

**Testimony of Dr. Eugene Ciccone, Director of Health, New Britain Health Department**  
*Regarding the Alterations to the Structure of Public Health in Connecticut*  
*proposed by Governor M. Jodi Rell*  
*Friday, March 6, 2009*

Senator Harris, Representative Ritter, and Members of the Public Health Committee, thank you for the opportunity to speak to you today. I am Eugene Ciccone, Director of Health for New Britain and a member of Connecticut Association of Directors of Health, Inc.

I am testifying today in opposition to the Governor's proposed budget cuts to local public health departments and her proposed reconfiguration of "regional" health departments.

Public health is important work and we who carry out that work contribute substantially to the health status and quality of life of the communities we serve. Yet public health is not among the best known or most highly respected in part because when public health efforts are successful, nothing happens. Events that don't occur don't attract attention. For example the life expectancy of Americans has increased from forty-five to seventy-five years over the past century. Only five of those thirty additional years can be attributed to the work of the medical care system. The majority of the gain has come from improvements in public health, broadly defined as including better nutrition, housing, sanitation, and occupational safety. Infection by West Nile Virus was minimized through the concerted actions of local and state public health and vector control agencies. Through our efforts, people were able to protect themselves by taking precautions to avoid being bitten by mosquitoes.

It is estimated that only about one percent of the nation's total health spending is on public health. The average cost of medical care for each American is about \$4,600. The amount spent per person on public health in Connecticut is only about \$173. Some federal resources devoted to public health activities increased after September 11, 2001. Unfortunately, budget deficits are again putting downward pressure on public health allocations.

Effective public health programs clearly save money on medical cost in addition to saving lives. One of our responsibilities in public health is to educate the public and politicians about the crucial role that a strong public health capacity must play maintaining and improving the health of the public.

Under the Governor's proposal, the New Britain Health Department and fifty-eight other municipalities including all of Connecticut's largest cities will no longer receive any state funding for local public health. At the current state per capita rate of \$ 1.18, the city of New Britain contributes more than ten dollars (\$10) per person to operate its health department. Reducing contributions from the state means that in these already difficult times, New Britain must increase its contribution or reduce essential services, already difficult to maintain. Even at the current level of funding, it has not been possible to insure the safety of our food supply. If state funding is eliminated or reduced, my health department will be forced to diminish resources. Whether it is food, sewage, drinking water, lead poisoning, swimming pools, housing inspections, mosquito and rodent control, solid waste, nuisances, or disease investigation, most of these requirements have a statutory, regulatory or public expectation time requirement associated with them, thus choices must be made and priorities set.

The elimination of HPC monies will affect New Britain in the following ways:

1. Elimination of support staff. These people are involved with billing and clerical staff work. This would increase the burden on nurses and sanitarians. The added workload may affect the ability of the department to maintain its current level of existing services. This does not take into account the possibility of further staff reductions due to local budget deficits.

2. Elimination of student interns. This denies the opportunity to students interested in a career in public health to gain valuable knowledge and experience, insuring a competent public health workforce for the future.

3. Utilities -100% are paid from this grant.

Possible effects on the community would include:

1. An increase in food borne outbreaks, due to less staff time to complete inspections.
2. Decreased ability for timely follow-up on resident blight complaints, day care, water and lead inspections will put the community at risk of disease. It may increase the burden of lead contamination in our children.
3. Disease outbreaks may go unrecognized or may spread due to delays in reportable disease follow-up and investigation.
4. A reduction in chronic disease prevention and management programs will ultimately result in higher medical costs and increased morbidity. These services include STD, tuberculosis, asthma fluoride varnish, immunization and elderly services at our health department.

Recently, it became known that a large scale corporation knowingly distributed food contaminated with Salmonella. Cutting public health funding at this juncture is analogous to reducing emergency preparedness funding immediately after an act of domestic terrorism. It is not likely that such a strategy would go unnoticed by the citizens of Connecticut. Who would vote to cut the lifeboats free of a sinking ship?

While Connecticut's 20 existing health districts have demonstrated that regionalization of public health services can work, the current proposal provides a disincentive to regionalize by cutting the funding and increasing the number of towns required to secure that funding. In addition, Governor Rell's proposal fails to address key factors that must be considered when proposing regionalization. These include the heterogeneity of the populations of contiguous towns; the difficulty of arriving at acceptable contributions per town per person; and the desire to retain local jurisdiction and the reluctance to relinquish local control.

There is one further discussion point in my argument. The necessity of maintaining an active public health workforce is crucial. The reduction in state support for public health in general and local public health in particular, functions to make that goal difficult to attain.

Thank you for your time, today.