



# Orientation for New Board of Health Members

TUSCARAWAS COUNTY HEALTH  
DEPARTMENT

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**Public Health**  
Prevent. Promote. Protect.

**Tuscarawas County General Health District  
dba Tuscarawas County Health Department (TCHD)**

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*This orientation utilizes material from CDC, APHA, and the Ohio Association of Boards of Health*

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## **Introduction to Public Health**

The Centers for Disease Control and Prevention (CDC) Foundation defines public health as the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

The American Public Health Association states that public health works in countless ways to make our world better. Public health can be individual, environmental or community based. Often times public health programs focus on epidemic disease control; sanitation and hygiene; elimination of toxins in air, water and food; immunization against infection; improvement of health behaviors; and education for a variety of health topics including adequate nutrition for children and families.

Modern public health practices involve many different health services including health promotion, treatment of illness, rehabilitation and disease prevention. It also involves the collection and analysis of health data to influence public policy.

**Authority of Public Health in Ohio:** The legal authority of all boards of health and local health departments is found in the Ohio Revised Code. Sections of Chapter 37 of the Ohio Revised Code of interest to health districts include 3701, 3707 and 3709 and Chapter 3701-36 of the Ohio Administrative Code (OAC).

## History of Public Health

1871

- Surgeon General established

1928

- Penicillin was discovered

1934

- Franklin Roosevelt begins attempt to reform public health

1962

- Publication of Rachel Carson's "Silent Spring"

1963

- Clean Air Act

1964

- First Surgeon General Report on smoking

1969

- Federal Coal Mine Health Safety Act

1970

- Smallpox wiped out globally

1983

- HIV Virus identified

1990

- Nutrition Labeling Act

2000

- Heart Disease becomes leading cause of death

## History of Public Health in Ohio

1826

•Boards of Health established in populated areas to combat emergencies which as cholera outbreaks.

1834

•Cities of Columbus and Cincinnati established Boards of Health

1841

•Dayton, Cleveland, Springfield and Zanesville permitted to establish Boards of Health

1852

•General Assembly made it possible for all cities to establish Boards of Health. Mount Vernon was the first to do so

1867

•Villages given authority to establish Boards of Health

1875

•Township trustees given authority to quarantine

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 a Board of Health and Health Officer - 715 were formed

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

1953

•Cities allowed to contract with General Health Districts

1971

•Permits Health Districts to employ veterinarians, dentist, MPH degree to serve as Health Commissioner

1981

•Public Health Council given authority to adopt performance standards for local public health and to base state subsidy on compliance to standards

## Ohio Revised Codes

### 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

3709.03 [Effective 9/29/2015] General health district advisory council.

(A) There is hereby created in each general health district a district advisory council. A council shall consist of the president of the board of county commissioners, the chief executive of each municipal corporation not constituting a city health district, and the president of the board of township trustees of each township. The board of county commissioners, the legislative body of a municipal corporation, and the board of township trustees of a township may select an alternate from among themselves to serve if the president, the chief executive, or the president of the board of township trustees is unable to attend any meeting of the district advisory council. When attending a meeting on behalf of a council member, the alternate may vote on any matter on which the member is authorized to vote.

The council shall organize by selecting a chair and secretary from among its members. The council shall adopt bylaws governing its meetings, the transaction of business, and voting procedures.

The council shall meet annually in March at a place determined by the chair and the health commissioner for the purpose of electing the chair and the secretary, making necessary appointments to the board of health, receiving and considering the annual or special reports from the board of health, and making recommendations to the board of health or to the department of health in regard to matters for the betterment of health and sanitation within the district or for needed legislation. The secretary of the council shall notify the district health commissioner and the director of health of the proceedings of such meeting.

Special meetings of the council shall be held on the order of any of the following:

(1) The director of health;

(2) The board of health;



(3) The lesser of five or a majority of district advisory council members. The district health commissioner shall attend all meetings of the council.

(B) The district advisory council shall appoint five members of the board of health, unless the board of health has established a health district licensing council under section 3709.41 of the Revised Code, in which case, the district advisory council shall appoint four members of the board of health, and the health district licensing council shall appoint one member of the board of health. At least one member of the board of health shall be a physician. Appointments shall be made with due regard to equal representation of all parts of the district.

