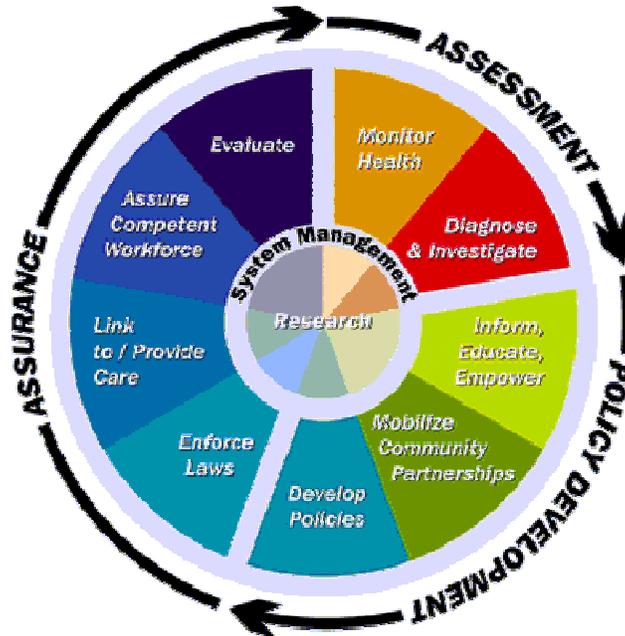


Public Health in Logan County

The mission of public health is to promote health, prevent disease and injuries, and to maintain a healthy environment. Public health operates in a continuum spanning three core functions: Assessment, Policy Development and Assurance; and ten essential services. This continuum is illustrated in the following graphic:



Why Do We Need a Local Public Health Agency?

It is important to realize that public health is population-based, focusing on populations, rather than individuals. A complex network of people and organizations working at the local, state and national levels is required to accomplish public health's comprehensive mandate.

The local health district, or local public health agency, strives to promote health and the quality of life of the community by preventing and controlling disease, injury and disability. Health Districts interact with community leaders in developing programs for their jurisdictions.

Public health goals statewide are to:

- Reduce infant mortality and improve infant health
- Reduce morbidity and mortality associated with diseases
- Reduce morbidity and mortality associated with environmental conditions
- Reduce morbidity and mortality associated with intentional / unintentional injuries
- Increase awareness and adoption of healthy behaviors

The local health district works in cooperation with the Ohio Department of Health, the Ohio Environmental Protection Agency, and other state agencies to ensure the health and safety of your community.

Public Health in Logan County

The Local Public Health Agency

Logan County Health District is a “General Health District”.

In the early 1920’s, the Ohio Legislature enacted law which divided the State into health districts. General health districts were established in each of the 88 counties along county boundaries and without regard to population. Cities with 5,000 persons or more within these general health districts were permitted to develop their own separate health jurisdictions, if they wished, and were called “city health districts”. Many larger cities (47) have formed their own health districts (e.g. Columbus, Cleveland, Cincinnati). Others have combined with general health districts to form a “combined health district” (e.g. Dayton/Montgomery County Combined Health District). Many other cities use the services of their county health district without regard to politics, boundary, or formal “combining” simply to save money. ORC 3709.01 defines authority for “general” health districts.

In effect, general health districts are “orphans”. They are not a department within the county, though they may use the county to provide certain services (e.g. payroll, employee health insurance, accounting). The Ohio Revised Code designates the county prosecutor as being responsible for providing legal services to a general health district.

In general health districts, the voters elect township trustees, county commissioners, and mayors of villages and cities. By law, the chairpersons of the township trustees, a county commissioner, and mayors of all municipalities in the health district make up the “district advisory council” or “DAC”. This council is the elected governing body for the local health district.

The DAC meets at least annually in March to appoint one or more persons to the Board of Health and to review the activities of the health district. Board members must reside within the health district and serve a five (5) year term. At least one member must be a physician. There is no limit to the number of terms a Board member may serve. Numerous court cases and attorneys general opinions disqualify certain persons from serving as Board members because of a potential conflict of interest (e.g. holders of public office).

In 2003, the Ohio legislature established the “Health District Licensing Council”. This Council is comprised of a representative from each of the programs for which the health district issues licenses, such as public pools, food service operations, mobile home parks, etc. This council then appoints one of its members to sit on the Board of Health with voting privileges for all matters except those affecting the specific program they represent.

In city health districts, the mayor is given the responsibility of appointing Board of Health members, often with advice from city council.

