



**New Jersey
Local Boards of Health Association**

Newsletter

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President's Message

On behalf of our Executive Board, I would like to take this opportunity to wish everyone a healthy, happy and prosperous New Year. The year is off to a snow-laden beginning which has slowed everyone down a bit, but our January meeting was quite energized.

Our VP for Membership, Walter Stein, is leading the 2014 Membership Drive with the help of the newly elected Secretary, Valerie Williams.

We have elected Laura O'Reilly, RN, as VP for Communications. Laura has unlimited plans for our foray into the expansive world of technology. Admittedly, a few of us are somewhat challenged in that arena, but Laura is taking our "collective" hands and forging ahead!

Stephen Papenberg has been re-elected as Treasurer and we are grateful for his many years of service in that capacity. And, by the way, he is faaantastic!

The by-law change allowing for a third Vice President was passed; George DiFerdinando, MD, MPH is the new Executive VP.

As a team, we will endeavor to fill the vacuum created by our exiting President, John Saccenti. As a founder of this organization, he has taken it to great heights; he has left a large footprint in the field of public health in NJ and he is not done yet!

I look forward to working with the board, John, and all of you in the coming year.

Dianna Lachman
President



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Special Thanks to NJLBHA Founder and Immediate Past President John Saccenti for Years of Leadership

Dianna Lachman highlighted a conversation she had with John Saccenti about his time in office.

Dianna: You are leaving after serving the last 4 years as President and the first 4 years as President from 1992-96. What are your thoughts?

John: I am very proud of the dedicated members of our Board and the great people we represent. An organization needs new leadership so it can thrive. We have accomplished a great deal but we have a lot more we want to achieve.

Dianna: What are some of the highlights of your tenure?

John: There are a many great things the organization has done. I think one of the most valuable undertakings has been the establishment of the NJLBHA Training Program for Board of Health members.

We have offered this both online and in person. Along with this, is the development of the Board Member Orientation Manual for use by all board of health members throughout the state of New Jersey. Furthermore, I think the development of relationships with professional organizations representing the health officers, nurses, health educators and registered environmental health specialists, as well as the Commissioner of Health and NJDOH staff, have been very valuable in highlighting the role of Local Boards of Health in the public health system.

Dianna: What do you see as the most immediate challenges ahead?

John: There are so many. I think funding is most critical. We need to find a permanent source of funding for public health. Education of officials and the public is also crucial. Without understanding the role public health plays in all our lives, often local officials do not prioritize public health. Without adequate funding our health departments are becoming less able to protect the public. Elected officials must be educated to see that without a strong public health program and presence, nothing else works.

Dianna: What do you do from here?

John: Well, I continue to serve on my local Board in South Brunswick and will continue to serve on the NJLBHA Board as a Past President. I will be available to assist in any way that you and the Board see fit. I am very grateful to have had the opportunity to serve and become friends with so many dedicated, wonderful people, both on the NJLBHA board and on the local Boards of Health throughout New Jersey.

Prevention Quality Indicators to Focus Improvements on Community Health

Mary E. O'Dowd, M.P.H, Commissioner
New Jersey Department of Health



High quality, community-based primary care can be effective in preventing hospitalizations.

According to the Agency for Healthcare Research and Quality (AHRQ) about 1 in 10 of the nearly 40 million hospitalizations in 2008 was potentially avoidable. These potentially unnecessary admissions were for conditions such as diabetes, dehydration, and certain heart conditions and infections for which hospitalization can be avoided if treated with appropriate outpatient care.

Last month, the Department of Health recently released a report, *Prevention Quality Indicators: New Jersey*, examining the volume of admissions that could be prevented with good outpatient care. The Department measured preventable hospitalizations by applying a statistical tool, known as Prevention Quality Indicators (PQIs) to 2011 New Jersey inpatient hospital discharge data. Based on the Department's assessment, New Jersey had approximately 109,000 potentially preventable hospitalizations for treatment of medical conditions in 2011.

These indicators can provide insight into the community health care system or services outside the hospital setting. The goal is for public health officials, hospitals, community leaders and policy makers to use data to identify community level health needs, target resources to those areas, and track the impact of interventions. In the Department's report, PQIs were reported by county and compared to statewide rates and national rates, which were based on 2009 Healthcare Cost and Utilization Project State Inpatient Data.

