



Galion Board of Health By-Laws

Galion City Health Department

Galion Board of Health By-Laws

Date of Change	Change	Changed By	Re-distributed Yes/No
3/2019	Initial Galion Board of Health By-Laws	T Factor	Yes

By-Law Revisions

While it is recommended that the By-Laws remain on the radar of all GCHD BOH members, the GCHD finds that frequent and comprehensive reviews related to the components of the By-Laws take place.

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By-Laws Review & Responsibility

Review of Plan

The Galion Board of Health By-Laws will be reviewed annually, or as needed, by GCHD Board of Health and the Health Commissioner, as well as others with expertise in public health policies as requested.

Authorship

These by-laws were written by the Health Commissioner; with input from the GCHD Board of Health Members, City of Galion Law Director, the Ohio Association of Boards of Health, and the Association of Ohio Health Commissioners.

Approval

This plan has been approved and adopted by the following individuals:



 Galion Board of Health

3/12/19

 Date



 Health Commissioner, Galion City Health Department

3/12/19

 Date

Name and Purpose

The name of the organization is the Galion Board of Health and henceforth will be referred to as the Board. The purpose of these By-Laws is to provide rules and standards of governance for the Board to execute its duties.

Mission, Vision, Values/ Guiding Principles

Mission Statement

To Promote, Improve and Protect the Health and Well-Being of the Community We Serve

Vision Statement

Inspire and Engage the Community We Serve to be Optimally Healthy

Values/ Guiding Principles

The Board, staff, and administration created the Values/ Guiding Principles of the Galion City Health Department. Every organization should be guided by a set of values. An organization's values are designed to provide an underlying framework and guideposts for activities and decision making (these are part of the organization's culture).

WE CARE

Work Together: Collaborating with stakeholders to build strong collaborative relationships that increase innovation.

Excellence: Striving for excellence through practical, data-driven, evidence-based decision making.

Customer Focused: Treating our diverse external and internal customers with respect while addressing their individual needs and concerns. We strive to maintain effective customer relations.

Accountability: Understanding that we are accountable for the health and safety of the community. We are also responsible for providing quality programming and services, fiscal integrity, and upholding the public's trust.

Respect: Providing respect by showing value equity, diversity, and inclusion of all.

Ensure: Ensuring that the community knows that our first priority is their health and wellbeing.

Board Duties

General Duties

The Galion Board of Health is expected to assess the City of Galion and its health status, educate itself on the Galion Board of Health and Galion City Health Department's history, goals, achievements, and current situation while developing policies that are needed for the protection and promotion of public health and assuring that the public is informed of the Board's actions and financial backing.

The Board shall adopt policies and make such orders and regulations as are necessary for the promotion of health, the prevention of disease, and the abatement or suppression of nuisances. Adopted policies must be in furtherance of the (1) implementation of the Board's mission (2) enforcement of the standards, rules and regulations of the Ohio Department of Health, the Ohio Public Health Council, and the Ohio Environmental Protection Agency; and (3) performance of any duties required by state and/or federal laws and any other applicable state and federal agencies.

The Board has the option to hear and act on appeals in accordance with confirmed administrative hearing procedures or hearing procedures that may be required by state or federal laws, rules, and regulations.

The Board's power to perform quasi-legislative, quasi-judicial, executive, and administrative actions are communicated by statute or are implied in order to execute such powers.

Authority

An individual Board member has no authority to order or direct health department staff. The Board's authority comes by a majority vote of the Board at a meeting of the Board. *See Attachment 1: Mandated Programs LHD's as Delegated Authorities.*

Appointment and Evaluation of Health Commissioner

The Board shall appoint a Health Commissioner upon such terms as may be prescribed by the Board. The person appointed as Health 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. The Health Commissioner shall serve as secretary to the Board. Notice of the appointment of the Health Commissioner shall be filed with the Director of Health. The Health Commissioner shall be the executive officer of the Board and shall carry out all orders of the Board and of the Department of Health. *See ORC 3709.11.* The Board shall supervise and annually, or as needed, evaluate the Health Commissioner

Appointment of Medical Director

When the Health 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 is responsible to the Board. *See ORC 3709.11.* The Board shall supervise and annually, or as needed, evaluate the Medical Director.

Orientation of New Board Members

Board members are expected to become knowledgeable about the duties, operations, and functions of the health department through reading of materials provided to members at Board of Health meetings, consultation with the Health Commissioner, staff presentations at Board of Health meetings, membership in the Ohio Association of Boards of Health and National

Association of Local Boards of Health (when applicable), and, when available, participation in Ohio Department of Health training. Board members may utilize Mentors from the Board as well as the Health Commissioner and staff. *See Attachment 2: Galion City Board of Health Orientation Guide.*

Complete Continuing Education

In accordance with the minimum standards set forth in pertinent sections of the OAC 3701-36-03 (B)(8) and ORC 3701.342 (G) each Board of Health member is required to complete two hours of continuing education each calendar year. Each continuing education credit shall pertain to one or more of the following topics: ethics, public health principles, and a member's responsibilities. Credits may be earned in these topics at pertinent presentations that may occur during 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.

Verification of continuing education completion must be submitted by December 15th of each year. Continuing education records must contain the date, topic, number of credits earned, location and presenter's name or copies of certificates of continuing education credits earned for the purpose of license renewal or certification by a licensed health professional serving on the board of health.

It should be noted that under ORC 3701.342, Boards of Health that do not meet their minimal standards which include continuing education will be denied subsidy funds, but Boards who achieve optimal standards will be granted increased funding.

Other Specific Duties and Limitations

The Board shall receive program reports and approve contracts and health department expenditures. The Board shall adopt personnel policies, which shall be kept in writing and made available to employees. Additionally, the Board shall employ a staff, selected by the Health Commissioner, adequately qualified to carry out the Health Department's programs, and shall meet minimum qualifications and licensure requirements set by the Ohio Revised Code. At the request of the Health Commissioner, the Board may approve employee layoffs, suspensions, terminations and resignations. However, the Board shall not directly supervise or evaluate health department employees, except for the Health Commissioner and Medical Director.

Board Member Appointment, Vacancies, and Removal

General Appointment of Board Members

The Board shall be composed of five members appointed by the Mayor and confirmed by the legislative authority (City Council) as authorized under Section 3709.05 of the Ohio Revised Code, unless the Board has established a health district licensing council under section 3709.41 of the Revised Code, in which case, the mayor shall appoint four members of the Board,

confirmed by the legislative authority (City Council), and the health district licensing council shall appoint one member of the Board. The Galion Board of Health, per Resolution #2015-141, resolved that the Board of Health will not establish a health district licensing council. *See Attachment 3: GCHD Resolution 2015-141 BOH Composition*

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.

Vacancies

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. All Board vacancies will be filled by mayoral appointment and legislative authority (City Council) confirmation within 30 days of a vacancy being announced.

Removal

The Board, or committee thereof, shall investigate any allegations of Board member misfeasance, malfeasance, or nonfeasance, or failure to perform any or all of the Board member's duties required by the Ohio Revised Code. The Board, or committee thereof, shall present its findings to the Board as a whole. If the Board finds adequate cause, the Board shall send a written report, with a recommendation of action, to the Mayor and City Council of Galion or the State of Ohio Director of Health detailing the allegations and findings and requesting removal of the Board member.

When any member of the Board of Health is removed from office, the Mayor shall appoint and the legislative authority, City Council, shall confirm within thirty (30) days after receipt of such notice in order to fill the vacancy in accordance with these Bylaws.

See attendance section. *ORC 3.17*

Board Member Conflict of Interest

Any Board member who has a direct or indirect interest in the outcome of a matter before the Board, or who has a conflict-of-interest regarding some aspect of a matter pending before the Board, shall disclose the nature of the interest and shall disqualify himself or herself from discussing, deliberating, or voting on the matter. *See Ethics.*

Compensation and Expenses of the Board

Each Board member shall be paid in accordance with ORC 3709.02(B) for the member's attendance at each meeting of the Board (regular or special meeting). No member shall receive compensation for attendance at more than eighteen meetings in any calendar year. *See ORC 3709.02(B).*

Each Board member shall receive travel expenses at rates established by the director of budget and management pursuant to section 126.31 of the Ohio Revised Code to cover the actual and necessary travel expenses incurred for travel to and from meetings that take place outside of Crawford County, Ohio, except that any member may receive travel expenses for registration for any conference which takes place within Crawford County, Ohio. *See ORC 3709.02(C)*. All seminars, meetings, and conferences must relate to the Board member's training, duties, or involvement with the Health Department and must be pre-approved by the Board. Reimbursement for travel expenses should be handled in accordance with the Galion City Health Department Personnel Policy and Procedure Manual as well as any travel policies adopted, Board determined limitations, and/or state rules set forth.

Meetings

Attendance

Board members must attend in person to be considered present, vote, or count as part of the quorum. Board members may not meet through electronic or telephonic conferencing.

Board members are required to attend at least six (6) of the twelve (12) regular meetings per year. Board members failing to meet this attendance requirement will be expected to resign.

A Board member who fails to attend at least three-fifths of the regular and special meetings held during any two-year period forfeits the member's position on the Board. *ORC 3.17*

Regular Meetings

The Board shall meet at least once in each calendar month for the transaction of business, and more often if necessary, for the prompt and thorough transaction of business. *ORC 3709.12* Regular meetings for the Board are held on the second Tuesday of each month in the Galion City Health Department at 113 Harding Way E, Galion, Ohio unless otherwise specified upon passage of a motion by affirmative vote of a quorum at a regular meeting. In the event that the second Tuesday falls on a holiday, or if a quorum of Board members is unavailable, the Board President or President Pro Tempore may change the meeting date and cause notice of such change to be published to the news media.

At least 72 hours (3 days) before each regularly scheduled meeting, the Health Commissioner will send a copy of the previous regularly scheduled meeting's minutes, the upcoming meeting's agenda and any other relevant information by email, electronic system, US mail, or courier.

One week prior to each regularly scheduled meeting, when possible, the Health Commissioner will send consent agenda and any other relevant information by email, electronic system, US mail, or courier.

Special Meetings

Any meeting that is not a regularly scheduled meeting is deemed a special meeting. The Board may hold a special meeting at the call of the President/President Pro Tempore, or the concurrence of three Board members filed in writing with the Secretary, or by request of the Health Commissioner. *See ORC 3709.12*. The Health Commissioner may make a request to the President/President Pro Tempore and/or Board members requesting a special meeting be held, if the request is accepted, the meeting must be called as prescribed in ORC 3709.12.

