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In the state of New Jersey most local boards of health are composed of private citizens appointed by the elected officials of their municipality. The appointees are given the responsibility of the jurisdiction's public health, or the elected officials themselves serve as the board.

New Jersey Local Boards of Health Association offers training and tools to assist local board of health members in understanding their roles and responsibilities.

This newsletter features an array of interesting and relevant public health topics including legal issues, animal control, epidemiology, prevention, and innovative and successful community health and wellness programs. Our accomplished newsletter contributors bring their expertise and perspectives, assuring that all our readers will take away some new information. Enjoy our Spring edition!

– news@<u>njlbha.org</u>

Local Boards of Health Encouraged to Become Familiar with the Emergency Health Powers Act

Michael Richmond, Attorney for NJLBHA

During the recent Ebola situation there was some concern and confusion as to what level of emergency we has come to. The Governor did issue an executive order which dealt with certain aspects to the public health emergency. This executive order came about because a communicable disease was going to be introduced into the State of New Jersey through persons who had been exposed to Ebola in Africa were returning to the United Stated through ports (namely Newa ... rk-Liberty).

The Governor's Executive Order did not implement the New Jersey Health Powers Act. This act which is referred to as NJS 26:13-1 et seq. has to be activated by an Executive Order which specifically enacts the New Jersey Health Powers Act.

Once enacted, the guidance for the basis for and procedures to implement isolation and quarantine will be established by the NJ Department of Health. All costs with regard to isolation and quarantine will be borne by the State. There will be an issue as to the costs of monitoring, since this responsibility will most likely be required of the local health department.

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From the Commissioner...

The Department Focuses on Workplace Wellness

By Mary E. O'Dowd, MPH, Commissioner New Jersey Department of Health

Employers play a key role in implementing evidence-based strategies that promote a culture of wellness and encourage healthy behaviors such as physical activity and good nutrition. And here in New Jersey, worksite wellness programs are gaining support among businesses interested in maintaining a healthy, productive workforce. The Department of Health recently unveiled a pilot of its **Working Well in NJ Toolkit** to 24 New Jersey businesses.

Most employees spend more waking hours at their worksite than any other setting. In fact, Americans spend one-third of their time at work, which provides

an opportunity to encourage a healthy lifestyle. Poor eating habits and physical inactivity are the major risk factors for obesity, which contributes to chronic illnesses such as heart disease and stroke.

Workplace wellness programs apply a coordinated and comprehensive set of strategies, including, benefits, environmental supports and links to the surrounding community, to meet the health and safety needs of all employees.

The *Working Well in NJ Toolkit* can help employers identify the strengths and limitations of current health and wellness promotion policies, convene a Wellness Committee for the worksite, and then develop a Work Plan designed to improve the worksite wellness program.

The toolkit is part of the *Partnering for a Healthy New Jersey State Plan* which is fostering best practices for health and disease prevention with the goal of reaching New Jerseys where they live, learn, work and play. The Department brought together the stakeholders engaged with the plan for the launch of the *Working Well in NJ Toolkit* as part of a statewide strategic planning meeting held on January 28 in East Brunswick. Forty-five stakeholders from corporate, foundation, academic and non-profit organizations also reviewed the results of a Stakeholder Survey that focused on best practices to address seven winnable battles to prevent and control chronic disease. As outlined in the State Plan, the winnable battles are: increase physical activity; improve nutrition; eliminate tobacco use; improve environmental health; enable self-management; increase early detection of disease and improve access to quality health care

Employers are in an excellent position to address these winnable battles by establishing a culture of wellness in the workplace. Businesses have a huge stake in promoting health programs and having healthy employees, who are energetic, engaged and

> committed to their job. These are objectives that require a concerted effort among management and staff at all levels and present a unique challenge for today's employers.

Our workforce mirrors our

country's population, which often consumes an unhealthy diet, has high rates of obesity, is inactive and is aging, all of which raise the risk of chronic disease. In fact by 2020, older workers age 55 and above will account for 25 percent of the U.S. labor force, up from just 13 percent in 2000. The resultant direct costs to employers include insurance premiums and worker's compensation claims. Indirect costs are realized in absenteeism, disability and lost worker productivity.

Obesity, for example, costs employers up to \$93 billion per year nationally in health insurance claims, according to the Centers for Disease Control and Prevention (CDC). For a company with 1,000 employees, the cost of obesity including medical expenditures and absenteeism is estimated to be \$277,000 per year.

A well-organized workplace wellness plan can lower direct and indirect costs to the employer. I encourage large, small and medium-sized businesses to make worksite wellness a part of the organization. The return on investment can be significant.



The City of Newark's Employee Wellness Program



Editor's note: In November 2014 I had the honor of representing NJLBHA at the New Jersey League of Municipalities Conference Joint Session—NJACCHO, NJLBHA, MWC, NJ Municipal Management Association & American Public Works Association panel presentation: How to Cut Costs and Save Money Through Employee Wellness. My presentation on building a healthy workforce included the City of Newark's successful initiative. Below, Personnel Director Kecia Daniels describes the program in her words. - Laura O'Reilly, R.N., Vice President, NJLBHA



A City We Can All Believe In



Department of Administration, Division of Personnel Kecia Daniels, Director

The City's Employee Wellness Program was conceived as a way to improve the health of our employees while increasing productivity (as a health workforce is a more productive workforce). We worked in phases to add to, and improve, the program over the years and the results have been amazing.

