BOARD OF HEALTH HANDBOOK

FOR MEMBERS OF

COUNTY BOARDS OF HEALTH

IN GEORGIA

Division of Public Health
Georgia Department of Human Resources

July 2004

TABLE OF CONTENTS

PURPOSE OF HANDBOOK

The purpose of this handbook is to provide both new and returning Board of Health members with useful information regarding the function, responsibilities and authority of County Boards of Health (CBOH), including those defined in the Official Code of Georgia Annotated (OCGA). The handbook contains many references to the OCGA; these are references to laws passed by the Georgia Legislature and signed by the Governor. These legal references describe the appointment, authority and legal responsibilities of the Board and its members.

Also included is an overview of related Division of Public Health (DPH) policies, guidelines, philosophies and how the missions and functions of the DPH and the County Boards of Health are intertwined and complement one another. The District Health Director, with both state and county responsibilities, is charged with the effective operation of local public health efforts by balancing local needs with statewide initiatives.

MISSION OF PUBLIC HEALTH

The Division of Public Health, as a unit of the umbrella agency of the Georgia Department of Human Resources (DHR), has the legal responsibility "to safeguard and promote the health of the people of this state and is empowered to employ all legal means appropriate to that end." (OCGA §31-2-1). The Division of Public Health defines its mission in a manner consistent with this Georgia law:

"Our mission is to promote and protect the health of people in Georgia wherever they live, work and play. We unite with individuals, families and communities to improve their health and enhance their quality of life."

In order to fulfill this very broad mission, the legal authority (OCGA §31-2-1) was given to DHR to contract with County Boards of Health. This contract process is formalized annually in the Master Agreement between DHR and each County Board of Health. (From this point on in the handbook, the terms Department, DHR, Division of Public Health, or Division will all denote the interest of the state unless indicated otherwise.)

CREATION OF COUNTY BOARDS OF HEALTH

County Boards of Health were created by Georgia Law in 1914. The law establishes a Board in each county in the state and is the basis upon which the statewide public health department system was formed.

Over the years, in partnership with DPH, the County Boards of Health have assumed an increasing responsibility for delivering disease prevention and treatment services in their communities. They further adopt and enforce state and local rules and regulations in carrying out their responsibilities.

COUNTY COMMISSION RESPONSIBILITIES

Local county governments also play an important role in the implementation of public health services and policies. County officials are directed by statute to appoint certain representatives to the CBOH. In addition, the county is responsible for providing facilities and equipment to the CBOH that are "sufficient for its operation" (OCGA §31-3-9). This law is the basis of the county commission's financial responsibility to the CBOH.

In addition to funding from county governments, CBOH receive income from several sources such as federal programs, appropriations from the Georgia Legislature and fee income from services provided. Funding is discussed in more detail in the section on budgets.

BOARD OF HEALTH FUNCTIONS

By law, County Boards of Health have broad and comprehensive functions and responsibilities in their counties. According to OCGA §31-3-5, The County Board of Health shall have and discharge, within its jurisdiction...the following functions:

- Determine the health needs and resources of its jurisdiction by research and by collection, analysis, and evaluation of all data pertaining to the health of the community;
- Develop, in cooperation with the department, programs, activities and facilities responsive to the needs of its area;
- Secure compliance with the rules and regulations of the department that have local application;
- Enforce all laws pertaining to health unless the responsibility for the enforcement of such laws is that of another county or state agency.

Other Board responsibilities include:

- Keeping the Department informed of the names, addresses and terms of office of its Board members;
- Building coalitions and collaborating with other health providers to respond to the health needs in their county. Historically, most counties have not been able to meet all of the health needs in their counties, mainly due to a lack of sufficient funds. Consequently, the need for building coalitions in the community is important, and often underlies the effectiveness of Boards of Health in meeting many of the health needs of their community. The subject of collaboration is discussed in greater detail later in the handbook;
- Assuming "lead county" responsibilities. Lead counties have been established to achieve administrative efficiencies within the districts and to facilitate and administer district-wide or multi-county programs. These are usually larger counties that will provide certain technical and administrative services to smaller, less populated counties;

- Adopting regulations to provide standards and requirements governing the installation of on-site sewage management systems within the incorporated and unincorporated areas of the county. Proper waste disposal is vital to the health and well-being of a community. This function includes the following detailed responsibilities:
  -- specifying the locations within the county where on-site sewage management systems may be installed
  -- specifying the minimum lot size or land area which may be served by an on-site sewage management system based on scientific data regarding such systems
  -- specifying the types of residences, buildings or facilities which may be served by such systems; issuing permits for installation
  -- inspecting system installation prior to the completion of the installation
  -- providing for ongoing maintenance of such systems (except for non-mechanical residential sewage management systems).