The Board shall limit its business and discussion to the specific “subject of the special meeting” as set forth in its meeting notice

A special meeting shall not be held unless at least 24 hours advance notice of time, place, and purposes of such special meeting is given to the public and any news media that have requested such advanced notification. *See Notification of Meetings to Public & Media*.

Emergency Meetings

An emergency meeting is a type of special meeting that requires immediate official action.

The Board President/President Pro Tempore and/or the Health Commissioner may call an emergency meeting when a situation requires immediate official action. The Health Commissioner shall provide written or oral notice to each Board member of the date, time, place and subject of the emergency meeting. The Board may act at any emergency meeting in which a quorum is present.

In the event of an emergency requiring immediate official action, an emergency meeting may be held without giving 24 hours advance notification thereof to the requesting news media and the public.

Immediate notification of the time, place, and purpose of the emergency meeting must be provided to the public and requesting media. Notice must be given and only topics related to the stated purpose of the meeting can be discussed. *See Notification of Meetings to Public & Media*.

*Note: emergency meetings are typically held for items of a sudden nature. If challenged, the Board would have the burden of proving the matter was something which could not wait for the 24-hour period. If that action cannot be proved, the Board risks having the actions taken invalidated.

Committee Meetings

Pursuant to ORC Section 122.22(B)(1)(b), any committee or subcommittee of the Board is a “public body” subject to the Open Meetings Act. The standing committee and ad-hoc committee meetings shall be “special meetings” and the Board shall provide notice to Board members following the requirements set forth in *Special Meetings* above. No final Board action may be taken at committee meetings; however, the committee may provide recommendations

to the full Board. Any Board member present at a committee or subcommittee meeting may participate in an executive session of the committee or subcommittee. *See Executive Sessions.*

Notification of Meetings to Public & Media

The Board shall provide notice to the public and all news media, that have requested to be notified of any regular meetings, of the time, date, and place of the meeting. “Regular meetings” are held at predictable intervals; if a regular meeting time, date, or place is changed proper notification must be provided.

In the event of a special meeting, the Board shall provide 24 hours’ notice to the public and all news media, that have requested to be notified of any special meetings, of the time, date, place, and purpose of the meeting.

If there is an emergency that requires immediate official action on the part of the Board, the person calling the emergency meeting must give written or oral notice to requesting news media of the time, place, and purpose of the emergency meeting. Additionally, the Board may provide notice to media of an emergency meeting by posting the notice on the Health Department’s website.

Refer to OAC Section 151-1-01, Notification of meetings to the public and news media.

Rules of Order

Robert’s Rules of Order shall govern all meetings of the Board of Health. However, implicit in Robert’s Rules of Order, is the Board’s authority to adopt rules that supersede Robert’s Rules.

Quorum

The majority of Board members constitute a quorum. *See ORC 3709.02(E).* To vote in the meeting and to constitute as part of the quorum, a Board member must be physically present at the meeting. *See ORC 121.22(C).*

Minutes

The Board shall keep accurate minutes of each of its meetings. The minutes shall be recorded by the Secretary, or his/her designee, on audiotape or in writing. At a minimum, the minutes must enable the public to understand and appreciate the rationale behind the Board’s decisions.

The minutes must reflect which members of the Board were absent during the meeting, whether any Board members abstained from voting on a matter, and who was present at the meeting other than the Board members.

If the Board enters into executive session pursuant to *section 121.22(G) of the Ohio Revised Code*, the minutes must indicate the general reason why the Board entered into executive session as well as reflecting which Board members voted against entering into executive session. The minutes shall also indicate the time the Board entered into and the time exited from the executive session.

The previous Board meeting's minutes will be approved at the upcoming meeting. Upon approval, the Board President or designated Board member with signing authority and Secretary or designee will sign the minutes. The Board may amend the minutes of a meeting at any regular meeting by a majority of the Board members. All minutes of the Board are "public records" which must be promptly prepared, filed, and maintained pursuant to *Section 121.22(C) of the Ohio Revised Code*.

Testimony, Evidence, Vote

Individual members of the Board have no authority to independently act in the name of the Board without the prior approval of the Board. The Board shall take all official action and conduct all deliberations upon official business in open meetings unless the subject matter is specifically excepted by law. *See Executive Session and ORC 121.22(G)*. After the Board has heard testimony and reviewed evidence on a given matter, the Board members shall discuss the matter amongst themselves in a meeting open to the public. When the President/President Pro Tempore believes that the matter has been adequately discussed by the Board, he or she shall call for a motion and vote on the matter. The Board shall vote by roll-call vote when voting on financial matters or when requested by a Board member or member of the public.

A motion is adopted when a quorum of the Board members vote in favor of the motion.

Executive Sessions

The Board may enter into an executive session at any regular, special, or emergency meeting. Executive sessions must begin and end within a public meeting in which a quorum of board members is present and for which proper public notices have been provided. Executive sessions must be called by a motion that is made, seconded, and passed on a roll call vote and recorded in full in the minutes of said meeting. The motion shall fully state the specific purpose or purposes for entering into an executive session. Matters discussed during an Executive Session must be limited to the specific purpose or purposes stated in open meeting as reasons for entering into an Executive Session and no official action may be taken during an Executive Session. Executive sessions are not open to the public; however, the Board may ask specific individuals to participate in executive sessions. *See ORC 121.22(G)*. The Board may adjourn into executive session to discuss the following limited topics:

1. Certain Personnel Matters
 - a. To consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official.
 - b. To consider the investigation of charges or complaints against a public employee, official, licensee or regulated individual, unless the employee, official, licensee, or regulated individual requests a public hearing.
 - i. Except as otherwise provided by law, the Board may not hold an executive session to consider the discipline of an elected official for conduct related to the performance of the official's duties or to consider that person's removal from office.

2. Purchase of Property
 - a. To consider the purchase of property that may be real, personal, tangible, or intangible or to consider the sale of real or personal property by competitive bid if the disclosure of information would result in a competitive advantage to the person whose private interest is averse to the general interest.
 - i. No Board member may use this exception as subterfuge to provide covert information to prospective buyers or sellers.
3. Pending or Imminent Litigation
 - a. To discuss a pending or imminent court action with the Board's legal representative; "pending" meaning that a lawsuit has commenced and "imminent" meaning that it is about to commence.
4. Collective Bargaining Matters
 - a. To prepare for, conduct, or review a collective bargaining strategy.
5. Matters Required to be Kept Confidential
 - a. To discuss matters required to be kept confidential by federal rules, or state statutes.
6. Security Matters
 - a. To discuss details of security arrangements and emergency response protocols where disclosure could be expected to jeopardize the security of a public body or public office.

Public Comment

The Board must make a reasonable effort to provide the public an opportunity to speak. The Board may establish rules for the public comment period, including time restrictions for the speakers. Any citizen who is disruptive waives the right to attend the meeting and may be removed.

Organization and Structure

Secretary of the Board of Health

The Health Commissioner shall be the secretary of the Board pursuant to ORC section 3709.11. The secretary or his/her designee shall perform the following tasks:

1. Notify the public of all public meetings including special meetings as required by Section 121.22 of the Ohio Revised Code and as set forth in *Meetings*.
2. Promptly prepare and permanently maintain full and accurate minutes of all regular, special, and emergency meetings.
3. Provide Board members copies of the minutes of the last prior meeting and a written agenda and appropriate background information for the upcoming meeting at least 72 hours (3 days) prior to each public meeting, except in the case of emergency meetings for which the notification must be provided as soon as possible and may be written or oral.
 - a. Provide Consent Agenda Items to Board members as soon as possible; preferably 1 week in advance of the regularly scheduled meeting.

President of the Board of Health

The President of the Board will be the Mayor of the City of Galion as dictated by resolved ORC 3709.05 (D). The President has the following responsibilities:

1. Conduct all meetings including special and emergency meetings; and sign records thereof.
2. Facilitate discussion and decision making throughout the meetings.
3. Collaborate with the Health Commissioner to set the agenda for meetings.
4. Counsel and consult with the Health Commissioner.
5. Effectively represent the Board to other organizations.
6. Consult with Board members who are not fulfilling their responsibilities or who are engaging in misfeasance, malfeasance, or nonfeasance.
7. May call special meetings
8. Initiate evaluation of the Health Commissioner and Medical Director (if different).
9. Act as an authorized Board approving signature

The Mayor of the City of Galion is considered an ex-officio President of the Board; this role does not act a voting member of the Board.

President *Pro Tempore*

The Board shall elect one-member president pro tempore, who shall preside in the absence of the chief executive and shall perform all duties incumbent upon the President. The President *pro tempore* shall assist the President in his or her duties, as needed. *ORC 3709.12*

The President Pro Tempore has the following responsibilities (same as the President):

1. Conduct all meetings including special and emergency meetings; and sign records thereof.
2. Facilitate discussion and decision making throughout the meetings.
3. Collaborate with the Health Commissioner to set the agenda for meetings.
4. Counsel and consult with the Health Commissioner.
5. Effectively represent the Board to other organizations.
6. Consult with Board members who are not fulfilling their responsibilities or who are engaging in misfeasance, malfeasance, or nonfeasance.
7. May call special meetings
8. Initiate evaluation of the Health Commissioner and Medical Director (if different).
9. Act as an authorized Board approving signature

The President Pro Tempore is a voting member of the Board.

Vice-President

The Board shall elect one-member vice-president, who shall assist the president and president pro tempore as requested and perform presidential duties in the absence of the president and/or president pro tempore. Additionally, the Vice-President may act as an authorized Board approving signature. The Vice President is a voting member of the Board.

Election of Officers

The President Pro Tempore and the Vice-President of the Board of Health shall be elected by the members of the Board for a two (2) year term. Candidates receiving the most votes for the designated role shall be elected. The President Pro Tempore shall be elected during the regularly scheduled Board of Health meeting in March in odd numbered years. The Vice-President shall be elected during the regularly scheduled Board of Health meeting in March in even numbered years.

If the President Pro Tempore of the Board of Health becomes incapacitated, resigns, or cannot complete his or her term, the Vice-President will become the President Pro Tempore and serve the remainder of the unexpired term and the term for which he or she was elected.

If the Vice-President of the Board of Health becomes incapacitated, resigns, or cannot complete his or her term the members of the Board of Health shall elect a new Vice-President. The Candidate receiving the most votes shall be elected and shall serve the remainder of the unexpired term.

Committees

The President/ President Pro Tempore shall appoint Board members to standing committees and advisory committees on which Board of Health representation is required and/or deemed necessary.

Committees may include, but are not limited to, personnel and finance.

Each committee shall consist of, at least, two members each.

