

TORRINGTON AREA HEALTH DISTRICT

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Phone (860) 489-0436 Fax (860) 496-8243

Providing local public health services for the Borough of Bantam, Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Borough of Litchfield, Litchfield, Middlebury, Morris, Norfolk, North Canaan, Plymouth, Salisbury, Thomaston, Torrington, Warren, Watertown & Winsted.

October 2023 Newsletter

October is Breast Cancer Awareness Month

Cancer is a disease in which cells in the body grow out of control. Except for skin cancer, breast cancer is the most common cancer in women in the United States. Deaths from breast cancer have declined over time, but breast cancer remains the second leading cause of cancer death among women overall and the leading cause of cancer death among Hispanic women. Each year in the United States, about 240,000 cases of breast cancer are diagnosed in women and about 2,100 in men. About 42,000 women and 500 men in the U.S. die each year from breast cancer. Black women have a higher rate of death from breast cancer than all other women.

What is Breast Cancer:

Breast cancer is a disease in which cells in the breast grow out of control. There are different kinds of breast cancer. The kind of breast cancer depends on which cells in the breast turn into cancer. Most breast cancers begin in the ducts or lobules. Breast cancer can spread outside the breast through blood vessels and lymph vessels. When breast cancer spreads to other parts of the body, it is said to have metastasized.

KINDS OF BREAST CANCER

The most common kinds of breast cancer are:

- **Invasive ductal carcinoma.** The cancer cells begin in the ducts and then grow outside the ducts into other parts of the breast tissue. Invasive cancer cells can also spread, or metastasize, to other parts of the body.
- **Invasive lobular carcinoma.** Cancer cells begin in the lobules and then spread from the lobules to the breast tissues that are close by. These invasive cancer cells can also spread to other parts of the body.

What Are the Symptoms of Breast Cancer:

Some warning signs of breast cancer are—

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast.

If you have any signs or symptoms, be sure to see your doctor right away.



Hours
Monday, Tuesday, Thursday: 8:00am to 4:00pm.
Wednesday: 8:00am to 6:00pm, Friday: 8:00am to 1:00pm.
Follow us on social media and www.tahtd.org



WHAT IS A NORMAL BREAST?

No breast is typical. What is normal for you may not be normal for another woman. Most women say their breasts feel lumpy or uneven. The way your breasts look and feel can be affected by getting your period, having children, losing or gaining weight, and taking certain medications. Breasts also tend to change as you age. For more information, see the National Cancer Institute's [Breast Changes and Conditions](#).

WHAT DO LUMPS IN MY BREAST MEAN?

Many conditions can cause lumps in the breast, including cancer. But most breast lumps are caused by other medical conditions. Two common causes of breast lumps are fibrocystic breast condition and cysts. *Fibrocystic condition* causes noncancerous changes in the breast that can make them lumpy, tender, and sore. *Cysts* are small fluid-filled sacs that can develop in the breast.

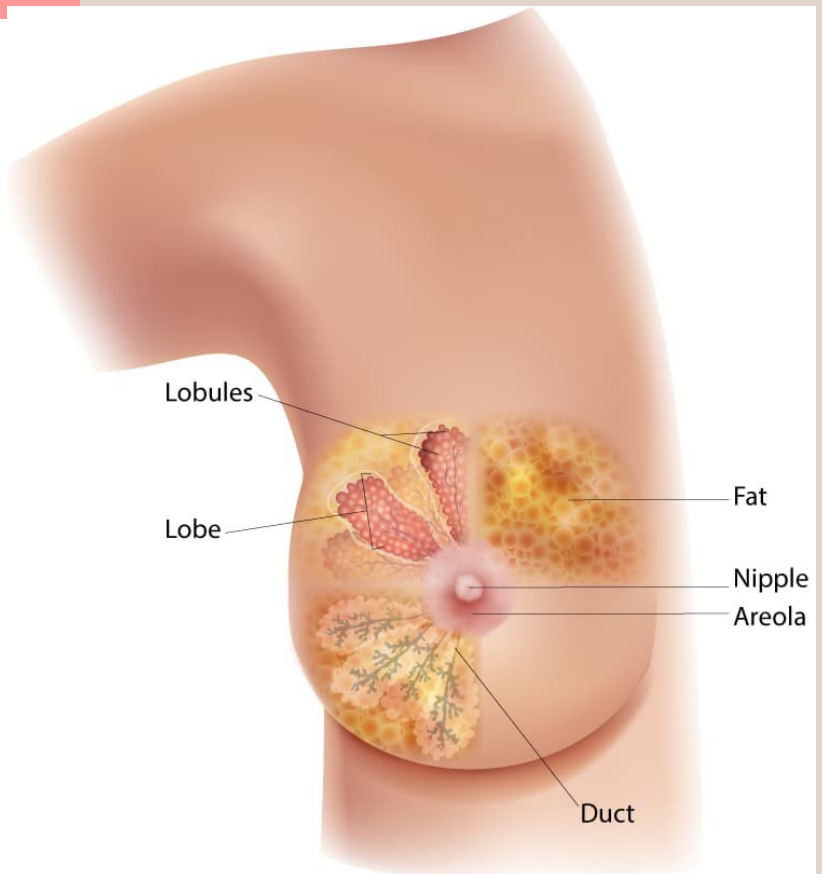
What Are the Risk Factors for Breast Cancer?

