

NAUGATUCK VALLEY HEALTH DISTRICT November 2025



Fall Flu Clinics

Throughout the months of September and October, NVHD provided flu vaccines to nearly 800 people across the Naugatuck Valley. Lead By Public Health Nurse Kristie D'Averso, the Community Health team held clinics in senior centers, daycare facilities, district schools, public housing sites, and more.

There's still time to get your flu shot this season! Contact Nurse Kristie to protect yourself against the flu.



Call Nurse Kristie at 203-881-3255 x 107 to schedule your flu shot appointment!



Griffin Health Fair St. Michael's Church Beacon Falls

On Saturday, October 25, NVHD Health Educator, Lisa Trupp, and Overdose Prevention Navigator, Austin Telford, attended the first annual St. Michael's Church Health Fair, sponsored by our partners at Griffin Health.

There were several tables manned by the knowledgeable staff at Griffin, providing health and wellness information, as well as the information and giveaways NVHD offered.

NVHD would like to thank Maggie Sessa and Tammy Villaluz from the Griffin Population Health outreach team for inviting us to this event.

We look forward to attending next year!



Observances in November

Alzheimer's Awareness Month
American Diabetes Month
Epilepsy Awareness Month
Lung Cancer Awareness Month
National COPD Awareness Month
National Homeless Youth Awareness Month
National Sexual Health Month
Native American Heritage Month
Pancreatic Cancer Awareness Month
Prematurity Awareness Month
Stomach Cancer Awareness Month

International Stress Awareness Week: November 3-7
Hunger and Homelessness Awareness Week: November 11-18
Veterans Day: November 11
World Kindness Day: November 12
Giving Tuesday: November 28

NVHD will be closed on November 11, 27 and 28 in observance of holidays. Regular business hours are:

Monday - Thursday 8am - 4pm and Friday 8am - 1pm

EMPLOYEE SPOTLIGHT



Members of the NVHD staff and the Board of Directors participated on Seymour Pink Day!

Did you know that awareness campaigns, like the global Breast Cancer Awareness Month (BCAM) created to increase screenings, and provide critical support for patients and survivors, have helped reduce breast cancer deaths in the United States by 44% since 1989? - [nationalbreastcancer.org](https://www.nationalbreastcancer.org)

On October 14, 2025, in recognition of Breast Cancer Awareness Month, Governor Ned Lamont, Lt. Governor Susan Bysiewicz, and Connecticut Public Health Commissioner Manisha Juthani, MD, held a news conference to encourage women across Connecticut to obtain regular breast cancer screenings, noting that early detection of breast cancer is when it is most treatable.

Additionally, the officials highlighted the availability of a program in Connecticut that connects patients to these screenings at low or no cost for those who have low income and who have no or limited health insurance. Read more in the Governor's press release here: bit.ly/CTBreastCancerScreenings



On October 27, 2025, Director Jess Kristy joined public health colleagues representing the East Shore District Health Department, New Haven Health Department, West Haven Health Department, Trumbull Health Department, Guilford Health Department, and Madison Health Department for a round table discussion with Congresswoman Rosa DeLauro about the impacts the Federal government shutdown has on local public health. Other concerns raised included ongoing funding and resource disruptions, breaks in data and infectious disease surveillance, and re-organization or firing of Federal program offices and workers.

NVHD remains committed to protecting the environmental and physical well-being for its communities through the promotion of health access, health education, regulation, community engagement and partnerships.

For current job postings, please visit <https://www.nvhd.org/category/job-postings/>
For internship opportunities, please email your resume to Director Kristy at jkristy@nvhd.org



**Join a Community Health Improvement Plan subcommittee
to help make our implementation plan goals and objectives a success!**

Increase Access to Care

www.surveymonkey.com/r/CHIP_access2care



SCAN HERE

Enhance Mental and Behavioral Health

www.surveymonkey.com/r/CHIP_mentalbehavioral



SCAN HERE

Reduce the Burden of Chronic Disease

www.surveymonkey.com/r/CHIP_chronicdisease



SCAN HERE

Increase Awareness and Access to Healthy Food and Nutrition

www.surveymonkey.com/r/CHIP_foodnutrition



SCAN HERE

No experience is needed!

To maximize resources, reduce redundant work, and to set meaningful goals and realistic work plan objectives over the next three years, we need help from the whole community! Whether you live, work, or play in the Valley, your voice matters. With ongoing open recruitment, we encourage you to participate from the beginning stages of finalizing our work plan through the implementation phase!

The committees are led by members of the Valley CHIP Steering Committee and representatives of Naugatuck Valley Health District, Griffin Health, and the Yale-Griffin Prevention Research Center. We will provide you the data and background information you need!



Did you know? RSV season starts in fall and peaks in winter.

Respiratory Syncytial Virus (RSV) is a common respiratory virus that affects the **nose, throat, and lungs**, typically causing mild, flu-like symptoms.



HOW does it spread?

RSV spreads when:

- a person with RSV **coughs** or **sneezes** near you and you get **virus droplets** in your **eyes, nose, or mouth**
- you have **direct contact** with the virus, like **kissing** the face of an infected child
- You touch a **surface** that has the virus on it, like a **doorknob**, and then **touch your face** before washing your hands

RSV can survive for many hours on hard surfaces. It typically lives on soft surfaces, such as tissues and hands, for **shorter** amounts of time.

WHO does it affect?

Anybody can contract RSV, and it does not usually cause severe illness in healthy adults and children. However, **infants/young children** and **older adults** can develop severe symptoms and are most likely to be hospitalized.

Children most at risk include those **born prematurely**, those with chronic **lung** or congenital **heart disease**, and children with **weakened immune systems**.

Adults most at risk include those **over 75**, those with chronic **heart** or **lung disease**, and living in **nursing homes**.

