



Town of Wallingford, Health Department
45 South Main St.
Wallingford CT 06492

Eloise Hazelwood, RS, MPH
Director of Health

Phone: 203-294-2065 Fax: 203-294-2064
Email: health@wallingfordct.gov

March 6, 2017

Public Health Committee

Testimony in Support of HB no's.: 5169, 5757, 5765 and 6033 Maintain Existing Health Structure/Prohibit Regionalization

Members of the Public Health Committee, My name is Eloise Hazelwood, and I serve as Health Director for the Town of Wallingford and have served in this capacity since 2001. I am in support of the above bills to maintain the existing local health infrastructure.

Testimony in Opposition to RB no. 7170: An Act Concerning the CTDPH Recommendations Regarding Integration of Municipal Health Departments into Regional Health Districts

This testimony is submitted with full support of the Town of Wallingford, Board of Health and Mayor Dickinson. We oppose RB 7170. The Integration of Local Health is a top-down approach; it was not vetted with Health Directors, Local Boards of Health, or Municipal Leaders prior to its unveiling. As further evidence, there are seven House Bills submitted to maintain the Existing Structure, four of which are included in today's public hearing. The CT Council of Governments representing the Capitol Region, Northwest Hill, Southeastern, Lower CT Valley, Naugatuck Valley, South Central and the CT Council of Municipalities have all sent written opposition concerning Regional Health Districts to CT DPH. This show of opposition is clearly a red flag to question the rationale and purported benefit of the proposed realignment.

The assumption is that the local public health system does not work; this is a flawed view. An article in the December 2016 edition of CT Town and City sums it up "the plan to consolidate health districts is a solution in search of a problem". RB 7170 is predicated on solving health equity issues. COG-based Regional Health is not a panacea to address the multitude of issues faced within our urban areas. The State currently does not fund 41 small and mid-size towns serving 513,500 residents—where is the equity in that? Wallingford is one of those mid-size communities who receive zero public health per capita from the state. We are a full-time health department providing full-time services funded and supported by the municipality. A large segment of our population relies upon septic and well water. The proposed COG-based model does not include environmental as a specialty on the executive governance board. Basic core functions of public health are safe water, sewage, sanitation, and food safety; all of these functions are environmental. The proposed language focuses on clinic health services, not preventive public health services.

The amount each municipality will pay to support the mega-districts has changed from the initial concept of 1.5% of each municipal budget to an ambiguous statement of a "pro-rated share" without a percentage identified; the cost is not clear in an attempt to make the proposal appear less costly. RB 7170 also proposes COG-based funding at a per capita rate of \$1.85 yet the current Governor's budget calls for a REDUCTION in funding of local health. The confusion as to what is actually proposed and the rationale for the proposal is baffling. I have heard one benefit stated as the COG-based model will enable sharing of resources. Language already exists (CGS 19a-223) to enable health departments/districts to share resources. The concept that that "size matters" is correct; the proposed COG-based regional health district would serve a population of approximately 862,477 residents (South Central COG population estimate). Such an exponential increase in population served will undoubtedly lead to decreased access to services, higher fees for business owners and residents, and increased costs to our municipality.

RB 7170 statutorily eliminates municipal governance of public health: municipalities will no longer have the right to decide the merits of joining or leaving a district; we will relinquish the public health needs of town residents to an Executive Board of the COG. The proposed transitional Director's will have the added responsibility of recommending statutory changes to facilitate the COG model. How will they have the time to design the CT Public Health infrastructure while battling the chaos created by this proposal?

This proposal has too many unanswered questions. We urge you to consider the ramifications and NOT support this proposal.

Respectfully Submitted: William W. Dickinson, Jr., Mayor

Eloise Hazelwood, Director of Health

Wallingford Board of Health: Isaac Cardona, David Juliano, Kathy Neelon, Leonard Guercia, Daryll Porto, Melinda Schoen, Jeffrey Necio, and Dr. Delbert Smith





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