New Jersey
Local Boards of Health Association
NEWSLETTER

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President's Message

I recently returned from the NALBOH annual Conference in Madison, Wisconsin. They have an absolutely beautiful and functional conference center. The center was the last building built on a design by the late master architect, Frank Lloyd Wright. The conference was held in concert with the Wisconsin Association of Local Health Departments and Boards, and the Wisconsin Public Health Association. The sessions were plentiful and meaningful. The hospitality and the cheese were great unless you are lactose intolerant.

The NALBOH leadership presented a wide array of information in regard to the past year's events and future activities and direction. Although NALBOH is still very dependent on CDC funding for many of its programs, the organization's continued growth and increased recognition in Washington are positive signs. Also of note is the increased support from our own Robert Wood Johnson Foundation.

Prior to the conference, your President, (that's me!), was selected by the NALBOH Board Development Committee as qualified to run for the National Position of Secretary- Treasurer. At the conference business meeting my name was officially placed in nomination. Thank you in advance of your support.

The new NALBOH database should be available to our NJ Association by the end of this year. With the help of our State Health Department we have been able to provide NALBOH with an initial database. Once this tool is ready to go it will provide this association with a tremendous resource.

We recently sent you information and registration procedures for the first annual Public Health Associations Collaborative Effort (PHACE) conference. PHACE is made up of the presidents or representatives of the seven key state associations in NJ Public Health (NJLBHA, NJHOA, NJCHOA, NJEHA, NJPHNA, NJSOPHE, NJPHA) plus NJDHSS. Those of you who attended enjoyed some great programs.

On October 23rd the Local Health Officials Conference specifically was held. This meeting is held by statute annually for board members and health officers at which time the Commissioner delivers her annual report. We hope you were able to attend this event.

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Addressing Community Needs in Disasters

By Barbara Rubel, MA, BCETS, CBS, CPBC

Local Boards of Health must meet the needs of the community during a disaster or terrorist act. Such an act, which can cause major loss of health, life, and property, can happen at any moment in NJ. Those affected include survivors, witnesses, first responders, bereaved relatives and friends, other responders, and local citizens. You, as a Board of Health, should be aware of the various phases of disasters, in order to have a better idea as to the common risks and problems people face during each phase and insure your health officer and staff have plans in place to address those needs.

During the pre-disaster phase, warning systems are put in place, along with preparedness plans, and recruitment and training of mental health liaisons and responders.[1] Communities put in place safety mechanisms that will reduce the effects of the disaster.[2] Next is the impact phase, which is the initial impact or actual onset of the disaster. Survivors take inventory. The focus is on rescue, food, warmth and safety. The next phase is the heroic phase, immediately post-disaster, when there is disruption of services. People watch out for one another and individuals risk their own safety to save strangers. Immediately after the disaster, first responders attempt to save lives and property. The honeymoon phase is next, occurring about one week to three to six months later. The phases overlap as individuals help each other and collaborate. The next phase is disillusionment, which begins about two months later and lasts from one to two years. The last phase is reconstruction where recovery and rebuilding takes place.

Risk factors after a disaster include depression, generalized anxiety disorder and panic disorder, increased substance use and post-traumatic stress disorder, increased alcohol, drug, and tobacco use.[3] After a disaster, those working in public health may come in contact with individuals who are experiencing stress reactions, major depression, disorders, rage reactions, or either lost or ran out of their medications.[4]

Common reactions to disasters include irritability, fatigue, decreased appetite and sleep, nightmares, sadness, headaches, hyperactivity, decreased concentration, and increased alcohol or drug consumption.[5]

The primary focus for individuals after obtaining medical attention for physical injuries is establishing shelter and safety. Local Boards of Health need to work with organizations that are equipped to provide support to disaster victims in your community.

Your health department staff needs to learn how to interact with individuals after a traumatic event. These techniques include:

- Listen and encourage people to talk about their reactions when they feel ready.
- Validate emotional reactions of person. Intense, painful reactions are common responses to a traumatic event.
- De-emphasize clinical, diagnostic, and pathological language.
- Communicate, person to person rather than "expert" to "victim," using straightforward terms. Identify concrete needs and attempt to help. Traumatized persons are often preoccupied with concrete needs (e.g., How do I know if my friends made it to the hospital?).

Additional techniques include encouragement to those effected to keep to their usual routine, identify ways to relax, face day to day conflicts and identify sources of family support.

