

July 15, 2014

**Excellence in State Public Health Law – Final Report
Connecticut
July 15, 2014**

Case Study

1. INTRODUCTION

Please provide a brief final project description, including your goal(s) and key strategies.

In Connecticut, 74 local health departments/districts (LHDs) exist to serve all of the state's residents, including those residing in rural areas and Connecticut's 169 towns and cities. Twenty-four of these LHDs are part-time and 50 are full-time. The structure, governance, resources and function of LHDs in Connecticut are inconsistent and do not equitably serve all residents. The goal of this Aspen work was to build demand for and excitement around public health through education, outreach and dialogue; and to create a vision for a robust and equitable public health system in the state. This was accomplished through an informational forum kick-off event, Google chats, community engagement sessions with LHD, meeting with municipal leaders, summary of shared services agreements/legal implications, and possibly a final strategic planning session aimed at defining the public health services to which every resident should have access. The original intent and goals of this project did not change significantly.

2. THE PUBLIC HEALTH CHALLENGE

What was the unifying concept that brought the team together and motivated them? Was there a shared goal? Team members recognized that the public health system in CT needs work; and that during times of peace and during emergencies, there are some public health services that are lacking/unavailable to some residents. The goal of building excitement around and demand for public health, ultimately creating a vision for a robust and equitable public health system was shared by all.

To what extent was the goal within reach of your original team? The team recognized from the outset that we could not define a robust and equitable public health system in isolation. Many partners have contributed to this work since the team was formed: local directors of health (DOH); municipal leaders; DPH staff; academic partners; and others. We also recognized that this is the beginning of a process, not the end. "Lead Public Health" (www.ct.gov/dph/leadpublichealth) has evolved out of this work and is ongoing, a venue for continuing to build demand for and excitement around public health and fundamental to achieving our goal.

What was the available evidence base describing the nature of the public health challenge and/or potential solutions to the public health challenge? The public health challenge was clear to the team and to our partners: that Connecticut's local public health system is the second-most fragmented in the country for its land size and per government entity, and the ninth-most fragmented by population.^{1,2} The flu season of 2012-13 and severe weather events (e.g., storms Irene, Alfred, Sandy and Charlotte) sharpened awareness that provision of public health services by small, part-time LHDs during public health crises is challenging at best, and impossible at worst.

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Research suggests that cost and performance benefits can be achieved by LHDs serving populations in the range of 50,000 – 100,000³ and to achieve a “minimum efficient scale” of population per LHD, the LHD must provide service to a minimum of 100,000 people. Per capita public health costs are higher for LHDs serving fewer than 50,000 people, but these costs appear to level off at 100,000 people served.⁴ Of interest to our team was the possibility of cross-jurisdictional sharing of services, a viable solution for smaller, less resourced LHD unwilling or unable to join a district.⁵

Two national experts identified by Aspen and selected by our team (Patrick Libbey and Carmen Hooker Odom) attended two meetings in Connecticut to assist us in brainstorming ways to create demand for public health, and to begin discussing what a robust and equitable public health system would look like. The first meeting with local directors of health (DOH) was an introduction to the ESPHL work and an opportunity for the DOH to have interactive dialogue about challenges and opportunities; the second meeting was an informational session at the Capitol. Mr. Libbey described cross-jurisdictional sharing as a way to assure all residents have access to a core set of public health services; and the foundational capabilities required to provide public health services (e.g., administrative, legal, human resources and other services). Ms Hooker Odom described the North Carolina experience and accreditation as a minimum state standard for all local health departments.

3. BUILDING A BROAD-BASED TEAM

What additional partners were convened beyond the original team members? The first in-state meeting took place with our national experts and local DOH. The DOH have been engaged since that first meeting and updated at membership meetings, during monthly conference calls and at the Commissioner’s semi-annual meetings. Two municipal leaders participated in a Google Chat, and two academics have also been involved. Our own DPH staff, including the director of communications and his staff, the branch chief who oversees the office of local health administration (OLHA) and the OLHA staff, are also involved.

