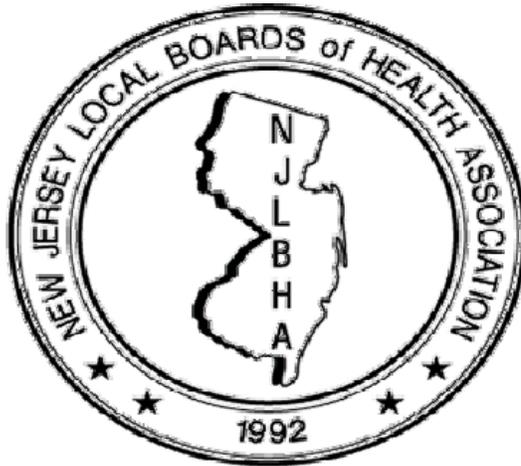


NJLBHA ORIENTATION MANUAL

New Jersey Local Boards of Health Association



Board of Health Member Orientation Manual

*A Guide to
Roles and
Responsibilities*

**In Cooperation with
New Jersey Association of County and City Health Officials**



NJLBHA ORIENTATION MANUAL

New Jersey Local Boards of Health Association

Revised 2018, 2020, 2022

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CONGRATULATIONS!

You are a vital member of the nation's public health system. You and thousands of other volunteer local boards of health members provide guidance, oversight and leadership for your local health departments. This role is important because it is up to you and your fellow board members to make sure that the health needs of your community are met.

What is public health? Public health is the science and art of preventing disease, prolonging life and promoting health, through organized community efforts. Its concern is not just the absence of disease, but it also includes mental health and social well-being.

Today, modern public health practices employ a multidisciplinary approach utilizing a myriad of public health professionals and programs that focus on health promotion, treatment of illness, rehabilitation, and disease prevention and control. It also involves the collection, analysis and use of vital health data to establish or influence public policy.

Public health is both environmental and personal. Environmental health is the branch of public health concerned with all aspects of the natural and manmade environments that may impact or effect human health. There are many public health programs available. Some programs focus on disease control, sanitation and hygiene, and the elimination of exposure to toxins in the air, water, soil, food, workplace, schools and homes. Some programs focus on and provide immunizations against communicable diseases and offer special screening for early detection of disease. Other programs provide clinical services and education for: maternal, well-baby and child health care; healthy eating to improved nutrition; discussing the importance of maintaining good personal hygiene; and the benefits of exercise. Still other programs are informative, promoting awareness to the health hazards of smoking, substance abuse and many, many others.

The following information has been designed to assist you in understanding your roles, responsibilities, and authority as a member of a local board of health. We urge you not only to master the information included here, but also to budget for and attend training sessions offered by the New Jersey Local Boards of Health Association (NJLBHA) that will assist you in the continuing development of your knowledge base and leadership skills.

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We would like to thank the members of the New Jersey County and City Health Officials Association for their invaluable input, perspective, and assistance in developing this manual.

PUBLIC HEALTH

CORE FUNCTIONS

Public health as defined by the National Institutes of Health in 1998, consists of 3 core functions: assessment, assurance, and policy development. Although the core functions remain the same, the emphasis of each have been modified to reflect the revisions made in the 2020 Revision of the 10 Essential Public Health Services (EPHS).

Assessment

- Assess and monitor population health status, factors that influence health and community needs and assets.
- Investigate, diagnose, and address health problems and hazards affecting the population.
- Communicate effectively to inform and educate about health, factors that influence and how to improve it.

Assurance

- Enable equitable access
- Build and support a diverse and skilled public health workforce.
- Improve and innovate through evaluation, research, and quality improvement.
- Build and maintain a strong organizational infrastructure for public health

Policy Development

- Strengthen, support and mobilize communities and partnerships.
- Create, champion and implement policies plans and laws.
- Utilize legal and regulatory actions.

