



New Jersey Local Boards of Health Association

Newsletter

Volume 19, Number 1

www.NJLBHA.org

Spring, 2013

President's Message

Public Health at a Crossroads -- Where Do We Go

Public Health is in trouble and we need to fix it. It is time for all of us to take a new look at how we function and how we are funded.

I have been a member of my local Board of Health since 1986. During those 27 years I have seen many changes and as the Beatle song says, "Some forever, not for better." Change will continue to occur. You must grab the opportunity to shape those changes or they will shape you.

Most recently, Sandy has demonstrated the need for strong and effective local public health. Local health departments were in the forefront of the response to that disaster. That crisis highlighted some of our strengths and revealed some areas where we need improvement. During that crisis, members of local boards of health manned emergency telephones, worked with the mayor and emergency management teams, helped man shelters, and gave oversight to the public health needs of our communities impacted by the storm, AND WE LEARNED.

We learned that when the infrastructure is crippled by flooding, downed trees, lack of power and lack of fuel, it becomes pretty apparent that each community must fend for itself. Some concepts were proven to be simply 'pie in the sky' such as establishing county wide shelters when you have no way of getting anybody to them.

We learned that the identification of individuals with special needs is essential and had to require preplanning and local implementation.

We learned again that public health is a crucial factor in emergency management and is a key to success.

(Continued on page 3)

Minimum Standards for Shared Services Agreements

Shared services is a concept we have all used for years in NJ. It is a positive approach to maximizing resources to deliver in our case, Public Health services. It can be a great tool or it can be misused. NJLBHA has identified five principles that should be adhered to in any shared services agreement.

1. It should be required that all municipalities or counties that enter into an agreement to provide or receive public health services must include participation of and endorsement by the Health Officer, representatives from both Boards of Health and Governing Bodies and approved by the State Department of Health.
2. Any agreement must ensure that there is no loss of existing services to any community involved in a shared services agreement. This of course includes frequency of inspections, number and convenience of clinics for the

(Continued on page 6)

In This Issue

President's Message.....	1
Minimum Standards for Shared Services Agreements.....	1
NJLBHA Endorses Comprehensive Tobacco Resolution	2
What Does Your Local Health Department Do?.....	4
Insurance Lessons from Sandy	6
SPOTLIGHT ON...Mount Arlington.....	7

NJLBHA Endorses Comprehensive Tobacco Resolution

NJLBHA is urging all Boards of health and governing bodies to pass the attached resolution and send it to those indicated in the resolution. This resolution makes sense both financially and from a public health standpoint.

BOARD OF HEALTH

Resolution of the _____ Board of Health urging the State of New Jersey to adequately fund its comprehensive tobacco control program in FY2014 and subsequent years.

Resolution No. R2013-1

WHEREAS, Lung cancer is the number one cancer killer with the vast majority of cases caused by smoking, and smoking also causes cancer of the oropharynx, larynx, esophagus, pancreas, bladder and kidney, and;

WHEREAS, Tobacco use costs New Jersey residents an estimated \$3.17 billion in health care costs, including \$967 million in Medicaid expenditures by state and local governments,¹ and;

WHEREAS, Nearly 9,700 New Jersey children will become regular daily smokers,² and;

WHEREAS, It is estimated that in 2011, 4,492 New Jersey residents died from cancers that result from smoking, representing 27% of the total number of cancer deaths in New Jersey,³ and;

WHEREAS, The U.S. Centers for Disease Control and Prevention (CDC) recommends that New Jersey spend between \$72.1 million and \$154.3 million every year on its comprehensive tobacco control program, with a median recommendation of \$119.8 million,⁴ and;

WHEREAS, New Jersey has raised over \$5 billion in tobacco revenues over the past five years, yet state spending on Tobacco Control Programs has plummeted to ZERO allocated state dollars in FY2013, ranking the state 50th in the nation for funding its Tobacco Control Program,⁵ and;

WHEREAS, the primary purpose of the 1998 Master Settlement Agreement was to provide states with funding to remedy the public health problems and increased health costs posed by tobacco use, and;

NOW, THEREFORE, BE IT RESOLVED by the _____ Board of Health of the _____ of _____, in the County of _____, State of New Jersey, as follows:

1. The _____ Board of Health urges the State of New Jersey to fund its comprehensive tobacco control program in FY2014 and subsequent years in the amount of \$119.8 million as recommended by the U.S. Centers for Disease Control and Prevention (CDC.)
2. The _____ Board of Health Secretary is directed to forward copies of the resolution to the office of the Governor of the State of New Jersey, the State Legislators representing _____, the Speaker of the New Jersey General Assembly, the President of the New Jersey State Senate, and the Commissioner of the New Jersey Department of Health.