What assets, skills, challenges, or points of view did they bring with them, and did they contribute to your success? Each of these partners have been critical to our work: DOH for their local perspectives; municipal leaders since their support of public health is necessary to achieving a robust and equitable public health system; academics for their deep understanding of public health generally and their role in educating the public health workforce; and our DPH colleagues for their expertise in communications and knowledge about the unique and sometimes challenging relationship between state and local public health officials. The success of this work is the ongoing dialogue with our partners about public health and knowing that our goal of creating demand for and excitement around public health is being embraced. The team and all of our partners have been successful in creating a process, Lead Public Health (LPH), through which a vision for an equitable and robust public health system can be realized.

Were there any specific areas in which you lacked evidence (public health evidence, policy evaluations, etc.) that would have helped you build a broad-based team? Building the team based upon the specifications of the grant made sense to us. In addition, the literature suggested that municipal leaders’ understanding of public health was positively associated with their support for

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public health services, and because of the work we are doing, having a municipal leader on the team might have been beneficial. Nevertheless, municipal leaders are now engaged.

Did the all-cohort leadership retreats enable you to broaden your base or establish new partnerships?

The retreats enabled us to discuss the successes and challenges of our work and to brainstorm with the team and other participants, and to identify other partners with which to engage. In particular the Network for Public Health Law provided some guidance, and the legal discussions in New York were helpful in establishing relationships, generating ideas and comparing experiences. The in-person discussion with Meryl Chertoff, Leah Devlin and Patrick Libbey helped the team to identify goals and strategies for broadening our partnership base and articulating a vision to others.

How many in-state meetings did your team have, when were they, and how many/what categories of participants attended? Did these meetings enable you to broaden your base or establish new partnerships?

The team met by teleconference, in addition to the informational forum, monthly calls with the Aspen staff, and the all-cohort leadership retreats. The team met on July 29, 2013 (only Senator Harp was unable to attend); and on February 3, 2014, Commissioner Mullen and Deputy Commissioner Lewis met with the public health committee chairs, ranking members and vice-chairs to explain the ESPHL work. The team kept in touch primarily by email. In addition to the meetings listed above, DPH staff were updated on progress of the ESPHL work via email and during town hall meetings. The LPH forum invitations were widely disseminated through our communications office, emails and other channels.

Did you use other means to capture points of view, benchmarks, and tripwires of stakeholders, and if so how?

Commissioner Mullen and Deputy Commissioner Lewis on two separate occasions attended a membership meeting of the Connecticut Association of Directors of Health (CADH) to discuss the ESPHL work and LPH. During those meetings local directors of health were able to ask questions and present concerns. Commissioner Mullen discussed LPH at the fall 2013 and spring 2014 Commissioner's semi-annual meetings with DOH; and at the spring meeting, a DOH participated in the opening presentation to share a local perspective on LPH and on the state health improvement plan. At individual meetings with DOH, Deputy Commissioner Lewis also discussed the ESPHL work and recruited DOH to host community engagement sessions for constituents within their LHD. One DOH suggested a meeting instead with the Council of Governments (COG) within his jurisdiction, and took the lead on arranging that meeting. At the time of this writing, the community engagement sessions, the meeting with the COG and the final strategic planning session have not taken place. We anticipate that we will learn more from these events. Overall, our messaging to stakeholders, particularly DOH, has been consistent, frequent and deliberate, and we believe this has been necessary to our success.

4. FINDING SOLUTIONS

Was there a solution, set of solutions, or roadmap to a solution reached by your team? As discussed above, we did not expect to realize our vision within this one-year timeframe. However we did create a venue (LPH) through which to do this, and developed and strengthened many partnerships along the way.

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Please provide a brief summary, and attach copies, of any reports, surveys, or focus-group findings that were produced as the outcome, or in support of, your project. Please also add any metrics you used to gauge success. Attached is a copy of the informational forum that was held in February, 2014. Video recordings of the informational forum, the Google chat and other LPH initiatives can be found on our website, here: www.ct.gov/dph/leadpublichealth In addition, five scheduled community engagement sessions, a scheduled meeting with a COG, and possibly a strategic planning session in the early fall, are not reflected in this document.

