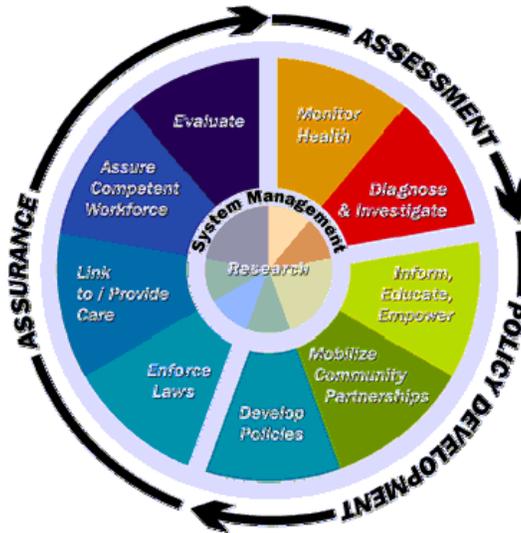




Public Health in Logan County 2018

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 as outlined in the 2017-2019 State Health Improvement Plan, focused on three (3) priority topics: 1) mental health and addiction; 2) chronic disease; and (3) infant health. The 10 priority outcomes to focus on are depression, suicide, drug

dependency/abuse, drug overdose deaths; heart disease, diabetes, child asthma, pre-term births, low birth weight, and infant mortality.

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 the community.

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, legal services, accounting). The Ohio Revised Code designates the county prosecutor as being responsible for providing legal services to a general health district.

With respect to 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 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 possessing a master's degree in public health or equivalent master's 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 STAFFING 2018

Administration and Vital Statistics

1. Administrator
 - a. Personnel Specialist
 - b. Vital Statistics Registrar/Environmental Clerical Specialist
2. IT/Project Manager
3. Assistant to the Health Commissioner
 - a. Emergency Preparedness Coordinator/PIO

Nursing and Projects

1. Director of Nursing
 - a. Public Health Nurse
 - b. WIC Director
 - Breastfeeding Peer Helper
 - c. Public Health Nurse (WIC)
 - d. Public Health Nurse (WIC)
 - e. Nursing Services Clerical Specialist/Health Education Coordinator

Environmental

1. Environmental Health Director
 - a. Registered Sanitarian/Laboratory Supervisor
 - b. Registered Sanitarian
 - c. Sanitarian-In-Training
 - d. Plumbing Inspector

Leadership Team

1. Health Commissioner
 - a. Administrator
 - b. Environmental Health Director
 - c. Director of Nursing
 - d. IT/Project Manager
 - e. Emergency Preparedness Coordinator/PIO
 - f. Assistant to the Health Commissioner

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). Since Boards of Health are the only government agency that possess all three powers, members are very careful about use of such powers.

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. More recent examples are the rules governing the enforcement of the Smoke-free workplace act which passed in November 2006, and the new sewage law of January 1, 2015.

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. Whenever a rule is violated by a facility licensed by the Board or a citizen who is not 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.

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, or authorizes another entity to correct, and places the cost of the project onto the taxes of the property in question.

In extreme cases of a situation posing "a danger to the public's health", a Health Commissioner may order a restaurant, park, etc. closed. A Health Commissioner is the only municipal authority to possess "police powers", which allow him or her to use the police to impose quarantine or

prevent flow of traffic (cars, planes, or boats) into and out of a jurisdiction. Such powers may be overridden by the Director of the Ohio Department of Health.

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 the 310 South Main Street facility 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 certified copies of birth and death records
- Issuance of burial permits
- Maintenance of payroll records
- Maintenance of personnel records
- Fiscal record maintenance
- Maintenance of Board of Health meeting minutes
- General office functions

Nursing Division/Projects

- Public health nursing services
- Child Immunization clinics
- Adult Immunization clinics
- Special issue public health screenings/clinics
- Newborn Home baby visits
- WIC program
- Public Health Education services
- Children with Medical Handicaps Program (CMH)
- Communicable Disease investigative and control services; In some cases, the line between food borne and communicable disease may blur and environmental works closely with nursing on these cases (e.g. noro virus outbreaks)

- Some health districts in larger cities provide prenatal clinics, sexually transmitted disease clinics, and primary medical care clinics; The Ohio Department of Health is pushing local health agencies not to offer services in these individual health areas

Environmental Division

- Food service/retail food establishment licensing and inspection
- Food vending location licensing and inspection
- Manufactured home park 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)
- Licensing and inspection of home sewage treatment systems
- 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
- Plumbing inspections (residential and commercial)
- 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 and neighboring-county agencies and committees to ensure public health readiness. Every employee is trained in and has a role in emergency response, including national incident command system (ICS).

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. In addition, health district employees

serve on many boards and councils. Since education (though unfunded) is a pillar of public health, when funds are available, expansion of health education is always a priority.