The Board of Health is the legislative governing body of the health district. Boards of Health must meet at least once monthly. The Ohio Revised Code currently permits appointed Board members to be reimbursed up to \$80.00 for attending Board meetings. The Board of Health is responsible for the oversight of the health district and appoints the health commissioner who must be a physician, a veterinarian, a dentist, a podiatrist, a chiropractor, or a person who

Public Health in Logan County

possesses a master's degree in public health or equivalent masters degree in a related health field as determined by the members of the Board of Health. If a non-physician is the commissioner, then a physician must serve as the medical director. Health commissioners and medical directors often serve under renewable contracts for specified terms. There is no limit on the number of years a commissioner or director may serve.

The Health Commissioner serves as the Secretary of the Board of Health and the CEO of the health district, responsible for administering the health district: developing and implementing policies and programs, and making personnel decisions.

LOGAN COUNTY HEALTH DISTRICT – CURRENT STAFF:

Vital Statistics and Administration

1. Administrator
 - a. Personnel Specialist
 - b. Vital Statistics Registrar
 - c. Receptionist/Deputy Registrar
 - d. Environmental Clerical Specialist
 - e. Public Health Clerical Specialist
 - f. Home Health Clerical/Billing Specialist
 - g. Immunization Clerk

Nursing, Clinics and Projects

1. Director of Nursing
 - a. Assistant Director of Nursing/Infectious Disease Nurse
 - b. Public Health Nurse (school health/immunizations/BCMh) (3)
 - c. Public Health Nurse (Welcome Home baby/immunizations/BCMh)
 - d. Public Health Nurse (contract for immunizations)
 - e. WIC Director
 - f. Public Health Nurse (WIC)
 - g. Public Health Nurse (WIC/immunizations/BCMh)
 - h. Home Health Supervisor
 - i. Home Health Nurse (4)
 - ii. Home Health/Public Health Nurse
 - iii. Home Health LPN
 - iv. Home Health Aide
 - v. Home Health Physical Therapist (contract)
 - vi. Home Health Occupational Therapist (contract)
 - vii. Home Health Speech Therapist (contract)
 - h. Health Educator

Environmental

1. Environmental Health Director

Public Health in Logan County

- a. Registered Sanitarian/Safety and Sanitation Coordinator
- b. Registered Sanitarian/Laboratory Supervisor
- c. Registered Sanitarian (2)
- d. Environmental Aide

Leadership Team

1. Health Commissioner
 - a. Administrator
 - b. Environmental Health Director
 - c. Director of Nursing
 - d. Emergency Preparedness Coordinator/Epidemiologist
 - e. Public Information-Development Officer/IT Manager

AUTHORITY

Boards of Health are unique in that they possess all three powers of local government: adopting regulations (legislative), carrying out and enforcing regulations (executive), and interpreting regulations (judicial).

The Ohio Legislature grants specified authority to Boards of Health to enforce sections of the Revised Code and the Administrative Code which are designed to protect the public health of the citizens of the state. It also gives authority to local Boards of Health to enact certain “local codes of option” to protect the public health of citizens of the health district. Section 3709.36 gives Boards of Health authority to “exercise all the powers and perform all the duties”. If the power is not in the statute, the Board does not have the authority to do it.

1. The Ohio Revised Code (ORC) contains laws enacted by the Legislature in the form of “Bills” which become “Law” and are written in the “Code”. Examples include the criminal code, how health districts are organized, who may be a health commissioner, when the district advisory council must meet, the requirement that restaurants must be licensed by the Board of Health, and the authority to take enforcement action against a nuisance. These laws apply to all health districts in Ohio and in theory must be enforced or adhered to in the same manner by all health districts.
2. The Ohio Administrative Code (OAC) contains rules enacted by various state councils or agencies given this authority or direction by the legislature. Health districts receive their portion of the OAC from the Ohio Public Health Council which may be thought of as a “state Board of Health”. The Council consists of persons appointed by the governor. Many health related bills passed by the legislature will contain a statement such as “and the Public Health Council shall establish rules governing...”. Examples include the rules governing how food services, manufactured home parks, camps, tattoo parlors and swimming pools may operate. A more recent example are the rules governing the enforcement of the Smoke-free workplace act which passed in November 2006.

Public Health in Logan County

LOCAL REGULATIONS

Boards of Health have legislative authority from the Ohio Revised Code to adopt certain “local regulations” to fit the needs of their particular health district.

Regulations must:

1. Be passed by the Board in a manner identical to that required to enact a municipal ordinance (undergo three (3) reading rule and be published before taking effect or through emergency declaration).
2. Not be less stringent in any manner than that already required by a state law, but may be more stringent or restrictive if local conditions can justify this.
3. Not be contrary to existing state or federal laws.
4. Have a justifiable existence or good reason for having the regulation.
5. Regulate only those entities which the legislature specifically gives Boards of Health authority to regulate.

