New Jersey
Local Boards of Health Association
NEWSLETTER

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President's Message

Our association continues its slow but steady growth thanks to those of you who have recently joined for the first time or rejoined us after a period of inactivity. We also are pleased with the continued growth in our number of National Association of Local Boards of Health (NALBOH) memberships from New Jersey. We hope we did not confuse you with the dual invoicing done by NALBOH and NJLBHA. This seems to be an effective means of reaching you. We will continue this effort next year.

NALBOH is working on adoption of a wonderful database developed by the Massachusetts Health Boards Association which will enable NALBOH and NJLBHA to share membership information and track such essential elements as dues status, board composition, training and other related items. Our State Department of Health has agreed to provide us with the essential elements of their Board Registration Forms, submitted by you, to establish this database.

The Local Health Officials' Conference keynoted by Health Commissioner Jacobs was a worthwhile day at which we would have liked to see many more of you. We had to fight for seats up until last year and need to show increasing interest through attendance which we have not yet been able to achieve. This conference, by statute, is for you *and* your Health Officer. If your H.O. is not giving you timely notice of this annual event you need to correct this deficiency.

We are hoping to do something different this year in regard to our own annual seminar. The New Jersey Environmental Health Association (NJEHA) runs a world class annual conference in the Tropicana Hotel in Atlantic City in March. NJLBHA is in discussion with NJEHA regarding the possibility of having a Sunday/Monday blended program at this event. This would enable those of our members who can take advantage of NJEHA's program, the full range of their sessions. We would target our subjects on Sunday and early Monday and would assist NJEHA with some program enhancements. More to follow shortly on this so watch your mail.

I was privileged to attend the NALBOH annual conference in September in Anchorage, Alaska along with Walter Stein, our

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Visit our website: www.NJLBHA.org

MCC – An Innovation in Emergency Preparedness and Response

By

Ed Peloquin

The letters MCC stand for Medical Coordination Center program. The medical coordination center program consists of nine communication sites distributed throughout the state. The sites are located in hospitals, but not owned by the hospital. Each of the five health planning regions of the State has at least one MCC; in some cases, such as in the dense Northeast there are four sites. At each MCC there is a significant amount of high technology, state of the art communications equipment. There is also ample room for trainings and meetings. The funding was provided by federal bioterrorism funds administered by the Health Infrastructure Preparedness and Emergency Response officials in NJDHSS. Each site has a small, core staff. However, when activated to respond to an event, the MCC's will depend on the core staff and professionals drawn from both the private and public providers of health services, including local health departments.

The MCCs' are not "first response" sites, nor are they emergency operation centers. Their primary function is to coordinate communications and assist in maintaining situational awareness and the common operating picture for those in command and control of response and recovery. This is especially true for the healthcare consequences of any disaster. It is expected the MCCs' will provide the means to have State assets respond and deploy when and where most useful, while sensitive to regional differences.

The preparedness responsibilities of MCCs' are to develop regional health response and recovery plans, conduct training and exercises and maintain on going information/communication gathering among and with the local public and county health authorities and the private sector, including non government organizations. Information will include such things as hospital diversion status, healthcare facility bed availability, pharmaceutical stockpile status, epidemiological trends between counties and EMS system status.

Each MCC is linked with the HIPPOCRATES information/data system used by the NJDHSS Healthcare Command Center. This is for real time event communications, tracking and coordination of State asset deployments and integration with the NJ Emergency Operations Center (EOC).

The operation of each MCC is specific to the regional area. Each MCC is advised on all details by a council made up of persons representing the following: Public Health; LINCS agencies, EMS, fire services, law enforcement, ambulatory care centers, home health care providers, long term care and senior housing providers, hospitals and other subject matter experts the advisory council deems necessary. The NJDHSS state staffs are assigned to a specific region. They are participants in council deliberations to assure coordination among regions and accurate information exchange between State level officials and the regional representatives.

Report from NALBOH

By Walter Stein, Secretary , NJLBHA

We are the New Jersey affiliate of the National Association of Local Boards of Health (NALBOH), which serves to unite the 3200 boards of health in the United States. I serve as Mid-Atlantic regional director of NALBOH, covering states from New Jersey to Virginia.

