



New Jersey
Local Boards of Health Association

Newsletter

Volume 21, Number 2

www.NJLBHA.org

Spring/Summer 2017

President's Message

Happy New Year. It is an honor and privilege to begin my term, serving as your president. My many thanks to outgoing President Laura O'Reilly for her contributions and service in connecting with legislators promoting public health interests. We wish Laura success and look forward to her future return.



Since 1992, the NJLBHA has remained true to its mission statement of "protecting and preserving the public health, by helping the State's local Boards of Health in meeting their responsibilities". Over the decades, the Association has provided training and seminars, disseminated information, forged relationships with public health professional organizations and with Rutgers University, and worked with legislators to develop and implement public health policy. Our online BOH Certification training, the first nationally, is recognized for its comprehensive content,

accessibility and user friendliness. Our newsletter contains an array of current, interesting and relevant public health topics, contributions from professionals across all disciplines of public health.

In continuing this valued tradition, I want to strengthen our relationship with our sister public health organizations and with the New Jersey Department of Health, working towards identifying the diverse health concerns throughout the State, advocating for public health policy and, with partners in the legislature, liaison effective enforceable public health legislation.

Each of you, as valued volunteer BOH members working towards improving the health and quality of life for citizens in your respective cities and counties, address health concerns specific to your geographic area as well as those common to others. Therefore, your membership and participation in your State Association takes on even more importance because it is the collective effort that garners attention and demonstrates to the DOH and State Legislators that we are valued contributors in the implementation of public health policy and to the discourse of public health concerns.

Let's begin the new year stronger. **Join** your state association, NJLBHA (www.njlbha.org). Become a member. Become active. Select members from your Boards of Health to represent your concerns at the executive level. All are welcome. Visit our website, njlbha.org for upcoming meeting dates and review historic information.

If you have questions, would like to participate or just attend meetings, please contact me at 609.414.4885 or President@njlbha.org.

Christine Harris, BA, MPA, CBHM
President

In This Issue

What's Trending in Tobacco Control?.....	2
Legislative/Budget Update	4
Board Member Job Description.....	5
On-line Board Certification	6
Save the Date	6
Painlessly Building Revenue	7
Call for nominations for NJLBHA Awards	10
Nomination Form	11
Membership Application	12

If you would like to contribute articles to this newsletter please submit them through news@njlbha.org .



GASP

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July 11, 2017

What's Trending in Tobacco Control and how can a Local Board of Health Help?

By Karen Blumenfeld, Esq. Executive Director of Global Advisors on Smokefree Policy (GASP), based in Summit, NJ.

It's common knowledge that smoking is the number one cause of preventable disease and death. Pair that with the tripled increase in youth using electronic smoking devices (ESDs), also called vaping, and new research showing that nicotine can impair brain development in young people. To reverse this trend, the public health community needs to help young people never start smoking or vaping, help those who do smoke to quit, ensure that nonsmokers are not exposed to secondhand smoke or vapor, and to continue regulating the industry so long as the products are legal for sale.

What's trending in tobacco control that local boards of health in New Jersey can become educated on? More than half of our State's municipalities have made their parks smokefree, so that's got a large following already. What's new are towns and counties across the nation that are raising the age to be sold tobacco and ESDs to age 21, since 90% of all people start smoking prior to age 21, and one-third of all youth who become regular smokers before adulthood will eventually die from smoking. The government's National Institute of Health estimates that more than 250,000 lives would be saved if the entire nation required tobacco age 21, so there's a need to be met.

There's plenty of support for tobacco age 21: The American Medical Association (AMA) passed a recent resolution, reiterating its support for raising the age of sale to 21 for all tobacco products and ESDs. On October 26, 2015, The American Academy of Pediatrics issued a strong recommendation that the age of sale should be increased to 21 for tobacco and nicotine products. On July 6, 2015, the U.S. Centers for Disease Control revealed that 75% of U.S. adults support raising the age of sale to 21 for tobacco products, including 7 out of 10 smokers. Even the U.S. Military is moving towards a tobacco-free environment, including a proposed ban on the sale of such products on-site as well as banning the use of products at installations, and tobacco cessation programs for each military branch.

