, Susan Gagnon, Supervisor of Community Health

Standing: Richard DiPentima, Deputy Health Officer; MaryAnn Cooney, Supervisor of School Health; Timothy Soucy, Chief of Environmental Health

*Administrative Staff:*

Robin Harper, Administrative Services Manager II

Constance Benoit, Customer Service Representative II

Marilyn Deshaies, Accountant I

Pauline Dumais, Administrative Assistant II

Claire LaPointe, Customer Service Representative

Mary Roberge, Administrative Assistant II

Robert Sauvageau, Custodian



# DIVISION OF COMMUNITY HEALTH

It is a pleasure and privilege to present this report, which highlights the program activities of the Community Health Division during 1999. The Community Health Division is charged with promoting health and quality of life throughout the Manchester community by preventing and controlling disease. The Division accomplishes its mission by collaborating with partners within the community to monitor health, detect and investigate reportable health issues, implement prevention strategies and education, promote health and provide public health direction.

With emerging and reemerging infectious pathogens, a health care system within transition and a diversified community, there has never been a more challenging age within the public health arena. The Division of Community Health has a pivotal role in meeting the core functions of public health which includes assessment, policy development and assurance. As we enter the new century, the vision for community health will continue to redefine itself from one which historically focused on the provision of direct clinical services to one which encompasses a population-based model. Inherent within our mission is the ability to engage the community in health promotion and prevention initiatives, build coalitions to address issues of public health significance and enhance linkages to ensure Manchester residents have access to health services. Providing assurance and evaluation initiatives to ensure that health programs are successful, non-duplicative and customized to address current public health needs will be instrumental in actualizing a healthier community for all.

## Communicable Disease Surveillance

Historically, communicable disease surveillance has been the very cornerstone of community health nursing. Once anticipated to be eliminated as a public health issue, emerging and reemerging communicable diseases remain at the forefront of the public health mission. The early forecast for the eradication of communicable diseases did not consider the distinctive ability of pathogens to change, adapt and develop resistance to antibiotics. Changes in human behaviors, changes in demographics and an itinerant society also contribute to the change in the landscape of infectious diseases.

Following the resurgence of sexually transmitted infections in the seventies, other newly emerging infections were identified which included Legionnaires Disease, Lyme Disease, AIDS, *E. Coli* 0157 and Hepatitis C. Along with other reportable diseases, these continue to be a threat to the health and well being of all segments of the community regardless of age, socioeconomic level, ethnic background or gender. A strong public health infrastructure is critical to successfully combat infectious diseases.

During 1999, the Division provided 82 disease investigations. Most notable were four investigations which were completed for reported cases of meningitis. The ability of the Community Health Division to respond rapidly and provide investigations, notify contacts and implement control measures within a short period of time ensures that morbidity and mortality will be decreased.

Also of significance is the 260% increase in the number of investigations done for reports of *Bordetella pertussis*. Again, prompt identification and the immediate referral of contacts for prophylaxis ensures successful disease control. In addition, the close collaborative relationship which the Division enjoys with local health care providers provides for a seamless continuum of services. As the first line of defense against communicable diseases, the Division of Community Health will continue to maintain and enhance surveillance efforts to promote the health and quality of life for Manchester's residents. Other reportable diseases included the following:

## Communicable Disease # Manchester Residents

Communicable Disease	# of Manchester Residents
Campylobacter	15
E. Coli 0157	2
Giardia	12
Hepatitis A	1
Hepatitis B	10
Meningitis Invest.	4
Pertussis	18
Salmonella	12
Shigella	1
VRE	1
Group A Strep	2
Misc.	4

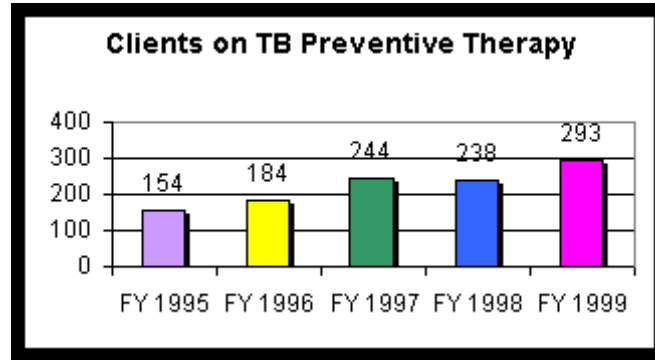
## TB Program

Tuberculosis (TB) is one example of a reemerging disease. Until the mid-eighties, the nation experienced a decades-long decline in the number of cases; however, those within the public health arena found themselves soon engaged in another battle with *Mycobacterium tuberculosis*. The resurgence was associated with the AIDS epidemic, immigration from countries where TB is endemic and the transmission of TB within congregate settings. In the early nineties, the resurgence was complicated by the emergence of multi-drug resistant strains of *Mycobacterium tuberculosis*.

The City of Manchester is fortunate to have a sound TB Control Program within the Manchester Health Department. The Department provides tuberculin skin testing on Monday, Tuesday, Wednesday and Friday between the hours of 8:00 am-5:00 pm. TB Skin testing is also provided on the Neighborhood Public Health Van and at other outreach clinics during regularly scheduled hours. To assure the public's health through effective community-based action, the Division of Community Health provides case management, contact investigations and directly observed therapy (DOT) for all active cases of TB. As the local public health agency, the Department is able to implement surveillance activities and control measures immediately upon receiving the report. The Community Health Nurse collaborates closely with the client, the family and the health care provider to develop a plan of care and a schedule for DOT. DOT necessitates home visits at least two to three times per week to ensure the clients is compliant with the treatment regimen. Case management is also provided for clients on preventive therapy for TB infection. Preventive therapy reduces the risk that TB infection will progress to active disease. Active TB indicates that the individual is infectious to others and warrants a prompt public health response.



During 1999, the Division of Community Health provided 1,386 tuberculin skin tests with 14% (192) having a positive reaction. These data reflect an increase of 20% in the number of clients identified with a positive TB skin test (from 160 in 1998 to 192 in 1999). Of those testing positive, 80 % (152) were refugees and 13.5% (26) were foreign-born. The Division of Community Health provided case management for 293 clients on preventive therapy for TB infection. This represents an increase of 24% over 1998 (from 238 in 1998 to 293 in 1999). A total of 960 home visits were made by Community Health Nurses around issues of TB control. One active case of tuberculosis was reported during 1999.



The Division of Community Health is successful in meeting the core public health function of policy development through participation in the NH TB Advisory Committee. Recommendations are then disseminated to local health care providers within the community. With the installation of a satellite dish, the Health Department now has the capacity to be a downlink site for CDC conferences. During 1999, the Department facilitated "*TB Control in Correctional Facilities*". This provides an excellent opportunity to engage the community around issues of public health significance. Representatives from the Hillsborough County Department of Corrections attended the conference. The Department provides chart audits at the corrections facility once per week and provides recommendations pertaining to disease control issues.

As we approach the new century, the Division of Community Health will continue to maintain an active and effective TB Program. With the reemergence of TB as a public health menace, the Division of Community Health is well poised to combat the threat.

## Immunization Program

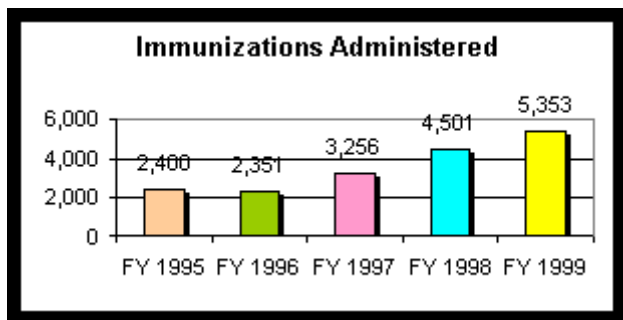
Immunizations continue to be our best defense in the battle against vaccine-preventable diseases. The reduction in the incidence of vaccine-preventable diseases is one of the most significant public health achievements of the past 100 years. It is critical for the community's awareness to remain heightened in terms of immunizations for if we fail to vaccinate, old menaces such as polio, diphtheria, measles and rubella will return with a vengeance.



Cheryl Randolph RN, BSN Administering Immunizations

Once again, the Manchester Health Department Immunization Program completed a busy and successful year. Immunizations continue to be provided Monday afternoons and Tuesday and Wednesday mornings

during regularly scheduled clinics. Immunizations are also provided on the Neighborhood Public Health Van on Tuesday and Thursday. The van targets a number of sites within the community. The schedule is published on a quarterly basis. A total of 5,353 immunizations were provided during 1999, an increase of 19% over 1998 (from 4,501 in 1998 to 5,353 in 1999). Four-hundred-eighteen immunizations were provided on the Neighborhood Public Health Van, an increase of 15% over the 365 administered in 1998. During 1999, 1,430 flu shots were administered. This represents an increase of 34% over 1998. MMR (measles, mumps and rubella vaccine) and Td vaccine is provided at school-based clinics each year during the spring. MMR clinics are provided for all sixth grade students within the City of Manchester, with Td being provided for eighth grade students.



The Manchester Immunization Group for Healthy Tots and Youth (MIGHTY) completed an active year. MIGHTY is comprised of local health care providers, pharmaceutical representatives, community-based organizations and representatives of the local business community. With the two subgroups representing Evaluation/Assessment and Publicity/Education, the group is instrumental in identifying the means to improve immunization levels and promote an awareness of immunizations within the community. "MIGHTY Moose" was introduced to the community during 1999. The mascot is present at numerous community events and presentations to promote an awareness of immunizations among youngsters.

With the installation of the satellite dish, the Division of Community Health was able to host several CDC satellite conferences pertaining to immunizations. These included four sessions of "*Epidemiology and Prevention of Vaccine-Preventable Diseases*", "*Polio Update*", "*Vaccine Issues and Answers*", "*Preparing for the Next Influenza Pandemic*", and "*Surveillance of Vaccine-Preventable Diseases*". This provides an exceptional opportunity to bring the community together in promoting immunizations as well as meeting the core public health function of policy development and assurance.

National Infant Immunization Week was held during April 1999. The week commenced with an event which involved collaboration with the Hope for Kids (HFK) organization. Volunteers from HFK canvassed center city neighborhoods with educational materials while an immunization clinic was held at Beech St. School. In addition, the Division also produced an episode of "*Our Public Health*" (produced and aired at the Manchester School of Technology) to commemorate the week. The production highlighted the importance of immunizations. An adult victim of varicella was interviewed.

Two movie events promoting immunizations were held during 1999. These were brought to fruition by the Manchester Health Department, the Manchester Immunization Group for Healthy Tots and Youth, Merck Pharmaceuticals, Smith-Kline Beecham Pharmaceuticals, Citizens Bank, the Office of Youth Services and Hoyts Cinemas. "*Quest for Camelot*" and "*Anastasia*" were held at Hoyts Cinema. Through collaboration with MIGHTY, approximately 300 individuals were able to access important immunization messages while enjoying the movie.

