

Chairman Wiggam, Vice Chair John, Ranking Member Kelly and members of the State and Local Government Committee of the Ohio House of Representatives:

Thank you for allowing me to testify today. My name is Rita Kipp, and I live in Granville, in the Combined General Health District of Licking County.

After hearing some friends complain about the lack of transparency in how our Board of Health operates, I wanted to learn how people are appointed to that board. I read the pertinent sections of the Ohio Revised Code (ORC) then requested some public records from the Health Department, namely the bylaws of the District Advisory Council (DAC), and three years of its annual meeting minutes. I received a single set of minutes; no one could locate bylaws. The President of our DAC told the Health Commissioner to explain that bylaws were not needed, since the DAC just follows what the ORC says. In fact, the ORC says each DAC shall draft bylaws. Not being able to comply with the law on open records and not complying with the ORC were the first red flags.

Scouting some Ohio newspapers about how a DAC might work elsewhere, I found a story about another one that was preparing to draft bylaws, hoping such a roadmap might improve its functioning and attendance. It turns out that DACs frequently if not usually fail to achieve a quorum and sometimes do not even meet.

This malfunctioning is easily explained. First, DACs are too large. By law, the one in Licking County comprises some 40 people. No one can recall when the quorum of 50 percent had ever been achieved. The ORC does provide a Plan B, namely to appoint an ad hoc executive committee for the meeting. This self-selected committee makes all decisions.

Second, DACs are ephemeral bodies. The one in Licking County meets only once a year, in March. Consider its most recent meeting. A very brief announcement had appeared on the Facebook page of the Health

Department a few weeks in advance, but it included no information about whether any positions were open or how to apply. Lacking a quorum, those who attended selected an executive committee which determined that no new appointments were needed since all incumbents had agreed to continue serving. After just 15 minutes, the meeting adjourned.

No doubt some DACs do function better than this. I know that last year, the Franklin County Public Health Department posted notice of a Board vacancy on its website along with an application form, instructions and a due date to apply. This suggests a competitive process for selecting members of the board. Nothing similar exists in my health district.

I see that HB 463 specifies the composition of boards of health in a new way designed explicitly to represent various constituencies - townships, municipalities, school districts. This would be an improvement in Licking County where seats on the board apparently go to the circles of friends and neighbors of those who show up for the meeting of the DAC.

If HB 463 becomes law, and I hope it will, County Commissioners should make appointments to boards of health in ways that are transparent and reasonable, even within the specific constituencies. For example, how will the Licking County Commissioners best ensure that a township trustee appointed to represent that constituency of 75 people is someone with perhaps some relevant background but at least with a genuine interest in the work?

As we've seen during the pandemic, boards of health serve our communities in essential ways. Managing public health is too important to be left to chance and old boys' networks. Ohio can do better and I believe HB 463 would be a step in that direction.

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