Of these potentially preventable hospitalizations, the greatest numbers were in the areas of:

- **Chronic Obstructive Pulmonary Disease - 21,809 preventable hospital admissions**
- **Congestive Heart Failure - 24,890 preventable hospital admissions**
- **Bacterial Pneumonia - 17,917 preventable admissions**
- **Urinary Tract Infection -12,849 preventable hospital admissions**

Potentially preventable hospitalizations can serve as useful indicators of possible unmet community needs. By using PQIs to measure the frequency of hospitalization, health officials can identify communities most in need of improvements in outpatient care, as well as the conditions for which care is most needed. For example, if an area has a significantly higher hospital admission rate for hypertension, local health leaders should work with the community to identify reasons and strategies to address the problem. Some communities have formed regional teams among hospitals, local health care providers and health departments to reduce unnecessary hospitalizations and have seen results. Regional planning teams that exist in Trenton, Newark and Camden can serve as models for other communities that are experiencing a higher number of preventable hospital admis-

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A Special Opportunity to Help Enhance Your Health Department



Consider your Health Department could be more efficient and save money by promoting staff to be actively involved in public health associations. There are a number of public health organizations in New Jersey such as the New Jersey Environmental Health Association, New Jersey Association of City and County Health Officials, New Jersey Society for Public Health Education, New Jersey Association of Public Health Nurse Administrators, and New Jersey Public Health Association to name a few. One common purpose of all of these organizations is to enhance the training and knowledge of professionals who serve the public in their various capacities.

Such organizations obviously require people to help administer and manage the affairs of the organization. In our current climate of dwindling public funding resources, it almost always seems intuitive for a town or county to automatically claim it can't afford to expend staff resources on something that may appear to be beyond their borders. Since that is all too frequent and easy position to take, it is worth pointing out aspects that are contrary to that view.

Consider the view of "cannot afford to have staff participate" as it relates to the business terminology of "return on investment". Everyone, especially these days, is seeking a "return on investment" and contrary to popular belief there is indeed much to be gained by participation in professional organizations.

Active participation in professional organizations allows participants the invaluable opportunity to collaborate among other professionals. Discussions amongst peers virtually always results in finding new ways to solve problems. Networking with key regulatory officials as well as academic leaders can help a professional find answers to future problems much faster than searching for the right person to ask.

Also, what could be more valuable than to have your staff in the unique position of personally helping to develop the topics of training seminars or to have more direct input in promoting enhancements to state regulations?

All of these mentioned herein are conducive to a more efficient staff and the bottom line is that when your staff performs more efficiently your Town and County will be saving money.

Robert Uhrig, President elect
New Jersey Environmental Health Association

Good Samaritan Law Aims to Decrease Numbers in Drug Related Deaths in New Jersey

by Nancy MacKay

Public Health Nurse Administrator South Brunswick

On May 2, 2013 Governor Christie signed into law the "Overdose Prevention Act" (N.J.S.A. 2C:25-30 and 2C: 35-31). This statute is also known as the Good Samaritan law and was designed to encourage people to call 911 and seek emergency medical assistance in cases of drug overdose. Although most overdoses occur in the presence of others, fear of arrest and prosecution often prevents individuals from calling 911. As a result medical assistance is requested in only half of all overdose events. The chance of surviving an overdose often depends on how quickly medical assistance is provided to the victim.

It is thought that granting immunity (for the victim and those who seek help) from prosecution for possessing, obtaining or using controlled, dangerous substances will encourage those present at the scene of an overdose to seek immediate medical assistance. Secondly it allows non-medical personnel to receive prescriptions and training to administer naloxone, an anti-overdose remedy, without fear of prosecution. Thus those suffering from substance abuse and addiction have a greater chance to survive overdoses and have a second chance at life and recovery. In New Jersey overdose is the leading cause of accidental death. The passage of the Overdose Prevention Act is progress in recognizing that substance abuse is a treatable disease and should be addressed as a public health issue. Almost 6,000 people have died from drug overdoses in NJ since 2004 and more than 700 people died from drug overdoses in 2009 alone. These deaths can be preventable. The main intent of this statute is to save lives by encouraging people to immediately call emergency or medical personnel if they suspect someone is overdosing from illegal or prescription drugs. Hopefully such an effort will result in reduced numbers of drug overdose fatalities in NJ by protecting people who report them from criminal prosecution.



