



New Jersey Local Boards of Health Association

Newsletter

Volume 19, Number 2

www.NJLBHA.org

Fall 2013

President's Message

The responsibilities that we, as members of local boards of health, are tasked with are delineated not only in statutes, but in the Public Health Practice Standards (PHPS). Not only do these standards outline our responsibilities, but also the tasks that must be accomplished by our health departments. The PHPS are available on the NJ local boards of health website. Additionally, many of them are highlighted in the NJ Local Boards of Health Orientation Manual for local boards of health, as well as on the NJLBHA online training program (see <http://www.njlbha.org>). Right now, the existing PHPS are in the process of being rewritten. As mundane as that may seem, it is really redesigning an extremely crucial document, which will guide not only your responsibilities, but public health for the foreseeable future.

"Being a new local board of health member is a new and exciting experience. It is an opportunity to be involved in promoting health in your community and making a difference to preserve the health and safety." (NJLBHA Training Manual)

NJLBHA has been involved in the redesign of the standards. The NJ Dept. of Health has formed committees to provide input on the various aspects of the standards. Many members of your executive board, as well as general members of the association, have served on those committees. Right now is a great opportunity for you to share with us your ideas on how you would like to see the practice standards modified. We ask for your input so that we can pass this on to the NJLDOH. Please contact me at Saccenti@comcast.net with your suggestions.

One component that we have consistently asked to be in the new PHPS is a requirement that members of local boards of health receive mandatory free online or in person basic

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NJLBHA Meets with Commissioner of Health

Commissioner of Health, Mary O'Dowd, took the time to meet with representatives of NJLBHA to discuss several issues that are crucial to public health. President John Saccenti and Vice President Diana Lachman met with Commissioner O'Dowd along with several top public health officials. During that meeting, NJLBHA presented a request to try to establish, with the assistance of the Department of Health, a permanent source of funding for public health on a local level. Also discussed was mandated training for members of local boards of health, the new local practice standards, and the problems faced with enforcement of the existing public health practice standards. Particularly noted was the fact that many local governing bodies are not aware of or ignoring their responsibility to serve as a board of health and enforce the public health practice standards or to appoint an autonomous or advisory board of health.

Other issues include the development of a model agreement for shared services, establishing guidelines to ensure that there is no loss of services in shared agreements, and developing public health partnerships in emergency planning. Commissioner O'Dowd said that she would try to address some of these issues in her message to the Mayors at the League of Municipalities Conference N13 in Atlantic City.

Additionally we are happy to say Commissioner O'Dowd offered to be a contributor to future NJLBHA Newsletters.

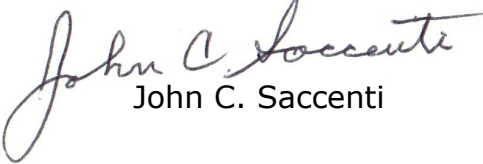
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training which will help to give them the skills and knowledge to fulfill their responsibilities. In a recent meeting with Commissioner Mary O'Dowd, we presented her with this suggestion and several other suggestions (see accompanying article).

I also want to remind you that a new board will be elected effected January 1st. You will shortly receive information on voting. If you are interested in servicing as an officer or board member, please nominate yourself for that position by emailing VP Diana Lachman at arosacats@gmail.com.



John C. Saccenti

Public Health Nurses Implement Essential Public Health Services

Nancy McKay, Public Health Nurse Administrator
South Brunswick Township

Public Health Nursing is a population-based practice in which nurses work collaboratively with other public health professionals and communities to promote health and prevent disease and disability and implement the ten Essential Public Health Services. The three levels of their population-based practice include individual and family, community and systems. Seventeen interventions have been identified in the implementation of their practice: surveillance, disease and health event investigation, case finding, outreach, screening, referral and follow-up, case management, delegated function, health teaching, counseling, consultation, collaboration, coalition building, community organizing, advocacy, social marketing, policy development and enforcement. Before implementation of these interventions, assessment, diagnosis and problem identification have occurred (nursing process). Thus, interventions are grounded in an assessment of the community's health, and interventions may be implemented alone or in conjunction with other interventions.

In New Jersey Public Health Nurses practice in a variety of settings including, but not limited to, local and state health departments, home health agencies, school health education programs, and neighborhood centers and clinics. High-risk, vulnerable populations are often the focus of their care. More recently, Public Health Nurses proved to be invaluable in providing care to the thousands of residents who were evacuated to shelters during Super Storm Sandy, as well as participating in the surveillance activities of Cumberland County's fungal meningitis outbreak.