Being separated from loved ones or witnessing the devastation causes psychological symptoms including:

- Physical: fatigue, gastrointestinal distress, tightening in throat/chest/stomach, headache, worsening chronic conditions, and racing heartbeat.
- Emotional: depression/sadness, irritability/anger/resentment, anxiety/fear, despair/hopelessness, guilt/self-doubt, mood swings, emotional numbness, flat affect.
- Cognitive: confusion/disorganization, recurring dreams or nightmares, preoccupation with disaster, trouble concentrating/remembering, difficulty making decisions, questioning spiritual beliefs, disorientation, indecisiveness, worry, shortened attention span, memory loss, unwanted memories, self-blame.
- Behavioral: sleep problems, crying easily, excessive activity level, increased conflicts with others, hyper vigilance/startle reactions, isolation/social withdrawal, distrust, irritability, feeling rejected or abandoned, being distant, judgmental, or over-controlling. Abuse of substances and/or alcohol is also a common symptom.[6]

Psychological first aide is usually offered to traumatized individuals during the first 48 hours after a traumatic event. Ritchie (2003) offered six components of psychological first aide:

1. Protect survivors from further harm.
2. Reduce physiological arousal.
3. Mobilize support for those who are most distressed.
4. Keep families together and facilitate reunion with loved ones.
5. Provide information, foster communication and education.
6. Use effective risk communication techniques (p. 45)[7].

To restore individual's strength, counseling should be offered for those in fear or suffering from depression, material and emotional assistance for those injured or bereaved, facilitating communication among ethnic and religious groups, promoting programs that encourage young people to respect differences and diversity, and protecting and advocating for marginalized and vulnerable people in the community.[8]

Trauma survivors of a terrorist attack are not limited to the public. Individuals working in public health are at personal risk during and after the attack. They may fear being contaminated by biological, chemical or nuclear agents. They are also concerned about the wellbeing of their own families. These agents can produce changes in their

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mental state, impaired concentration, psychomotor changes, slowed speech, anxiety and irritability. [9]

Local Boards of Health can also work with government agencies including the Federal Emergency Management Agency (FEMA) and the Center for Mental Health Services by providing assistance in a disaster's aftermath. The National Voluntary Organizations Active in Disaster (NVOAD), the National Organization for Victim Assistance (NOVA), and the American Red Cross can help public health officials gain valuable information in providing support to their communities. Local Boards of Health can become better informed by reaching out to these organizations and obtaining their protocols for working together in times of disasters and terrorist acts.

Barbara Rubel is the Executive Director of the Griefwork Center, Inc. in New Jersey. She is the author of three books, *But I Didn't Say Goodbye*, *Death, Dying, and Bereavement*, and *Compassion Fatigue*. Website: www.griefworkcenter.com

Resources

FEMA: U.S. Dept. of Homeland Security
http://www.fema.gov/news/disasters.fema
SAMHSA www.mentalhealth.samhsa.gov
National Institute of Mental Health
http://www.nimh.nih.gov/health/publications/anxiety-disorders/com+plete-publication.shtml#pub4
National Organization for Victim Assistance (NOVA)
http://www.trynova.org
National Voluntary Organization Active in Disaster (NVOAD)
http://www.nvoad.org

Citations

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[3]Center for the Study of Traumatic Stress; Uniformed Services University of the Health Sciences
Department of Psychiatry.
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Ritchie, E. (2003). Mass violence and early intervention: Best practice guidelines. *Primary Psychiatry, 10*(8), 43-48.

[7]Tsui, M. S., Cheung, F.C.H., (2003). Dealing with Terrorism: What Social Workers Should and Can Do*, Social Work, 48*, 4.

[8]Shalev, A.Y. (2002). Acute stress reactions in adults. *Biological Psychiatry, 51*, 532-543.

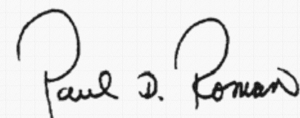
President's Message (Continued from page 1)

Your association is also planning to present two orientation workshops for Board of Health Members on March 7 and March 14, 2009. The March effort might be in conjunction with NJEHA in Atlantic City.

The NJDHSS has just announced that they will initiate the Statewide Public Health Assessment, which is the statewide version of the National Public Health Performance Standards Instruments. The PHACE has been selected by the State to form the steering committee for this huge project. We will be looking for board members to serve on working groups in the near future.

I would like to welcome Ms. Dianna Lachman as the newest member of our NJLBHA Board of Directors. She is a longtime member of the Englewood BOH and the Englewood Volunteer Ambulance Corps.

In closing, we recognize the severe limitations on local budgets and in particular BOH funding. But, we need your active support both at NJLBHA and NALBOH. Both of these organizations are gaining recognition and respect at the state and national levels. If **Public Health is ever to be properly funded, it is only going to be in response to your numbers, your dollars, and your voice.** We need you!! Please consider dual memberships, and thanks.



PUBLIC HEALTH: A COMMUNITY PARTNERSHIP

By Dianna Lachman

President, Englewood Board of Health

Webster's New Collegiate Dictionary defines public health (n) as the art and science dealing with the protection and improvement of community health by organized community effort and including preventive medicine, and sanitary and social science.

According to this definition, there is little that goes on in one's community that does not impact public health. Therefore, it is imperative that Boards of Health and their respective departments not only provide state mandated programs, but they must go a step further and reach out to all manner of resources in the community at large to form partnerships that will promote and enhance new avenues of dialogue as advocates for the public's health and well-being. Society and its needs are dynamic, ever-changing and not static. Health of body, mind and spirit is always evolving, requiring diverse approaches at different times.