(C) If at an annual or special meeting at which a member of the board of health is to be appointed fewer than a majority of the members of the district council are present, the council, by the majority vote of council members present, may organize an executive committee to make the appointment. An executive committee shall consist of five council members, including the president of the board of county commissioners, the council chair, the council secretary, and two additional council members selected by majority affirmative vote of the council members present at the meeting. The additional members selected shall include one representative of municipal corporations in the district that are not city health districts and one representative of townships in the district. If an individual is eligible for more than one position on the executive committee due to holding a particular office, the individual shall fill one position on the committee and the other position shall be filled by a member selected by a majority affirmative vote of the council members present at the meeting. A council member's alternate for annual meetings may serve as the member's alternate at meetings of the executive committee.

Not later than thirty days after an executive committee is organized, the committee shall meet and the council chair shall present to the committee the matter of appointing a member of the board of health. The committee shall appoint the board member by majority affirmative vote. In the case of a combined health district, the executive committee shall appoint only members of the board of health that are to be appointed by the district advisory council, unless the contract for administration of health affairs in the combined district provides otherwise. If a majority affirmative vote is not reached within thirty days after the executive committee is organized, the director of health shall appoint the member of the board of health under the authority conferred by section 3709.03 of the Revised Code.

If the council fails to meet or appoint a member of the board of health as required by this section or section 3709.02 of the Revised Code, the director of health may appoint the member.

Amended by 131st General Assembly File No. TBD, HB 64, §101.01, eff. 9/29/2015.

Amended by 129th General Assembly File No.127, HB 487, §101.01, eff. 9/10/2012.

Effective Date: 11-21-2001

Note: This section is set out twice. See also § 3709.03 , effective until 9/29/2015.

### **Ten Essential Services**

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community 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. Evaluate effectiveness, accessibility and quality of personal and population based health services
9. Assure a competent public and personal health care workforce
10. Research for new insights and innovative solutions to health partners

## **Role of Local Health Districts as Delegated Authorities**

Ohio's local health districts (LHDs) throughout the state share the statutory obligation to assure the preservation and improvement of public health in Ohio. This authority is shared primarily with three state agencies: the Ohio Department of Health (ODH), the Ohio Department of Agriculture (ODAg), and the Ohio Environmental Protection Agency (OEPA). Here are examples of programs governed by both state law and rule, where the local health districts are responsible for day-to-day oversight and enforcement on behalf of the state:

Rabies/Vector Control\*

Nuisance Abatement\*

Communicable Disease Control\*, including investigation, quarantine, and reporting  
Food Service Operations, e.g., restaurants

Retail Food Establishments, e.g., grocery stores

Campgrounds

Home Sewage Treatment Systems

Maternity Units

Pools/Spas

Private Water Systems, e.g, wells

Residential Camps

Tattoo Parlors

Schools\*

Smokefree Workplace Act\*

Solid Waste Facilities\*\*

Construction and Demolition Debris Facilities

Small Flow Commercial Sewage Systems

Vital Statistics

Child Fatality Review

\* For the programs asterisked above, there is no statutory authority to charge a state or local fee for program implementation.

\*\* The Solid Waste Facility statute provides optional authority for funding local health districts for oversight and enforcement activities. Some solid waste districts do not adequately fund their local health districts for these purposes; some do not fund local health at all, but still require LHDs to handle solid waste nuisance complaints.

## **Role and Responsibilities of the Board of Health**

What is a Board of Health?

- Governing body for local health department
- Composed of at least five or more members
- Members serves five or more years; selected geographically
- One member of the County Board must be a physician
- District Advisory Council appoints County board members

The Board of Health is the most powerful part of the organization because of the following:

- Set policy
- Employs and evaluates the Health Commissioner
- Reviews operational data
- Approves health department programs
- Approves financial actions including the budget that is then submitted to the County Budget Commission

Board of Health decisions will be a matter of public record and may be highly visible to the community. The Board must ensure that it is operating within its legal responsibility but also on principles of good faith and ethical conduct.

Appointment of Key Health Department Staff

The board is directly responsible for hiring a health commissioner. The board on the recommendation of the health commissioner hires other staff members.

