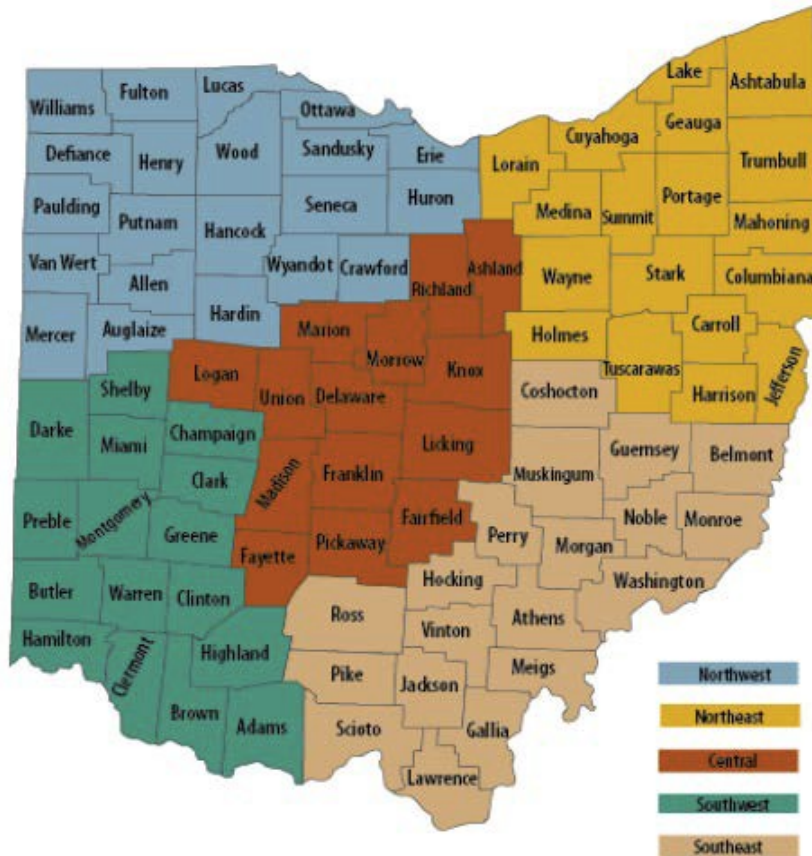

OHIO ASSOCIATION OF
BOARDS OF HEALTH

Aug 2018
ORIENTATION GUIDE



**FOR NEW BOARD OF HEALTH
MEMBERS**

OHIO ASSOCIATION OF BOARDS OF HEALTH

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Introduction to Public Health

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious and chronic diseases, as well as disasters.

Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as an entire country or region of the world.

Public health professionals work with communities and partners to implement educational programs; recommend health policies; analyze data to promote health; provide population health services; and conduct research and evaluation to ensure health for all.

In the medical field, clinicians treat diseases and injuries one patient at a time. In public health, we prevent disease and injury by working with communities and populations. We identify the causes of unhealthy living conditions and practices, disease and disability. Large scale and, often, long term solutions are proposed and implemented at the community level.

Instead of treating a gunshot wound, we work to identify the causes of gun violence and develop interventions. Instead of treating premature or low birth-weight babies, we investigate the factors at work and we develop programs to keep babies healthy. And instead of prescribing medication for high blood pressure, we examine the links among obesity, diabetes and heart disease—and we use our data to influence policy and community programs aimed at reducing all three conditions.

Public health addresses areas as broad-ranging as the science of aging, chronic disease, mental health, disaster response, refugee health, injury prevention and tobacco control. Public health also works to limit health disparities and promotes healthcare equity, quality and accessibility.

(Sources: Centers for Disease Control and Prevention [CDC] <https://www.cdcfoundation.org/what-public-health> and Johns Hopkins Bloomberg School of Public Health <https://www.jhsph.edu/about/what-is-public-health>)



(Source: Washington State Public Health Association <http://www.wspha.org/>)

20th Century Public Health Achievements

According to the CDC, public health has been credited with adding 25 years to the life expectancy of people living in the U.S. in the 20th century. But, how?

The CDC created [Ten Great Public Health Achievements in the 20th Century](#) as a overview of all the great things public health has been able to achieve.

