

## **BYLAWS OF THE PUBLIC HEALTH - DAYTON & MONTGOMERY COUNTY BOARD OF HEALTH**

**(Adopted January 3, 2007)  
(Revised July 6, 2016 and October 3, 2018)**

### **A. Mission**

The mission of Public Health – Dayton & Montgomery County (PHDMC) is to improve the quality of life in our community by achieving the goals of public health: prevention, promotion and protection.

### **B. Vision**

The vision of PHDMC is that Montgomery County is a healthy, safe and thriving community.

### **C. Guiding Principles**

The guiding principles of PHDMC are:

- **Centered on Community:**  
We focus on addressing community needs and assuring population health.
- **Committed to Health Equity:**  
We strive for all individuals to have equal opportunity for health and well-being.
- **Collaborating for Impact:**  
We know that collaboration is the best way to improve population health.
- **Operating with Accountability:**  
We are accountable to those we serve and to one another.
  
- **Based on Evidence:**  
We implement and promote strategies that are based on science and best practice.

### **D. Core Functions and Ten Essential Services**

The three core functions\* of public health include assessment, policy development, and assurance. The ten essential services\*\* present a working definition of public health and provide a guiding framework for the responsibilities of local public health systems throughout the United States as well as Montgomery County. The ten essential public health services are listed below and categorized under the appropriate core function.

### **I. Assessment:**

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

### **II. Policy Development:**

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.

### **III. Assurance:**

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure 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.

\* Institute of Medicine, Future of Public Health, 1988.

\*\* A consensus list developed by federal health agencies in partnership with major national public health organizations, adopted: Fall 1994 by the Public Health Functions Steering Committee.



### **E. Six Functions of Public Health Governance**

The National Association of Local Boards of Health, working with the Centers for Disease Control and Prevention, other partners, and experts have developed the following model of *Six Functions of Public Health Governance* consisting of policy development,

resource stewardship, legal authority, partner engagement, continuous improvement and oversight that boards that govern health departments can access their own activities:

**1. Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

**2. Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

**3. Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

**4. Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

**5. Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

**6. Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

## **F. Purpose, Duties and Authority of the Board of Health**

The overall purpose of the PHDMC Board of Health (BOH) is to promote and protect optimal health for citizens of Montgomery County. It provides oversight and direction to PHDMC in fulfilling its mission and vision statement while accomplishing the three core public health functions of assessment, policy development, and assurance. It plays an integral role in the work PHDMC conducts through their review, study, advisement and recommendations to the Health Commissioner (HC) on matters related to public health.

The objectives of the BOH are:

- Protect citizens from disease and injury;
- Monitor health status of the citizens of Montgomery County;
- Assure a safe and healthy environment for all citizens;
- Promote healthy lifestyles;
- Address the need for personal health services;
- Administer PHDMC (by hiring a HC as Chief Executive Officer).

A major role of the BOH is to adopt policies and to 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.

The powers and duties of the BOH are set out primarily in Ohio Revised Code (ORC) Chapters 3709, governing health districts, and 3707, governing boards of health. The BOH is vested with authority to provide for the health needs within PHDMC's jurisdiction.

## **G. Execution of Duties and Roles and Responsibilities of BOH**

The BOH:

- Operates not only within its legal responsibilities but also operates under the principles of good faith and ethical conduct;
- Establishes broad policy to ensure stakeholders' needs are being addressed and met;
- Reviews PHDMC's mission and vision statement, position, policies and makes recommendations for change as needed;
- Reviews operational data on the activities and outcomes of the BOH and PHDMC;
- Approves PHDMC programs to ensure their consistency with the PHDMC mission, priorities, stakeholder needs and resources;
- Approves PHDMC financial actions including the budget;
- Hires the HC and delegates to him/her the authority to carry out policies established by the BOH;

- Provides the HC with a job description;
- Evaluates the HC's performance on an annual basis or as needed;
- Acts as an advocate for the citizens it represents by appraising PHDMC's programs, services and activities;
- Approves policies related to personnel, procedures, and finances as they relate to the overall conduct of PHDMC;
- Maintains and respects confidentiality in all matters relating to the BOH and PHDMC;
- Maintains high ethical standards including sensitivity regarding conflict of interest and/or the appearance of such conflict;
- The BOH's authority comes by a majority vote of the BOH at a meeting of the BOH;
- Individual BOH members have no authority to order or direct PHDMC staff or serve any other function at PHDMC other than as a member of the BOH.

