



LEAD PUBLIC HEALTH

An Informational Forum

February 7, 2014

**Legislative Office Building
Room 1-D
300 Capitol Avenue
Hartford, CT 06106**

The goal of this forum is to include legislators, municipal leaders, public health officials and others in discussions about public health and the current public health system in Connecticut; and to create a demand for efficient and effective public health services across the state.

By the end of the session, participants will be able to:

1. Describe the current public health system in Connecticut;
2. Define the core services/capabilities of a public health system;
3. Describe the ways in which other states deliver a core set of efficient and effective public health services; and
4. Articulate the need for a vision of a core set of foundational public health capabilities for Connecticut.

AGENDA

- 11:30 – 12:30 Box lunch in the Private Dining Room
- 12:30 – 12:35 Welcome and Introductions – Room 1-D
- 12:35 – 12:40 The Excellence in State Public Health Law project with the Aspen Institute (Katharine Lewis)
- 12:40 – 12:55 A brief description of Connecticut's current state/local public health system (Maryann Cherniak Lexius)
- 12:55 – 1:25 The core services/capabilities of local public health, how some states achieve them, and how Connecticut can too (Patrick Libbey)
- 1:25 – 1:55 The state legislator and health official perspective on the need for efficient and effective core public health services and how they might be achieved (Carmen Hooker Odom)
- 1:55 – 2:25 Moderated discussion with panel and audience (Dr. Jewel Mullen)
- 2:25 – 2:30 Wrap up



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Pursuing Excellence in Public Health

From smoke free public places to immunization clinics; from clean drinking water to “Click it or Ticket” reminders on the highway, public health is everywhere – protecting Connecticut’s health by safeguarding the places where we live, learn, work, and play. Public health professionals monitor the health of all populations, investigate diseases, and work to eliminate disparities through federal, state and local public health systems and programs.

What does Connecticut’s public health system look like? What are public health services? Does every community provide the core public health services and protection that all Connecticut residents should expect and deserve? How can Connecticut public health and municipal leaders effectively use resources to assure the conditions in which all people can be healthy? These are key questions that Connecticut set out to explore through its participation in the Aspen Institute’s Excellence in State Public Health Law (ESPHL) program.

Connecticut’s Local Public Health System

Of Connecticut’s 74 local health departments/districts (LHDs) that exist to serve all of the state’s residents, 24 are part-time and 50 are full-time. According to a recent survey by the National Association of County and City Health Officials (NACCHO) the number of public health and preventive services offered by LHDs varies widely across Connecticut, from fewer than twenty to more than fifty. The structure, governance, resources and function of LHDs in Connecticut are inconsistent and do not equitably serve all residents. LHDs vary widely in terms of human and fiscal resources and revenues. The flu season of 2012-13 and severe weather events (e.g., storms Irene, Alfred, Sandy and Charlotte) brought into focus the disparity of services available to Connecticut residents across the state.

Aspen Institute’s Excellence in State Public Health Law (ESPHL) program

Connecticut is one of eight states selected to participate in Aspen’s program, a one- year initiative designed to help states examine how law and policy can advance their state’s health priorities. Aspen’s program provides education and other resources that will enable policymakers and agencies to more effectively address public health issues and become leaders in creating healthier states. The program strengthens public health law collaborations among state officials and state-level policy-makers. It will increase their effectiveness on public health issues in their respective states, including working across party lines and government agencies and branches.

Connecticut’s team includes staff from the Department of Public Health (DPH), the Office of Policy and Management, Connecticut General Assembly staff, as well as State Senator Terry Gerratana and State Representative Prasad Srinivasan.

Thank you for joining us today. Your participation in this process is critical as Connecticut envisions a stronger public health system that equitably serves all residents.



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THE SPEAKERS



Maryann Cherniak Lexius:

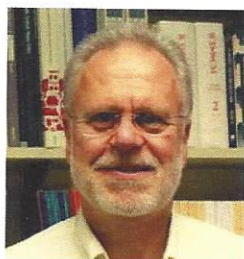
Maryann Cherniak Lexius, MPH, RS, Director of Health, Town of Manchester

In 2014, Ms. Lexius began her 37th year of uninterrupted service in the State of Connecticut working in local public health departments and districts.

