JEFFERSON COUNTY
General Health District
Prevent. Promote. Protect.

Orientation Guide

for

Jefferson County General Health District

Board of Health Members

Revised 8/2024

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Jefferson County General Health District Website:

www.jchealth.com

Facebook:

Jefferson County General Health District

Jefferson County General Health District is located at:

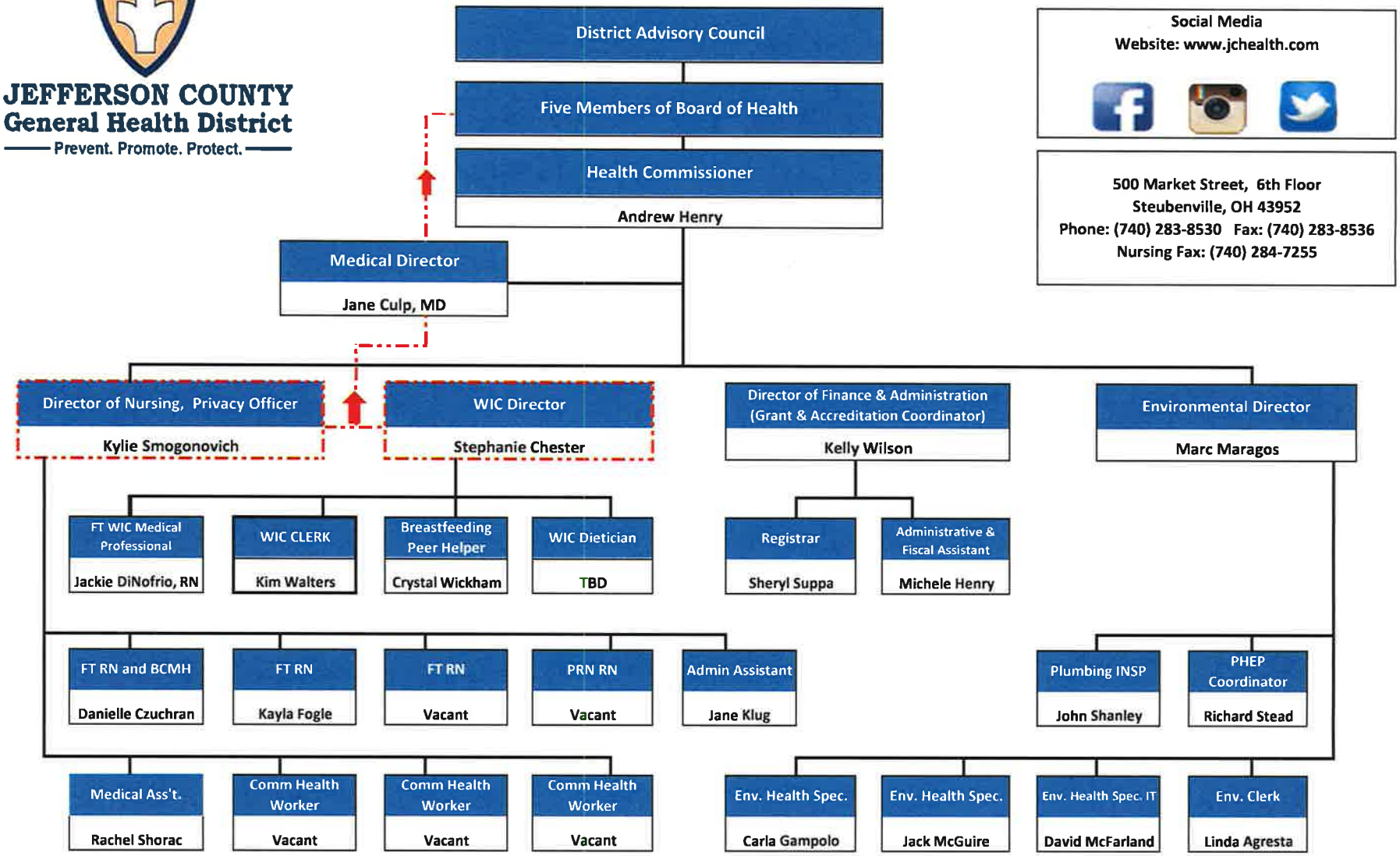
500 Market Street, Sixth Floor
Steubenville, OH 43952
Office Hours: Saturday & Sunday: CLOSED
Monday, Tuesday and Thursday: 8 am – 4 pm. Wednesday: 10 am – 5:00 pm. Friday: 8 am – 3 pm.

Board of Health Meetings are held the third Tuesday of every month at 8:15 am
500 Market Street 2nd Floor
Community Room
Steubenville, OH 43952

The Jefferson County General Health District is organized into five sections:

- **Nursing Services:** The Nursing Division focuses primarily on the health care needs of individual, including immunizations, Cribs for Kids Program, Children with Medical Handicaps Program (MCH), communicable disease follow-up, Community Outreach, and our Diaper Bank.
- **Environmental Services:** The Environmental Division works to advance policies and programs to reduce environmental exposures in the air, water, soil, and food to protect people and provide communities with healthier environments. Programs and services include regulating residential private water systems, sewage treatment systems, tattoo and body piercing facilities, landfills, solid waste program, jails and correctional facilities, schools, point of sale (loan) evaluations, swimming pools, and campgrounds.
- **Vital Statistics:** Vital Statistics registers all deaths and births occurring within its jurisdiction. Death Certificates are available only for persons that were pronounced deceased within Jefferson County. The JCGHD does have statewide access of electronic birth certificates. Through this program we can issue a birth certificate as long as the person was born in Ohio.
- **Administrative Services:** Administration supports operations of the entire Health Department including (clerical, fiscal, quality improvement, accreditation)
- **WIC:** WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to 5 years of age.

JEFFERSON COUNTY GENERAL HEALTH DISTRICT ORGANIZATIONAL CHART



Social Media
Website: www.jchealth.com

500 Market Street, 6th Floor
Steubenville, OH 43952
Phone: (740) 283-8530 Fax: (740) 283-8536
Nursing Fax: (740) 284-7255

JEFFERSON COUNTY General Health District

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Cities served by the Jefferson County General Health District:

- City of Steubenville
- City of Toronto

Villages served by the Jefferson County General Health District

- Adena
- Amsterdam
- Bergholz
- Bloomingdale
- Dillonvale
- Empire
- Irondale
- Mingo Junction
- Mount Pleasant
- New Alexandria
- Rayland
- Richmond
- Stratton
- Tiltonsville
- Wintersville
- Yorkville

Townships served by the Jefferson County General Health District

- Brush Creek
- Cross Creek
- Island Creek
- Knox Township
- Mount Pleasant Township
- Ross Township
- Salem Township
- Saline Township
- Smithfield Township
- Springfield Township
- Steubenville Township
- Warren Township
- Wayne Township
- Wells Township

JEFFERSON COUNTY
General Health District
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JCGHD Mission, Vision and Values

MISSION STATEMENT:

The mission of the JCGHD is to provide public health services focused on community wellness, disease prevention and protection where residents live, work, learn and play.

VISION STATEMENT:

Improving health outcomes through education, awareness and collaboration— ultimately achieving access for all.

VALUES STATEMENT:

Integrity: We are dedicated to earning public trust by operating with transparent communication, ethical decision making and upholding the utmost integrity in all that we do. This includes being a good steward of public funds.

Respect: We are committed to a culture of compassion and mutual respect among our employees and clients and recognize diversity as a strength in our organization and community.

Excellence: We are dedicated to excellence and passionate about our relationship with our community, public health services, and committed to continuous quality improvement.

Collaboration: We are committed to collaborating with key community partners to enhance the reach and impact of our efforts to maximize and sustain public health.

Accessibility: We strive to provide essential public health services in a fair and equitable manner so that there is access for all in the community we serve.

Board Approved 5/2023

JEFFERSON COUNTY General Health District

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BOARD OF HEALTH MEMBERS AND TERMS

Members	Term Expiration Year
Mary Mihalyo	2025
Mark Kissinger, DO	2026
Anthony Mougianis	2027
Suzanne Brown	2028
Terry Bell	2029

JEFFERSON COUNTY GENERAL HEALTH DISTRICT STAFF

ADMINISTRATION

Andrew Henry	Health Commissioner
Jane Culp, MD	Medical Director
Michele Henry	Administrative Assistant
Kelly Wilson	Director of Finance & Administration

VITAL STATISTICS

Sheryl Suppa	Registrar

NURSING SERVICES

Kylie Smogonovich	Director of Nursing
Daniel Czuchran	Registered Nurse
Kayla Fogle	Registered Nurse
Rachel Shorac	Medical Assistant
Jane Klug	Nursing Clerk

ENVIRONMENTAL SERVICES

Marc Maragos	Environmental Director
Carla Gampolo	Registered Sanitarian
John McGuire	Registered Sanitarian
David McFarland	Sanitarian in Training
Rick Stead	PHEP Coordinator
Linda Agresta	Environmental Clerk
John Shanley	Plumbing Inspector

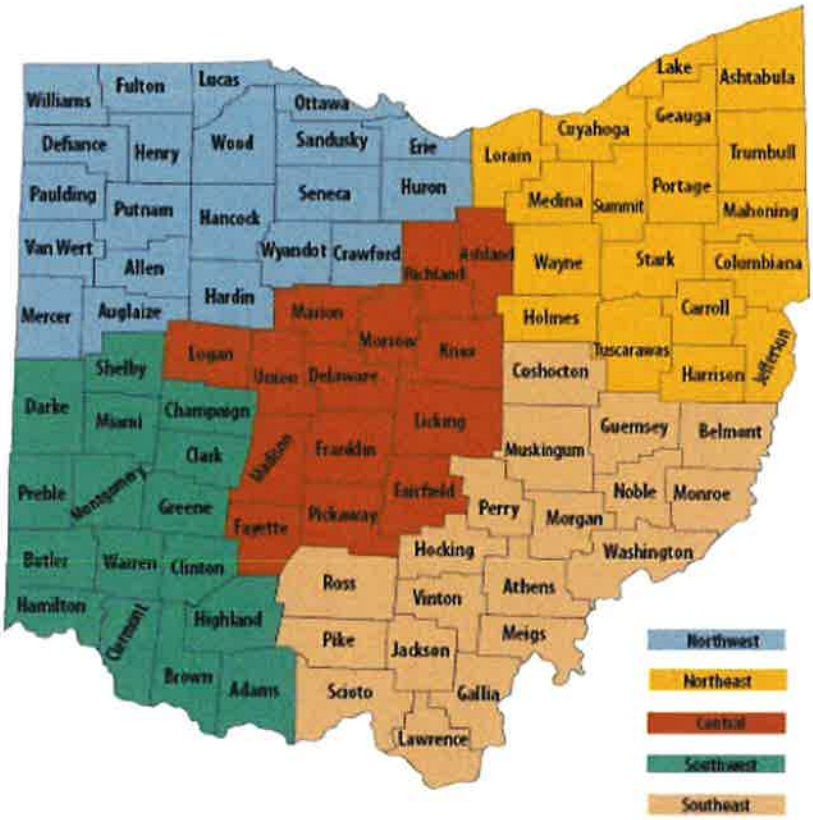
WIC

Stephanie Chester	WIC Director
Jackie DiNofrio	Registered Nurse
Kim Walters	WIC Clerk
Crystal Wickham	Breastfeeding/Peer Helper

OHIO ASSOCIATION
of Boards of Health

January 2020

ORIENTATION GUIDE



FOR BOARD OF HEALTH MEMBERS

OHIO ASSOCIATION OF BOARDS OF HEALTH

Phone (614) 943-9228 Executivedirector@OABH.org www.OABH.org

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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 try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research—in contrast to clinical professionals like doctors and nurses, who focus primarily on treating individuals after they become sick or injured. Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality and accessibility.