Notice of all committee meetings shall be provided in the same manner of other Board meetings, see *Notification of Meetings to Public & Media*. Minutes of all committee meetings shall be kept and presented in the same manner of all other Board meetings.

Ethics

Policy Statement

The Galion Board of Health will carry out its mission in accordance with the most rigorous ethical guidelines and assure that Board members and employees handle themselves in a manner that generates public confidence in the virtue of the Board, its processes, and its accomplishments.

General Standards of Ethical Conduct

Members of the Board and employees must adhere to Ohio ethics laws, as found in Chapters 102. and 2921 of the Ohio Revised Code, and as interpreted by the Ohio Ethics Commission and Ohio courts. Board members and all employees must always conduct themselves in a way that avoids favoritism, bias, and the appearance of indecency.

A broad summary of the restrictions upon the conduct of all Board members and employees includes; but is not limited to, the following. No Board member shall:

1. Solicit or accept anything of value from anybody who does business with the Board;
2. Solicit or accept employment from anybody who does business with the Board unless the official or employee completely abdicates from Board activity regarding the party offering employment, and the Board approves the abdication;
3. Utilize his or her public position to attain benefits for an official or employee, a family member, or anyone with whom the official or employee has a business or employment relationship;
4. Accept any form of compensation for personal services provided on a matter before, or sell goods or services to the Board;
5. Accept any form of compensation for personal services provided on a matter before, or sell (except by competitive bid) goods or services to, any state agency other than the Board, unless the Board member or employee first discloses the goods or services and abdicates from matters before the Board that directly affect officials and employees of the other state agency, as stated in O.R.C. 102.04;
6. Hold or profit from a contract with, authorized by, or approved by the Board (the Ethics Law does have some exceptions which are only valid if all the criteria under Section 2921.42 of the Ohio Revised Code are met);
7. Vote, authorize, recommend or in any way use his or her position to secure approval of a Board contract (which includes employment or personal services) in which he/she, a family member, or anyone with whom the official or employee has a business relationship with, has an interest;
8. Solicit or accept honoraria for Board of Health-related functions which could be payment for a speech, article, attendance at a conference, meeting or social event or another similar gathering. See O.R.C. 102.01(H) and 102.03(H);
9. Represent any person in any fashion before any public agency relating to the matter in which the official or employee personally participated while serving on the Board during public service and up to one year after public service;
10. Utilize or disclose, without proper authorization any information, that has been acquired by the official or employee during his/her duties and was deemed confidential due to statutory provisions, or that has been distinctly designated to the official or employee as confidential when that confidential classification is justified because of the status of the proceedings of the circumstances under which the information was received and safeguarding its confidentiality is necessary to the appropriate conduct of government business; or
11. Use or authorize the use of his or her title, the name "Galion City Health Department" or "Galion Board of Health" or Galion City Health Department's logo in a way that suggests indecency, favoritism, or bias by the Board member or employee.

For the purposes of this policy:

1. "Anything of value" includes but is not limited to: money, bank bills or notes, United States treasury notes, and other bills, bonds, or notes issued by lawful authority and

intended to pass and circulate as money; goods and chattels; promissory notes, bills of exchange, orders, drafts, warrants, checks, or bonds given for the payment of money; receipts given for the payment of money or other property; rights in action; things which savor of the realty and are, at the time they are taken, a part of the freehold, whether they are of the substance or produce thereof or affixed thereto, although there may be no interval between the severing and taking away; any interest in realty, including fee simple and partial interests, present and future, contingent or vested interest, beneficial interests, leasehold interests, and any other interest in realty; any promise of future employment; every other thing of value as stated in section 1.03 of the Ohio Revised Code.

2. "Anyone doing business with the Board" includes but is not limited to; any individual, corporation, or other party that is doing or seeking to do business with, regulated by, or has interested before the Board.

Penalties

Any Board member who fails to adhere by this Ethics policy, or to comply with Ethics Law and related statutes, may be removed from the Board and possibly face civil and criminal penalties. *See Removal.*

Ethical Decision Making

In addition, the Galion Board of Health has adopted the Public Health Code of Ethics (*see Attachment 4: Public Health Code of Ethics*) as its process for decision making relative to ethical issues. Public health professionals are expected to adhere to standards of individual professional performance and to the rules and regulations imposed on them by their agencies, public policies, and laws. Decisions regarding ethical issues will be identified and resolved by following the Basic Values of Public Health and the twelve Ethical Principles from the Public Health Code of Ethics in order to meet the mission of the GCHD and to secure and promote an ethical workplace.

By-law Amendments

These By-Laws may be amended as needed. Any proposed amendments must be submitted to the Board during a regularly scheduled Board meeting. Amendments may not be voted on during the same meeting as they are introduced.

Attachments

Attachment 1: Mandated Programs LHD's as Delegated Authorities

Attachment 2: Galion City Board of Health Orientation Guide

Attachment 3: GCHD Resolution 2015-141 BOH Composition

Attachment 4: Public Health Code of Ethics



Role of Local Health Districts as Delegated Authorities of State Agencies

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

Rabies/Vector Control*	Residential Camps
Nuisance Abatement*	Tattoo Parlors
Communicable Disease Control*, including investigation, quarantine, and reporting	Schools*
Food Service Operations, e.g., restaurants	Smokefree Workplace Act*
Retail Food Establishments, e.g., grocery stores	Solid Waste Facilities**
Campgrounds	Construction and Demolition Debris Facilities
Home Sewage Treatment Systems	Small Flow Commercial Sewage Systems
Maternity Units	Vital Statistics
Pools/Spas	Child Fatality Review
Private Water Systems, e.g, wells	For a complete list, refer to attached spreadsheet

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

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

GENERAL		
	Ohio Revised Code	Ohio Administrative Code
Department of Health	ORC 3701	
Board of Health	ORC 3707	
Health Districts	ORC 3709	
Department of Health – Administration and Director		OAC 3701

LHD Organization – Responsibilities - General Authority				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Health Districts	ORC 3709.01		Y	Provisions for what constitutes a health district
Accreditation	ORC 3701.13		Y (2)	Requires Accreditation
Standards	ORC 3701.342	OAC 3701-36 OAC 3701-36-01 OAC 3701-36-03 OAC 3701-36-12	Y	Minimum standards for LHD's, definitions, scope Provisions for compliance assessment
Standards- Reporting		OAC 3701-36 OAC 3701-36-04 OAC 3701-36-05	Y	Reporting of quality indicators and measures
Organization of Board of Health	ORC 3709.01 ORC 3709.02 ORC 3709.07 ORC 3709.11		Y	Establishes Health districts, Board terms, expenses, quorum
Board of Health Authorities and Duties	ORC 3709.36 ORC 3709.22		Y Permissive	
Board of Health Continuing Education	ORC 3701.342		Y	
City Health District Board – compensation, term.	ORC 3709.05 ORC 3709.06		Y	
District Licensing Council	ORC 3709.41		Permissive	Establishes DLC, BOH can dissolve DLC GCHD has dissolved

Contracts for Municipal Services	ORC 3709.281		Permissive	LHD can enter into contract with municipality to provide services
Public Health Orders, Regulations, Injunctive Relief, Penalty	ORC 3709.21 ORC 3709.99		Permissive	General authority for issuing orders, adopting resolutions Regulations for the public subject to requirements for municipal ordinances
Orders and regulations of City BOH- Hearing referees or examiners	ORC 3709.20		Permissive	
Municipal Ordinances	ORC 731.17-.26		Y	
Quarterly Reports	ORC 3709.19		Y	Not pertinent for City LHD's
Protected Health Information	ORC 3701.17 ORC 3798		Y	PHI obtained by HD is confidential, restrictions
Public Records	ORC 149		Y	Public records release, record retention
Preserving and Maintaining Records	ORC 9.01		Y	Methods and expenses for preserving records
Facsimile Signature	ORC 9.11 ORC 9.12 ORC 9.14		Permissive	Facsimile signature allowed
Open Meetings	ORC 119		Y	Meeting notice, executive session provisions
Agreements with BOH- County Commissioners	ORC 307.153 ORC 307.15		Permissive	
Formation of Single City Health District from 2 or more	ORC 3709.051		Permissive	
Union of City with General Health Districts	ORC 3709.07		Permissive	

Personnel				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Health Commissioner- Medical Director	ORC 3709.11 ORC 3709.06 ORC 3709.14		Y Permissive	Qualifications and duties of HC, Medical Director
HC to attend training	ORC 3701.29 ORC 3701.10		Y Permissive	HC must attend ODH training and BOH to pay expenses
Appointment of staff	ORC 3709.13 ORC 3709.14 ORC 3709.15		Y Permissive	Can employ clerks, nurses, physicians, and others Shall appoint HC
Health District Employees and compensation	ORC 3709.15 ORC 3709.16		Permissive	Board establishes compensation
OPERS	ORC 145		-	Retirement system provisions
OPERS rehire retiree	ORC 145.381	OAC 145-1-79	Y	Specifies public notice to rehire
Deferred Comp Programs	ORC 148		Permissive	Provisions of state def comp program
Personnel classifications, Holidays	ORC 124		-	Establishes some benefits for various political subdivisions, reductions in pay and suspensions, authority to offer long term disability ins
Payroll Account, Electronic deposits	ORC 9.37 ORC 9.41		Permissive	May provide electronic transfer, Payroll not issued without estimate, payroll, account
Prior Service credit for vacation	ORC 9.44		Y	Employee entitled to prior service time credit with any subdivision of state to determine VL accrual rate. Exception, rehired employees
Travel outside health district	ORC 3709.17		Y	Board approves-Delegates to HC

Finance				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Fee authority	ORC 3709.09 ORC 3709.091	OAC 3701-9-3	Permissive	Provisions for establishing fees, provisions for failure to pay sewage fees
Transmit fees	ORC 3709.092		Permissive	Timing of fee transmission for state share of license fees
Cost methodology		OAC 3701-36-14 OAC 3701-21-02.1	Y	Establishes uniform cost method for some EH programs
Fees for medical records	ORC 3701.741 ORC 3701.742		Y	Establishes fees, CPI adjustments
Fiscal Year	ORC 9.34		Y	Establishes subdivision fiscal year as Jan-Dec
Budget	ORC 3709.28		Y	Board must establish Budget in March- County HD's ONLY
Special Health Levy	ORC 3709.29 ORC 5705 ORC 3707.28		Permissive	Provides for Health Levy, specifies approval for ballot
Participate and receive/ give financial aid- federal programs	ORC 3709.282		Permissive	
Federal grants and gifts	ORC 9.26		Permissive	Subdivision may receive grants
County may provide financial or other assistance	ORC 3709.283		Permissive	County may provide funding
Custodians of health fund	ORC 3709.31		Y	Utilization of treasurer
State Health District Subsidy	ORC 3709.32 ORC 3701.342	OAC 3701-36 OAC 3701-36-10 OAC 3701-36-11	Y (2)	Required program standards, ODH Fiscal Compliance Also, Leadership employees, state subsidy, state financial report
Contract for ministerial duty	ORC 9.35		-	Subdivisions may contract out for fiscal and payroll duties
Payroll deductions	ORC 9.4 ORC 9.42 ORC 9.8 ORC 9.81		Permissive	Political subdivision shall allow for savings bond deductions and municipal tax, may authorize charitable payroll deductions