A well rounded Board of Health, which includes members with varying areas of expertise and interest, is a wonderful base with which to reach out to organizations and other departments within the community to actively recruit ideas and people. Partnering with groups of senior citizens, schools, volunteer organizations, libraries, fitness centers, etc. will not only establish goodwill, but it may provide innovative ideas and inject new energy into established programs.

Partnerships necessitate dialogue. With the exchange of ideas and opinions, as well as extensive communication among the health departments, the constituents they serve and the various community resources, (i.e. schools, clubs, senior centers, houses of worship, etc.), Boards of Health strive to foster a truer sense of cooperation and interest in their efforts to promote the well being of the public.

Governance Assessment Project

Good news for NJLBHA members. There is a phase 2 Governance Assessment project which will enable local Boards of Health to enhance their local public health evaluation efforts as well as developing a continuing education program for Board members. Your State Association will again be available with food and beverage to conduct this exercise in a non-threatening environment. This project is an important step in the process to be ready for State accreditation of local health departments which can position Boards and their agencies for prioritization in awards for funding. We will be reaching out to Boards in 2009 to schedule the assessments.

There were bratwursts instead of reindeer hot dogs and no glaciers in the neighborhood, but the 2008 convention of NALBOH had more than enough excitement and interest. Held at the Monona Terrace Convention Center in Madison, Wisconsin, a building designed by Frank Lloyd Wright, the annual gathering was combined with the meetings of the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards, for a total attendance of 555 people, far more than our average.

President Paul Roman and Secretary Walter Stein attended the convention, along with President Vernie Ellis of the East Orange BOH and a representative of the Robert Wood Johnson Foundation from Princeton.

We were literally deluged with an abundance of seminars, breakouts, speakers and conclaves during the week; so many that we could not attend them all. There was also an enormous expo of vendors, associations and schools of public health.

Once again, far more New Jersey local boards joined our Association than NALBOH. We recognize that many of you believe that your limited resources are better spent in New Jersey. However, public health issues at the national level also require our attention and resources. Please consider joining NALBOH in the future.

Next year, the NALBOH convention will be held in Philadelphia, Pennsylvania, at the Society Hill Sheraton and we want ALL our New Jersey boards there! It's a short drive from anywhere in New Jersey. The convention is scheduled for July 1st through 3rd and you can stay in Philly for the best 4th of July celebration in the United States. See you soon.

Walter A Stein

NALBOH Regional Director and
NJLBHA Secretary

NJLBHA Remarks at Commissioners Conference

Let me say that it is an honor to be able to welcome all of you to the conference and share a few thoughts with you about the direction of public health in New Jersey. Our President, Paul Roman, is in the hospital and could not be here but sends his regards.

We are all here because we are committed to enhancing public health services in our state. One of the biggest threats to public health in NJ traditionally has been under funding. Particularly now, with financial concerns and budget cuts ahead, we must ensure that we maximize our efforts to not only increase funding but also to ensure the best utilization of those funds.

It is, of course, crucial that we make the most of every precious dollar that we have to deliver the needed services to the members of our communities and all the citizens of our state. One of our concerns is that some would attempt to do this by a simplistic solution of forced or pressured regionalization of public health services We, as members of Local Boards of Health, have always worked with our health officers and staff to identify savings and potential shared services with surrounding communities. It is a natural process that develops from common interests and the actual needs of the town's residents. It considers those needs, and other pertinent factors such as transportation issues and geographic proximity. The ultimate example of this is the fact that we have about 115 health departments servicing about 550 municipalities.

We must constantly be alert to the needs of our residents. We have a diverse population in New Jersey and a one size fits all approach, whether it be on a regional or county-wide basis, is not often the best approach to take. Often, it sets up unnecessary barriers to the delivery of needed services. As members of Local Boards of Health, we are ethically and morally obligated to guarantee that the needs of each of our residents are met. Just as each of you, as health professionals, are committed to the well-being of the public you service.

County and local health official have to work together without rivalry. State officials have to realize the value and tremendous resources that exist on the local level and all of us working together will lead to a brighter future for public health in New Jersey.

As members of Local Boards of Health, most of us do not have the pleasure of being able to attend conferences like this because of commitments to our jobs. That does not mean that our hearts are not here. We also realize that we must rely on the skills and knowledge of our health officers, staff and each of you as public health professionals to give us the information we need to make decisions and recommendations for programming, budgeting, and the adoption of new ordinances. We have long been proud of our working relationship with New Jersey Health Officers Association. In fact, it was a small grant from that organization that helped get us started back in 1992. We will continue to work closely, hand in glove, with the New Jersey Health Officers Association and all of you, as professionals in achieving the highest level of public health for all the citizens of New Jersey.

Note: These remarks were prepared by John Saccenti and presented by Dr. Harris J. Levine at the Commissioners Conference on October 23, 2008.

Save the Date

An Orientation Program for all members of Local Boards of Health:

Role and Authority of Local Board of Health Members

Your association is offering two free workshops on your role and authority, open to all NJLBHA members on March 7th at 1 p.m. in Englewood, NJ and March 14th at 10 a.m. in South Brunswick, NJ. Further information will be sent and registration forms will be posted on our website www.njlbha.org .

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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