The Manchester Immunization Group for Healthy Tots and Youth also fostered close collaboration with McDonalds Restaurants. Tray liners with immunization messages and bag inserts were utilized, with hundreds of Ronald McDonald Band-Aids provided to the Manchester Health Department. In addition, a board game, "*MIGHTY Moose Goes to Vaccine-Land*" was developed and has been utilized at numerous presentations to emphasize the importance of immunizations to school-age youngsters. Other community

events/presentations included Riverfest, the Christmas Parade on Elm St., the St. Patrick's Day Parade, the Optima Health Safety Fair, Kidsfest, a presentation at Camp Foster, NH College, the Elliot Hospital Parenting Classes, school health fairs and Gossler School.



"MIGHTY Moose" at the Christmas Parade

Older adults are also at increased risk for the development of vaccine-preventable diseases. Approximately 90% of all influenza associated deaths in the United States occur in people aged 65 and older (CDC, 1999). Immunization is one of the best strategies to prevent needless morbidity and mortality. Pneumococcal disease is now preventable by vaccine. Pneumococcal vaccine is now available at the Manchester Health Department. During 1999, a Community Health Nurse became a member of the NH Adult Immunization Coalition. In addition to promoting influenza vaccine for adults within the community, the Division now provides pneumococcal vaccine to adult aged 65 and older and younger individuals with specific medical conditions. During 1999, the Division linked with the Parish Nurse Program to provide monthly immunization clinics at a number of churches within the community. This is viewed as another effective strategy for promoting adult immunizations.

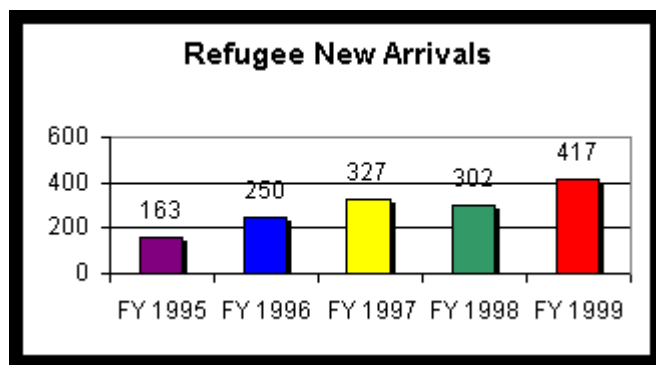
It is the overarching goal of the Immunization Program to continue to implement strategies to improve immunization rates, to provide vaccine-preventable disease surveillance, to assure adequate access to immunizations, to perform outreach activities, to educate providers and parents about the need for timely immunizations and to provide assessment of immunization status within the community. Appropriate administration of safe and effective immunizations remains the most cost-effective means of preventing vaccine-preventable diseases.

## Refugee Health

For many years the City of Manchester has been a major refugee resettlement area. Individuals who are resettled in the community as refugees are forced to migrate to the United States due to immediate danger or religious, political or racial persecution. Once a resettlement area for primarily Southeast Asian refugees, the community now welcomes individuals from Africa, Bosnia and Russia. During 1999 417 refugees resettled in the City of Manchester, an increase of 38% in the number of refugees who resettled within the community in 1998.

During 1999, the Division of Community Health continued to assign a Community Health Nurse to coordinate refugee health issues as they pertain to public health significance. Resettlement sponsors for new arrivals include the International Institute of NH (IINH), Lutheran Social Services and Catholic Charities. During 1999, IINH sponsored 90% of the new arrivals while Lutheran Social Service sponsored the remaining 10% of new arrivals. Refugee clients who resettle in the City of Manchester receive TB skin testing by a Community Health Nurse within approximately ten working days of arrival. Two monthly clinics are held at IINH for that purpose. Case management is provided for all clients with TB infection; directly observed therapy is provided for all active cases of TB. A monthly follow-up clinic is held at IINH to ensure compliancy with treatment and to rule out toxicity to the preventive medication.

Translators are available on-site. A health orientation program has been developed which addresses the basic transmission and pathogenesis of TB and other health issues.



Of the 417 new arrivals during 1999, 63% were adults and 37% were children. The TB infection rate for the adult population was 51%; the infection rate for refugee children was 11.5%. When refugees apply for status adjustment one year following their admission into the United States, they are required to meet the immunization requirements. During 1999, the Manchester Health Department continued its designation as a Civil Surgeon for vaccination assessments for refugees.



Marie Dubois RN, Administering Immunizations to a Refugee Family

Presentations on refugee health issues as they relate to issues of public health significance are held for a number of groups including local health care providers, the Social Service Department at Elliot Hospital and nursing students at St. Anselm College and the University of NH. The Division of Community Health consistently meets the core public health functions within the Refugee Program through the compilation and analysis of data, developing policy around refugee health issues and assuring that new arrivals are linked to the health care system.

## HIV/STD Prevention Program

The emergence of the HIV epidemic present's unique social, economic and public health challenges to communities. Significant progress has been accomplished in developing prevention strategies and treatments since the first case was reported in 1981 in the United States. However, HIV remains a deadly infection for which there are limited treatment options. Currently, no vaccine or cure is available.



As transmission of the disease can be prevented through changes in high-risk behaviors, prevention is a significant cost-effective component of disease control. The Manchester Health Department HIV Prevention Program completed another active and successful year in 1999. Pat Turcotte accepted the new position of HIV/STD Coordinator during the year. Having one incumbent within this position enhances prevention efforts and provides for a coordinated, seamless continuum of services. Close working relationships with various agencies provides for a synchronized, non-duplicative approach to delivering HIV prevention services to the community. The Neighborhood Public Health Van is one example of a successful collaborative model. The van provides HIV counseling and testing services, immunizations, TB skin testing, lead screening, education and referrals on Tuesday and Thursday. Summer hours are 2:00-6:00 pm, with winter hours being 1:00-5:00 pm. The van visits a number of center city neighborhoods, housing developments and centrally located grocery stores. During 1999, 540 clients accessed the van's services, an increase of 6% over 1998. The Minority Health Coalition provides translation services on Thursday on the van. The former NH AIDS Foundation, now known as the Greater Manchester AIDS Project (GMAP) and the Bureau of Substance Abuse Services (BSAS) has provided outreach services for the van. Outreach workers canvass the neighborhoods prior to the van's arrival to notify residents of the van's services. Linkages with BSAS have provided the van staff with the ability to implement a well-functioning system for referrals. Due to unpredictable weather conditions during the winter months, outreach clinics are employed in place of the van. The clinics are held at a number of community locations which include, but are not limited to the Manchester Community Health Center, New Horizons Soup Kitchen, housing developments, the Latin American Center, Salvation Army and the Manchester Community Resource Center and the Teen Health Clinic. Site specific posters, van schedules and other health education materials are disseminated to various grocery/convenience stores within the area.



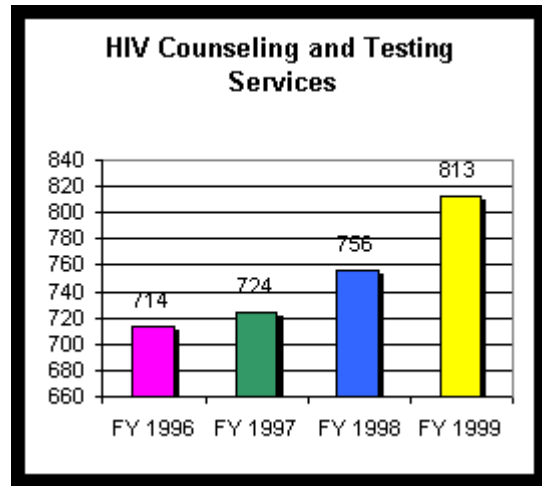
Neighborhood Public Health Van

Presentations promoting HIV/STD prevention education are implemented on an ongoing basis at the Women's Prison in Goffstown and Farnum Center. Other presentations are conducted at the Manchester Mental Health Center, NH Technical College, "A Better Way To Live " (a drop in center for individuals with mental health issues and dual diagnoses) and numerous local health fairs. During 1999, the Division of Community Health produced an edition of "*Our Public Health*" to commemorate World AIDS Day which focused on HIV prevention and the services available for those infected or affected by the virus.

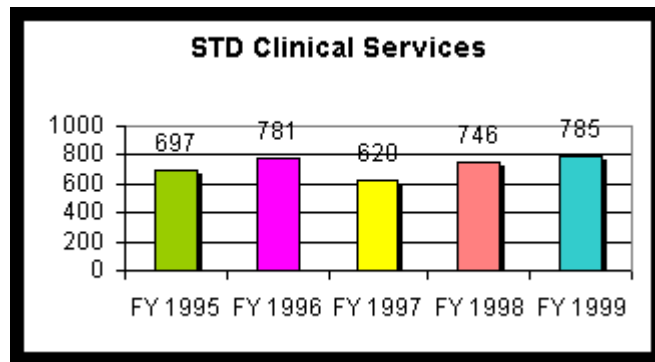
The HIV Community Planning Group completed its mission with the development and dissemination of the HIV Prevention Plan. As the group expressed a strong desire to continue work on prevention strategies, it was determined that the impetus to develop community recommendations would be better focused on the State Community Planning Group. Forging new linkages with the State CPG provides the forum to discuss Manchester specific issues. A broad representation of stakeholders within the City of Manchester will be brought together quarterly to engage in dialogue about needs and recommendations. These individuals will epitomize a diverse and broad representation of community organizations and agencies that serve clients at high risk of transmitting or acquiring HIV infection.

HIV counseling and testing clinics are held on Monday and Wednesday evenings from 5:00-6:30 pm on a walk-in basis. Clients may also book appointments Monday through Friday 8:00 am –5:00 pm. In addition to the Neighborhood Public Health Van, HIV counseling and testing services are provided at Farnum

Center, Serenity Place, Youth Development Center and Hillsborough County Department of Corrections. During 1999, 813 clients accessed counseling and testing services at Manchester Health Department clinics. This represents an increase of 7.5% in the number of clients accessing HIV counseling and testing services since 1998. Of those tested, 11% (87) identified risk as being related to injection drug use, while 10% (83) identified their risk as being related to male/male sex. Six percent (50) identified their risk as being related to being a sex partner of an injecting drug user. A total of eight clients were identified as being HIV-positive.



Sexually transmitted diseases (STD's) are a significant threat to the public's health, particularly as they play a central role in HIV transmission. The immediate and long-term costs associated with sexually transmitted infections are vast. STD prevention blights the proliferation of HIV infection and improves the health of women, children and adolescents.



For many years, the Manchester Health Department has provided STD/HIV prevention education to individuals at high risk for the transmission or acquisition of infection. In addition, the Department provides STD Clinics on Monday 4:00-6:30 pm and Wednesday 3:00-5:00 pm. and 5:00-6:30 pm (walk-in). STD clinical service is also provided weekly at the Youth Development Center. During 1999, 785 clients received STD clinical services at Health Department clinics. This represents an increase of 5% over the 746 clients receiving services in 1998.