Studies have shown that your risk for breast cancer is due to a combination of factors. The main factors that influence your risk include being a woman and getting older. Most breast cancers are found in women who are 50 years old or older. Some women will get breast cancer even without any other risk factors that they know of. Having a risk factor does not mean you will get the disease, and not all risk factors have the same effect. Most women have some risk factors, but most women do not get breast cancer. Talk with your doctor about ways you can [lower your risk](#) and about [screening](#) for breast cancer.

RISK FACTORS YOU CANNOT CHANGE

- **Getting older.** The risk for breast cancer increases with age. Most breast cancers are diagnosed after age 50.
- **Genetic mutations.** Women who have inherited changes (mutations) to certain genes, such as [BRCA1 and BRCA2](#), are at higher risk of breast and ovarian cancer.
- **Reproductive history.** Starting menstrual periods before age 12 and starting menopause after age 55 expose women to hormones longer, raising their risk of getting breast cancer.
- **Having dense breasts.** [Dense breasts](#) have more connective tissue than fatty tissue, which can sometimes make it hard to see tumors on a mammogram. Women with dense breasts are more likely to get breast cancer.
- **Personal history of breast cancer or certain non-cancerous breast diseases.** Women who have had breast cancer are more likely to get breast cancer a second time. Some non-cancerous breast diseases such as atypical ductal hyperplasia or lobular carcinoma *in situ* are associated with a higher risk of getting breast cancer.
- **Family history of breast or ovarian cancer.** A woman's risk for breast cancer is higher if she has a mother, sister, or daughter (first-degree relative) or multiple family members on either her mother's or father's side of the family who have had breast or ovarian cancer. Having a first-degree male relative with breast cancer also raises a woman's risk.
- **Previous treatment using radiation therapy.** Women who had [radiation therapy](#) to the chest or breasts (for instance, treatment of Hodgkin's lymphoma) before age 30 have a higher risk of getting breast cancer later in life.

EXPOSURE TO THE DRUG DIETHYLSTILBESTROL (DES). DES WAS GIVEN TO SOME PREGNANT WOMEN IN THE UNITED STATES BETWEEN 1940 AND 1971 TO PREVENT MISCARRIAGE. WOMEN WHO TOOK DES HAVE A HIGHER RISK OF GETTING BREAST CANCER. WOMEN WHOSE MOTHERS TOOK DES WHILE PREGNANT WITH THEM ALSO MAY HAVE A HIGHER RISK OF GETTING BREAST CANCER.



Risk Factors You Can Change

- **Not being physically active.** Women who are not physically active have a higher risk of getting breast cancer.
- **Being overweight or having obesity after menopause.** Older women who are overweight or have [obesity](#) have a higher risk of getting breast cancer than those at a healthy weight.
- **Taking hormones.** Some forms of hormone replacement therapy (those that include both estrogen and progesterone) taken during menopause can raise risk for breast cancer when taken for more than five years. Certain oral contraceptives (birth control pills) also have been found to raise breast cancer risk.
- **Reproductive history.** Having the first pregnancy after age 30, not breastfeeding, and never having a full-term pregnancy can raise breast cancer risk.
- **Drinking alcohol.** Studies show that a woman's risk for breast cancer increases with the more [alcohol](#) she drinks.

Research suggests that other factors such as smoking, being exposed to chemicals that can cause cancer, and changes in other hormones due to night shift working also may increase breast cancer risk.



Who Is at High Risk for Breast Cancer?

If you have a strong [family history of breast cancer](#) or [inherited changes in your BRCA1 and BRCA2 genes](#), you may have a high risk of getting breast cancer. You may also have a high risk for [ovarian cancer](#). Talk to your doctor about ways to reduce your risk, such as medicines that block or decrease estrogen in your body, or [surgery](#).

What Can I do to reduce my risk of Breast Cancer :

Many factors over the course of a lifetime can influence your breast cancer risk. You can't change some factors, such as getting older or your family history, but you can help lower your risk of breast cancer by taking care of your health in the following ways:

- Keep a [healthy weight](#).
- [Be physically active](#).
- Choose not to drink [alcohol](#) or drink alcohol in [moderation](#).
- If you are taking, or have been told to take, [hormone replacement therapy](#) or [oral contraceptives](#) (birth control pills), ask your doctor about the risks and find out if it is right for you.
- [Breastfeed](#) your children, if possible.
- If you have a family history of breast cancer or [inherited changes in your BRCA1 and BRCA2 genes](#), talk to your doctor about other ways to lower your risk.

Staying healthy throughout your life will lower your risk of developing cancer, and improve your chances of surviving cancer if it occurs.

What Is Breast Cancer Screening?

Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. All women need to be informed by their health care provider about the best screening options for them. When you are told about the benefits and risks of screening and decide with your health care provider whether screening is right for you—and if so, when to have it—this is called *informed and shared decision-making*.

Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat. Talk to your doctor about which breast cancer screening tests are right for you, and when you should have them.

BREAST CANCER SCREENING RECOMMENDATIONS

The United States Preventive Services Task Force (USPSTF) is an organization made up of doctors and disease experts who look at research on the best way to prevent diseases and make recommendations on how doctors can help patients avoid diseases or find them early.

The USPSTF recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years. Women who are 40 to 49 years old should talk to their doctor or other health care provider about when to start and how often to get a mammogram. Women should weigh the benefits and risks of screening tests when deciding whether to begin getting mammograms before age 50.