INDIVIDUAL BOARD MEMBER RESPONSIBILITIES

The duties of individual Board members are varied and include the following:

1. Consistent involvement and attendance at meetings;
2. Being a spokesperson in your community for the Board of Health on health issues, and an advocate for healthy lifestyles;
3. Becoming knowledgeable about the health status and issues of your county and the services provided by your health department and those provided by the lead county on behalf of your community;
4. Board members should also be aware of the laws in Georgia on conflicts of interest, open records and open meetings. These ethics laws and "sunshine laws" are applicable to County Boards of Health and their members. Boards of Health should encourage public attendance at all of their meetings to help build public support for public health programs. Detailed information on these laws can be found in the references listed in the Appendix.

LIABILITY INSURANCE

To help protect Board members from financial harm resulting from litigation against them in their capacity as Board members, each County Board of Health member is covered by a liability insurance policy. The policy provides protection to the extent of $1 million per person and $3 million per occurrence caused by or resulting from error, omission or negligence in the performance of their duties as Board members. This policy is purchased by the CBOH through the Georgia Department of Administrative Services with state Grant-In-Aid funds.

AUTHORITY OF COUNTY BOARDS OF HEALTH

A review of Section 31-3-4 of the Georgia Code shows that County Boards of Health are fully empowered by law to assume their responsibilities. This statute provides you with basic information on how your Board operates within the guidelines of the law. Outlined below are the statutory authority and powers given to County Boards of Health. Please review and familiarize yourself with these legal requirements that you are assuming as a member of the Board.

The County Board of Health is empowered to:

1. Establish and adopt bylaws for its own governance. Meetings shall be held no less frequently than quarterly;
2. Exercise responsibility and authority in all matters within the county pertaining to health unless the responsibility for enforcement of such is by law that of another agency;
3. Take such steps as may be necessary to prevent and suppress disease and conditions deleterious to health and to determine compliance with health laws, rules, regulations and standards adopted thereunder;
4. Adopt and enforce rules and regulations appropriate to its function and powers (examples include tobacco control or clean indoor air), provided such rules and regulations are not in conflict with the rules and regulations of the Department;
5. Receive and administer all grants, gifts, moneys and donations for purposes pertaining to health pursuant to this chapter;
6. Make contracts and establish fees for the provision of public health services; the CBOH sets fees for environmental health inspections services (with approval from the County Commission) and adopts a sliding fee scale for clinical services provided. No one may be denied service on the basis of inability to pay. OCGA §31-3-4(6)
7. Contract with the Department of Human Resources or other agencies for assistance in the performance of its functions. (OCGA §31-3-4)

COMPOSITION OF COUNTY BOARDS OF HEALTH

A common question is “Who is on the Board of Health?” Generally, your fellow Board members will either be appointed for six-year terms, or will serve on the Board of Health while they are serving in an official capacity. OCGA §31-3-2 specifies that each CBOH shall be composed of seven members who are named to represent the community (County, School System and City).

Appointed by the “governing authority of the county”:

- The county’s chief executive officer (or “some member designated by said officer”);
- A licensed physician, actively practicing in the county (or in a county with less than four physicians, a licensed nurse or dentist or another person may be selected);
- A consumer or an advocate for consumers of health services;
- A consumer who will represent the needy, underprivileged or elderly.

From the County School System:

- The superintendent of schools or such person's designee (provided the designee is an employee of the school system and the person's term does not exceed the superintendent's contract term).

Appointed by the governing authority of the "largest municipality of the county" (with some exceptions):

- The chief executive officer (or "some member designated by said officer");
- A person interested in promoting public health who is a consumer or a licensed nurse.

The CBOH Bylaws should specify how voting privileges are granted. For example, while it is expected that official designees may vote in place of the official, the designee does not change from meeting to meeting.

There may be exceptions to these appointments in certain metropolitan counties that have the option to create Boards of Health by ordinance (OCGA §31-3-2.1). However, state law prohibits any employee of the County Board of Health or the Department to serve on the Board of Health (OCGA §31-3-2).

BOARD MEMBER COMPENSATION

OCGA §31-3-7 stipulates that Board members may receive up to $25.00 per day for meetings attended if funds have been budgeted.