Liability insurance	ORC 9.83 ORC 3709.161		Permissive	Political subdivisions may purchase liability insurance
Membership dues	ORC 3709.37 ORC 3709.38		Permissive	Board can pay membership dues
Lab services	ORC 3709.23		Permissive	LHD may have lab, or contract
Newsletters	ORC 9.03		Permissive	Subdivisions may use public funds for newsletters.
Disbursements, contracts, findings for recovery	ORC 9.23 ORC 9.24		Y	Contract provisions over \$25,000, no contract to entity that has findings for recovery
Purchase of surplus commodities from federal government	ORC 9.25		Permissive	Subdivisions can purchase without taking bids
Acquisition of real property	ORC 3707.55		Permissive	Board can own property
Prevailing wages	ORC 4115.03-.07		-	Requirements for certain projects
Bids, Bonds, Construction	ORC 9.31 ORC 9.32 ORC 9.33		Y	Various bid and construction requirements

Legal				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Prosecutor Legal Advisor	ORC 3709.33		Y	Prosecutor is legal advisor- Legal opinion rendered the City Law Director is the legal advisor for City HD's Can obtain permission to use other lawyers as well
Charges against Board of Health or Health Commissioner	ORC 3709.35		Y	

Environmental Health						
	Ohio Revised Code	Ohio Administrative Code	Galion Codified Ordinances	Federal & Other National Guidance	Mandated, Permissive, Voluntary	Notes
Environmental Health Services	ORC 3701.98	OAC 3701-36-05			Y (2)	Quality Indicators, Annual report to ODH
Food Regulation/Food Safety Code	ORC 3717	OAC 3717-1		FDA Model Food Code	Y (2)	
Food Regulation (Food Service Operations)	ORC 3717 ORC 3732	OAC 3701-21 OAC 3717			Y (2)	License, Inspection Food Services and Vending State oversight ODH
Food Establishments (Retail Food Establishments)	ORC 3717	OAC 901:3 OAC 901:3-4 OAC 3717			Y (2)	License, Inspection Food Establishments State oversight ODA
Food Regulation Farm Markets		OAC 901:3-6			Y	State oversight ODA
Public Swimming Pools/Spas	ORC 3749	OAC 3701-31		Model Aquatic Health Code	Y (2)	License, Inspection Public Pools, State approves plans State oversight ODH
Campgrounds	ORC 3729	OAC 3701-25 OAC 3701-26			Y (2)	License, Inspection Campgrounds, state approves plans State oversight ODH
Recreational Vehicle Camps, Park Camps	ORC 3729	OAC 3701-26			Y (2)	License, Inspection State oversight ODH
Manufactured Home Parks	ORC 3733	OAC 3701-27 OAC 4781			Y (1)	License, Inspection Manufactured Home Parks, state approves plans State oversight ODC
Tattoos, Body Piercing	ORC 3730	OAC 3701-9			Y	License, Inspection State oversight ODH
School Environmental Health Inspections	ORC 3707.03 ORC 3707.26				Y	Required Inspections per guidelines

						Law requires LHD to perform inspection
Rabies Control/Animal Bites	ORC 955.26 ORC 955.261	OAC 3701-3-28 OAC 3701-3-29 OAC 3701-3-30			Y	Inspection and quarantine of biting animal
Smoking Ban Enforcement	ORC 3794	OAC 3701-52			Y (1)	
Nuisance Abatement Order Violation/ Penalties	ORC 3707.01 ORC 3707.011 ORC 3707.02 ORC 3707.021 ORC 3707.03 ORC 3707.48 ORC 3707.49 ORC 3707.53 ORC 3707.99 ORC 3709.02 ORC 3709.20 ORC 3709.21				Y Permissive	Authority to abate various nuisances
Employ scavengers municipal request	ORC 3707.39				Permissive	Board may employ, (i.e. Solid Waste Haulers)
Solid & Hazardous Wastes	ORC 3734	OAC 3745-27		RCRA	Y (2)	
Lead Abatement	ORC 3742					
Home Sewage (Septic) NPDES permit	ORC 3718 ORC 3709.091	OAC 3701-29		NPDES NPDES Permit OHK000002	Y (2)	
Private Water Systems, Water Wells	ORC 3701.344	OAC 3701-28			Y (2)	Permits, Inspects, Samples State oversight ODH
Sewage Treatment Systems	ORC 3718				Y	

Communicable Disease				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Communicable Disease Investigation/ Reporting	ORC 3701.23-.232 ORC 3709.19 ORC 3707.06 ORC 3707.07 ORC 3709.22	OAC 3701-3	Y Permissive	Provides for investigations and control. Entities must report to LHD, ODH, provides for reporting due to bioterrorism, epidemic Reporting mandatory, State can act if LHD does not
Communicable Disease Control	ORC 3701.98	OAC 3701-36-05	Y	Quality Indicators, Annual Report to ODH
State to Act	ORC 3701.13		-	Provides for ODH to handle disease investigations and bill LHD, if LHD does not act
Epidemic, Expenses	ORC 3709.30			Expenses can be assessed to political subdivision
Epidemiologist	ORC 3701.98	OAC 3701-36-05	Y	Quality Indicators, Annual Report to ODH
Tuberculosis Control	ORC 3701.146	OAC 3701-15	Y, Y (4)	Various authorities to control TB County Commissioners designate HD (CCPH) as TB control unit
Quarantine, notice, complaints, isolation and placards, Guards, Disinfection and destruction of infected property, public gatherings, disposal of bodies, costs	ORC 3707.04-.25, .28, .32, .99 ORC 3701.56 ORC 3701.57		Y	Various authority regarding quarantine and isolation
Hospitals for Contagious Disease - cities	ORC 3707.29		Y	
Removal of Persons to Hospital, est. in ORC 3707.29	ORC 3707.30		Y	
Health Commissioner may act on behalf of the Board in Quarantine and Isolation	ORC 3707.34		Permissive	Provides for resolution of Board
STD's	ORC 3709.24	OAC 3701-3	Permissive	LHD may provide free treatment
Gonorrheal Ophthalmic	ORC 3701.53		Y	HC to investigate all cases
HIV	ORC 3701.241-.249	OAC 3701-3-11 OAC 3701-3-12	Y	Provides for reporting
Immunization Programs	ORC 3707.27		Permissive	

Immunization Monitoring	ORC 3701.98	OAC 3701-36-05	Y	Quality Indicators, Annual Report to ODH
State to Provide	ORC 3701.134		-	ODH to provide to LHD means to immunize- chicken pox
Diphtheria, free antitoxin	ORC 3709.25		Y	LHD to provide
Physician to submit Specimens	ORC 3701.50		Y	Physicians are to submit standard syphilis and gonorrhea tests of pregnant women, HC may waive
Establishment of detention hospitals	ORC 3709.27		Permissive	
Destruction of Infected Property	ORC 3707.12		Permissive	

Vital Statistics					
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes	
Information Warehouse	ORC 3701.98	OAC 3701-36-05	Y	Quality Indicators, Annual report to ODH	
Vital Statistics (including certificate issuance)	ORC 3705	OAC 3701-5	Permissive.	Certificates of birth and death filed, issued, reported to state. Burial permit issuance State sets registration districts	

Health Education				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Chronic Disease Education	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH
Nutrition Education Programs	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH
Tobacco Prevention and Education	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH
Car Seat Inspections			Voluntary	
Adult Injury Prevention Programs	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH
Infant Mortality	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH
Linking People to Health Services	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH
Community Engagement	ORC 3701.98	OAC 3701-36-05	Y (2)	Quality Indicators, Annual Report to ODH

Nursing				
	Ohio Revised Code	Ohio Administrative Code	Mandated, Permissive, Voluntary	Notes
Health Screenings			Voluntary	
CMH Program	ORC 3701.023 ORC 3701.021 ORC 3701.024	OAC 3701-43	Y (2), (4)	
Vaccination/ Immunization	ORC 3707.27		Y	
Lead Screening		OAC 3701-30 OAC 3701-08		Lead Screening, provision for lead risk assessment
Infant Welfare and Prenatal Clinics	ORC 3709.18		Permissive	Establishment of Clinics
School Health Services	ORC 3709.22		Permissive	

Other					
	Ohio Revised Code	Ohio Administrative Code	Federal & Other National Guidance	Mandated, Permissive, Voluntary	Notes
Local Health District Standards		OAC 3701-36-03	PHAB	Y	
Community Health Assessment	ORC 3701.981		PHAB	Y	
Annual Report	ORC 3707.47			Y	
Emergency Preparedness	ORC 3701.98	OAC 3701-36-05		Y (2)	Quality Indicators, Annual Report to ODH
Emergency Planning	ORC 3750				
Child Fatality Review	ORC 307.621 ORC 307.622	OAC 3701-67		Y (4)	
Duties related to food, inspections of public places, STD's, school screenings, Penalty	ORC 3709.22 ORC 3709.99			Permissive	HD to study disease, may provide medical supv. of school children and some free treatment. May provide for inspections of food operations, hotels, nuisances
Maternity Units	ORC 3711.10	OAC 3701-7		Y	
Family Children First Council	ORC 121.37			Y (4)	

Sanitary Plant (LHD to advise)	ORC 3707.40-.46			Y	Municipalities can create solid waste or sanitary sewage plants.
Municipality can authorize LHD to collect waste, establish solid waste facility	ORC 3707.39			Permissive	
Air Pollution	ORC 3709.085			Permissive	LHD may contract with city and provide enforcement under Chapter 3704 or abatement of air pollution
Inspections of county institutions (homes, jails, inmates, etc.)	ORC 3709.26			Permissive	

Notes: Provisions impacting the Board of Health include those specifically mentioning health district or political subdivision. For some programs, the law specifies the LHD duties but there is no state authority to approve or disapprove program. In all instances where City Health Departments are specifically listed, the City LHD is to follow those. In cases where City LHD's are not specified; (1) if the city is a statutory city, they would fall under the same laws and provisions of those that general health districts do, (2) if the city is a charter city, they are delineated only in sections where City LHD's are specified and/or in cases of program specific regulations are being upheld/ enforced.