- **Vaccination to reduce epidemic diseases**

- At the beginning of the 20th century, infectious diseases such as smallpox, measles, diphtheria, and pertussis were widely prevalent. Since there were few effective measures available, death tolls were high. Both the development and promotion of vaccinations against preventable diseases has resulted in dramatic declines in morbidity and mortality and even results in the eradication of smallpox.

- **Improved motor vehicle safety**

- Since 1925, there has been a 90% decrease in the annual death rate due to motor vehicle travel. This is particularly impressive given the number of motor vehicles, drivers, and miles traveled in motor vehicles have all

increased dramatically since 1925. Some of the biggest interventions include regulations developed and enforced regarding safety belts, alcohol-impaired drivers, young drivers, pedestrians, and child safety and booster seats.

- **Safer workplaces**

- Data from CDC's National Institute for Occupational Safety and Health (NIOSH) National Traumatic Occupational Fatalities (NTOF) surveillance system indicate that the annual number of work-related deaths decreased 28% from 1980 to 1995 with a 43% decrease in occupational injuries during the same time.

- **Control of infectious diseases**

- The leading causes of death in 1900 were pneumonia, tuberculosis (TB), and diarrhea and enteritis whereas in 1997, 4.5% of deaths were attributable to pneumonia, influenza, and HIV infection. Sanitation and hygiene, vaccination, and antibiotics are among the control measures responsible for this marked decrease.

- **Decline in death from cardiovascular disease**

- While deaths due to infectious death have gone down dramatically, heart disease has been the leading cause of death for most of the 20th century. Since 1950, age-adjusted death rates from cardiovascular disease have been cut by more than half. Some of the key public health factors contributing to this decline include the decline in tobacco use, changes in the U.S. diet, and better early detection and treatment of those at risk of cardiovascular disease (e.g. individuals with hypertension, high cholesterol)

- **Food Safety**

- Contaminated food and water resulted in many foodborne infections in early in the 20th century. Advances, such as refrigeration, pasteurization, pest control, animal control, and food safety regulations that promoted better hygiene and sanitation practices all contributed to decreases in foodborne infections.

- **Improvements in maternal and child health**

- Childbirth use to come with great risk to many mothers and infants. Over the span of the century, the infant mortality rate declined more than 90% and the maternal mortality rate declined almost 99%. Improvements in nutrition,

standards of living, access to health care, and surveillance and monitoring of disease contributed to reducing risks to mothers and infants.

- **Family planning**

- Better family planning interventions have resulted in longer intervals between births and smaller family sizes, both of which have been associated with improved maternal and child health outcomes.

- **Fluoridation of drinking water**

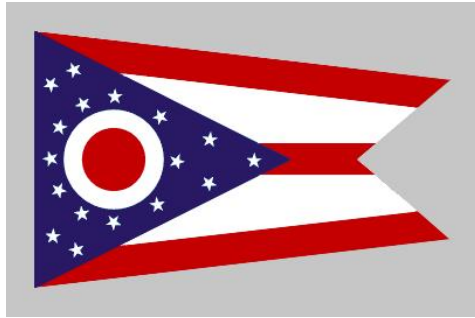
- At the beginning of the century, extensive dental caries was common in the U.S. with tooth extraction being the main treatment option available. Several studies have suggested that water fluoridation has contributed to reductions in dental caries when compared to communities without fluoridated water.

- **Reductions in prevalence of tobacco use**

- Smoking has been associated with a number of morbidities including cardiovascular disease, cancer, chronic obstructive pulmonary disease, and low birth weight. According to the CDC, it is the leading preventable cause of death and disability in the United States. Due to massive public health efforts that include smoking cessation interventions and regulation of the purchase and use of tobacco, there have been substantial reductions in smoking.



Public Health
Prevent. Promote. Protect.



