

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.