Maryann received a Bachelor of Science Degree in Environmental Health Technology from Quinnipiac College in 1977, earned Registered Sanitarian status in 1979, and a Masters in Public Health degree from UCONN Health Center, School of Community Medicine in 1993.

Over her career she has worked at two Health Districts, East Shore District Health Department and Quinnipiac Valley Health District, and has served as Director of Health for the Towns of Berlin and Wallingford before coming to Manchester. The position in Berlin began as a part-time Director of Health position. Historically, she was the first full-time Director of Health in Berlin and Wallingford. Maryann is currently serving as the full-time Director of Health for the Town of Manchester Health Department, where she has been since July of 2001.

Maryann is currently appointed to represent local public health on the State of Connecticut Department of Emergency Management and Homeland Security Advisory Council, the Public Health Preparedness Advisory Committee, the Connecticut Food Safety Advisory Group and is a Board member for the Connecticut Association of Directors of Health.



Patrick Libbey:

Patrick Libbey is the Co-Director of the Center for Sharing Public Health Services. He is also Clinical Instructor in the Department of Health Services at the University of Washington School of Public Health. Prior to coming to the University of Washington and NWCPHP, Mr. Libbey served as the Executive Director of the National Association of County and City Health Officials (NACCHO) from September 2002 through 2008. Before that, he served as the Director of the Thurston County Public Health and Social Services Department in Olympia, Washington.

Mr. Libbey also served as a founder and incorporating board member of the Public Health Accreditation Board (PHAB). Mr. Libbey holds a Bachelor's degree in Community Development and Public Health Administration from the Evergreen State College.



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THE SPEAKERS (continued)



Carmen Hooker Odom:

Carmen Hooker Odom most recently served as Advisor to the President of the Milbank Memorial Fund, a New York-based foundation that conducts nonpartisan analysis, study, and research on significant issues in health policy. She formerly served as President of the Fund. Prior to joining the Fund in 2007, she was appointed the Secretary of the North Carolina Department of Health and Human Services by Governor Mike Easley in January 2001.

Ms. Hooker Odom, a former Massachusetts lawmaker and healthcare lobbyist, has spent her professional life working in health and human services. Before her appointment, she served as Vice President of Government Relations for Quintiles Transnational Corporation in Research Triangle Park and as the Group Vice President for Carolinas HealthCare System (CHS). She is also an Adjunct Professor at the UNC School of Public Health. From 1995 to 1996, Ms. Hooker Odom worked as a Project Officer for the Milbank Memorial Fund.

Prior to moving to North Carolina in 1995, Ms. Hooker Odom served as a member of the Massachusetts House of Representatives for nearly eleven years. She was the primary legislative author of both the 1991 Massachusetts comprehensive health reform legislation and the Children's Medical Security Plan, which targeted young children not covered by medical insurance. Ms. Hooker Odom co-chaired the North Carolina Health Care Reform Commission and is a member of the North Carolina Institute of Medicine.

State of Connecticut Local Health Departments and Districts July 2013

Health Districts¹

- 1 Bristol-Burlington Health District
- 2 CT River Area Health District
- 3 Central Connecticut Health District
- 4 Chatham Health District
- 5 Cheshire Health District
- 6 East Shore Health District
- 7 Eastern Highlands Health District
- 8 Farmington Valley Health District
- 9 Ledge Light Health District
- 10 Naugatuck Valley Health District
- 11 Newtown Health District
- 12 North Central Health District
- 13 Northeast District Dept of Health
- 14 Plainville-Southington Regional Health District
- 15 Pomperaug Health District
- 16 Quinnipiac Valley Health District
- 17 Torrington Area Health District
- 18 Trumbull-Monroe Health District
- 19 Uncas Health District
- 20 West Hartford-Bloomfield Health District
- 21 Westport-Weston Health District

¹Health Districts are defined as those areas considered to be responsible for the delivery of public health services within a defined geographic area.

Sovereign Nations

- A Mohegan Tribe
- B Mashantucket Tribe