In the medical field, clinicians treat diseases and injuries one patient at a time. But in public health, we *prevent* disease and injury. Public health researchers, practitioners and educators work with *communities* and *populations.* We identify the *causes* of disease and disability, and we implement largescale *solutions.*

For example, 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 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 aimed at reducing all three conditions. Today, public health encompasses areas as wide-ranging as epigenetics, chronic disease, the science of aging, mental health, disaster response, refugee health, injury prevention and tobacco control.

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

Your Ohio Local Health Department

(Source: Ohio Department of Health [ODH], https://odh.ohio.gov/wps/portal/gov/odh/about-us/local-health-departments)

The public health system in Ohio is comprised of the Ohio Department of Health, 113 local health departments (LHDs), health care providers, and public health stakeholders who work together to promote and protect the health of all Ohioans.

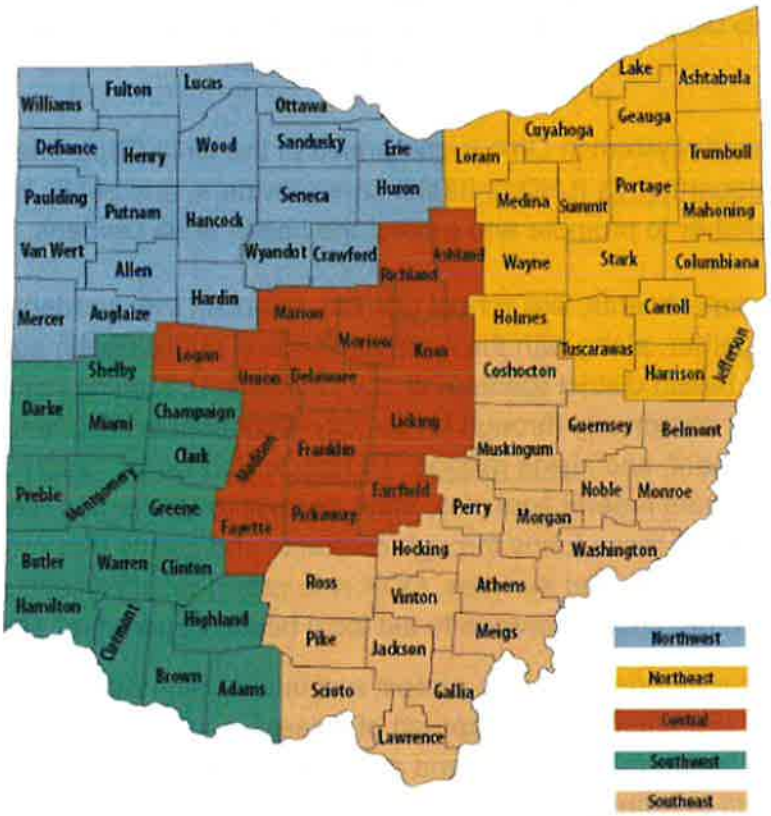
Local health departments, like school districts, maintain independent governance, but often work together, along with the state and federal public health agencies. Depending on the type of health district (general or city jurisdiction), funding comes from the support of their community through levies, city general operating funds, contracts, county government, and inside millage. To help support local health departments, ODH receives funds from federal agencies, state general revenue, and other sources and distributes many of these funds through contracts and grants that contribute toward public health programs and services. ODH also provides technical support, laboratory services, and other critical services to aid local health department efforts.

Local health departments strive to protect and improve the health of their communities by preventing and controlling the spread of disease and injury, protecting against environmental hazards, promoting and supporting healthy behaviors, and preparing for and responding to emergencies.

Services that may be provided by a local health department include access to birth and death records, health education, immunization clinics, well-baby visits, pre-natal, health screenings, dental, disease surveillance and other services and programs. Local health departments administer core environmental health programs such as inspections related to food safety, public swimming pools, campgrounds, sewage, and water, as well as other environmental programs such as smoking, lead and asthma.

Local Health Departments are governed by laws in the Ohio Revised Code (ORC) and the rules of the Ohio Administrative Code.

- Ohio Revised Code Chapter 3701: DEPARTMENT OF HEALTH
- Ohio Administrative Code Chapter 3701-36: LOCAL HEALTH DEPARTMENTS
- Ohio Revised Code: Chapter 3705: VITAL STATISTICS
- Ohio Revised Code: Chapter 3707: BOARD OF HEALTH
- Ohio Revised Code Chapter 3709: HEALTH DISTRICTS
- Ohio Revised Code: Chapter 4736: SANITARIANS



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

Early 21st Century Public Health Achievements: 2000 - 2010

The Centers for Disease Control and Prevention (CDC) credits public health with adding 25 years to the life expectancy of people living in the U.S. in the 20th century. But how? It is hard to measure negative outcomes that never happen - - exactly what public health prevention and practice achieves.

The CDC's Ten Great Public Health Achievements 2001 - 2010 shows examples of how some of those measurements are completed when it may take years to get to a measurable result:

Vaccine-preventable diseases

- The past decade has seen substantial declines in cases, hospitalizations, deaths, and health-care costs associated with vaccine-preventable diseases. New vaccines (i.e., rotavirus, quadrivalent meningococcal conjugate, herpes zoster, pneumococcal conjugate, and human papillomavirus vaccines, as well as tetanus, diphtheria, and acellular pertussis vaccine for adults and adolescents) were introduced, bringing to 17 the number of diseases targeted by U.S. immunization policy. Analyses indicate that vaccination with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease - - a net savings of nearly $14 billion in direct costs and $69 billion in total societal costs.

- ## Motor vehicle safety
    - In terms of years of potential life lost before age 65, motor vehicle crashes ranked third in 2007, behind only cancer and heart disease, accounting for an estimated $99 billion in medical and lost work costs annually. Crash-related deaths and injuries largely are preventable. From 2000 to 2009, while the number of vehicle miles traveled on the nation's roads increased by 8.5%, the death rate related to motor vehicle travel declined from 14.9 per 100,000 population to 11.0, and the injury rate declined from 1,130 to 722; among children, the number of pedestrian deaths declined by 49%, from 475 to 244, and the number of bicyclist deaths declined by 58%, from 178 to 74.
    - These successes largely resulted from safer vehicles, safer roadways, and safer road use. Behavior was improved by protective policies, including effective seat belt and child safety seat legislation. Graduated drivers licensing policies for teen drivers have helped reduce the number of teen crash deaths.

- ## Safer workplaces through occupational health
    - Significant progress was made in improving working conditions and reducing the risk for workplace-associated injuries. For example, patient lifting has been a substantial cause of low back injuries among the 1.8 million U.S. health-care workers in nursing care and residential facilities. In the late 1990s, an evaluation of a best practices patient-handling program that included the use of mechanical patient-lifting equipment was put into practice by the nursing home industry. Bureau of Labor Statistics data showed a 35% decline in low back injuries in residential and nursing care employees between 2003 and 2009.
    - The annual cost of farm-associated injuries among youth has been estimated at $1 billion annually. A comprehensive childhood agricultural injury prevention initiative was established to address this problem. Among its interventions was the development by the National Children's Center for Rural Agricultural Health and Safety of guidelines for parents to match chores with their child's development and physical capabilities. Follow-up data have demonstrated a 56% decline in youth farm injury rates from 1998 to 2009.

- ## Prevention and control of infectious disease
    - The leading causes of death Improvements in state and local public health infrastructure along with innovative and targeted prevention efforts yielded significant progress in controlling infectious diseases. Examples include a

30% reduction from 2001 to 2010 in reported U.S. tuberculosis cases and a 58% decline from 2001 to 2009 in central line--associated blood stream infections. Major advances in laboratory techniques and technology and investments in disease surveillance have improved the capacity to identify contaminated foods rapidly and accurately and prevent further spread. In 2004, after more than 60 years of effort, canine rabies was eliminated in the United States, providing a model for controlling emerging zoonoses.

- **Cardiovascular disease prevention**
  - Heart disease and stroke have been the first and third leading causes of death in the United States since 1921 and 1938, respectively. During the past decade, the age-adjusted coronary heart disease and stroke death rates declined from 195 to 126 per 100,000 population and from 61.6 to 42.2 per 100,000 population, respectively, continuing a trend that started in the 1900s for stroke and in the 1960s for coronary heart disease.
  - Factors contributing to these reductions include declines in the prevalence of cardiovascular risk factors such as uncontrolled hypertension, elevated cholesterol, and smoking, and improvements in treatments, medications, and quality of care.

- **Public health preparedness and response**
  - After the international and domestic terrorist actions of 2001 highlighted gaps in the nation's public health preparedness, tremendous improvements have been made.
  - In the first half of the decade, efforts were focused primarily on expanding the capacity of the public health system to respond (e.g., purchasing supplies and equipment). In the second half of the decade, the focus shifted to improving the laboratory, epidemiology, surveillance, and response capabilities of the public health system.
  - During the 2009 H1N1 influenza pandemic, these improvements in the ability to develop and implement a coordinated public health response these public health interventions prevented an estimated 5--10 million cases, 30,000 hospitalizations, and 1,500 deaths.

