



CONNECTICUT ENVIRONMENTAL HEALTH ASSOCIATION

February 20, 2009

Testimony of David W. Boone, Legislative Chairman, Connecticut Environmental Health Association

Governor's Bill # 847 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH

Honorable Members of the Appropriations Committee:

My name is David Boone, I am the Director of Health for the Town of Glastonbury, and am speaking on behalf of the Connecticut Environmental Health Association, known as CEHA. CEHA's members include a variety of environmental and public health professionals, but primarily consists of local health department sanitarians.

CEHA is opposed to the proposed changes in per capita funding to local health departments and the restructuring of district health departments.

As you are well aware, municipalities are struggling to continue to provide necessary programs and services for our residents. Elimination of all state funding from municipal health departments and smaller health districts obviously will severely impact staffing and the ability to perform the functions necessary to protect our citizens. The case of district funding is no less critical. Districts depend on fees, per capita funds, and grants. As the recession has led to reduced fee payments, a 40% cut in per capita funding could be disasterous.

Local health departments are the on-the-ground presence in the areas of sewage disposal, restaurant inspection, childhood lead poisoning investigation, well water matters, and outbreak investigation, to name a few of our responsibilities. Which responsibility will not be delivered as a result of insufficient funding? Bear in mind local health departments are in large part the enforcers of the State Public Health Code. In spite of the absence of State funding, our responsibilities under law remain unchanged. The proposed changes to the per capita funding will impact every single local department in the State; specifically: provide no funding to 28 "part-time" departments, 32 "full-time" departments, and 7 current health districts. Local health departments should not be asked to sustain the largest percentage cut in the State Health Department's budget.

On the matter of the creation of "regional health departments", it is clear that over the years, local health has been on the forefront of regionalization of services.



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The larger district health departments such as the Torrington Area, Farmington Valley, North Central, and Northeast District are examples of how regionalized public health services have been delivered for decades. The large recent growth of the Chatham, Uncas, and Eastern Highlands Districts, to name a few, proves municipalities are clearly interested in regional services. In many cases, the towns that have joined districts have very similar public health issues, which are shared by what one may think of as the "anchor town". The proposed regionalization plan, requiring three member towns comprising 50,000 population, has potential for the creation of incompatible priorities amongst the member towns; the somewhat cosmopolitan public health issues in a larger town or city, versus the different needs of suburban or rural member towns. Many of our districts have successfully addressed such matters, but I believe this is due to the voluntary formation of the members. The rationale requiring three towns and 50,000 population is not clear. On top of all that, we cannot forget about the 40% decreased per capita funding the new regional departments will be eligible for. This is not an incentive to form a regional department for the majority of towns.

Thank you for the opportunity to speak to you.

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