Brief History of Public Health Law in Ohio

- 1826 Temporary Boards of Health established in populated areas to combat emergency situations such as cholera outbreaks.
- 1834 Authorized cities of Cincinnati and Columbus to establish Boards of Health in response to cholera epidemics.
- 1841 Dayton, Cleveland, Springfield and Zanesville permitted to establish Boards of Health.
- 1886 State Board of Health organized.
- 1888 Law passed requiring all cities and villages of 500 or more to have a Board of Health: 306 were formed.
- 1893 Law amended to require all cities and villages to have Boards of Health and health officer: 715 formed.
- 1893 Township trustees were designated as the Board of Health for each township.
- 1902 Townships were required to appoint a Health Officer.
- 1917 State Board of Health abolished and replaced by Commissioner of Health and a four-member Public Health Council.
- 1918 2,158 separate health departments in Ohio.
- 1919 Hughes Act passed – This important legislation established:
- Municipal Health Districts – Cities over 25,000
 - General Health Districts – In each county
 - Grandfathered cities between 10,000 and 25,000 approved by state health department became municipal health districts
 - All districts to have full-time health commissioner, nurse and clerk appointed from civil service list

- 1919 Griswold Amendment to Hughes Act allowed for:
- Municipal Health Districts – Any city over 5,000 population
 - Part time health commissioner, nurse and clerk
 - Civil Service requirements dropped.
- 1931 Griswold Amendment allowed either the municipal or general health district to take the lead in a combined district.
- 1951 Wheeler Act: Public health levy ability for a general health district.
- 1953 Cities allowed to contract with general health districts for services.
- 1959 Combined districts permitted to have more than five-member board.
- 1963 Director of Health to be appointed by Governor with concurrent terms.
- 1967 Permit local municipality or Boards of Health to contract for single services. Placed all employees of General Health Districts under State Civil Service.
- 1981 Public Health Council given authority to adopt Performance Standards for local public health and to base state subsidy (.32 cents per capita) on compliance to standards.
- 1990 General Health District commissioner can be licensed physician, licensed dentist, a licensed veterinarian, licensed podiatrist, licensed chiropractor, or the holder of a master's degree in public health or an equivalent master's degree in a related health field as determined by the members of the board of health in a general health district.
- 2008 The board of health of a city or general health district may, by rule, establish a uniform system of fees to pay the costs of any services provided by the board.
- 2013 As a condition precedent to receiving funding from the department of health, the director of health may require general or city health districts to apply for accreditation by July 1, 2018 and be accredited by July 1, 2020 by an accreditation body approved by the director (<http://codes.ohio.gov/orc/3701.13>).
- 2014 Requirement for annual completion of two hours of continuing education by each member of a board of health. Each continuing education credit shall pertain to one or more of the following topics: ethics, public health principles, and a member's responsibilities (<http://codes.ohio.gov/oac/3701-36-03>).

Select Ohio Revised Code (ORC)

(Source: LAWriter® Ohio Laws and Rules, <http://codes.ohio.gov/orc/3709> and <http://codes.ohio.gov/orc/3707>)

State Department of Health (Ohio Department of Health) – Is established by ORC Chapter 3701 to include a Director of Health and a Public Health Council, also establishing the powers and duties of each.

Local Boards of Health – are established by ORC Chapter 3709 which outlines the powers of the local Boards of Health. Select sections below are from this Chapter, but Board members should review all of the ORC pertaining to Board of Health governance (<http://codes.ohio.gov/orc/3709>).

Local Health Districts – Established by ORC Chapter 3709, powers and duties of Boards of Health and Health Commissioners are outlined in ORC Chapter 3707 (<http://codes.ohio.gov/orc/3707>). This is another good section for Board review.

3709.01 Health districts.

The state shall be divided into health districts. Each city constitutes a health district and shall be known as a "city health district."

The townships and villages in each county shall be combined into a health district and shall be known as a "general health district."

As provided for in sections 3709.051, 3709.07, and 3709.10 of the Revised Code, there may be a union of two or more general health districts, a union of two or more city health districts to form a single city health district, or a union of a general health district and one or more city health districts located within or partially within such general health district.

Amended by 130th General Assembly File No. 25, HB 59, §101.01, eff. 9/29/2013.

Effective Date: 12-11-1967.

3709.02 Board of health of general health district - term - expenses - vacancies - quorum.

(A) In each general health district there shall be a board of health consisting of five members to be appointed as provided in section [3709.03](#) and [3709.41](#) of the Revised Code. The term of office of the members shall be five years from the date of appointment, except that of those first appointed one shall serve for five years, one for four years, one for three years, one for two years, and one for one year, and

thereafter one shall be appointed each year. This paragraph does not apply to a combined board of health created under section [3709.07](#) of the Revised Code

(B) Each member of the board shall be paid a sum not to exceed eighty dollars a day for the member's attendance at each meeting of the board. No member shall receive compensation for attendance at more than eighteen meetings in any year.