WHAT can you do?

Immunization is the best form of defense against RSV. RSV vaccines are recommended for **all adults ages 75 +** and adults ages 50 – 74 who are at increased risk. **The best time for adults to be vaccinated is late summer/early fall.**

For babies, CDC recommends one of two immunization options: a **maternal RSV vaccine** given to the mother during pregnancy or an **RSV antibody** given to the baby. Most babies do not need both.

Talk to your healthcare provider about which option is best for you.

Information courtesy of the Centers for Disease Control and Prevention (CDC)

NVHD Events

Chronic Pain Self-Management

Naugatuck Valley Health District is hosting a six-week Live Well with Chronic Pain program at the Ansonia Senior Center.

The sessions are scheduled for Tuesdays, January 13th through February 17th, 2026 from 1:30 to 4:00pm.

For more information or to register for the program, please see the attached flyer.

QPR Suicide Prevention Training

Naugatuck Valley Health Educator, Lisa Trupp and Overdose Prevention Coordinator, Austin Telford will be offering a free, virtual, QPR Suicide Prevention Gatekeeper Training for the community, Thursday, January 29th, 2026 at 6:00pm.

QPR is a nationally recognized, evidence-based suicide prevention program designed to help individuals recognize the signs of a mental health crisis. and

Please see the attached flyer to register.

Take
Control



"It's Your Life...Live it Well"

CHRONIC PAIN WORKSHOP

Feel
Better

FREE CHRONIC PAIN SELF-MANAGEMENT at Ansonia Senior Center

Learn about chronic pain including:

- What is pain?
- The mind/body connection
- Fatigue management
- Pacing and planning
- Medications and pain management
- Healthy eating and exercise for pain
- How to set small and achievable goals

Energize

These are just some of the topics covered in the free, weekly 2.5 hour, on-site sessions over 6 weeks.

Class size is limited, so register early!

Live

Tuesdays
January 13th through February 17th, 2026
1:30pm to 4:00pm

To register, please call Ansonia Senior Center
203-736-5933 - Main

Enjoy



Sponsored by CT Public Health with funding from the
CDC Preventive Health and Health Services (PHHS) Block Grant Program



Public Health
Prevent. Promote. Protect.

**Naugatuck Valley
Health District**

Naugatuck Valley Health District



Save a Life with... **Question Persuade Refer** *A Suicide Prevention Program*

Become a certified
QPR Gatekeeper

QPR is a nationally
recognized, evidence-based
suicide prevention
program.

QPR is like CPR for mental
health emergencies,
providing hope and
assistance until help is
available.

Questions? Contact Lisa Trupp at
ltrupp@nvhd.org or 203-881-3255 x 108

Virtual Community Training Session
Thursday, January 29th, 2026, 6:00pm

As a QPR Gatekeeper you will learn to:

- Recognize the warning signs of suicide.
- Know how to offer hope.
- Know how to get help and save a life.

**Those who complete the training will receive a one-year
QPR Gatekeeper certification*

Click to Register

<http://bit.ly/4ottNQ7>



SCAN HERE

FREE COMMUNITY TRAINING!

Stop the Bleed and Narcan

Date: Thursday, November 13, 2025

Time: 6:00 PM

Location: Seymour Ambulance Training Center
4 Wakely St, Seymour, CT 06483



SPACE IS LIMITED! REGISTER TODAY!



<https://www.surveymonkey.com/r/STB-NARCAN>

Join us for an evening of free community training co-hosted by the Seymour Ambulance Association, Naugatuck Valley Health District, and BHcare's Alliance for Prevention & Wellness!

During this training you will learn and practice life-saving, practical skills like when and how to administer Narcan for a suspected opioid overdose and bleeding control techniques like how apply a tourniquet.

Attendees will receive a Stop the Bleed Kit and a Narcan Kit.

Questions? Contact Jess Kristy at jkristy@nvhd.org or 203-881-3255 x 103



AGING IN PLACE IN THE VALLEY
CHALLENGES, BARRIERS & OPPORTUNITIES
NOVEMBER 19, 2025
4:30PM SEYMOUR COMMUNITY CENTER



Join us for a Valley Community Foundation Learning Session featuring a short presentation from VCF and a candid panel discussion + Q&A with local experts.

Panelists

- Mary McNelis — Director of Community Services, Town of Seymour
- David Morgan — President & CEO, TEAM, Inc.
- Jessica Kristy — Director of Health, Naugatuck Valley Health District
- Lisa Trupp — Health Educator, Naugatuck Valley Health District

Open to all — bring a friend or family member!

Refreshments will be served

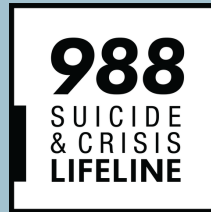
Who should come? Caregivers, families, older adults, and professional advisors planning for the future. Your input will help shape next steps that keep the Valley strong—now and for years to come.

November 19, 2025 at 4:30pm
Seymour Community Center, 20 Pine Street, Seymour, CT

Register: <https://bit.ly/AginingInPlace>

The Naugatuck Valley Health District understands that mental health is an important part of the health of an individual as a whole.

If in crisis, please
text or call



**Mental
health
matters**

**Calling interested
parties!**



Naugatuck Valley Health District along with our community partners from Griffin Hospital and Yale Griffin Prevention Resource Center, are launching the Valley's 2025-2028 Community Health improvement plan, or CHIP. This plan is based on the results of our 2025 Community Health Needs Assessment.

There are four priority areas for this iteration of the CHIP, one of which is Mental and Behavioral Health. We are in the process of creating a work group that will be tasked with creating achievable goals that designed to achieve measurable improvement in the Valley's mental and behavioral health.

