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TO: Co-Chairs and Members of the Appropriations Committee

DATE: March 2, 2021

RE: Testimony on Governor's Bill# HB6439 ***The Governor's Proposed Budget: AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH***

This testimony is submitted on behalf of the Central Connecticut Health District(CCHD). Our agency has been serving nearly 100,000 people in the four member towns, Berlin, Newington, Rocky Hill, and Wethersfield, since 1996.

Again, the Governor's budget, has cut the Department of Public Health's already inadequate local health per capita funding to \$1.64 (a 12.2% cut from the \$1.85 in current statute).

In Connecticut all local public health is decentralized and separate from the Connecticut Department of Public Health. It is the local health agency, not the state health department that regulates the food industry, deals with hoarding, lead poisoned children and children with asthma, and enforces the state laws and codes. Local public health is therefore at the front lines of prevention, protection and promotion of the health of our communities. The demands on local public health departments continue to increase as our agencies respond to the epidemic of COVID 19, along with seasonal influenza; and the crippling and pervasive opioid crisis; and the critical demands of our work in environmental and community health. Each year for nearly a decade, local public health agencies have been dealt rescissions and reductions in state aid. Since 2009 our Health District alone has lost more than \$500,000 in funding from this state grant-in-aid. The cumulative effect has greatly challenged our agency's ability to provide critical public health services to our member towns.

These cuts are devastating to all local health departments, but even more so to health districts, because of our structure. Since the first health district was established in 1966, this model of regionalization has been one of the most successful in Connecticut. Currently, there are 20 health districts covering 123 towns and 1.72 million people (47.5% of the population).

Part of the reason for the district model success is not only the greater efficiency and cost savings from shared services, but also the state commitment to increased funding to support them financially through per capita appropriations. A Health District is a separate governmental entity from the town (s) it serves. We cannot increase revenues by taxation. Our budgets

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include every cent it costs to run the operation from basic salaries and benefits for our staff, to their retirement plans and paying for the numerous unfunded state mandates we are charged with. Town contributions account for 51% of the costs and the state appropriation for another 14%. Grants, fees and program revenue make up the rest.

We do not make widgets, and we not sell a product. We strive to **Promote** health programs and policies that support good health; **Prevent** disease outbreaks and conditions that give rise to poor health; and **Protect** you from health threats-the everyday and the exceptional.

We are grateful for the federal funds that we have received because of COVID 19. These go a long way to help us support the additional work associated with the massive response required.

The expectation for and role of local health departments in emergencies is the new normal. We are 24/7 and need to create and sustain the infrastructure to perform in that capacity. The state needs to step forward and guarantee that these required activities are institutionalized by providing the financial support to sustain them.

In September 2006, when Senator Andrea Stillman announced the formation of the Connecticut Disaster Readiness Project, she said, “Preparedness is the key to keeping our people safe and making sure that ***all the pieces are in the right place...***” What happens when ***the public health piece is not*** in the right place? ***We must continue to plan and assure that public health is the right piece in the right place with the right tools to respond.*** If our municipalities are unprepared, the first thing flood waters will sweep away is the trust and credibility that our constituents have placed ***in us***. Make sure that public health is the ***right piece in the right place in your community.***

Thank you.

Sincerely,

Charles K. Brown Jr., MPH

Board Secretary/Treasurer and District Director of Health

Patricia. J. Checko, DRPH, MPH

Board Chairman

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