It's clear that tobacco age 21 laws are trending. Did you know that 20% of our nation's population, which equals approximately 66 million people, is currently governed by tobacco age 21 laws? Here in New Jersey, almost 30 towns have enacted tobacco 21 ordinances, which means that 835,500 New Jersey residents are covered by tobacco age 21 laws, which equals 10% of the total State population.

What if your town is the first in the county to consider a tobacco 21 ordinance – is there concern that buyers will merely cross town borders to get product? Some may, but many will not. We know this from a 10-year study conducted in Needham, Massachusetts, which banned the sale of tobacco to anyone under age 21, albeit no other surrounding towns at the time enacted it. The research found that in Needham, teen smoking rates dropped almost 40%, vs. a much smaller drop in neighboring towns that didn't have a tobacco 21 ordinance in place. The ordinance helped reduce tobacco use, which met the goal of the initiative.

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Tobacco Control cont'd

Our State has been a leader in raising the age to be sold tobacco. In 2006, New Jersey was the 1st state to increase the age to 19 to be sold tobacco and ESDs. Englewood was the first town in 2014, and that same year, New York City and Suffolk County (NY) raised the age to 21. California and Hawaii recently enacted statewide tobacco and e-cigarette age 21 laws. New Jersey introduced a statewide bill, but it Governor Christie vetoed it. It's again awaiting the Governor's consideration, but the same outcome is expected which is why towns are taking action and not waiting.

It's very helpful that New Jersey's Office of Legislative Services (OLS) issued an opinion letter dated September 9, 2015 that towns should withstand a legal challenge against a claim of preemption. The OLS opinion letter includes an analysis of the NJ Supreme Court upholding East Brunswick's local ordinance that banned cigarette vending machines, which was later codified into state legislation. To date, GASP is not aware that any of the NJ towns that enacted tobacco 21 ordinances have been sued.

There is no extra burden on the retailer in proofing a person to establish at least age 21, because already need to proof buyers who look under age 27 to sell them tobacco and ESDs as per federal law. Raising the age to 21 also aligns with other age restricted products like alcohol sales, and the alcohol industry survived by adapting to the 21 age of sale requirement, despite any loss of sales to those younger than 21 years of age.

In tandem with enacting tobacco age 21 laws, New Jersey Boards of Health and City Councils are requiring stores that sell ESDs apply for a license to sell such products in town, and get approved by the local BOH. Why this trend? Unlike cigarettes, the State does not require a license to sell ESDs, which makes it very difficult for local health departments to locate and enforce laws that pertain to ESDs. For instance, the State requires local health departments to enforce no ESD sales to anyone under age 19, and ESD liquids must be in child-proof containers. But how is a local health department to determine which retailers are selling ESDs, and ensure compliance, if, in fact the State doesn't provide a tracking system for ESD retailers, like they do for cigarette retailers?

This is why more than 24 New Jersey towns have enacted ordinances that require locally licensing ESD retailers. And many more towns are in process. The license requires an annual fee paid to the health department, and the fees range from \$250 to \$1,200 per retail store per year. \$1,200 can be a reasonable amount, since annual local retail liquor licenses can be upwards of around \$1,200. Based on our experience, hardly any retailers declined applying for the license, even those at \$1,200 per year, and GASP is unaware of any legal challenges to date related to the local ESD licensing ordinances.

The local health department can apply the fees to offset the costs for the ESD licensing program, and to do tobacco/ESD age of sale inspections (TASE) to ensure product is not sold to under-agers. For towns that now have tobacco age 21 local laws, this helps with checking for merchant compliance. Licensing fees can also be used to educate merchants on tobacco control laws, and to do educational programming in the schools to teach young people about the benefits of living tobacco-free and nicotine-free.

Some towns in the State also require a license from the local health department for businesses that manufacture, distribute or wholesale ESD products. This allows your local health department to track all manufacturing, distribution and sales channels. In addition, when towns enact these policies, most likely they also include a provision that bans the self-service displays and sales, and vending machine sales of all tobacco or ESDs. The federal government has yet to institute this policy for all tobacco products and ESDs. This provision can help reduce access of tobacco and ESDs to young people.