Breast Cancer Screening Tests

MAMMOGRAM

A mammogram is an X-ray of the breast. For many women, mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. At this time, a mammogram is the best way to find breast cancer for most women of screening age.

BREAST MAGNETIC RESONANCE IMAGING (MRI)

A breast MRI uses magnets and radio waves to take pictures of the breast. Breast MRI is used along with mammograms to screen women who are at high risk for getting breast cancer. Because breast MRIs may appear abnormal even when there is no cancer, they are not used for women at average risk.

OTHER EXAMS

CLINICAL BREAST EXAM

A *clinical breast exam* is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes.

BREAST SELF-AWARENESS

Being familiar with how your breasts look and feel can help you notice symptoms such as lumps, pain, or changes in size that may be of concern. These could include changes found during a *breast self-exam*. You should report any changes that you notice to your doctor or health care provider.

Having a clinical breast exam or doing a breast self-exam has not been found to lower the risk of dying from breast cancer.

How Is Breast Cancer Diagnosed:?

Doctors often use additional tests to find or diagnose breast cancer. They may refer women to a breast specialist or a surgeon. This does not mean that she has cancer or that she needs surgery. These doctors are experts in diagnosing breast problems.

- **Breast ultrasound.** A machine that uses sound waves to make pictures, called *sonograms*, of areas inside the breast.
- **Diagnostic mammogram.** If you have a problem in your breast, such as lumps, or if an area of the breast looks abnormal on a screening mammogram, doctors may have you get a diagnostic mammogram. This is a more detailed X-ray of the breast.
- **Breast magnetic resonance imaging (MRI).** A kind of body scan that uses a magnet linked to a computer. The MRI scan will make detailed pictures of areas inside the breast.

BIOPSY. THIS IS A TEST THAT REMOVES TISSUE OR FLUID FROM THE BREAST TO BE LOOKED AT UNDER A MICROSCOPE AND DO MORE TESTING. THERE ARE DIFFERENT KINDS OF BIOPSIES (FOR EXAMPLE, FINE-NEEDLE ASPIRATION, CORE BIOPSY, OR OPEN BIOPSY).

STAGING

If breast cancer is diagnosed, other tests are done to find out if cancer cells have spread within the breast or to other parts of the body. This process is called *staging*. Whether the cancer is only in the breast, is found in lymph nodes under your arm, or has spread outside the breast determines your stage of breast cancer. The type and stage of breast cancer tells doctors what kind of treatment you need. For more information, visit [Stages of Breast Cancer](#).

How Is Breast Cancer Treated?

Breast cancer is treated in several ways. It depends on the kind of breast cancer and how far it has spread. People with breast cancer often get more than one kind of treatment.

- **Surgery.** An operation where doctors cut out the cancer.
- **Chemotherapy.** Using special medicines to shrink or kill the cancer cells. The drugs can be pills you take or medicines given in your veins, or sometimes both.
- **Hormonal therapy.** Blocks cancer cells from getting the hormones they need to grow.
- **Biological therapy.** Works with your body's immune system to help it fight cancer cells or to control side effects from other cancer treatments.
- **Radiation therapy.** Using high-energy rays (similar to X-rays) to kill the cancer cells.



https://www.cdc.gov/cancer/breast/basic_info/what-is-breast-cancer.htm



National Lead Poisoning Prevention Week

October
22-28,
2023



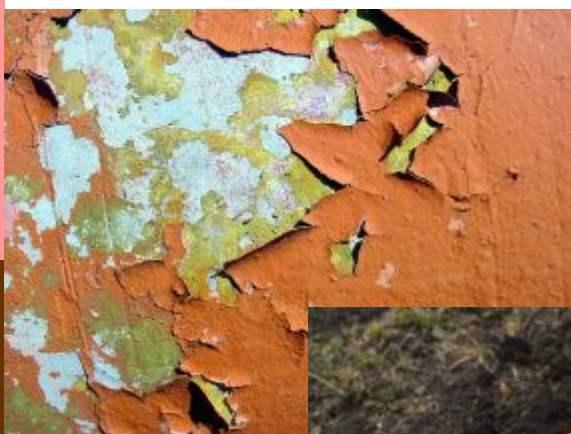
Get the Facts



Get Your Child Tested



Get Your Home Tested



<https://www.cdc.gov/nceh/lead/prevention/default.htm>



CT DPH LEAD POISONING PREVENTION PROGRAM

FACT SHEET

Lead Poisoning Prevention

Where is Lead Found?

- **Paint:** Lead can be found in paint that was made before 1978. This paint can be on any painted surface in your home, like doors, windows, and porches.
- **Dust:** Lead dust in the home comes from lead painted surfaces that are chipping and peeling. Sanding and scraping old paint when repainting or remodeling can also cause a lead dust problem.
- **Soil:** Old paint that has fallen off the outside of your house onto the ground may leave lead in the soil.
- Lead can also be found in ceramic dishes, crystal, food cans from outside the U.S., water pipes, solder and fittings, and some ethnic cosmetics and home remedies.
- Some jobs and hobbies can expose children and adults to lead. Some examples are painters, house remodelers, plumbers, mechanics, bridge workers, making jewelry, ceramic/pottery or stained glass, and going to indoor firing ranges.

Is Your Child At Risk For Lead Poisoning?

If you answer yes to any of these questions you may want to have your child tested, even if your child is older.