We work closely with NALBOH and its staff on many issues of concern to New Jersey boards, including the environment, emergency preparedness, legislation, tobacco use prevention, chronic disease and board functions and authority. We are among the eleven states with a state association affiliated with NALBOH. Several other states are in the process of forming associations like ours.

NALBOH's annual conference, held in a different state every year, is tailored especially for local board of health members. It features educational sessions on topics relevant to our activities and goals, plus chances to network with other board members to learn how better to govern and to promote public health in our communities.

NALBOH also focuses on getting professional recognition for local health boards through an accreditation process. NALBOH also has programs dealing with community planning, zoning and recreation. It also represents us in Washington, just as the NJLBHA represents us in Trenton.

The Public Health Performance Standards program, which asks every board to fill out a Governance assessment instrument, is a great educational opportunity for board members. PHPS has been a tremendous success in New Jersey, due to the cooperation between NALBOH and our Association. Over 150 New Jersey boards have already completed the Governance survey, far more than in any other state and we are currently completing another cycle of surveys, funded by the Centers for Disease Control and Prevention (CDC).

Our cooperation with NALBOH has even extended to membership and recruiting: they have mailed a joint membership renewal notice to New Jersey boards of health, so that you can join the national and state associations at the same time, saving us both considerable marketing funds.

We relish this relationship with NALBOH and intend to continue to use their staff and resources to further our objectives in New Jersey.

The Time is Now for Cat Licensing

By Michael Melchionne, President

New Jersey Certified Animal Control Officers Association

Maybe it was behind the shopping center or the hospital. It could have been on the dunes near the ocean. Or, it may have been in the marsh grasses of an environmentally sensitive area. Then again it may be right out of your very own living room window or near the dumpster of your apartment complex. Where ever it might be, multiples or groups of domestic cats are popping up everywhere.

All you need to do is take a walk through your local impoundment facility or animal shelter. Or take a look at the monthly statistics and expenses being incurred by your municipality. You will notice that two (2) out of three (3) animals at these facilities are domestic cats.

Some are gentle and loving, and are perfect candidates for adoption as a companion animal. Some are more feisty, independent and self reliant, but perfectly redeemable with some human intervention, to be a loving dependent of a patient human. A large majority however are aloof, secretive, garbage raiding, property damaging, wildlife disrupting feral cats. "Feral cats" are contrary to some opinions, a domestic cat plain and simple. Through irresponsible human behavior, (which started over 4000 years ago), these domestic now feral cats, have found themselves living, breeding and dieing outdoors without the protective custody of a caring home, so deserving of this companion animal.

Dr Myra Wieger, Professor at Kean College, revered by New Jersey's certified Animal Control Officers as the "Godmother" of Animal Control, proclaimed very early on in our professional development that, " If you give an animal value, you give it a better life". Unfortunately not only in New Jersey but in the rest of the country as well, domestic cats are viewed by society as a disposable commodity! There are few if any statues or ordinances that deal specifically with cats. For centuries folklore has followed this domestic companion animal. Black cats and bad luck, witches and Halloween, don't let the cat near the baby it will smoother it! No wonder the door is opened and the cat let out. If it doesn't come home in a day or two it's called a "dirty stay out", probably found a girl/boyfriend. Are you starting to get the picture now?

Here are some very interesting and verifiable facts and that all health jurisdictions in New Jersey need to recognize:

1. 2 out of 3 animals at an impoundment facility are cats.
2. Approximately 50 % of animal control responses involve cats.
3. A significant portion of all animal control agencies operating expenses are used in the collecting and impounding of cats.
4. 2 out of 3 surgeries performed by veterinarians through the Animal Population Control Program, APCP are cats.
5. All monies brought into the APCF are derived through dog license fee's, not cats.
6. On the average 2out of 3 animals vaccinated at local rabies clinics are cats.
7. The funds for rabies clinics are derived by fee's from NJ's mandated dog licensing fund.
8. Domestic cats are the 4th highest carrier of rabies in NJ. Much greater than most wildlife species!
9. A human's chances are 7 times greater of contracting rabies from a domestic cat than a raccoon
10. New Jersey has been declared "rabies free" in canines.

