



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
www.ccthd.org

Board of Health

Chairman:

**Judith A. Sartucci, MSN, RN
Rocky Hill, CT**

Vice-Chairman:

**Patricia A. Checko, DrPH
Berlin, CT**

Secretary-Treasurer and Director of Health:

Charles K. Brown, Jr., MPH

**Paul T. Cloonan, MBA, RN
Wethersfield, CT**

**Angela Colantonio, MPH
Wethersfield, CT**

**Dianne Doot, MD
Wethersfield, CT**

**Margaret M. Hanbury, RN, MPA,
CPHQ
Newington, CT**

**Raymond Jarema, MS, PE
Berlin, CT**

**Jerilyn Nagel, BA, NP, JP
Newington, CT**

**Kristine Nasinnyk, RPh, MS
Newington, CT**

**Michele Sadlosky, RN
Newington, CT**

**Marti Stiglich
Rocky Hill, CT**

**Carolyn Wysocki, MA, MHSA
Berlin, CT**



March 17, 2015

TESTIMONY

Raised Bill 995, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING FUNDING FOR MUNICIPAL HEALTH DEPARTMENTS AND HEALTH DISTRICTS.

TO: Members of the Public Health Committee

This testimony is submitted on behalf of the Board of Health of the Central Connecticut Health District. We are a regional public health department serving nearly 100,000 people in our member towns of Berlin, Newington, Rocky Hill, and Wethersfield. Our Health District has received annual state grant-in-aid funding under this statute since its formation by the Towns of Rocky Hill and Wethersfield in 1996. Berlin was later admitted to the Health District in 1998 and Newington in 2006.

As a District Board of Health we oppose this bill for three reasons:

Firstly, in Sections 1 and 2 of the raised bill it reads "...a waiver from the requirement for a full-time director of health..." The original intent of these two statutes is to provide a financial incentive for cities and towns to put in place public health departments with full-time directors of health. The grant-in-aid program that these statutes authorize has been successful in doing so for over 50 years. The proposed language here is not in keeping with the statutes' original intent.

We concur that both municipal health departments and health districts should employ a permanent, qualified, full-time director of health, or receive a waiver from the department of health in the event of a vacancy exists for more than 90 days. However, the current wording suggests that the Department is waiving the requirement to have a *full-time* individual serving in a temporary capacity, if such an individual were to be hired on an interim basis. Such an individual would still need to meet the professional criteria required in statute to serve in the capacity of a director of health (i.e., an M.D, with M.P.H. or hold an M.P.H.), and serve on a full-time basis. The intent here is not to waive a requirement for a full-time director of health, but to get a permanent, qualified, full-time director of health in place as soon as possible when a vacancy occurs. Therefore, this language needs revision.

Secondly, we oppose language in Sections 1 and 2 that would require that any grant-in-aid monies *unexpended* in a given fiscal year be returned by municipal health departments and health districts to the State's General Fund. For the Health Districts these annual grants-in-aid are critical to our operating budgets and are the most flexible funding that a local public health agency receives. It gives a local health director and board a wide range of opportunity to grow the agency. The use of this State grant-in-aid within a health district varies depending upon the programs and services that are provided. Many health departments use this aid as a support for health programs; others may use it to support the infrastructure of their operations (such as IT, accounting, human resources, or legal) which other grants don't support. Some initiatives are multi-year, on a calendar year, or otherwise do not match the State's fiscal year.

Also some contracting procedures, especially in the municipalities with health departments, must be designed to assure the proper use of funds and may require funding to span subsequent fiscal years. Without the ability to carry-over funds, critical components required to support public health operations in a city or town may be missed because of a fiscal policy outside of the control of the local health department.

Lastly, we oppose language in Section 1 that would *pro-rate* the amount of the grant-in-aid a new health district receives when it is formed. Allowing new health districts, and existing health districts that admit new towns as members, to receive the full grant-in-aid for a given fiscal year, no matter when these events occur in that fiscal year, is of enormous financial benefit. This full funding is crucial in order to mitigate the costs associated with incorporating towns into the structure of a regional health department. Health districts operate outside the municipal sphere and are responsible for their own infrastructure to support human resources, information technology, employee benefits and physical plant. Pro-rating takes away the capital needed to address the initial startup costs of operations. Successful integration of towns into a health district promotes the economies of scale that new towns seek and health districts strive to provide. Rather than promoting strong, voluntary regionalization, as this grant-in-aid program has so successfully done since 1966, this change will stifle it. In the end this proposed language will hamper another intention of these grants-in-aid – growth and development of the local public health infrastructure in Connecticut.

In a state where municipal independence is still worn like a red badge of honor, enlisting towns to join a regional health district is still very difficult. Most of the newer districts are the result of the Connecticut Department of Public Health aggressively promoting such mergers and actually rewarding towns for creating districts with "joining bonuses" to participate. For several years the Connecticut Department of Public Health had provided additional funding to support the formation and expansion of health districts. Therefore, this reversal in policy seems counter to their recognition of the value of shared services that they have frequently communicated in towns that do not have the advantage of full-time public health services.

Thank you for this opportunity to comment on this bill and the impact that it may have on local public health.

Sincerely,

Judith A. Sartucci, MSN, RN
Chairman, Board of Health

Charles K. Brown Jr., MPH
Board Secretary/Treasurer and District Director of Health