We welcome anyone who feels they would like to contribute to this process to join our team. We are hoping to recruit individuals with expertise, insight or interest, so please join in, if this is work you would like to be part of.

The committee sign up links are below.

Click here for digital
access to the Valley
CHNA



Increase Access to Care

www.surveymonkey.com/r/CHIP_access2care



SCAN HERE

**Enhance Mental and
Behavioral Health**

www.surveymonkey.com/r/CHIP_mentalbehavioral



SCAN HERE

**Reduce the Burden of
Chronic Disease**

www.surveymonkey.com/r/CHIP_chronicdisease



SCAN HERE

**Increase Awareness and
Access to Healthy
Food and Nutrition**

www.surveymonkey.com/r/CHIP_foodnutrition



SCAN HERE

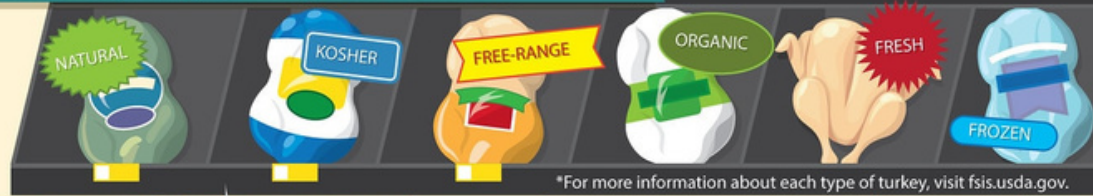




LET'S TALK TURKEY

Unsafe handling and under-cooking your holiday bird can cause foodborne illnesses. Here are a few tips from the USDA to keep your Thanksgiving safe and delicious!

Types of turkeys regulated by the USDA:



*For more information about each type of turkey, visit fsis.usda.gov.

3 WAYS TO THAW

While frozen, a turkey is safe indefinitely. As soon as it begins to thaw, bacteria that may have been present before freezing will begin to grow again. Here are three ways to safely thaw your bird:

Refrigerator:

Safe to store the turkey for another 1 – 2 days in the refrigerator.

This is the USDA recommended thawing method.

How to thaw:

Allow approximately 24 hrs. for every 4-5lbs of bird.

Cold water:

Cook immediately after thawing.

How to thaw:

Submerge the bird in cold water & change every 30 mins.



Microwave:

Cook immediately after thawing.



How to thaw:

Use defrost function based on weight

For more information on safe thawing methods, visit fsis.usda.gov

DID YOU KNOW?

It's safe to cook a frozen turkey though cooking time will be 50% longer!



Clean

Wash your hands for 20 seconds with soap and warm water.

Utensils
Plates
Countertops
Cutting boards

SHOULD ALSO BE WASHED

Bacteria, which can be present inside and outside a turkey, can't be washed off the bird! Cooking is the only way to destroy this potentially dangerous bacteria.

SO DON'T WASH YOUR TURKEY!!

SEPARATE

Separate raw turkey from fresh food, and use separate cutting boards, plates, and utensils.

Keep dishes that touch raw food separate, too!

Wash items that touch raw meat with soap and warm water.

COOK

Your bird is not safe until it reaches 165 °F — you cannot tell by the color.

Remember to ensure any stuffing cooked with the bird reaches 165 °F, too!

Use three places to check the temperature.

Thickest part of breast
Innermost part of wing
Innermost part of thigh

When turkey is removed from the oven, let it stand 20 minutes before carving to allow juices to settle.

CHILL

Take your time around the dinner table, but refrigerate leftovers within 2 hours!

Safe in fridge 3-4 days

Safe frozen, but use within 2-6 months for best quality.

Last day Thanksgiving leftovers are safe from the fridge.

Leftover turkey should be cut into smaller pieces, and store items separately in smaller containers.

Be sure to pack leftovers in a cooler if traveling.

Reheat thoroughly to a temperature of 165 °F.

Remember, bacteria that cause foodborne illnesses can't be smelled or tasted!

FOR MORE INFORMATION:

Visit foodsafety.gov

If you have a specific question, call the USDA Meat and Poultry Hotline at 1-888-MPHOTLINE or visit AskKaren.gov. Visit Pregunteleakaren.gov for questions in Spanish.



November is National Diabetes Month.

www.nei.nih.gov/diabetes

Protect Your Vision From DIABETES

Have a **dilated eye exam** every year, and follow these steps to keep your health on **TRACK**.

T

Take your medications as prescribed by your doctor.



R

Reach and maintain a healthy weight.



A

Add more physical activity to your daily routine.



C

Control your ABC's—A1C, blood pressure, and cholesterol levels.



K

Kick the smoking habit.





www.nei.nih.gov/diabetes

Chronic (long-lasting) conditions, like diabetes, continue to significantly impact the health of Valley residents. During this **National Diabetes Month**, we want to educate our community about the impacts of diabetes and how NVHD is providing free resources to individuals that are diabetic.

Diabetes is a chronic health condition that affects how your body turns food into energy. **Did you know that there are three main types of diabetes?** There is type 1, type 2, and gestational diabetes (diabetes while pregnant).

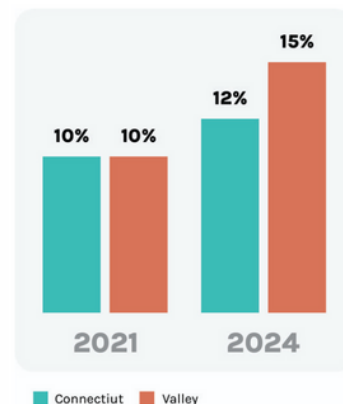
“Your body breaks down most of the food you eat into sugar (glucose) and releases it into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy.