New Jersey has 566 municipalities. At last count, according to the New Jersey Department of Health and Senior Services 328 municipalities require cats to be vaccinated and licensed. In these troubled economic times the municipalities that aren't requiring cat licensing are missing out on a basic way to offset the costs of their animal control programs. From a public health perspective it makes perfect sense.

Vaccinating and licensing domestic cats in every NJ municipality is not the only answer, but it's a start. Throughout our professional development New Jerseys certified animal control offers have prescribed to a very basic concept. That concept is to educate people to be a responsible pet owner. We have seen a remarkable change with regards to canines in the last 25 years. Our opinion is quite simple, domestic cats deserve to be valued by societies equivalent to that of a dog. We believe that the days of the domestic cat being viewed as a second-class companion animal are long past. In our world of political correctness, why can't a cat be considered mans/woman's best friend?

Municipalities need to enact local cat ordinances similar to those for dogs. Cats running at large lead to negative perceptions: defecating in gardens and children's play areas, urinating to mark territory creating offensive odors, killing beautiful song birds, scratching cars and howling at night waking everyone up to name a few.

Free roaming cats are subjected to a variety of hazards: hit by cars, being caught in vehicle motors trying to stay warm, being a victim of an act of animal cruelty due to being a nuisance to someone who views cats in a negative contents! Free roaming cats may be the dinner for a variety of wildlife; coyote's or birds of prey. They are also subjected to parasites, fleas and ticks, which may be brought into the home or even worse contagiously fatal viruses!

As health professionals we would never consider releasing an un-adoptable dog into a wild pack or colony. Why then do we consider this an acceptable fate for the domestic cat? Are we really more humane to re-release a cat back into the environment to combat the elements and hazards for the rest of its life? Only to develop a negative perception by the majority of society! Let's save that conversation for another day.

Smokeless Tobacco Isn't Harmless

By Dr. Harris J. Levine

Let's say you are a smoker who, because of newly passed legislation, is forced to go outside of your workplace, or a restaurant, or any enclosed public space to "enjoy" your deadly habit. Frustrated by having to stand out in the rain, snow, heat or any other unpleasant weather condition, you finally decide to give up on the banishment routine and stay with your friends and/or coworkers and remain inside. You're going to use "smokeless" tobacco instead. Sure, you can get the same tobacco high and satisfy your body's addictive craving for nicotine. Your hair and clothes won't smell like an old ashtray and you can stay inside with everyone else. Besides, many of your sports heroes use it and they're doing fine. You think you've found the perfect substitute, right? Wrong!

The American Cancer Society's Prevention Study II concluded recently: "The risks of dying from major tobacco-related diseases were higher among former cigarette smokers who switched to spit tobacco after they stopped smoking than among those who quit using tobacco entirely."

The damage done to one's system from smoking has been well documented. The damage from smokeless tobacco as a substitute for smoking is showing up in larger numbers than ever. As a practicing dentist I have had the opportunity to see several patients who are chronic "dippers." These patients all exhibit the same oral conditions at the site of their tobacco placement. The gum and cheeks appear as white "corrugated" rough patches. The gum tissue has started to shrink away from the teeth exposing the softer root surfaces to decay and causing periodontal disease. It is during this precancerous period where stopping the use of smokeless tobacco can reverse most of the damage. With long term use the tissue continues to be irritated enough to produce the excess keratin that makes it appear white. This leukoplakia can develop into verrucous carcinoma or squamous cell carcinoma of the oral cavity and pharynx. Verrucous carcinoma is slowly and locally invasive. Squamous cell carcinoma is invasive and metastatic and has a low survival rate. Treatment of these types of cancer includes surgery as well as radiation and/or chemotherapy. These treatments that will sometimes prolong the life of the chronic spit tobacco user will almost always leave him or her facially disfigured after removal of part of the lower jaw accompanied by complete neck dissection to remove affected lymph glands.