## **H. Health Commissioner**

On January 1, 1970, the Montgomery County General Health District merged with the City of Dayton Health District to form the Montgomery County Combined General Health District. The 1970 merger agreement states in part, "The Board of Health shall appoint a Health Commissioner who shall be the Chief Administrative Officer of the New Health District. The Health Commissioner shall be responsible for the organization and administration of the New Health District subject to the approval of the Board of Health of said District." The ORC states that the HC shall be the executive officer of the BOH and shall carry out all orders of the BOH and of the Department of Health. The HC shall be charged with the enforcement of all sanitary laws and regulations in the district and shall keep the public informed in regard to all matters affecting the health of the district.

To the extent permitted by law, the HC shall be responsible for all matters relating to employees of PHDMC and shall act on behalf of the BOH in all matters specifically delegated to the HC by the BOH. The HC manages and administers the day to day functions of PHDMC.

## **I. Appointments, Removals, Vacancies, and Terms of Office of BOH Members**

- 1) Composition and Appointment: The 1970 merger agreement created a nine-member BOH; members are appointed in staggered five-year terms. Currently:
  - Four members are appointed by the Dayton City Manager and approved by the Dayton City Commission
  - One physician is jointly appointed by the City of Dayton and the District Advisory Council (DAC)
  - Three members are appointed by the DAC

- One member is appointed by the Health District Licensing Council for a one-year term
- 2) Vacancies: In the event of resignation, death, or removal, the original appointing body fills the resulting vacancy.
  - 3) Term Limits: It has been the position of the BOH that members be limited to a maximum of three consecutive five-year terms or a maximum of 15 years, whichever comes first. (See Resolution #05-101). Effective with the revision of these bylaws, new members shall be limited to a maximum of two consecutive five-year terms or a maximum of 10 years, whichever comes first. However, in instances where a President's two-year term extends beyond their appointment term to the BOH, their appointing authority may choose to extend the member's appointment to the BOH for such time as to allow the member to fulfill their two-year elected term, notwithstanding the members terms will exceed the term limits set forth in this paragraph. New member appointments by the Health District Licensing Council shall continue to be for a one-year term but shall be limited to a maximum of 10 years.
  - 4) Removals: BOH members may be removed from office pursuant to ORC 3709.35, as the same may from time to time be amended.

## **J. Compensation and Travel Expenses**

Each BOH member shall receive compensation for attendance at meetings and for travel expenses pursuant to ORC 3709.02, as the same may from time to time be amended.

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

Each member shall also receive travel expenses at rates established by the Ohio Director of Budget and Management pursuant to ORC 126.31 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. It shall be the responsibility of the President or President Pro-Tempore of the BOH to authorize travel in advance and approve the reimbursement for actual and reasonable expenses incurred by members of the BOH in the performance of their duties. Travel reimbursement does not include expenses associated with meetings and committees of the BOH. These expenses are reimbursed in accordance with the ORC.

## **K. Officers**

### **Election:**

a) The elected officers of the BOH shall be the President and President-elect. These offices shall be elected at the March meeting of the BOH biennially for a two-year term, though their term as President and President-elect, respectively, may not exceed the term of the member's appointment to the BOH. Nominations may be made from the floor by members of the BOH. The President and President-elect shall take office at the next regularly scheduled meeting following their election. There is also an officer position of President Pro Tempore, which is the immediate past-president.

