



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### TESTIMONY PRESENTED BEFORE THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

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### **Senate/House Bill 5346 - An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning the Well-Being of All Connecticut Children and Requiring an Annual Report Card Evaluating State Policies and Programs Impacting Children**

The Department of Public Health provides the following information with regard to House Bill 5346.

The RBA process has been in place for the last five years to help measure the impact of programs through the use and analysis of data. Although this bill would mandate a mechanism to measure and demonstrate the impact of state policies and programs that promote the result of Connecticut children growing up safe, healthy, and ready to lead successful lives, it is duplicative of the current RBA process and the Department would not be able to meet the requirements within existing resources.

The value of the current RBA process allows for a focused review of a specific program that helps identify successes and opportunities for improvement. DPH is currently in the midst of developing new outcome measures or revising existing measures for programs that are funded solely with state funds committing to establishing and achieving measurable results that will make a difference in the lives of people and their communities. Initiatives that are supported with federal funding have specific performance measures that must be reported. Many of our programs have different funding sources, various types of partners, and different data collection systems.

Low birth weight (LBW), or a birth weight of less than 2,500 grams, has been a public health problem in Connecticut for many years. Births of low weight and very low weight (VLBW; less than 1,500 grams at birth) can occur among babies born with a normal gestation time of at least 37 weeks (small for gestational age), but most LBW events in Connecticut occur as a result of preterm birth (PTB) (Gagliardi, 2008). A variety of public health interventions are planned within the Family Health Section that address multiple health determinants associated with LBW and disparities in LBW, some of which are useful in the preconception and prenatal periods.

An integrated project of this magnitude would require interagency collaboration for the identification of current/appropriate key indicators/performance measures, data sources, determining if measures are duplicative among agencies, and standardized in the way the data is collected and interpreted. A prioritization of performance measures is also recommended with planned assessment of progress and continued determination if indicator/performance measure needs to be revised.

It usually takes considerable time to bring partners together, develop shared priorities and goals, and address weaknesses in data collection and the shortcomings of available measures. The health and wellbeing of children is important to the Department, however the mandates in this proposal are duplicative of existing efforts currently being carried out. The Department would require additional resources beyond what we already dedicate to Results Based Accountability, and those resource already required to track existing contracts and Federal mandates. As funding for these mandates is not provided for in the Governor's budget, we cannot support this bill at this time.

Thank you for your consideration of the Department's views on this bill.



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