ESSENTIAL PUBLIC HEALTH SERVICES, (Revised 2020)

The 10 Essential Public Health Services (EPHS) framework was originally released in 1994. In 2020, this framework was updated through the collaborative efforts of the de Beaumont Foundation, Public Health National Center for Innovation, the Centers for Disease Control and Prevention, federal agencies, territories, and public health task force of professionals and leaders across the nation

The 10 EPHS provide a framework for public health to protect and promote the health of all people in all communities and serve as the basis of the New Jersey Public Health Standards.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

BOARD OF HEALTH

WHAT IS A BOARD OF HEALTH?

A board of health is a collection of individuals, appointed or elected, whose authority is derived from state and local statute, and is responsible for coordinating public health activities at the municipal and county levels. As such, boards of health are an integral part of protecting, improving and promoting the health of residents within the community. It is also a primary proponent of funding for public health.

Function and authority of a board of health is dependent upon its type as described below. The board of health works closely with the health officer to assure that organizational activities are in alignment with the needs of the community and establish goals for the successful performance of the agency. A local board of health is subject to periodic evaluation by the New Jersey Department of Health to ensure that the municipal and county health department and local board of health are operating in accordance with the current Practice Standards.

FUNCTIONS OF A BOARD OF HEALTH

The core functions of a board of health are consistent with those of public health, i.e.: assessment, assurance and policy development as previously indicated. Additional responsibilities include administration, program planning, evaluating the organizations effectiveness, financial stewardship and representing the community's interests.

1. Administration: The board defines the organization's purpose by establishing a clear statement of mission. Administration and/or oversight includes elements of assurance and assessment:

- Have a competent public health and personal healthcare work force.
 - This encompasses the responsibility of evaluating professional competencies and job descriptions in the hiring of the health director/health officer.
- Conduct performance evaluations of the health officer and health department staff.
- Compliance with legal responsibilities.
- Understanding the Board's legal responsibilities.
- Conduct board meetings in accordance with the Open Public Meetings Act.

2. Program Planning: Based on the mission statement, the board determines activities that will support the mission of the health department and the health of the community. Program planning contains elements of assessment and policy development.

- The board reviews specified needs to be addressed and target populations to be served.
- Review goals and objectives to address population needs i.e., public health priorities.
- Review and/or revise public health ordinances.
- Propose or enact public health ordinances.
- Ensure that a community health assessment is completed.

3. Evaluation of Organizational Effectiveness: The board regularly evaluates the progress of the health department toward meeting overall objectives.

- Reviews the achievement of the overall mission.
- Evaluates the response to new situations.
- Consults with the health officer on long range planning based on the public health needs of the community.

4. Financial Stewardship: The board must take a lead in the development of financial resources.

- Advocates for appropriate funding for health department activities.
- Develops realistic budget to support the program plan.

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- Recommends the budget annually and approves bills.
- May reallocate adopted budget as needed to meet changing public health priorities.
- Establishes compensation and conditions of employment

5. Represents the interests of the citizens. The board represents the public interest.

- Represents the health department to the community.
- Represents community interests to the health department.

WHO MUST HAVE A BOARD OF HEALTH?

N.J.S. 26:3-1 Establishment of local board

There shall be a board of health in every municipality in this state, which board shall consist of members appointed or designated, or both, as provided by this chapter, except that in any municipality operating under laws establishing a form of government for such municipality under which the full of a local board of health cannot be exercised by a local board of health so appointed or designated, the respective functions of a local board of health shall be exercised by such boards, bodies, or officers as may exercise the same according to law.

The functions of the local board of health can be performed in several different ways. What is important is that each of the functions of the board of health listed above is performed.

In determining which formal structure applies to your community, you need to know under which form of government your community is organized. The chart below can assist you in determining which form or local board organization would apply to your community.

