

DRAFT

CONFIDENTIAL

February 22, 2010

To: Mayors, Councilors, School Superintendents, Boards of Education,
Community Leaders, Faith Leaders, Health and Social Service Providers

In the City/Town of Groton and the City of New London

From: Baker Salisbury, Director of Health

Subj: Preventing Communicable Diseases ó New London/Groton

Ladies and Gentlemen: I bring to your attention a public health issue of great importance to your residents. In 2007, Ledge Light Health District's Epidemiology Program undertook a review of sexually transmitted diseases (STDs) experienced by residents of the District. This review was prompted by CT Statutes that define the principal function and responsibility of a municipal or district health department in CT: "*The director of health shall have and exercise all authority to protect the health of the public and **prevent the spread of disease***" (CGS 19a-206). This responsibility takes on additional weight when infectious diseases impact not only adults but substantial numbers of our children as well.

This review takes place against a backdrop of increased national concern regarding sexually transmitted diseases and a companion subject, births to teenagers. In both instances, gains made during the last decade have recently reversed, and rates of teen births and the STD termed *Chlamydia* have risen each year for the last two years. Here in Groton and New London, this review demonstrates similar cause for concern; District residents are experiencing elevated numbers and rates of chlamydia (and to a lesser extent, gonorrhea). To better serve our residents (you need to know the dimensions of the problem to confront it), the District will release two reports, in turn, examining the prevalence and incidence of these infectious diseases, **beginning with the attached January, 2010 analysis of chlamydia and gonorrhea, along with the related issue of births to teenagers.** This first report will review the situation in Groton and New London and, following the cessation of our Pandemic H1N1 vaccination campaigns this winter/spring, a second report in the summer of 2010 will present a similar analysis for the District towns of Waterford, East Lyme and Ledyard.

In 2007, alerted by anecdotal reports from residents, physicians and school nurses, and further prompted by a preliminary scan of laboratory reports*, the health district's epidemiology program undertook a study of the incidence of chlamydia and gonorrhea (reportable diseases in CT), along with analysis of CT vital statistics records of teen births.

The results of this seventeen-month investigation are reported and discussed in the attached binder (the Report). Put simply, Groton and New London residents, especially females and those 15 to 24 years of age, are experiencing an epidemic of sexually transmitted diseases (STDs). This study examined eleven years of data and, extrapolating from those data, I estimate that, each year in the City of New London (for example), *between 275 and 325 residents are newly infected with either chlamydia or gonorrhea.*

The Report further reveals two issues prompting heightened concern for our community: a) the problem is worsening; over the past decade, the number of residents infected has gradually increased; and b) the problem is not shared equally among our residents; the data reveal significant disparities impacting certain age, gender and racial/ethnic groupings.

In the female, untreated chlamydia infections are related to cervicitis, urethritis, cervical cancer, infertility, and multiple adverse birth outcomes. Noting the potential negative consequences of undiagnosed and untreated infections to individual and family health, **I take the position that inaction on our parts is not an acceptable option.** While CT statutes require that the health department confront these issues, I note that the problem arises in every sector, census tract and in all neighborhoods; thus, reversing this type of broadly-experienced epidemic is not simply a charge to the school nurse, or a mayor, or a public health officer, but rather will involve the whole community.

To meet this challenge, as this issue is multi-jurisdictional and involves diverse health and human services sectors, the District shall convene a Greater New London *Preventing Communicable Disease Task Force* to conduct comprehensive planning and oversee implementation of a ten-year campaign designed to quickly halt, then reverse this epidemic, along with the institution of longer-range strategies to sustain these improvements.

** Under CT public health codes, the local director of health receives a copy of all physician-ordered laboratory reports for a suspected or diagnosed "reportable disease".*

I am pleased that several extraordinary community leaders in health and human services, including Tom Gullotta, the Director of Child and Family Agency, Rev. Kenn Harris, Co-chair of the African-American Health Council, and Alejandro Melendez-Cooper, President of the Hispanic Alliance (and Director of the Community Health Center), have agreed to serve as initial co-chairs for this Task Force. Additional support and technical expertise will be provided by LLHD staff together with Lawrence & Memorial Hospital and its Infectious Disease and Community Partnerships and Outreach departments.

Importantly, a member of the editorial board of *The Day* will also participate, as our media colleagues are fully aware of the crucial role they will play in placing these issues in the proper frame and dynamic; as we have learned in the past, addressing issues as sensitive as *Adolescent Health*, along with gender, racial and ethnic disparities, will require summoning and focusing public will on a large and continuing scale. In addition to securing representation from the two town councils, boards of education, community and faith organizations, etc., the Task Force should solicit widespread and intensive participation from parents and youth of the region, especially those of middle school and high school age.