GOVERNANCE

County Boards of Health are given the legal authority needed to perform their many responsibilities, including the authority to establish and adopt bylaws for their own governance, as mentioned above. What is not clearly laid out in the statute is the delineation of the role of the Board and the function of the District Health Director and the county public health staff.

Governance may be defined as the act, manner, function or power of government. As trustees for the citizens of their counties, Boards of Health have final authority over Board of Health matters. However, the effectiveness of Boards of Health will be determined by the manner in which this authority is executed, rather than the legal power issued by the state legislature.

Having a clear understanding of the functions, duties and responsibilities of both the Board and of management is essential. A summary of the different Board and Health Director functions and responsibilities is presented in the following:

BOARD OF HEALTH FUNCTIONS:

Typically, Board governance functions include:

- Establishing bylaws for their own governance;
- Approving the selection of the District Health Director who shall be a physician;

- Recording true and correct minutes (for any policy, action or resolution adopted);
- Establishing broad agency direction and priorities;
- Adopting a budget;
- Adopting policies, rules and regulations (in compliance with federal and state laws, rules and regulations);
- Resolving conflicts on public health issues;
- Periodically reviewing the agency's performance and providing feedback to the District Health Director.

DISTRICT HEALTH DIRECTOR FUNCTIONS:

The selection of the District Health Director is a shared responsibility. The Director is appointed by the DHR Commissioner in collaboration with the Director of the Division of Public Health. The CBOH must approve the selection. In multi-county districts each CBOH is authorized to appoint one of its members to represent the CBOH at a joint meeting called by the commissioner to approve the selection.

The District Health Director's primary function and duty is to manage the staff and resources of the Board of Health toward achieving its mission, goals and objectives as approved by the Board, and in compliance with federal, state and county rules and regulations. Other related and necessary responsibilities include:

- Proposing rules, regulations and policy for Board approval;
- Preparing and presenting studies on the community's health status, needs and resources, and preparing recommendations on agency direction, goals, objectives, programs and budgets;
- Representing the interests of the Board to the Division, and the interests of the Division to the Board.

In addition to the above duties, District Health Directors also are responsible for supervising the staff and directing the activities of the Division's 19 District Offices which have been established to help achieve county and state health goals and objectives.

FUNCTION OVERLAPS:

Occasionally there appears to be an overlap, or gray area, between the functions of the Board and those of the Health Director. One such area could be a Board becoming more deeply involved in personnel or other management issues than those issues may warrant, such as the appointment of a new staff member. While it may be interesting for Board members to be involved in the personnel appointment process, it is not an appropriate function of the Board.

Involvement in management issues takes valuable time away from the Board's more important responsibilities of planning, establishing policy and determining agency direction. One way of avoiding this situation is for the Board to ask "Is this issue involved in policy, agency direction or planning, or rules and regulations?" If not, perhaps it is an issue best left to the Health Director and staff to resolve.

Another area of occasional confusion is over the question of reporting relationships. While the chairperson and the Health Director are necessarily in frequent contact with one another resolving many housekeeping items, it does not imply that the Health Director is any more accountable to the chairperson than any other Board member, since all members have an equal vote. Although each board member's viewpoint is important, once a vote has been taken the board speaks as a whole when it adopts policy, rules, regulations or agency direction.

A third, but less frequent problem sometimes arises when a Board member requests information that will require a substantial commitment of staff time and resources. When this situation occurs, the District Health Director or another Board member may raise the question of whether or not the Board wishes to allocate the necessary resources to comply with this request.

BOARD ADVOCACY AND EDUCATION

There are many opportunities for Board members to be advocates for public health issues and to promote healthy lifestyles within their communities. In order to be an effective advocate, Board members should be well informed on the needs and resources of their communities, as well as the services offered by their health department. Your District Health Director and his or her staff are excellent resources for learning about many of these issues.

EFFECTIVE BOARD OF HEALTH MEETINGS

Another important factor in a Board's effectiveness is how well they manage their meetings. *Robert's Rules of Order* is the classic reference source for conduct of meetings. For example, a quorum is defined as a majority of all members. Since there are seven members on a County Board of Health, conducting business requires at least four CBOH members voting.