With diabetes, your body doesn't make enough insulin or can't use it as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease.” - cdc.gov/diabetes/about

It was reported in the 2025 Valley Community Index, Naugatuck Valley's most recent community health needs assessment (CHNA), that **15%** of Valley wellbeing survey respondents had been diagnosed with diabetes, **up from 10% in 2021**. The survey represents only a small portion of the population so it is likely that the percentage of people living with diabetes in the Valley is actually much greater.

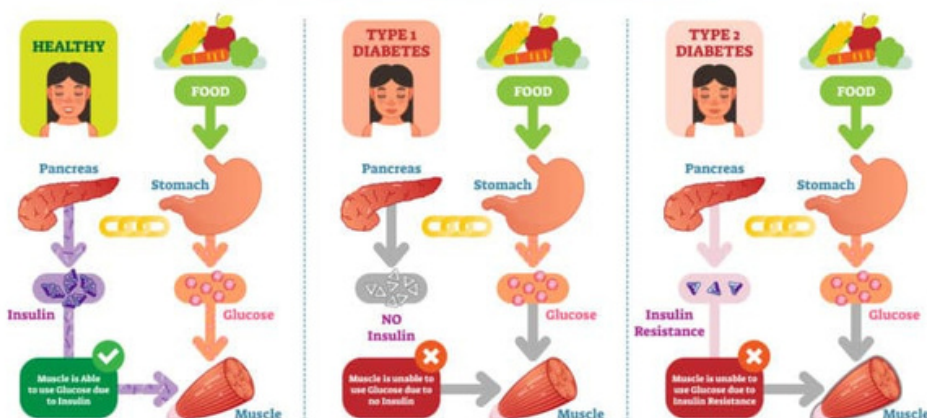
3.16 Health Risk Factors: Connecticut-Valley Comparison of Selected Risk Factors Self Reported (2021-2024)

Share of Adults With Diabetes



Be sure to visit www.nvhd.org/cha-chip to view or download the full CHNA. The chronic conditions section begins on page 65.

Types of diabetes



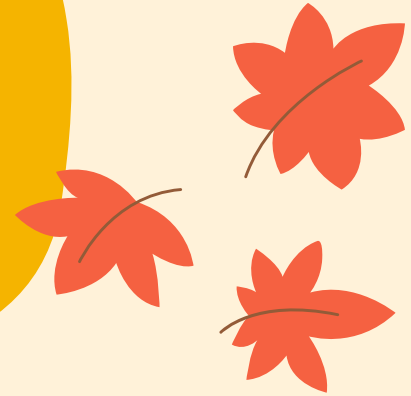
Diabetes is prevalent in the Valley and a major problem in the U.S. According to the CDC, about 10% of the U.S. adult population has diabetes and another 34% has prediabetes. Together, that's 44% of U.S. adults — **almost half of the population** — at risk for or living with a disease that is largely preventable.

NVHD offers a free, evidence-based self-management program for adults living with diabetes or prediabetes. To join a wait list for our next phone, virtual, or in-person classes, please contact Lisa Trupp at 203-881-3255 x 107 or ltrupp@nvhd.org



Don't let a virus ruin your holiday.

Get your *flu vaccine* to avoid missing a gathering. We want you to enjoy your holidays without an illness getting in the way. Getting your flu shot before the holidays protects yourself and the people you care about.



When you get your *flu shot*, you reduce your risk of getting sick with flu. You also help reduce the spread of flu, so you and your loved ones can enjoy a healthier holiday season together.

We have *flu vaccines* available!
Call *Nurse Kristie* at
203.881.3255, ext. 107





End Stigma CT is an educational public awareness campaign by New Haven County public health agencies aimed at breaking down the barriers and misconceptions surrounding opioid addiction and to encourage more residents to access life-saving treatment and services.

It is funded by a Centers for Disease Control Overdose through Collaborative Actions in Localities (OD2A-LOCAL) grant. Participating public health agencies include **Naugatuck Valley Health District**, East Shore Health District, Waterbury Health Department, and the New Haven Health Department.

The campaign seeks to build compassion, understanding, and support for individuals and families impacted by opioid use disorders.

“While we have seen a decline in fatal overdoses in the region, stigma continues to be a barrier to people seeking help,” said Maritza Bond, Health Director for the City of New Haven, the lead organization for the campaign. “This campaign is an important step toward building stronger community understanding and ensuring more people get the treatment they need.”

The campaign’s theme is, “It Started With” and it seeks to educate people about stigma’s impact on people seeking help and to build empathy around how drug use can start for many people. The concept was created following research with people who shared their experiences using opioids after an injury, or to cope with emotional or mental trauma like losing a family member, a divorce, PTSD.

The campaign also provides tangible ways each of us can help to end stigma. Through media outreach and community partnerships, the campaign encourages open dialogue and promotes a culture of compassion.

“Research shows that stigma is one of the greatest obstacles people face when trying to seek help,” said Austin Telford, Overdose Prevention Navigator, Naugatuck Valley Health District. “We want our community to understand that addiction is not a moral failure – it’s a health condition that deserves empathy, treatment, and hope.”

“We all have a role to play in ending stigma,” added Sam Bowens, Prevention, Harm and Risk Department Section Chief for the Waterbury Health Department. “When we choose understanding over judgment, we help our neighbors, strengthen families, and make New Haven County a healthier place for everyone.”

“We are proud to join our fellow health departments in this important effort to reduce stigma and ensure people get the help and services they need without judgement,” said Michael Pascucilla CEO, Director of Health, East Shore Health District. “This collaborative campaign seeks to shift community attitudes and is part of an ongoing effort to prevent drug overdoses.”

