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An Overview of Ohio's Public Health System

The mission of public health professionals in Ohio is to promote health, prevent disease and injury and maintain and improve a healthy environment for the protection of people statewide. This is achieved by a delivery system outlined in the Ohio Revised Code.

- **State Department of Health** – Established by ORC Chapter 3701 consisting of a Director of Health and a Public Health Council. This section also establishes the powers and duties of each.
- **Local Boards of Health** – Established by ORC Chapter 3709 which outlines the powers of the local Boards of Health including nuisance abatement and communicable disease control.
- **Local Health Districts** – Established by ORC Chapter 3709, powers and duties of Boards of Health and Health Commissioners are outlined in ORC Chapter 3707.

Each health district is a separate political subdivision, similar to a school district, with a Board of Health appointed by the elected officials from the local governmental entities (counties, cities & townships). Each district has a Health Commissioner who reports to the Board of Health. There are general health districts (county), city health districts and combined health districts (county and city). There are currently 128 districts in Ohio.

- **General Health District Board of Health** members are appointed by a District Advisory Council made up of the president of the board of county commissioners, the chief executive of each municipal corporation not constituting a city health district and the chairman of the board of township trustees of each township in the general health district.
- **City Health District Board of Health** members are appointed by the mayor and confirmed by the city legislative authority. The mayor is president of the board by virtue of office.

Boards of Health members receive compensation for attending monthly board meetings of a predetermined amount up to \$80.00. They are not reimbursed for mileage within the county. They are not eligible for PERS.

Funding – Generally, local public health funding breaks out as follows:

- 75% Local Funding Sources (levies, inside millage and user / permit fees)
- 20% State Sources (competitive grants, pass through federal monies and per capita subsidy from the Ohio Department of Health to qualified health departments)
- 4.3% Federal Sources / Private Sources (targeted federal grant monies, golf outings, etc.)

Ohio ranks 49th in the nation for state investment in public health according to the U.S. Department of Health and Human Services. This has led to increasing pressure on local funding sources. At the same time, LHDs collect and remit millions of dollars in fees to the state each year. In calendar year 2009, local health districts collected and remitted \$17,661,019 to the state of Ohio. During that same time, state support for local implementation of mandated programs totaled \$3.6 million

Your Local Health Department – What Does It Look Like?

Health department operations are generally divided into three areas: Administration, Personal Health and Environmental Health. The number of the staff members in each area depends on the budget of the health department which typically corresponds with the size of the population it serves.

- Local health departments are under the administrative direction of a Health Commissioner (HC). The HC is hired by, and answers to, the Board of Health which serves as the governing body. The HC directs the daily operations of the local health department and supervises support staff. Additional administrative personnel include vital statistics, accounting and human resources personnel. Some larger departments may also have grant writing and legal support staff. Health departments are also required by law to employ a Medical Director if the Health Commissioner is not a physician.
- Personal health (nursing) programming is managed by a Director of Nursing, a position required by law. Personal Health staff may include physicians, nurses, dietitians, public health educators, dentists, nutritionists and support staff.
- Environmental health programming is managed by an Environmental Health Director, a position required by law. Environmental health staff includes registered sanitarians, clerical support staff and may include plumbing inspectors.
- Health departments vary in size and services. A department will typically offer various personal health services, administrative services, including vital statistic offices, and environmental services. Larger departments may also operate laboratory facilities.

Why Do We Need One?

Local health departments strive to promote health and the quality of life by preventing and controlling disease, injury and disability. Health Departments 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
- Respond effectively to all public health emergencies

Locally, the health department works in cooperation with the Ohio Department of Health, the Ohio Environmental Protection Agency, and other state agencies to insure the health and safety of your community. Local health departments work with community leaders and service providers to lead, facilitate, catalyze and collaborate on addressing community public health needs.

Examples of Personal Health Services at the Local Level

Goal: Reduce infant mortality and improve infant health:

Prenatal Care	WIC (Women, Infants and Children) Program
Family Health Planning	Nursing Case Finding, Consultation and Coordination of Care
Help Me Grow	
Maternal and Child Health Home Visits	

Goal: Reduce morbidity and mortality associated with diseases:

Immunizations - Adult (Flu, Tetanus, Travel, TB, etc.) - Pediatric (Polio, Mumps, Rubella, Diphtheria, etc.)	
Alcohol and Drug Abuse Programs	Tuberculosis Control
Smoking Cessation Programs	Sexually Transmitted Disease Programs
HIV/AIDS Testing and Counseling	Communicable Disease Investigations and Follow-up
School Nursing Programs	Bureau of Children with Medical Handicaps
Primary and Acute Medical Care	

Goal: Increase awareness and adoption of healthy behaviors:

Health Education	Promotion of Healthy Behavior / Exercise
Workplace Safety Promotion	Teen Pregnancy Programs
Senior Citizen Programs / Fall Prevention	Tobacco Use Prevention
Nutrition Education	Lead Education

Examples of Environmental Health Services at the Local Level

Goal: Reduce morbidity and mortality associated with environmental conditions:

Food service operations inspections - i.e., restaurants, vending, commissaries,
mobile food vendors, volunteer organizations, etc.)

Retail food establishment inspections – i.e., grocery stores, marinas, etc.

Mosquito control

Public swimming pool and spa inspections

Private water system permits and inspections

Private sewage system permits
and inspections

Plumbing inspections

Solid waste site inspections

Lead poisoning prevention

Hazardous and infectious waste inspection

Rabies program

Environmental Tobacco Smoke Regulations

Rat and vector control

Nuisance inspections (garbage and trash)

School building inspections

Housing and manufactured home park
inspections

Recreational sanitation in camps, marinas

**Goal: Reduce morbidity and mortality associated with incidents of intentional
and unintentional injuries:**

Safety inspections

Smoke and carbon monoxide detector programs

Child passenger safety program

Bicycle safety programs

Mortality Review

Injury Prevention Programs

Boater Safety Awareness