- Does your child live in or often visit a building built before 1960?
- Does your child live in or often visit a building built before 1978 that is being or was just repaired or remodeled?
- Does your child live in or often visit a building that has peeling or chipping paint?
- Does your child live with an adult or often visit an adult whose job or hobby exposes them to lead?
- Does your family eat or drink from dishes made outside the U.S.?
- Does your family use home remedies?

How does a child get lead poisoned?

- Lead poisoning usually happens when children ingest (eat) dust that has lead in it. Children may also eat chips of lead paint or soil that has lead in it.

What Does Lead Do to the Body?

- No amount of lead in the body is safe. The damage lead can cause is forever! Lead can damage the brain. It can cause growth problems, hearing loss, and learning problems.
 - Many children do not show signs of lead poisoning. Some signs of high levels of lead poisoning are the same as other childhood illnesses, like the common cold or teething.
-

What Does Lead Do to the Body? (continued)

- If a pregnant woman is around lead, she and her unborn child may become lead poisoned. Lead can cause lasting damage to the mother and her baby.

How Can You Reduce The Risk?

Replace, fix or manage all lead hazards in a lead safe way.

Steps you can take to prevent children from being lead poisoned:

- Keep children and pregnant women away from all lead hazards.
- Clean up lead dust and paint chips by wet wiping window sills and window wells and wet mopping floors. DO NOT dry sweep or vacuum, this will spread the lead dust.
- Block places with peeling or chipping paint. Do not use windows that have chipping paint.
- Move your child's bedroom or play area to a room that has no peeling or chipping paint.
- Place washable mats inside and outside entry doors.
- Have people remove their shoes before coming in the home.
- Do not let your child (or pet) play in dirt.
- Wash and dry your child's hands, toys and pacifiers often. Wash and dry your child's hands before playing, eating, and bedtime.
- Use cold water from the tap for drinking, cooking and making formula. Let water run for 1-2 minutes before using.
- Give your child healthy meals and snacks to eat. An empty stomach takes in lead faster than a full stomach.

Steps adults can take to help prevent themselves and children from becoming lead poisoned from a job or hobby:

- Don't eat, drink or smoke in your work/hobby area.
- Wash your hands and face before eating, smoking or drinking.
- Wear protective clothing (such as disposable gloves, hat, and shoe covers) when you work with lead. Use a NIOSH-approved respirator.
- Shower, wash your hair, and change into clean clothes and shoes before you leave the work area. Leaving dust on your clothes can contaminate your home and car.
- Put your work clothes and shoes in sealed plastic bags.
- Wash work clothes in a different load than the family's laundry.

Does your child need to be tested for lead poisoning?

- Yes, all children, at about ages one and two, must be tested for lead poisoning...it's the law!
- Blood tests will tell how much lead is in your child's blood at the time of the test. If the level is high, your child will need more testing.
- If your child is at risk at other ages, have your child tested at those times too.

Connecticut Lead Poisoning Prevention Program

(860) 509-7299

www.ct.gov/dph/lead





Eating Right Helps Fight Lead Poisoning

Lead tricks the body into thinking it is iron, calcium or zinc. Eating healthy can help keep the lead from staying in the body.

Don't let your child go through the day on an empty stomach!

Five Basic Food Groups

- Breads, cereals and grains
- Vegetables
- Fruit
- Milk and milk products
- Meat, chicken, fish, nuts, and beans



Foods Rich in Calcium

- Milk
- Yogurt
- Cheese (*for snacks, in cooking such as macaroni and cheese, pizza, tortillas, vegetables*)
- Foods made of milk (*pudding, soup, ice cream, custard*)
- Sardines or canned salmon (*with bones*)
- Green vegetables (*kale, collard greens, broccoli*)



Foods Rich in Zinc

- Chicken or turkey
- Lean meat
- Fish
- Milk and cheese
- Clams, oysters, mussels, crab
- Dried beans and lentils
- Eggs



Foods Rich in Iron

- Lean red meat, chicken, turkey and fish
- Iron-fortified hot and cold cereals
- Clams, oysters or mussels (*use canned to make soup or sauce for pasta*)
- Dark green leafy vegetables
- Dried beans, split peas, and other beans (*pinto, red, navy, kidney, garbanzo*)
- Eggs
- Dried fruit



The iron in vegetables, grains, beans, nuts and eggs may be made more usable by the body when you eat a food high in Vitamin C at the same meal. Oranges, grapefruit, strawberries, cantaloupe, green peppers, cauliflower, broccoli and potatoes are some foods high in Vitamin C.

Healthy Tips:

- Don't fry foods. Bake or broil them.
 - Try not to eat high fat foods. When you do eat them, eat small portions.
 - Vitamin C helps your body absorb iron.
 - Children under the age of 2 should have whole milk after they no longer drink formula or breast milk. Most children 2 and older can have lower fat milk. Children with milk allergies can have tofu, leafy green vegetables, sardines, or canned salmon for their calcium needs.
 - Younger children need smaller servings than older children or adults. More active people need larger numbers of servings from each of the 5 food groups.
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Connecticut Lead Poisoning Prevention Program

(860) 509-7299

www.choosemyplate.gov

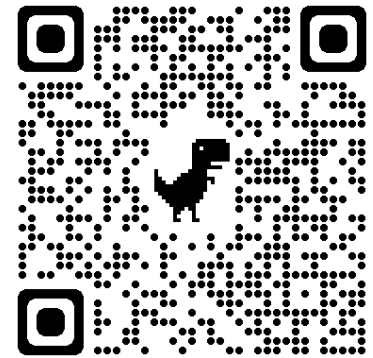
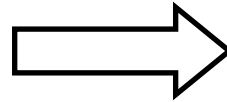
www.ct.gov/dph/lead



It's Your Best Shot!