(1) No except by Contract
(2) ODH or OEPA Survey/Subsidy dependent
(3) By local Rule Only
(4) Mandated to County Commissioners



ORIENTATION GUIDE

FOR NEW BOARD OF HEALTH MEMBERS

Updated 3/5/19

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Welcome to the Board of Health

Being on the Board of Health is a unique opportunity to express community volunteerism. The Board oversees a governmental agency that has as its mission to improve the health and well-being of the people of Galion. We look forward to your ideas, input and energy.

The Mission, Vision, and Values/ Guiding Principles of GCHD

Mission Statement

To Promote, Improve and Protect the Health and Well-Being of the Community We Serve

Vision Statement

Inspire and Engage the Community We Serve to be Optimally Healthy

Values/ Guiding Principles

The Board, staff, and administration created the Values/ Guiding Principles of the Galion City Health Department. Every organization should be guided by a set of values. An organization's values are designed to provide an underlying framework and guideposts for activities and decision making (these are part of the organization's culture).

WE CARE

Work Together: Collaborating with stakeholders to build strong collaborative relationships that increase innovation.

Excellence: Striving for excellence through practical, data-driven, evidence-based decision making.

Customer Focused: Treating our diverse external and internal customers with respect while addressing their individual needs and concerns. We strive to maintain effective customer relations.

Accountability: Understanding that we are accountable for the health and safety of the community. We are also responsible for providing quality programming and services, fiscal integrity, and upholding the public's trust.

Respect: Providing respect by showing value equity, diversity, and inclusion of all.

Ensure: Ensuring that the community knows that our first priority is their health and wellbeing.

General Information

Board of Health (BOH) Meetings Locations/ Dates/ Times

Location

Galion City Health Department (Address):

113 Harding Way East

Galion OH 44833

419-468-1075

www.galionhealth.org

Dates/ Times

BOH meetings are held on the second Tuesday of each month, 5:00 p.m. unless otherwise notified.

BlueSky

Board meeting agenda and materials are available through software-as-a-service website:

https://galionhealthorg.blueskymeeting.com/meeting_groups/225

Prior to your first Board of Health meeting you will receive an email with information regarding your access to the BlueSky system. This is where all your BOH meeting materials will be accessed. The system will also send you notices of BOH meetings scheduled.

Contact Information

Board members must ensure that the Health Commissioner has all their most current contact information. This will be requested regularly but should be provided as often as necessary. This information is required to be provided to the Ohio Department of Health (ODH).

Mentors

Health Commissioner- The Health Commissioner is your regular line of communication regarding departmental operations. You can contact the Health Commissioner with any questions you may have on a regular basis. The Health Commissioner can answer questions and/or point you in the right direction.

BOH Mentor- At your first BOH meeting you will have the opportunity to be matched with a BOH mentor, this is another BOH member that can help walk you through the processes and procedures of the Board as well as be there to help answer any questions you may have.

Staff Mentor- You have the opportunity to request a staff mentor, this is a member of the staff that can help walk you through the program areas within the health department as well as be there to help answer any questions you may have or direct you to who or where to find the answer.

History of the Galion Board of Health

The Galion Board of Health has been in operation since the late 1860's. It began first as the Galion Board of Sanitation with some remarkable entries such as orders to "clean privies." The Galion Board of Health has seen the Spanish Flu epidemic of 1918, two world wars, H1N1 Flu epidemic of 2009-12, Ebola, and the introduction of antibiotics and vaccines. The average of death in 1911 was about 55 years of age. In 2018, it was about 76. Most of that increase in life-expectancy is attributable to vaccine-preventable diseases, especially for children. Epidemics of diseases such as measles, whooping cough (pertussis), and diphtheria are unheard of in Galion. Outbreaks of Typhoid Fever (salmonella) and other food-borne illness are likewise rare.

The Future Challenges of Galion Board of Health

While the infectious disease challenges of a hundred years ago would recur if sanitation and vaccination were unavailable, the task of the Board of Health nowadays is to prevent early death and disability from all causes (including environmental causes). From underweight births to smoking and other drugs of abuse, car safety, unsafe housing and heart disease, stroke and cancer all represent significant challenges as the Board tries to understand causes and proposes policies and programs to prioritize problems and address them. The small staff of Galion City Health Department can accomplish the goals of the Board only in relation to the Board's insistence on focused goal-setting, continuing education and quality assurance, wise use of resources and collaboration with all identified participants.

The Responsibility of the Galion Board of Health

The Galion Board of Health is responsible for determining the mission, vision and strategic plan of the Galion Health Department. The mission, vision and strategic plan are the Mission Policy. The Mission Policy is always (as it should be) under review. The Mission Policy as outlined by the Public Health Accreditation Board (PHAB - <http://www.phaboard.org/>) is to be informed by a community health assessment (CHA) and a community health improvement plan (CHIP). Following the strategic plan, the work of the health department is delegated to the health commissioner. The work of the health commissioner is evaluated based on his/her adherence to specific goals determined by the board.

Board of Health Basics

The board is responsible for determining the strategic direction of the health department. The Galion Board of Health as the governing entity must adhere to applicable laws pertaining to public notice of meetings, freedom of information and state and local laws governing finance, employment and safety. It is responsible for developing policy, coordination with the City of Galion and Crawford County, as well as with state of Ohio health strategies. The board must make the necessary relations with other health entities and others that are impacted by its decisions. It must pass ordinances and resolutions that clearly have a beneficial influence on health. It must adjudicate policy infractions fairly and publicly.

The board must determine financial, staffing and facility quality levels that are required to accomplish its goals. It is responsible for hiring and evaluating its employees. The Health Commissioner is its direct report with whom many tasks are delegated.

Public Health Accreditation

The state of Ohio, as administered by the Ohio Department of Health, is ultimately responsible for the performance of local health departments. The state has expressed interest in possible reform of public health delivery at the local level. While there is benefit in consolidating health departments, the state has made no explicit plans. It has expressed its desire for each existing local health department to demonstrate its value. In a general sense, one of the ways to express value is to evaluate the quality of a product and its cost compared to other similar products. For public health, the state has determined that public health accreditation is a measure of at least quality processes in the practice of public health. The state has agreed to accept the Public Health Accreditation Board (PHAB see: <http://www.phaboard.org/>) as an acceptable third-party opinion on the quality of processes for Ohio's local health departments. To quote PHAB: **Public health department accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.**

Galion City Health Department is working to meet the requirements for accreditation set forth in ORC 3701.13. Specifically, *"As a condition precedent to receiving funding from the department of health, the director of health may require general or city health districts to apply for accreditation by July 1, 2018, and be accredited by July 1, 2020, by an accreditation body approved by the director."* In February of 2018, the GCHD submitted its formal application to the Public Health Accreditation Board.

PHAB Online Orientation

To learn more about the accreditation process Board members are recommended to complete the PHAB online orientation. The PHAB Online Orientation is explained on PHAB's website (<http://www.phaboard.org/education-center/phab-online-orientation/>), towards the bottom of the page it has a link to go to the Online Accreditation Orientation; that link will take you here (<https://www.cecentral.com/phab>). There are 4 modules and in order to get credit for completion you must take the evaluation (the one for all other participants). There are tests after each module.

Introduction to Public Health

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

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

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

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

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

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

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



Ohio Local Health Departments

(Source: Ohio Department of Health [ODH],
<https://www.odh.ohio.gov/localhealthdistricts/lhdmain.aspx>)

The public health system in Ohio is comprised of the Ohio Department of Health, [114 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](#) (specific to county departments). 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 promote health by preventing and controlling disease, injury and disability. Services that a local health department provides may include immunization clinics, well-baby visits, pre-natal, health screenings, dental, health promotion activities, disease surveillance and other services and programs. Local health departments work to implement core environmental health programs such as food and water safety, pool and campground inspections, and environmental programs to prevent smoking, lead exposure, and asthma.

Local Health Departments are governed by [Chapter 3709](#) of the Ohio Revised Code (ORC) and [Chapter 3701-36](#) of the Ohio Administrative Code (OAC).



20th Century Public Health Achievements

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

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

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



- **Vaccination to reduce epidemic diseases**
 - At the beginning of the 20th century, infectious diseases such as smallpox, measles, diphtheria, and pertussis were widely prevalent. Since there were few effective measures available, death tolls were high. Both the development and promotion of vaccinations against preventable diseases has resulted in dramatic declines in morbidity and mortality and even results in the eradication of smallpox.
- **Improved motor vehicle safety**
 - Since 1925, there has been a 90% decrease in the annual death rate due to motor vehicle travel. This is particularly impressive given the number of motor vehicles, drivers, and miles traveled in motor vehicles have all increased dramatically since 1925. Some of the biggest interventions include regulations developed and enforced regarding safety belts, alcohol-impaired drivers, young drivers, pedestrians, and child safety and booster seats.
- **Safer workplaces**
 - Data from CDC's National Institute for Occupational Safety and Health (NIOSH) National Traumatic Occupational Fatalities (NTOF) surveillance system indicate that the annual number of work-related deaths decreased 28% from 1980 to 1995 with a 43% decrease in occupational injuries during the same time.
- **Control of infectious diseases**
 - The leading causes of death in 1900 were pneumonia, tuberculosis (TB), and diarrhea and enteritis whereas in 1997, 4.5% of deaths were attributable to pneumonia, influenza, and HIV infection. Sanitation and hygiene, vaccination, and antibiotics are among the control measures responsible for this marked decrease.
- **Decline in death from cardiovascular disease**
 - While deaths due to infectious death have gone down dramatically, heart disease has been the leading cause of death for most of the 20th century. Since 1950, age-adjusted death rates from cardiovascular disease have been cut by more than half. Some of the key public health factors

contributing to this decline include the decline in tobacco use, changes in the U.S. diet, and better early detection and treatment of those at risk of cardiovascular disease (e.g. individuals with hypertension, high cholesterol)

- **Food Safety**

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

- **Improvements in maternal and child health**

- Childbirth use to come with great risk to many mothers and infants. Over the span of the century, the infant mortality rate declined more than 90% and the maternal mortality rate declined almost 99%. Improvements in nutrition, standards of living, access to health care, and surveillance and monitoring of disease contributed to reducing risks to mothers and infants.