- **Improvements in maternal and infant health**
  - The past decade has seen significant reductions in the number of infants born with neural tube defects (NTDs) and expansion of screening of newborns for metabolic and other heritable disorders. Mandatory folic acid fortification of cereal grain products in the United States beginning in 1998

contributed to a 36% reduction in NTDs from 1996 to 2006 and prevented an estimated 10,000 NTD-affected pregnancies in the past decade, resulting in a savings of $4.7 billion in direct costs.

- Improvements in technology and endorsement of a uniform newborn-screening panel of diseases have led to earlier life-saving treatment and intervention. By April 2011, all states reported screening for at least 26 disorders. Newborn screening for hearing loss increased from 46.5% in 1999 to 96.9% in 2008.

Childhood Lead Poisoning Prevention

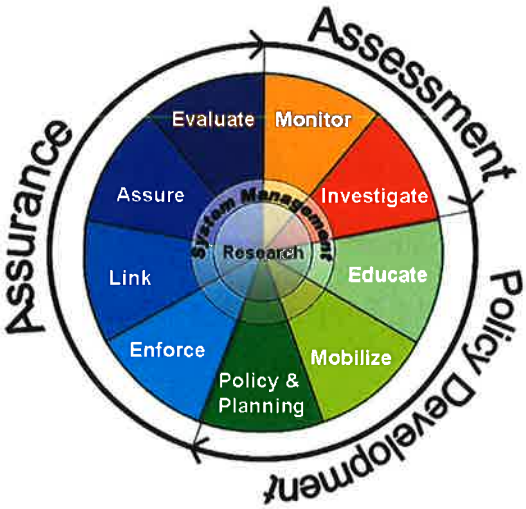
- In 2000, childhood lead poisoning remained a major environmental public health problem in the United States. Black children and those living in poverty and in old, poorly maintained housing were disproportionately affected.
- In 1990, five states had comprehensive lead poisoning prevention laws; by 2010, 23 states had such laws. Enforcement of these statutes as well as federal laws that reduce hazards in the housing with the greatest risks has significantly reduced the prevalence of lead poisoning. Findings of the National Health and Nutrition Examination Surveys from 1976--1980 to 2003--2008 reveal a steep decline, from 88.2% to 0.9%, in the percentage of children aged 1--5 years with blood lead levels ≥10 μg/dL. The economic benefit of lowering lead levels among children by preventing lead exposure is estimated at $213 billion per year.

Cancer prevention

- Evidence-based (practical application of the findings of the best available current research) screening recommendations have been established to reduce mortality from colorectal cancer and female breast and cervical cancer. Standards were developed that have significantly improved cancer screening test quality and use.
- The National Breast and Cervical Cancer Early Detection Program has reduced disparities by providing breast and cervical cancer screening services for uninsured women.
- From 1998 to 2007, colorectal cancer death rates decreased from 25.6 per 100,000 population to 20.0 (2.8% per year) for men and from 18.0 per 100,000 to 14.2 (2.7% per year) for women.

- **Tobacco control**
  - Since publication of the first Surgeon General's Report on tobacco in 1964, implementation of evidence-based policies and interventions by federal, state, and local public health authorities has reduced tobacco use significantly (*17*). By 2009, 20.6% of adults and 19.5% of youths were current smokers, compared with 23.5% of adults and 34.8% of youths 10 years earlier.
  - Although no state had a comprehensive smoke-free law (i.e., prohibit smoking in worksites, restaurants, and bars) in 2000, that number increased to 25 states and the District of Columbia (DC) by 2010, with 16 states enacting comprehensive smoke-free laws following the release of the 2006 Surgeon General's Report. In 2009, the Food and Drug Administration (FDA) gained the authority to regulate tobacco products. By 2010, FDA had banned flavored cigarettes, established restrictions on youth access, and proposed larger, more effective graphic warning labels that are expected to lead to a significant increase in quit attempts.
  - According to the CDC, tobacco remains the leading preventable cause of death and disability in the United States.

What is Public Health and What does it Accomplish?



Health is dependent on a complex interplay among an array of genetic, environmental, and lifestyle factors. As a result, public health is built on expertise and skills from many areas, including biology, environmental and earth science, sociology, psychology, government, medicine, statistics, communication, and many others. Public health is about interventions that *prevent* disease from occurring. As a result, the benefits tend to be less obvious when compared to life-saving medical procedures designed to treat the problem.

Prevention of disease both *prolongs life* and improves the *quality of life*. In a sense, public health is the heart disease that never developed, the epidemic that didn't happen, the outbreak of foodborne illness that never occurred, the child that would have developed asthma, but didn't. Public health is the disaster that didn't happen.

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

1925 Ohio starts to nationally report communicable disease.

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. Ohio adopts a statewide food code.

1955 National polio vaccine effort.

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.

1972 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.

1978 Ohio requires vaccinations for schools.

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.

2006 SmokeFree Ohio passage.

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 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. (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).

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.

Link for more…

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.

Link for more…

Effective Date: 10-01-1953.

3709.35 Preferment of charges against health commissioner or member of board.

If the director of health charges that the health commissioner or a member of the board of health of a health district is guilty of misfeasance, malfeasance, or nonfeasance or has failed to perform any or all of the duties required by sections 3701.10, 3701.29, 3701.81, 3707.08, 3707.14, 3707.16, 3707.47, and 3709.01 to 3709.36 of the Revised Code, the director shall notify the commissioner or board member as to the time and place at which such charges will be heard. If the director, after hearing, finds the commissioner or board member guilty of the charge, it may remove such commissioner or member from office.

If the lesser of three or one-fifth of the members of a district advisory council have reason to believe a member of the board of health of a general health district is guilty of misfeasance, malfeasance, or nonfeasance or has failed to perform any or all of the duties required by sections 3701.10, 3701.29, 3701.81, 3707.14, 3707.16, 3707.47, and 3709.01 to 3709.36 of the Revised Code, the district advisory council members shall prefer a charge against the board member before the district advisory council and shall notify the board member as to the time and place at which such charges will be heard. If a majority of the council, after hearing, finds the board member guilty of the charge, it may remove the member from office.

When any member of the board of health of a general or city health district is removed from office, the district advisory council or the chief executive of the city, upon notice of such removal, shall within thirty days after receipt of such notice fill the vacancy in accordance with section 3709.03 or 3709.05 of the Revised Code.

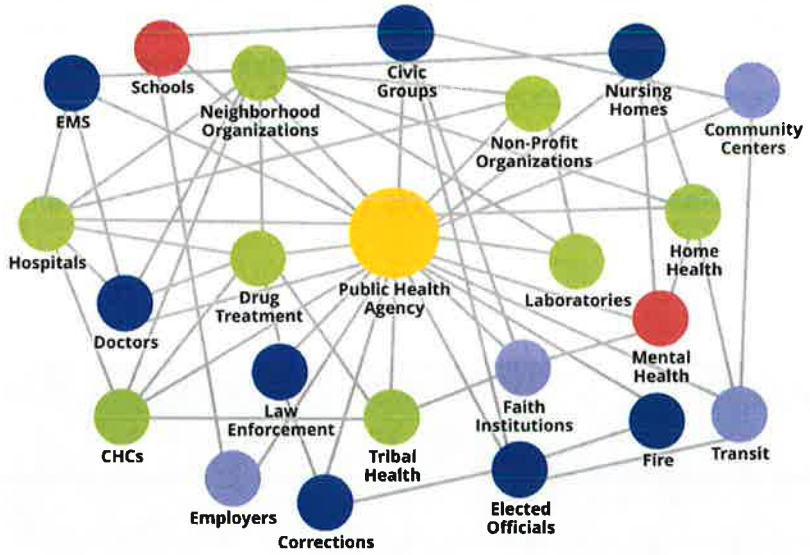
Amended by 129th General AssemblyFile No.127, HB 487, §101.01, eff. 9/10/2012.
Effective Date: 04-02-1996.

The Public Health System and its 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



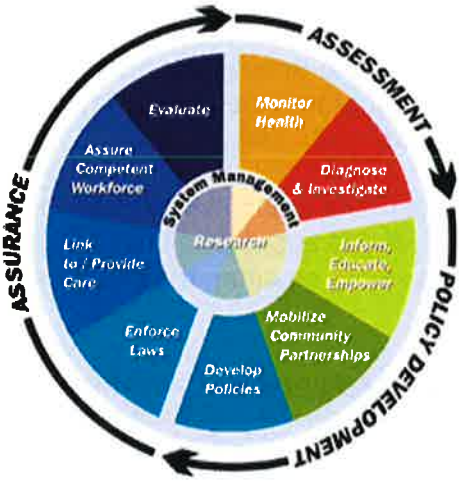
The Public Health System

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

The 10 Essential Public Health Services[1]

The 10 Essential Public Health Services describe the public health activities that all communities should undertake. They are the basis for the Public Health Accreditation Board (PHAB) domains, standards, and measures:

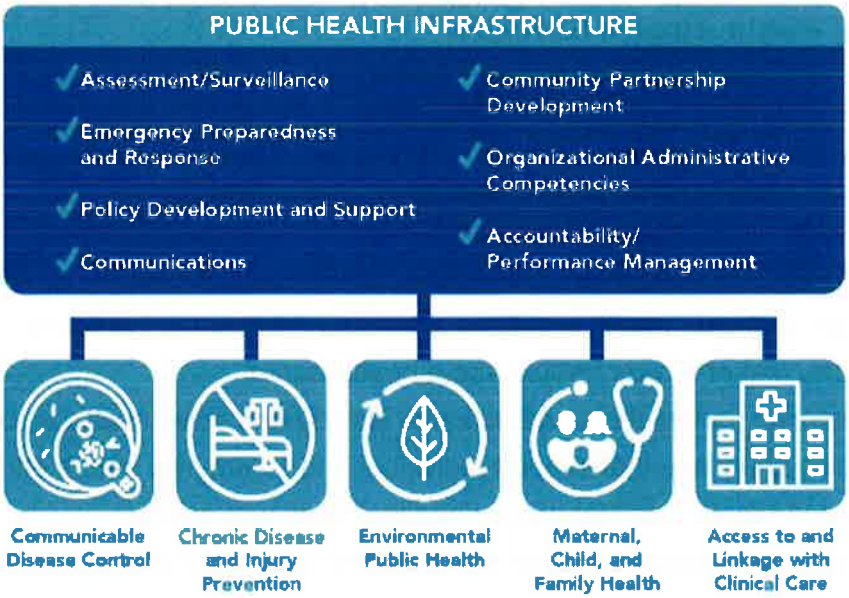
1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop 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.*



Foundational Public Health Services
(Source: https://phnci.org/uploads/resource-files/FPHS-Factsheet-November-2018.pdf)

Foundational Public Health Services

Another way to think about public health is to think about Foundations Public Health Services. These are the services and programs, backed by local health department capabilities, to perform a set of baseline (basic menu) public health services.

Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

Public health programs (foundational areas) are those basic public health, topic specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

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 for the board's jurisdiction as long as the rules do not conflict with other rules that taking precedence (e.g., ORC). Each board has the authority to set fees for public health services and influence the day-to-day administration of the local public health agency through functions of governance and strategic planning.

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

Boards of Health decisions and actions are a matter of public record, readily visible to the community. The board must ensure that it is operating within its legal responsibilities as well as under 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!

Andrew Blount, Executive Director
Phone (614) 943-9228 Executivedirector@OABH.org
www.OABH.org

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. 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 Governance Functions). NALBOH holds an annual conference each year varying its regional site, usually in August.

Websites – Select Resource List

Public Health ~ Ohio

Ohio Association of Local Boards of Health	www.oabh.org
Association of Ohio Health Commissioners	www.aohc.net
Ohio Environmental Health Association	http://www.ohioeha.org/aws/OEHA/pt/sp/about
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	www.aspph.org/discover
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 Institute	www.phi.org

Federal Agencies

Centers for Disease Control and Prevention	www.cdc.gov
Centers for Medicare and Medicaid Services	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 2018 edition was reviewed by public health organizations at the state and national level and we thank these organizations: OABH (Ohio Association of Boards of Health); AOHC (Association of Health Commissioners); OPHA (Ohio Public Health Association); and NALBOH (National Association of Local Boards of Health).

Our 2020 revision builds on the 2018 edition and includes the most recent information available regarding our organization and local public health at the state and national levels.

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

"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

Public health protects and improves the health of individuals, families, communities, and populations, locally and globally.
Association of Schools and Programs of Public Health, 2019

JEFFERSON COUNTY
General Health District
Prevent. Promote. Protect.

Board of Health Training

Section 3701.342 establishes the minimum standards for board of health and local health districts. A recent revision of those standards (2013) added the requirement that all board of health members complete **two hours** of continuing education credits each year. The areas of training are ethics, public health principles, and member's responsibilities.

Board members can complete trainings such as the one-hour introduction to "Ethics 101-The Ohio Ethics Law". The training is available online at the website below. Following completion of this training a certificate of completion will be issued to the member. If this course is taken please provide me with a copy of your certificate for your records.

Thank you,

Andrew J. Henry
Jefferson County Health Commissioner

Ethics Training Link: http://ethics.ohio.gov/education/elearning/index/html

As part of our emergency preparedness efforts, every board member should be familiar with the National Incident Management System and the Incident Command System. Below are two links to training that will give you a good understanding of the role of our department in any incident of national importance.

IS 100 Training Link: http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-100.b

IS 700 Training Link: http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-700.b

JEFFERSON COUNTY
General Health District
Prevent. Promote. Protect.

SIX FUNCTIONS OF A BOARD

Administration

- The board defines the organization's purpose by establishing a clear statement of mission.
- Determines policy of the organization.

Program Planning and Budgeting

- The board defines specific needs to be addressed and target populations to be served.
- Establishes goals and objectives in order of priority, consistent with the mission.
- Develops realistic budget to support the program plan.
- Adapts the program plan and budget annually.

Evaluation of Organizational Effectiveness

- The board regularly evaluates the accomplishments of the program plan.
- Assesses the achievement of the overall mission.
- Evaluates the responsiveness to new situations.
- Evaluates the degree of effectiveness of volunteer leadership.

Retention and Evaluation of the Executive Officer

- The board hires the executive officer.
- Establishes compensation and conditions of employment.
- Evaluates the executive officer's performance regularly.

Financial Stewardship

- The Board must take a lead in the development of financial resources.
- Sets conditions and standards for all funds solicited in the agency's name.
- Exercises fiduciary care of the funds entrusted to the agency's use.
- Engages in sound long range financial planning.

Constituting the Community Connection

- The Board represents the public interest.
- Represents the interests of particular publics.
- Represents the organization to the community.
- Affords the community sanction to the agency and its programs.

Board of Health and Local Health Officer: Roles and Responsibilities

This chart was compiled to compare the differing roles and responsibilities of the local Board on Health compared to the health officer or director of the local health department.

Who is responsible?

Activity	Board of Health (Policy)	Director/Health Officer (Operations)
Long-term goals (taking more than one year)	Approves	Recommends and provides input
Short-term goals (taking one year or less)	Monitors	Establishes and carries out
Annual report and plan	Approves	Assesses, develops and carries out
News media releases	Adopts policy, supports public health position	Approves all media releases
Day-to-day operations	No role	Makes all management decisions
Budget	Approves	Develops and recommends
Capital purchases	Approves	Prepares requests
Decisions on building renovation, leasing, expansion, etc.	Make decision, assumes responsibility	Recommends, signs contracts after board approval
Purchase of supplies	Establishes policy and budget for supplies	Purchases according to policy; maintain an adequate audit trail
Major repairs	Approves	Obtains estimates and prepares recommendations
Minor repairs	Establishes policy, including amount that can be spent without board approval	Authorizes repairs up to predetermined amount
Emergency repairs	Works with administrator	Notifies board chairperson and acts with concurrence from chair
Cleaning and maintenance	No role (oversight only)	Sets up schedule
Fees	Adopts policy	Develops and sets fee schedules
Billing, credit and collections	Adopts policy	Proposes policy and implements
Hiring of staff	Hires administrator only	Approves hiring of all subordinate staff
Staff development and assignment	No role	Establishes
Firing of staff	Fires administrator only	Approves firing of all subordinate staff
Staff grievances	Establishes a grievance committee	Follows grievance procedures
Personnel policies	Adopts	Recommends and administers
Staff salaries	Allocates budget line item for salaries; approves yearly percentage increase	Approves salaries with recommendations from supervisory staff
Staff evaluations	Evaluates administrator only	Evaluates supervisory staff

Roberts Rules of Order – Simplified

Guiding Principles:

- Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.
- Everyone has the right to know what is going on at all times. Only urgent matters may interrupt a speaker.
- Only one thing (motion) can be discussed at a time.

A **motion** is the topic under discussion (e.g., "I move that we add a coffee break to this meeting"). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. If there is no second, the matter is not considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

How to do things:

You want to bring up a new idea before the group.

After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

You want to change some of the wording in a motion under discussion.

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

You want more study and/or investigation given to the idea being discussed.

Move to refer to a committee. Try to be specific as to the charge to the committee.

You want more time personally to study the proposal being discussed.

Move to postpone to a definite time or date.

You are tired of the current discussion.

Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3^{rds} vote.

You have heard enough discussion.

Move to close the debate. Also referred to as calling the question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3^{rds} vote.

You want to postpone a motion until some later time.

Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. <u>If the motion is not taken from the table by the end of the next meeting, it is dead.</u> To kill a motion at the time it is tabled requires a 2/3^{rds} vote. A majority is required to table a motion without killing it.

You believe the discussion has drifted away from the agenda and want to bring it back.
"Call for orders of the day."

You want to take a short break.
Move to recess for a set period of time.

You want to end the meeting.
Move to adjourn.

You are unsure the president of the board announced the results of a vote correctly.
Without being recognized, call for a "division of the house." A roll call vote will then be taken.

You are confused about a procedure being used and want clarification.
Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.
Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

You want to change an action voted on at an earlier meeting.
Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3rds vote is required.

Unanimous Consent:

If a matter is considered relatively minor or opposition is not expected, a call for unanimous consent may be requested. If the request is made by others, the president of the board will repeat the request and then pause for objections. If none are heard, the motion passes.

- **You may INTERRUPT a speaker for these reasons only:**
  - to get information about business –point of **information** to get information about rules– **parliamentary inquiry**
  - if you can't hear, safety reasons, comfort, etc. –**question** of **privilege**
  - if you see a breach of the rules –point of **order**
  - if you disagree with the president of the board's ruling –appeal
  - **if you disagree with a call for Unanimous Consent –object**

Quick Reference					
	Must Be Seconded	Open for Discussion	Can be Amended	Vote Count Required to Pass	May Be Reconsidered or Rescinded
Main Motion	√	√	√	Majority	√
Amend Motion	√	√		Majority	√
Kill a Motion	√			Majority	√
Limit Debate	√		√	2/3rds	√
Close Discussion	√			2/3rds	√
Recess	√		√	Majority	
Adjourn (End meeting)	√			Majority	
Refer to Committee	√	√	√	Majority	√
Postpone to a later time	√	√	√	Majority	√
Table	√			Majority	
Postpone Indefinitely	√	√	√	Majority	√

Health Department Responsibilities and Formal/Informal Mandates

In addition to their own responsibilities, it is important for board members to have an understanding of the various responsibilities of the health department and its staff. The following pages contain an extensive listing of the various responsibilities of the health department, organized according to program. Within each program, the responsibilities are further categorized as either formal or informal mandates. For the purpose of this listing, a formal mandate is a service that the health department is required by law to perform. Each formal mandate contains at least one clickable link to the pertinent Ohio Revised Code law or Ohio Administrative Code rule. An informal mandate is a service that the public expects the health department to provide, even though the service is not mandated by state law.