Accreditation

- The health district employs an Accreditation Coordinator to facilitate and maintain Public Health Accreditation, as well as to ensure enactment of the strategic plan and continuous quality improvement. The accreditation process is important to identify gaps or inefficiencies in processes, and has already been used to streamline some of these processes.

FISCAL and ADMINISTRATION

The total budget for the Logan County Health District is in excess of 1.5 million dollars. A major portion (\$600,000.00) comes from inside millage as approved by the County Budget Commission. Other sources of funding for the health district include:

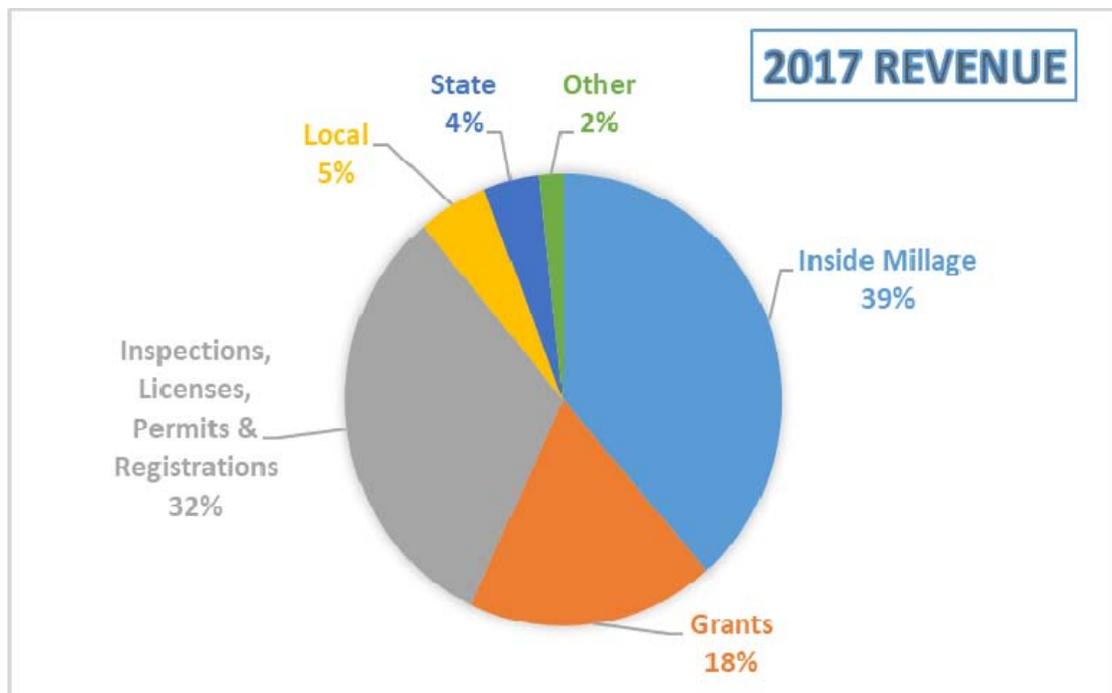
- Environmental licenses, permits, and registration fees
- Clinic and other service fees, including Medicare, Medicaid and private insurance reimbursements
- Federal, state, and local grants
- State subsidy
- Community donations
- Local contract reimbursements
- CMH reimbursements
- Medicaid Administrative Claiming (MAC)

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

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.
- For several decades, Logan County’s solution to fund public health services was by a levy on property tax. This levy failed five (5) times since 2008, and the health district has relied on funding from inside millage since 2009. Levy tax revenues were over \$800,000 in 2008, as compared to the \$600,000 revenue from inside millage in 2018.
- Although the ORC indicates “shall” in #6 above, in fact, if the health district wants to run a levy it still has to convince the Board of County Commissioners to allow such levy to be placed on the ballot.



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 what income is expected from various identified sources. As income is received it is delivered to the county treasurer, and the county auditor then uses 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 \$750,000.00 each year in federal funds, all fiscal activity conducted by the health district is reviewed by the state auditor's office (or a contractor on their behalf) on a biennial basis, at a cost of several thousand dollars per audit.

MORE ABOUT YOUR LOGAN COUNTY HEALTH DISTRICT

As is true in most of the United States, public health is underfunded and most local public health agencies struggle to keep afloat. When LCHD was better funded in 2008, it employed 39 full- and part-time employees and was involved in many more projects to promote and protect the public's health, including a very active health education division. Compare LCHD's \$600,000 in local tax support to Union County's tax support of \$1,700,000; this with the two counties having approximately similar populations.

For the past two decades, the Logan County Health District's method of operation has been to assess community needs, find a way through grants and partnerships to initiate programs to meet a specific need, and then if possible to pass that program to another organization that could take it over, allowing LCHD to look to meet other needs. Only a few examples are the infant car seat program, Catastrophic Emergency Operations Team, Medical Reserve Corps, the concussion and balance programs, and the Community Health Assessment process.