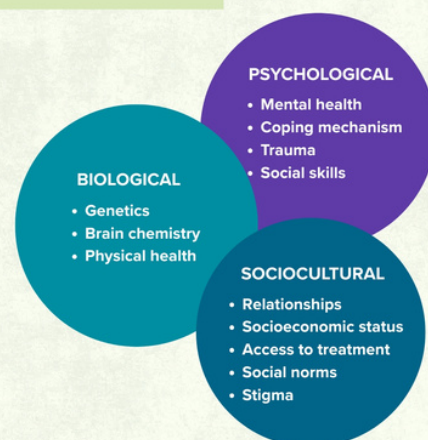
The campaign runs through December 2025 in and is supported by the U.S. Centers for Disease Control (CDC) Overdose Data to Action: Limiting Overdoses through Collaborative Actions in Localities (OD2A: LOCAL) grant, which funds local strategies to prevent overdose and promote recovery. These efforts also include the deployment of community outreach and case management specialists who work to connect individuals with care, community resources and harm reduction education and supplies. The grant award is expected to provide approximately \$2 million per year for 5 years, totaling \$10 million from 2023 through 2028.

For more information, visit
www.EndStigmaCT.com

MYTH: People choose to become addicted.

REALITY: Addiction develops from a combination of biological, psychological, and social factors - it's not choice. No single factor causes addiction, but we know stigma prevents people from getting help and can actually increase substance use.

EndStigmaCT.com



There is no single cause for addiction.

ADDICTION IS HARD. STIGMA MAKES IT HARDER.

MITO: Las personas eligen volverse adictas.

REALIDAD: La adicción se desarrolla a partir de una combinación de factores biológicos, psicológicos y sociales; no es una elección. Ningún factor por sí solo causa la adicción, pero sabemos que el estigma impide que las personas busquen ayuda y, de hecho, puede aumentar el consumo de sustancias.

NoMasEstigma.com



No existe una causa única para la adicción.

LA ADICCIÓN ES DIFÍCIL. EL ESTIGMA LO HACE AÚN MÁS DIFÍCIL.

November is for.....



COPD Facts

In 2021, COPD was the 4th leading cause of death globally¹ and the 6th leading cause of death in the United States². Millions remain undiagnosed and unaware that they have the disease.

COPD is (currently) incurable, but with the right diagnosis and treatment, there are many things you can do to breathe better, enjoy life, and live for many years.



In the Naugatuck Valley, COPD and asthma were among the top ten drivers of hospital encounters for residents at rates of 126 and 113 per 10,000 residents respectively. There is a higher prevalence in the urban centers of Ansonia and Derby for both diagnoses.

Read ahead to learn more or...

**Click here to visit the
COPD Foundation**

*JUST
breathe*



ANYONE CAN GET COPD

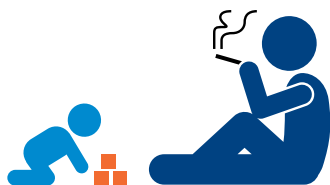
COPD Does Not Discriminate

There is a common misconception that chronic obstructive pulmonary disease (COPD) is “just a smoker’s disease,” but did you know that 1 in 4 people with COPD never smoked? ¹

COPD is one of the top three causes of death worldwide,² and anyone can get COPD. Here are some of the ways that COPD can develop:

■ COPD can be related to early-life events:

- Premature birth
- Secondhand smoke
- Childhood asthma



■ COPD can be related to smoking:

- Tobacco smoke
- Secondhand smoke
- Vaping or e-cigarette use
- Cannabis (marijuana) use



■ COPD can be genetic:

- Alpha-1 antitrypsin deficiency
- Other genetic mutations



■ COPD can be related to infection:

- Childhood respiratory infections
- Pneumonia
- Tuberculosis
- Human Immunodeficiency Virus-associated COPD



■ COPD can be related to environmental factors:

- Particles or gases from using fuel indoors
- Smoke exposure
- Occupational dust, fumes, or inhalants
- Other indoor and outdoor air pollutants



If you or a loved one are having symptoms of COPD - like coughing (with or without mucus), wheezing, chest tightness, shortness of breath, and unusual tiredness - or have any of the above risk factors, talk to your health care provider. Getting early diagnosis and treatment is crucial to preventing or slowing the progression of COPD.



COPD FOUNDATION®

www.copdfoundation.org | (866) 731-2673

References:

1. TheCenters for Disease Control (CDC), (2022, May 5). How is Smoking Related to COPD? CDC.gov. Retrieved Oct. 17, 2022 from <https://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html>.
2. World Health Organization. (2022, May 20). Chronic obstructive pulmonary disease (COPD). World Health Organization. Retrieved Oct. 17, 2022, from [https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-\(copd\)](https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-(copd)).

LA EPOC Y USTED

El diagnóstico temprano puede retrasar la progresión de la enfermedad

Se estima que más de 384 millones de personas en todo el mundo viven con enfermedad pulmonar obstructiva crónica (EPOC).¹ Más de 16 millones de estadounidenses tienen EPOC, y casi 16 millones más tienen EPOC pero no lo saben.^{2, 3}

Si bien a muchos no se les diagnostica la EPOC hasta los 40 años o más, los primeros signos de la EPOC se pueden encontrar en adultos a partir de los 20 años.^{1, 4} Estas son las buenas noticias: Si la EPOC se descubre y se trata muy temprano, el daño en los pulmones puede ser reversible.⁴

Así es como puede buscar, escuchar y actuar sobre cualquier síntoma lo más rápido posible para reducir el daño a largo plazo y mejorar su calidad de vida:



BUSQUE

- Busque los primeros síntomas de la EPOC. Los síntomas comunes de la EPOC y otras afecciones pulmonares incluyen:

- Tos (con o sin moco)
- Dificultad para respirar
- Sibilancias o respiración ruidosa
- Cansancio inusual
- Opresión en el pecho



ESCUCHE

- Escuche su cuerpo y a sus seres queridos:

- ¿Ha tenido algún síntoma de EPOC?
- ¿Ha notado que sus seres queridos experimentan síntomas de EPOC?
- Cuidadores pueden ser los primeros en notar los síntomas de la EPOC.