### **Duties:**

a) The **President** shall conduct all meetings of the BOH, sign records thereof, and perform generally all the duties performed by presidents of like bodies or commissions. The President shall have a vote on all issues and shall be, ex-officio, a member of all committees, if any, with a right to vote.

b) The **President-elect** functions as the Sergeant-at-arms, maintaining order at BOH meetings. PHDMC's General Legal Counsel functions as the Parliamentarian at BOH meetings. Should the President position become vacant, the President-elect shall become President. The BOH will then name a new President-elect to complete the term.

c) The **President Pro Tempore** shall fill in for the President in the event of absence, presiding over meetings in the absence of the President, as well as other duties as requested by the President. Should the Past-President position become vacant, it shall not be filled and the duties shall be absorbed by the President and/or President-elect.

## **L. Orientation of New Members and Continuing Education**

BOH members are expected to become knowledgeable about the duties, operations, and functions of PHDMC through reading of materials provided to members at BOH meetings, consultation with the HC and staff presentations at BOH meetings. BOH members are encouraged to participate, when available, in Ohio Department of Health and Ohio Association of Boards of Health training.

Each BOH member must complete two hours of continuing education annually. Each continuing education credit shall pertain to one or more of the following topics: ethics, public health principals, 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.



## **M. Committees**

The BOH may designate from among its members standing committees, and such other committees of the BOH as the BOH may from time to time find appropriate.

The President shall appoint members to all committees based upon the BOH member's expertise and shall appoint from among its members of the committee a chairman. No committee of the BOH shall consist of a majority of the BOH members. Membership on committees shall be for a period of one year. Attendance of BOH members at committee meetings is expected.

Minutes of all committee meetings shall be incorporated into the minutes of the regularly scheduled monthly BOH meeting. Activities of committees shall be reported to the full BOH during regular meetings.

## **N. Meetings: Notice and Procedure**

A regular meeting of the BOH shall be held at least once in each calendar month, usually on the first Wednesday of each month, and as often as is necessary for the prompt and thorough transaction of its business. At its November meeting, the BOH shall establish the day, time, and place of its regularly scheduled monthly meetings for the following year. BOH Committee meetings, if any, will also be held at regularly scheduled times.

The HC serves as Secretary of the BOH and is responsible for giving notices of the meetings. The Secretary records all meeting minutes and maintains records of all meetings as set forth in the ORC 3709.19. All meeting minutes are open for public inspection as required in ORC 121.22 ("Sunshine Law"). The Secretary is responsible for posting the meeting dates of all meetings and notifying BOH members and the public of all meetings. Notice of the monthly regular meeting shall be provided to all BOH members at least three (3) days in advance of the meeting and shall include an agenda, monthly bills and minutes of the previous meeting.

Notice of all meetings shall be given to newspapers, radio and television stations within PHDMC's jurisdiction at least 24 hours in advance of the meeting.

Special meetings may be called either by the President, or in the case of his/her absence the President Pro Tempore, or by any three members of the BOH. At least 24 hours prior notice shall be provided for each special meeting unless an emergency condition warrants meeting with shorter notification.

Meetings are open to the public except for executive sessions that may be called during a meeting to discuss those issues permitted by law provided the requisite motions with statement of purpose are passed by a roll call vote in open session.

A person may ask to speak at a BOH meeting during a specific time allocated to public comments as outlined on the meeting agenda. At its discretion, the BOH may allow a person to address the BOH and may set a time limit on individual public comments due to the number of individuals wishing to speak and/or to the amount of business to conduct at that meeting. Questions at a meeting are to be directed to the board as a whole and may not be addressed to any individual member of the board or the PHDMC staff, except by permission of the President. A disruptive person waives the right to attend a meeting and may be removed.

The BOH may adopt its own rules of procedure but shall rely on *Robert's Rules of Order* for questions of parliamentary procedure, except where they are inconsistent with these bylaws or are contrary to existing laws of the State of Ohio.

PHDMC staff personnel are authorized to read proposed resolutions; and reports of officers and committees at all meetings, subject to the request of the presiding officer. BOH members shall thereafter move and second that the BOH take certain action, as appropriate, to be followed by usual procedure for conducting business. (See Resolution #07-272)

The President-elect is responsible as Sergeant-at-arms to maintain order of the meetings and as such should have a working knowledge of the *Robert's Rules of Order*.