- **Family planning**

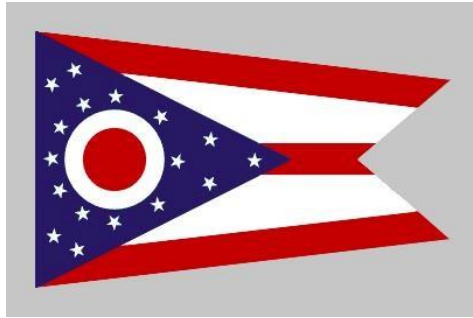
- Better family planning interventions have resulted in longer intervals between births and smaller family sizes, both of which have been associated with improved maternal and child health outcomes.

- **Fluoridation of drinking water**

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

- **Reductions in prevalence of tobacco use**

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



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.
- 1869** Galion City Health Department Formed
- 1886** State Board of Health organized.
- 1888** Law passed requiring all cities and villages of 500 or more to have a Board of Health: 306 were formed.
- 1893** Law amended to require all cities and villages to have Boards of Health and health officer: 715 formed.
- 1893** Township trustees were designated as the Board of Health for each township. 1902 Townships were required to appoint a Health Officer.
- 1917** State Board of Health abolished and replaced by Commissioner of Health and a four-member Public Health Council.
- 1918** 2,158 separate health departments in Ohio.
- 1919** Hughes Act passed – This important legislation established:
- Municipal Health Districts – Cities over 25,000
 - General Health Districts – In each county
 - Grandfathered cities between 10,000 and 25,000 approved by state health department became municipal health districts

- All districts to have full-time health commissioner, nurse and clerk appointed from civil service list

1919 Griswold Amendment to Hughes Act allowed for:

- Municipal Health Districts – Any city over 5,000 population • Part time health commissioner, nurse and clerk
- Civil Service requirements dropped.

1931 Griswold Amendment allowed either the municipal or general health district to take the lead in a combined district.

1951 Wheeler Act: Public health levy ability for a general health district.

1953 Cities allowed to contract with general health districts for services.

1959 Combined districts permitted to have more than five-member board.

1963 Director of Health to be appointed by Governor with concurrent terms.

1967 Permit local municipality or Boards of Health to contract for single services. Placed all employees of General Health Districts under State Civil Service.

1981 Public Health Council given authority to adopt Performance Standards for local public health and to base state subsidy (.32 cents per capita) on compliance to standards.

1990 General Health District commissioner can be licensed physician, licensed dentist, a licensed veterinarian, licensed podiatrist, licensed chiropractor, or the holder of a master's degree in public health or an equivalent master's degree in a related health field as determined by the members of the board of health in a general health district.

2008 The board of health of a city or general health district may, by rule, establish a uniform system of fees to pay the costs of any services provided by the board.

2013 As a condition precedent to receiving funding from the department of health, the director of health may require general or city health districts to apply for accreditation by July 1, 2018 and be accredited by July 1, 2020 by an accreditation body approved by the director (<http://codes.ohio.gov/orc/3701.13>).

2014 Requirement for annual completion of two hours of continuing education by each member of a board of health. Each continuing education credit shall pertain to one or more of the following topics: ethics, public health principles, and a member's responsibilities (<http://codes.ohio.gov/oac/3701-36-03>).

Select Ohio Revised Code (ORC)

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

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

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

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

3709.01 Health districts.

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

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

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

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

Effective Date: 12-11-1967.

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

(A) In each general health district there shall be a board of health consisting of five members to be appointed as provided in section 3709.03 and 3709.41 of the Revised Code. The term of office of the members shall be five years from the date of appointment, except that of those first appointed one shall serve for five years, one for four years, one for three years, one for two years, and one for one year, and thereafter one shall be appointed each year. This paragraph does not apply to a combined board of health created under section 3709.07 of the Revised Code.

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

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

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

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

Effective Date: 11-21-2001.

3709.20 Orders and regulations of board of city health district - hearing referees or examiners.

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

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

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

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

Effective Date: 08-06-1976

3709.21 Orders and regulations of board of general health district.

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

Amended by 129th General Assembly File No.28, HB 153, §101.01, eff. 9/29/2011.
Effective Date: 10-01-1953

3709.21 Duties of board of city or general health district.

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

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

Effective Date: 10-01-1953.

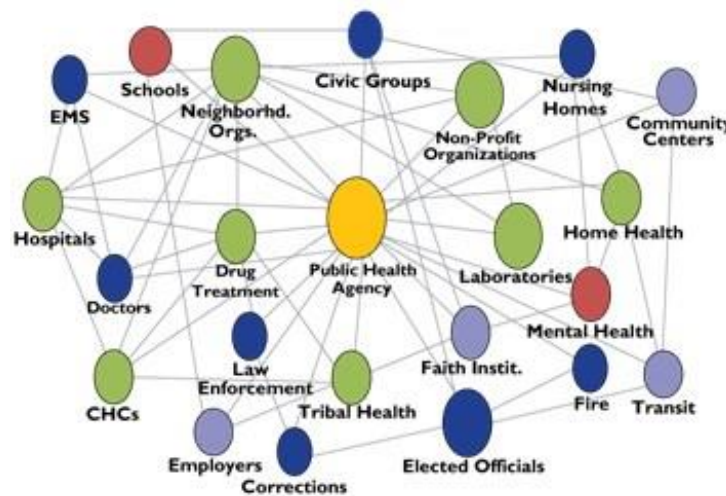


The Public Health System and the Ten Essential Public Health Services

The Public Health System

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

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



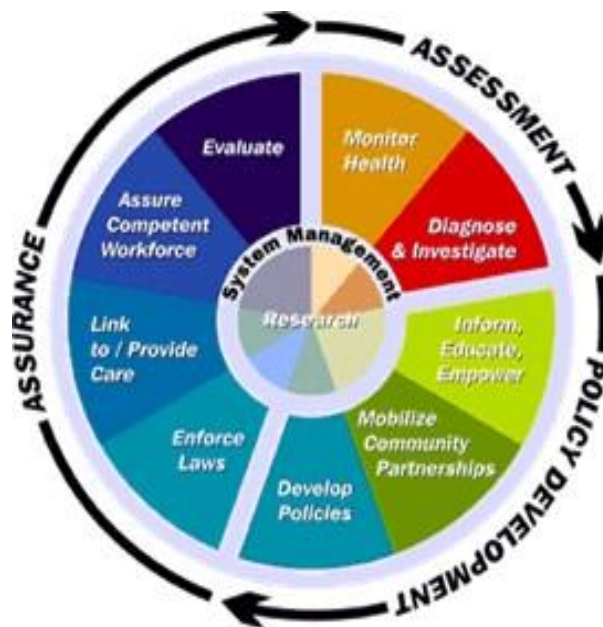
The Public Health System

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

The 10 Essential Public Health Services¹

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

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



The 10 Essential Public Health Services

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

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

Roles and Responsibilities of the Board of Health

What is a Board of Health?

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

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

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

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

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

Board of Health Action Examples

Policy Decisions

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

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

Appointment of Key Health Department Staff

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

Review of Operational Data

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

Approval of Health Department Programs

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

Approval of the Budget

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

Accreditation through PHAB

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

TO~DO list for Board of Health Members

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

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

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

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

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

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

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

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

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

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

Work on levy passage (if applicable) 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.

Responsibilities of Board Members

Specific expectations of board of health members:

Assess

- Educate yourself on the city of Galion and its public health status. As a city resident, you are in an excellent position to know Galion's problems and needs.
- Educate yourself on the Galion Board of Health and Galion City Health Department's history, goals, achievements, and current situation.

Develop Policy

- Review statutes, administrative rules and local policies.
- Attend board meetings regularly and promptly.
- Review all meeting materials in advance of meeting.
- Do assigned work between meetings.
- Participate fully in open, constructive dialogue regarding local public health both in and out of meetings.
- Ask critical questions; seek clarity and implications of decisions before voting.
- Function as a policy-maker not as an administrator.
- Link the community and the Galion City Health Department.
- Represent a broad cross-section of the community to the board.
- Represent public health to the community.
- Speak for the board only when delegated to do so.
- Actively participate in political activities at local, state, and national level concerning local public health.

Assure

- Keep decision-making at the primary and secondary policy levels.
- Stand behind decisions of the board and its health commissioner.
- Inform the community of public health financial backing.
- Anticipate trends likely to affect the local health department.

Who is Responsible

The Galion Board of Health is directly responsible for the performance of the Galion City Health Department.

AREA	BOARD	HEALTH COMMISSIONER
Long Term Goals (More than 1 yr)	Approves	Recommends and provides input
Short Term Goals (Less than 1 yr)	Monitors	Establishes and carries out
Day to Day Operations	No Role	Makes all management decisions
Budget	Approves	Develops and recommends
Capital Purchases	Approves	Prepares requests
Decisions on Building, Renovations, Leasing, Expansion	Makes Decisions and Assumes Responsibility	Recommends (could sign contracts if given authority)
Supply Purchases	Establishes Policies and Budgets	Purchases according to policy and maintains adequate audit trail
Major Repairs	Approves	Obtains estimates and prepares Recommendations
Minor Repairs	Establish Policy on Dollar Amount	Authorizes repairs up to prearranged amount
Emergency Repairs	Work with Health Commissioner	Notifies chairperson and acts with concurrence from the chair
Cleaning/Maintenance	Oversight only	Sets up schedule
Fees	Adopts Policy	Develops fee schedule
Billing, Credit, Collection	Adopts Policy	Proposes policy and implements
Hiring Staff	No Role (Approves new positions)	Approves all hiring
Staff Development and Assignment	No Role	Establishes
Firing Staff	No Role	Makes termination decisions
Staff Grievances	No Role	Grievances stop with Health Commissioner
Personnel Policies	Adopts Policies	Recommends and administers
Staff Salaries	Allocates Line Item in Budget	Approves salaries with recommendations from supervisory staff
Staff Evaluations	Evaluates Health Commissioner Only	Evaluates other staff

A Health Commissioner Expects A Board Will:

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

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A Board Expects Its Health Commissioner Will:

1. Serve as Chief Executive Officer of the agency.
2. Advise the Board on issues under discussion.
3. Develop and recommend policies for consideration.
4. Effectively implement Board policies.
5. Keep the Board informed fully and accurately on activities of the agency.
6. Make professional recommendations on all problems and issues being considered by the Board.
7. Develop the agency budget with the finance committee and keep the Board advised of budget problems.
8. Recruit and retain the most competent personnel and supervise accordingly.
9. Devote time to professional development for the staff and Health Commissioner.