As we look toward the next century, the Department will continue to seek new and innovative methodologies to improve HIV/STD prevention initiatives. Linkages to the health care system and an understanding of behavioral science will enhance strategies and reduce fragmentation. Targeting those populations most in need of intervention will be critical to achieving success.

## Lead Poisoning Prevention Program

Childhood lead poisoning is a major preventable pediatric health problem. Lead exposure is a well-documented cause of serious cognitive, learning and behavioral problems in young children. With the



abundance of pre-1950's housing stock in the City of Manchester, many children may be at risk for the occurrence of lead poisoning.

The Manchester Health Department has provided case management services for children with elevated blood lead levels since 1993. Lead screenings are provided for young children on a walk-in basis, by appointment or on the Neighborhood Public Health Van. During 1999, 236 children with elevated blood lead levels received case management services from a Community Health Nurse. Thirty-four children were identified with elevated blood lead levels during 1999. Seventy-nine lead screenings were performed at the Manchester Health Department. This represents an increase of 92% over the 41 which were done in 1998.

During Fiscal Year 1999, the Health Department phased out the lead screening program for children attending the WIC (Women, Infants, and Children) Clinic. The transition was completed only after the Department was assured by the WIC Program that the majority of children enrolled in the WIC were linked with health care. As the Department moves away from the provision of direct clinical services it is consistent with the core public health function of assurance to ensure that residents have linkages to the health care system. The mission of the Division of Community Health is now to promote aggressive screening efforts among health care providers within the community. In addition, the Department will continue its work in promoting an awareness of lead poisoning prevention and the importance of screening among the general public. This is accomplished through several different methodologies.

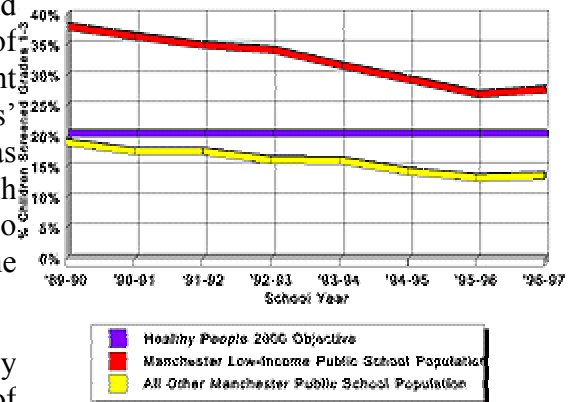
The Manchester Lead Coalition (now known as the Greater Manchester Partners Against Lead Poisoning) commenced meeting during 1999. As the year drew to a close, the coalition was breaking into subgroups (Medical, Environmental and Education/Assessment). The mission of the group is "to comprehensively address and prevent lead poisoning in the children of Manchester". The group is comprised of a broad and diverse representation of health care providers, community-based organizations, Health Department staff and property owners. Health Department representatives also sit on the Statewide Lead Advisory Committee. The Division of Community Health has provided a number of presentations on lead poisoning and the importance of screening in 1999. These include the Elliot Hospital Pediatric Staff, Easter Seals, Moore Center, Kidsfest, Optima Health Child Safety Fair, Salvation Army, Latin American Center, Minority Health Coalition, a number of refugee clinics, school health fairs, a forum at the Department for all local pediatric/family health care providers, Pine St. Prevention Center, Women's Prison, Mother/Child Play Group at the Elliot Hospital, WZID's "*What's my Line?*" and the Children's Summer Camp at the Mall of NH. In addition, an edition of "*Our Public Health*" was produced which focused on lead poisoning and prevention issues. The Community Health Nurse providing case management was also a guest on "*Comunidad 2000*", a talk show targeting the Hispanic audience. Educational materials on lead poisoning prevention were disseminated throughout the year to a numerous grocery and convenience stores along with the van's schedule.

As the Manchester Health Department works to eliminate childhood lead poisoning as a major public health problem, screening and other lead poisoning prevention tactics will be strengthened. Linkages with the medical community and strong educational efforts to promote the primary prevention of lead poisoning will be key to the success of actualizing a healthier environment for Manchester's children.

## Dental Program

Dental disease and the subsequent pain, loss of teeth and other complications are almost all preventable. Lack of access to primary oral health care services and treatment intervention results in poor oral health for many years' duration. The existence of poor dental health in children has been linked to serious dental disease later in life. Such consequences not only impact one's physical health, but also hinder self-esteem, the ability to find employment and the resulting social and economic problems.

Children With Obvious Dental Decay



The Manchester Health Department operates the only comprehensive dental public health program in the State of New Hampshire. Two Dental Hygienists are employed full-time by the Department in order to oversee the Dental Public Health Program. Dental services at the Manchester Health Department are provided for all children residing within the City of Manchester. Prophylaxes is available for preschool children, 3-6 years of age and for any student (first through twelfth grade). Classroom dental education and oral screenings are provided in grades one through four at public elementary schools throughout the school year. Cleanings are provided at the individual schools in the mobile Dental Van. Routine cleanings are done annually for pre-school children at the VNA Child Care Center and semi-annually for children at Child Health Service. Students in grades one through six at Bakersville, Beech, Gossler, McDonough and Wilson Schools participate in the Fluoride Rinse Program. As a member of the Manchester Dental Alliance (MDA), the Department has the ability to refer income eligible children to the MDA and works collaboratively with the clinic. During 1999, the Manchester Health Department Dental Program provided 4,275 screenings, 1,006 prophylaxes, 766 fluoride treatments and 1,006 referrals. A total of 1,656 children participated in the weekly fluoride rinse program. All children seen for prophylaxes are referred to their own dentist for an exam. Those declaring no dentist are provided with a referral to the MDA. During 1999, 408 Health Department clients were evaluated at the Dental Alliance Clinic.

During 1999, the Dental Program was incorporated into the realm of the Division of Community Health. The Dental Program recognized a noteworthy achievement with the arrival of the new Dental Van during the year. This accomplishment was made possible through a generous donation from the Kiwanis Club. It is anticipated that the new state of the art vehicle will provide the means to expand services, possibly to restorative care through collaboration with the local dental community.



Current Dental Van

The City of Manchester also recognized an immense public health achievement when Manchester voters agreed to fluoridate the community's water. Fluoridation of community water supplies is the single most effective public health measure to prevent tooth decay and to improve oral health for a lifetime. It benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care.

## Conclusion

The Division of Community Health closes out 1999 with a sense of accomplishment that the public's health has been enhanced and protected. With the dawn of the new millennium, the Division is confident that the quality of life for residents of the City of Manchester will continue to be improved. The Community Health Division looks forward to the next century with enthusiasm. It is our desire to augment our mission to include an expansion of elderly services, an increased emphasis on health education initiatives and a greater focus on the prevention of breast/cervical cancer, heart disease and other chronic conditions. With a committed staff we have the ability to address the ever-changing public health demands of the community while contributing significantly to the resident's ability to lead longer and healthier lives.

Respectfully submitted,

*Susan J. Gagnon, R.N., M.Ed.*

Supervisor of Community Health

### Community Health Staff

*Susan Gagnon, R.N., M.Ed., Supervisor of Community Health*

*Marie Dubois, RN, Community Health Nurse*

*Irene Coulon, RDH*

*Theresa Tolman, RDH, MA*

*Mary Rheault, RN, MS, Community Health Nurse*

*Patricia Turcotte, RN, BSN, HIV/STD Prevention Coordinator*

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*Kathleen Capistran, RN C, BSN, Community Health Nurse*

*Claudia Alvarado, RN, Community Health Nurse*

*Irene Proulx, RN, MS, Community Health Nurse*

*Josefa Holguin, Public Health Translator/HIV Counselor*

*Cheryl Randolph, RN, BSN, Community Health Nurse*

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### Clinic Staff

*Brian Binczewski, MD*

*Eugene Lariviere, MD*

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# **DIVISION OF ENVIRONMENTAL HEALTH**

## **Introduction**

There have never been more interesting and exciting times in the field of environmental health than today. There is not a day that goes by in which you cannot pick up a newspaper and find an article pertaining to environmental health. The emergence and re-emergence of infectious diseases such as *E. Coli* 0157:H7, Hantavirus, Rabies, Cryptosporidium and Cholera are splashed on the front pages of publications worldwide. Drug resistant strains of bacteria and links between simple foodborne illnesses, and more debilitating diseases continue to cause concerns among environmental health professionals. Outbreaks and epidemics are being associated with foods such as fruits, bean sprouts and prepared foods, which were once considered "safe". Reports on radon, asbestos, indoor air quality and other environmental pollutants are published faster than they can be read. The threat of bioterrorism is no longer fictional and has forced public health agencies to prepare for such an event.

It is clear that the role of environmental health is more important than ever. Protecting the public from epidemics, safeguarding the food and water supplies, and extending and improving the quality of life are goals the Division works towards every day. It is with that said that we are pleased to present an overview of the activities and accomplishments of the Division of Environmental Health during Fiscal Year 1999.

## **Staffing**

The Division of Environmental Health experienced a 25% turnover in full-time staff during 1999. During this time, Patricia Sargent joined the environmental health team, replacing Tom Sloan, who took a position with the State Department of Agriculture. In addition, Meighan Rowlee, a part time Public Health Specialist with the Lead Program left the Department. Whenever the Division experiences turnover, there is always a transition period and an interruption of services while training new staff. However, through this period, the Division continued to provide outstanding services to the residents of Manchester. We look forward to the year 2000, having a full staff, improving the knowledge of our staff, and continuing to provide environmental health services, which greatly benefit the health of our Community.

With additional education and attainment of certain licensing requirements, an Environmental Health Specialist I is able to move up a divisional career ladder to the position of Environmental Health Specialist II. This career ladder benefits both the City by having a more knowledgeable and professional work force, and the individual whom is able to achieve a higher pay grade through hard work. During 1999, Jeanne Galloway, MPA, REHS was promoted to the level of Environmental Health Specialist II.

## **FOOD PROTECTION PROGRAM**

Food protection continues to be the major function of the Division. Environmental Health Specialists devote approximately sixty percent of their time to ensuring that food service establishments are operated in a safe and sanitary manner. This is accomplished through routine inspections, reinspections, complaint investigations, food sampling and training in safe food handling. The Division uses a number of tools to gain compliance including education, enforcement, through citations or administrative hearings, and through incentives such as the Public Health Excellence Award for Food Safety. All of these are designed to encourage the food service operator to comply with all applicable regulations while operating a successful business.

## **Food Handler Education**

Four formal Food Handler Safety Seminars were conducted during 1999. Two each were conducted in October 1998 and April 1999. A total of 349 individuals representing 130 food service establishments attended these seminars. In addition to these formal sessions, numerous educational sessions were held in various food service establishments by Division staff. These sessions are designed to provide food handlers with the information necessary to prevent a foodborne illness.

