



**Connecticut  
Public Health  
Association**

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**TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION  
H.B. 5527: AN ACT CONCERNING A WORKING GROUP TO STUDY  
HEALTHCARE REFORM  
PUBLIC HEALTH COMMITTEE  
MARCH 21, 2012**

Representative Ritter, Senator Gerratana and members of the Public Health Committee: my name is Katharine Lewis. I am the Advocacy Committee Co-chair and President-elect of the Connecticut Public Health Association (CPHA). On behalf of the CPHA, I offer our enthusiastic support for **H.B. 5527: *An Act Concerning a Working Group to Study Healthcare Reform***. The charges of the working group to study “...opportunities for funding to strengthen community health programs... incentives for wellness initiatives...potential changes to health care delivery systems...and... issues relating to chronic disease” [1] are prudent and timely.

Connecticut has the fourth highest per capita healthcare spending in the country [2] with chronic conditions accounting for an estimated 75% of that spending. [3] The Affordable Care Act (ACA) of 2010 [4] provides unique, exciting opportunities for public health at national, state and local levels to work closely with partners from all sectors to improve population health and reduce the burden of chronic disease. For example the ACA will provide funding for Community Health Centers, incentives to increase access to health care providers in underserved areas, and in Connecticut 547,000 seniors enrolled in Medicare will have access to preventive services. [5]

In short, the ACA attempts to turn the current “illness care system” into a “health care system” through public health investments, education, research and coverage for evidence-based prevention services. [6]. However, these tasks cannot be accomplished in silos by public health, medicine, business, governments, academia or any other entity on its own: it will require strong partnerships between all sectors of public health and beyond.

The Institute of Medicine (IOM) recommends exactly these types of partnerships. In its public health policy and law report, the IOM suggests all levels of government, as well as public and private partners convene to consider a “health in all policies” approach to improving population health. [7] In many ways, the recently released National Prevention Strategy embodies just such an effort: public and private partners from a range of sectors contributing to a national strategy for health promotion and disease prevention. [8] These partnerships are even more critical now. Recent cuts to the federal Public Health Prevention Fund [9] and budget challenges here in Connecticut [10] underscore the need to engage partners to improve population health in Connecticut while implementing

healthcare reform. Engaging partners from all sectors is not only prudent to achieving improved public health for Connecticut residents, but it is necessary. [7]

Partnerships alone, however, are not sufficient: healthcare reform policies must be grounded in science. [6, 7, 8] The CPHA has a long history of providing science-based information to our members, legislators and the public. Since 1918, the CPHA has been working to achieve its mission to “...represent and unite the diverse expertise of Connecticut's public health professionals, to ameliorate the most pressing public health issues in the state, and to promote health and safe living for the people of Connecticut.” [11]

We welcome the opportunity of carrying on our science-based tradition by contributing to discussions on healthcare reform. The CPHA enthusiastically supports **HB 5527: *An Act Concerning a Working Group to Study Healthcare Reform*** and gratefully offers up the diverse public health expertise of our organization to study healthcare reform and to make recommendations to improve public health for all Connecticut residents.

Thank you.

Respectfully submitted,

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