Environmental Health
Formal Mandates

Program	Services	Authority
Food Safety		ORC 3717
		OAC 3701-21
		OAC 901:3
	FSO & RFE licensing, facility review and inspection	
	Foodborne disease outbreak investigation	
	Investigate complaints related to food facilities	
Pools/Spas		ORC 3749
		OAC 3701-31
	Public pool/spa licensing and inspection	
Campgrounds		ORC 3733
		OAC 3701-25
	Campground licensing and inspection	
Schools		ORC 3707.26
	School environmental health inspection	
Body Art		ORC 3730
		OAC 3701-09
	Tattoo and body piercing facility review, licensing and inspection	

Household Sewage Treatment Systems		**ORC 3718**
		OAC 3701-29
	Site evaluation and approval	
	Permitting and inspection of new and altered sewage treatment systems	
	O&M inspection of existing systems as required	
	Registration of installers, septage haulers and service providers	
Private Water Systems		**ORC 3701.344**
		OAC 3701-28
	Permitting and inspection of new and altered water systems	
	Inspection of well pump installation contractors	
Solid Waste		**ORC 3734**
	Licensing and inspection of solid waste transfer stations	
	Inspection of composting facility	
	Investigation of open dumping complaints	
Nuisance		**ORC 3707.01**
	Investigation and enforcement of solid waste nuisance complaints	
	Investigation and enforcement of sewage nuisance complaints	
	Investigation and enforcement of animal/insect nuisance complaints	
Rabies		**OAC 3701-3-29**
	Receive bite reports, issue quarantine notices, monitor condition of animal	
	Verify current rabies vaccine status	
	Send specimens to ODH lab for testing as needed	
Jails		**ORC 3709.22**
	Sanitation inspections	

Environmental Health
Informal Mandates

Program	Service
Food Safety	
	Food safety education/training
Household sewage treatment systems	
	Inspection of existing household sewage treatment systems (real estate, etc.)
	Education and training of registered contractors
	Consultation and educational information for homeowners
Manufactured home parks	
	Inspections (contracted with Ohio Dept. of Commerce)
Vector-borne disease	
	West Nile Virus surveillance
	Consultation and public information on mosquito and tick-borne diseases
Water systems	
	Water testing (public and private systems)
	Inspection of existing private water systems (real estate, etc.)
	Inspection of water well drillers
	Consultation and educational information for homeowners

Nursing Division
Formal Mandates

Program	Services	Authority
Infectious Disease Reporting		OAC 3701-3-06
Tuberculosis		OAC 3701-15-02
Public Health Lead Investivations		OAC 3701-30-07
Public Health Promotion		OAC 3701-36-04
BCMH		OAC 3701-43-08

Nursing Division
Informal Mandates

Program	Service
School Vaccines	
	Contract to serve schools who don't employ their own school nurses
Immunization Clinics	
	Offer childhood and adult immunizations which are often not otherwise
	provided in Jefferson County.

Vital Statistics
Formal Mandates

Ohio Revised Code 3705

Program	Services	Authority
Birth Certificates		ORC 3705.09
		OAC 3701-5
	Issue certified copies to public on certified paper from state	
	Transmit quarterly fees to the state	
Death Certificates		ORC 3705.16
		OAC 3701-5
	Issue certified copies to public on certified paper from state	
	Transmit quarterly fees to the state	
Burial Permits		ORC 3705.17
		OAC 3701-5
	Issue burial permits	
	Transmit quarterly fees to the state	
Child Fatality Review		OAC 3701-67-02
Overdose Fatality Review		OAC 307-632

Vital Statistics
Informal Mandates

Program	Service
Birth and death certificates	
	Keep a daily record of all certificate numbers on a daily basis
	Provide access to records for genealogy searches, etc.

Emergency Response
Formal Mandates

Program	Services	Authority
Volunteers	Recruiting, Training and deploying	42 USC 300hh-15
Distribution	Emergency Distribution of Drugs	ORC 3701.048
Reporting	Bioterrorism, Epidemic or Pandemic Events	ORC 3701.201

Emergency Response
Informal Mandates

Program	Service
Inter-Agency Cooperation	Create partnerships with other service organizations.
Training	Provide applicable training for employees and other appropriate groups.
Grant Management	Comply with all Federal Grant Standards and report same.
Long Range Planning	Create plans in the event of a public health emergency.

SHA State Health Assessment Ohio 2019

Released Sept. 9, 2019

Executive summary

What is the State Health Assessment (SHA)?

The 2019 SHA is a comprehensive and actionable picture of health and wellbeing in Ohio. The SHA has two main components:

- **Summary report prepared by the Health Policy Institute of Ohio (HPIO)**
- **Online, interactive data website prepared by the Ohio Department of Health (ODH)**

Key findings

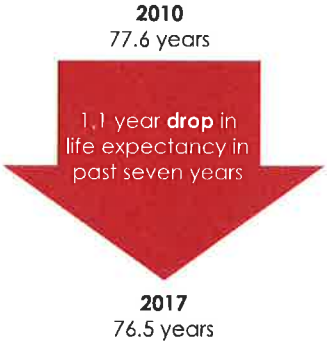
Overall wellbeing for Ohioans has declined. Trends in premature death, life expectancy and overall health status indicate that the health of Ohioans has worsened. Unintentional injuries (including drug overdose), cancer and heart disease were the leading causes of premature death in 2017.

Many Ohioans lack opportunities to reach their full health potential. SHA data identifies several groups that experience much worse outcomes than the state overall, including Ohioans who are black/African American, have lower incomes, have disabilities or live in Appalachian counties.

Underlying drivers of health must be addressed. Data and regional forum findings support the need to address the following cross-cutting factors: physical activity, tobacco use, access to dental and mental health care, income and unemployment, adverse childhood experiences, transportation, lead poisoning risk and racism.

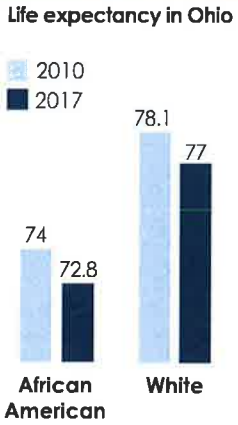
Mental health and addiction, chronic disease, and maternal and infant health continue to be significant challenges in Ohio. Ohio's performance on these priorities has worsened or remained unchanged in recent years.

New concerns emerge in the wake of Ohio's addiction crisis. Drug use has contributed to troubling increases in hepatitis C and children in foster care.



Life expectancy drop serves as call to action

After decades of improvement, Ohioans' life expectancy at birth declined from 2010 to 2017 by about one year.

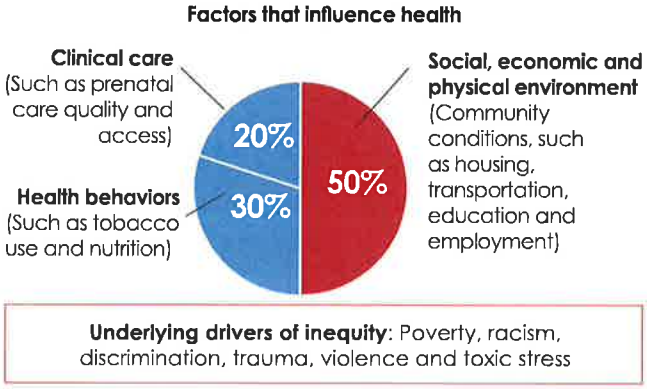


Impact of racism and discrimination persists

Historical and contemporary injustices compound over a lifetime, leading to higher rates of infant deaths, blood pressure, late-stage cancer diagnoses and shorter lives for some groups, particularly black/African-American Ohioans.

Multi-sector collaboration to improve health is critical

An estimated 80 percent of the modifiable factors that impact overall health are attributed to community conditions and the opportunity to make healthy choices.



How to access the SHA

Summary report
prepared by HPIO
www.hpio.net/
2019-state-health-assessment-summary-report

Online, interactive data website
prepared by ODH
https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment

The road to improvement

SHA findings emphasize that improvement must build upon:

- A comprehensive framework with clear priorities and measurable objectives
- Shared priorities across rural, urban and Appalachian regions of the state
- Cross-sector partnerships to address the many factors that shape our health
- State and local efforts to achieve health equity

Next steps

A collaborative of stakeholders from across Ohio are developing the 2020-2022 State Health Improvement Plan (SHIP), to be released later in 2019. This plan will provide a roadmap to address the challenges highlighted in the SHA.

The 2020-2022 SHIP will include a strategic menu of priorities, outcome objectives and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners, including sectors beyond health.

How was the SHA developed?

Led by ODH, the SHA was developed with input from hundreds of Ohioans through:

- Five regional forums held in October 2018 with 521 participants
- Online survey completed by 308 stakeholders
- Advisory Committee with 101 participants (as of April 2019)
- Steering Committee made up of representatives from 13 state agencies, including sectors beyond health

The Online SHA includes data on a wide range of topics, including:

- Health outcomes and behaviors
- Healthcare spending, access and quality
- Public health and prevention
- Social, economic and physical environment factors, such as education, employment, poverty, housing, violence and transportation
- Disparities, trends and comparisons between Ohio and the U.S. overall

Regional forum insights

While each community is unique, results from SHA regional forums and an online survey found that there were many shared strengths, challenges and priorities across the state. Top priorities overall included:

Health outcomes

- Mental health and addiction
- Chronic disease
- Maternal and infant health

Cross-cutting factors

- Poverty
- Transportation
- Physical activity and nutrition
- Access to care

Funded by ODH, the SHA and SHIP provide information and guidance for many state agencies. The 2020-2022 SHIP will align state agency priorities toward a shared vision of improved health and economic vitality.

SHIP State Health Improvement Plan Ohio 2020-2022

Executive summary

April 2020

What is the SHIP?

The State Health Improvement Plan (SHIP) is a tool to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. The SHIP's main components are:

- Six priorities including three factors and three health outcomes (see page 2)
- Thirty-seven measurable objectives
- A menu of evidence-informed strategies
- An evaluation plan to track and report progress

With the long-term goal of ensuring all Ohioans achieve their full health potential, the SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape our health, including housing, poverty, education and trauma (see page 2).

Why is the SHIP important?

The SHIP is Ohio's roadmap to address the many challenges identified in the **2019 State Health Assessment** (SHA), including a troubling drop in life expectancy from 2010 to 2017. Given the scope and complexity of Ohio's health challenges, the SHIP calls for cross-sector partnerships and alignment on a manageable set of measurable goals.

How was the SHIP developed?

Facilitated by the Health Policy Institute of Ohio (HPIO), under contract with the Ohio Department of Health (ODH), the SHIP was developed with input from hundreds of Ohioans through:

- Regional forums and an online survey completed in 2018 as part of the 2019 SHA (622 participants)
- Steering Committee made up of representatives from 13 state agencies, including sectors beyond health
- Advisory Committee with 176 participants, including subject matter experts from around the state who participated in work teams to set objectives and select strategies

How to get involved

- Visit the SHIP page on the ODH website and read the SHIP document
- If not already connected, reach out to the local health department(s), hospital(s), ADAMH board and/or community health improvement coalition in your area to find out how the SHIP is being implemented
- Identify SHIP priorities from page 2 that align with your organizational or constituent priorities
- Use the SHIP to identify evidence-informed strategies that can impact these priorities (see parts 3-8 of the SHIP)
- Partner with others to implement and evaluate SHIP strategies

How will the SHIP be implemented?

The SHIP is designed to be implemented by a wide range of public and private partners. The menu of objectives and strategies in the SHIP provides flexible options for rural, Appalachian, suburban and urban communities, as well as approaches to improve outcomes for Ohioans of all ages.

