

**Testimony of Steven J. Huleatt, MPH, RS Director of Health
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Before the Public Health Committee, General Assembly March 6, 2009
In Opposition to S.B. 847 An Act Implementing the Governor's
Budget Recommendations Concerning Public Health**

Senator Harris, Representative Ritter, and Members of the Public Health Committee, thank you for the opportunity to speak to you today. I am Steven Huleatt, Director of Health for the West Hartford-Bloomfield Health District, serving an estimated 81,117 residents and 48.6 square miles in the towns of West Hartford and Bloomfield. I have been a Director of Health in Connecticut for 21 years. I also serve as the Immediate Past President of the Connecticut Association of Director's of Health, Board member of National Association of County and City Health Officials and the Connecticut Public Health Association Affiliate to the American Public Health Association Governing Council.

I offer this testimony in opposition to S.B. 847. This proposal is simply a budget cut poorly disguised as a regional initiative. Local public health has been regionalizing services through Health Districts for over forty years to maximize resources to protect the citizens of Connecticut and improving their quality of life, health and safety. In 2005 OPM staff member Brian West, requested if West Hartford could conduct a fiscal analysis of the Towns saving (loss) experience during the 10 year period since joining the West Hartford-Bloomfield Health District. The West Hartford Financial Services staff compared the expenditure history and made projections of costs for the period 1995 to 2005 between maintaining a municipal health department to joining the District. The results found the following stunning finding in support of the formation of the District: 1.) Town West Hartford ten year Cost Savings by Joining Health District - \$1, 018, 849; 2.) District services as indicated by full time equivalent Staffing increased 42% (7 FTE/12.5FTE) above expected. Bloomfield shared a proportionate undefined savings with a full time equivalent staffing increase of 500% (2.5 FTE/12.5 FTE).

The formation of the West Hartford-Bloomfield Health District saved substantial municipal tax dollars and increased staff to conduct more food illness investigation, inspection of lead contaminations of children, vaccination of children so they can attend school, college bound students and child care workers, follow-up on reports of infectious diseases of all ages, provided health education programs, conduct wellness screening and monitoring of seniors, conduct restaurant inspections, assure proper disposal of waste, protect drinking water, enforce property maintenance standards, investigate nuisances and responded to a host of community concerns. Let us not forget local response to emerging issues such West Nile Virus, mosquito control, monitoring and transport of dead crows to the State Laboratory and public health preparedness.

S.B. 847 punishes the existing regional public health structures. There are currently twenty established health districts in Connecticut. The proposed definition in S.B. 847 section 3 eliminates seven of the twenty existing health districts. These would no longer exist under a new definition of a "regional health department" that capriciously and arbitrarily establishes a requirement to serve not less than 3 municipalities and a population of greater than 50,000. The seven health districts are:

- Westport-Weston Health District (the first and oldest in Connecticut)
- Bristol-Burlington Health District
- Newtown Health District
- Pomperaug Health District
- Trumbull - Monroe Health District
- Connecticut River Area Health District and
- West Hartford-Bloomfield Health District

These seven health districts currently serve 343,737 state residents. Each of these seven districts have soothed local concerns over loss of autonomy and successfully addressed the unique issues of each town to join them and advanced the concept of regionalization of services. In S.B. 847 these seven health districts are no longer considered governmental entities in Connecticut General Statutes and no longer hold any authority to enforce the public health code. Under S.B. 847 each of these seven lose their statutory identity and privileges (i.e. pension plans, health and dental plan, insurance coverage, banking investments) currently provided in Chapter 7 of the Connecticut General Statutes. The process and legal costs of dissolution of these health districts is unknown. The capricious and arbitrary proposed definition change to regional departments of health in S.B. 847 is unfair and harmful to these seven health districts and the Towns they serve.

It should not be acceptable to the residents of Connecticut their Governor is proposing only to fund local governmental public health at a \$1.25 in per capita. Even less acceptable is only 13 existing health districts or 16% of all local governmental health departments will be eligible to receive Per Capita Funding. The tax paying residents of 67 existing health departments will no longer enjoy any return of State funds to support their local health department and district to enforce the Statutes and Regulations the Legislature has created and deemed important. Further, the same residents of the 67 existing health departments and districts will be providing tax dollar subsidies to the Governor's capriciously and arbitrarily defined 13 eligible regional health departments. In other words the taxpayer dollars generated in Bloomfield, Hartford and East Hartford will be subsidizing the services for the residents of in Avon, Simsbury and Canton. This funding formula is unfair distribution to Connecticut's residents.

The nature of this budget cut is harmful for current regionalization efforts and a disincentive for future local health regionalization efforts. Health Districts are already negatively impacted by budget cuts as a result of municipal cuts, decreases in revenue from fees from permits, and cuts in state and federal grant funds. Any further cuts will create business challenges to stay operational. Let me ask, why should a regional health department risk their fiduciary stability and responsibility to entertain a request from a municipality experiencing fiscal distress?

In conclusion, I repeat that this is simply a budget cut poorly disguised as a regional initiative. The Governor has reported that regionalization helps cities and towns. I have shared with you the real success reported to OPM in 2005 by the Town of West Hartford. S. B. 847 is capricious and arbitrary in defining regionalization of local health. The funding formula is unfair and is not equitable to all residents of Connecticut regardless of their name or definition of their local governmental public health entity. Thank for the opportunity to speak to you today.