Policy, Memos, and Letters of Opinion

All types of governmental agencies issue policies and memos. These are intended only for their own operation and are NOT legislative rules or law. The agency may indicate that the policy is due to an interpretation of a law or rule and may try to enforce this policy with the public. This practice, along with a local prosecutor’s opinion or even an attorney general’s opinion, are always subject to challenge in court.

ENFORCEMENT

Code and rule violations can be found during the course of routine inspections of licensed facilities or from a citizen’s complaint. Whether a rule is violated by a facility licensed by the Board or a citizen who is not a licensed, local health districts use the least amount of force possible to accomplish compliance, but can apply more and more “pressure” if the case remains unresolved.

The progressive enforcement process is outlined below;

Licensed Facility (e.g. restaurant, camp, etc.)

1. Friendly persuasion verbally and in writing.
2. Board order to correct.
3. Notice from Board of intent to suspend or revoke license.
4. Administrative hearing before a referee (if requested).
5. Referee makes report of findings to Board.
6. Board acts on the report or may reject it.
7. License suspended or revoked (appealable in court).
8. If a person continues to operate without a license the Board may seek injunctive relief in common pleas court.

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Ordinary Citizen (violating nuisance code, etc.)

1. Friendly persuasion verbally and in writing.
2. Order to correct by Board of Health.
3. Bellefontaine Municipal Court (fine and/or jail).
4. Injunctive relief in Common Pleas Court.
5. Board corrects violation with public funds and places the cost of the project onto the taxes of the property in question.

QUARTERS

Logan County Health District is located at 310 South Main Street in Bellefontaine.

ORC 3709.34 provides that “the board of county commissioners.....may furnish suitable quarters for any Board of Health having jurisdiction over all or a major part of the county.”

Prior to December 1998, the Revised Code prohibited Boards of Health from owning property. Boards were only permitted to rent, lease or accept quarters from the county government. Since the law change, Boards may purchase and own property and request the county commissioners to issue bonds to pay for them. Logan County Health District owns 310 South Main Street and the Logan County Commissioners hold the mortgage.

PROGRAMS/ACTIVITIES

Ohio law mandates local health districts to carry out certain functions and grants authority for them to perform other services if they wish. Many of these mandates are unfunded. The major programs and activities currently in the Logan County Health District’s action plan include:

Vital Statistics/Administrative Division

- Maintenance of all birth and death records in the county
- Issuance of copies of certified birth and death records
- Issuance of burial permits
- Maintenance of payroll records
- Fiscal record maintenance
- Maintenance of Board of Health meeting minutes
- General office functions

Nursing Division/Projects

- Public health nursing services
- Home Health nursing services
- Child Immunization clinics
- Adult Immunization clinics
- Special issue public health screenings/clinics
- Comprehensive school health nursing services
- Visiting nurse for Welcome Home baby visits

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- WIC program
- Public Health Education services
- Bureau of Children with Medical Handicaps Program (BCMh)
- Communicable Disease investigative and control services
- Some health districts in larger cities, provide prenatal clinics, sexually transmitted disease clinics, and primary medical care clinics

Environmental Division

- Food Service/Retail Food Establishment licensing and inspection
- Food vending location licensing and inspection
- Manufactured home park licensing and inspection
- Public swimming pool and spa licensing and inspection
- Resident camp licensing and inspection
- Recreational vehicle park and camp licensing and inspection
- Solid waste landfill licensing and inspection
- Landfill waste deposit monitoring
- Monitoring water quality around landfills
- Construction and Demolition waste landfill licensing and inspection
- Infectious waste facility licensing and inspection
- Home sewage system design, permitting and inspection
- Private water system location, permitting and inspection
- Nuisance investigation and enforcement services
- Animal bite investigation and enforcement services
- Environmental issue consultative services (informal opinion)
- Sewage system installer registration
- Sewage tank cleaner registration
- Solid waste haulers registration
- Public school inspection services
- Tattoo parlor and body piercing establishment licensing and inspections
- Environmental Health Education services
- Other programs being implemented in 2007:
 - Plumbing inspections (Residential and Commercial)
 - “Small flow” sewage treatment plan inspections, offering a broader range to treatment options under the new Ohio Sewage Code effective January 1, 2007
 - In-house laboratory services for drinking water testing
- Programs which may be actively pursued by other local health districts but not in Logan County:
 - Bathing beach licensing and inspection
 - Hotel/Motel inspections
 - Housing inspections

Emergency Preparedness and Planning

- The health district has dedicated personnel actively involved with emergency planning in collaboration with many county agencies and committees to ensure public health readiness.