(C) Each member of the board shall receive travel expenses at rates established by the director of budget and management pursuant to section [126.31](#) of the Revised Code to cover the actual and necessary travel expenses incurred for travel to and from meetings that take place outside the county in which the member resides, except that any member may receive travel expenses for registration for any conference that takes place inside the county in which the member resides.

(D) A vacancy in the membership of the board shall be filled in the same manner as an original appointment and shall be for the unexpired term. When a vacancy occurs in a position to be filled by the district advisory council, the council shall hold a special meeting pursuant to section [3709.03](#) of the Revised Code for the purpose of appointing a member to fill the vacancy.

(E) A majority of the members of the board constitutes a quorum.

Effective Date: 11-21-2001.

[3709.20 Orders and regulations of board of city health district - hearing referees or examiners.](#)

(A) The board of health of a city health district may make such orders and regulations as are necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement, or suppression of nuisances. Orders and regulations not for the government of the board, but intended for the general public, shall be adopted, advertised, recorded, and certified as are ordinances of municipal corporations and the record thereof shall be given in all courts the same effect as is given such ordinances. In cases of emergency caused by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, the board may declare such orders and regulations to be emergency measures, and such orders and regulations shall become effective immediately without such advertising, recording, and certifying.

(B) In any hearing conducted by the board of health of a city health district, general health district, or combined health district, the board may appoint a referee or examiner to conduct the hearing. In a hearing conducted by a board of health of a city health district, a combined health district, or a general health district at least one member of the board shall be present.

The referee or examiner appointed to conduct the hearing shall have the same powers and authority in conducting the hearing as is granted to the board. The referee or examiner shall have been admitted to the practice of law in the state and be possessed of such additional qualifications as the board may require. The referee or examiner shall submit to the board a written report setting forth his findings of fact and conclusions of law and a recommendation of the action to be taken by the board. A copy of such written report and recommendation of the referee or examiner shall, within five days of the date of filing thereof, be served upon the party or his attorney or other representative of record, by certified mail. The party may, within ten days of receipt of the copy of the written report or recommendation, file with the board written objections to the report and recommendation, which objections shall be considered by the board before approving, modifying, or disapproving the recommendation. The board may grant extensions of time to the party within which to file such objections.

No recommendation of the referee or examiner shall be approved, modified, or disapproved by the board until ten days after the service of the report and recommendation as provided in this section. The board may order additional testimony to be taken or permit the introduction of further documentary evidence. No recommendation shall be final until approved by a quorum of the entire board as indicated by an order on its record of proceedings.

Effective Date: 08-06-1976.

3709.21 Orders and regulations of board of general health district.

The board of health of a general health district may make such orders and regulations as are necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement, or suppression of nuisances. Such board may require that no human, animal, or household wastes from sanitary installations within the district be discharged into a storm sewer, open ditch, or watercourse without a permit therefor having been secured from the board under such terms as the board requires. All orders and regulations not for the government of the board, but intended for the general public, shall be adopted, recorded, and certified as are ordinances of municipal corporations and the record thereof shall be given in all courts the same effect as is given such ordinances, but the advertisements of such orders and regulations shall be by publication in a newspaper of general circulation within the district. Publication shall be made once a week for two consecutive weeks or as provided in section [7.16](#) of the Revised Code, and such orders and regulations shall take effect and be in force ten days from the date of the first publication. In cases of emergency caused by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, the board may declare such orders and regulations to be emergency measures, and such orders and regulations shall become effective immediately without such advertising, recording, and certifying.

Amended by 129th General Assembly File No.28, HB 153, §101.01, eff. 9/29/2011.

Effective Date: 10-01-1953.

3709.22 Duties of board of city or general health district.

Each board of health of a city or general health district shall study and record the prevalence of disease within its district and provide for the prompt diagnosis and control of communicable diseases. The board may also provide for the medical and dental supervision of school children, for the free treatment of cases of venereal diseases, for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries, and county homes, and other charitable, benevolent, and correctional institutions. The board may also provide for the inspection of dairies, stores, restaurants, hotels, and other places where food is manufactured, handled, stored, sold, or offered for sale, and for the medical inspection of persons employed therein. The board may also provide for the inspection and abatement of nuisances dangerous to public health or comfort and may take such steps as are necessary to protect the public health and to prevent disease.