Some additional elements of effective meetings are:

1. Establishing an agenda, beginning with action items and ending with information items (a sample agenda may be found in the Appendix.);
2. Allotting segments of time for each item. (Occasionally, Board flexibility is necessary for full and complete discussion and resolution of controversial items);
3. Starting on time, recording attendance, approving prior meeting minutes, having minutes recorded on all actions and votes (minutes of discussion are generally unnecessary), adjourning on schedule and making announcements after adjournment;
4. Establishing a friendly environment where each Board member feels free to express their views in a non-threatening environment. Patience and understanding of other Board members' points of view are key to creating a positive environment;
5. Including a time for public comments. A time set aside to receive citizens' comments dealing with public health issues in the community can strengthen the effectiveness of the Board of Health.

LOCAL HEALTH PLANNING

Local health planning done either formally or informally, is the process by which Boards of Health determine the health needs and resources of their communities and develop subsequent policies, plans or programs to meet those needs.

Because each county is unique with its own special health needs, the Division of Public Health believes that local health planning will be the most effective method for responding to local needs. County Boards of Health can play a key role in this process by directing and supporting the following functions of planning and evaluation:

ASSESSMENT:

With their health directors, Board members research and evaluate their community's strengths, problems and needs, and establish priorities according to those needs and resources. The role of the Board in the assessment process can range from evaluating data to convening a broad-based group of citizens concerned with health care to garner input and support. Assessment is key to both defining and defending the role of public health in a community.

POLICY DEVELOPMENT:

As a result of the assessment process, Boards of Health develop policies and programs to protect and enhance the health status of their neighbors. Board members must consider a wide range of issues such as infant mortality, safe food preparation, clean water supply, AIDS, tuberculosis control and smoking in public places. Boards influence, shape and develop policy through objectively evaluating current and long-term health issues, establishing priorities for planning, programs and agency direction, building lines of communication between all parties involved while striving for fairness and balance.

ASSURANCE:

Assurance is the process of making sure that health promotion, health protection and preventive health services deemed important to the community are available to those who need them. Boards assure services in one of two ways: 1) by providing the services directly, or 2) by coordinating the needed services through partnerships and contracts with other public or private organizations.

This can be accomplished by:

- Becoming knowledgeable about the health care resources available in their communities, as well as the specific services offered by their health departments;
- Developing, with their health directors, plans for filling unmet needs through partnerships with other private and public providers;
- Securing adequate funding;
- Educating the community about how they can obtain needed health services and the need for complying with public health rules and regulations;
- Being knowledgeable about local, state and national health issues and pending legislation in order to capitalize on opportunities, and in order to identify potential problems before they become serious. (Also see Public Health Core Functions in Appendix.)

Georgia DPH has further expanded its concept of the role of public health in collaboration with the United States Department of Health and Human Services and other public health stakeholders. The core functions of assessment, policy development and assurance have evolved into the identification of ten essential public health services. (See the Appendix for details.)

COORDINATED PLANNING EFFORTS

If appropriate, your health director may suggest a multi-county planning effort whereby several counties share information on health status and resources. For example, smaller counties may find that needed health care resources not available in their county may be available, or could be jointly developed, in one or more nearby counties. OCGA § 31-3-15 states that counties may contract with each other for provision of multi-county services. OCGA § 31-3-4 further provides that a CBOH is empowered to contract with any other legal entity including counties in another health district, any government agency, or any public or private individual or group.

EVALUATION

In order to achieve optimum effectiveness, County Boards of Health must continually evaluate and adjust their policies and programs to reflect the changing health environment. Board of Health members assist in this evaluation process by reviewing the services of their health department to make sure they are in harmony with established goals and priorities and measuring the success of these services based on customer satisfaction, cost and outcomes. The greater the community involvement in the planning process, the greater the community support for any new plans and programs that are implemented.

BOARD OF HEALTH BUDGETS

A budget is a plan for the receipt and expenditure of funds. Like many other organizations, prior to the beginning of each fiscal or calendar year, County Boards of Health prepare a budget itemizing anticipated income and expenditures for the coming year for each of their programs. CBOH derive their income primarily from the following sources: the state legislature (through grant-in-aid), their local government, fees for services and intra/inter agency agreements. (The latter represent agreements for the provision of clinic or administrative services from one county to another.)

Other sources of income are donations and grants from any number of potential sources, including the federal government and a variety of non-profit foundations and organizations.

THE BUDGET PROCESS:

Each CBOH receives an annual allotment of state dollars through a Grant-In-Aid process spelled out in a document called the Master Agreement. Prior to the beginning of the state fiscal year (July 1-June 30), County Boards of Health are advised by the Division of Public Health how much grant-in-aid their county will receive for the coming year and the amount of required “match” funds that must be contributed by that county. (The county match percent

was calculated by the state based on a 1976 formula using population and tax digest data, and has been frozen at that level.)

