

Legislative Office Building
Room 3500
Hartford, CT 06106-1591
March 17, 2014

Re: HB 5528 - AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES

Dear Members of the Public Health Committee:

My name is Elaine O'Keefe. I am the Executive Director of the Office of Public Health Practice (OPHP) at the Yale School of Public Health and the director of a Public Health Training Center (PHTC) serving CT and RI that is funded by the federal Health Resources and Services Administration (HRSA). The public health programs at University of Connecticut (UConn) and Southern Connecticut State University (SCSU) are our CT based academic partners in the PHTC. The foremost mission of our PHTC is to strengthen academic and practice partnerships within and across CT and RI to promote public health workforce development focused on reducing health inequities in underserved areas, and to improve the public health system through ongoing assessment of training needs and delivery of competency based trainings for the current public health workforce that demonstrably improve professional practice. We work closely with public health practitioners to provide training programs that strengthen and build competencies in the workforce with the ultimate goal of improving the public health of communities throughout CT and RI. The CT Department of Public Health, CT Association of Directors of Health (CADH), CT Environmental Health Association, Community Health Center Association of CT, CT Association of School Based Health Centers, CT Area Health Education Centers (AHEC), CT Association of Public Health Nurses, CT Public Health Association, and the CT AIDS Education & Training Center are some of the active participants in the CT Public Health Workforce Partnership that serves as advisory body to the CT component of our PHTC.

There are 37 PHTCs around the country and all design their curricula within the common framework provided by the nationally recognized 10 Essential Services (ES) model. The established competencies for public health professionals focus on the provision of the 10 ES and PHTC trainings emphasize development of these competencies. Thus adopting the 10 ES in a more formal way in CT would align the professional development programs that are ongoing in CT with the mandates and operating framework of the public health agencies that employ the workers who participate in the PHTC trainings and particularly those who work in the governmental sector, at the state and local level. Our PHTC offers extensive training to local and state health department workers in CT. Increasingly, these programs have been focused on supporting public health departments to prepare for voluntary accreditation. The standards for accreditation developed by the national public health accreditation body (PHAB) follow the 10 ES model so there is a disconnect between the existing 8 public health mandates in the state statutes in CT and the quality improvement initiatives that are underway to build capacity of the public health workforce to effectively address contemporary public health issues.

As articulated by CADH in their fact sheet, Modernizing Public Health Laws in Connecticut, there are compelling reasons for moving to the 10 ES framework in CT:

- Connecticut's existing 8 public health mandates in the state statutes are outdated and no longer apply to local health departments and districts.
- Nationally, local health departments (LHD) embrace the 10 essential public health services as the standard for services.
- The national standard for voluntary accreditation for public health agencies uses the 10 essential services as their foundation.
- Public health services should be equitably available and the ten essential services provide accountability by linking public health performance to health outcomes.
- The ten essential public health services are included in the curriculum of accredited public health programs taught by academic institutions in Connecticut and across the country.

The last point about the curricula of public health education is of particular concern to those of us in the academic domain. As universities aspire to provide the knowledge and skills needed for 21st century public health practice it is critical that our curricula align with the needs of the organizations that will employ our graduating students. While adopting the 10 ES in CT is but one way in which we can achieve this harmony of academic and practical public health goals, operating from a common taxonomy of public health services is a fundamental necessity.

Another reason to convert to the 10 ES framework in CT is to enhance our ability to conduct research to increase the impact of public health services on health outcomes in communities. Public Health Services and Systems Research (PHSSR) is a field of study that examines the organization, financing, and delivery of public health services within communities, and the impact of these services on public health, using the 10 ES as the foundation for study. CT has a Public Health Practice Based Research Network (PBRN) focused on PHSSR that is directed by CADH in partnership with other public health organizations and academic institutions in CT including Yale, UConn, SCSU, and others. Over the past four years the CT PBRN has worked to develop and implement an applied public health research agenda for Connecticut that reflects the major public health issues impacting the state and aligns with the priorities of practitioners operating in the governmental public health arena. The CT PBRN has served to coalesce and harness the public health research expertise that resides in the state in support of collaborative and sustained practice-based research endeavors with an emphasis on local governmental public health. The PBRN aims to enhance the evidence base of public health program and policy interventions statewide; increase application of research findings in the practice and policy settings; better position the governmental public health system for the eventual adoption of public health standards and accreditation of health departments; and generate knowledge about public health practice in CT that may be applicable to other settings. The studies conducted under the auspices of the CT PBRN have examined critical questions about factors that influence the effective delivery of public health services at the local level in our state. And the findings have been of value to the field. However, this research has been hampered by CT's misalignment

with the 10 ES and the fact that the data collected on LHD activities in CT is based on the existing 8 ES model. For example, a CT PBRN study in 2011 used the annual report data that LHDs provide the CT DPH to investigate responses to the economic recession, and whether LHDs changed their services or fees in response to the recession. Because the annual report data was not aligned with the 10 ES, results were limited and couldn't be compared with results from other states that used the 10 ES as a comparison.

In summary, from an academic public health perspective, adopting the 10 ES framework in CT as the statutory mandate for governmental public health services is important to the goals of optimizing the knowledge and skills of the future public health workforce in CT and enhancing the practical application of training for the current public health workforce. In addition, the 10 ES framework, and subsequent conversion of data collection mechanisms to encompass activities of LHDs within the 10 ES categories will advance the conduct of research to optimize the delivery and impact of public health services.

I hope this information is useful to your deliberations around the adoption of the 10 ES as the standard framework for CT. The proposal is surely a sound one and promises to advance public health service quality and performance in CT. Thank you for taking this on and for considering the perspectives of all who have an interest in this issue including the academic public health sector.

Sincerely,

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