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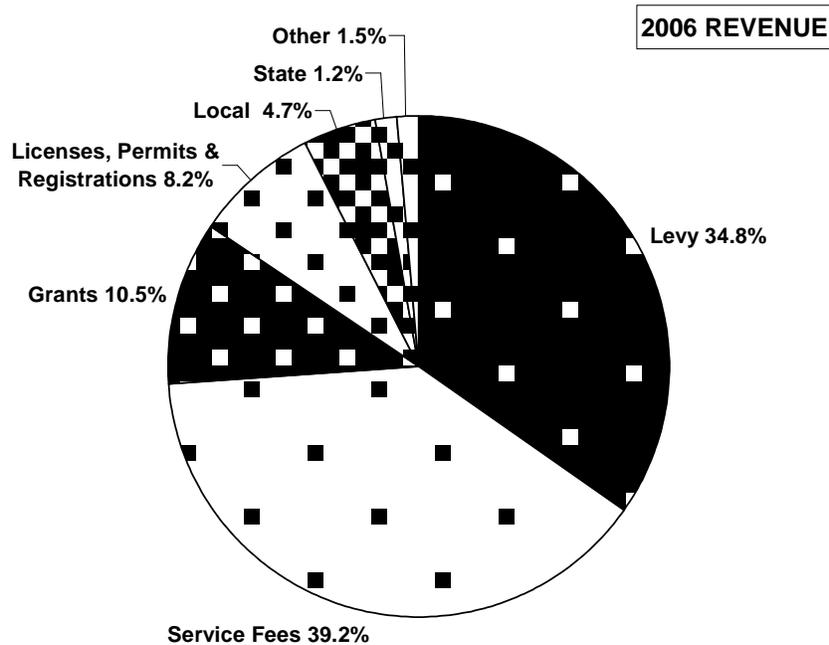
Health Education

- Currently a Health Education Committee, comprised of representatives from each division, determines the topic and level of participation in health fairs and other health education events that will be undertaken each year. A Health Education Division is being developed to expand these services in the community.

FISCAL and ADMINISTRATION

The total budget for the Logan County Health District is over 2 million dollars. A major portion (\$750,000.00) comes from a 10 year, 1 mil property tax levy which took effect January 1, 1999. Other sources of funding for the health district come from:

- Environmental licenses, permits, and registration fees
- Clinic and other service fees, including Medicare, Medicaid and private insurance reimbursements
- Federal, state, and local grants
- State subsidy (\$13,825.00)
- Community donations
- Local contract reimbursements
- BCMH reimbursements



For every dollar received in state subsidy, the Logan County Health District generates approximately \$169.00 to fund health district activities.

Funding to operate a health district as set forth in the ORC is “supposed” to follow a specific sequence:

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1. The Board of Health prepares an estimated income and spending plan (budget) for the next calendar year and submits the document to the county auditor before the first Monday of April.
2. The auditor takes the budget before the county budget commission (auditor, treasurer, and prosecutor) for review. The budget commission may accept or reject the budget as submitted, refer back for change, strike specific items, but may not add items.
3. Once the budget is approved, the auditor certifies the apportioned share each township and municipality will be accessed to meet the needs of the Board of Health.
4. In November of each year, the final budget approved by the Board of Health goes to the county commission for inclusion in the overall county plan for the following year. NO HEALTH DISTRICT FUNDING COMES FROM THE COUNTY GENERAL FUND.
5. Property taxes within the ten mil limitation, collected by the auditor, are then “withheld” from the various townships and municipalities during their settlement periods and deposited to the district health fund.
6. If there are insufficient funds available from the townships and villages then the auditor shall indicate same and request the county commission to place a supplemental health levy before the voters to make up the difference.

The reality of the situation is:

- Most townships and municipalities have very limited funds with which to operate.
- The budget commission, a very political entity, is aware of the funding problems faced by these political subdivisions.
- County, municipal and township governments are very grateful for the public health services their constituents receive.
- Logan County’s solution to fund public health services is by a levy on property tax.

The Appropriations Resolution

At the first meeting in January, the budget is reborn as the “Appropriations Resolution”, which is approved by the Board and sent to the county auditor to use as a plan or guide for how the Board will expend and receive money for that year. The document simply tells the auditor that income is expected from various identified sources and as it is received it will be delivered to the auditor who in turn will use it to pay approved bills of expense sent to him/her by the Board within the guide of the appropriations resolution

The auditor will pay the bills presented as long as they are approved by the Board, there is sufficient cash in the fund, and the appropriation (the amount specified to be spent in each category) is not exceeded.

All fiscal activity is conducted through the auditor’s office. Health districts must deposit all receipts (fees, licenses, etc) daily and any interest earned on these deposited funds is retained with the county’s funds—the health district gets no interest income on its deposited balance. Petty cash funds and the like are expressly prohibited by the ORC. Because the health district collects less than \$300,000.00 each year in federal funds, all fiscal activity conducted by the health district is reviewed by the state auditor’s office on a biennial basis at a cost of several thousand dollars per audit.