Adopted: _____

_____, Board of Health Chairperson

1 U.S. Centers for Disease Control and Prevention, "Best Practices for Comprehensive Tobacco Control Programs – 2007, October 2007, p. 89 (NJ). See: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/bestpractices_complete.pdf.

2 Centers for Disease Control, *Sustaining State Programs for Tobacco Control, Data Highlights 2006*.

3 American Cancer Society, *Estimated Number of Cancer Cases and Deaths by State, 2011 Updated*.

4 Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs – 2007*, Atlanta; US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007, p.54.

5 Campaign for Tobacco-Free Kids, et al., *A Decade of Broken Promises: The 1998 State Tobacco Settlement Fourteen Years Later, 2012*, <http://www.tobaccofreekids.org/reports/settlements>.

We learned again that local public health needs better funding to protect the public.

The issue of insufficient funding has been the constant most significant threat to public health since I have been involved in public health. Municipal budgets are decimated by the decreases in ratables. Contending demands from more glamorous departments like police, fire and recreation often push the misunderstood public health/ health department needs further down the totem pole of the budget's priorities.

NJLBHA is advocating for the establishment of a permanent source of funding for public health. There are various ways of going about that including legislation that would allow the establishment of dedicated accounts. In municipalities that choose to do so, that will allow income generated by fines and licenses to help directly fund public health. Another method would be an extremely low surcharge on certain types of payments to hospitals and providers by carriers who in turn will see a decrease in their costs due to preventative public health programs. I think many of our communities have reached the end of their ability to do more with less.

We must also take a look at restructuring the public health system. Shared services have been a traditional method used by health departments and boards of health to maximize the available resources and avoid redundancy. That only works if it is mutually beneficial to each municipality involved. (Please see the accompanying article on shared services.)

We have always been advocates of community involvement in the development of public health policy. Members of local boards of health are both the community representatives for policy input and the eyes and ears of the community. We are people in the community that often know best the needs of our neighbors. But, what happens if that is not occurring?

What If the system has deteriorated to the point that no local input is given, or that a large county wide or larger health department starts telling a local community what they need or don't need without input from the community?

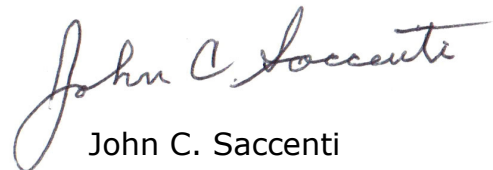
Unless there is public input into the community health needs, the people of the community are being cheated and the community will suffer. Since there are elected and appointed officials who are responsible to serve as a local boards of health, and who may not be aware of their responsibilities NJLBHA has designed on line training. (<http://www.njlbha.org>).

If we have to restructure the public health system in NJ by taking a hard look at the best methods to obtain public input from those remaining local boards of health, governing bodies, and/or large health departments who have not been functioning as they should, then it is time to do so. The NJ Local Boards of Health Association has spent 20 years educating members of Boards of Health, and offering assistance in any way possible. It is time for us to take a hard look at how we function and how we are funded. I would recommend the establishment of a State committee or working group with the NJ Department of Health comprised of members of local boards of health, elected officials aware of their responsibility to public health, health officers, health educators, registered environmental health specialists, and public health nurses, to:

1. Study ways we can improve community public health
2. Increase local input into the public health decision making process
3. Address public health funding issues and establish a permanent funding source for local public health.

Additionally, I propose that the NJLBHA, The Health Officers Association and the Department of Health develop training and informational programs to educate our local governing bodies on the importance of public health.

And lastly, I ask the Department of Health to work with municipalities throughout the state to insure they are meeting their statutory responsibilities to establish and or serve as a Local Board of Health under the Public Health Practice Standards.



John C. Saccenti

WHAT DOES YOUR LOCAL HEALTH DEPARTMENT DO?

Have you ever been asked what your LOCAL health department does? The New Jersey Association of City and County Health Officials has put together a partial list of activities a health department is responsible for and in turn so are you as a member of a Local Board of Health. We suggest you keep a copy of this list handy both to answer that question and to insure that your health department is providing the services your community needs.