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Fiscal Management

Galion City Health Department is funded through a combination of fees for services (such as licensing, immunizations, grants, official documents, school health services contracts, and other service contracts) and city of Galion general funds. The revenue of Galion City Health is received by the city's general fund. Annually, anticipated costs for the coming year are reflected in the health department's budget. It is anticipated that major budget items for the coming year be developed by August and finalized by October of each year. Generally, the overall cost of the annual operation of the health department is about \$650,000. Of that amount, the city contributes approx. 40% (although that percentage ranges dependent on the year). The five major categories of municipal budgets are personal (salaries), benefits, capital, contractual, and materials and supplies. The largest single category of expense is personal, followed by benefits.

The Board of Health is required by law to approve retrospectively each month's expenses, labeled "monthly bills."

Board Evaluation

Boards need to rate their own performance. Did the board set a long-range work plan? How well did it do in accomplishing its objectives? What did the board do that was not listed as a target? What remains to be done? What is the new work plan?

Boards should also assess the meeting evaluations from the past year. What are common problems? Where has improvement been made? What goals should be set for next year?

Board members need to address this question; each board must find its own answer. Individually, members should ask themselves certain simple, but searching, questions about their continued involvement:

1. Am I still interested?
2. Do I participate actively and responsibly in board matters?
3. Do I attend the regularly scheduled board meetings?
4. Do I have confidence in the board, the administrator, and the health department staff?
5. Is my service on the board at least as satisfying and rewarding as any other service to which I might devote similar time and effort?

Health Commissioner/Medical Director Evaluation

The Galion Board of Health intends to annually evaluate the work of its health commissioner and/or medical director. Currently the two positions are combined.

The health commissioner's job is to make the board's policies come to life. Therefore, evaluating the health commissioner is also evaluating the Galion City Health Department. The Galion Board of Health hires the health commissioner to run the health department and to achieve its public health goals. While the board should be clear about what results it wants to see in the community, it should not direct the health commissioner in day-to-day management of the health department.

Performance-based evaluation is an excellent way for boards to evaluate a health commissioner and to evaluate themselves. Such evaluations allow individuals and organizations to see how well responsibilities are being fulfilled. The board could look at statements in the job description and indicate how the health commissioner fulfills that expectation. It is unfair to judge or rate a health commissioner on things that are not included in his or her job description. Additionally, the board needs to state clearly its standard of performance for each evaluation item. A review of this type may reveal that job descriptions need to be created or updated.

Compare the health commissioner job description and any work plans to his or her accomplishments. Stick to the direct evidence and be clear about what is to be evaluated. If the board, in the absence of policy prohibiting such activities, disapproves of certain methods used to complete a task, the board has identified a policy need, not a health commissioner failing. Boards must look at outcomes of staff work, not at how staff does its work. Standardized forms are appropriate for most evaluation situations but may be inadequate or inappropriate for a board's evaluation of its health commissioner. Standard

forms must be general enough to apply to many positions, so they may omit important or specific aspects of more complex positions.

Several things are important to stress in evaluation:

- The evaluation must correlate to the actual job.
- Schedule the evaluation activities into the board agenda over the year.
- Summarize the evaluation in writing and provide an opportunity for the commissioner to record his or her comments.
- Stick to job performance, not personal characteristics.

Responsibilities of a president or chairperson of a board of health:

- Chair all meetings.
- Facilitate discussion and decision making.
- Work with health commissioner to set agenda for meetings.
- Counsel and consult with the health commissioner.
- Speak for the board as delegated by the board.
- Represent the board to other groups.
- Consult with board members who are not fulfilling their responsibilities or who are violating law, policy, or practice.
- Initiate annual evaluation of the health commissioner.
- Initiate annual evaluation of the board.

The president or chairperson of the board must exhibit leadership ability and provide direction to the health commissioner and the health department staff. The president of the Galion Board of Health is the mayor of the City of Galion. The board also has a president *pro tempore* and a Vice- President.

Tips on Being a Good Board Member

Here are ten tips on being a Galion Board of Health Member

1. Get to know the Galion City Health Department
2. Know your responsibilities as a board of health member
3. Avoid conflict of interest
4. Support the board's final decisions
5. Maintain confidentiality
6. Don't get on too many boards
7. Be open minded
8. Learn how municipal budgeting and finance are practiced
9. Be prepared to participate in board discussions
10. Be prepared to obtain board-specific training

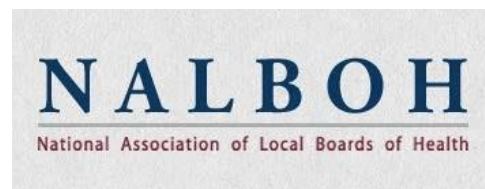
Reference: <http://communitysector.nl.ca/voluntary-sector-resources/board-development/ten-tips-becoming-more-effective-board-member>

Resources

NALBOH

The National Association of Local Boards of Health (NALBOH)

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



Websites – Select Resource List

Public Health ~ Galion

Galion City Health Department Website	http://galionhealth.org/
Galion City Board of Health Meeting Materials	https://galionhealthorg.blueskymeeting.com/meeting_groups/225

Public Health ~ Ohio

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

Public Health ~ National

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

Federal Agencies

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

WHAT IS PUBLIC HEALTH?

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

—CEA Winslow, 1920

Attachments

Attachment 1: Public Health Futures Report

Attachment 2: How a Bill Becomes a Law

Attachment 3: Ohio Sunshine Laws FAQ's

Attachment 4: Ohio Sunshine Laws Manual

RESOLUTION #2015-141

A RESOLUTION TO DEFINE THE COMPOSITION OF THE GALION CITY HEALTH DEPARTMENT BOARD OF HEALTH

WHEREAS, Ohio Revised Code 3709.05 (ORC 3709.05) has been updated [Effective 9/29/2015]; and

WHEREAS, ORC 3709.05 now states that “(A) Unless an administration of public health different from that specifically provided in this section is established and maintained under authority of its charter, or unless a combined city health district is formed under section 3709.051 of the Revised Code, the legislative authority of each city constituting a city health district shall establish a board of health. The board of health shall be composed of five members appointed by the mayor and confirmed by the legislative authority, unless the board of health has established a health district licensing council under section 3709.41 of the Revised Code, in which case, the mayor shall appoint four members of the board of health, confirmed by the legislative authority, and the health district licensing council shall appoint one member of the board of health.”; and

WHEREAS, the Board of Health has not established a health district licensing council under ORC 3709.41; and

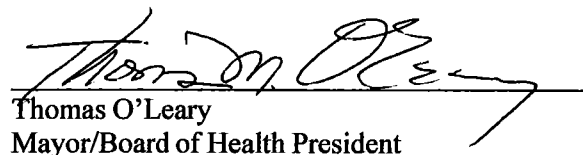
WHEREAS, the Board of Health members are appointed by the Mayor and confirmed by the legislative authority, per section 3709.05 of the Ohio Revised Code.

NOW, THEREFORE, BE IT RESOLVED that the Galion City Board of Health will be composed of five members appointed by the Mayor and confirmed by the legislative authority.

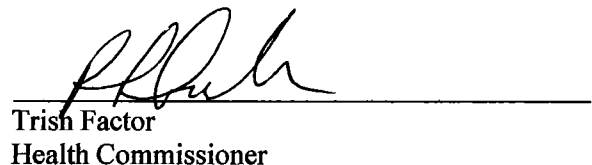
Be it further resolved that the Board of Health will not establish a health district licensing council as presented in ORC 3709.41.

Be it further resolved that the Board of Health will abide by all sections ORC 3709.05.

Adopted by the Galion City Board of Health this 23rd day of September, 2015.



Thomas O'Leary
Mayor/Board of Health President



Trish Factor
Health Commissioner

Principles of the Ethical Practice of Public Health



Public Health Leadership Society

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**PUBLIC HEALTH
LEADERSHIP SOCIETY**



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Principles of the Ethical Practice of Public Health Version 2.2

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Preamble

This code of ethics states key principles of the ethical practice of public health. An accompanying statement lists the key values and beliefs inherent to a public health perspective upon which the Ethical Principles are based. Public health is understood within these principles as what we, as a society, do collectively to assure the conditions for people to be healthy. We affirm the World Health Organization's understanding of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.¹

The Code is neither a new nor an exhaustive system of health ethics. Rather, it highlights the ethical principles that follow from the distinctive characteristics of public health. A key belief worth highlighting, and which underlies several of the Ethical Principles, is the interdependence of people. This interdependence is the essence of community. Public health not only seeks to assure the health of whole communities but also recognizes that the health of individuals is tied to their life in the community.

The Code is intended principally for public and other institutions in the United States that have an explicit public health mission. Institutions and individuals that are outside of traditional public health, but recognize the effects of their work on the health of the community, may also find the Code relevant and useful.

¹ From *The Future of Public Health*, Institute of Medicine, 1988.



Values and Beliefs Underlying the Code

The following values and beliefs are key assumptions inherent to a public health perspective. They underlie the 12 Principles of the Ethical Practice of Public Health.

Health

1. *Humans have a right to the resources necessary for health.* The Public Health Code of Ethics affirms Article 25 of the Universal Declaration of Human Rights, which states in part “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family...”

Community

2. *Humans are inherently social and interdependent.* Humans look to each other for companionship in friendships, families, and community; and rely upon one another for safety and survival. Positive relationships among individuals and positive collaborations among institutions are signs of a healthy community. The rightful concern for the physical individuality of humans and one’s right to make decisions for oneself must be balanced against the fact that each person’s actions affect other people.
3. *The effectiveness of institutions depends heavily on the public’s trust.* Factors that contribute to trust in an institution include the following actions on the part of the institution: communication; truth telling; transparency (i.e., not concealing information); accountability; reliability; and reciprocity. One critical form of reciprocity and communication is listening to as well as speaking with the community.
4. *Collaboration is a key element to public health.* The public health infrastructure of a society is composed of a wide variety of agencies and professional disciplines. To be effective, they must work together well. Moreover, new collaborations will be needed to rise to new public health challenges.
5. *People and their physical environment are interdependent.* People depend upon the resources of their natural and constructed environments for life itself. A damaged or unbalanced natural environment, and a constructed environment of poor design or in poor condition, will have an adverse effect on the health of people. Conversely, people can have a profound effect on their natural environment through consumption of resources and generation of waste.
6. *Each person in a community should have an opportunity to contribute to public discourse.* Contributions to discourse may occur through a direct or a representative system of government. In the process of developing and evaluating policy, it is important to discern whether all who would like to contribute to the discussion have an opportunity to do so, even though expressing a concern does not mean that it will necessarily be addressed in the final policy.

Values and Beliefs Underlying the Code

7. *Identifying and promoting the fundamental requirements for health in a community are of primary concern to public health.* The way in which a society is structured is reflected in the health of a community. The primary concern of public health is with these underlying structural aspects. While some important public health programs are curative in nature, the field as a whole must never lose sight of underlying causes and prevention. Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than more proximal causes is more truly preventive.

