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Public Health
Prevent. Promote. Protect.

Testimony Regarding Senate Bill 667 Public Health Committee Monday, February 26, 2007

Senator Handley, Representative Sayers, and Members of the Public Health Committee, thank you for the opportunity to speak to you today. I am Maryann Cherniak Lexius, the Director of Health for the Manchester Health Department and a member of the Connecticut Association of Directors of Health. I speak to you on behalf of all local health departments in the state to make you aware of the urgent need to increase the State Per Capita allocation to local public health departments.

Local health departments are mandated by Connecticut General Statutes and local ordinances to protect the public's health. This work is done by: **Promoting** health programs and policies that support good health; **Preventing** disease outbreaks and conditions that give rise to poor health; and **Protecting** people from health threats—the everyday and the exceptional. Local health departments perform a number of important duties; among these are food service inspections, community nursing services, school health, health education, housing code enforcement, child and adult immunizations, and emergency preparedness.

The responsibilities of local health departments continue to increase. In addition, the alarming prevalence rates of chronic diseases such as obesity, heart disease and diabetes present even greater challenges as we look to design programs and policies to support healthier communities with very limited if non-existent prevention funding. Local health departments across the state struggle to keep up with the demands for services. Unfortunately, the state per capita to local health departments was reduced in 2003 by 15% as part of an across-the-board cut in the budget, and has not been increased since. Compared to the rest of the country, Connecticut ranks very low in terms of state support for local health departments.

To put some of this in perspective, Manchester receives just slightly more than \$52,000 a year in State per capita funding to enforce the public health code and ensure the health and safety of our residents—ninety-four cents per capita. Is this the value we place on the health of Connecticut residents? The balance must be borne by local governmental budgets or not at all. We piece together programs with additional funding such as the federal block grants to provide services such as obesity prevention, smoking cessation and cancer prevention programs. Now these funds are being reduced and will probably be eliminated by Congress.

Many are familiar with the work of local health departments and districts pertaining to food service and septic system inspection and regulation enforcement. However, this is

only a small part of the work expected. In contrast with clinical medicine which treats sick individuals one at a time, local public health departments work to keep communities and populations healthy and out of the medical care system.

- When a parent calls after learning that the wetlands next to their child's play-scape tested positive for West Nile Virus in human biting mosquitoes, local health is there to address prevention efforts.
- When a developer approaches a Town Planning and Zoning Office to build homes on old orchard lands, local health is there working with the developer to be certain that pesticides have not migrated into the groundwater aquifer that the future homes will rely on for drinking water.
- When a parent of a child insured by Husky contacts us because their child suffers repeated asthmatic attacks, and believes the attacks are caused by mold from a leaking sewer line in the basement of their apartment complex, the local health department is there, working with the owner, parents and physicians to ensure a safe living environment.

This is not the type of work that can be managed from an office or computer station; it is face-to-face service at the homes of our residents and in our communities, provided by skilled environmental and public health professionals that staff our local health departments.

Each community is only as strong as its weakest link!

We are concerned when the State Department of Public Health (DPH) resolves budget constraints by cutting field services that still must be done, and are passed on to the local health departments. An example is Tuberculosis and directly observed therapy for persons with TB. Tuberculosis continues to be a significant challenge in our communities, largely due to travel between the US and countries in the world where TB is endemic. Drug resistant strains only complicate treatment. However, the State TB Program has almost completely eliminated its directly observed therapy (DOT) program that assures contagious TB patients are taking their medication to stop transmission to others. DOT requires home visits and actual observation of the patient taking their TB medications. The local Directors of Health have always worked closely with the excellent DPH TB Control Program staff to be certain that the community's health is protected. However, cutbacks at the state level in funding to follow-up active patients, does not remove the need to get the work done to protect the health of the people in our communities. No funding is provided to assist local health jurisdictions to pick up this additional responsibility that may span six to nine months of weekly follow-up per patient

Emerging infectious disease issues and nationwide food-borne illness outbreaks make headlines regularly. When outbreaks occur, it is local health that fields the calls from people in our communities asking how they can keep themselves and their families safe. We in local public health are on the frontlines dealing with it all.

Public health is about PREVENTION. Yet, we are witnessing an unprecedented and alarming rise in childhood obesity that will translate into significant chronic illness for generations to come. It is estimated that we spend \$0.03 on every dollar for prevention and the balance on health care treatment. Ironically, 80% of chronic health conditions can be prevented. We are at an unprecedented crossroad -- parents could very well

outlive their children due to poor health outcomes of chronic illnesses stemming from obesity. It is time to invest in prevention and reverse this trend!

With food safety threats, emerging diseases, and the childhood obesity epidemic among others, Connecticut must make an investment to build strong local public health departments. Local public health departments do an amazing job with what they have, but they must do more and they need your help. Local public health is in the business of prevention. An investment in prevention today will pay dividends in future health and wellness of the people of Connecticut for many years to come.

Thank you.

Estimated Fiscal Implications Increase Per Capita Funding of Local Health Departments

Local Health Department	Per Capita Funding		Current Per Capita Funding (reduced in 2003 by 15%)	PROPOSED PER CAPITA FUNDING*
	Effective July 2000			
District (towns <5,000 population)	\$2.32		\$1.94	\$2.91
District (towns >5,000 population)	\$1.99		\$1.66	\$2.49
Full-Time Municipal	\$1.13		\$0.94	\$1.41
Part-Time Municipal	\$0.58		\$0.49	\$0.73

* the proposed per capita funding rate is 25% higher than the 2000 rate.

Estimated Fiscal Implications

	Estimated Current State Expenditure	Estimated Costs at New Per Capita Rate
Districts	\$2,359,000	\$3,546,116
Full-Time Municipal Departments	\$1,577,000	\$2,364,402
Part-Time Municipal Departments	\$182,900	274,350
Total	\$4,118,900	\$6,184,868
		Difference \$2,065,968