FIVE TYPES OF BOARDS OF HEALTH

1. Autonomous Board

- Appointed by the mayor/governing body.
- Makes policy decisions regarding purposes, functions, goals and activities.
- When operating its own health department, the board selects, employs and evaluates the health officer, who reports to the board and is responsible to it.
- Passes, alters and/or amend ordinances (*N.J.S 26:3-31*) and, through the health officer, has enforcement powers.
- Establishes a budget based on recommendations of the health officer and available funds as allocated by the governing body.
- May serve multiple municipalities under a mutual shared services contract.
- May become a member of, or contract with, a regional health commission (*N.J.S 26:3*). Under this arrangement, local public health ordinances are superseded by any similar commission ordinances. The commission assumes enforcement powers.

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- If a municipal, autonomous board decides to join a county health department which has a county board of health, the local board of health becomes an advisory board and relinquishes its autonomous power to the county board. If the local board of health contracts with the county department which does not have a county board, the local board of health retains its authority unless it was already an advisory board with the municipal government.
- Contracts for services, as needed, including animal control.
- Hears appeals for food service violations, septic systems and other issues.

2. Advisory Board

- Appointed by the mayor/governing body.
- Primarily gives advice and makes recommendations on public health matters to the municipal governing body. The governing body is the functioning local board of health.
- The advisory board does not appoint the health department staff. However, the health officer works with the members of the advisory board to assist in the development of policy and program recommendations.
- Cannot pass ordinances.
- Normally created when municipality is operating under one of the optional forms of government (Faulkner Act or Walsh Act). See ANNEX A to this manual for a full explanation of the reasons for, construct of and the roles and responsibilities of a Local Advisory Board of Health as well as a Model Advisory Board of Health Ordinance.

3. County Board

- Created by County Board of Freeholders
- Individual municipalities can decide if they want to be members
- Enacts health ordinances
- Appoints health officer and employees
- Adopts budget

4. Regional Health Commission

- Two or more municipalities may form pursuant to *N.J.S. 26:3-84*
- Regional health commissions are constituted as autonomous boards of health and have all powers and responsibilities.
- Individual local boards may remain.
- Commission may pass ordinances effective in all member municipalities.
- Each member municipality has one or two members on the commission, depending on the number of municipalities served by the commission.
- Members appointed by the local board of health, if they exist, otherwise by governing body of municipality.

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- Commission appoints health officer and other employees.
- Adopts budget.

5. Optional Forms of local government.

Local governments organized under the Faulkner Act, Walsh Act, 1923 Municipal Manager or Special Charter do NOT have an autonomous board of health, but they can and should have an advisory board of health. The functions of a board of health are divided among various entities:

- Budget is enacted by the council as proposed by mayor, manager or administrator.
- Ordinances are enacted by council.
- Health Officer is nominated by mayor, manager or administrator and confirmed by council.
- Programs are developed or reviewed by mayor, manager or administrator
- These are the forms of government where advisory boards of health are very useful.

6. The Local Boards of Health table below identifies the various composition and authority of boards of health.

| Local Boards of Health | | | | | | |
|--|-----------------|-----------------|-------------------|------------------|----------------|----------------------|
| Types | Population Size | Type of Board | Number of Members | Alternate Member | Special Member | Statute |
| Municipality and Governing Body | | | | | | |
| | | | | | | |
| Village | | | | | | |
| Board of Trustees | | Autonomous | 5-7 | Yes | Any Wanted | 26:3-3, 3-5 |
| <i>Faulkner/Walsh</i> | | <i>Advisory</i> | Any Number | Yes | Any Wanted | |
| | | | | | | |
| Township | | | | | | |
| Township Committee | 19,999 | Autonomous | 5-7 | Yes Yes | FN 1 | 26:3-9 or 26:3-3 |
| | 20,001 | Autonomous | 5-7 | No Yes | MD or RN | 26:3-10 or 26:3-3 |
| <i>Faulkner/Walsh</i> | | <i>Advisory</i> | Any Number | Yes | | |