Staff prepares the proposed budget with planned expenditures and sources of income, including the amount of local support to be requested from the county. After the County Board of Health approves the budget, it is then forwarded to the County Commission, the taxing authority of the county, for their review. (OCGA § 31-3-14)

The county commission (the "taxing authority of the county") has the responsibility to levy taxes sufficient to raise the needed funds for the CBOH budget if they deem the budget to be reasonable. If it is considered unreasonable, the budget should be promptly returned to the CBOH with objections stated. The Board of Health may then revise and re-submit it. County Boards of Health also submit their proposed budgets to their district office for review and approval. Each CBOH develops procedures for processing any amendments to annual budgets that may be required during the fiscal year.

BUDGET REPORTING:

Once the budgets have been approved, county health departments are required to submit monthly budget reports of income and expenditures to the state. DHR has established guidelines and formats for these reports so that income and expenditures compared to budget are being reported on a consistent basis throughout the state, with all counties using the same definitions of individual income and expense items. Board members may want to review these reports in order to become familiar with the budgets and financial reports of their health department.

MASTER AGREEMENTS:

In addition to establishing and approving the CBOH budget for the coming fiscal year, county Boards enter into an agreement with the Department of Human Resources defining the terms and services to be provided by the Board for the coming year in return for state funding support. This document is called the Master Agreement.

The Division recommends that the Board Chairman sign the agreement on behalf of the county, even though the county may delegate this authority to another Board member, its Health Director or other designee. (Each Board of Health should seek guidance on contract questions from its county attorney or other qualified legal counsel.)

NON-PARTICIPATING EXPENDITURE:

The term "non-participating" expenditures often arises in budget discussions. This term refers to those types of expenditures that the state considers as not qualifying as match funds. Georgia Law specifies that "the governing body of the county shall provide the County Board of Health with quarters and equipment sufficient for its operation" (OCGA §31-3-9). When grant-in-aid was first established, the funds allocated by the legislature were provided to the counties for the purpose of expanding the scope of local services, and were not intended to

replace county support. Consequently, expenditures for such items as building rent, repairs and maintenance are considered as non-participating by the DHR, and hence not eligible for consideration as a match contribution by the county.

FEE INCOME:

In order for County Boards of Health to qualify for Medicaid reimbursement for family planning and child screening services, county health departments were required to adopt fee schedules in order to charge fees for the provision of services to individuals who were able to pay. The ability to pay is determined on a sliding scale, developed in accordance with federal guidelines and based on the patient's family income. Further, in accordance with both federal guidelines and the Georgia Code, no one should be denied service based on an inability to pay. Since the implementation of these fee schedules, fees for many other health services have been adopted and now represent a major source of income for many Boards of Health. This additional revenue source has allowed Boards to fund badly needed services.

USE OF FEE INCOME:

To comply with federal regulations, Board members should be aware that such fee income generally must be used for program expansion or supporting projects or programs that further the agency's objectives. Fee income must be spent either in the current fiscal year or by the end of the following fiscal year.

CONTRACTS

County Boards of Health have the authority to contract with individuals, associations, corporations, partnerships and other government agencies (OCGA §31-3-4). The statute also requires that all county contracts and delegations of authority must be approved by DHR. It is important to note that this is an approval function, and is not the same as signing and becoming a party to the contract. For practical reasons, the Department's approval authority has been delegated to the District Health Directors so that the process of approving Board contracts and delegations of authority can be handled more expeditiously.

BOARD OF HEALTH EMPLOYEE STATUS

The County Board of Health is responsible for the salaries and cost of fringe benefits for CBOH employees. The Division of Public Health budget covers Worker's Compensation, Unemployment Compensation, Liability Insurance and Fidelity bonding premiums for CBOH employees as well as state employees. Merit System Assessment costs for all positions are paid at the Department level. (Fulton County is an exception; its employees are covered by its own merit system.)

Grievance procedures are to be handled in accordance with the respective merit system covering the employee. Personnel issues of a legal nature are the responsibility of the Board and should be referred to the county's attorney or other qualified legal counsel for guidance.