## **Public Health Excellence Award for Food Safety**

1999 was the fourth year of the expanded Public Health Excellence Award for Food Safety program. In addition to the Public Health Excellence Award, food service establishments may also apply for a Public Health Achievement Award. The criteria for the Achievement Award are similar to the Excellence Award with the exception of the requirement of having a supervisory person certified by a nationally recognized food protection program. Both of these awards are granted to local food service establishments, which demonstrate excellence in food service sanitation.

The Public Health Excellence Award winners for CY 98 were: Big Easy Bagel, Blue Cross/ Blue Shield, Courtyard Café and Integrated Health Services.

The Achievement Award winners for CY 98 were: Angela's Pasta and Cheese Shop, Bell Atlantic Café, Campus Edge, Courville at Manchester, Domino's Pizza-Amory St., Domino's Pizza-Maple St., Domino's Pizza-Lowell St., Down n' Dirty BBQ, The Gale Home, Michelle's Gourmet Pastries, Oven Poppers, Parkside Junior High School, Sassafras Restaurant, Shirley D's Diner, Venetian Canal Espresso Café and the Webster House. The Division commends these establishments and encourages others to achieve these high standards.

## **Temporary / Special Events**

Once again a number of temporary food events took place during 1999. These included Riverfest (40 Vendors), Glendi, Tri-City After Hours Expo, The Assumption Church Greek Festival, The Brewfest, United Way Kick-Off, Snow-Show, Rock 101 Sky Show, July 4th Fireworks, Made in NH Expo, the Downtown Farmers Market as well as numerous carnivals and other events. The increasing popularity of events like these creates an additional workload on the Environmental Health Staff. When food vendors from outside of Manchester come to an event, their level of food safety knowledge and experience is unknown. As a result, the Division spends a great deal of time and effort in the preparation for and the actual monitoring of these events as they are in operation to ensure a safe event for the public.

## **Food Sampling Program**

In conjunction with the New Hampshire Division of Public Health Laboratory Services (NHDPHLS), the Division continued to participate in the State's Food Sampling Program. This program allows the Health Department to take routine food samples (once a month) and have the samples analyzed by the Lab for bacterial load. These routine samples are usually taken from restaurants at which we are experiencing problems with food handling. If samples come back with elevated bacterial counts, a review of food handling procedures is conducted at the establishment. Repeat samples are collected until they are within accepted limits. This is a valuable educational tool in the prevention of foodborne illnesses. In addition, the NHDPHLS continues to analyze food samples, which come as a result of a possible foodborne illness investigation.

## Food Service Establishment Special Investigations

During 1999, the Division responded to two hazardous material incidents at local food service establishments. The first incident involved the discharge of a fire suppression system and the second incident involved a nitrogen leak. In conjunction with the Fire Department, damage was assessed and appropriate actions were taken to ensure a safe food supply and a sanitary facility prior to reopening.

## Foodborne Illness Investigations / Food Related Complaints

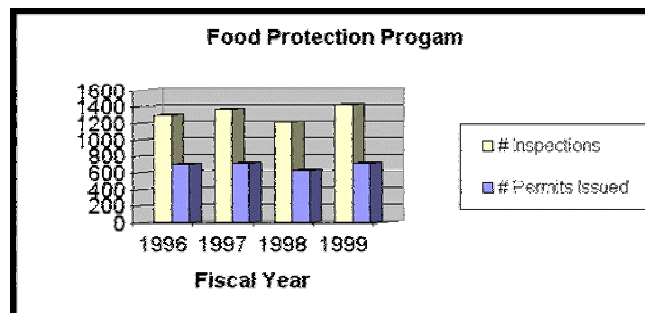
Throughout 1999, the Division responded to 84 food-related complaints, which ranged from product labeling to reports of illness to customer complaints. The Division works very closely with the FDA and USDA to investigate complaints and address product recalls, which generate across state lines. During 1999, the Division was involved in a national recall of hot dogs that had been contaminated with *Listeria monocytogenes*. Through the course of this investigation, it was determined that contaminated hot dogs had been purchased in Manchester and that a report of illness associated with eating the hot dogs had been received at the Health Department. The Division also works cooperatively with other local and State Health Departments to address food related complaints and potential disease outbreaks.

During 1999, the Division investigated two reports of food borne illnesses involving a substantial number of people. Both outbreaks were likely due to a "Norwalk-like" Virus spread by ill food handlers. All reports of foodborne illness, large or small are thoroughly investigated. Our goal is to assure that ongoing disease transmission is not occurring and that the public health of the community is protected.

## Food Safety Advisory Council

One of the premiere accomplishments of the Division with regards to food protection was the continuation of the Manchester Food Safety Advisory Council. The Council is made up of individuals from the food service industry, public health and academic communities. The group serves in a number of roles including: discussing how as a community we can move towards a safer food environment, addressing current topics in food safety and providing input to the Health Department's food protection program. The group meets quarterly and has discussed topics ranging from how an outbreak is handled, to providing hepatitis A vaccinations for food service workers, to evaluating how the Health Department conducts its business. To date, this group has been a great success and we look forward to its activities in the upcoming year.

## Food Code



September 1998 was National Food Safety Education Month. To highlight this observance, the Health Department mailed a newsletter to all of its food permit holders explaining the changes in the new Food Code. The Division continues to work with the food service industry in Manchester to understand and implement the significant new changes in the Food Code.



# Food Protection Program Summary of Activities

## Food Protection Program Summary of Activities

Activity:	FY1996	FY1997	FY1998	FY1999
Food Permits Issued	696	710	632	710
Food Inspections	1298	1363	1210	1415
Food Reinspections	300	535	329	471
Plan Reviews	83	99	86	59
Site Visits	422	445	460	525
Advisory Services	203	280	132	85
Complaints	95	84	71	84
Citations	17	13	10	8
Revenue	\$87,700	\$111,485	\$107,990	\$114,585

## CHILDHOOD LEAD POISONING PREVENTION PROGRAM

1999 was the seventh year of our CDC funded Childhood Lead Poisoning Prevention Program (CLPPP). During 1999, the Program continued with its changed focus from inspection and enforcement to prevention and education. This change has allowed us to more actively work with tenants and property owners to prevent children from becoming lead poisoned.

### Education

A significant way of preventing lead poisoning is to provide information to the public on measures that can be taken to minimize lead hazards. During 1999, this was accomplished in a variety of ways. During this past year, information regarding lead poisoning was made available to the public at the NH Home Builders Association Home Show, Riverfest, Kidsfest, and at Junior High School Health Fairs. Educational seminars were provided to the Manchester and State Property Owners Associations, parent groups (New Mom's Groups at Elliot Hospital, Women's Prison), social services agencies (Refugee Center, Latin American Center), physicians and health care providers and other government agencies. In addition, the Division worked with over a hundred individual property owners and tenants, describing what steps can be taken to help reduce the risk of childhood lead poisoning.

### Child Health Champion

During 1999, the City of Manchester was chosen by the USEPA as one of eleven Child Health Champion Communities from around the country. Through the EPA, money was provided to the Health Department to address environmental health threats to children. A program was designed in which the Health Department is working with The Way Home to address lead poisoning prevention and the elimination of asthma triggers in the home. To date, joint visits have been made to over fifty homes. During these visits, education is provided to the family on methods to reduce the risk of lead poisoning, dust wipe samples are taken to measure lead dust in the home, and the home is surveyed for potential asthma triggers. The program has had success to date and will be continuing into FY00.

## **Lead Hazard Reduction Kit**

One of the most successful portions of the CLPPP has been the Lead Hazard Reduction Kit program. A Lead Hazard Reduction Kit contains a bucket, phosphate detergent (TSP), a sponge, and a pair of rubber gloves and contact paper. These kits are provided to appropriate families of lead poisoned children during the initial home visit. The family is instructed on how to use the TSP to wash surfaces such as windowsills and wells and how to use the contact paper to cover loose and flaking paint. This kit provides the family the opportunity to take immediate steps in lowering lead dust levels in the home prior to abatement without the added financial burden of purchasing these materials. This program depends on donations from the community for its continued success. We are very thankful to those individuals and agencies that have contributed to this effort.

## **Keep It Clean**

The Department, in conjunction with the New England Lead Coordinating Council, participated in an initiative entitled "Keep It Clean." The program is designed to partner with local hardware stores to provide training to employees and information to customers on safe lead paint removal. A number of local hardware and paint stores in Manchester participated in the initiative.

## **Greater Manchester Partners Against Lead Poisoning**

1999 saw the continuation of the Greater Manchester Partners Against Lead Poisoning. This group which is comprised of representatives from the Manchester and State Health Departments, property owners, tenants, pediatric providers, community-based organizations and others with an interest in childhood lead poisoning met on several occasions to discuss strategies to prevent childhood lead poisoning.

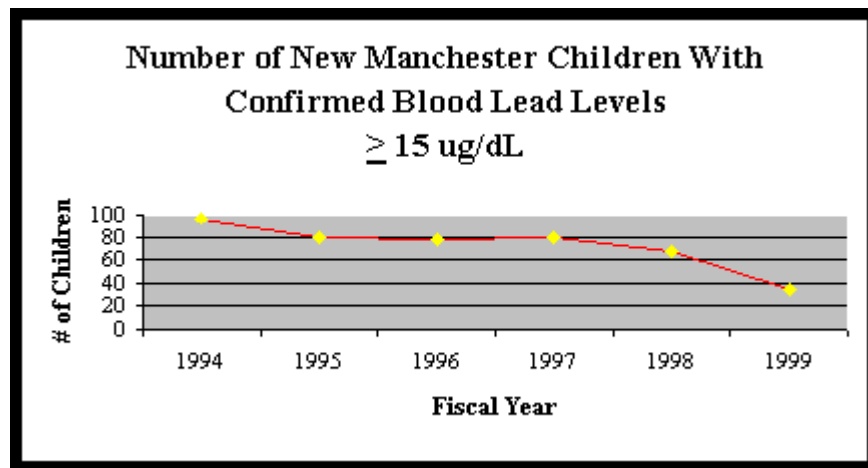
The coalition has served in a number of roles including identifying a high-risk neighborhood to target for primary prevention activities, serving as a sounding board for primary prevention methodologies, establishing linkages to all stakeholders and providing input on community wide issues such as environmental hazards, legislation and education. We look forward to the continued success and expansion of the coalition.

## **St. Mary's Bank Lead Safe Housing Loan Program**

During 1999, the Division continued to disseminate information on the St. Mary's Bank, Lead Safe Loan Program. The Lead Safe Loan Program provides property owners below-market rate loans of up to \$30,000 to replace windows, doors and trim and to cover old paint with new, all in a voluntary effort to make a rental unit lead safe and prevent a child from becoming lead poisoned.