If the State decided to require a license to sell ESDs, then the expectation is that only towns already locally licensing these retailers would be grandfathered in, meaning these towns would not be preempted by a new State law and could continue issuing annual license and collecting fees. This may be a reason why towns are moving quickly to enact a local ESD licensing ordinance.

If your local board of health is interested in learning more about ordinances on tobacco/ESD age 21, or licensing ESD retailers, please contact GASP at info@njgasp.org.

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ABOUT GLOBAL ADVISORS ON SMOKEFREE POLICY (GASP) SEP 2017

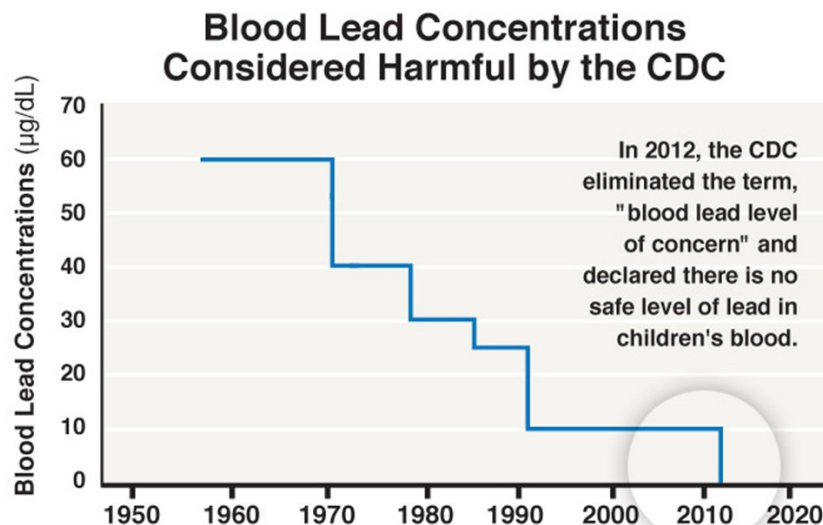
GASP is a non-profit dedicated to serving and educating the public on smokefree and tobacco-free public policies. We serve as an educational resource provider and share expert educational technical assistance to many NJ municipalities exploring smokefree local policies, including tobacco 21 age of sale, licensing ESD retailers, and smokefree outdoor recreational areas. We track tobacco control ordinances and maintain an ordinance database. Learn more at www.njgasp.org.

DISCLAIMER: The information in this letter and the attachments are created by the Tobacco Control Policy Resource Center of GASP, which provides expert educational resource information including technical assistance about policy, legislation, and litigation on the benefits of smokefree air and tobacco-free living. The information presented is not intended as, nor to be construed, or used, as legal advice, and should not be used to replace the advice of your legal counsel.



On July 4th, the Legislature passed and Governor Chris Christie signed into law his final spending plan of \$35.1 billion for State fiscal year 2018, which contains the following item:

\$10.0 million in new money appropriated for local boards of health to identify elevated blood-lead levels in children consistent with those established by the Centers for Disease Control (CDC).



Job Description for Board Members

John C. Saccenti
Founding President

Is there a Job Description for Board of Health members?

Well, basically, your responsibilities are laid out in PUBLIC HEALTH PRACTICE STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY. N.J.S.A. 26:1A-15 and 26:3A2-1 et seq.

Every Board member should have a copy of these standards. If you do not have one you will find them on the New Jersey Local Boards of Health association website www.njlbha.org.

In addition to these specific responsibilities here is a general list of items included in your job description:

1. Be aware of the mission and goals of the Health Department.
2. Learn about all programs and services provided by the agency.
3. Become familiar with the guidelines and rules that govern the department and the board.
4. Establish policies.
5. Be regular and punctual at board and committee meetings. If unable to attend, give early notice to the appropriate staff member.
6. Be involved in the meetings; ask questions. Discuss and participate in the decision-making process. If you are not clear as to the facts, ideas or suggestions at hand, ask for clarification. Try to avoid using meeting time for items that may be accomplished before or after the meeting.
7. Be informed on the issues on the agenda in order to discuss them responsibly.
8. Speak out on issues you do not favor. Silence is often interpreted as consent.
9. Know and understand the roles and responsibilities of the board and staff.
10. Know and maintain open lines of communication between the board and staff.
11. Help identify the needs of the community.
12. Understand the financial statements presented. As a board member, you are responsible for the financial stability of the agency.
13. Support and assist in identifying prospective sources of funding.
14. Hire, supervise and evaluate the Health Officer.
15. Represent the Health Department to your community.