INTERNAL CONTROLS

In order to safeguard your agency's assets, promote efficient agency operations and meet state and federal legal requirements, the Board should ensure that adequate internal controls have been adopted by their health department and are operative within the agency. These controls include, but are not limited to: adequate training of personnel, proper authorization of financial and purchasing transactions, accurate financial reporting, an annual outside audit and periodic review and change of auditor appointment.

FINAL COMMENTS

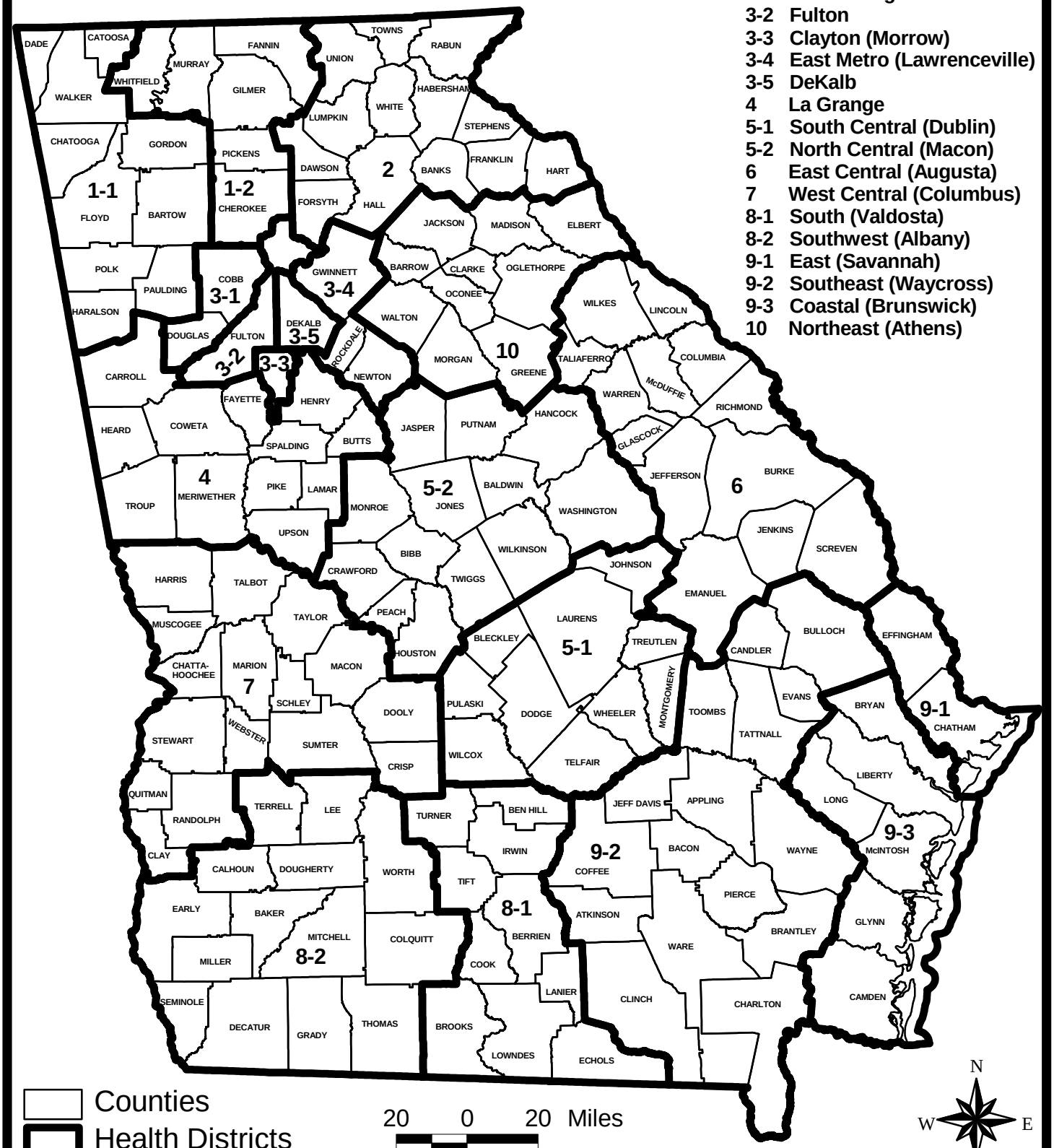
We hope the information in this handbook will prove to be timely and useful to both new and old Board members. You are encouraged to use the additional resources found in the Appendices of this Handbook. We wish you well as you carry out your responsibilities.

