First, thank you to Pamela (Kilbey-Fox) for her frankness in that the wording she penned for Gov. Rell's Executive order 26 was not intended to be divisive nor was the intended outcome to "Regionalize Local health" and in-turn eliminate municipal health depts. However, that is language of Ex. Order 26 and the task before this Council.

I support a review of local PH to determine what PH services all residents should expect. In order to do that, we need to look at the CGS (corrected, Regulation not Statute) that stipulates what services are provided under Local Health and revise the language. Ultimately the amended language should task the Council with the review of essential PH services and how best to deliver those services, from effectiveness and a cost efficiency aspect. And to clarify, yes; it IS about the dollar. This revised language has been support by CADH and more it clearly reflects the purpose of this Council.

As an example, the Council should be tasked to identify PH services that readily lend themselves to regionalization, such as Health Education, Community Nursing and Chronic Disease Control. These mandated services are already delivered across town lines and not necessarily under the guidance of Local Health depts. How many LHD provide direct oversight for EMS? Most have cursory involvement at best yet EMS is listed under CSG (corrected Regulation) as a function for LHD.

It has never been clearly stated why it is assumed that regionalization's is an efficient and cost effective method to deliver PH services. CT DPH has historically supported, legislatively, the fee structure that provides more per capita to Districts than Full Time Health Depts. This was established more than 40 years ago as a financial incentive to encourage health depts. to join Districts. However, this financial incentive has not worked, as there are currently still 28 part time and 32 full time health depts.

We are fooling ourselves if we think the edict of EX Or. 26 were intended to provide better delivery of services. It has to do with cost; it is a mechanism to force mega-districts because the pre capita incentive has not worked.

The reason it hasn't worked goes beyond the argument of loosing local control in that municipalities have resisted, in-part, based on knowing that the PH needs of communities differ in many ways. I hope that as this Council moves forward, they focus on a review of both PH services and the delivery of those services.

Thank you,
Eloise Hazelwood, RS, MPH
Director of Health
Town of Wallingford