Es fácil pasar por alto los síntomas leves de la EPOC.

No descarte sus síntomas. En caso de duda, consulte.



ACTUAR

- Actúe rápidamente si nota síntomas de EPOC:

- Comuníquese con su médico tan pronto como sienta los síntomas.
- **Obtener tratamiento temprano puede ayudar a prevenir o retrasar la progresión de la EPOC.**
- Hay pruebas disponibles para diagnosticar la EPOC.
 - La prueba de espirometría es una forma de saber si tiene EPOC. La espirometría es una prueba de respiración que es rápida, indolora y se puede realizar en el consultorio de un médico o en un hospital.



FUNDACION EPOC

www.copdfoundation.org | (866) 731-2673

Referencias:

¹Global Initiative for Chronic Obstructive Pulmonary Disease (2022) "Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease" <https://goldcopd.org/2022-gold-reports-2/>

²Ford E. et al. COPD Surveillance-United States, 1999-2011. CHEST 2013; 144(1):284-305.

³Ford, E. et al. Trends in the Prevalence of Obstructive and Restrictive Lung Function Among Adults in the United States. CHEST 2013; 143(5):1395-1406

⁴Stoltz, D. et al. Towards the elimination of chronic obstructive pulmonary disease: a Lancet Commission. The Lancet Commissions. 2022; 400(10356): 921-972. DOI: [https://doi.org/10.1016/S0140-6736\(22\)01273-9](https://doi.org/10.1016/S0140-6736(22)01273-9)

In recognition of Lung Cancer Awareness Month take some time this November to learn about lung cancer from the Lung Cancer Awareness Month Coalition



To learn more about Lung Cancer Awareness Coalition click the logo below



LCAM
COALITION
Stewarded by GO2 for Lung Cancer



FOOD RESOURCES IN THE VALLEY

ANSONIA

Christ Episcopal Church

Kathleen Samela Memorial Food Pantry

56 South Cliff Street
203-734-2715
samelafoodbank@sbcglobal.net
Tues, Wed, & Thur 9am-1pm
Doors Close at 12:30pm

Effective 01/01/2025 we will be operating by appointment, with the exception of Emergencies (3 emergencies per year, per family).

To be eligible you must have a photo ID. We are servicing anyone who walks through the door, however out of area clients will be referred to neighboring food banks.

Salvation Army

26 Lester Street
203-736-0707
Cheryl.McCollum@use.salvationarmy.org
Mon & Fri 9am-12pm

Proof of income below 150% of federal poverty level needed

DERBY

St. Vincent De Paul

237 Roosevelt Drive
203-734-7577
stvincentshoppe@sbc.global.net
Mon to Fri 9:30am-12:30pm

Serving residents of Ansonia, Derby, Seymour, Shelton, & Oxford.

To be eligible you must have proof of income and expenses.

SEYMOUR/OXFORD

Seymour Oxford Food Bank

20 Pine Street, Seymour
203-888-7826
SOFBInc.1@gmail.com
Mon to Thur 9am- 11am
Appointment Needed

SHELTON

Spooner House

30 Todd Road
203-225-0453 ext 100
eholcomb@actspooner.org
Mon to Thur 9am-2pm

To be eligible, must be resident of Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour or Shelton & provide proof of income & expenses.

LITTLE FREE PANTRIES

24/7 ACCESS

Take what you need, Give what you can

Blessing Pantry

91 Church Street, Seymour

Little Free Pantry on Skokorat

58 Skokorat Street, Seymour

Neighbor-to-Neighbor Pantry

130 Bee Mountain Road, Oxford



If you would like information about additional services, including food resources, please contact info2@teaminc.org

VALLEY UNITED WAY

FOOD RESOURCE GUIDE

Need food support in the Valley?

 **Christ Episcopal Church**
Kathleen Samela Memorial Food Bank
56 South Cliff Street, Ansonia, CT 06401
 203-734-2715

 **Salvation Army**
26 Lester Street, Ansonia, CT 06401
 203-736-0707

 **St. Vincent De Paul**
237 Roosevelt Drive, Derby, CT 06418
 203-734-7577

 **Seymour Oxford Food Bank**
20 Pine Street, Seymour, CT 06478
 203-888-7826

 **Spooner House**
30 Todd Road, Shelton, CT 06484
 203-225-0453

More food resources:

 <https://mobilefoodpantry.ctfoodshare.org/>

Want to make a difference?

Support local hunger relief efforts by donating to
Harvest House:

 <https://valleyunitedway.org/harvest-house/>

SEYMOUR EMERGENCY SERVICES

FOOD DRIVE

**NOVEMBER
15TH, 2025**
9AM-12PM



We are excited to announce our annual Food Drive, where we come together as a community to make a positive impact on the lives of those facing food insecurity.

ITEMS NEEDED

Canned Food, Pasta, Sauce
Frozen Turkeys, Gravy, Stuffing
Soup, Rice, Peanut Butter, Jelly
Dry Cereals, Oatmeal

DROP-OFF LOCATION

 **STOP & SHOP**
15 FRANKLIN STREET SEYMOUR, CT 06483



November is Prematurity Awareness Month®

Each year in the U.S., 1 in 10 babies are born too soon.

Preterm birth—when a baby is born before 37 weeks of pregnancy—is a serious health issue. Babies born too early may face life-threatening complications and have long-term health problems. In honor of **World Prematurity Day on November 17, 2025**, we're joining the March of Dimes initiative of raising awareness about this urgent maternal and infant health challenge.

DID YOU KNOW?