APPENDIX

- MAP OF GEORGIA PUBLIC HEALTH DISTRICTS
- OTHER GEORGIA CODE REFERENCES
- CORE FUNCTIONS OF PUBLIC HEALTH
- ESSENTIAL PUBLIC HEALTH SERVICES
- WEB LINKS RELATED TO PUBLIC HEALTH
- RESOURCE DIRECTORY
- SAMPLE AGENDA FOR BOARD OF HEALTH MEETING

Georgia Public Health Districts

1-1 Northwest (Rome)
1-2 North Georgia (Dalton)
2 North (Gainesville)
3-1 Cobb-Douglas
3-2 Fulton
3-3 Clayton (Morrow)
3-4 East Metro (Lawrenceville)
3-5 DeKalb
4 La Grange
5-1 South Central (Dublin)
5-2 North Central (Macon)
6 East Central (Augusta)
7 West Central (Columbus)
8-1 South (Valdosta)
8-2 Southwest (Albany)
9-1 East (Savannah)
9-2 Southeast (Waycross)
9-3 Coastal (Brunswick)
10 Northeast (Athens)



Georgia Department of Human Resources
Division of Public Health
Office of Health Information & Policy

Created: January, 2002
Source: GDPH
Projection: UTM 1983, Zone 16

OTHER GEORGIA CODE REFERENCES

OPEN AND PUBLIC MEETINGS

- 50-14-1. Meetings to be open to public; resolution, rule, etc., not binding except when made at open meetings; limitation on action to contest agency action; public access to meetings; recording of meetings; notice of time and place regarding recording and access to minutes.

- 50-14-2. Certain privileges not repealed.

- 50-14-3. Excluded proceedings.

CODE OF ETHICS AND CONFLICTS OF INTEREST

- 45-10-3. Code of ethics for members of boards, commissions, and authorities – Establishment and text.

- 45-10-4. Code of ethics for members of boards, commissions, and authorities – Establish Hearing on violation charge; notice of hearings; removal of member from office; filling vacancies; judicial review.

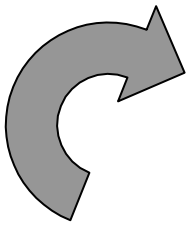
- 45-10-5. Code of ethics for members of boards, commissions, and authorities – Enactment, etc. of rules, regulations by members of boards, commissions, etc.

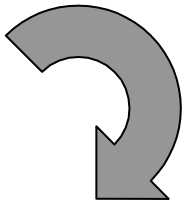
CORE FUNCTIONS OF PUBLIC HEALTH

ASSESSMENT

Examples:

- Health related data collection, surveillance & outcomes monitoring
- Laboratory services
- Investigation diseases & injuries





ASSURANCE

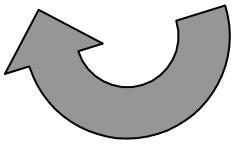
Examples:

- Protection of the environment, housing, food & water
- Control of disease & injuries
- Public information and education
- Accountability & quality improvement (e.g. licensure, certification, inspection)
- Training & education of public health worrkers

POLICY DEVELOPMENT

Examples:

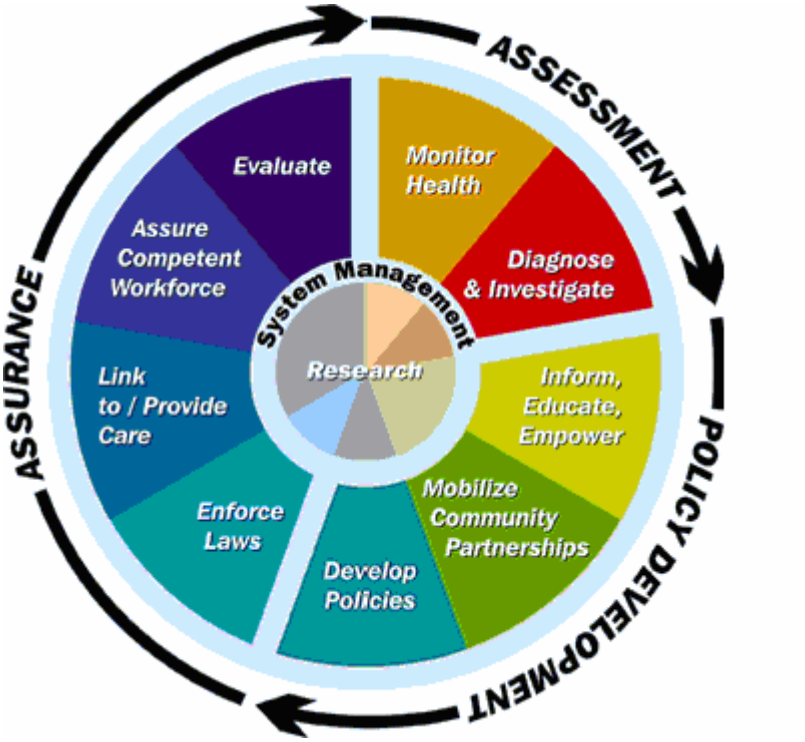
- Collaboration with advisory/advocacy groups
- Leadership on health issues that require statewide action (e.g. tobacco control)
- Promulgation of laws, rules, and regulations