The CT WiZ Public Portal allows individuals who were vaccinated in Connecticut to access their own immunization records, while parents and guardians can also access their child's records. You have the option of getting a PDF copy of your full immunization record, or your COVID-19 vaccine record that contains your SMART Health card, which is a digital copy of your COVID-19 vaccine record that can be stored on your phone as a QR code. (Note: CT DPH does not issue replacement 'CDC COVID-19 Vaccination Cards' to the public.)

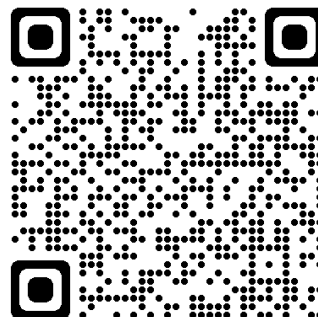


RECALLS

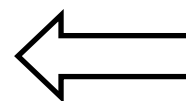


Name of Product: Men's clasp beaded bracelets

Hazard: The clasp on the beaded bracelet contains levels of lead that exceed the federal lead content ban. Lead is toxic if ingested by young children and can cause adverse health effects.



For more information about recalls.



SOMETHING YUMMY

Roasted Carrot and Beet Soup Recipe

Ingredients

Vegetable oil cooking spray
5 large carrots, peeled and sliced (3 cups)
1 pound fresh beets, peeled and chopped*
2 celery ribs, thinly sliced (1½ cups)
1 large onion, quartered (2 cups)
1 tablespoon extra-virgin olive oil
2 tablespoons brown sugar
2 teaspoons ground cinnamon
1 teaspoon ground ginger
½ teaspoon nutmeg
¼ teaspoon black pepper
3 14-ounce cans low-sodium chicken broth
¼ cup reduced-fat sour cream for garnish**
Fresh chives, chopped, for garnish

Directions



Before you begin: Wash your hands.

1. Preheat oven to 400°F.
2. Coat a 9-by-13-inch baking dish with the cooking spray. Combine the carrots, beets, celery and onion in the dish. Drizzle with olive oil, and sprinkle with sugar, cinnamon, ginger, nutmeg and pepper. Toss to coat vegetables. Cover the dish tightly with aluminum foil and roast for 1 hour, or until the vegetables are fork tender. Cool slightly.
3. In a food processor or blender, puree the roasted vegetables with the broth in batches until smooth. Combine the batches in a heavy 2-quart saucepan. Heat on medium-low until warmed through.

Garnish with sour cream and chives.

Cooking Notes

*Substitute 1 15-ounce can beets, rinsed and drained. Instead of roasting, puree them with other vegetables in food processor or blender.

**Substitute Greek yogurt.

Nutrition Information

Serves 8 as an appetizer

Serves 4 as a main dish

Calories: 240; Calories from fat: 70; Total fat: 8g; Saturated fat: 2.5g; Trans fat: 0g; Cholesterol: 5mg; Sodium: 280mg; Total carbohydrate: 35g; Dietary fiber: 8g; Sugars: 19g; Protein: 10g

Credit: Napier, Kristine, MPH, RD, Editor for the Food and Culinary Practice Group, Academy of Nutrition and Dietetics, *American Dietetic Association Cooking Healthy Across America*. New York: John Wiley and Sons, 2005

Tip: For the freshest flavor of all, plant beets and carrots in your garden in the spring — or find them fresh at your local farmers market.

<https://www.cdc.gov/nceh/lead/prevention/default.htm>

TAHD IN ACTION



International Overdose Awareness Day is a worldwide event observed on the 31st of August each year. Its primary objective is to raise awareness of overdoses and diminish the stigma surrounding drug-related fatalities. Additionally, this day serves as a tribute to the sorrow experienced by families and friends who remember loved ones who have either succumbed to overdose or sustained permanent injuries as a result. In this context, the Litchfield County Opiate Task Force has been hosting an annual Overdose Awareness Day resource fair and vigil.



Members of the LCOTF attended the HARM REDUCTION CONFERENCE

TAHD IN ACTION



As part of the State Opioid Response Grant (SOR), TAHD provided Academic Detailing on Opioid Safety: Resetting Pain Expectations to our local pediatricians. The key aim was to identify alternative methods for pain management and treatment options. This initiative had several specific objectives. First, it sought to help healthcare providers identify tools that enable patients to communicate their pain effectively and consistently while also monitoring pain management over time. Second, it aimed to describe safe and effective approaches for patients to use pain medications. Furthermore, the program aimed to explain various individualized approaches to help patients maximize pain relief by incorporating multiple treatment methods, rather than relying solely on pain medications. Additionally, it involved discussing key points related to the potential trajectory of a chronic pain journey and how to achieve target goals while managing complications through lifestyle adjustments and personalized support. The program also emphasized the importance of identifying team members who can be utilized to support pain management planning and facilitate team communication regarding pain support for the patient. Finally, it outlined an action plan for developing a systematic and consistent approach to the individualization of pain management for patients.