ADULT HEALTH PROMOTION

Cancer Screening and Counseling

Cervical Cancer

Breast Cancer

Colo-rectal Cancer

Prostate Cancer

Skin Cancer

Diabetes Screening and Counseling

Cardiovascular Disease Screening and Counseling (Blood Pressure Screening)

Home Health Visits for Seniors (BP Screening, Fall Assessment, Access to Care Screening, etc.)

Adult Vision Screening (Glaucoma and Vision Acuity)

Adult Hearing Screening

Home Health Nursing Services (Home Patient Care, Skilled Nursing, Physical Therapy, Post Hospital Care, etc)

Podiatry Clinics

AIR & NOISE POLLUTION CONTROL

Dry Cleaner Inspections

Generator & Boiler Inspections

Air Pollution and Odor Complaint Investigation

Noise Complaint Investigation

Underground Storage Tank Vapor Recovery Inspections

Smoking and Indoor Air Regulation

Radon Testing and Education

COMMUNICABLE DISEASE PREVENTION

Investigate disease outbreaks (STDs, TB, Hepatitis, Meningitis, etc.)

Immunizations for infants, children and adults

School and Day Care Immunization Audits

Tuberculosis Testing and Treatment

Sexually Transmitted Disease Testing Counseling & Treatment

Influenza and Pneumococcal vaccinations

COMMUNITY HEALTH PROTECTION

Regulate and Inspect Retail Food Establishments (Restaurants, Mobile Vendors, Bars and Vending Machines)

Regulate and Inspect Bathing Places (Public Pools, hot tubs, lakes and ocean beaches)

Regulate and Inspect Tanning Salons

Regulate and Inspect Body Art Facilities (Tattoos and Piercings)

Regulate and Inspect Campgrounds (Family Campgrounds)

Regulate and Inspect Youth Camps (Summer Day and Overnight Camps)

Multiple Dwelling Regulation and Inspection (Heating and other Housing Issues)

Vermin Control Investigation

Noxious Weeds Investigation

EMERGENCY PREPAREDNESS

Public Health Emergency Planning & Exercise
Public Health Emergency Notification System

HAZARDOUS MATERIALS

Hazardous Materials Response Team
Discharge Investigation
School Chemical Management
Right To Know Information

HEALTH EDUCATION, PROMOTION AND ADVOCACY

Community Health Assessment (Community Health Profile, MAPP, County Health Ranking)
Community Health Partnership Development
Community Health Planning
Smoking Prevention Education
Nutrition & Exercise Education
Right to Know Training
Bloodborne Pathogen Training
CPR Training
Emergency Preparedness Promotion and Education
Community Health Fairs

MATERNAL AND CHILD HEALTH PROMOTION

Nutrition and Counseling Services
Child Health Conferences
Women, Infants and Children (WIC) Program
Blood Lead Screening for Children
Childhood Lead Poisoning Risk Assessments
Lead Paint Abatement Investigation
Prenatal and Postpartum home visits
Childhood Vision Screening
Childhood Hearing Screening
Tobacco Age of Sale Enforcement

PESTICIDE CONTROL

Inspections of Landscapers, Schools, Golf Courses and Multi-Family Dwellings
Complaint Investigations
School Integrated Pest Management

RABIES & ANIMAL CONTROL

Dog & Cat Licensing
Animal Bite Investigation
Picking up Strays
Assistance with wildlife conflicts
Rabies Vaccination Clinics for Dogs & Cats
Inspections of Kennels, Shelters, Pet Shops & Pounds

SOLID WASTE CONTROL

Illegal Dumping
Landfill Inspections
Recycling Center Inspections
Compost Facility and Farm Mulch Site Inspections
Hauler Truck and Container Inspections and Investigations
Wasteflow Investigations
Transporter Route Investigations
Recycling Investigations and Surveys
Community Clean Communities Program

WATER QUALITY PROTECTION

Non-community Water Supply System Regulation and Inspection
Well Installation Inspection and Testing
Septic System Regulation and Inspection
Private Well Testing Act Notification and Investigation
Stream and Surface Water Monitoring
Abandoned Well Investigations
Well Contamination Investigations
Physical Connection Inspections
Bathing Beach Monitoring
Underground Storage Tank Inspections
Residential Underground Storage Tank Assistance

VITAL STATISTICS

Marriage and Domestic Partnership Licenses
Birth and Death Certificates
Burial Permits

community, response time, availability of Health Officer to the Board of Health, etc.