I have seen patients with precancerous lesions. After tissue biopsies confirmed the diagnoses and with proper counseling these patients gave up the habit. I have also seen a patient who could not quit. He died after a long period of treatment that included radiation to his face and neck (causing his salivary glands to shut down leading to severe and painful tooth decay), having the right side of his lower jaw removed and his neck was sunken in from the removal of all the glandular tissue that had been affected. During the last few months of his life he was only able to take his meals liquefied through a straw.

So when you see "less" on the label of this tobacco product, do not confuse smokeless with harmless.

Save the Date

September 24, 2008 ~ PHACE conference (Public Health Association Collaboration Effort)

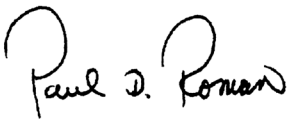
October 23, 2008 ~ Annual Commissioners Conference

Both conferences will be held at the Mercer County Community College. Further details to follow.

(President's message— continued from page 1)

State Secretary and NALBOH Regional Director. The conference was attended by over 260, their second largest ever. We had a great program with a super roster of presenters especially those from CDC and the USPHS who briefed on planning and current investigations dealing with food safety and recent outbreaks. There was also much discussion about global warming since Alaska is already experiencing significant, negative effects. The flight was kind of long and painful and when asked if I found Alaska exciting and would I go back, I responded I'll go in a heartbeat if they move it to Iowa. Next year's conference is in September in Madison, Wisconsin.

The Department of Health recently released "an interim report" on the status of public health, departments and boards in NJ. They apparently would welcome comments prior to the issuance of the final report. Contact your Health Officer to get a copy. You need to read this document. Although it again alludes to consolidation, there are many aspects of service delivery which are addressed, some of which could stand improvement by one of several means. Your leadership was a party to many of the discussions that helped frame this report. While we agree on many of the subjects addressed and the possible solutions discussed, we do not believe in county consolidation just for the sake of eliminating departments, especially those with a high degree of efficiency and effectiveness. We also take issue with the discussion on departmental costs which are incorrect and misstated.



The NJLBHA is constantly striving to preserve and increase public health for New Jersey. One of the ways you can assist in helping ensure appropriate funding is to have your BOH or governing body pass the following resolution and send it to the governor and your legislators.

MODEL

RESOLUTION

PUBLIC HEALTH DEDICATED FUNDING 2008

WHEREAS, in August 2007 an analysis of the local public health infrastructure in New Jersey was conducted by the State Health Department Office of Public Health Infrastructure, and

WHEREAS, the analysis expressed that there is a great deal of instability and complexity in the arrangements among municipalities for local health services, and

WHEREAS, all health departments in New Jersey are expected to be able to provide community-wide health assessment and planning, assuring that services are available to meet the identified community needs, and

WHEREAS, the 2001 Robert Wood Johnson Foundation report "Crafting a Restructured Environment" concluded that "New Jersey's current public health system is antiquated, outdated and ill-equipped to respond to 21st century imperatives, and

WHEREAS, the Robert Wood Johnson report recommended "Funding for public health must be directed to infrastructure development", and

WHEREAS, the 2005 NACCHO (National Association of County and city Health Officials) survey ranked New Jersey as one of the 4 states providing the lowest level of funding in support of local public health services at less then .50 cents per capita in state funding, and

WHEREAS, the mean annual expenditure level for all local health departments in the United States was $32 per capita, and

WHEREAS, the data reported from the NACCHO survey shows that local health departments in New Jersey derive a higher percentage of their operating budgets from local funds than in any other state.

THEREFORE, BE IT RESOLVED that the Board of Health of _____ recommends to the State Legislature and the Governor that local public health be provided with a dedicated source of state funding sufficient to assure that local public health departments are equipped to respond to 21st century imperatives including emerging pandemics, safety of our food and water supply, and provision of population based strategies for prevention of communicable and chronic diseases.

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: _____

_____

NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION
P. O. Box 5069
Kendall Park, New Jersey 08824