In the medical supervision of school children, as provided in this section, no medical or surgical treatments shall be administered to any minor school child except upon the written request of a parent or guardian of such child. Any information regarding any diseased condition or defect found as a result of any school medical examination shall be communicated only to the parent or guardian of such child and if in writing shall be in a sealed envelope addressed to such parent or guardian.

Effective Date: 10-01-1953.

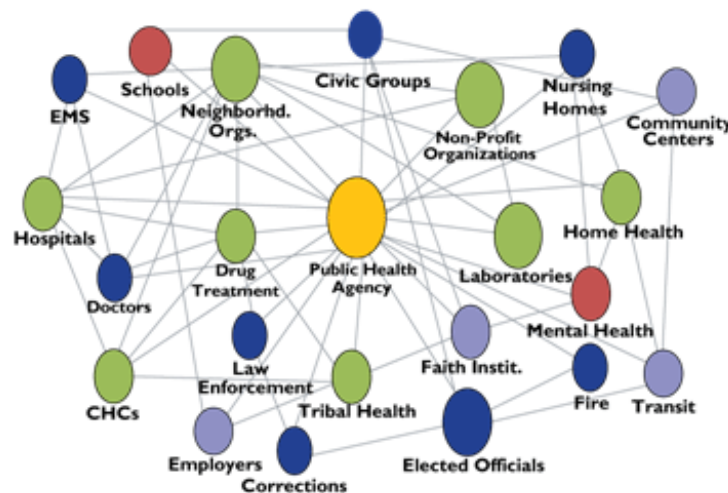


The Public Health System and the Ten Essential Public Health Services

The Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services. The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



The Public Health System

(Source <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>)

The 10 Essential Public Health Services¹

The 10 Essential Public Health Services describe the public health activities that all communities should undertake:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems



The 10 Essential Public Health Services

(Source <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>)

¹ Note: The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The committee included representatives from US Public Health Service agencies and other major public health organizations.

Roles and Responsibilities of the Health Board

What is a Board of Health?

A local board of health is the policy-making, rule-making, and adjudicatory body for public health in the general or city health district jurisdiction. Since state statute gives boards of health specific powers and duties, the local board may make local public health rules that apply throughout the board's jurisdiction as long as these rules do not conflict with governing documents. Each board has limited authority to set fees for public health services and also influences the day-to-day administration of the local public health agency.

- Governing body for local health department
- Composed of at least five or more members
- Members serve five or more years; selected geographically
- One member of the general health district Board of Health must be a physician
- District Advisory Council appoints general health district (county) board members
- The chief executive with the approval of the city council appoints city board members

The board is an important part of the public health department organization because it:

- Sets policy for strategic direction
- Enacts resolutions to carry out day-to-day business of the organization
- Approves rules and regulations for department operations
- Employs and evaluates the health commissioner
- Reviews operational data for patterns and trends
- Approves health department programs
- Approves key financial actions for the department including the budget that is submitted to county budget commission or to a city council

Boards of Health decisions are a matter of public record and readily visible to the community. The board must ensure that it is operating within its legal responsibilities as well as under the principles of good faith and ethical conduct.

Board of Health Action Examples

Policy Decisions

A policy is a deliberate system of principles to guide decisions and achieve rational outcomes. A policy is a statement of intent and is implemented as a procedure or protocol. Policies are generally adopted by the board as resolutions.

To make policy decisions, the board must follow applicable Ohio Revised and Administrative Code, consider the LHD's strategic plan, and assure that there are specific goals and objectives to accomplish and evaluate the policy implementation.

Appointment of Key Health Department Staff

The board is directly responsible for hiring and annually evaluating the health commissioner and defining performance criteria. The board, on the recommendations of the health commissioner, hires other staff members and assures alignment of the department's table of organization with mission/goals.

Review of Operational Data

Individual board members must stay well-informed of the activities of the board and the department. Board members should review and query operational data on the basis of organizational plans, goals, and objectives, ensuring the achievement of organizational outcomes related to the board and the department.

Approval of Health Department Programs

The board should approve all programs to ensure their consistency with the department's mission, priorities, community needs and resources.