State and local partners

There are many partners at the state and local levels that contribute to achieving the vision of the SHIP, such as:

- State agencies and other statewide organizations
- Hospitals
- Local health departments
- Alcohol, Drug and Mental Health (ADAMH) boards
- Area Agencies on Aging
- Boards of developmental disabilities
- Community behaviorial health providers
- Employers and workforce development organizations
- Housing organizations
- Medicaid managed care plans
- Philanthropy
- Schools
- Other local agencies and organizations

Public and private partners must row in the same direction to achieve the **SHIP vision: Ohio is a model of health, well-being and economic vitality**

2020-2022 State Health Improvement Plan (SHIP) framework

Equity Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?

Many factors, including these
3 SHIP priority factors*:

Community conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these
3 SHIP priority health outcomes:

Mental health and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal and infant health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Strategies The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health

Public Health Accreditation and the Board of Health's Role

Accreditation is a relatively new development in the field of public health. The Public Health Accreditation Board (PHAB) was established in 2007 to oversee a voluntary national public health department accreditation program. PHAB defines public health accreditation as:

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
- The continual development, revision, and distribution of public health standards.

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. **Ohio Revised Code Chapter 3701.13 states that all local health departments in the state of Ohio, as a condition of receiving funding from Ohio Department of Health, may be required to apply for accreditation by July 1, 2018 and to achieve accreditation by July 1, 2020.**

The accreditation process seeks to ensure that boards of health—whether they are governing or advisory boards—take up their important functions thoughtfully and diligently. As a result, accreditation standards include things such as whether the local board ensures that policies and procedures are in place to support effective agency and financial management and whether it is knowledgeable of public health services that are legally required.

The first national voluntary public health accreditation program for state, local, territorial, and tribal public health authorities/agencies was launched in September 2011 by the Public Health Accreditation Board (PHAB). The standards and measures against which these health departments are evaluated (the PHAB Standards and Measures, Version 2022) are divided into 10 domains— one domain for each of the 10 essential public health services plus domains for public health department administration and public health governance.

While the current PHAB standards and measures neither assess nor accredit the performance of boards of health, a fundamental assumption still remains that boards of health play a series of critical roles in public health department accreditation.

On the basis of these recommendations and other identified needs, the board of health must do the following:

- Elevate its leadership, support, resource stewardship, and advocacy roles for the health agency
- Be engaged throughout the accreditation process
- Ensure the health department's readiness to seek and meet accreditation standards
- Endorse the agency's decision to seek accreditation
- Support the agency's efforts to meet or exceed the requirements of the PHAB standards and measures
- Participate in the planning, preparation, implementation, and follow-up of accreditation events
- Support the continuous quality improvement activities for sustained excellence

Under Domain 10 of the PHAB Standards and Measures, the health department is assessed on how it engages the board of health. To document conformity with that domain, a public health agency applying for accreditation must demonstrate that it clearly communicates with the board of health, educates and informs the board about the needs of the jurisdiction for public health interventions, and receives clear and appropriate direction to implement agency actions to address these needs.

Agency applications to PHAB must be accompanied by a formal letter of support by the entity that appoints the health commissioner (board of health). Upon official entrance to the accreditation process, the governing entity should continuously elevate its leadership, support, resource stewardship, and advocacy roles for the health agency. There is a demonstrated role for the board of health in all domains with the exception of Domain 2 (investigate health problems and environmental public health hazards to protect the community) and Domain 7 (promote strategies to improve access to health care services). However, experience would indicate a role for boards of health may be found in every domain. Finally, the board of health should also be available during each accreditation site visit.

JEFFERSON COUNTY GENERAL HEALTH DISTRICT
AKA:
JEFFERSON COUNTY HEALTH DEPARTMENT

Board of Health
By-Laws
(adopted October 18, 2022)

Table of Contents

JEFFERSON COUNTY GENERAL HEALTH DISTRICT
BOARD OF HEALTH
BY-LAWS

ARTICLE I - NAME

Jefferson County General Health District, a general health district located in the County of Jefferson, Ohio, shall be known as the Jefferson County General Health District, hereinafter referred to as "the health department."

ARTICLE II - MISSION STATEMENT

The mission of the Board of Health is to provide oversight of public health programs necessary to protect and enhance the health of the citizens in Jefferson County.

ARTICLE III - POWER AND DUTIES

The powers and duties of the health department shall be vested in the Board of Health which is comprised of five (5) members. The Board of Health shall perform all acts expressly or impliedly required of it by the Ohio Revised Code and the Ohio Department of Health. The Board of Health may also regulate and adopt rules accordingly as provided in the Ohio Revised Code. The Board of Health may also hear appeals from public health orders issued by the district staff for extenuating circumstances, with a view to either affirm, grant extensions of time, provide waivers where allowable, or refer to the local legal authority for appropriate legal action.

ARTICLE IV - MEMBERSHIP

SECTION 1. Members are selected by the District Advisory Council which is made up of the chairman of each of the townships in the county, the mayors of each of the cities and villages and the chairman of the county commissioners. The District Advisory Council shall meet in March of each year and appoint a county resident to fill one of the seats to the Board of Health. A total of five (5) persons constitute the Board of Health. At least one (1) member of the Board must be a physician.

SECTION 2. Terms of Office. Each member of the Board of Health shall serve a five (5) year term with one of the members' term expiring each year on March 30. The District Advisory Council must approve all appointments and reappointments. A member may serve up to a total of four terms of office after the adoption of these bylaws on February 18, 2020.

SECTION 3. Election of Officers. The Board of Health shall select a President and Vice President from their membership at the first Board of Health meeting in April of each year. The office shall be held by a member for a period of not more than one year.

SECTION 4. Appointment of Committees. The Board of Health shall appoint Committees at the first Board of Health meeting in April of each year. Each committee shall be comprised of a Chair and another member with the Health Commissioner serving as an advisor on each Committee. The Standing Committees shall be: Clinical, Environmental, Personnel, Administration, Events, and additional Ad Hoc Committees may be formed at meetings other than the April meeting as needed and may be disbanded when the need no longer exists. Minutes should be taken at committee meetings and the Chair of the committees should provide monthly reports of the meetings and any activities. The minutes should then also be submitted to the record of the monthly Board of Health agenda and minutes.

SECTION 5. Vacancy on the Board. In the event that a vacancy occurs on the Board of Health, the District Advisory Council shall be convened and the vacant position filled in like manner as the original appointment for the unexpired term.

ARTICLE V - MEETINGS

SECTION 1. Regular Meetings. The Board of Health regular meetings shall be held each month at the office of the health department. The Board of Health shall set the date and time of the regular meetings at the first Board of Health meeting in April of each year. Notice of the monthly meeting shall be mailed out to all Board of Health members at least two (2) business days in advance of the meeting. It shall be the responsibility of the Secretary of the Board (Health Commissioner) to see that these notices of the meetings are given and that minutes of the previous meeting are also mailed for the members review. The notice may be e-mailed. Notices of the regular meetings shall be provided to the local newspaper and may be posted on the website. Special and emergency meetings shall be posted on the website and may be published in the local newspaper. All types of the meetings shall be posted

The order of the agenda will be as follows:

A. Call to Order
B. Pledge of Allegiance
C. Approval of Previous Minutes
D. Approval of Current Month's Expenses
E. Approval of Monthly Financial Statement
F. Health Commissioner's Docket
   - Personnel
   - Travel Requests
   - Contracts/MOU
   - Adoption of Forms/Policies
   - Purchase Orders over $5,000
G. Health Commissioner's Report
H. Medical Director's Report
I. DON Report
J. WIC Report
K. Environmental Health Director's Report
L. Accreditation Report
M. PHEP Report
N. Correspondence
O. Committee Reports (if needed)
P. Old Business
Q. New Business

R. Public Participation Period
S. Executive Session (if needed)
T. Adjourn

SECTION 2. Special Meetings. Special meetings of the Board of Health may be called by the President or a majority of the Board Members as often as deemed appropriate and necessary. The notice of the meeting shall be mailed out to all members at least 48 hours in advance of the meeting and shall state the purpose of the meeting. No other business may be considered at the special meeting.

SECTION 3. Emergency Meeting. In the event that an emergency exists and a meeting is required, the President, Vice President or Health Commissioner may advise the membership via telephone of the time and place of the meeting.

SECTION 4. Quorum. At any regular, special or emergency meeting of the Board of Health, the presence of at least three (3) members shall constitute a quorum.

SECTION 5. Attendance Requirement. All members of the Board of Health are expected to attend each meeting. Absences should be reported to the Health Commissioner prior to any meeting.

SECTION 6. Public Participation at Board Meetings. All meetings of the Board and Board-appointed committees are open to the public. This is a policy to permit the fair and orderly expression of public input in formulating specific direction for the Board of Health.

In order for the Board to fulfill its obligation to complete the planned agenda in an effective and efficient fashion, a maximum of 20 minutes of public participation may be permitted at each meeting.

Agendas are available to all those who attend Board meetings. The section on the agenda for public participation shall be indicated.

The presiding officer of the Board of Health shall administer the adopted rules of the Board for its conduct. Where his/her ruling is questioned in the governance of said rules, those specific issues may be over-ruled by a majority of those present and voting, in order to maintain a balance of order.

The presiding officer shall be guided by the following rules:

A. Public participation shall be permitted ***only*** as indicated on the order of business in the by-laws of this Board.

B. All persons wishing to participate in a public board meeting shall register their intent with the Health Commissioner or his/her designee, at least three (3) business in advance of the meeting and include:

    1. Name and address of the participant.

2. Group affiliation if and when appropriate.

3. Topic to be addressed.

C. Participants must be recognized by the presiding officer and must preface their comments by an announcement of their name and group affiliation if and when appropriate.

D. Each statement made by a participant shall be limited to five (5) minutes.

E. No participant may speak more than once on the same topic unless all others who wish to speak on that topic have been heard.

F. If there is an issue the board is discussing which impacts upon a geographical location of the community, groups or organizations, etc., it will be the responsibility of the affected entity to appoint a spokesperson that best represents the interests of those impacted. The purpose is to eliminate redundancy and to accentuate the clarity of issues discussed.

G. The presiding officer may:

1. Interrupt, warn, or terminate a participant's statement when the statement is too lengthy, personally directed, abusive, obscene, or irrelevant.

2. Request any individual to leave the meeting when that person does not observe reasonable decorum.

3. Request the assistance of law enforcement officers in the removal of a disorderly person when that person's conduct interferes with the orderly progress of the meeting.

4. Call for a recess or an adjournment to another time when the lack of public decorum so interferes with the orderly conduct of the meeting as to warrant such action.

