



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### ASTDN 2006 ANNUAL REPORT

Connecticut State Department of Public Health

April 14, 2006

#### PROJECTS/ISSUES ADDRESSED THIS YEAR:

- **Connecticut State Department of Public Health (DPH) Nursing Activities**
  - The State of Connecticut has rejoined the ASTDN in 2005 after more than an eight years absence. Deputy Commissioner Norm Gyle, RN, PhD, is the state's representative with the addition of an associate member, Barbara Dingfelder, APRN, MPH, CHES, BC, with the Local Health Administration Branch.
  - Although DPH does not have a separate or distinct Nursing Section, DPH nurses continue to participate in, facilitate, coordinate and / or lead various advisory groups and statewide task forces to include (but not limited to):
    - DPH Executive Leadership Team
    - *ConnectiFIT*, a program developed through collaborations with the University of Connecticut and DPH. *Connectifit* "is a worksite health and wellness program designed to provide health awareness, lifestyle and environmental change programming that is targeted to improve the health of the state of Connecticut employees."
    - Connecticut Association of Public Health Nurses (CAPHN) executive board and group membership.
    - Connecticut Cancer Partnership, which is the collaboration of more than 100 members of public and private partners working together to achieve cancer control through implementing the Connecticut Comprehensive Cancer Control Plan, 2005-08.
    - Connecticut Vaccine Purchasing Advisory Committee -- newly formed (January 2005)
    - Emergency Response Planning and Exercises working with state and local government, health care providers, and community partners.
    - End of Life Workgroup committed to enhancing / revising the State's statutes concerning Advance Directives for health care planning.
    - Strike monitoring staff policy and procedures were refined (2005) to include staff training. This policy was to ensure uninterrupted care and services for patients of licensed health care institutions who experience labor strikes. All DPH nurses were provided in-services and opportunities to shadow their colleagues in regulatory during sites visits in anticipation of the situation. These training experiences occurred while negotiations between nursing facilities and the New England Health Care Employees Union were underway.
    - Viral hepatitis state advisory group.
    - Virtual Office of Children's Bureau focused on linking programs and activities that target children and adolescents.
    - Virtual Office of Genomics focused on implementing the 2005 Connecticut Genomics Action Plan\* to guide genetic-integration activities of DPH during the next five years.

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- The 2005 Nightingale Award for Excellence in Nursing was presented to Deputy Commissioner Norma Gyle, DPH, for her distinguished nursing career.
  - Four nurses from the DPH and two nurses associated with local health departments participated in the New England Regional conference coordinated by the University of Massachusetts Amherst on “Improving the Public’s Health: Environmental Justice and Community Partnership Considerations for Public Health Nurses” (September 2005).
  - The Local Health Administration has initiated marketing efforts to increase the awareness of public health nurses. Presentations included:
    - “Building a Community of Public Health Nurses”, September 2005. The audience was the DPH Executive Leadership Team
    - “Public Health Nursing and Environmental Health”, October 2005. This was a guest presentation at a monthly membership meeting of the Connecticut Environment Health Association.
    - “Who Are Public Health Nurses? What Do Public Health Nurses Do?”, March 2006. This was a guest presentation at a bi-annual Department of Education meeting of the School Nurses Supervisors.
  - DPH, CAPHN, the American Liver Foundation and GSR partnered to sponsor three workshops regarding “Hot Topics for Adolescents” (two during October 2005, one March 2006). Clinical updates and recommendations were reviewed concerning viral hepatitis, pertussis, and meningococcal. The target audience was school nurses, school camps and public health professionals.
  - Commissioner Gyle and the Local Health Administration hosted a continental breakfast for the DPH staff to learn about “Nurses without Walls”, November 28, 2005. The guest speaker, Dian Traisci-Marandola, APRN, MSN, MPH shared some of her experiences with recovery efforts following Hurricane Katrina. Dian is a consultant with two local health departments regarding emergency preparedness efforts.
- **Connecticut Association of Public Health Nurses (CAPHN)**
    - Annual Public Health Nursing Conference held May 3, 2005. Last year’s theme was lessons learned from the 2004 influenza season.
    - CAPHN co-sponsored, coordinated, and facilitated a panel discussion and conference (March 2005) regarding, “Flu Vaccine Delivery Systems in Connecticut 2005: How did we do?” The conference engaged a multi-disciplinary panel for an interactive workshop to highlight the 2005 influenza season. The purpose of conference was to highlight issues identifying gaps, strengths, weaknesses, and glean group-prioritized recommendations for 2006. In addition the workshop was used to evaluate need/ interest as an on-going annual event.
    - 2006 Annual Public Health Nursing Conference is scheduled for May 3, 2006. This year’s theme is “Natural Disasters: Are Nurses Ready?” Guest speakers include Daun Barrett, RN with the Parish Nurse Program, Griffin Hospital, and Charles Motes, Jr. MPH, Director of Health, Southington and a member of a CT DMAT. Both speakers participated in response and recovery efforts following Hurricane Katrina.
  - **Other Public Health Nursing Activities**
    - CAPHN members attended and participated the 99<sup>th</sup> Annual Connecticut Nurses’ Association (CNA) November 3, 2005. The conference theme was “Nursing 2005: Passion, Power and Purpose”. Sessions particularly relevant to public health nurses included:

- “Leadership Role Competencies for Clinical Managers: The Renaissance of Transformation Leadership”
- “Environmental Health Engagement: People’s Concerns, Actions and the Role of Nursing”
- “Don’t Take a Chance: Understanding Legal Aspects of Non-traditional Nursing Practice Settings”
- “Keep Community in Parish Nursing”
- The CNA strives to have a broad membership that provides a “unified voice for nurses across all specialties”. The CNA membership approved a resolution, “Advancement of Practice Through Education” (2005). The resolution calls “for nurses who earn their RN license with an academic degree at the associates’ level, to complete their BSN, or higher degree, within ten years of registration.”
- Emergency response training exercises to include TOPOFF 3 (April 2005) and the SNS POD Exercise (April 2006).
- 2005 blended learning with a short classroom session followed by web-based self-study training opportunities to strengthen public health nursing skills and core competencies. Developed through collaborations with the Connecticut Partnership for Public Health Workforce Development, the CNA and DPH courses included “Basic Epidemiology for Public Health Nurses” and “Emergency Preparedness for Public Health Nurses”.
- Through collaborations with the Connecticut Partnership for Public Health Workforce Development, Yale School of Public Health, CNA, and DPH, efforts have initiated adding “Emergency Preparedness and Response Training” to the nursing curriculum of all schools of nursing in Connecticut.

#### PROJECTS/ISSUES PENDING

- Public health emergency response preparedness to include Pandemic Flu activities. State assessments and efforts to prepare for public health emergencies in Connecticut have magnified the degree to which part-time local health departments lag behind full-time departments/districts in term of capacity to respond
- National public health performance standards program.
- Transition project that has been initiated to strengthen Connecticut’s public health infrastructure by facilitating and working with municipalities with a part health departments to explore districting opportunities. Over the past year these efforts have resulted in a reduction of the 102 local health departments to the current number of 88. This project is on-going with tentative plans to further join areas served by a full-time health department.
- Some of Connecticut’s 88 local health departments do not have public health nurses on staff and they find it difficult to carry out health screening and education activities, contact investigations, or other nursing functions.
- Support infrastructure development with DPH and local health departments to identify a network public health nurses. Efforts have been initiated through the addition of a nurse consultant to the Local Health Administration Branch and working with the CAPHN.

## Issues and Special Concerns for Public Health Nursing

- The public health nurses continue to struggle with gaining recognition as a unique, specialized, versatile professional nursing group. Efforts are on-going to promote the value of public health nurses.
- Budget cuts and competing needs of local health departments.
- Retaining public health nursing position in local and state health departments
- Public health nursing orientation.
- Attracting new qualified nurses to public health positions in state and local health departments.
- Continued differences in the local health departments create challenges to facilitating and directing statewide public health activities ensuring equitable services for all communities.