One way NJLBHA is here to help you meet these responsibilities is through our online orientation program at www.njlbha.org.

Painlessly Generating Revenue Through Animal Welfare Programs **Dianna Lachman, Past President New Jersey Local Board of Health Association**

We are all looking for ways to painlessly generate additional revenues to provide essential services to our communities. The most overlooked sources of revenue exist in our animal control and welfare programs.

The NJ Local Boards of Health Association participated in Sustainable Jersey's Animals in the Community Task Force. One issue addressed by the task force was the creation of a sustainable animal control and welfare program which allows you to meet your legal obligations through enhanced compliance with existing statutes and municipal ordinances without increasing the tax burden. Additional revenues can also be generated by insuring that Animal Control Officers servicing your community are certified and appointed as Animal Cruelty Investigators.

Based partially on the findings of that Task Force, this article will suggest ways your municipality can do that. Millions of dollars in municipal revenue are lost throughout the state through low compliance with animal registration.

EXTENT OF THE PROBLEM

According to the US Census Bureau, there are approximately 8.9 million people in NJ living in 3.2 million households with 2.70 residents per household. According to the American Veterinary Medical Association (AVMA), one of every two homes in your community have a dog or cat. In addition several recognized formulas indicate that between 600,000 to 1.4 million feral/free roaming cats also exist in the state.

Does this pose an issue/challenge for each municipality? A RESOUNDING YES!

These challenges include rabies control, environmental impacts, car accidents, neighborhood nuisance calls, animal cruelty and rescuing animals in emergencies.

Municipal animal control is based upon fundamental public health issues relating to the control of diseases such as rabies that can be transmitted to humans. The state of NJ mandates licensing of all dogs. The majority of municipalities require the licensing of cats through municipal ordinances. The revenues generated from licensing of dogs are shared between the state and the municipality. In contrast, the revenues from cat licenses are completely reserved for the municipality. It's estimated that despite these requirements, less than 20 percent of domestic animals in our communities required to be licensed are actually licensed: causing both a major loss of revenue and threat to public safety.

HOW MANY CATS AND DOGS EXIST IN YOUR COMMUNITY?

According to a NJ Department of Health document issued in May 2013 titled; *Estimating Dog and Cat Populations Based on Human Populations*, you can estimate the number of dogs and cats in your municipality based on the number of your households. To estimate number of households, divide the population by 2.7 persons per household.

To estimate **dog population**: multiply the number of households by **.584**. For example, if the population of a municipality is 10,000 residents, there are approximately 3,700 households. 3,700 households multiplied by .584 = 2,163 owned dogs in that municipality.

Cont'd on page 8

Painlessly Generating Revenue cont'd

To estimate the **cat population**: multiply the number of households by **.641**. For example, if the population of municipality is 10,000 residents, there are approximately 3,700 households. 3,700 households multiplied by **.641** = 2,371 owned cats in that municipality.

HOW MUCH REVENUE ARE YOU LOSING?

Each of our municipalities has a unique population. Results may be impacted by socio-economic and cultural variances. Nonetheless, these formulas are a valuable guide for estimating how many dogs and cats you may have in your town. Now find out how many are actually registered.

Multiply licensing fees by the difference and that is the revenue you are losing! While that figure represents full compliance, look at how much revenue even 50%, 60% or 70% would generate, particularly if you have a cat licensing ordinance where every dollar stays right in your town. While some of these new funds are discretionary as to how you use them, ideally all funds should be used to offset animal welfare costs to your community.

ANIMALS IN THE COMMUNITY ENHANCED COMPLIANCE PROGRAM

Many of these simple concepts have proved successful in Calgary, Canada and are easily adopted in our municipalities. Increase the perceived value of the license.