SECTION 7. Executive Sessions.

Public health matters should be discussed and decisions made at public meetings of the Board (in accordance with the rationale for the creation of public governing bodies).

Some matters are more properly discussed by the Board in executive session. As permitted by law, such matters may involve:

A. The appointment, employment, dismissal, discipline, promotion, demotion or compensation of an employee, official or student or the investigation of charges or complaints against such individual, unless an employee, official or student requests a public hearing (the Board will not hold an executive session for the discipline of one of

its members for conduct related to the performance of his/her official duties or for his/her removal from office);

B. The purchase of property for public purposes or for the sale of property at competitive bidding, if premature disclosure of information would give an unfair advantage to a person whose personal, private interest is adverse to the general public interest;

C. Specialized details of security arrangements where disclosure of the matters discussed might reveal information that could be used for the purpose of committing, or avoiding prosecution for, a violation of the law;

D. Matters required to be kept confidential by Federal law or State statutes;

E. Preparing for, conducting or reviewing negotiations with public employees concerning their compensation or other terms and conditions of their employment; or

F. In-person conferences with an attorney for the Board concerning disputes involving the Board that are the subject of pending or imminent court action.

Conferences with a member of the office of the State Auditor or an appointed certified public accountant for the purpose of an audit are not considered meetings subject to the Sunshine Law.

The Board meets in executive session only to discuss legally authorized matters. Executive sessions are held only as part of a regular or special meeting and only after a majority of the quorum determines, by a roll-call vote, to hold such a session.

When the Board holds an executive session for any of the reasons stated above, the motion and vote to hold the executive session shall state one or more of the purposes listed under such paragraph for which the executive session is to be held, but need not include the name of any person to be considered in the executive session. The minutes shall reflect the information described above.

In compliance with law, no official action may be taken in executive session. To take final action on any matter discussed, the Board reconvenes into public session.

The Board may invite staff members or others to attend executive sessions at its discretion.

Board members and any others invited to attend the executive session, shall not disclose or use, without appropriate authorization, any information acquired in the course of official duties or which has been clearly designated as confidential because of the status of proceedings or the circumstances under which the information was received.

ARTICLE VI - DUTIES OF OFFICERS

SECTION 1. The President:

A. It shall be the duty of the President to preside at the meetings of the members of the Board of Health.

B. Appoint all committees as necessary.

C. Represent the Board at functions in which the Board of Health has an interest.

D. Communicate to the Board of Health, the Health Commissioner and staff of the health department such matters and make suggestions as may promote and enhance the image and duties of the health department.

E. Sign, execute and deliver in the name of the Board all documents required of his (her) signature.

F. Perform other duties necessary to this office.

SECTION 2. The Vice-President:

A. Provide the President any assistance requested.

B. Serve as President in case of temporary absence or disability of the President and assume the presidency in case the President is unable to complete the term.

C. Perform other duties as may be assigned by the Board of Health.

SECTION 3. The Secretary:

A. Record all official action of the Board of Health and maintain records of the Board.

B. Be responsible for all correspondence and notices pertaining to meetings.

C. Perform such duties as may be assigned by the Board of Health.

ARTICLE VII - METHOD OF VOTING

All business shall be transacted by voice vote. When determined appropriate by the Board President, a Roll Call vote by voice shall be recorded in the minutes.

ARTICLE VIII - HEALTH COMMISSIONER

SECTION 1. Requirements. The Health Commissioner shall hold the proper credentials as provided for in Section 3709.11 of the Ohio Revised Code.

SECTION 2. Duties. The Health Commissioner shall serve as Chief Executive Officer of the Health Department and shall serve as Secretary to the Board of Health.

SECTION 3. Compensation. The Health Commissioner shall receive compensation and expenses as determined by the Board of Health and paid from the health funds.

SECTION 4. Contract. The Health Commissioner and the Board of Health shall enter into a contract which may not exceed five (5) years but may be renewed as agreed to by both parties.

SECTION 5. Performance Evaluation. The Health Commissioner shall have an annual performance evaluation by the Board of Health as prescribed in the Health Commissioner's contract.

ARTICLE IX - FISCAL YEAR

The fiscal year of the Board of Health shall be a twelve (12) month period commencing January 1st and ending the last day of December.

ARTICLE X - PARLIAMENTARY AUTHORITY

SECTION 1. Robert's Rules of Order. All meetings of the Board of Health shall be governed by the most recent edition of Robert's Rules of Order except where it is contrary to this Code of Regulations or any existing laws of the State of Ohio.

SECTION 2. Health Commissioner's Docket. There shall be placed upon each meeting agenda the item "Health Commissioner's Docket". The Docket is a list of actions taken or proposed by the Health Commissioner and presented to the Board for preapproval and/or consent after the fact. Said actions are normally part of the Health Commissioner's delegated duties per the terms of his/her employment contract or agreement with the Board. The Docket shall be used by the Board and enables the Board to vote on each section separately, items are noncontroversial without a lot of time or discussion needed.

ARTICLE XI - OUT-OF-COUNTY TRAVEL APPROVAL

Ohio Revised Code 3709.17 directs the Board that when an employee must travel outside the district, the "employee shall be reimbursed for travel and per diem expenses incidental to such travel." It further directs that "No employee of a board shall be reimbursed for such travel unless prior approval has been granted by the board."

It shall be the policy of the Board that the travel outside of the district by an employee for the purpose of departmental related training, management, and continuing education will be prior approved by the Health Commissioner and these approval actions shall be reported on the Health Commissioner's Docket as described in Article X Section 2 of this "Code of Regulations".

It is further directed and clarified:

A. When an employee of the Board is traveling out of district, and
B. Said travel is in the normal course of providing department services; and

C. The Board previously approved the Program to provide services in areas of Ohio, outside the Jefferson County General Health District's borders; then
D. Prior approval for said travel is inherently approved by the Board; and
E. Said travel need not be reported upon the docket.

ARTICLE XII - BOARD MEMBER CODE OF ETHICS

The Board believes public health should be conducted in an ethical manner. In addition to State law, the conduct of Board members should conform to the code of ethics recommended by the Ohio Association of Boards of Health which includes the following.

It is unethical for a Board member to:

1. Seek special privileges for personal gain;
2. Personally assume unauthorized authority;
3. Criticize employees publicly;
4. Disclose confidential information;
5. Place the interest of one group or community above the interest of the entire District;
6. Withhold facts from the Health Commissioner, particularly about the incompetency of an employee or;
7. Announce future action before the proposition has been discussed by the Board.

ARTICLE XIII - BOARD MEMBER CONFLICT OF INTEREST

The Board and individual members follow the letter and spirit of the law regarding conflicts of interest.

A Board member will not have any direct or indirect pecuniary interest in a contract with the Board; will not furnish for remuneration any labor, equipment or supplies to the Board; nor be employed by the Board in any capacity for compensation.

A Board member may have a private interest in a contract with the Board if all of the following apply:

1. The subject of the public contract is necessary supplies or services for the Board;

2. The supplies or services are unobtainable elsewhere for the same or lower cost, or are being furnished to the Board as part of a continuing course of dealing established prior to the Board member's becoming associated with the school district;

3. The treatment accorded the Board is either preferential to or the same as that accorded other customers or clients in similar transactions and;

3. The entire transaction is conducted at arm's length, with full knowledge by the Board of the interest of the Board member, member of his/her family, or his/her business associate, and the Board member takes no part in the deliberations or decision with respect to the public contract.

The law specifically forbids:

1. A Township Trustee or Administrator; County Commissioner or Administrator; School Board Member or Administrator; Village Mayor, Council, or Administrator; Sheriff, Marshall or Justice of the Peace; Prosecuting Attorney or a city attorney from serving on a board;

2. A member from being employed for compensation by a board;

3. A member from having, directly or indirectly, any pecuniary interest in any contract with a board;

4. A member from voting on a contract with a person as an employee if he is related to that person as father, mother, brother or sister;

5. A member from authorizing, or employing the authority or influence of his/her office to secure authorization of, any public contract in which he, a member of his/her family or his/her business associates have an interest;

6. A member from having an interest in the profits or benefits of a public contract entered into by, or for the use of, the Board and;

7. A member from occupying any position of profit during his term of office or within one year thereafter in the prosecution of a public contract authorized by him or a board of which he was a member at the time of authorization of that contract.

ARTICLE XIV - BOARD MEMBER CONTINUING EDUCATION

Required Continuing Education: As outlined in Ohio Administrative Code 3701-36-03 A (8), Annual completion of two hours of continuing education by each Board member is required. Continuing education credits shall pertain to ethics, public health principals, and a member's responsibilities. Credits may be earned in these topics at pertinent presentations that may occur prior to regularly scheduled board meetings throughout the calendar year or at other programs available for continuing education credit. Continuing education credits earned for the purpose of license renewal or certification by licensed health professionals serving on boards of health may be counted to fulfill the two-hour continuing education requirement.

ARTICLE XV - AMENDMENTS

These By-Laws may be amended by the affirmative vote of three (3) of the members of the Board of Health present and voting at any regular or special meeting of the Board provided that each member of the Board shall have been sent a copy of the proposed amendment not less than ten (10) days prior to the meeting. Any amendment adopted shall become effective immediately unless otherwise specified in the amendment.

Adopted by Board of Health: February 18, 2020;
Amended by the Board of Health:

APPENDIX "A" - Ohio Revised Code - Selections

Chapter 3707. BOARD OF HEALTH

3707.01 Powers of board - abatement of nuisances.

The board of health of a city or general health district shall abate and remove all nuisances within its jurisdiction. It may, by order, compel the owners, agents, assignees, occupants, or tenants of any lot, property, building, or structure to abate and remove any nuisance therein, and prosecute such persons for neglect or refusal to obey such orders. Except in cities having a building department, or otherwise exercising the power to regulate the erection of buildings, the Board may regulate the location, construction, and repair of water closets, privies, cesspools, sinks, plumbing, and drains. In cities having such departments or exercising such power, the legislative authority, by ordinance, shall prescribe such rules and regulations as are approved by the board and shall provide for their enforcement.

The board may regulate the location, construction, and repair of yards, pens, and stables, and the use, emptying, and cleaning of such yards, pens, and stables and of water closets, privies, cesspools, sinks, plumbing, drains, or other places where offensive or dangerous substances or liquids are or may accumulate.