## **Summary**

During 1999, the Manchester Childhood Lead Poisoning Prevention Program has undergone a significant transition. Instead of using the "canary in the cave" model of waiting for a child to become lead poisoned before intervening, the Department is now approaching lead poisoning in a much more proactive manner. We hope this primary prevention method will enable us to better protect the children of Manchester from the number one environmental risk to children, lead poisoning.



## Public Health Complaints and Investigations

The Division continues to investigate and follow-up on all complaints related to public health hazards and nuisances. The Division continues to work with other agencies in the resolution of many of these complaints. We work closely with the City's Building, Fire and Police Departments, the State Departments of Children, Youth and Families and Elderly and Adult Services, the NH Departments of Public Health and Environmental Services as well as many others. 1999 saw a slight decrease in the number of complaints responded to when compared to FY 98.

## Public Health Complaint Investigations Summary of Activities

Activity:	FY1996	FY1997	FY1998	FY1999
<u>Housing Complaints:</u>				
Improper refuse storage	55	16	38	7
Insanitary living conditions	54	61	66	40
<u>Nuisances:</u>				
Litter and refuse	220	282	242	198
Animal waste	87	56	59	62
Rodents /insects	13	18	4	15
Other	30	29	53	84
<u>Total Complaints:</u>	459	462	462	406
Citations issued	33	51	41	22

## Institutional Inspections

The Division continues to inspect Day Cares, Foster Homes and other residential facilities upon request of the operator. Although the Manchester Health Department is not the licensing agency, a health inspection is required prior to the State issuing or renewing a license to operate. In addition to the standard inspection, the Environmental Health Specialists utilize this time to educate the operator in disease prevention. By explaining such items as proper handwashing, food preparation and sanitation, we hope to

prevent an illness from occurring in these facilities. Finally, these inspections do produce a small amount of revenue. In 1999, \$550 was brought in as a result of these inspections.

## **Institutional Inspection Program Summary of Activities**

<b>Activity:</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>
<b>Day Care Inspections</b>	<b>19</b>	<b>48</b>	<b>53</b>	<b>41</b>
<b>Foster Home/ Residential Homes</b>	<b>51</b>	<b>36</b>	<b>26</b>	<b>25</b>

## **Swimming Pool, Spa And Natural Bathing Area Program**

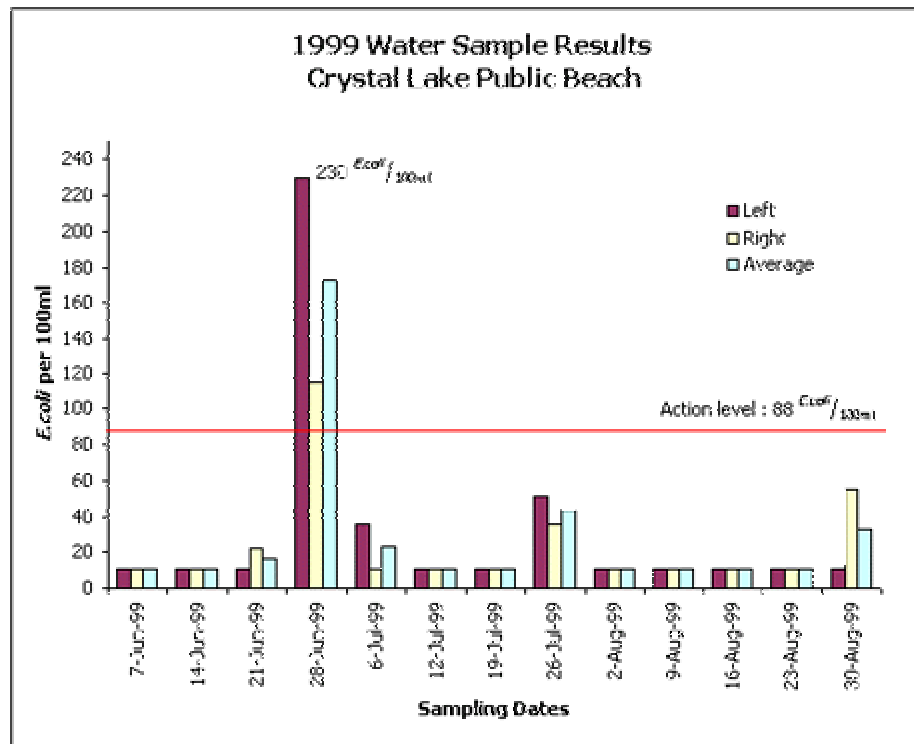
During the summer months, a good deal of staff time is devoted to inspection of public swimming pools as well as inspection and sampling of the City's natural bathing areas. The Division continues to work with other City and State agencies in the protection of our natural bathing areas. In addition to the outdoor program, all indoor swimming pools and spas are inspected year-round to insure safe operation and compliance with all regulations.

The change from a calendar year to a fiscal year method of reporting poses some challenges when looking at the outdoor program. Data from two different bathing seasons are used to assess the program. For example, data from the outdoor pools and natural bathing areas will be provided from July-September of 1998 as well as May-June of 1999.

The portions of the bathing seasons incorporated into 1999 saw the closings of two swimming areas due to elevated *E-coli* counts. During the month of June it was necessary to post the Piscataquog River and Crystal Lake as "No Swimming" until the level of bacteria subsided (see graph below). All other public beaches and camps which utilize these surface waters maintained acceptable water quality. As previously unconnected on-site sewage systems are connected to City sewer, and problems with individual septic systems corrected, we hope to not only maintain but improve the water quality of our natural bathing areas in the future.

## **Swimming Pool, Spa and Natural Bathing Area Program Summary of Activities**

<b>Activity:</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>
<b>Licenses Issued</b>	<b>46</b>	<b>48</b>	<b>49</b>	<b>53</b>
<b>Inspections</b>	<b>120</b>	<b>238</b>	<b>221</b>	<b>265</b>
<b>Reinspections</b>	<b>78</b>	<b>100</b>	<b>126</b>	<b>112</b>
<b>Site visits</b>	<b>93</b>	<b>54</b>	<b>98</b>	<b>23</b>
<b>Complaints</b>	<b>5</b>	<b>6</b>	<b>24</b>	<b>3</b>
<b>Water samples</b>	<b>140</b>	<b>150</b>	<b>150</b>	<b>150</b>



(natural areas)

## Environmental Planning And Pollution Control

During 1999, environmental planning and pollution control activities remained steadily busy. Due to a good economy, we continue to see new construction of on-site sewage disposal systems, in addition to the traditional repairs of failed existing systems. The Division also approved two subdivisions to be served by on-site sewage disposal systems; another part of environmental planning which had not been very active in the recent past. As long as a good economy prevails, we expect this area of environmental health to occupy more of our time and resources.

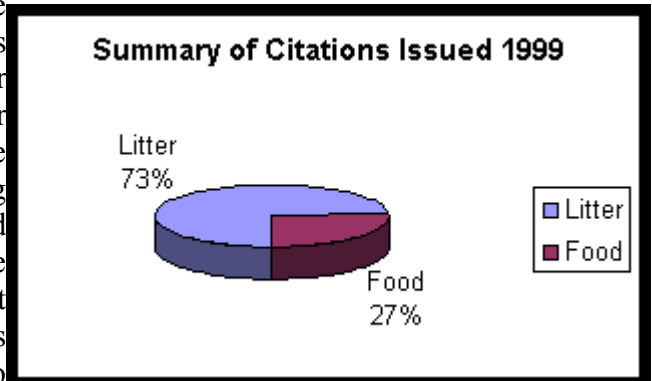
Over the past couple of years, we have seen a dramatic increase in the number of site assessments being requested. During 1999, the Division conducted 37 site assessments (record reviews), providing information on environmental issues to banks, consultants and private individuals.

## Environmental Planning and Pollution Control Summary of Activities

Activity:	FY1996	FY1997	FY1998	FY1999
Septic Systems Inspections	72	47	55	64
Follow-up Reinspections	80	75	82	73
Test Pit Inspections	71	63	54	55
Plan Approval	52	46	42	40
Permits Issued	38	39	36	34
Complaints	13	21	21	31
Advisory Services	23	42	29	30
Citations Issued	0	0	0	0

## Enforcement

From time to time, Health Department orders are not complied with. When this occurs, enforcement actions are necessary. Enforcement is used as a last option when all other means of resolution have failed and is usually in the form of a citation. A citation is similar to a parking ticket with denominations of \$25, \$50 or \$100 depending on the offense. During 1999, 30 citations were issued by Division Sanitarians. The majority of these citations (22) were issued to property owners for failing to keep their properties clean in compliance with the City's Anti-Litter Ordinance. Another substantial number of citations (8) were issued to food service establishments for either operating without a permit or failing to correct a critical item food violation. In addition to the citation process, administrative actions were taken against one local food service establishment for failing to adhere to established operating standards. This establishment continues to be monitored by the Division to ensure continual compliance.



## Industrial Hygiene

The Division investigates complaints and concerns related to issues of Industrial Hygiene. These include, but are not limited to, indoor air quality (IAQ), toxic substances, hazardous materials, carbon monoxide (CO), formaldehyde, and other environmentally associated health risks such as radon and asbestos. As new findings on the health effects of indoor air quality have been released, and public concern about exposure to contaminants has increased, this program is consuming more of the Division's time.

## Indoor Air Quality

A tremendous amount of staff time is invested in conducting indoor air quality investigations. The Division conducted some rather extensive IAQ testing of several City buildings including Beech Street School, Smyth Road School, West High School, Northwest School, Webster School, Green Acres School, Southside Junior High, Bakersville School and the City of Manchester Human Resources and City Solicitor's Offices. Finally, the Division conducted limited assessments of private homes and businesses upon request.

## Hazardous Substances

The Division responded to a number of incidents involving chemical and biological hazards over the past year including mercury spills, an anthrax hoax, several cases of improper removal of asbestos and grease dumping in the Merrimack River. In conjunction with agencies such as the Manchester Fire Department and NH Department of Environmental Services, these hazards were assessed and recommendations made for corrective action. Follow-up is then performed to ensure that the hazard has been eliminated. In addition, general investigations were conducted to assess potential problems with asbestos, lead, carbon monoxide, volatile organic compounds (VOC's), pesticides and other compounds throughout the City.

## Radon

During previous fiscal years, the Division performed extensive testing for the presence of radon in many of the City owned buildings. During 1999, the Division continued to follow up on high radon levels in City owned buildings as well as fielding many phone calls from the public on radon and its health implications.



In conjunction with the State of NH Bureau of Radiological Health, the Division conducted targeted screening in areas of the City known to have elevated radon concentrations. This free program was very well received by the community and hopefully will be continued in the future.