Bases for Action

8. *Knowledge is important and powerful.* We are to seek to improve our understanding of health and the means of protecting it through research and the accumulation of knowledge. Once obtained, there is a moral obligation in some instances to share what is known. For example, active and informed participation in policy-making processes requires access to relevant information. In other instances, such as information provided in confidence, there is an obligation to protect information.
9. *Science is the basis for much of our public health knowledge.* The scientific method provides a relatively objective means of identifying the factors necessary for health in a population, and for evaluating policies and programs to protect and promote health. The full range of scientific tools, including both quantitative and qualitative methods, and collaboration among the sciences is needed.
10. *People are responsible to act on the basis of what they know.* Knowledge is not morally neutral and often demands action. Moreover, information is not to be gathered for idle interest. Public health should seek to translate available information into timely action. Often, the action required is research to fill in the gaps of what we don't know.
11. *Action is not based on information alone.* In many instances, action is required in the absence of all the information one would like. In other instances, policies are demanded by the fundamental value and dignity of each human being, even if implementing them is not calculated to be optimally efficient or cost-beneficial. In both of these situations, values inform the application of information or the action in the absence of information.



Principles of the Ethical Practice of Public Health

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.



Rationale for a Public Health Code of Ethics

The mandate to assure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well being of others and it implies the possession of an element of power in order to carry out the mandate. The need to exercise power to ensure health and at the same time to avoid the potential abuses of power are at the crux of public health ethics.

Until recently, the ethical nature of public health has been implicitly assumed rather than explicitly stated. Increasingly, however, society is demanding explicit attention to ethics. This demand arises from: technological advances that create new possibilities, and with them, new ethical dilemmas; new challenges to health such as the advent of human immunodeficiency virus; abuses of power, such as the Tuskegee study of syphilis; and an increasingly pluralistic society in which we can no longer simply adopt the values from a single culture or religion, but we must work out our common values in the midst of diversity.

Historically, medical institutions have been more explicit about the ethical elements of their practice than have public health institutions. The concerns of public health are not fully consonant with those of medicine, however, thus we cannot simply translate the principles of medical ethics to public health. For example, in contrast to medicine, public health is concerned more with populations than with individuals, and more with prevention than with cure. Thus, the purview of public health includes those who are not presently ill, and for whom the risks and benefits of medical care are not immediately relevant.

What does a code of ethics accomplish?

A code of ethics for public health clarifies the distinctive elements of public health and the ethical principles that follow from or respond to those distinct aspects. It makes clear to populations and communities the ideals of the public health institutions that serve them. A code of ethics thus serves as a goal to guide public health institutions and practitioners and as a standard to which they can be held accountable.

Codes of ethics are typically relatively brief; they are not designed to provide a means of untangling convoluted ethical issues. That process requires deliberation and debate over the multitude of factors relevant to a particular issue. Nor does a code typically provide a means of resolving a particular dispute. It does, however, provide those in a dispute over a public health concern with a list of issues and principles that should be considered in the dispute.



Rationale for a Public Health Code of Ethics

A living document

Many public health professionals, most of them associated with the Public Health Leadership Society (PHLS), came together to initiate the process of writing the Code. Represented on the PHLS Public Health Code of Ethics Committee are public health professionals from local and state public health, public health academia, the Centers for Disease Control and Prevention (CDC), and the American Public Health Association (APHA). They were formally encouraged in this effort during a town hall meeting attended by representatives from a wide variety of public health organizations at the 2000 APHA annual meeting. A draft code was reviewed and critiqued in May 2001 by 25 public health professionals and ethicists in a CDC-funded meeting held in Kansas City. A revised version of the Code was presented for discussion at another town hall meeting at the 2001 APHA annual meeting. Prior to the meeting, the Code was published on the APHA Website and an e-mail address was provided for reactions and feedback. The present code reflects the input and discussion from all of these forums. It is now being presented to various organizations for adoption or endorsement. Even so, there are ongoing opportunities to provide feedback (see page 10 for details), and an updating of the Code is anticipated. Tools for teaching about the Code and ensuring its practical utility are currently in the making.



Notes on the Individual Ethical Principles

1. This Principle gives priority not only to prevention of disease or promotion of health, but also at the most fundamental levels. Yet the principle acknowledges that public health will also concern itself with some immediate causes and some curative roles. For example, the treatment of curable infections is important to the prevention of transmission of infection to others. The term “public health” is used here and elsewhere in the Code to represent the entire field of public health, including but not limited to government institutions and schools of public health.
2. This Principle identifies the common need in public health to weigh the concerns of both the individual and the community. There is no ethical principle that can provide a solution to this perennial tension in public health. We can highlight, however, that the interest of the community is part of the equation, and for public health it is the starting place in the equation; it is the primary interest of public health. Still, there remains the need to pay attention to the rights of individuals when exercising the police powers of public health.
3. A process for input can be direct or representative. In either case, it involves processes that work to establish a consensus. While democratic processes can be cumbersome, once a policy is established, public health institutions have the mandate to respond quickly to urgent situations. Input from the community should not end once a policy or program is implemented. There remains a need for the community to evaluate whether the institution is implementing the program as planned and whether it is having the intended effect. The ability for the public to provide this input and sense that it is being heard is critical in the development and maintenance of public trust in the institution.
4. This Principle speaks to two issues: ensuring that all in a community have a voice; and underscoring that public health has a particular interest in those members of a community that are underserved or marginalized. While a society cannot provide resources for health at a level enjoyed by the wealthy, it can ensure a decent minimum standard of resources. The Code cannot prescribe action when it comes to ensuring the health of those who are marginalized because of illegal behaviors. It can only underscore the principle of ensuring the resources necessary for health to all. Each institution must decide for itself what risks it will take to achieve that.
5. This Principle is a mandate to seek information to inform actions. The importance of information to evaluate programs is also implied.



Notes on the Individual Ethical Principles

6. This Principle is linked to the third one about democratic processes. Such processes depend upon an informed community. The information obtained by public health institutions is to be considered public property and made available to the public. This statement is also the community-level corollary of the individual-level ethical principle of informed consent. Particularly when a program has not been duly developed with evaluation, the community should be informed of the potential risks and benefits, and implementation of the program should be premised on the consent of the community (though this principle does not specify how that consent should be obtained).
7. Public health is active rather than passive, and information is not to be gathered for idle interest. Yet the ability to act is conditioned by available resources and opportunities, and by competing needs. Moreover, the ability to respond to urgent situations depends on having established a mandate to do so through the democratic processes of Ethical Principle number three.
8. Public health programs should have built into them a flexibility that anticipates diversity in those needs and perspectives having a significant impact on the effectiveness of the program. Types of diversity, such as culture and gender, were intentionally not mentioned. Any list would be arbitrary and inadequate.
9. This Principle stems from the assumptions of interdependence among people, and between people and their physical environment. It is like the ethical principle from medicine, “do no harm,” but it is worded in a positive way.
10. This statement begs the question of which information needs to be protected and what the criteria are for making the information public. The aims of this statement are modest: to state explicitly the responsibility inherent to the “possession” of information. It is the complement to Ethical Principles 6 and 7, about acting on and sharing information.
11. The criteria for professional competence would have to be specified by individual professions, such as epidemiology and health education.
12. This statement underscores the collaborative nature of public health while also stating in a positive way the need to avoid any conflicts of interest that would undermine the trust of the public or the effectiveness of a program.



Correspondence of the 12 Ethical Principles with the 10 Essential Public Health Services

Essential Public Health Services ²	Ethical Principle
1. Monitor the health status to identify community health problems	(5) collect information (7) act on information
2. Diagnose and investigate health problems and health hazards in the community	(5) collect information
3. Inform, educate, and empower people about health issues	(4) advocacy and empowerment (6) provide information
4. Mobilize community partnerships to identify and solve health problems	(12) collaboration
5. Develop policies and plans that support individual and community health efforts	(1) protect and promote health; address fundamental causes of health risks (3) processes for community input (5) collect information
6. Enforce laws and regulations that protect health and ensure safety	(2) achieve community health with respect for individual rights (3) feedback from the community (7) act upon information
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	(4) advocate for and empower; basic resources available to all (8) incorporate diversity
8. Assure a competent public health and personal health care workforce	(11) professional competence
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	(3) community feedback (5) collect information
10. Research for new insights and innovative solutions to health problems	(5) collect information
No corresponding essential public health service	(9) enhance physical and social environments (10) protect confidentiality

² Developed by the Essential Public Health Services Work Group of the Public Health Functions Steering Committee, 1994.



Contact for Further Information and Feedback

Visit **www.phls.org** for:

- Ways to provide feedback to inform ongoing development of the 12 Ethical Principles
- Information on aligning your organization's public health practice with the 12 Ethical Principles
- Permission to reprint the 12 Ethical Principles and supporting documentation
- Requests for further information about public health ethics or the Public Health Leadership Society
- Public Health Leadership Society contact information



Acknowledgements

The development and dissemination of the Principles of the Ethical Practice of Public Health is funded by a cooperative agreement between the Centers for Disease Control and Prevention and the Public Health Leadership Society (PHLS). The Center for Health Leadership & Practice, Public Health Institute is acknowledged for its role in the initial development of the Principles. PHLS also acknowledges the work of the members of the original PHLS Ethics Work Group (responsible for drafting the Code) and the current members of the PHLS standing Committee on Public Health Ethics. Specifically, PHLS acknowledges the following contributors: Elizabeth Bancroft (Centers for Disease Control and Prevention, Los Angeles County), Terry Brandenburg (West Allis Health Department), Kitty Hsu Dana (American Public Health Association), Jack Dillenberg (Arizona School of Health Sciences), Joxel Garcia (Connecticut Department of Health), Kathleen Gensheimer (Maine Department of Health), V. James Guillory (University of Health Sciences, Kansas City, MO), George Hardy (Association of State and Territorial Health Officers), Joseph Kimbrell (Louisiana Public Health Institute and National Network of Public Health Institutes), Teresa Long (Columbus, OH, Department of Health), Alan Melnick (Oregon Health and Science University, School of Medicine), Susan Myers (University of Pittsburgh), Ann Peterson (Virginia Department of Health), Michael Sage (Centers for Disease Control and Prevention), Margaret Schmelzer (Wisconsin Department of Health and Family Services), Liz Schwarte (Center for Health Leadership & Practice, Public Health Institute), James Thomas (University of North Carolina), Kathy Vincent (Alabama Health Department), and Carol Woltring (Center for Health Leadership and Practice, Public Health Institute).