Source: **A more detailed discussion of the core functions of public health can be found in the book "the Future of Public Health", Institute of Medicine, 1988.**

ESSENTIAL PUBLIC HEALTH SERVICES WITHIN

THE CORE FUNCTIONS OF PUBLIC HEALTH



ESSENTIAL PUBLIC HEALTH SERVICES

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

Adopted: Fall 1994, Source: Public Health Functions Steering Committee, Members (July 1995):
American Public Health Association·Association of Schools of Public Health·Association of State and Territorial Health Officials·Environmental Council of the States·National Association of County and City Health Officials·National Association of State Alcohol and Drug Abuse Directors·National Association of State Mental Health Program Directors·Public Health Foundation·U.S. Public Health Service --*Agency for Health Care Policy and Research·Centers for Disease Control and Prevention·Food and Drug Administration·Health Resources and Services Administration·Indian Health Service·National Institutes of Health·Office of the Assistant Secretary for Health·Substance Abuse and Mental Health Services Administration*

WEB LINKS RELATED TO PUBLIC HEALTH

Georgia Division of Public Health
http://health.state.ga.us

Georgia Department of Human Resources
http://www.dhr.state.ga.us

Georgia Department of Community Health
http://www.communityhealth.state.ga.us

Official Code of Georgia Annotated: Search
http://www.state.ga.us/services/ocode/ocgsearch.htm

Georgia Legislature: Information on Progress of Legislation
http://ganet.org/services/newleg

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov

Census Bureau Information
http://www.census.gov

Georgia Emergency Management Agency
http://www.gema.state.ga.us

Association of State and Territorial Health Officials (ASTHO)
http://www.astho.org

National Association of County and City Health Officials (NACCHO)
http://www.naccho.org

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

Georgia Public Health Association (GPHA)
http://www.gapha.org

U.S. Department of Health and Human Services (DHHS)
http://www.dhhs.gov

Federal Emergency Management Agency (FEMA)
http://www.fema.gov

RESOURCE DIRECTORY

The following organizations and agencies may serve as valuable resources and information to members of county boards of health.

DHR Division of Public Health: Director's Office	404-657-2700
DPH Emergency After hours contact number	770-578-4104
Office of Nursing	404-657-2700
Chronic Disease Prevention/Health Promotion	404-657-2550
Emergency Medical Services (EMS)	404-679-0547
Environmental Health/Injury Control	404-657-6534
Epidemiology	404- 657-2609
Family Health (Maternal and Child Health)	404-657-2850
Health Information and Policy	404-657-6320
Prevention Services (Immunization; STD; TB; HIV)	404-657-3100
State Laboratory	404-327-7900
Vital Records	404-679-4701
Women, Infants and Children (WIC) Branch	404-657-2900
Department of Community Health	
Office of Communication	404-656-5398
Office of Rural Health (located in Cordele, Ga.)	229-401-3090
Division of Health Planning	404-651-6141
Centers for Disease Control and Prevention	
Public Health Practice Program Office	404-639-1900
Emergency after-hours contact	770-488-7100
Association, County Commissioners of Georgia	404-522-5022
Emory University School of Public Health	404-727-5481
Georgia Hospital Association (GHA)	770-955-0324
Georgia Municipal Association (GMA)	404-688-0472
Medical Association of Georgia (MAG)	404-876-7335
Georgia Public Health Association (GPHA)	770-927-1835
Georgia Association of Local Boards of Health (GALBOH)	770-927-1835

SAMPLE AGENDA FOR BOARD OF HEALTH MEETING

I. Approval of Minutes

II. Chairman's Report

III. Director's Report

IV. Old Business

V. New Business
Financial Report

VI. Public Comments

VII. Adjournment