## MISCELLANEOUS

### Rabies

The trend of decreased rabies cases not only in Manchester but also New Hampshire as a whole continued in 1999. For example, in CY1994, 220 animals tested positive for rabies in NH. Of the 220, Manchester saw nine animals test positive for rabies. These included 5 raccoons, two skunks, and two bats. During 1999, there was one raccoon and one skunk from Manchester that tested positive for rabies. A good deal of staff time is involved in the follow-up of possible rabies cases. The Division works very closely with local veterinarians, medical providers and the Police Department's Animal Control Officer in many of these situations. As always, our rabies educational effort continued in 1999. We take every opportunity to educate individuals in avoiding wildlife exposure, immunizing all pet dogs and cats and seeking medical treatment if exposed. The Division continues to field many phone calls regarding rabies from local medical providers and the public.

While the Mid-Atlantic strain of rabies has slowed, we are now faced with a new epidemic of fox rabies working south through the State. We will continue to monitor this situation in the upcoming years.

### "Our Public Health"

1999 saw the continuation of the Manchester Health Department's television show entitled "Our Public Health". The Department, in conjunction with MCTV-16, produces a monthly TV show designed to address relevant topics in Public Health. The Division participated in a number of these programs including shows dedicated to National Lead Poisoning Control Week and *E-coli*. The show has been very well received and we look forward to its continued success in FY00.



### Community Involvement

As always, a major goal of the Division is getting our message out. This past year, the Division participated in the NH State Home Show, the Business to Business Expo, the Child Safety Fair, and the local junior high school health fairs. Presentations were also provided to a number of agencies and businesses in the City including Creative Advocates for Children, Greater Manchester Association Social Service Agencies, Webster School Parent Teacher Group, the Manchester Fire Department and West High School. Finally, the Division continued its alliance with the Dartmouth Medical School's Family Medicine Residency Program. Through this alliance, Medical Residents in the Family Medicine Program spend an afternoon at the MHD learning about how environmental health affects their practice. This successful program is entering its third year.

### Revenue

The Division of Environmental Health generates a substantial amount of revenue for the City. Revenue is produced in the form of permit fees, inspection fees, site assessment fees and monies derived from citations. All of the revenue is returned to the City's General Fund. During 1999, The Division generated \$124,220 in revenue.

## Continuing Education / Certification

Throughout 1999, all members of the Division continued to expand their Public Health knowledge by attending various continuing education programs. Staff members were able to attend the New Hampshire Health Officer's Fall and Spring conferences, NH Public Health Association Fall conference, FDA's Food Microbiological Control and Investigating a Foodborne Illness Satellite Conferences, and the Harvard School of Public Health's Orientation to Indoor Air Quality. In addition, staff received training on Environmental Health Threats to Children, Dealing with Unsafe Buildings and on the operation of MCTV-16. Finally, all members of the Division became Certified Instructors of the National Restaurant Association's ServSafe Course. We recognize the need for a well-trained and diverse Division and will continue to further our knowledge in all areas of Environmental Health.

## Summary

The Division proudly closes out 1999. This dedicated group of professionals work daily to assure that the public health of Manchester is protected. Whether it is a crisis situation, or mundane inspection, these "front line troops" strive to protect this Community from environmentally related diseases and injury. We look forward to the challenges that lie ahead of us. Our role is evolving, requiring us to constantly assess the environmental health problems of the community, develop policy to address these problems and then assure the policy is implemented.

There were many accomplishments in 1999. We continue to see declines in rates of foodborne illnesses and in the numbers of Manchester children with elevated blood lead levels. We have engaged the community to participate in environmental health initiatives such as the Food Safety Advisory Council and the Greater Manchester Partners Against Lead Poisoning. We have changed the basis of our activities from enforcement to education and strive to be more "user-friendly" for those who access our services.

Someone once said, "Public Health Agencies are like Fire Departments. They teach and practice prevention, while at the same time they maintain readiness to take on emergencies. They are most appreciated when they respond to emergencies. They are most successful - and least noted- when their prevention measures work the best." We agree. We believe we are most successful when nothing except improved health and quality of life happen to our customers, that is the Manchester Community.

Respectfully submitted,

*Timothy M. Soucy, REHS, MPH*

*Chief of Environmental Health*

### *DIVISION OF ENVIRONMENTAL HEALTH STAFF*

*Timothy Soucy, REHS, MPH, Chief of Environmental Health*

*Philip Alexakos, BS, Environmental Health Specialist II*

*Jeanne Galloway, REHS, MPA, Environmental Health Specialist II*

*Aaron Krycki, BS, Environmental Health Specialist I*

*Kim McNamara, BS, Environmental Health Specialist I*

*Tom Sloan, RS, Registered Sanitarian (Resigned 1999)*

*Meighan Rowlee, BS, Public Health Specialist (Resigned 1999)*

*Patricia Sargent, BS, Sanitarian (Resigned FY 00)*

# **DIVISION OF PUBLIC HEALTH ASSESSMENT AND IMPROVEMENT**

## **Introduction**

The Division of Public Health Assessment and Improvement represents the newest component of the Health Department. However, the mission of this program represents the foundation from which all other public health activities are based and from which success is measured. Assessment is the core public health function that is responsible for measuring the health status of the community, identifying community health needs and conducts studies of health problems facing the community. The ultimate goal is to assist policy makers and planners to meet these identified needs and evaluate the outcomes of interventions designed to address these problems.

The Division of Public Health Assessment also serves in large part as a resource to the entire community. The assessment activities of this Division serve a wide variety of community agencies and other City Department's. As a result of this service, the community has taken a more collaborative approach to solving identified problems. As we enter the 21<sup>st</sup> Century, the need to share resources and work in partnership with others will only become more critical. Manchester is leading the way in New Hampshire, and serves as a model that other communities are beginning to emulate.

## **Healthy Manchester Coordinating Council/Turning Point Initiative**

The Healthy Manchester Coordinating Council was established in 1997 in an effort to bring community agencies together to improve the quality of life for all Manchester area residents. The Council is made up of representatives from key health and social service agencies in the community, as well as various City Department's. The Council's objectives include:

- To continually measure quality of life issues.
- To create a community dialogue to assess and prioritize measurable quality of life standards.
- To examine what data systems are necessary.
- To collaboratively establish Healthy Manchester 2010 Objectives.
- Research, promote and develop community models that improve quality of life standards.
- To create service and communication linkages and funding sources to foster sustainable cooperative efforts.
- To evaluate progress by the development of annual report cards.
- To recognize outstanding community efforts for improving quality of life.

During its initial year, the Healthy Manchester Coordinating Council participated with the State and other New Hampshire communities in the national Turning Point –Collaborating for a New Century in Public Health Initiative. This program, sponsored by the W.K. Kellogg and Robert Wood Johnson Foundations', will support projects across the nation to structure public health for the 21<sup>st</sup> century. Manchester was one of 41 communities from fourteen states selected to participate in this very prestigious program. The Healthy Manchester Coordinating Council represents Manchester's local Turning Point Partnership.

Fiscal year 1999 was a period of maturation and solidification of the Healthy Manchester Coordinating Council (HMCC) as a Turning Point Partnership. A number of significant projects were undertaken by the HMCC during this period which contributed to its vitality and standing within the community. The two most noteworthy initiatives included addressing the issues of adolescent pregnancy and oral health.

The Manchester Health Department provides staff and health assessment support for the HMCC in order to identify and prioritize issues. To date, the HMCC has focused its efforts on adolescent pregnancy prevention, oral health and child health. These areas are presented in more detail below. As we move into the final implementation year of this project, an in depth public health system improvement plan will be developed to guide the future direction of the HMCC and the Manchester community.

## **Adolescent Pregnancy Prevention**

A comprehensive assessment of the status of adolescent pregnancy was completed by our Public Health Epidemiologist. A report titled, Taking a Tough Look at Adolescent Pregnancy Prevention in Manchester, was published. This report formed the basis from which the HMCC developed its approach to addressing this concern. As a direct result of this report, a local dialogue was established and a steering committee was formed to develop an action plan. Based on this action plan, we were successful in obtaining a \$44,500 grant through the Department of Health and Human Services Community Grant Program to coordinate adolescent pregnancy prevention efforts in Manchester. A second outgrowth of these activities was the application of funds through the Robert Wood Johnson Foundation's Local Initiative Funding Partnership Program, the Bean Foundation and the Cogswell Trust. This initiative could bring a substantial amount of financial support for our adolescent pregnancy program over the next four years.

## **Oral Health**

A second major initiative of the HMCC involved improving the oral health for Manchester residents. In April the report, The Oral Health Status of the City of Manchester, New Hampshire, was released. This document served as a call to action to address the many issues involving the oral health status of the community. The HMCC initiated a campaign to promote community water fluoridation in Manchester as the single most important action to prevent dental disease (the voters approved this referendum on Nov 2, 1999.) The HMCC is also working to improve access to dental care to those citizens currently unable to receive regular care. We also participated in the development of the Dental Professional Shortage Area designation application for Manchester. If approved, this designation will greatly assist the community in attracting dentists to treat the underserved portion of our community.

## **Child Health Champion**

In August of 1998, the US Environmental Protection Agency designated Manchester as a Child Health Champion Community. Manchester was thus one of fourteen communities selected from across the nation to participate in this program designed to improve the health of children through environmental interventions. Manchester's project, under the umbrella of the HMCC, focused on lead poisoning, asthma and environmental education. A coalition consisting of six community agencies came together to develop specific projects to address these concerns. Specifically, the Manchester Health Department, Lung Association, The Salvation Army, ALPHA, The Way Home and the Audubon Society participated in this project which continues until October 2000.

## **US Centers for Disease Control (CDC) and Prevention Public Health Prevention Service Program**

In March of 1999, the Manchester Health Department submitted a proposal to the CDC to participate in their new Public Health Prevention Service Program. This program matches state or local health departments' with a Public Health Prevention Specialist (PHPS) from the CDC. The PHPS are Master Degree prepared individuals who, after spending a year at the CDC, are assigned for two years to either a state or local health department that has been selected by the CDC based on their submitted proposal. The Manchester Health Department was selected by the CDC for placement of one of 26 PHPS in June 1999. Michele Mercier, MPH joined the Health

Department in September 1999 to begin her two year assignment. Michele will be focusing her efforts in the areas of environmental aspects of disease. In particular, she will be working on developing an asthma program, coordinating the Child Health Champion Program and participating on the development of an overall environmental assessment for Manchester. Michele will also be developing a Geographic Information System (GIS) that will provide a useful tool for disease assessment in the community.

## Other Projects/Activities

- Assisted the School Health Program develop a height/weight database as part of the Team Nutrition Project.
- Anna Noetzel attended the CDC course "Introduction to Geographical Information Systems for Public Health Applications" in July, 1998.
- Anna Noetzel attended the "Public Health Response to Bioterrorism" Symposium in February 1999. As part of our overall responsibility to protect the public health of Manchester citizens, we have developed a bioterrorism protocol to respond to local incidents. This plan was put into "real world" use as a result of a possible bioterrorism threat that took place in March 1999. While this threat proved to be a hoax, the need to respond appropriately was critical in reducing unnecessary fear and public alarm.
- Supported numerous requests from City and State agencies for health data and other program assistance.
- Participation of various staff on statewide activities and committees such as the Uninsured Survey of NH Residents, Data Work Group, and the Child Health Indicators Work Group.
- Anna Noetzel was selected as one of twenty national scholarship recipients from the CDC for enrollment in the Johns Hopkins School of Public Health Graduate Certificate Program. This prestigious selection will add greatly to the work performed by the Manchester Health Department.

