Testimony Regarding Raised Bill No. 7170
An Act Concerning the Department of Public Health’s Recommendations Regarding the Integration of Municipal Health Departments Into Regional Health Districts

Public Health Committee – Public Hearing March 7, 2017

Elizabeth Paterson, Chairman, Eastern Highlands Health District Board of Directors

My name is Elizabeth Paterson. I am the Chairman of the Eastern Highlands Health District Board of Directors. I have held this position for the past fifteen years. The Eastern Highlands Health District Board of Directors serving the member towns of Andover, Ashford, Bolton, Columbia, Coventry, Chaplin, Mansfield, Tolland, Scotland, and Willington is strongly opposed to the Connecticut Department of Public Health’s recommendations to integrate local health departments and health districts. The Eastern Highlands Health District board of directors is deeply troubled with the prospect of a paradigm shift in the Connecticut local public health structure for a number of reasons.

1. The Eastern Highlands Health District represents twenty years of time and resources invested by the local leaders, stakeholders, and community partners. This effort exemplifies the years of relationship building that can be necessary to form a successful cooperative regional effort. Moreover, our agency is a prime example of the shared services and voluntary regional initiative encouraged and supported by the legislature, and the State of Connecticut. The Department of Public Health’s proposal would undo and reverse this good work, and those relationships.

2. The establishment of an “Executive Board” and subsequently an “Executive Committee” appointed by the Regional Council of Governments as stipulated in this proposal will diminish local control and representation between our local elected officials and the new health district. Local control is further eroded with the authority given the Commissioner to call and participate in Executive Board meetings, and approve the agency program budget.

3. The member towns of the Eastern Highlands Health District currently enjoy a good scope of quality local public health services. The structure proposed provides no guarantee that tearing down, disrupting, and rebuilding the local public health system will result in maintaining current service levels. Rather, the structure proposed will result in an increase in the bureaucracy necessary to operate a larger governmental entity. This raises legitimate concerns that this new entity may degrade some services currently provided, and decrease responsiveness to member towns.
4. As the Eastern Highlands Health District has already reached a reasonable economy of scale, there is little direct evidence that these proposed new districts will generate efficiencies that would result in cost savings beyond those currently enjoyed by our member towns. By compelling our towns into regional relationships we did not choose under a governance structure that diminishes local control, this proposal runs the risk of increasing the cost to our member towns.

5. The Eastern Highlands Health District Board sees no clear public health benefit to this proposal. The United Health Foundation’s 2016 Rankings placed the State of Connecticut at the 3rd healthiest state in the country, up from number 6 in the previous year. However, the Commissioner has pointed to health inequities in the state as a primary rational for tearing down and rebuilding the local public health system, suggesting that this proposal would support health equity. Yet, the current proposal does not include uniformly funding local public health leaving the new health districts to set their own funding levels. To be clear, our agency fully supports the concept that local officials are best positioned to make funding decisions to address local issues, however, the health inequity argument holds little water in light of a proposed structure that could conceivably perpetuate funding local public health at disproportionate levels. Furthermore, in the context of the national state health ranking one must wonder, “What is the public health problem that we are fixing?”

In conclusion, the Eastern Highlands Health District board of directors believes regionalization is an important mechanism in delivering quality public health services at a reasonable cost to local citizens. The Eastern Highlands Health District is an excellent example of municipal cooperation and regionalization. The Department of Public Health’s ill-conceived proposal to dissolve and re-define health district borders would reverse years of hard work among partnering municipal neighbors, with no clear public health benefit, and no reasonable assurance of long term cost savings. This proposal is therefore unacceptable.

Thank you for the opportunity to speak with you today.