

Testimony of the Connecticut Association of Directors of Health

*In Support of Raised Bill 5618: Act Concerning the Establishment of a Council to Promote Enhance Communication
Between State and Local Public Health Officials*

To the Distinguished Co-Chairs and Members of the Public Health Committee
March 2, 2011

Good afternoon, Representative Ritter, Senator Gerratana and members of the Public Health Committee. My name is Patrick McCormack and I am President of the Connecticut Association of Directors of Health (CADH) and the Director of the Uncas Health District, serving the towns of Bozrah, Griswold, Lisbon, Montville, Norwich, Sprague, and Voluntown.

CADH, on behalf of Connecticut's local health departments, enthusiastically supports Raised Bill 5618, which would institutionalize a process for meaningful collaboration and partnership between state and local governmental public health. Preventing disease outbreaks, promoting policies that support health and protecting the public from public health emergencies and health risks demands a coordinated and comprehensive state-local partnership. In every town and municipality, local public health departments are at work enforcing the Public Health Code, assessing public health needs, implementing public health initiatives and working with our community partners. We have an on-the-ground perspective that can and should inform how best to secure and apply federal public health dollars available to the State and the feasibility of proposed initiatives and public health policies, both logistically and fiscally.

Currently the Center for Disease Control's (CDC) cooperative agreement that supports public health emergency preparedness requires the concurrence of Connecticut's local health directors in the state application. This has been instrumental in enhancing dialogue and ensuring that *both* municipal and state interests and needs are considered in the proposal and the allocation of funds. We ask that you support this bill and the establishment of this Council to ensure that this same dialogue take place for other federal grants available to support public health in Connecticut—a particularly timely issue as additional federal funds will be made available to the States through the federal Affordable Care Act.

In addition to promoting collaboration on federal funding opportunities, the Council would also support more effective and efficient public health policy and practice. Too often, local health officials are asked to implement initiatives and enforce policies for which there was little or no state/local dialogue. Particularly during tough economic times, Connecticut residents deserve a system that supports the best decision making and the application of the most efficient and effective approaches. These can only be identified through open dialogue that includes both local and state public health perspectives.

There are recent examples where a formalized process for state-local public health collaboration would have been beneficial. In a recent instance, the Connecticut Department of Public Health (DPH) submitted an application to the CDC for funds to increase the performance management capacity of state and local health departments to increase departments' ability to meet national standards. If funded, this project would have had direct implications for local public health practice. An inclusive process may have helped to secure the funding. Another instance involves the Special Supplemental Nutrition Program for Women, Infants, and Children (the "WIC Program"), which provides assistance to promote nutrition among low-income women, infants, and young children. A collaborative approach regarding regionalization and management changes made to the WIC Program by DPH may have helped to ensure the most efficient and effective delivery of services to all participants.

There are existing models that have successfully facilitated necessary state-local public health collaboration. I already mentioned the CDC requirement that applications for public health emergency preparedness demonstrate concurrence between state and local public health officials. In addition, effective July 2010, the state of Utah established a process to ensure mandatory consultation between state and local governmental public health entities.¹ Moreover, the federal government requires joint decision-making between state and local public health with respect to federal grant applications for preventive block grants. Finally, in Connecticut, a statewide Coordinating Council exists to advise the Department of Emergency Management and Homeland Security to, among other goals, strengthen consultation, planning, cooperation and communication among federal, state and local governments.²

Accordingly, CADH supports Raised Bill 5618 to promote meaningful collaboration and partnership between state and local governmental public health, which is critical to promoting the public's health.

¹ Utah Code § 26-1-4.

² Conn. Gen. Stat. § 28-1b.

Comments on Proposed Bill No. 5618, *An Act Concerning the Establishment of a Council to Promote Enhanced Communication Between State and Local Public Health Officials.*

Prepared January 27, 2011

The Connecticut Association of Directors of Health (“CADH”) is a nonprofit organization comprised of Connecticut’s 77 local health departments and districts. CADH works to strengthen and assure efficient and effective delivery of public health services by convening, engaging, mobilizing, and supporting Connecticut’s local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

CADH is enthusiastic about the concept of establishing a Council to facilitate state-local public health collaboration because it will promote:

- *Accountability.* Ensuring good health and public health protections for Connecticut residents demands meaningful collaboration and partnership between state and local governmental public health;
- *Efficiency.* Budget cuts require state-local public health collaboration to promote efficiency in allocating funds from federal grants to optimally protect the health of Connecticut residents;
- *Transparency.* Meaningful and purposeful state-local public health collaboration requires a transparent and inclusive process in obtaining and distributing federal funds; and
- *Practicality.* Local public health officials are the on-the-ground implementers of essential public health services and must provide input to state public health on the feasibility of proposed initiatives, both logistically and fiscally.