3. Enforcement and provision of services must include enforcement and support for all municipal health ordinances and not just the general provisions in Public Health Practice Standards.
4. Any agreement must insure the continuing supervision of any funds generated by these agreements and must stay in the Local Health Department budget to provide funding for those contracted services or you simply will not be able to function or have an agreement in the first place.

These are minimum recommended standards. Any additional requirements including insuring specific staffing needs should be addressed by the communities involved.

Insurance Lessons from Sandy

I write this article so that our public is aware of some of the insurance problems that homeowners are experiencing.

Super Storm Sandy has caused a lot of property damage and the insurance companies have had to pay out for many claims. In some cases, they have not settled claims or are not paying out what they should or could. I am not saying that the insurance companies are not paying on the flood claims.

As you know, along the Jersey Shore the storm was a hurricane, as it moved inland, it was categorized as a rain storm and heavy winds not considered a hurricane.

The damage was so severe at the shore from high tides, rain, wind and full moon. However, inland, the rain, wind and high wind gusts caused roof and other damages, not to mention power outages. The insurance companies have said that some policies do not cover these incidents.

So, I am suggesting that everyone should look at your homeowner's policy and make sure you have full replacement, including chimneys, foundations, etc. Also, if you have two homes that are fully covered, not just your primary residence. Ask your agent to explain your coverage and make sure it covers super rain and high wind storms. Be sure that you have coverage for every possible scenario caused by severe storms, whether it is wind, rain, lightning and heavy snow. Another item that can be addressed on a homeowners policy is water back-up coverage. Ask your agent.

Read your policy carefully, and ask questions of your agent and insurance company.

Good luck with this.

Dan Caranoto
Mayor of Hampton, NJ and member of Hampton Board of Health

SPOTLIGHT ON...

Mount Arlington

Mount Arlington Mayors Wellness Committee, Board of Health, and Health Department
Prepare to Launch a Community Lifestyle Makeover Self-Challenge

The Mount Arlington Mayors Wellness Committee is dedicated to helping the residents of Mount Arlington achieve optimal health with an active lifestyle, and nutrition and health education. Please check our page on a regular basis for updates.

Mayor Ondish and the **Borough of Mount Arlington** have pledged to work cooperatively with the Mayors Wellness Campaign to implement new programs which will promote active living and healthier lifestyles for the men, women and children of our community.

Obesity is a public health emergency as it predisposes the population to diabetes, cardiovascular disease, cancers and a lower quality of life.

Working together, The Borough of Mount Arlington Mayors Wellness Committee, The Mount Arlington Board of Health and The Mount Olive Township Health Department are promoting health and fitness awareness within the Mount Arlington Community. Public Health Nurse Helen Giles is working with the Mayors Wellness volunteers to bring an exciting event to the community. The objectives of this program are to provide participants with an opportunity to evaluate their personal health and fitness goals, and to serve as a resource for community members by providing them with information for self-directed physical activity and nutrition improvement opportunities, as well as general information about improving overall health.

Intervention includes the use of www.choosemyplate.gov tools to encourage increased activity and more fruits & vegetables. Education materials include label reading, portion size comparisons and menu suggestions. Physical activity logs and diet diaries will be provided in written form and referenced to website for individuals with computer or smartphone access.

Support will be enabled through the development of a “Mount Arlington Lifestyle Makeover Challenge” Facebook page and the Borough of Mount Arlington Mayor’s Wellness Committee webpage <http://mountarlingtonnj.org/commissions/wellness-committee/wellness-news>. This provides an arena for members of the community to share their experiences, seek advice, gain support and possibly develop physical activity groups. The page would link to www.choosemyplate.gov and other credible sources (CDC, FDA, etc). The public health nurse will monitor activity and refer to resources.

In preparation for this community event a participation survey was sent to Mount Arlington residents. In the first days there were 95 responses!

Planning for the upcoming event includes technological support for the Facebook page, and identifying personnel to develop physical activity and community resources.

Christopher Anderson, president of the Mount Arlington Board of Health and a supporter of the Lifestyle Makeover and the Mayors Wellness Program, asks residents and children (in addition to this program) to focus on eating better foods and participating in outdoor activities. Both of these, says Anderson, will help with physical ailments, mental well-being and happiness in life.

--L. O'Reilly-Stanzilis, R.N.
Mount Arlington Board of Health

What's going on in your town? Please contact us @ newjerseylbha@gmail.com and tell us about it for an upcoming edition of our newsletter. We'd love to put your town in the spotlight!

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