A quorum is a majority of BOH members. BOH members, whose position is vacant due to death, resignation, or failure to appoint, will not count for purpose of determining a quorum of the meeting. A simple majority of those members present and voting yes, if at least a quorum is in attendance, shall constitute a favorable vote. An abstention from voting shall not be counted as either an affirmative or negative vote. A BOH member who is present but abstaining from a vote shall count toward a quorum. Any BOH member may request a roll call vote.

The regular order of business shall be:

- a) Call to order
- b) Approve minutes of previous meetings.
- c) Health Commissioner/Medical Director's Report
- d) Public comment on current agenda items.
- e) Period for BOH members to abstain on current agenda items.
- f) Action items to include the following:
  - (1) Bills and Travel
  - (2) Travel requests
  - (3) Resignations, Terminations, Retirements
  - (4) Appointments
  - (5) Leaves of absence without pay
  - (6) Agenda items
  - (7) Board member comments
  - (8) Citizen's time

## (9) Adjournment

Without objection, the regular order of business may be changed by the President or upon the request of a BOH member. If there is an objection, a motion, second and vote to consider an item out of turn is in order.

## **O. Confidentiality, Conflict of Interest, and Discipline**

**Confidentiality:** Most of the work done by the BOH is public in nature. However, there may be times when information may be obtained or is discussed that are confidential in nature, e.g. specific information about employees, other board members, the HC, PHDMC, or other organizations. BOH members shall keep such information confidential. All BOH members must sign a confidentiality statement in the first quarter of each calendar year.

**Conflict of Interest:** BOH members shall avoid all conflicts of interest or the appearance of such conflicts. Most BOH members have outside business and professional interests. BOH members may not use their position on the BOH to further their outside business or employment. BOH members shall not accept any gifts, gratuities, trips, personal property, or other items of value from an outside person or organization as an inducement to do business or provide services. BOH members shall not abuse their positions by using any services, staff, equipment or property for their personal or family use.

a) A member who knowingly has a conflict of interest on any matter before the BOH shall declare such conflict of interest prior to any discussion of the matter and shall refrain from any participation in discussion, debate or voting on such matter.

b) A member who believes he/she may have a potential conflict of interest on any matter before the BOH shall declare such potential conflict of interest and request a determination by the BOH, whereupon the remaining members shall determine by roll call vote, whether a conflict of interest exists.

c) Any member who has reason to believe that another member has a potential conflict of interest shall state the potential conflict of interest and request a determination by the BOH, whereupon the BOH shall determine, by roll call vote, whether a conflict of interest exists. The member stating the potential conflict of interest and the member with the potential conflict of interest shall not participate in the decision.

All BOH members must sign a conflict of interest statement in the first quarter of each calendar year.

**Discipline:** Attendance of BOH members is expected at all BOH meetings and assigned Committee meetings. Any BOH member who misses all or part of three consecutive Board and assigned Committee meetings or one third of the total Board and assigned

Committee meetings in a calendar year shall meet with the BOH President to determine his/her continued interest in and availability to serve as a BOH member and may be referred to the appropriate appointing authority for possible removal. The inability of a BOH member to attend an emergency meeting will not be counted as an unexcused absence.

Should a BOH member act in a manner unbecoming of a BOH member, (e.g. disruptive or abusive behavior, excessive absenteeism, violation of confidentiality, violation of conflict of interest obligations) the BOH President shall speak directly with the offending member to try and resolve the situation. If, in the President's judgment, there is no resolution, the full BOH may recommend that the BOH member resign if the behavior continues. If the behavior continues and the BOH member does not resign, the BOH may contact members of the appointing authority or the Ohio Director of Health to urge that removal procedures be instituted against the offending BOH member pursuant to ORC 3709.35.

#### **P. Bylaw Function, Review and Amendments**

The BOH bylaws will function as the BOH's internal governance procedures. The bylaws shall be reviewed every two years. These bylaws can be amended at any regular meeting of the BOH, provided that the amendment has been submitted in writing at the previous regular meeting. Changes may be made by a vote of two-thirds of the members during a regular meeting.