House Bill 7170 - An Act Concerning the Department Of Public Health’s Recommendations Regarding the Integration Of Municipal Health Departments Into Regional Health Districts

The Department of Public Health (DPH) supports House Bill 7170, which would integrate the 72 current local health departments and districts (LHDs) into nine regional health districts that follow the boundaries of the Council of Government planning regions. Integration of LHDs will promote health equity, standardize public health practices and provide consistency in the delivery of essential public health services to the citizens of Connecticut. DPH would like to thank the members of the Public Health Committee for raising the Department’s bill, and for providing us the opportunity to testify on this important issue.

The integration of local health departments and districts will ensure that all citizens in Connecticut have access to full-time, standardized local public health services. Currently, over 172,000 citizens do not have access to full-time public health services. In Connecticut, there is significant variability in the types of services provided by LHDs as well as their capability to respond to public health emergencies. LHDs’ staffing also varies significantly across the state, ranging from less than one full-time equivalent employee (FTE) to 88 FTEs.

Connecticut’s local public health infrastructure is fractured. It consists of a mixture of municipal health departments and health districts. Some municipal health departments are full-time and some are part-time. Currently, there are 72 LHDs serving the State’s entire population, as follows: 19 employ a part-time director of health (part-time LHD); and 53 employ a full-time director of health (full-time LHD), including 33 independent municipal health departments and 20 health districts with jurisdictions spanning from two to 20 towns.

Per the FY 2016 Local Health Annual Report, 16 (22%) of LHDs reported that they provide the ten essential public health services outlined in the Basic Health Program under CGS Sec 19a-207a. Of the 16 LHDs, one is a part-time local health department, eight are full-time local health departments and seven are health districts. Of the 20 health districts, 35% provide the ten essential public health services, as compared to 24% of full-time and 5% of part-time LHDs. Traditionally, health districts have been more successful than health departments in complying with the law requiring the provision of the Basic Health Program.
Integration of LHDs will allow for the pooling of resources to improve the delivery of public health services via enhanced: staffing levels, health equity and the capacity to respond to public health threats in the event of an emergency. In addition, integration will empower health districts by increasing purchasing power, enhancing grant eligibility, generating revenue by standardizing fees for services, and ensuring that adequate resources are available to provide all Connecticut citizens with consistent public health services no matter where they reside.

This bill will promote the delivery of standardized and enhanced public health services in the areas of prevention, such as education about chronic and infectious diseases; resources for people facing substance use disorders; and environmental health. In addition, the integration of LHDs will increase the capacity to conduct community health assessments, as well as to develop community health improvement plans and/or strategic plans to address health disparities within a district and target community needs. Integration will also provide governmental efficiencies at the state level, as DPH will be able to provide better oversight and technical assistance to fewer LHDs.

Each regional health district will enhance and maintain local control through an executive board, which will determine the amount of funds needed on a per capita basis to support public health for the region. In addition, each local elected official will have input to the operations of the district through the planning region of their respective council of government. The regional health district will annually receive from the state a pro-rata share of appropriations made by the General Assembly for support of regional health districts. Each district’s share will be determined by calculating the percentage of the total population that each district serves. Regional health districts will also be supported by the Department through a full range of public health programs.

Since September 2016, I, Commissioner Raul Pino, have been engaging and meeting with stakeholders to obtain their input concerning the local health integration proposal. The proposal language was modified based on this input from the stakeholders at these forums and at the following meetings:

- On September 15, 2016, DPH attended a Connecticut Association of Directors of Health meeting to discuss the local health integration proposal and solicit input on the restructuring of Connecticut’s local public health infrastructure.
- On November 9, 2016, the Department applied for and received a grant from the County Health Rankings and Roadmaps collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute to engage local policy and decision makers around the state in a conversation to improve Connecticut’s local public health infrastructure.
- Four local health integration forums were held around the state - New Haven 12/12/16, Hartford 12/14/16, Old Lyme 1/5/17 and Bridgeport 1/24/17. Invitees included boards of health, Connecticut Council of Small Towns (COST), Connecticut Conference of Municipalities (CCM), directors of health, state representatives and senators, and local town officials. There were a total of 121 attendees.
• In addition to the four local health integration forums, the Commissioner met one on one with chief elected officials, directors of health, council of governments, CCM, COST and the State Health Improvement Plan Advisory Council.

In January 2010, the Governor’s Council for Local Public Health Regionalization submitted a report to Governor M. Jodi Rell and the General Assembly entitled Moving Toward Public Health Equity in Connecticut. The Council was created by a Governor’s executive order to “…provide recommendations for defining the local public health infrastructure with the goal of public health regionalization.” Some of the Council’s findings include: the current local public health system is fractured; part-time LHDs lack resources to provide comprehensive public health services, which results in cost shifting to other public health entities; and that Connecticut’s financial contribution for local public health ranks below the national average. Seven years later these findings are still relevant and the deficiencies still exist.

DPH has implemented other Council recommendations, updating the municipal and district director of health qualifications and adopting the ten essential public health services as the Basic Health Program. The LHDs now have the ability to enter into mutual aid agreements with other LHDs and public health providers. In addition, the Department created a Population Health Council and the State Health Improvement Plan Advisory Council. House Bill 7170 will allow for further implementation of 2010 study recommendations by transitioning local public health departments into larger regional districts.

Information about the provision of local health department and district compliance with the ten essential services, along with further information regarding local health integration can be found on the DPH website at: http://www.ct.gov/dph/cwp/view.asp?a=3123&Q=588224&PM=1.

The Department would be happy to meet with members of the Public Health Committee to discuss any further questions or changes to the bill that may be needed. Thank you for your consideration of this information.