TAHD IN ACTION



Emergency Management Coordinator Megan McClintock, along with other coordinators in Region 5, attended the Healthcare Leadership for Mass Casualty Incidents course at the Center for Domestic Preparedness in Anniston, Alabama. The CDP specializes in developing and delivering advanced training for emergency response providers, emergency managers, and various government officials representing state, local, tribal, and territorial agencies. Offering more than 50 training courses, the CDP's focus encompasses emergency re-

sponses to terrorist acts, catastrophic natural disasters, mass casualty incidents, hazardous materials, and incident management. During the course, attendees actively participated in the Integrated Capstone event (ICE). This event simulates an all-hazards mass casualty incident, challenging first responders and first receivers to carry out critical functions, including initial call-out, scene size-up, rescue operations, decontamination procedures, pre-hospital treatment, public health communication and response, hospital response, and more.



Resident training at the CDP includes healthcare and public health courses conducted at the Noble Training Facility, the nation's only hospital exclusively dedicated to training healthcare professionals in disaster preparedness and response. For further information about the Center for Domestic Preparedness, please visit <http://cdp.dhs.gov> or call 866-213-9553.

COMMUNITY UPDATES



Have You Tested Your Drinking Water Lately?

Where:
**UConn Extension
Litchfield
County
Extension Center**

843 University Dr,
Torrington, CT 06790

When:
**Wednesday
October 25th**

**5:30 pm -
6:30 pm**

Even if your water tastes and smells fine, that doesn't always mean it's safe to drink...

Through a grant from the USDA, UConn Extension is hosting a well water workshop to provide information about where your water comes from and possible contaminants. **A low-cost (\$50) water test is available to purchase. See registration link for details.** Seats are limited and registration is required.

Visit s.uconn.edu/well-test-litchfield to register

 National Institute of Food and Agriculture
U.S. DEPARTMENT OF AGRICULTURE

UCONN
EXTENSION

COMMUNITY UPDATES



Get the Flu Shot Not the Flu

TORRINGTON AREA HEALTH DISTRICT

350 MAIN ST. TORRINGTON

**WEDNESDAYS, OCTOBER 18 & 25
NOVEMBER 1, 8, 15 AND 29**

**BY APPOINTMENT ONLY
CALL 860-489-0436**

**Vaccines Available:
Seasonal Flu Vaccine for adults 19 and over
HIGH DOSE VACCINE for adults 65 and over**

- 1. BRING INSURANCE CARD(S)**
- 2. BRING YOUR DRIVER'S LICENSE**
- 3. WEAR A LOOSE-FITTING SHORT SLEEVE SHIRT SO YOUR SHOULDER CAN BE EASILY ACCESSED.**

INSURANCES ACCEPTED:

**MEDICARE (PART B)
CONNECTICARE
ANTHEM BC/BS
AETNA
CIGNA**

**NO INSURANCE? NO PROBLEM!
ADULT SEASONAL FLU VACCINE \$30
*HIGH DOSE \$70
*65 YEARS AND OLDER**



COMMUNITY UPDATES

STOP AN OVERDOSE WITH NALOXONE



For Naloxone distribution map locator scan QR code above or visit <https://www.lcof.org/harm-reduction/>

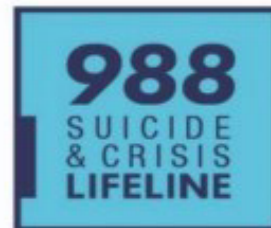
To request Naloxone scan QR code above

Prevent Fatal Overdose

Help Save Lives By Being Prepared



You know CPR. You have a first aid kit. Naloxone is another way to save lives. Keep naloxone at home and work.



1 WORD VOICE LIFE Be the 1 to start the conversation www.preventsuicidect.org CALL 2-1-1



COMMUNITY UPDATES

Got Drugs?

Turn in your unused or expired medication for safe disposal

Keep them safe. Clean them out. Take them back.

Saturday October 28th from 9:00am-1pm

We will take back your old and unwanted Prescription Drugs. Bring your pills for disposal to the below sites. We cannot accept liquids. The service is free and anonymous.

NO QUESTIONS ASKED.

Times	Location
9:00 am – 9:45 am	<u>Michael Koury Terrace Acres</u>
9:45 am – 10:30 am	<u>Sullivan Senior Center</u>
10:30 am – 11:15 am	<u>Torrington Towers</u>
11:15 am – 12:00 pm	<u>Keystone Place</u>
12:00 pm – 1:00 pm	<u>Torrington Health Department</u>

OR Visit the Torrington Police Department Lobby Drop Box 24/7

The Rover will be present providing Narcan and Substance Use Disorder resource materials.



FOR MORE INFO VISIT:

www.deadiversion.usdoj.gov/drug_disposal/takeback
www.portal.ct.gov/DCP/Drug-Control-Division/Drug-Control/Local-Drug-Collection-Boxes

CHANGE
the **SCRIPT**

drugfreect.org

COMMUNITY UPDATES

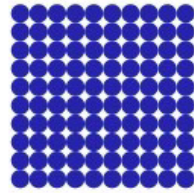
Summary of Nonfatal Drug Overdoses in 2022* — CONNECTICUT

Suspected Nonfatal Drug Overdoses Treated in Emergency Departments (EDs)