5. THE FUTURE AND LESSONS LEARNED

Please tell us about continuing activities or goals growing out of your project, including anything specific to the project beyond the August 2014 ESPHL end-date. As described above, the LPH initiative that was developed as part of this work is ongoing. Working with the DPH communications office staff and other partners, we anticipate hosting quarterly forums and other events that will build excitement around and demand for public health in Connecticut. Finally, we are considering hosting a strategic planning session, possibly in the early fall, which could provide more direction to all stakeholders as they work to create a vision for a robust and equitable public health system.

Please outline anything about sustainability that might inform stakeholders or government officials in your state or public health leadership in other states who may undertake a similar project. We quickly recognized that building a robust and equitable public health system would require time and commitment from leaders and citizens around the state, and could not be accomplished during the one-year time frame. However the foundation has been laid and LPH will be the platform for continuing this work; it is the beginning of a process. Sustainability in this case is dependent upon having many champions across many disciplines; building momentum slowly and deliberately; being consistent in messaging; and communicating as often as possible to all stakeholders. Sustainability will also emanate from linking LPH to our state health assessment, the local community health assessments, and state and local health accreditation activities.

Did anything happen during the course of your ESPHL project that surprised you? Most surprising to us was the degree to which some DOH were concerned about the direction of the ESPHL work, fearing a move to regionalize all LHD in the state. The LPH work may also have contributed to the surfacing of factions among DOH, since some were very supportive and collaborative from the outset.

What lessons did you learn, including leadership lessons and lessons on collaboration? We learned that the ESPHL work, during this grant period, is the beginning of a move to create a vision for public health, and a means to achieve that through LPH. Much of our work has been allaying fears and putting to rest, once and for all, a history of distrust and some fractured state-local relations; being consistent and deliberate in our messaging; and communicating frequently with stakeholders, particularly DOH. Changing the discussion to one of creating a vision for public health has been valuable to bringing DOH and other stakeholders on board. In this way we have developed common ground as we work together to create a public health system that serves all residents.

Feedback

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1. *Did your team membership change during the course of the ESPHL program? If so, why, and what impact did it have?* Yes, Senator Harp ran for and was elected mayor of New Haven. Since we had not yet met as a team, this did not have a direct impact although we were disappointed not to have her public health perspective. Later she participated in a Google Chat and so was still engaged in the work.
2. *How would you configure your team differently if you had to do this project over again? Include a municipal leader since the local public health system is so linked to municipal support, financial and otherwise.*
3. *Did ESPHL support your in-state meetings financially? What other forms of non-technical support did ESPHL provide to your team? What additional support would have been helpful in retrospect?* Yes, ESPHL supported our in-state meetings financially, paying for national experts, refreshments and other expenses. Having Joe DeMott at the February forum was very helpful; his insights benefited our work. During our monthly calls and at the retreats, the ESPHL staff provided suggestions for achieving our goals.
4. *Did you use Basecamp? If so, please evaluate your experience. If not, what would have made Basecamp more useful?* We used Basecamp very little. This was simply due to time constraints.
5. *Looking back, what other types of outside technical assistance might have been helpful?* Much of our work has been about communicating and marketing public health, and while we had excellent help internally from our communications office, and from the marketing firm hired to create our branding for LPH, we could have benefited from more in the way of marketing/communications, in addition to the excellent presentation that was given at the last retreat.
6. *If the ESPHL project continues with a second cohort, would you or members of your team be open to mentoring or providing consultation to teams from other states as appropriate?* Yes.

¹ Kodrzycki, Y. (2013). The quest for cost-efficient local government in New England: What role for regional consolidation? Research Report 13-1: New England Public Policy Center.

² National Association of County and City Health Officials [NACCHO]. 2010. National profile of local health departments. Retrieved from

http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web.pdf

³ Minnesota Public Health Research to Action Network. (October 2011). Factors associated with local public health department performance: Literature review.

⁴ Santerre, R. (2009). Jurisdiction size and local public health spending. *Health Services Research*, 44(6):2148-66.

⁵ Center for Sharing Public Health Services (2014). Available at <http://www.phsharing.org/what-we-do/goals/>