The U.S. is among the most dangerous developed nations for childbirth

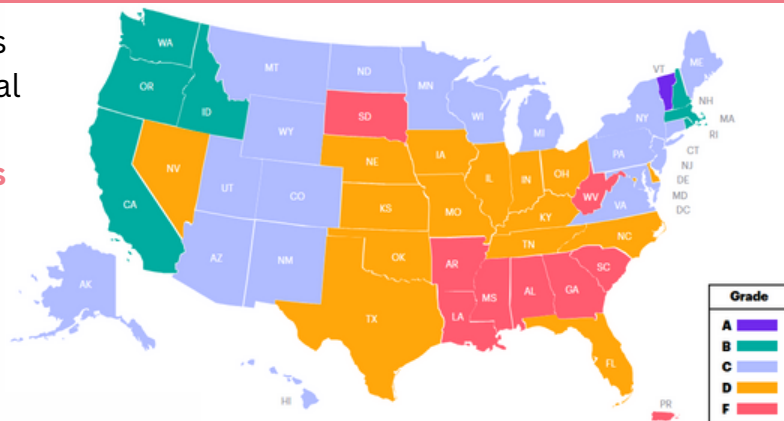
There is no single cause of preterm birth and no one-size-fits-all solution. Disparities among racial and ethnic groups continue to occur.

Support a healthier pregnancy and reduce your risk:

- **Schedule a preconception checkup.** Make sure your body is ready for pregnancy. Talk to your healthcare provider about any health conditions you have. These include high blood pressure, diabetes, depression, or thyroid problems.
- **Wait at least 18 months between pregnancies.** Your body needs time to fully recover after giving birth and becoming pregnant again. Talk to your provider about birth control options until you're ready for your next pregnancy.
- **Protect yourself from infections.** Get vaccinated, wash your hands often, and avoid raw meat, fish, and eggs. Practice safe to prevent sexually transmitted infections (STIs).
- **Eat healthy foods and stay active.** Try to eat or make meals with fresh or whole food ingredients, like fruits, vegetables, beans, whole grains, and lean proteins. Try to prepare them in ways that aren't fried, or too salty or greasy. Limit "junk" or ultra-processed foods.
- **Avoid smoking, alcohol, and harmful drugs.** If you need help quitting, ask your provider about support programs. Also tell them about any medicines or supplements you're taking, even if they're over the counter. Go to all your prenatal care checkups. Even if you feel fine, prenatal care helps your provider monitor your health and your baby's development.
- **Know the signs and symptoms of preterm labor.** Learn what to watch for and what to do if you notice symptoms. This won't reduce your risk of preterm labor, but it can help you get care or treatment that may help delay or stop labor.

<https://www.marchofdimes.org/find-support/blog/world-prematurity-day>

The 2024 March of Dimes Report Card highlights the collective factors that contribute to maternal and infant mortality and morbidity. Since first publishing this annual report, **one thing that has remained constant: an alarmingly high preterm birth rate.** Read more about Connecticut in the following pages or visit <https://www.marchofdimes.org/report-card> for more information.



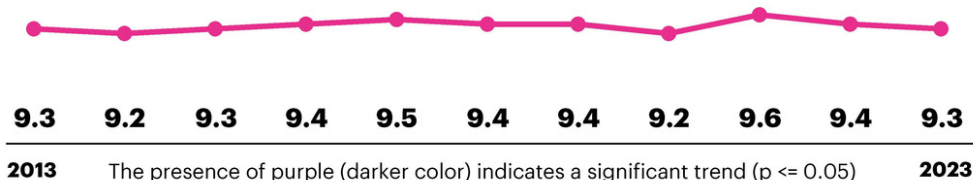
The preterm birth rate in Connecticut was **9.3%** in 2023, lower than the rate in 2022

**PRETERM
BIRTH
GRADE**



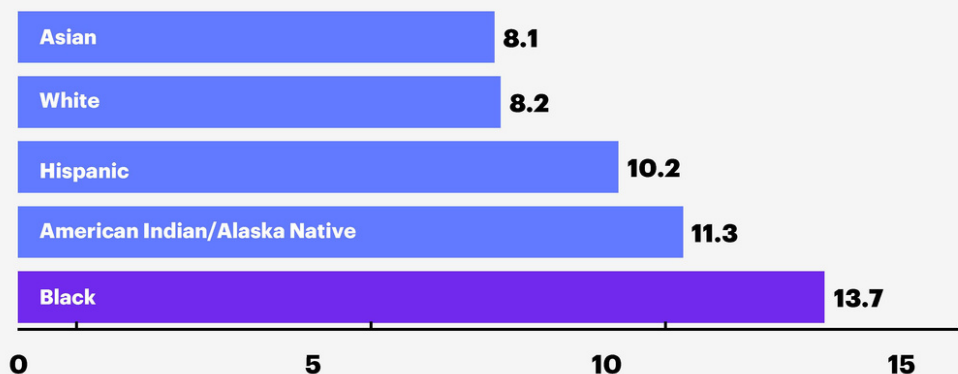
Percentage of live births born preterm

US RATE CT RATE CT RANK



The preterm birth rate among babies born to Black birthing people is **1.4x higher** than the rate among all other babies

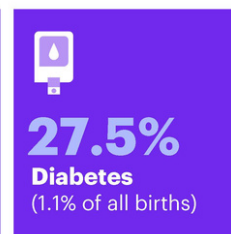
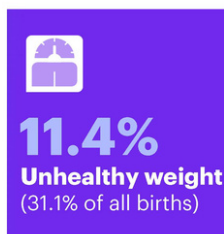
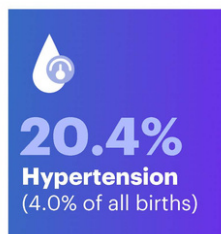
Preterm birth rate by race/ethnicity, 2021-2023