Stress points for Board of Health

- Be aware of mission, vision and values
- Be knowledgeable about policies and procedures
- Understand roles and functions of board of health
- Be informed on the background of issues
- Maintain lines of communication with staff
- Understand and question financial statements
- Support and participate in revenue efforts

## Six Functions of a Board

1. Administration:
  - a. The Board defines the organization's purpose by establishing a clear statement of mission
2. Program Planning and Budgeting
  - a. The Board defines the specific needs to be addresses and target populations to be served.
    - i. Establishes goals and objectives in order of priority, consistent with the mission
    - ii. Develops realistic budgets
    - iii. Adapts the program plan and budget annually
3. Evaluation of Organizational Effectiveness
  - a. The Board regularly evaluates the accomplishment of the program plans
    - i. Assesses the achievements of the overall mission
    - ii. Evaluates the responsiveness to new situations
    - iii. Evaluates the degree of effectiveness of personnel
4. Retention and Evaluation of the Health Commissioner
  - a. The Board hires the Health Commissioner
    - i. Establishes compensation and conditions for employment
    - ii. Evaluates the Health Commissioner's performance
5. Financial Stewardship
  - a. The Board must take a lead in the development of financial resources
    - i. Sets conditions and standards for all funds solicited in the agency's name
    - ii. Exercises fiduciary care of the funds entrusted to the agency's use
    - iii. Engages in sound long range financial planning
6. Constituting the Community Connection
  - a. The Board represents the public interest
    - i. Represents the interest of particular publics
    - ii. Represents the organization to the community
    - iii. Affords community sanction to the agency and its programs

## **A Health Commissioner Expects a Board Will:**

1. Counsel and advise using professional expertise and familiarity with the community
2. Consult with the Health Commissioner on issues the Board is considering
3. Delegate responsibility for all administrative functions
4. Refrain from micromanaging administrative details
5. Share all communications with the Health Commissioner
6. Support the Health Commissioner and staff in carrying out their professional duties
7. Hold the Health Commissioner accountable for the supervision of the agency
8. Evaluate and recognize the work of the Health Commissioner

## **The Board Expects its Health Commissioner Will:**

1. Serve as Chief Executive Office of the agency
2. Advise the Board on issues under discussion
3. Develop and recommend policies for consideration
4. Effectively implement Board policies
5. Keep the Board informed fully on all problems and issues
6. Develop the agency budget with the appropriate personnel
7. Devote time to professional development for the staff and the Health Commissioner

## **Job Description for Board Members**

1. Be aware of the goals of the organization
2. Know the policies, guidelines and rules of the organization for the programs and the board of health
3. Be regular and punctual at board and committee meetings. If unable to attend, give advance notice
4. Be involved at meetings, ask questions and participate in discussion
5. Be informed of the background issues
6. Speak out on ideas you do not favor
7. Know and maintain lines of communication between board and staff
8. Understand financial statements that are presented
9. Maintain appropriate confidentiality
10. Advocate for various public health issues

### **Skills:**

- Decision making
- Sense of direction
- Mediator
- Delegator
- Inspirer
- Organizer

### **Attendance Expectations:**

Attend meetings and show commitment to board activities. Be well informed on issues and agenda items in advance of meetings.

## **Who is Responsible: Board or Health Commissioner**

| Area                  | Board                    | Health Commissioner                |
|-----------------------|--------------------------|------------------------------------|
| Long Term Goals       | Approved                 | Recommends and provides input      |
| Short Term Goals      | Monitors                 | Establishes and carries out        |
| Day to Day Operations | No Role                  | Makes all management decisions     |
| Budget                | Approved                 | Develops and recommends            |
| Fees                  | Adopts                   | Develops fee schedule              |
| Hiring Staff          | Approves for position    | Approves all hiring                |
| Firing Staff          | Approves                 | Makes recommendations              |
| Personnel Policies    | Approves                 | Recommends and administers         |
| Staff Evaluations     | Health Commissioner only | Signs off on all staff evaluations |

## **Health Department Services**

Visit the Health Department's website at [www.tchdnow.org](http://www.tchdnow.org) to learn about all services offered by the Department.



## Resource List

| Name  | Website          |
|---|------------------|
| Association of Ohio Health Commissioners    | www.aohc.net     |
| Ohio Public Health Association              | www.ohiopha.org  |
| Ohio Department of Health                   | www.odh.ohio.gov |
| American Public Health Association          | www.apha.org     |
| Public Health Foundation                    | www.phf.org      |
| Centers for Disease Control and Prevention  | www.cdc.gov      |
| Food and Drug Administration                | www.fda.gov      |
| Department of Health and Human Services     | www.hhs.gov      |
| National Public Health Leadership Institute | www.phli.org     |

## Revision Page

| Date      | Revision                         | Responsible Party   |
|-----------|----------------------------------|---------------------|
| 11/8/16   | Reviewed and Revision Page added | Health Commissioner |
| 5/23/2017 | Sections added                   | Health Commissioner |
| 6/14/2017 | Approved                         | Board of Health     |
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|           |                                  |                     |