


# Connecticut's Current State and Local Public Health System



Lead Public Health Forum  
Legislative Office Building  
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# Agenda- A Brief Overview

- How we are organized
- Some Stats
- The Two Worlds of State and Local Public Health:
  - The Common Ground
  - The Uncommon Ground
- Where do we go from here?
  -
- The Opportunities Before Us



# How we are Organized

- In Connecticut, the Commissioner of Public Health has primary responsibility for “...the prevention and suppression of disease” ... and administration of all laws under the jurisdiction of DPH and Regulations of the Public Health Code per CGS 19a-2a. Powers and duties.
- The Commissioner has authority over all Local Directors of Health, affirming appointment/removal and execution of duties.



# How we are organized (cont.)

- One size does not fit all... when it comes to Local Health Departments and Districts.
  - 29 Full time Municipal HD's
  - 24 Part-time Municipal HD's
  - 21 Health Districts- each covering from 2 to 18 towns...Total of 116 towns covered by Health Districts.
- Total of 74 local health departments serving the State's population of approximately 3,580,709.



# How we are organized (cont.)

- Municipal Health Departments, whether full time or part time, are directly funded through town or city budgets.
  - They receive oversight by the Mayor, CEO, Town Manager, Selectmen as a member Department of the Local Government.
  - Financial Direction from the municipal elected body such as Town Councils and Boards of Selectmen where public health is impacted.
  - Only Full-time Municipal Health Departments serving a population of 50,000 or more are eligible to receive State Per Capita funding of \$1.18 per capita.



# How we are organize (cont.)

- Health Districts are overseen by a District Board of Health comprised appointees from member Towns.
  - Number of Appointees is driven by population size of the member town.
  - Directly manage the business and a finances of the Health District, make and adopt regulations, enter into and execute contracts, hire the local director of health.
  - Member towns are charged a per capita fee, as determined by the District BOH.
  - Districts are eligible to receive State Per Capita funding annually of \$2.43 per capita.



# Some Stats...

## Full Time public health services

### **Municipal Health Departments**

29 towns

– 1,661,979 population served

– 46% of the State's population is served by full time Municipal Health Departments.

### **Health Districts**

■ 116 Towns

– 1,714,914 population served

– 48% of the State's population is served by Health Districts.



# Some Stats (cont.)

## Full-time verses Part-time LHD's

### Full-time Services

#### Municipal and Health Districts

- 145 Towns and cities
- 3,326,893 population served
- 94% of State's population served by full-time LH services

### Part-time Services

#### ■ Part-time municipal Health Departments

- 24 Towns (less than 40,000 population for 5 consecutive years)
- 203,816 population served
- 6 % of State's population served by part-time LH services





# The Two Worlds of State and Local Public Health –The Common Ground

- Areas of Regulatory enforcement
  - Food Protection
  - Subsurface Sewage Disposal
  - Lead Poisoning Prevention
- Community Health programs with local involvement such as the Community Transformation Grant for rural parts of the state (although not uniformly available statewide).
- Public Health Emergency Preparedness



# Common Ground (cont.)

- DPH Health Alerts-Food Recalls, product safety issues.
- Public Health Press Releases during a Disaster on Carbon Monoxide Poisoning, and Public Water systems open/closed status.
- DPH Monthly Conference Calls with Directors of Health-recent pilot effort.
- The Commissioner's Semi-Annual Meetings with Directors of Health for updates and current emerging issues.



# Two Worlds of State and Local Public Health- The Uncommon Ground

- A Local Perspective....
- In CT, If you have seen one Health Department, you have seen one Health Department. Why is that?
- Choices, Choices....Other than Regulatory requirements Local Health Departments operate as separate agencies, with programs that address grass roots needs; often not connected to State initiatives. The choices of local public health initiatives are vast.
- Over time Local Health Departments or Districts may, out of financial necessity, focus on Regulatory requirements only, or a mixture of local public health and wellness concerns when funding is locally available.



# The Uncommon Ground (cont.)

- Public Health happens locally, where people live. It cannot be done from a desk top.
- We are at our best when we are connected to the local governments of the communities we serve.
- Complex local problems that impact health often takes Local collaboration of Health, Police, Fire, Building, Housing, Animal Control, Social Services and Legal counsel to resolve; such as Hoarding cases.
- Local Health operationalizes the Regulations promulgated by through the State DPH.



# Where do we go from here?

- Acknowledge Connecticut's dedicated workforce of Public Health Professionals at both the State DPH and Local Health Departments and Districts.
- Mission Alignment! under the Leadership of State DPH
- Enhance, not diminish the good work in place.



# The Opportunities Before Us...

- Clear Mission Alignment of State and Local Public Health Programs with room for unique local demands and grass roots collaboration.
- Establish a Standard of Public Health Care available to all CT residents.



# The Opportunities Before Us...

- Connect Local and State Data in Performance Measures-Using Results-Based Accountability.

Are we making a difference?

- Through the data, define the value of the work we do to improve the quality of life and wellness that elevates CT as a desirable place to live and thrive.



# Questions

- Thank you!