When a building, erection, excavation, premises, business, pursuit, matter, or thing, or the sewerage, drainage, plumbing, or ventilation thereof is, in the opinion of the Board, in a condition dangerous to life or health, and when a building or structure is occupied or rented for living or business purposes and sanitary plumbing and sewerage are feasible and necessary, but neglected or refused, the board may declare it a public nuisance and order it to be removed, abated, suspended, altered, or otherwise improved or purified by the owner, agent, or other person having control thereof or responsible for such condition, and may prosecute him for the refusal or neglect to obey such order. The Board may, by its officers and employees, remove, abate, suspend, alter, or otherwise improve or purify such nuisance and certify the costs and expense thereof to the county auditor, to be assessed against the property and thereby made a lien upon it and collected as other taxes.

Effective Date: 10-01-1953.

3707.08 Isolation of persons exposed to communicable disease - placarding of premises.

When a person known to have been exposed to a communicable disease declared quarantinable by the board of health of a city or general health district or the department of health is reported within its jurisdiction, the board shall at once restrict such person to his place of residence or other suitable place, prohibit entrance to or exit from such place without the board's written permission in such manner as to prevent effective contact with individuals not so exposed, and enforce such restrictive measures as are prescribed by the department.

When a person has, or is suspected of having, a communicable disease for which isolation is required by the board or the department, the board shall at once cause such person to be separated from susceptible persons in such places and under such circumstances as will prevent the conveyance of the infectious agents to susceptible persons, prohibit entrance to or exit from such places without the board's written permission, and enforce such restrictive measures as are prescribed by the department.

When persons have, or are exposed to, a communicable disease for which placarding of premises is required by the board or the department the board shall at once place in a conspicuous position on the premises where such a person is isolated or quarantined a placard having printed on it, in large letters, the name of the disease. No person shall remove, mar, deface, or destroy such placard, which shall remain in place until after the persons restricted have been released from isolation or quarantine.

Physicians attending a person affected with a communicable disease shall use such precautionary measures to prevent its spread as are required by the board or the department. No person isolated or quarantined by a board shall leave the premises to which he has been restricted without the written permission of such board until released from isolation or quarantine by it in accordance with the rules and regulations of the department.

Effective Date: 10-01-1953.

CHAPTER 3709: HEALTH DISTRICTS

3709.01 Health districts.

The state shall be divided into health districts. Each city constitutes a city health district.

The townships and villages in each county shall be combined into 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 132nd General Assembly File No. TBD, SB 229, §1, eff. 3/22/2020.

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 (5) 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 ($80.00) a day for the member's attendance at each meeting of the Board. No member shall receive compensation for attendance at more than eighteen (18) 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

3709.09 Board of health to establish uniform system of fees; adoption of rules.

(A) 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.

The fee for issuance of a certified copy of a vital record or a certification of birth shall not be less than the fee prescribed for the same service under division (A)(1) of section 3705.24 of the Revised Code and shall include the fees required by division (B) of section 3705.24 and section 3109.14 of the Revised Code.

Fees for services provided by the board for purposes specified in sections 3701.344, 3711.10, 3718.06, 3729.07, 3730.03, and 3749.04 of the Revised Code shall be established in accordance with rules adopted under division (B) of this section. The district advisory council, in the case of a general health district, and the legislative authority of the city, in the case of a city health district, may disapprove any fee established by the board of health under this division, and any such fee, as disapproved, shall not be charged by the board of health.

(B) The director of health shall adopt rules under section 111.15 of the Revised Code that establish fee categories and a uniform methodology for use in calculating the costs of services provided for purposes specified in sections 3701.344, 3711.10, 3718.06, 3729.07, 3730.03, and 3749.04 of the Revised Code. In adopting the rules, the director shall consider recommendations

it receives from advisory boards established either by statute or the director for entities subject to the fees.
(C) Except when a board of health establishes a fee by adopting a rule as an emergency measure, the board of health shall hold a public hearing regarding each proposed fee for a service provided by the board for a purpose specified in section 3701.344, 3711.10, 3718.06, 3729.07, 3730.03, or 3749.04 of the Revised Code. If a public hearing is held, at least twenty days prior to the public hearing the board shall give written notice of the hearing to each entity affected by the proposed fee. The notice shall be mailed to the last known address of each entity and shall specify the date, time, and place of the hearing and the amount of the proposed fee.

(D) If payment of a fee established under this section is not received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee.

(E) All rules adopted by a board of health under this section 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 rules shall be by publication in one newspaper of general circulation within the health 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 rules shall take effect and be in force ten days from the date of the first publication.

Amended by 129th General Assembly File No.127, HB 487, §101.01, eff. 9/10/2012.
Amended by 129th General Assembly File No.28, HB 153, §101.01, eff. 9/29/2011.
Amended by 128th General Assembly File No.9, HB 1, §101.01, eff. 10/16/2009.

Effective Date: 06-26-2003; 10-13-2004; 05-06-2005; 2008 HB331 09-01-2008.

3709.11 Organization of board of general health district - appointment of health commissioner - duties.

Within thirty (30) days after the appointment of the members of the board of health in a general health district, they shall organize by selecting one of the members as president and another member as president pro tempore. The board shall appoint a health commissioner upon such terms, and for such period of time, not exceeding five (5) years, as may be prescribed by the board. The person appointed as commissioner shall be a 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. He shall be secretary of the board, and shall devote such time to the duties of his office as may be fixed by contract with the board. Notice of such appointment shall be filed with the director of health. The commissioner shall be the executive officer of the board and shall carry out all orders of the board and of the department of health. He shall be charged with the enforcement of all sanitary laws and regulations in the district. The commissioner shall keep the public informed in regard to all matters affecting the health of the district. When the commissioner is not a physician, the board shall provide for adequate medical direction of all personal health and nursing services by the

employment of a licensed physician as medical director on either a full-time or part-time basis. The medical director shall be responsible to the board of health.

Effective Date: 05-03-1990.

3709.15 Appointing sanitarians and nurses.

The board of health of a city or general health district may appoint as many persons for sanitary duty as the public health and sanitary conditions of the district require, and such persons shall have general police powers and be known as "sanitarians." The board may also appoint as many registered nurses for public health nurse duty as the public health and sanitary conditions of the district require, who shall be known as "public health nurses," and where such are appointed, the board may appoint licensed practical nurses as defined by section 4723.15 of the Revised Code. The legislative authority of the city may determine the maximum number of sanitarians and public health nurses and licensed practical nurses to be appointed.

The board of health of a city or general health district may provide nursing care and other therapeutic and supportive care services to maintain an ill or infirm person in a place of residence used as such person's home or elsewhere. The board shall charge and collect reasonable fees not to exceed the cost of service for such care from patients financially able to pay, or may accept payment for such services from persons or public or private agencies on behalf of the recipient, either directly or by contract with such persons or agencies. The fees shall be retained by the board and placed in a special fund to be known as the home health services fund, and shall be used by the board only for defraying the cost of personnel, equipment, supplies, rental of physical facilities including real property, utilities, and administrative costs in providing services under this section. The approval of the auditor of state referred to in section 5705.12 of the Revised Code shall not be required for the establishment of the fund.

The board, in addition, may contract with any individual or a public or private agency to furnish services authorized by this section on behalf of a city or general health district for such time and for such compensation as may be agreed upon by the board and the individual or agency. The compensation shall be paid by the board from the home health services fund, or from any other available fund of the board.

Effective Date: 07-01-1985

3709.17 Travel expense outside district.

When it is necessary for an employee of a board of health of a city or general health district to travel outside the district, such employee shall be reimbursed for travel and per diem expenses incidental to such travel. No employee of a board shall be reimbursed for such travel unless prior approval has been granted by the board.

Effective Date: 10-01-1953.

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.

3709.211 Injunctive or other relief.

When an order of the board of health of a city or general health district made pursuant to section 3709.20 or 3709.21 of the Revised Code is not complied with in whole or in part, the board may petition the court of common pleas for injunctive or other appropriate relief requiring all persons to whom such order of the board is directed to comply with such order. The court of the county in which such offense is alleged to be occurring may grant such injunctive or other appropriate relief as the equities of the case require.

Effective Date: 12-23-1971.

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.

By-Laws Approved by the Board of Health on this 18th day of October, 2022.

Chief Clark Crago
Board President

Andrew Henry
Health Commissioner

ANNUAL BOARD PERFORMANCE EVALUATION

How Satisfied Are You That:	Not Satisfied		Satisfied		Not Sure
1. Board Meetings:					
begin on time.	1	2	3	4	NS
are completed in a reasonable amount if time.	1	2	3	4	NS
have a positive tone.	1	2	3	4	NS
allow adequate participation by all members.	1	2	3	4	NS
focus on policy rather then management issues.	1	2	3	4	NS
are focused by, and stick to, an agenda.	1	2	3	4	NS
result in a feeling of accomplishment.	1	2	3	4	NS
are held in adequate facilities.	1	2	3	4	NS
Are cordial and personal attacks are avoided.	1	2	3	4	NS
2. Board Members:					
understand and support the agency mission.	1	2	3	4	NS
understand their statutory responsibilities.	1	2	3	4	NS
understand that official communications with staff should go through the administrator.	1	2	3	4	NS
work with the administrator to secure and maintain sufficient staff.	1	2	3	4	NS
come prepared to meetings.	1	2	3	4	NS
represent the organization in public.	1	2	3	4	NS
communicate community needs to the administrator	1	2	3	4	NS
3. The Board:					
reviews important documents, e.g., monthly financial reports, annual statistical reports, etc.	1	2	3	4	NS
deliberates on, approves and supports the annual budget.	1	2	3	4	NS
works to improve the effectiveness and efficiency of the agency.	1	2	3	4	NS
works with allied interests to achieve agency goals.	1	2	3	4	NS
is provided adequate information to make decisions about agenda items.	1	2	3	4	NS
4. New board members are provided orientation.	1	2	3	4	NS

JEFFERSON COUNTY
General Health District
Prevent. Promote. Protect.

Acknowledgement of Receipt of Orientation Guide

for Jefferson County General Health District Board Members

As a member of the Jefferson County General Health District Board of Health, I attest that I have been informed of my responsibilities as a Board member, and the responsibilities of the Health District, as outlined in the Ohio Revised Code, Ohio Administrative Code, and City Charter or local ordinances, as appropriate.

I attest that I received an Orientation Guide for Jefferson County General Health District Board Members upon joining the Board of Health. I also attest that I will maintain annual completion of two hours of continuing education credits (OAC 3701-36-03).

_____ _____

[Board of Health Member Name, Please Print] [Board of Health Member Name, Signature]

_____

[Date Received]