This data is intended to highlight disparities in outcomes related to race/ethnicity and should serve as a starting point for discussions about addressing systemic racism and inequality.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

CONNECTICUT

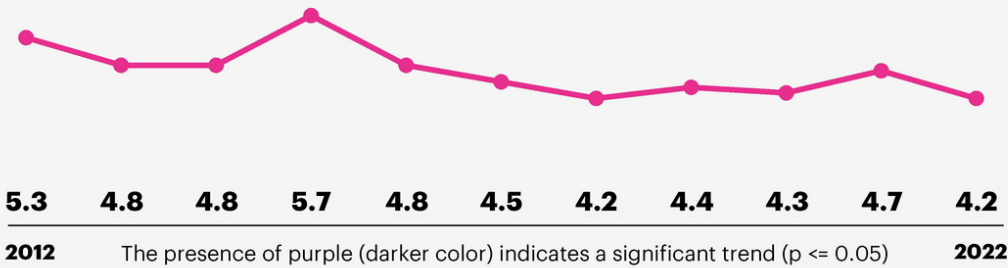
The infant mortality rate decreased in the last decade; In 2022, 150 babies died before their first birthday

INFANT MORTALITY RATE

4.3



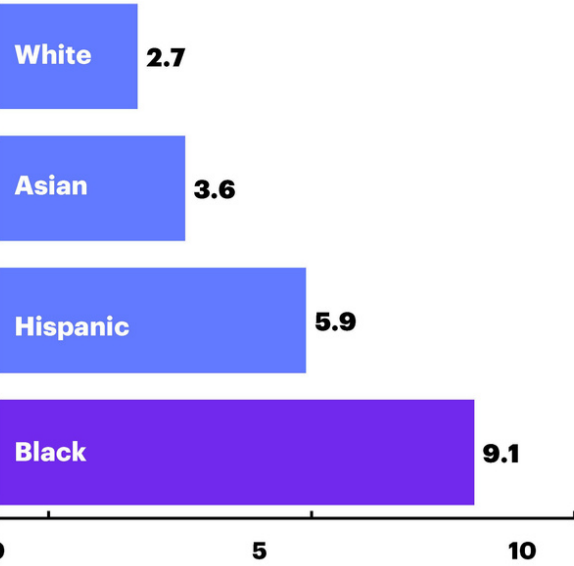
Rate per 1,000 live births



The infant mortality rate among babies born to Black birthing people is 2.1x the state rate

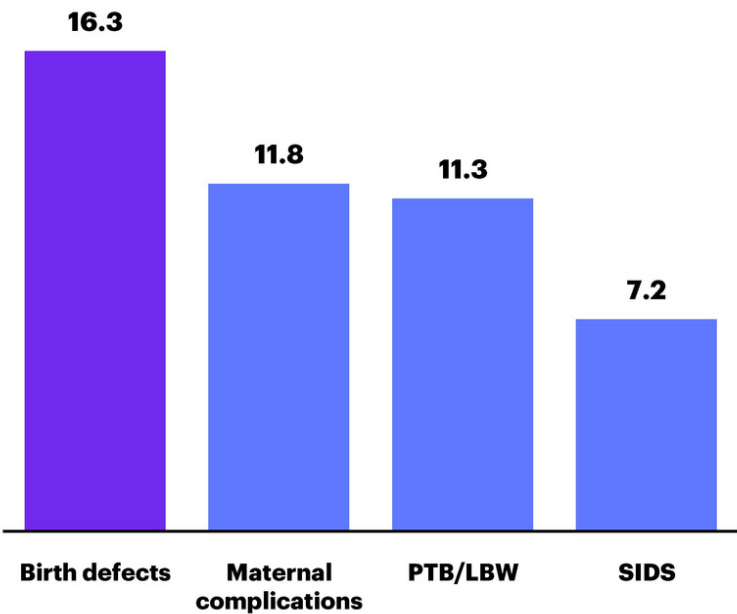
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

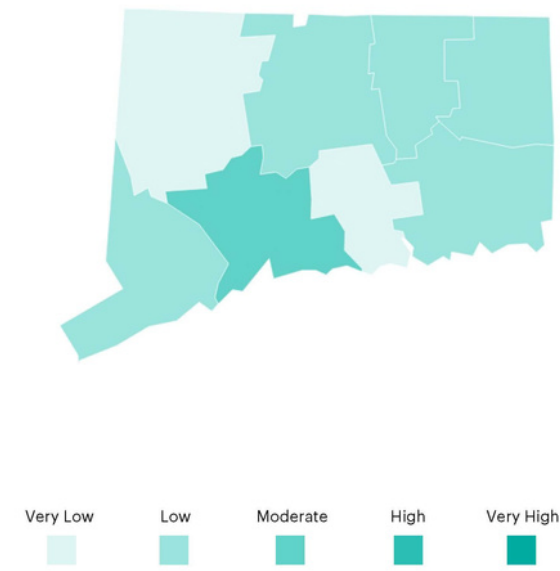


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.4% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

CONNECTICUT

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand **where and why** birthing people may be more likely to have poor health outcomes

Birthing people in Connecticut are most vulnerable to poor outcomes due to the following factors:



Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

24
DAYS

EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

9
DAYS

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

The measures below are important indicators for how Connecticut is supporting the health of birthing people

15.6
PER 100,000 BIRTHS



MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

30.0
PERCENT



LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.1
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

Adoption of the following policies and sufficient funding in Connecticut is critical to improve and sustain maternal and infant healthcare



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.3%	N/A	4.3 deaths per 1K births	15.6 deaths per 100K births	30.0%	84.2%
Rank	8th of 52	N/A	7th of 52	5th of 40	49th of 52	3rd of 52
Direction from prior year	Improved	N/A	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 1k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.