



KENT CITY HEALTH DEPARTMENT

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Interested Party Testimony

House Bill 110

Ohio Senate Health Committee,

My name is Joan Seidel, Health Commissioner for the Kent City Health Department. On behalf of our community I would like to highlight the need and earnestly request this committee to either remove or significantly revise the provision of House Bill 110, DOHCD40 which impacts local boards of health.

This portion of the pending legislation would require a feasibility study to see if health departments serving cities with less than 50,000 residents are efficient and effective. This is one of several attempts over the years to force mergers under the guise of bigger is better.

It is important to understand; all health departments will need to be accredited by the Public Health Accreditation Board (PHAB). PHAB standards get to the heart of effectiveness and efficiency in ten of the core domains of public health services. So, a feasibility study is already underway. Those who choose not to attempt accreditation will naturally be absorbed. Currently 44 departments are accredited and 66 are on the journey. This is not an overnight project, it can take up to two years of careful planning and diligent work to become accredited. Kent City Health Department is nearing the end of the PHAB accreditation journey. We are very dedicated and serious about bringing the most effective services to Kent residents.

The language in this bill does not address health departments who wish to, or have pulled away from mergers because their residents are not satisfied with the scope of services being offered. There is precedent in the Salem City Health Department who voluntarily merged and then pulled away becoming independent again because the city could offer their community better services than the larger agency was able to provide. Evidently several other cities are studying setting up city health departments as well. The Pandemic demonstrated public health was under funded and underprepared to response to a crisis of this magnitude, size did not matter. Smaller health departments who have cross trained staff that understand the roles of several jobs and are out in the field regularly know firsthand where the trouble spots are and are there responding to and networking with those businesses, schools and community members as well as their city administrators on interventions and prioritizing actions. Sometimes smaller means more nimble and easier to react to needs and events.

This is true in our area in regard to Health Equity. Our Board of Health passed a resolution naming Racism a Public Health Crisis, one of many steps we are looking to take in the work of addressing the Social Determinants of Health. We also took a resolution to our City Council who

"This agency is an equal provider of services and an equal employment opportunity employer under the Civil Rights Act of 1964"

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passed a Health Equity in all Policies (HEAIP) policy well before other counties could decide how to move on this important topic. It is concerning that mergers and consolidations could negatively impact health equity and access to care.

In terms of cost, the majority of cities with less than 50,000 residents do not receive a tremendous amount of money from the state. For instance, Kent City Health Department receives approximately \$10,000.00 per year while other cities under 50,000 residents may receive as little as \$3,200.00. One must wonder if this is really about fiscal accountability with these types of low numbers.

Lastly, some small cities are only 'small' 3 months out of the year, they become greater than 50,000 population when their college or university is in session. A small town with a university presents a very unique set of opportunities and challenges. The influx of students from around the state, the country, and the globe bring important health issues for the students, faculty and staff, as well as the larger community. Kent State University is the second largest university in the state, we work closely with them to advance health issues and address health concerns. There is typically an interface where students and community members intermingle whether that is at gyms, places of worship, or the downtown district where students may both work and frequent establishments where the townspeople also gather. It is important to have a close working relationship and thorough understanding of all the factors which impact this unique situation, Kent City Health Department has this relationship and knowledge.

Please, do not take away choice for local communities. Allow health departments to merge organically as they and their residents see the need or potential benefit. The citizens of Kent support the Kent City Health Department financially, it should be for the tax payors to consider and decide. Our Health Department is incorporated into the City charter, because they saw the need for this autonomy and ability to address our community's unique needs. This is especially important as we continue to work through pandemic and address our community's immediate and ongoing health needs. We could use support to strengthen existing health departments, not distraction at this very vital juncture.

Thank you for your consideration. Respectfully submitted.