Our *GNL Preventing Communicable Disease Task Force* undertakes a formidable task. Drawing upon examples of public health interventions mounted in other CT settings and nationally, I will encourage the review and adoption of multiple action programs, all drawn from evidenced-based interventions, as for example, these seven:

1. Clear and convincing action requires full knowledge of our situation, not anecdotes, estimates or guesses. As the Report notes, the number of known cases, i.e., laboratory confirmed cases, ordinarily represents approximately 35-45%% of the actual disease burden in the community (the majority of infections are asymptomatic). Thus, it is critical that we begin the design and implementation of our multiple interventions by ascertaining the true prevalence of STDs in our communities --- that is, with appropriate protocols in place to ensure confidentiality, ***we need to know who is currently infected.***

This is crucial for several reasons: our response will be handicapped, even blinded if we are relying only on our limited surveillance of the problem; our planned interventions may be grossly misdirected if we are guessing at the ages, races, genders and demographics of those actually infected; ***we have a moral duty to locate, diagnose and begin treatment and counseling without delay for those infected;*** and very importantly, we have to find and treat the partners of those infected as soon as possible if we are to halt, then reverse this epidemic.

Focusing first on those of school age, I propose that all students aged 14 ó 19 be ***offered STD testing*** by their family physician, the school-based health centers, L&M Hospital or the Community Health Centers of New London and Groton, with written

laboratory confirmation reported to the health district. The Task Force, acting in concert with the City/Town Councils and Boards of Education, should decide whether this testing will be voluntary or mandatory; models for both approaches can be reviewed in many settings across the nation.

2. For those school-age youth infected, a full course of **treatment and counseling** is offered, with special attention to avoidance of re-infection. Appropriate protocols will be devised to ensure confidentiality, in the same fashion as currently conducted in our Groton and New London school-based health centers. . The cities, towns, school districts and regional health care organizations will need to devise and dedicate sufficient resources to conduct these interventions.

3. For all those infected, **partner notification** is vigorously sought, and all sexual partners will be located, tested, treated and counseled, with special attention to avoidance of re-infection. Appropriate protocols will be devised to ensure confidentiality. While "case and contact investigation" remains a principal function of the health district, the sheer numbers of those infected as discussed in this Report suggest that the cities, towns and school districts will need to devise and dedicate sufficient, extra resources to conduct these interventions.

4. As noted in the Report, a substantial percentage of those diagnosed and treated for an STD **experience a re-infection** within a year. This suggests that some of the region's health care organizations and private providers could devote additional attention to the necessary counseling and follow-up with patients to ensure that the *first* sexually transmitted infection is the *last* that patient experiences. The Task Force and the health district will devise and conduct a health promotion campaign aimed at health care providers to dramatically improve this situation.

5. The number of adolescents demonstrating STD's and producing unplanned births makes it clear that current "**health education**" **curricula** in our school systems may be meeting minimum state guidelines but lack effectiveness. Health Education curricula in grades five through twelve should be re-designed, expanded and focused more explicitly on delaying sexual activity, healthy adolescent sexuality and safe sexual practices. The cities, towns and school districts will need to devise and dedicate sufficient resources to bring about demonstrated, substantial improvements.

6. With extensive research illuminating the problem block of time from two to six PM, expanded and intensive **after-school programs** should be expanded (or initiated where they are absent), with special attention to accommodating high-risk youth, as identified by parents, community groups and school staff. The cities, towns and school districts will need to devise and dedicate sufficient resources to ensure that our children, following release from classes, are fully engaged in productive, character-building activities (i.e., most children should be a part of a team, roster, club or band, etc.).

7. The data in this Report make it clear that sexually transmitted infections are experienced in equal or even greater numbers by **young adults, those of post-high school age**. I recommend that the cities/towns ó with support from L&M Hospital, the Community Health Centers of New London and Groton, Planned Parenthood, and the Health District ó establish community-based STD testing, treatment and counseling, located in neighborhood clinics, emphasizing street outreach components, to serve school-aged youth no longer attending school, together with adult residents. The cities, towns and school districts, utilizing the expertise of regional health care organizations and the health district, will need to devise and dedicate sufficient resources to bring about demonstrated, substantial changes in community attitudes, behaviors and activities.