Nm/s/hlth/clinical/adult/good Samaritan law

(Continued from page 3)

sions than the statewide average. Greater coordination of care among all providers has the power to reduce disparities in health outcomes and improve population health. As health leaders in your communities, I hope you will use this report as a tool to identify areas in need of improvement and work with your partners to take action to educate patients and improve health care coordination to enhance the health of your community. Not every hospitalization can be prevented, however improvement in health care delivery, early detection, care, and education of individuals has the potential to reduce rates of hospitalization, save lives, reduce health care costs and improve the quality of life for New Jerseyans.

To view the report, visit <http://nj.gov/health/healthcarequality/documents/pqi2011.pdf>

AHRQ News and Numbers, November 3, 2010 <http://www.ahrq.gov/news/newsroom/news-and-numbers/110310.html>



Coalition Promotes Inclusion in Local Health, Wellness and Recreation Activities

Easter Seals New Jersey and Maplewood Township along with the S. Mountain YMCA are working together as an Inclusive Health Coalition for the National Center on Health, Disability and Physical Activity.

Recently, the widespread rise in obesity, and consequential decline in overall health, has received nationwide attention. Unfortunately, not much consideration has been given to the even greater rates of obesity and other health complications people with disabilities face because they do not receive the same preventive or wellness services that are available to the general population.

To respond to this concern, Easter Seals New Jersey launched a groundbreaking health and wellness initiative. The program involves a series of educational and exercise classes and other tools designed to guide participants and their caregivers towards healthy lifestyle changes, and longer, more fulfilling lives.

Easter Seals New Jersey is working with the National Center for Health, Physical Activity, and Disability (NCHPAD) as the lead organization in New Jersey for NCHPAD's Inclusive Health Coalition. Easter Seals New Jersey has partnered with the Maplewood Township Mayors Wellness Committee and Health and Recreation Departments, and the South Mountain YMCA to promote inclusion in all community based health and wellness events.

Easter Seals New Jersey's Be Well! & Thrive Inclusive Exercise Program is being offered free of charge to teens and adults with developmental disabilities and special needs in Essex County by specially trained exercise instructors. Be Well & Thrive program development team members completed the American College of Sports Medicine Certified Inclusive Fitness Training Program and created the Certificate Based Be Well! & Thrive Inclusive Exercise Instructor Training Program.

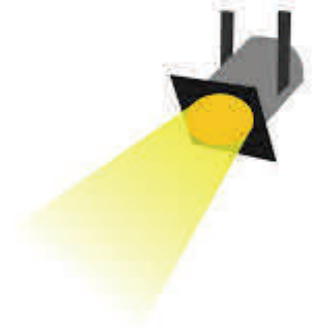
Maplewood Twp. and Easter Seals are reaching out to disabilities and special needs organizations throughout Essex County and invite consumers and residents to participate in health screenings, flu clinics, wellness, cultural and recreation, and other important health promotion activities.

Deputy Mayor Kathleen Levanthal said, "Maplewood is proud to be partnering with Easter Seals for the 'Be Well and Thrive Inclusive Exercise Program'. In conjunction with the South Mountain YMCA, we are reaching out to residents for this expansion of Maplewood's programs for those with disabilities. Easter Seals created a solution which we expect will appeal to residents and caregivers, alike."

For information on promoting inclusion in your town's activities please contact bewell@nj.easterseals.com

SPOTLIGHT ON ...

Mount Arlington



Mount Arlington Mayors Wellness Committee, Board of Health, and Health Department Completed 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.

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 led an initiative with the Mayors Wellness volunteers to bring an exciting event to the community.

The objectives of this program were 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.

All residents who completed the twelve week challenge reported positive changes in nutrition and activity levels. The results included modest weight loss, increased consumption of vegetables, fruit and water. This small pilot program was limited by the small number of participants. A preliminary survey demonstrated a high level of interest in a free wellness program (104 responses). One fourth (9) of those who provided contact information (38) joined the challenge and completed the baseline wellness assessment.

Please let us know what is going on in your town! Send us an e-mail at news@njlbha.org to submit an article for our newsletter, ask us questions, or to be added to our newsletter distribution list.

Newsletter Editor: Laura O'Reilly, R.N.

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

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This Issue Features:

- ⇒ Easter Seals New Jersey leads Inclusive Health Coalition
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 - ⇒ Opportunities to Enhance Your Health Department
- and more