Their clinical skills and expertise in population health will continue to position them for key roles in health care reform and emergency preparedness.

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Nm/s/dept./hlt/letters/nmackay/publiclth nursing

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Minnesota Dept. of Health, Public Health Nursing Section. (2000). Public Health Nursing Practice for the 21 Century: National Satellite Learning Conference; Competency Development in Population-based Practice October 5, November 2, December 7, 2000. <http://www.health.state.mn.us/divs/chs/phn/material.htm>

From the Office of the Commissioner

Public Health is a Model of Shared Services

*By Christopher Rinn, Assistant Commissioner, Public Health Infrastructure, Laboratories and Emergency Response
Public Health Services Branch, Department of Health*

In a state with 566 municipalities, there are only 95 health departments. More than a third of our towns share services and that number will grow as communities struggle with tight budgets and caps on spending.

Combining forces allows towns to leverage existing technology and staff. It also gives health officers more flexibility to promote and protect public health and prepare for future challenges.

REGIONAL HEALTH COMMISSIONS AND OTHER SHARED SERVICE AGREEMENTS MAKE SENSE IN THIS ERA OF BUDGET CONSTRAINTS.

For 125 years, New Jersey has required every municipality to provide public health services through its board of health. These services, funded primarily through local property taxes, include:

- investigating and preventing the spread of communicable diseases such as H3N2v-the novel new flu strain;
- investigating and assessing environmental impacts of health hazards such as asbestos in schools, mercury in day care centers or groundwater contamination in homes;
- inspecting restaurants, wells, septic systems and recreational bathing places;
- providing health education and information on everything from asthma and breastfeeding to obesity and West Nile Virus;
- promoting vaccination and auditing school immunization records; and,
- collecting data for monitoring health status to identify and solve community health problems.

There is no "one size fits all" approach to public health. Communities develop and use the system that best fits their needs.

There are several different kinds of health agencies in our state. Thirty-four municipalities have a local health agency like Elizabeth, Jersey City and Trenton. Many towns have agreements to aid one another during emergencies such as floods or hurricanes, evacuation of health care facilities or bioterrorism events.

Thirty-six municipalities have shared service agreements called Uniform Shared Public Health Service. These agreements can cover any essential public health services from a health officer or nursing services to a lead inspector or a retail food inspector. The arrangements can be between two towns or nine or more. Long Beach Island, for example, has an agreement with all six municipalities on Long Beach Island. Bernards Township provides services to six other municipalities in Somerset County.

Twenty counties have county health departments; some of them provide a full array of services while others focus on countywide emergencies and environmental inspections. Hudson County does not have a county health department.

Seven groups of municipalities operate Regional Service Commissions. This collaborative approach may gain popularity as municipalities struggle with budget constraints. Regional health commissions exist in Mid-Bergen, North West Bergen, Monmouth Essex, Hudson, Princeton, and Middle-Brook.

Two or more municipalities can form a "regional health commission" and one or two members of each town serve as representatives on the commission. Regional health commissions are not just contracts for services. Municipalities can reduce costs by sharing a broad array of services while maintaining home rule. The commission can adopt, enforce, alter or repeal ordinances. And the municipalities can collaborate on policies, procedures and services.

Funding for the commission comes from the participating municipalities, based on a formula that they determine.

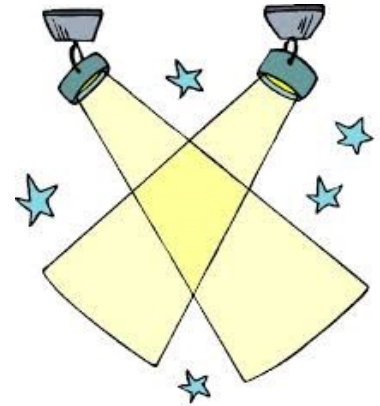
Middle-Brook Regional Health Commission, for example, was formed in 1970 and serves 44,000 people in five municipalities in Somerset County. The Monmouth County Regional Health Commission, formed in 1938, serves 215,000 people in 21 municipalities--16 that participate in the commission and five that contract for services. The benefits include lower administrative costs and smaller municipalities receiving more services than they could afford on their own.

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SPOTLIGHT ON ...

Maplewood



Maplewood Loves Wellness

Kathleen M. Leventhal, Deputy Mayor, Township of Maplewood

Maplewood Loves Wellness is the Township of Maplewood's initiative with the Mayors' Wellness Campaign.

In summary, "The role of Maplewood Loves Wellness is to help residents explore the many options available locally to enhance all aspects of their health and well-being," said Maplewood's Deputy Mayor, Kathleen M. Leventhal.