Average Number of Facilities Included†

38.0

Average Coverage of ED Visits†



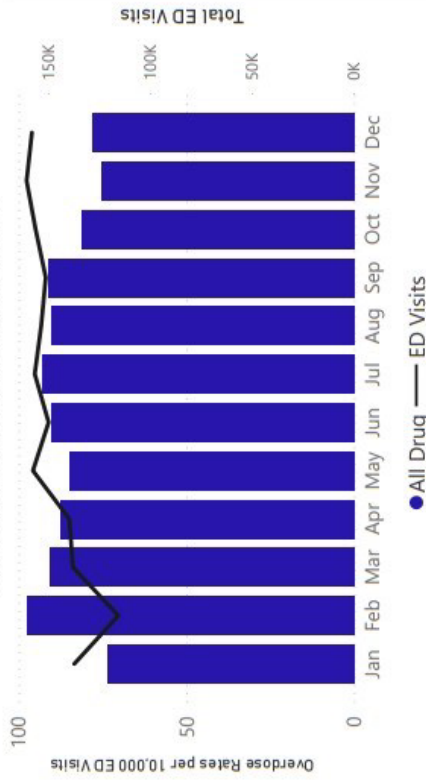
100%

Who experienced a nonfatal overdose?



Overall, 36.8% of all suspected drug overdose* ED visits were from the 35-54 age group.

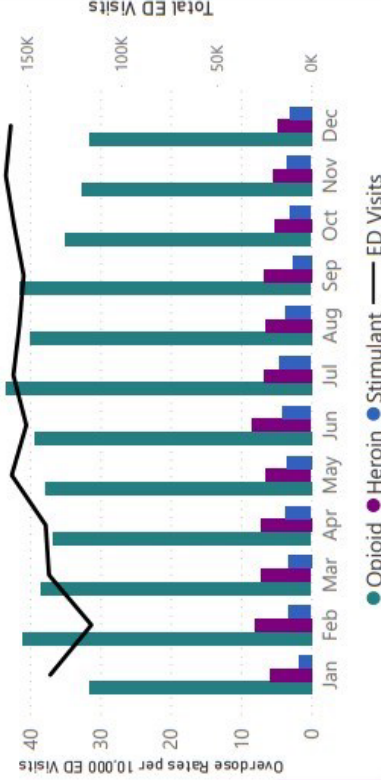
Monthly All Drug Overdose Rates‡



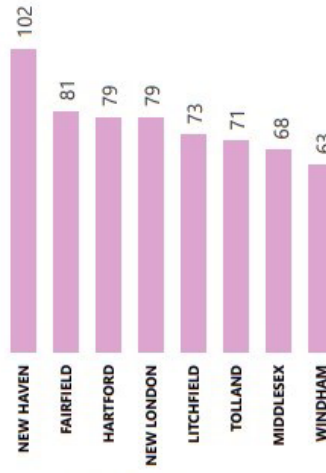
Annual Nonfatal Overdoses

- All Drug**
n = 15,282 (86 per 10,000 ED Visits)
- Opioid**
n = 6,640 (37.4 per 10,000 ED Visits)
- Heroin**
n = 1,155 (6.5 per 10,000 ED Visits)
- Stimulant**
n = 587 (3.3 per 10,000 ED Visits)

Monthly Drug Overdose Rates‡



Top Counties with the Highest Annual Overdose Rate



*Data in this summary report come from CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system and include ED syndromic surveillance data captured by health departments. For more information about DOSE, please see: <https://www.cdc.gov/drugoverdose/nonfatal/case.html>

†The average number of facilities and coverage of ED visit metrics are derived from information provided via monthly metadata submitted by the jurisdiction; the reported metrics are the average over the twelve monthly metadata submissions in 2022. Rates are suppressed when based on counts of 1-19 overdoses to avoid sharing information that could be identifiable and because of possible instability of rate estimates. Blank values in figures could be due to zero values, suppressed values, or missing/unavailable data.

TORRINGTON AREA MRC

TRAIN AND TREAT OCTOBER EVENTS

SCAN ME

MAKE A PLAN, BUILD A KIT,
STAY INFORMED
THURSDAY, OCTOBER 5TH AT
10:00AM



NARCAN TRAINING
THURSDAY, OCTOBER 12TH AT
2:00PM



QPR TRAINING
FRIDAY, OCTOBER 13TH AT 10:00AM



WHAT IS A POD?
TUESDAY, OCTOBER 17TH AT
10:00AM



INTRO TO CT RESPONDS
TUESDAY, OCTOBER 24TH AT
10:00AM



WANT TO HOST A TRAINING? CONTACT MMCLINTOCK@TAHD.ORG FOR MORE DETAILS

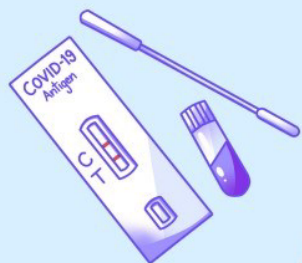
COMMUNITY UPDATES



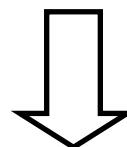
FREE COVID-19 TESTS

Households can place an order to receive four COVID-19 rapid tests delivered directly to their home.

VISIT [COVID.GOV/TESTS](https://www.covid.gov/tests)



What to join the Litchfield County Opiate Task Force?



ALL COMMUNITIES ARE AFFECTED BY SUBSTANCE USE.

WE WANT TO HEAR FROM YOU!

In an effort to improve services for people struggling with substance use, Greenwoods is looking for feedback from community members in Litchfield County.

Fill out a brief survey and...

WIN A
**\$50 AMAZON
GIFT CARD**

Visit www.greenwoodsreferrals.org/addiction-outreach or click the link in the description to take the survey!