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| Local Boards of Health Continued | | | | | | |
|--------------------------------------|--------|-----------------|-------------|-----|--------------|-------------|
| Borough | | | | | | |
| Mayor and Council | | Autonomous | 5-7 | Yes | | 26:3-3 |
| <i>Faulkner/Walsh</i> | | <i>Advisory</i> | Any Number | Yes | | |
| Town | | | | | | |
| Town Council | | Autonomous | 5-7 | Yes | | 26:3-3 |
| <i>Faulkner/Walsh</i> | | <i>Advisory</i> | Any Number | | | |
| City | | | | | | |
| Mayor and Council | | | | | | |
| First Class | | Autonomous | * | | 5 MD* | 26:3-4, 3-5 |
| Not First Class | 80,000 | Autonomous | 5-10 | | | 26:3-3 |
| Not First Class | 79,000 | Autonomous | 5-7 | | | 26:3-3 |
| <i>Faulkner/Walsh</i> | | <i>Advisory</i> | | | | |
| Special Charter | | | | | | |
| | | Autonomous | | | | |
| County | | | | | | |
| | | Autonomous | 5-9 | | FN2 | 26:3A2-4 |
| Regional Health Commission | | | | | | |
| | | Autonomous | FN 3 | | | 26:3-84 |
| Faulkner Governing Body | | | | | | |
| Mayor-Council | | <i>Advisory</i> | | | | 40:69A-31 |
| Council - Manager | | <i>Advisory</i> | | | | 40:69A-81 |
| Mayor-council-administrator | | <i>Advisory</i> | | | | 40:69A-149 |
| Small Municipality | | <i>Advisory</i> | | | | 40:69A-115 |
| Walsh Act Forms of Government | | | | | | |
| Commission | | <i>Advisory</i> | | | | 40:70-1 |
| Council Manager (1923) | | <i>Advisory</i> | | | | 40:39-1 |

* All physicians must be resident of city.

Footnote 1 The members of the Township Committee either 3 or 5, Tax Assessor, or Township Clerk, if no Tax Assessor and school nurse or township physicians, constitute the Board of Health. Townships have a choice whether to organize under NJS 26:3-3 or the special provisions of either NJS 26:3-9 for small townships or NJS 26:3-10 for larger townships.

Footnote 2 No more than 2 Freeholders. Members should be from communities served.

Footnote 3 Each member municipality appoints two members to the Commission unless there are more than seven-member municipalities in which event each municipality has one representative and one alternate. Members are appointed by the autonomous Local Board of Health, if there is one or by the governing body, if there is no local board of health.

BOARD OF HEALTH MEETINGS

Depending upon the type of board of health in your community, meetings can occur as frequently as once a month, or infrequently varying annually between quarterly or semiannually. Regardless of the frequency, all meetings must comply with the N.J.S. A. 10:4-6 “Open Public Meetings Act”, also known as “OPMA” or “The Sunshine Law”. This law is a guide on how public meeting should proceed in an open and transparent manner without invading individual privacy as well as meeting all other required meeting components. Meetings are usually held in the traditional face-to-face manner, but can also occur remotely.

Remote Public Board Meetings

During times of emergencies or when critical and other important issues need to be discussed and resolved, virtual or telephonic meetings may be held. As outlined by the NJ Department of Community Affairs, the meetings must comply with the requirements of the “Open Public Meetings Act”. The public meeting is then conducted, using streaming services and other online meeting platforms, or telephone conference call-in connections, in the same manner as would occur in the usual face-to-face meeting environment with provisions for the public to provide live comments at designated time during the meeting. Keep in mind the platform used must be able to accommodate the number of people it is reasonable to expect will attend.

CREATE AN ORDINANCE

Any autonomous Local Board of Health has the power to adopt ordinances. These ordinances should be addressed to the functions and duties of a Local Board of Health. The Local Board of Health is the entity that makes the decision as to what the proper issues are.

There are a number of State Administrative codes dealing with numerous public health issues such as public housing or the public health nuisance code, which can be adopted simply by referring to the name of the code and citation of the code. If there is a public health problem or issue not covered by a specific code, and the Local Board of Health wants to act, then the issue/concern or prohibition should be studied and a method addressing the situation or prohibition should be developed.

The resolution or prohibition should be articulated into a written ordinance to be passed by the local board of health. Whenever the local board of health is adopting anything other than a pre-written code, the ordinance should be written in the following manner.