## Summary

The year 1999 has been one of great challenge and accomplishment for the Division of Public Health Assessment and Improvement. Our efforts have resulted in measurable and meaningful improvements in public health. However, we have only just begun and much more needs to be accomplished.

Over the next year, we plan on expanding our efforts to assess the relationship between our physical environment and the public's health. Through an agreement with the U.S. EPA, an Environmental Toxicologist will be joining the Health Department. This expertise will provide the community a means to identify environmental health concerns and provide accurate and scientifically based recommendations for action.

We also plan to develop a Healthy Manchester 2010 Objectives Plan in 2000, which outlines the goals for the Nation. Working with our community partners, we will identify and measure various health status conditions and develop realistic targets for improvement by the year 2010. The plan will also provide recommendations for actions needed in order to attain our selected objectives. In conjunction with this plan, we will embark on a project to identify health disparities that exist in the community among particular groups. These groups include; racial/ethnic minorities, people from low socioeconomic status, those with disabilities and various age groups.

Another priority area for the next year will be to better assess the burden of asthma in the community. Through the efforts of our Public Health Prevention Specialist and Toxicologist, working with our community partners, we envision aggressive action and progress with regard to asthma.

We eagerly anticipate our embarking on these new efforts. However, while we move into new areas, we are mindful of the fact that we must also constantly evaluate our past initiatives. We gladly accept the challenges that face us as we work together to improve the health of all Manchester residents.



Respectfully submitted,

*Richard DiPentima, RN, MPH*

Deputy Public Health Director

Staff

*Richard DiPentima, RN, MPH, Deputy Public Health Director*

*Anna Noetzel, BS, Public Health Specialist II*

*Michele Mercier, MPH, Public Health Prevention Specialist (CDC Assignee)*

# **DIVISION OF SCHOOL HEALTH**

## **Introduction**

Children are our most precious natural resource. Their future and ours, is largely dependent upon how healthy they are today and will remain for years to come. Further, education and health are inextricably connected. Public health research makes a connection between educational achievement and personal health. In Manchester, the Health Department's School Health Services are designed to help children meet their educational goals while addressing their health status within the framework of public health core functions: Assessment, Policy Development and Assurance.

In the early 1900's, school nursing emerged from the community health nursing model where neighborhood schools became the site for conducting mass health screenings of children. These early detection programs focused on assessing childhood nutrition, communicable disease control through immunization surveillance activities, assuring access to health care, and early detection and intervention for ongoing or chronic health problems. Family education was a major component and nurses spent much of their time doing home visits. At a time when ongoing and periodic health care was often a right of the affluent, the poor benefited greatly from the services of the school nurse.

## **School Nurse Staff**

Today, school nurses continue to advocate for the health and well being of over 18,000 students in the city's 29 public and parochial schools. The Department employs twenty-seven full and part-time registered nurses. A nurse is assigned to all public schools, including the special needs preschool. The 1998-99 school year nurse to student ratio was 1: 760.

Two years ago, to fulfill a goal outlined in the Manchester Health Department's 1995 Strategic Plan, the Division implemented a model program. We created a career ladder that enlisted certified school nurses in the advanced role of providing additional support to the School Health Division. Certified School nurses receive national certification from the American Nurse Association or the National Association of School Nurses. In addition, they are certified Cardiopulmonary Resuscitation and First Aid Instructors. Their duties are to support the day to day operations of the division, orient new staff, conduct CPR and First Aid education for school and city staff, assist the supervisor with scheduling and prepare and conduct health promotion events.

Outside of school nursing staff, all others who work in schools have a responsibility to assure the safety of children. The Health Department is committed to prepare all staff working in schools for an emergency event. An over-reliance upon the school nurse could result in a tragic consequence. In 1998-99, the Certified School Nurses awarded 160 school and city employees with certificates for Cardiopulmonary Resuscitation and review of Basic Emergency Response and First Aid. With this program, school staffs report greater confidence when responding to students in an emergency, especially in the absence of the school nurse.

Certified School Nurses also reviewed and assisted in revising the School Health Policy and Procedure Manual. The Manual was cited this year by the New Hampshire Department of Education as a model for other school health programs in the State.

## **Immunization Surveillance And Communicable Disease Control**

All children in school are required to have up-to-date immunization records in compliance with the state laws. Manchester's annual summary reports an overall compliance rate of 99% with State school immunization requirements. School nurses annually conduct immunization audits of every health record and determine immunization needs in their school populations. Any children in need of immunizations are conditionally

enrolled and referred to the Community Health Nursing division immunization program or their private provider to complete their immunization series.

A dramatic portrayal of how community health nurses and school nurses work together occurred when bacterial meningococcemia was diagnosed in a student from one City high school. After learning of the critically ill student, a team of community health and school nurses descended upon the school office immediately, and along with assistance of others in the Environmental and Public Health Assessment and Improvement divisions, completed contact investigation for high school students and others in little more than three hours. The case occurred immediately before an extended school vacation, which would have resulted in great difficulty locating students who may have been exposed to this devastating illness. This teamwork most certainly prevented a potential public health emergency.

Schools are a logical place to capture students in need of immunizations. Over the last five years immunization clinics have been held in schools for students in need of the second measles vaccine. Community Health and School Health nurses work together in conducting the school clinics. Last year, in addition to measles vaccine, students in the eighth grade were offered the tetanus-diphtheria booster, now required by State law for school admission.

## School Health And Chronic Illness Care

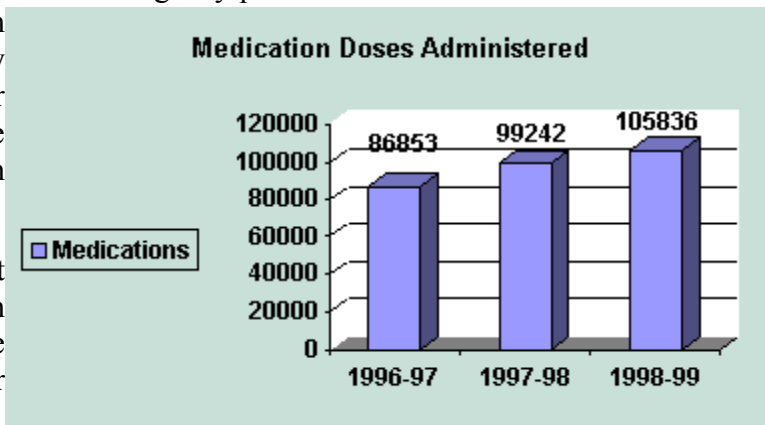
Nationally, up to 30% of our children less than 18 years of age suffer from some type of chronic illness. (Adams and Marino, 1994) These children are basically healthy despite their illness. However, in order for these children to attend school, they often require daily medication or health procedures, such as having injections or receiving their meals via a tube that goes through the abdominal wall into the stomach. The school nurse is required to not only carry out these procedures but to assure that they are well planned and integrated into the day, offering the least disruption to the child.

Annually, school nurses compile a listing of students in school who have chronic illnesses. During the 1998-99 school year, of the nearly 18,000 children enrolled in Manchester Schools, the two most predominant chronic health conditions were Asthma (n= 1363) and Attention Deficit Disorder (n=1048). These numbers reflect only those students who may need daily intervention from the school nurse.

Type I Diabetes is another childhood chronic illness that requires intensive nursing assessment, intervention and coordination. There were 32 children identified as diabetic in 1998-99 school year throughout the school district. Nurses performed over 800 diabetic assessments and nearly 2000 blood sugar tests for diabetic students during this past school year.

Students with serious chronic illness require a daily health plan that enables them to attend school. School nurses work in conjunction with families and the child's primary health care provider to develop a plan that is individualized to that student. During 1008-99, nurses attended 1788 special education meetings involving parents, school staff and other health care providers and developed 150 Individualized Health Care Plans (IHCP) for children requiring special health procedures or emergency plans. The ICHP serves as a school nurse template for care of the child while in school. Each Plan is developed with input from the child's family and primary health provider and is, whenever appropriate, shared with the school staff to ensure that the health needs of the child are met, even in the absence of the nurse.

Medication administration is, perhaps, the most routine modification that is made for children with chronic illnesses. Manchester school nurses gave nearly 106,000 individual doses of medication over



the past year. This represents an average annual increase of 10% over the last three years.

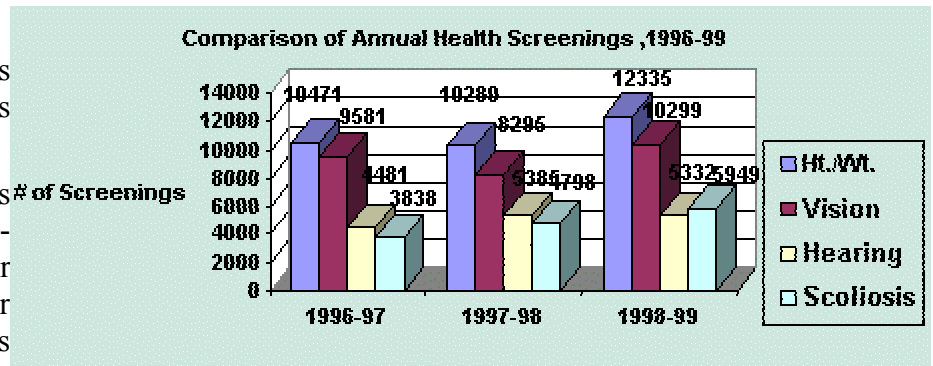
## Annual Health Screenings

Childhood health screenings may be one of the most essential components of school health programs. Every year throughout elementary and middle school, the school nurse meets with all students and performs height and weight measurements; and in select grades, vision and hearing screenings and Scoliosis screenings. High school students are screened in tenth grade. During these annual visits, the school nurse interviews the student, updating health history information and offers anticipatory guidance consistent with the child's developmental stage. One example of such anticipatory guidance is in first grade, students are given basic health information such as handwashing techniques. Though rudimentary, these skills assist the child in prevention of many common communicable diseases.