Babysitting Emergency Preparedness Class

- CHOKING FIRST AID
- CPR CERTIFIED
- Fire Safety & home danger awareness

Registration cost \$60

Babysitting lessons and Safety Training Course, is designed to be interactive and provide extensive training in pediatric first aid, house-hold safety, and the fundamentals of childcare. You will learn hands-on-training that shows your serious about sitting. This 4 hour course will cover CPR, first aid and choking for current practices for safety and injury prevention while babysitting. AHA 2 year cpr cert, book and pizza included.

When: October 4th, 2023
Time: 4pm - 8pm
Where: Playground building
Ages: 12+
Instructor: Sarah Toomey (American Heart)

Sign up online at [winstedrec.com](https://www.winstedrec.com)

COMMUNITY UPDATES

Take
Control



FREE Live Well with Chronic Conditions Workshop!

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

Are you an adult with an ongoing health condition such as arthritis, high blood pressure, heart disease, diabetes or depression? Or do you care for someone who does? This workshop can help you be in control and feel better!



Feel
Better

You will learn:

- Practical ways to deal with pain and fatigue
- Better nutrition and exercise choices
- Better ways to talk to your doctor about your health
- Communication techniques to make your needs known
- How to make a step-by-step plan to improve your life!

Energize

Bethlehem Memorial Hall

**10 The Green Veterans Memorial Drive,
Bethlehem, CT**

Thursdays, Nov. 2–Dec. 14 from 9–11am

To register, call Marilia Jose at 203-266-7510 x 226

Free books for participants!

Space is limited, so sign up today!

Live

Enjoy



Sponsored by the Department of Aging and Disability Services ~ State Unit on Aging, Torrington Area Health District & the Western Connecticut Area Agency on Aging. Generous support is also provided by the Connecticut Community Foundation.

COMMUNITY UPDATES

Susan B. Anthony Project
SAFETY • HEALING • GROWTH



Domestic Violence Awareness Month 2023

Wreath Hanging

Monday, October 2nd

9:00 am | Torrington City Hall

Candlelight Vigil

Thursday, October 5th

6:00 pm | Coe Memorial Park

Sip & Shop at J. McLaughlin

Friday, October 6th

All day | Washington Depot

Film Screening- "Herself"

Thursday, October 19th

6:00 pm | Coe Memorial Park

Purple Thursday

Thursday, October 19th

Wear purple all day!



Scan for
more info!

October is
Domestic Violence
Awareness Month
(DVAM).

Please join Susan B.
Anthony Project in
remembering and
honoring survivors
and victims of
domestic violence
this October by
participating in our
DVAM programs.

COMMUNITY UPDATES



NOVEMBER 30, 2023

REIMAGINING EMPATHY

A DECADE OF UNITY AND RESILIENCE

Warner Theater
Torrington, CT
Full Day Event

FEATURING:



KEYNOTE ADDRESS AND
FIRESIDE CHAT WITH
JOHANN HARI



LIVE, VIRTUAL
PRESENTATION AND Q&A
SESSION WITH
DR. GABOR MATÉ

SAVE THE DATE

COMMUNITY UPDATES



Would YOU know what to do in case of a traumatic bleeding event?

Average time to bleed out



Average time for 1st responders to arrive



Trauma-related deaths worldwide due to bleeding



Sessions at Torrington Area Health District:



**<https://cms.bleedingcontrol.org/Class/Search>
to find classes and register!**



STOP THE BLEED® is a registered trademark of the U.S. Department of Defense.

COMMUNITY UPDATES



Torrington Area Health District and Medical Reserve Corps Present:

HANDS ONLY CPR TRAINING

*Learn the
skills to save
a life- for
FREE!*

Sessions run
every 30
minutes-come
and join
anytime!

350 Main Street Torrington, CT
06790

Training includes:

- The steps on how to call for help
- How to give high-quality CPR
- How to properly use an AED



PRE-REGISTER AT:
[HTTPS://TAHDHANDSONLYCPR.EVENTBRITE.COM](https://tahdhandsonlycpr.eventbrite.com)

WALK INS WELCOME

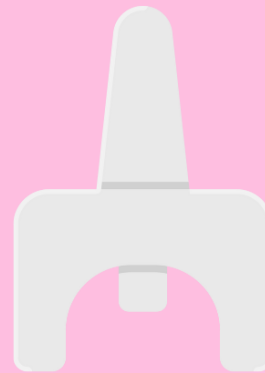
COMMUNITY UPDATES



NARCAN TRAINING

Learn how to properly administer Narcan and be able to recognize signs of an overdose

SCAN ME TO FIND A CLASS



You will receive Narcan at the completion of the class



LOCATION:

Torrington Area Health District
350 Main Street
Torrington, CT 06790

REGISTER AT:

<https://tahdnarcantraining.eventbrite.com>

QUESTIONS?

860-489-0436 x322

COMMUNITY UPDATES



FREE SUICIDE PREVENTION TRAINING

Location: Torrington Area Health District
350 Main Street Torrington, CT 06790

Questions?

Email Megan at mmclintock@tahd.org

What you will learn:

- How to recognize the warning signs of suicidal behavior
- How to question, persuade, and refer someone in a crisis

Participants will receive a certification as a QPR Gatekeeper upon completion of the training

To register, please visit:

<https://tahdmrcsuicideprevention.eventbrite.com>