Approval of the Budget

Boards of Health need to approve and adopt the budget for the department. The staff supplies pertinent information. Board members should study and question budget information and make suggestions for changes if appropriate. Furthermore, a budget to address training for both the Board members and staff should be adopted.

Accreditation through PHAB

The Board is responsible for the department achieving success in initial and subsequent accreditation recognition through the Public Health Accreditation Board.

TO~DO list for Board of Health Members

Fully understand the mission of public health and your organization's service delivery to that end.

Gain a working familiarization with the policies, guidelines and rules of the LHD and fully understand the board of health's role in local public health.

Be regular and punctual at board and committee meetings, fully prepared in advance by reviewing meeting materials.

Provide a leadership voice, ask questions for clarification, join the discussion and participate fully both in and outside of Board of Health meetings.

Be informed about the background of issues, speaking out on ideas you do not favor and prepared to provide your rationale.

Understand the delineation between the roles and responsibilities of the board, key department leadership, and department staff (i.e., governance is not management).

Know and maintain appropriate lines of communication between board and department personnel.

Develop a working knowledge of all financial statements presented as well as the budget development cycle.

Maintain confidentiality at all times while understanding [Ohio Sunshine Law](#).

Participate in recruiting new board members, ensuring they are fully oriented and mentored to the governance process.

Work on levy passage and advocate at the community or state level for public health funding.

Liaison between the county, city, village, townships and other municipalities and the health department.

Advocate for public health and health equity in your community.

Complete the required two (2) hours of continuing education.

A FINAL “TO DO”
**Join YOUR board of health association at the state and
national levels!**

OHIO ASSOCIATION OF BOARDS OF HEALTH

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Becky Stewart, Administrative Assistant



[The National Association of Local Boards of Health \(NALBOH\)](#)

The National Association of Local Boards of Health (NALBOH) informs, guides, and serves as the national voice for boards of health. In today’s public health system, the leadership role of boards of health makes them an essential link between public health services and a healthy community. Uniquely positioned to deliver technical expertise in governance and leadership, board development, health priorities, and public health policy, NALBOH strives to strengthen good governance where public health begins—at the local level ([Six Functions of Governance](#)).

Websites – Select Resource List

Public Health ~ Ohio

Association of Ohio Health Commissioners	www.aohc.net
Ohio Association of Local Boards of Health	Coming soon
Ohio Public Health Association	https://ohiopha.org/
Ohio Department of Health	www.odh.ohio.gov
The Ohio State University Center for PH Practice	https://u.osu.edu/cphp/

Public Health ~ National

American Public Health Association	www.apha.org
Association of Schools of Public Health	https://www.aspph.org/
Association of State and Territorial Health Officials	www.astho.org
National Assoc of County and City Health Officials	www.naccho.org
National Association of Local Boards of Health	www.nalboh.org
Public Health Foundation	www.phf.org
National Leadership Academy for the Public's Health	http://healthleadership.org/ program_nlaph

Federal Agencies

Agency for Toxic Substances and Disease Registry	https://www.atsdr.cdc.gov/
Centers for Disease Control and Prevention	www.cdc.gov
Centers for Medicare and Medicaid Services	https://www.cms.gov/
Health and Human Services	www.hhs.gov
Food and Drug Administration	www.fda.gov
Health Resources and Services Administration	www.hrsa.gov
National Institutes of Health	www.nih.gov

ACKNOWLEDGEMENTS

The Ohio Association of Boards of Health owes a debt of gratitude to those who pioneered the original Orientation Booklet in 2006, previous members and leaders of OABH, AOHC (Association of Health Commissioners), and NALBOH (National Association of Local Boards of Health).

Our latest edition was again reviewed by public health organizations at the state and national level and we thank the participating members to include:

OABH - Current Board Members to include Joanna Pittenger, President, and Becky Stewart, Administrative Assistant.

AOHC - Joseph R. Durham, JD and Jim Watkins, MPH, RS, President.

OPHA - Joe Ebel, MBA, MS, RS, Past President and Jamie Weaver, Manager.

NALBOH - Diane M. Gerlach, DO, President Elect and Michael McLaughlin, PhD, Director-at-Large.

Please direct all questions and comments regarding this publication to Sharon A. R. Stanley, OABH SE Director, colsars@gmail.com .

WHAT IS PUBLIC HEALTH?

“The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society organizations, public and private communities, and individuals.”
—CEA Winslow, 1920