I fully understand that the data presented in this Report, both statistical and narrative, will disturb some residents. Others will view these data as a sad convergence of multiple forces: our constantly changing urban/suburban makeup and shifts in socio-economic status; high levels of transience; the pervasive impact of öpop cultureö; changing cultural and social mores; current economic forces bringing about unwelcome changes in family structures and dynamics; and much more.

Regardless of how these data are received and interpreted, the overarching import is clear. This is no moment for finger-pointing; the situation must be viewed, not as a moral lapse or some ambiguous social/cultural problem, but rather as a clearly defined, severe public health issue. I suggest our community's focused response must be to halt, then reverse this epidemic and protect residents of all ages, and in particular, the health of all adolescents.

I charge our residents, and especially our leaders, to meet this challenge with the will and resources needed to accomplish sensible goals and clear objectives. You may be assured that we are not alone or unique. I have just reviewed the public health report from Tillamook County, Oregon, where a community strategy involving 35 institutional partners and scores of residents worked for three years to successfully reduce their teen birth rate from 20 per 1,000 residents down to 7 per 1,000 residents. In New London, we can be sure that a dedicated, comprehensive and committed strategy will turn this situation around.

So that our Task Force may begin without delay, I will assign two Health District staff to supply interim staff support to this effort. As the Task Force is being assembled and launched, modest start-up resources will be needed. I suggest all participating Cities/Towns, Boards of Education, health care organizations, United Way, South East Community Foundation, and our largest private employers, each contribute to a pot of money to be utilized to hire an expert in this field to provide **full time project direction** and initiate securing the considerable financial resources necessary to carry out our ten-year program.

A Regional Task Force for: PREVENTING COMMUNICABLE DISEASES

(Ledge Light Health District submits the following draft)

1. Why a regional task force:

The problems identified in the LLHD Report span multiple populations, sectors, constituencies, and geographical settings;

The responses to these problems and issues will, of necessity, involve multiple sectors, constituencies, public/private collaborations, residents' participation (youth and parents), political will, resources (financial and staffing) and, most importantly, leadership;

While launched in Ledge Light Health District with initial emphasis on Groton and New London, the issues extend to the entire District and likely to Norwich and beyond, therefore this may become the purview of the New London County Health Collaborative and/or other regional entities.

2. Purpose of the Task Force

The primary purpose of the proposed Task Force is to organize, direct and assist the region's plans, resources and actions aimed at bringing about substantial reductions in premature sexual activity, sexually transmitted diseases and births to teens.

3. Task Force Composition:

The effort will achieve effectiveness and become sustainable over time only if there is a large and diverse Task Force, representative of the total community. We envision that a Steering Committee for the Task Force may be composed of energetic leaders drawn from the following constituencies:

- Regional Health Care Organizations (6)
- LLHD (2)
- Town/City Councils (6)
- Mayors (3)
- Boards of Education (4)
- Faith Community (4)
- Social/Human Services Organizations (6)
- Neighborhood Groups/Alliances (4)
- Tenants/Residents Organizations (2)

- Parents/Residents-at-large (6)
- Youth (6)
- The Media (2)
- Others?

4. Leadership of the Task Force

We suggest this regional effort employ three co-chairs, rotating in governance per subject matter and availability: Tom Gullotta, Director of Child & Family Agency of Southeastern Connecticut, Inc.; Reverend Kenn Harris, Co-Chair of the African American Health Council of Southeastern Connecticut; and Alejandro Melendez-Cooper, President of the Hispanic Alliance (and Director of the New London/Groton Community Health Center). They will be assisted by subject matter experts from participating organizations.

5. Initial Staffing Support

We suggest that all of the towns, boards of education, local foundations, United Way and regional health care organizations each contribute \$3,000 to \$5,000 into a group account to hire a senior staff person for the first year, both to provide administrative support to the Task Force and its work groups, and to seek/secure the major resources required to implement the Strategic Plan.

6. Epidemiology, Research and the Data

We suggest that the hired staff person, aided by experts from LLHD's Epidemiology program, Lawrence & Memorial Hospital's Infectious Diseases Staff, the Teen Pregnancy Prevention group, Planned Parenthood, Alliance for Living, Child & Family's nurses and counselors, and others as needed, present the Task Force and its work groups with:

- Review and analysis of LLHD's "STD & Teen Birth" Report
- Review of other current and historical data for the region
- Review of current prevention and treatment programs
- Review of the USCG Academy GIS report on STD's
- Current US research and published "best practices"

7. Goals of the Task Force

We suggest the Task Force establish goals, objectives and timelines to measure its outcomes and achievements.