School nurses report all screenings performed and refer any abnormalities to the students parent or

guardian. For instance, those students found with a 20% difference in height-for-weight ratios are referred for primary care follow-up. Referrals for abnormal vision, hearing, scoliosis screenings are then followed up on

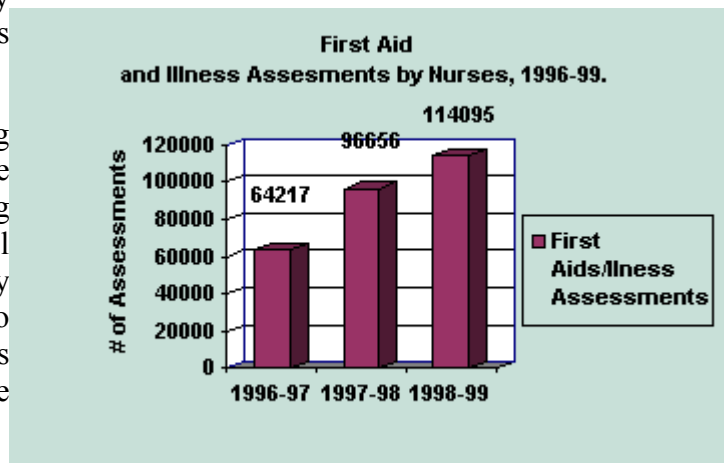
individual basis with the family and child's health care provider. Occasionally, it is at this time when family access to health care becomes evident. Parents will report to the nurse, upon receiving one of the above referrals, that they do not have a health provider for their child, or that they cannot afford to take them to a doctor unless it is for an emergency illness or injury. School nurses are then responsible for determining the factors that are prohibiting them access to care and seeking the necessary solutions.



## Emergency and Illness Care

Maintaining individual student health is one function of school nursing. When it comes to illness or emergency care, the nurse is the most appropriate person in the school to determine whether a child needs further assessment, treatment or follow-up. School nurses in Manchester performed over 114,000 assessments for first aid or injury during 1998-99. If you were line up the children this number reflects, each nurse, on average, assessed a different child every twelve minutes throughout the 1998-99 school year! Further, these data do not reflect the accompanying documentation or family involvements that occurs when injuries and illnesses require follow up by another health provider.

Of these, over 63,000 required skilled nursing assessments by the school nurse. Over the years, despite a stable student enrollment, increases in nursing assessments may point to a change in how the school nurse is used. Nurses report that parents are more likely than ever before to use the school nurse as gatekeeper to primary care involvement; where the school nurse is asked to make the initial assessment and determine whether the illness or injury requires further treatment.



# **School Health Highlights in Health Promotion**

## **Physician Collaborative/Consultation Project**

The Physician Collaborative/Consultation project continued into its fifth year with 11 participating schools. The project, initially funded by the NH Department of Education and NH Pediatric Society, fosters interprofessional communication and collaboration on behalf of children in school with chronic illness. Child Health Services in Manchester (a family focused primary health care center) helped sponsor and support the project from its inception. Physician/School teams are:

Shelly Heit, MD Bakersville  
Donald Salvatore, MD Gossle  
Holly Neefe, MD Beech  
Mark Myers, MD Smyth  
Patty Bouchard, MD Jewett  
Maria O'Sullivan, MD Webster  
Fernando Ferrucci, MD Central  
Roger Friedan, MD Northwest  
Tom Bisett, MD Southside  
Marc Schwartzberg, MD Wilson  
Sam Dugan MD Green Acres

In most schools, nurses coordinate meetings among school staff and the physician. Often, physicians provide ready consultation to the nurse when various health issues affecting school age children arise. Some examples include: the impact of chronic illnesses on education; challenges associated with attention deficit disorder; educational impact of certain medications; and childhood communicable diseases.

## **Middle School HIV Curriculum Evaluation**

In 1995, the Manchester Health Department received funding from the NH Department of Education to up-date the HIV/AIDS Education curriculum for junior high school grades seven and eight. Science teachers and school nurses who are primarily responsible for implementing the curriculum received in-service training that identified informational needs. However, the curriculum and its implementation were never formally evaluated. Therefore, it was the intent of the Manchester Health Department, in collaboration with the Manchester School Department, to conduct an evaluation of the status of HIV/AIDS education for grades seven and eight.

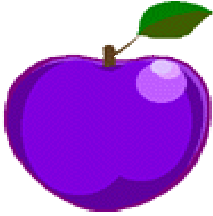
Linda Camarota, RN, school nurse at Wilson School assisted in coordinating the project that was funded by the NH Department of Education. In addition to supporting the district-wide survey and analysis of data, funding supported a teacher/school nurse workshop that afforded staff an opportunity to update their knowledge and skills on behalf of HIV education. We learned through the survey and teacher workshop that there is a great interest in providing HIV education, however, teachers welcome nurse involvement and assistance in teaching this sensitive health topic.

## **Healthy Homes Project**

Every year, head lice (pediculosis) are a bothersome nuisance condition that burdens families and disrupts the educational program for many children. During 1999, nearly 10% of all children who were screened for head lice were found to be either new or repeat infestations. School nurses provide extensive education to these families, however, in some cases, repeat infestations can cause extensive absences from school and loss of work for parents. In one case, a child missed nearly 30 days during the 1997-98 school year due to head lice.

This year, a collaborative effort between The Way Home, an organization devoted to center city support services, began to address this complex issue. Peer educators worked with school nurses to educate families on individual treatment and environmental clean-up, going directly into the home and assisting those cases where chronic head lice was a severe problem. The "Healthy Home's Project", as it is called, was referred to 48 families and worked with 80 children in 1999. In all cases, peer educators and school nurses report success in that children come back to school sooner, the relationships between nurses and families improve and parents gain confidence in treating a tenacious public health nuisance.

## **Manchester Team Nutrition Project**



In 1998, after reviewing school health screenings for height and weight, we found that nearly 30% of first grade students were at risk for overweight. Therefore, the Health Department identified overweight prevalence as a priority issue in need of school health intervention. This year, the Health Department collaborated with the Manchester School Food and Nutrition Services to develop a program called "Team Nutrition". The NH Department of Education awarded funding in amount of \$15,000 that sponsored a nutrition pilot project in six Manchester elementary schools. The project promoted a comprehensive approach to nutrition education and school meal planning underscoring the goals of the USDA Healthy School Meals Initiative: reducing fat, sodium and sugar and increasing consumption of fruits and vegetables. Participating schools were Beech, Bakersville, Gossler, Northwest, Smyth and Webster.

A part-time registered dietician assisted school nurses in conducting nutrition education for fourth graders in the pilot schools. Lunch menus in all district schools were revised for nutritional content and monthly newsletters highlighting nutritional information were sent home with all elementary school children. Some events included the "Healthy Lunch Contest" which featured lunches designed by students, the development of a monthly newsletter, and surveys of what children and families want from their school lunch program.

The School District and Health Department plan to continue the project and a full time registered dietician is now working along with school nurses coordinating projects that link Food and Nutrition Services to classroom education and special projects. Plans are made to expand the program to all schools.

## **Junior High School Health Fairs**

Catholic Medical Center (formerly Optima Health) Community Education and Wellness department sponsored, for the third year, a series of Health Fairs held this year at Hillside Middle School, Parkside Middle School, Southside Middle School and St. Joseph Junior High School. The Fairs were held in the month of April on four consecutive Tuesdays. Over 3000 students in grades 6 through 8 participated in the daylong events that featured over 20 exhibitors. Topics included nutrition and fitness, how to prevent injuries, stress management, communicable disease prevention, dental health, emergency response and first aid, drug and alcohol abuse prevention, tobacco prevention, growth and development, and environmental health awareness.

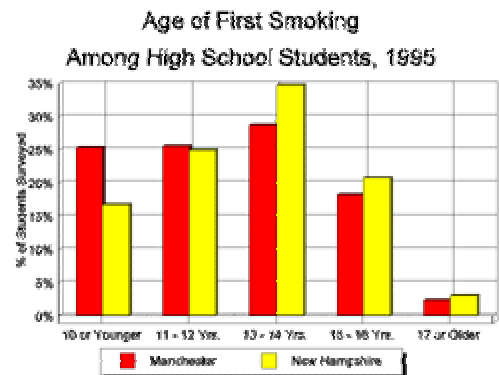


# Other Community and Youth Health Promotion Programs

## Manchester Tobacco Prevention Coalition: Kickin' Butts in Manchester

Over the last 6 years, the Kickin' Butts in Manchester Tobacco Prevention Coalition's efforts towards reducing youth tobacco use has been successful. The Coalition has directed most of its efforts toward children under the age of 18, using a three pronged approach; youth education, vendor compliance with the youth access law, and community awareness of tobacco prevention. Through several new initiatives, such as development of the middle school youth coalition development and the Kickin' Butts 5K Cross Country Race, the community has seen an obvious presence of coalition activity.

Public sentiment, though difficult to measure concretely, is supportive of tobacco prevention efforts. There has been an increase in the number of restaurants that are becoming smoke-free, some being the most popular dining areas in our community. The vendor compliance to the law limiting tobacco products to youth remains low. Moreover, one of the coalitions most celebrated achievements remains the removal of a cigarette vending machine from the lobby of City Hall. However, much work is still needed.



## Some achievements over the past year are:

- **Youth Coalitions:** Implementation of four middle school youth coalitions; targeting tobacco prevention efforts for over 3000 children in grades 6-8.
- *Court Diversion Program:* "Smokeless Saturday," 4 hour Saturday health education program for youth found with tobacco products; court and schools referred over 100 youth during the 98-99 project year. Fifty-eight youth attended the 10 classes held.
- *Referrals to ALA, Tobacco Free Teens;* 55 youth participated in smoking cessation through American Lung Association, "quit rate" was 58%! (n=31)
- *Alliance with American Lung Association, No Butts about It:* 500 fifth graders received tobacco free messages from high school peers.
- *The First Annual Kickin' Butts Cross-country Race, May 15, 1999:* Our first high profile event captured over 120 race participants, including entire families, who ran a challenging 5K cross-country course. This event highlighted tobacco free healthy behaviors but also captured sponsorship from local businesses and organizations.
- *Fourth Annual Kickin Butts Challenge:* 30 youth participated in a "game show" where students responded to questions related to anti-tobacco facts which aired over community access TV; later shown to 3000 middle school students.
- *Middle School Health Fair Exhibits:* exhibited at health fair for middle schools in Manchester; 3000 youth reached.
- *Middle School Survey:* questions from the Youth Risk Behavior Survey were asked of all 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders in Manchester's three public middle schools. The survey was taken in the spring of 1999. A total of 1,296 surveys were completed; of that 35% reported that they have tried smoking. The survey also showed that those who had reported smoking in the past 30 days smoked an average of 4.75 cigarettes, on days smoked. 60% of those who smoked in the past 30 days reported that they got the cigarettes from a friend. This information will assist the tobacco prevention coalition to better respond to the needs of the students and identify where our efforts need to be.

Tobacco is the number one cause of death and disability in the country, with nearly 2000 tobacco-related deaths every year in New Hampshire alone. Over the next five years, the Manchester Tobacco Prevention Coalition expects to see and hopes to experience first hand, a heightened public sentiment toward smoke-free environments and an overall reduction in the incidence of tobacco use by its citizens.

Respectfully submitted,

MaryAnn Cooney, MS, RN, C  
Supervisor of School Health