The Maplewood Loves Wellness Leadership Group is comprised of directors of community programs including the local Departments of Health and Recreation, the 'Y', Adult School, School District, Special Improvement Districts, Senior Club, YouthNet, Library, etc.

Under the umbrella of Maplewood Loves Wellness our residents and businesses engage in projects like healthy pizza making for preschoolers; ACES (All Children Exercising Simultaneously) Day with the school district; purchasing outdoor exercise equipment; senior walking programs; etc.

Now in year two, a key to success is partnership with local health systems. Barnabas Health and Atlantic Health provide support with grants and participation in our Wellness Fair and Week. The Wellness Fair and Week is our biggest endeavor: <http://www.twp.maplewood.nj.us/index.aspx?NID=466>.

New projects for 2013 include a community-wide Walking Program with pedometers and group coaching. Risa Olin-sky of Count on Yourself™ Coaching says, "Research has shown that pedometer use delivers better results when reinforced with accountability from group-based activity."

The Healthy Cooking Contest among our licensed food businesses is sure to be a hit at the Fair, and produces the first entries for Maplewood's Healthy Recipes Book", says Robert Roe, Maplewood's Health Officer.

To learn more about us and/or brainstorm about your program, please reach us at 973-762-8120.

Won't You Join Us?

Membership has its rewards! Visit <http://www.njlbh.org/pages/membership.htm> for membership information.

BITK - Be in The Know! COMMON PUBLIC HEALTH ACRONYMS

ANR American Nonsmokers' Rights Foundation
APEX-CPH Assessment and Planning Excellence Through Community Partners for Health; an assessment tool
APHA American Public Health Association
ASTHO Association of State and Territorial Health Officials
BT Bioterrorism
CART County Animal Rescue Team
CERT County Emergency Response Team
CDC Centers for Disease Control and Prevention
CHIP Community Health Improvement Plan
CHSI Community Health Status Indicators
DHHS Department of Health and Human Services
EH Environmental Health
FEMA Federal Emergency Management Act
HAN Health Alert Network
HRSA Health Resources and Services Administration
ICS Incident Command System
LBOH Local Board of Health
MAPP Mobilizing Action through Planning and Partnerships
NACCHO National Association of County and City Health Officials
NCEH National Center for Environmental Health
NCI National Cancer Institute
NJDEP New Jersey Department of Environmental Protection
NJ HOA New Jersey Health Officers Association
NJDHSS New Jersey Department of Health and Senior Services
NJLBHA New Jersey Local Boards of Health Association
NPHPSP National Public Health Performance Standards Program
NJ GASP Global Advisors on Smoke Free Policy
NJ LINCS New Jersey Local Information Network and Communications System
NJSOPHE New Jersey Society for Public Health Education
OSHA Occupational Safety and Health Administration
PACE EH Protocol for Assessing Community Excellence In Environmental Health
PEOSH Public Employees Occupational Safety and Health Program.
PHACE the Public Health Associations' Collaborative Effort, is comprised of the leadership

From the Editor:

Something for Everyone!

NJLBHA Newsletter has topics of interest for everyone. Each Issue will feature contributions from local boards of health throughout the state. Please use this opportunity to connect with each other, exchange ideas and share best practices.

On September 28th we hosted a live 30 minute teleconference from our Board meeting in South Brunswick. PLEASE JOIN US FOR OUR NEXT TELECONFERENCE. We will send out an invite. Hope to see/hear you there!

We welcome your ideas, questions and statements for our newsletter and for live discussions in the teleconferences. We are here to help all local boards of health achieve their goals.

Laura O'Reilly, R.N., Board Member NJLBHA

(Continued from page 3 - Public Health is a Model of Shared Services)

Although some of the municipalities retain their local boards of health, Monmouth County Regional Commission Health Officer Sandy VanSant said members have an equal voice and join -forces to adopt ordinances that benefit every town.

According to Middlebrook Regional Health Commission Health Officer Kevin Sumner, having municipal representatives on the Commission makes it easier to know the needs of each municipality--Which is important for effective public health services.

As New Jersey's population grows more diverse, so too will the challenges our public health agencies face in areas such as obesity and diabetes. Our department's program dedicated to promoting nutrition and fitness and preventing obesity is a public/private partnership called Shaping NJ. Shaping NJ is a collaborative effort of 200 diverse stakeholders-including businesses, community-based and faith based organizations, hospitals, universities, nutrition experts, parks and recreation programs and state agencies-Who Work collaboratively to make New Jersey a healthier place to live. The goal is to make the healthy choice the easy choice. Partners are making changes in schools, child care centers, worksites, communities and hospitals and doctor's offices that will make nutritious foods and opportunities for physical activity more accessible.

