

SB 08-194: Public Health Act County and District Boards of Health Guidance

SB-194, Public Health Act of 2008, was signed into law by Governor Ritter and requires that each County, by resolution of its board of county commissioners, establish and maintain a county public health agency. Any two or more contiguous counties, by resolutions of the boards of county commissioners of the respective counties, may establish and maintain a district public health agency. An agency shall consist of a county or district board of health, a public health director, and all other personnel employed or retained. Within ninety days after the adoption of a resolution to establish and maintain a county public health agency, the respective board of county commissioners shall proceed to organize the agency by the appointment of county or district board of health. The description and duties are outlined in **Colorado Revised Statute, 25-1-508** (formerly C.R.S. 25-1-502).

County Board of Health Structure

Each county or district board of health shall consist of **at least five members** to be appointed by the board of county commissioners for five-year terms. County commissioners stagger the terms of the initial appointments, thereafter appointments shall be for five years.

Single county agencies with populations of less than 100,000 can have a three-member board to be appointed by the board of county commissioners for five-year terms. The requirements for the board of health shall include the following:

- Each member shall be a resident of the county in which the county agency is located.
- No business or professional group or governmental entity shall constitute a majority of the board.

Note: If a county does not have a board of health that is separate from the board of county commissioners, the board of county commissioners may designate itself as the county board of health as of July 1, 2008. Boards of county commissioners in counties that have been served by a separate board of health prior to July 1, 2008 may not establish themselves as the new board of health of the newly established or re-authorized county or district public health agency.

District Board of Health Structure

District boards of health shall consist of a minimum of five members and:

- Shall include at least one representative from each county in the district.
- Members shall be appointed by an appointments committee composed of one member of each of the boards of county commissioners of the counties comprising the district.
- The appointments committee shall designate the number of members of its district board.
- Each member of the district board shall be a resident of one of the counties comprising the district.
- There shall be at least one member from each of the counties comprising the district.
- No business or professional group or governmental entity shall constitute a majority of the board.

Municipal Board of Health

Except as otherwise provided by law, the mayor and council of each incorporated town or city, whether incorporated under general statutes or special charter in this state, may establish a municipal public health agency and **appoint a municipal board of health**. If appointed, the municipal board of health shall have all the powers and responsibilities and perform all the duties of a county or district board of health within the city or town limits.

Summary of Duties of a County or District Board of Health

A county or district board of health provides oversight to the designated public health agency and is responsible for selecting, advising and evaluating the Public Health Director. Specific duties include (please refer to C.R.S. 25-1-508 for complete details):

- **Program/Service Planning:** Determine the services to carry out the public health laws and rules of the state board of health and CDPHE's environmental commissions according to the specific needs and resources available within the community and as set out in the state and local plans. If funds are insufficient to provide the above services, set priorities for providing services and include the list in the local plan. Review and approve the local public health plan and submit to the state board of health for review.
- **Policy-making:** Consider advice from the local public health agency regarding policy issues necessary to protect public health and the environment. Develop and promote the public policies needed to secure the conditions necessary for a healthy community. Determine general policies to be followed by the public health director in administering and enforcing public health laws, orders, and rules of the county or district board and orders, rules, and standards of the state board. Issue orders and adopt rules not inconsistent with the public health laws of this state.
- **Financial Oversight:** Certify that claims or demands against the local public health agency fund shall be expended only for public health purposes. Annually estimate the total cost of maintaining the local public health agency for the ensuing year and submit a budget to the county commissioners.
- **Administrative Oversight:** Accept and, through the public health director, use, disburse, and administer all Federal and State aid or other property and services or money allotted to an agency for county or district public health functions. Provide for and assess fees to offset the actual, direct cost of environmental health services. The county or district board is empowered to make agreements that may be required to receive such moneys or other assistance.

Related Frequently Asked Questions

The following questions have been asked by many county representatives, and while the Colorado Department of Health and Environment can not formally advise counties, the answers to these questions are based on the information from the drafters of the Act and research of best practices in Colorado and nationally.

Q. Does the Act require that a new county and/or district board of health be appointed?

A: Yes, the board of county commissioners should appoint a district or county board of health within 90 days of adopting a resolution to establish their public health agency. Existing boards of health may be re-appointed with any changes to their by-laws to meet the requirements in C.R.S. 25-1-508 related to terms of appointment (staggered, five year terms). If a new district public health agency is formed, the counties would appoint a district board of health, and the former county level board of health would be dissolved in deference to the new district board of health.

Q: Can the existing boards of health be re-appointed?

A: Yes, each county board of health shall consist of at least five members to be appointed by the board of county commissioners for five-year terms; except that the board of county commissioners shall stagger the terms of the initial appointments. Thereafter, a full-term appointment shall be for five years.

Q: What is the recommended composition of the board of health?

A: According to the National Association of Local Boards of Health (NALBOH), local boards of health should reflect the diversity of the communities that they serve. The following is a list of areas of expertise that contribute to the strength of local board of health and should be considered when appointing members: environmental health, medicine or public health, nursing, community mental health, social work, health promotion, community advocacy and education, media relations, and business. Securing persons with these characteristics may not always be achievable, appointing authorities should seek such candidates to improve the effectiveness of the board in overseeing essential public health services¹. In addition to NALBOH's recommendations, other representation to consider include: members from various municipalities and/or urban centers, critical community organizations that support or provide public health services and other community partners (i.e. communities of color, faith-based organizations, and/or representatives of populations served). The number of board members usually ranges from 5-15 members.

Q: Can the board of county commissioners be the appointed board of health?

A: The “best practice” is for boards of county commissioners to appoint at least 5 members to a separate board of health. Under the previous rules, organized health departments were required to appoint a five member board of health. The Act does allow an exception for counties with populations less than 100,000 people wherein the board of county commissioners can opt to appoint a 3 member board or continue to be the board of health if they had served in that capacity prior to July 1, 2008.

Q: How often does the local board of health meet?

A: Regular county or district board meetings shall be held at least once every three months at times determined by resolution of the board. Special meetings may be called by the president, the public health director, or by a majority of the members of the board at any time on a three days' prior notice. In case of emergency a special meeting can be called with twenty-four hours' notice.

Q: Who will serve as the board of health president? Does the Public Health Director serve on the board of health?

A: The county or district board will elect a president and other officers at its organizational meeting. The Public Health Director of the agency, at the discretion of the board, may serve as secretary of the board but is not considered a member of the board.

Q. How is the board of health responsible when the public health director is an unfilled position?

A. In the event of a vacancy in the position of public health director or medical officer, the board of health can either employ or contract with a person deemed qualified to fill the position. The board of health can request temporary assistance from a public health director or medical officer from another county or an employee of the state health department, such as a qualified executive director or the chief medical officer, to serve on an interim basis with all the power and duties of the position.

Q: What resources will be available for orienting boards of health to their responsibilities?

A: Technical assistance will be available from the Office of Planning and Partnerships and with the Colorado Association of Local Public Health Officials (CALPHO). National resources include the National Association of Local Boards of Health ([NALBOH](http://www.nalboh.org)) and the National Association of County and City Officials ([NACCHO](http://www.naccho.org)).

¹ National Association of Local Boards of Health. *Guide to Appointing Local Board of Health Members*. www.nalboh.org (accessed March 2009)