The program is data driven to guide our progress. The baseline was simply to get employees thinking about a healthy lifestyle. Initially, the program mirrored the First Lady's Let's Move health and fitness campaign. We had yoga, Zumba and a walking club. As time went on, we wanted to achieve certain benchmarks: increased participation and tracking different outcomes. We were outgrowing our office and we needed help to move the initiative forward.

MedPro, our wellness provider, was brought on to develop a program that will become a best practice for employee health and wellness. Under the leadership of MedPro and Hanaa Hamdi, PhD, Director of the Department of Health and Community Wellness, they've developed a full program that includes health coaching, discounts on gym memberships, employee group fitness activities, biometric screenings, health risk assessments, weight loss and fitness challenges and a host of other activities.

We are looking forward to the program this year, in particular, because it will be the first time that our health insurance provider will be reviewing our progress as we make the case for tangible results via real dollar savings in healthcare premiums.

Boards of Health and Animal Control

John Saccenti, NJLBHA Past President

Local Boards of Health have primary responsibility for the control of zoonotic diseases such as rabies that can be passed from animals to humans. The primary tool you have is your certified Animal Control Officer/or Animal Cruelty Investigator. The Law requires you to have one in your municipality. They can be employed by your municipality or contracted privately. Either way, they must be officially appointed. They must be certified by the NJ Department of Health by taking appropriate training.

You are responsible to ensure that they minimally provide the following functions:

- Pick up stray dogs and cats and all feral cats not in a recognized colony.
- Enforce municipal statutes such as pet licensing and leash law.
- Educate the public on animal welfare and licensing requirements.

These services should be performed on a 24/7 basis. It is not a 9-5 weekday job. You may wish to have your Animal Control Officer become certified as an Animal Cruelty Investigator. This gives you the additional advantage of generating income for your municipality. The Investigator status and training gives your ACO the ability to enforce animal cruelty laws and half the fine money would stay in the town. Without that, all fine monies from these offenses, even when a summons is issued by your municipal police, go to the SPCA, which is a private non-governmental club with only selective membership.

Should you go for a private contractor, it is crucial that you specify the availability of and tasks you expect of the officer used by your provider in your bidding or quotes solicitation and in your contract.



Tuberculosis Nurse Consultants Promote Positive Public Health Outcome



Patricia Woods, RN, MSN Public Health Nurse Consultant, Tuberculosis Program NJDOH

The incidence of tuberculosis (TB) has been decreasing in New Jersey. There has been 21 percent decrease in reported TB cases since 2009 and a 67.5 percent decrease since 1992.

A total of 9,582 TB cases were reported in the United States in 2013 (a rate of 3.0 cases per 100,000). New Jersey was one of the ten high incident states (>3.0 cases per 100,000) for TB, with 320 TB cases reported in 2013 (3.6 cases per 100,000). Approximately two thirds of the TB cases reported in New Jersey were between 25 and 64 years old, 79 percent of the cases were foreignborn, of which 73 percent occurred among the Asian and Hispanic race/ethnicity groups.

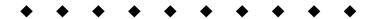
TB is a reportable disease regulated under the New

Jersey Administrative Code, Chapter 57. The principle purpose of this subchapter is to protect the public from the spread of TB. The persons primarily responsible for implementing these codes are health care providers, hospital administrators, health officers, correctional facility administrators and public health nurse case managers.

Each county has a nurse that provides case management for TB suspects/cases. There are six regional clinics throughout the state to provide expert consultation and treatment. The six sites are equipped to provide patients with a Quanti-Feron blood test that is more specific than the tuberculin skin test to assist in diagnosing latent TB infection. (Continued on page 5) The blood test is less likely to produce a false positive result in individuals vaccinated with BCG, which is given in high prevalent countries.

The Centers for Disease Control and World Health Organization recommend all infectious or potentially infectious TB cases be placed on direct observed therapy (DOT). The nurse case manager in each county follows physician's orders and ensures patients are observed taking medications daily. Many counties have adopted using Video DOT when traditional DOT is impossible or impractical. Applications used for conducting Video DOT include *Skype*, *Tango*, and *Facetime*.

TB control is a collaborative effort between county and state programs, with the assistance of the Statewide TB Medical Advisory Board and State TB Nurse Consultants to promote positive public health outcomes.



(Continued from page 1)

Costs of disinfecting and possible destruction of personal property of infected individuals will be the responsibility of the Department of Health to adjudicate and pay. Access to medical information is broadened and exemption from some HIPPA requirements is provided.

Some of the most important provisions are those that provide immunity from liability for a range of workers both governmental and private engaged by the Department of Health. There are also provisions which cover workers for injuries they may suffer.

One of the few problems with the NJ Health Powers Act is that the legislature when adopting the Model Emergency Health Powers Act did not include the provisions which make failing to remain in quarantine when directed to do so, or entering a quarantined or isolated location without permission a crime. This makes the work of health care and law enforcement personal very difficult.

This is a statute that all Local Boards of Health members should become familiar with.



(Continued from page 2)

Whether you have a wellness program in place or are in the planning stage, the toolkit can help by providing key elements of healthy lifestyles; proven and successful strategies; resources to support, establish and maintain worksite wellness initiatives; and tools to support the return on investment for employers.

The toolkit guides companies on how to set goals in order create a culture of wellness in their organization. Some of examples of actions employers can take to encourage healthy behaviors are enacting a company policy to eliminate or restrict smoking on the worksite, offering healthier menu choices in the cafeteria and providing opportunities for employees to increase their level of physical activity.

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.

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