Regional Health Commissions and other shared service agreements make sense in this era of budget constraints. Promoting and supporting regional health planning is a key initiative of the Department of Health. We believe it is essential to make meaningful improvements public health in our state.

For more information on local public health, contact the New Jersey Department of Health, Office of Local Public Health: <http://nj.gov/health/lh/> or 609-292-4993.

(REPRINTED FROM THE NOVEMBER 2012 ISSUE OF THE NEW JERSEY LEAGUE OF MUNICIPALITIES MAGAZINE).

NJ SOPHE: Health Education 101

Amy Lewis, NJSOPHE

New Jersey Society for Public Health Education (NJ SOPHE) is a professional organization of health education specialists. The mission of NJ SOPHE is to provide leadership to the profession of health education and to contribute to the health of all people through excellence in health education practice and promotion of public health policies conducive to health. Our members promote health behaviors, communities and environments through public health education. Health education standards of excellence are promoted to our members through professional preparation, continuing education, research and practice and networking.

Health education improved the health status of individuals, communities, states and the nation. It enhances the quality of life for all people and reduces costly premature deaths and disability. By focusing on prevention, health education reduces costs, both financial and human, spent on medical treatment. Chronic conditions, such as diabetes, heart disease and cancer consume more than 75% of the \$2.2 trillion spent on health care in the United States each year.

Addressing a single risk factor, for example smoking, influences outcomes across multiple diseases from pre-term birth to lung disease and cancer. Addressing obesity in today's children alters the prevalence of many diseases, such as heart disease, cancer, diabetes and arthritis, that may be encountered decades later.

For more information, visit our website www.njsophe.org where we also have a link to our Facebook page. In the next issue, we'll discuss what makes a health educator unique and why having a Certified Health Education Specialist gives your company a wealth of advantages.

Roles and Responsibilities of Local Board of Health Members

You are a vital member of the nation's Public Health system. You and thousands of other volunteer local Board of Health members provide the necessary guidance, oversight and leadership for your local Health Departments. This role is important because it is up to you and your fellow board members to make sure that the health needs of your community are met.

Public Health and private health are areas that overlap to a considerable degree. Public Health is the science and art of preventing disease, prolonging life and promoting health and human efficiency, through organized community efforts.

Public Health efforts are directed toward the health of a community, whereas private health efforts are directed toward the health of individuals. Modern Public Health practice involves many different health services. This includes programs that focus on health promotion, treatment of illness, rehabilitation and disease prevention and control. It also involves the collection, analysis and use of vital health data to establish or influence public policy.

Public Health may be environmental or personal. Environmental health is the branch of Public Health that is concerned with all aspects of the natural and built environment that may affect human health.

This includes programs that focus on disease control, sanitation and hygiene, and the elimination of exposure to toxins in the air, water, soil, food, workplace, schools and homes. Other Public Health programs are designed to provide individual immunization against communicable diseases, improve health behaviors, provide adequate nutrition and offer maternal and child health care. Some examples of these activities include well baby clinics, special screening programs to aid in the early detection of disease, and immunization campaigns that are designed to decrease the incidence of disease.

Public Health includes promotion of healthy behaviors. Programs focus on problems ranging from smoking and substance abuse to benefits of exercise, personal hygiene and the use of seat belts.

The NJLBHA New Member Orientation Manual has been designed to assist you in understanding your roles, responsibilities, and authorities as a member of a Local Board of Health. To download the entire manual from the NJLBHA website visit- <http://bit.ly/1andUyf>

Yes, count me (us) in as a part of the Association!

Yes, count me (us) in as a part of the Association that gives New Jersey's Boards of Health and their members a voice in Trenton, a way to communicate among ourselves, a force for progress in public health and more knowledge for board members.

Full Board, Regular Membership \$95

Board membership is open to municipal, county and regional Boards of Health. All board members are included for the calendar year.

Individual, Regular Membership \$20

Individual membership is open to current members of municipal, county or regional boards of health whose full board is not a member.

Individual, Associate Membership \$20

Associate membership is open to past Board of Health members, students, or other individuals interested in public health. This is a non-voting membership.

Institutional Membership \$95

Institutional membership is open to organizations, including environmental groups, planning boards, or other municipal or county agencies, committees, commissions, or councils. This is a non-voting membership.

Board Name: _____

Email Address: _____ Phone: _____

Mailing Address: _____

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