Existing models successfully facilitate necessary state-local public health collaboration:

- Effective July 2010, the state of Utah established a process to ensure mandatory consultation between state and local governmental public health entities. Utah Code § 26-1-4. Its language may serve as a model to draft a comparable statute in Connecticut (See **Appendix A**);
- The Centers for Disease Control and Prevention (CDC) require that federal grant applications for funds relating to public health emergency preparedness demonstrate consensus, approval, or concurrence between state and local public health officials;
- The federal government requires joint decision-making between state and local public health with respect to federal grant applications for preventive block grants; and
- In Connecticut, a statewide Coordinating Council exists to advise the Department of Emergency Management and Homeland Security to, among other goals, strengthen consultation, planning, cooperation and communication among federal, state and local governments. Conn. Gen. Stat. § 28-1b.

Recent examples of where a state-local public health collaboration would have been beneficial:

- The Connecticut Department of Public Health (DPH) recently submitted an application to the CDC for funds to increase the performance management capacity of local health departments and to increase such departments’ ability to meet national standards. If funded, this project would have had direct implications for local public health practice. An inclusive process may have helped to secure the funding.
- The Special Supplemental Nutrition Program for Women, Infants, and Children (the “WIC Program”) provides assistance to promote nutrition among low-income women, infants, and young children. A collaborative approach regarding the recent regionalization and management changes made to the Program by DPH may have helped to ensure effective delivery of services to all participants.

CADH welcomes the opportunity to serve you as a resource as you move forward with Proposed Bill 5618. Please feel free to contact Jennifer Kertanis, Executive Director, at (860) 727-9874, ex. 111 or jkertanis@cadh.org, or Alyssa Norwood, Health Program Associate, at (860) 727-9874, ex. 107 or anorwood@cadh.org.

Appendix A

Effective July 2010, the state of Utah established a process to ensure mandatory consultation between state and local governmental public health entities. Utah Code § 26-1-4. Utah is the only state of which the Connecticut Association of Directors of Health (CADH) is aware that has such a statute. Its language is included below, which may serve as a model to draft a comparable statute in Connecticut. For reference, in Utah, the Connecticut equivalent of the Department of Public Health is the Department of Health, and the Connecticut equivalent of the Commissioner is the Executive Director.

26-1-4. Department of Health created -- Policymaking responsibilities -- Consultation with local health departments -- Committee to evaluate health policies and to review federal grants -- Committee responsibilities.

(1) There is created the Department of Health, which has all of the policymaking functions, regulatory and enforcement powers, rights, duties, and responsibilities of the Division of Health, the Board of Health, the State Health Planning Development Agency, and the Office of Health Care Financing. Unless otherwise specifically provided, when reference is made in any statute of this state to the Board of Health, the Division of Health, the State Health Planning Development Agency, or the Office of Health Care Financing, it refers to the department. The department shall assume all of the policymaking functions, powers, rights, duties, and responsibilities over the division, agency, and office previously vested in the Department of Human Services and its executive director.

(2) In establishing public health policy, the department shall consult with the local health departments established under Title 26A, Chapter 1, Local Health Departments.

(3) (a) As used in this Subsection (3):

(i) "Committee" means the committee established under Subsection (3)(b).

(ii) "Exempt application" means an application for a federal grant that meets the criteria established under Subsection (3)(c)(iii).

(iii) "Expedited application" means an application for a federal grant that meets the criteria established under Subsection (3)(c)(iv).

(iv) "Federal grant" means a grant from the federal government that could provide funds for local health departments to help them fulfill their duties and responsibilities.

(v) "Reviewable application" means an application for a federal grant that is not an exempt application.

(b) The department shall establish a committee consisting of:

(i) the executive director, or the executive director's designee;

(ii) two representatives of the department, appointed by the executive director; and

(iii) three representatives of local health departments, appointed by all local health departments.

(c) The committee shall:

(i) evaluate:

(A) the allocation of public health resources between the department and local health departments; and

(B) policies that affect local health departments;

(ii) consider policy changes proposed by the department or local health departments;

(iii) establish criteria by which an application for a federal grant may be judged to determine whether it should be exempt from the requirements under Subsection (3)(d); and

(iv) establish criteria by which an application for a federal grant may be judged to determine whether committee review under Subsection (3)(d)(i) should be delayed until after the application is submitted because the application is required to be submitted under a timetable that makes committee review before it is submitted impracticable if the submission deadline is to be met.

(d) (i) The committee shall review the goals and budget for each reviewable application:

(A) before the application is submitted, except for an expedited application; and

(B) for an expedited application, after the application is submitted but before funds from the federal grant for which the application was submitted are disbursed or encumbered.

(ii) Funds from a federal grant pursuant to a reviewable application may not be disbursed or encumbered before the goals and budget for the federal grant are established by:

(A) a two-thirds vote of the committee, following the committee review under Subsection (3)(d)(i); or

(B) if two-thirds of the committee cannot agree on the goals and budget, the chair of the health advisory council, after consultation with the committee in a manner that the committee determines.

(e) An exempt application is exempt from the requirements of Subsection (3)(d).

(f) The committee shall report to the Legislature's Health and Human Services Appropriations Subcommittee and Political Subdivisions Interim Committee by November 30 of each year regarding implementation of this Subsection (3).

(g) The department may use money from a federal grant to pay administrative costs incurred in implementing this Subsection (3).