Increase revenues by encouraging pet owners to voluntarily comply, through incentives, with state laws and ordinances that already exist. Increased fees would be complemented by decreased expenditure for such items as shelter holding and euthanasia costs. Stress the value to a pet owner to have his animal licensed. This program helps educate owners in your community about the values of voluntary compliance for their animal's safety. In order to accomplish this, the task Force recommended a three-pronged approach.

Educate. Reach out to the community. Explain the value and legal requirements of licensing as part of an ongoing educational process to increase awareness of animal welfare. Utilize the *Community Animal Welfare Education Press Release Kit* available at www.njlbha.org. Included in that kit are sample press releases on a variety of subjects relating to animal welfare designed for use in your municipality.

Incentivize. Pet owners need to see the value of compliance with registration and license requirements. "Free Ride Home" programs for licensed animals stress the advantage of having your wandering licensed pet literally driven home rather than brought to a shelter for adoption. The municipality works with local businesses to create a mutually beneficial program whereby people who license pets are given a coupon book that provides discounts from designated businesses including veterinarians, pet supply stores, hotels, restaurants, entertainment, automotive, etc. The discounts given by local vendors would far outweigh the small cost of licensing.

Cont'd on page 9

Enforce. You have an obligation to enforce state law and municipal ordinances. Not to do so puts an undue burden on the community that must make up the lost revenue in property taxes. Part of obtaining compliance is enforcement. While the hope is that the primary carrot approach of education and incentives will be effective in increased licensing, your municipality has to recommit to enforcing those existing laws and ordinances that you are already bound to enforce. An animal census should be an ongoing responsibility of the municipality. When an animal is noted to be on a property and there is no record of its registration, a compliance letter should be sent explaining the advantages of voluntary compliance, also noting the potential fines involved in noncompliance. There will be occasions where you may have to take an individual to court to force compliance. Fines generated will further assist in your animal welfare programs.

Encourage Compliance

Another possibility is to create a Pet License Amnesty Month where pet owners could license their pets without fear of penalty, late fees or summons.

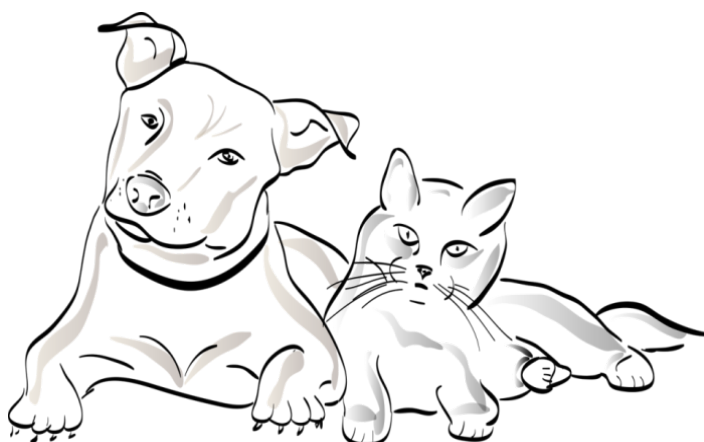
Additionally, there should be a graduated scale of licensing fees to encourage owners to license all animals in their home. Ordinances limiting the number of pets in the home are often counter-productive in regard to licensing and repeal should be considered.

Insure that all Animal Control Officers are also Animal Cruelty Investigators

This is another sure revenue producer. An Animal Cruelty Investigator (ACI) is a Certified Animal Control Officer who has completed the NJ Police Training Commission and the NJ Dept. of Health approved Basic Animal Cruelty Investigators Course.

Similar to regular police, they must be appointed by a municipality as an ACI before they can exercise law enforcement authority. Powers include issuing summonses and making arrests as it relates to violations of the Animal Cruelty Statutes in NJSA Title 4 (NJSA 4:19-15.16b). They are part of your municipal team with a 24/7 quick community response.

Under existing statutes, if a police officer issues a summons for an animal cruelty offense, all fine money goes to either the state or county chapter of the SPCA which is a private volunteer based corporation. However, if an Animal Cruelty Investigator issues a summons for a violation relating to the animal cruelty statutes, half the fine money at least stays in your municipality,. (NJSA 4:19-15.16b and NJSA 4:22-55b). It's in your best interest to insure that all animal control officers servicing your community are trained and appointed as ACI's.



