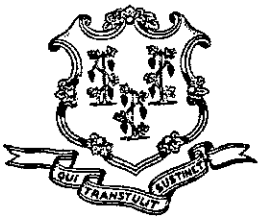

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE APPROPRIATIONS, HUMAN SERVICES AND PUBLIC HEALTH COMMITTEES

October 1, 2012

Jewel Mullen, MD, MPH, MPA, Commissioner

Preventive Health and Health Services and
Maternal and Child Health Services Block Grants

Good morning, my name is Dr. Jewel Mullen, and I am Commissioner of the Department of Public Health. I am here to present the Department's proposed FFY 2013 Allocation Plans for the Preventive Health and Health Services Block Grant and the Maternal and Child Health Services Block Grant.

The Preventive Health and Health Services Block Grant (PHHSBG) was established by Congress in 1981 to replace funds previously allocated to six separate categorical grants and support programs that reduce preventable morbidity and mortality. Thus, the PHHSGB funds activities consistent with making progress towards achieving the objectives in the national public health plan for the health status of the population (also known as *Healthy People*). Consistent with national *Healthy People* leading health indicators, the 2013 PHHSBG basic award will support the following prevention programs: Cardiovascular Disease (Heart Disease & Stroke), Diabetes, Cancer, Chronic Disease Risk Factors, Intentional Injuries (Youth Violence/Suicide and Intimate Partner Violence), Unintentional Injuries, Emergency Medical Services, Childhood Lead Poisoning, and Healthy Home and School Environments.

In Connecticut, the PHHSBG continues to support a variety of public health programs that are primarily implemented at the community level. And, in FFY 2013 it is proposed that funds be used to support workforce development opportunities critical for Connecticut to meet the national public health plan objectives.

The PHHSBG has a proposed FFY 2013 budget of $1,308,680, which includes an estimated federal allocation of $1,014,775 plus an estimated carry forward from FFY 2012 of $293,905. The majority of the funds carried forward result from unexecuted contracts with local

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departments of health and other community providers. The total amount includes a set aside of $79,914 specifically for Sex Offense Programs.

The FFY 2013 estimated budget is based on the original allocation for FFY 2012 and the assumption of level funding. However, the Department has a contingency plan in place, should an increase or reduction occur. The Department would review such changes with the PHHS Block Grant Advisory Committee and modify allocations based on Committee recommendations.

The future of the PHHSGB remains uncertain. President Obama eliminated this Block Grant's funding in his FFY 2013 budget request to Congress, as he did in FFY 2012. A Continuing Resolution to begin in October, 2012, is anticipated to continue funding of this Block Grant and other programs until a 2013 federal budget is finalized. For this reason, the Centers for Disease Control and Prevention (CDC) has instructed all states to submit their FFY 2013 PHHSBG applications (due in October 2012) with the expectation of level funding.

The health priorities and program categories for which funding is proposed to be utilized in FFY 2013 include many of the same priorities and program categories as in FFY 2012. Proposed changes from FFY 2012 are as follows:

- DPH will serve in a lead role and provide three workforce development opportunities designed to:

    1. increase the state's public health workforce's sophistication in working with policy, systems and environmental change strategies to reduce chronic disease and health disparities;
    2. enhance and expand the skills of the state's paramedics to address gaps in healthcare delivery such as providing episodic home healthcare and hospice care when urgently or unexpectedly needed; reducing high-volume use of the E-911 system through a structured program of in-home care, counseling and managed emergency care; or treating patients regularly cared for by a visiting nurse who experience urgent or unexpected needs when the VNA is unavailable, and
    3. standardize the collection of sociodemographic data among public health data systems to ensure compliance with Department policy.

- Increasing funding awarded to local health department programs by $175,280, which represents a 34.90% increase. This change is expected to enhance implementation of evidence based strategies at the community level and assist local health departments in leveraging other funding sources to decrease chronic disease and health disparities among their residents.

- Significantly increasing funding for Surveillance and Evaluation, by $185,484. The additional funding is proposed to be allocated to evaluate federally funded Cancer and Tobacco Control Programs. Extensive evaluation of these programs is mandated by CDC to support continued federal funding.

- Increasing by $41,805, or almost 51%, funding for Youth Violence and Suicide Prevention. In the past year, other federal funding which supported injury prevention programming (such as youth violence and suicide, fall prevention and motor vehicle crashes) was eliminated. The increased block grant allocation will be used as start-up funding necessary to build injury prevention capacity and infrastructure in Connecticut.

- Discontining use of Block Grant funds to support a laboratory chemist for the Childhood Lead Prevention Program. The cost of this position has been shifted to another funding source to ensure that services provided by the chemist continue without interruption.

In regard to the Maternal and Child Health Services Block Grant Allocation Plan, the grant promotes the development of service systems in states to meet critical challenges in:

- Reducing infant mortality,
- Providing and ensuring access to comprehensive care for women,
- Promoting the health of children by providing preventive and primary care services, and
- Providing family centered, community based, coordinated services for children and youth with special health needs.

It is a federal requirement that at least 30 percent of funds be used for prevention and primary care services and at least 30 percent be used for children with special health needs. There are a number of other administrative requirements of the block grant that are referenced in the Allocation Plan. The Department is in compliance with all administrative requirements.

There are a variety of services provided with grant funds to meet the objectives described in the allocation plan. These include case management services for pregnant women, MCH information and referral services (2-1-1), family planning, oral health, school-based primary and behavioral health, infant health and well-being, newborn screening, and medical homes for children and youth with special health care needs.

The MCHSBG has a proposed FFY 2013 budget of $4,782,407, which includes an estimated federal allocation of $4,667,308 plus an estimated carry forward from FFY 2011 of $115,099.

The proposed allocation plan incorporates precautionary measures in the event that the actual FFY 2013 federal award amount is decreased, including any change due to implementation of the Budget Control Act of 2011. Unobligated carry forward funds would be used to minimize the impact of any reduction upon community-based programs so as to mitigate any impact upon services to clients.

Thank you for your consideration of these Allocation Plans. If you have any questions, agency staff and I will be happy to answer them.