Certified Board of Health Member Certification (CBHM)

The New Jersey Local Boards of Health Association is continuing to promote our on-line-training for our residents, local boards, and health departments in New Jersey. Our goal is to get as many participates as possible to obtain the Certified Board of Health Member (CBHM) certification. Please follow the steps provided below to receive the valuable training that is offered:

1. <http://www.njlbha.org/>
2. Click on Online Training (Left Sidebar). If you have trouble clicking right click the mouse and click "open" and the link will open
3. Click on Start Test. The training manual will serve as a tutorial while you are taking the test.
4. Set up User email address and password
5. Follow prompts to fill out name, board affiliation and contact info
6. Click Start Test
7. Read the instructions and proceed.
8. Read the manual content and answer the 25 questions. You may go back and answer the questions again until it is correct.
9. Print Certificate.



NJLBHA Annual Awards Dinner

Thursday, December 7, 2017
Pierre's of South Brunswick
582 Georges Road
Monmouth Junction NJ 08852

Tickets will be \$50 and may be purchased by sending a check or purchase order to:

NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION
PO Box 5069 Kendall Park, NJ 08824

Call For Nominations For Public Health Awards

The New Jersey Local Boards of Health Association is taking nominations for outstanding public health professionals and volunteers who have made significant contributions to the health and safety of their communities. Nominations must be received by September 30, 2017. The nominating form appears in this newsletter.

Please consider nominating someone from your community.

Award categories are:

Local Board of Health Member of the Year (Christopher Saccenti Award.) This award will go to a member of an NJLBHA affiliated Local Board of Health member who has given exceptional service to his or her community in protecting public health.

Health Officer of the Year. This award will go to the Health Officer who most exemplifies public health leadership and who, working with their local board(s) of health, reaches out to the community and develops innovative programs. This selection will be made in conjunction with the NJACCHO.

Health Educator of the Year. This award will recognize the Public Health Educator employed by a Local Board of Health who has created innovative education and training programs for the community. This selection will be made in conjunction with NJSOPHE.

Registered Environmental Health Specialist of the Year. This award is given to a Registered Environmental Health Specialist whose performance and interaction with the community is outstanding. This selection will be made in conjunction with the NJEHA .

Public Health Nurse of the Year. This award is given to a Public Health Nurse who has demonstrated extraordinary dedication to the community. This selection will be made in conjunction with the NJAPHNA.

Public Health Advocate of the Year. This award is given to a professional or community member who has exhibited extraordinary effort in advocating for, and educating the public and officials on public health issues and needs. The selection will be made in cooperation with the NJPHA.

Legislator of the Year. This award is given to a member of the NJ Legislature who has been supportive of public health through legislative and budgetary initiatives.

Meritorious Service Awards will be given to those persons who have rendered exceptional service to the New Jersey Local Boards of Health Association or to the community.





NOMINATION FORM

PUBLIC HEALTH SERVICE 2017

YOU MAY SUBMIT NOMINATIONS FOR MORE THAN ONE AWARD. PLEASE COPY THIS FORM FOR ADDITIONAL NOMINATIONS.

SEPTEMBER 30 IS THE DEADLINE FOR CANDIDATE SUBMISSIONS.

Award: _____

Name of the nominee: _____

Nominee's position: _____

LBH served: _____

Your name: _____ LBOH _____

Your phone: (____) _____ - _____

(You may remain anonymous to the nominee if you wish, but we may want to contact you for more information.)

Please tell us why you believe this person has earned the distinction of this award. (Use and attach additional sheets if necessary.) Please mail your nominations to New Jersey Local Boards of Health Association PO Box 5069, Kendall Park, NJ 08824

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 _____

- our board of health is an autonomous board
- our board of health is an advisory board
- the governing body of our town is the board of health

Please send your check or purchase order to New Jersey Local Boards of Health, PO Box 5069, Kendall Park, NJ 08824



NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION

Christine Harris, BA, MPA, CBHM
President

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