1. There should be a statement of what the ordinance is intended to accomplish or the problem that is to be addressed.
2. The ordinance should contain any definitions that are necessary to understand the ordinance.
3. The method or prohibitions must be written in a clear and concise manner.
4. The ordinance should have a short title which will assist in its passage.

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5. The end of the ordinances must contain a severability clause. A severability clause is a provision that states if any provision in the ordinance should be declared to be unconstitutional the remaining provisions of the ordinance should remain in full force and effect.

Once an ordinance has met the approval of a majority of the Local Board of Health members, the formal enactment process can begin. NJS 26:3-64 through 26:3-66.1 are the statutory provisions that cover ordinance enactment. An ordinance is only effective within the territorial jurisdiction of the Local Board of Health, normally the municipality.

At least one week before final passage, the ordinance is given a first reading, which can be by title. A summary of the ordinance must be published in a newspaper circulating in the county where the Local Board of Health is located, at least two days before final passage. The time, date and meeting location where final passage will take place is to be included in the newspaper notice. The same notice as published in the newspaper is to be posted in the same location as other official notices are posted. NJS 26:3-66 (b). Copies of the notice need to be available to the public.

At the meeting where final passage is scheduled, the ordinance will be given a second reading, which may be by title. Prior to a final vote in accordance with government procedures, there shall be offered a public comment period controlled by the Chair. All properly offered comments must be heard. After the second reading the final vote can be taken. A notice containing a summary of the ordinance must again be published in the newspaper and posted on the bulletin board.

Thirty days after the first publication the ordinance will become effective unless a later date is provided in the ordinance. A copy of the ordinance should be set to the municipal clerk, the health officer and the New Jersey Department of Health.

EXPECTATIONS

The relationship between a board of health and its health officer should be collaborative and collegial. Communication is key in developing and fostering this relationship. The board relies on its health officer, for technical and leadership abilities. The health officer's advice on public health issues is crucial to the board's determination of policy. -

Whether the board has its own health department or contracts with a county or regional health department, it is crucial that the health officer attends board of health meetings and provides comprehensive reports on health department activities in your community.

The day-to-day operations of the department are not the responsibility of the board, but rather of the health officer and department director whom they have appointed. In turn, the members of the board of health have the overall responsibility to ensure that health services are delivered to their community and should make every effort to support the health officer in achieving the established goals. One key area where a board of health can support the health department and its staff is in lobbying the governing body for adequate financial support for the health department and health programs. Board members serve as the eyes and ears of the community and assist in identifying needed programs within the community.

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Boards of Health must have access to legal counsel. Many boards of health hire their own attorney, or have one assigned to it by the local government. The attorney may attend regular meetings, advise the board on legal issues and is responsible for writing ordinances as recommended by the board. The board of health attorney, among other things, is responsible for conducting research on existing public health statutes and recommending appropriate action and/or updates. This is particularly valuable when residents or businesses are seeking exceptions to public health practices, appealing the failure of the health department to issue a license or seeking reinstatement of a revoked license. The health department director and health officer have access to the board attorney on a regular basis to assist in the operation of the department.

A HEALTH OFFICER EXPECTS A BOARD WILL:

- Counsel and advise using professional expertise and familiarity with the community.
- Consult with the health officer on issues the board is considering.
- Delegate responsibility for all administrative functions and refrain from micromanaging administrative details.
- Share all communications with the health officer.
- Support the health officer and staff in carrying out their professional duties.
- Support the health officer in all decisions and actions consistent with policies of the board and the standards of the agency.
- Hold the health officer accountable for the supervision of the agency, recognizing that agency staff is responsible to the health officer.
- Evaluate and recognize the work of the health officer.
- Establish public health policy.
- Assist in budget development and advocacy.
- Establish clear lines of communication with the health officer and be available for consultation.
- Attend training designed for members of local board of health, at least annually.
- Establish quarantines and isolation in the event such action is required. (Only a board of health has this authority.)

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A BOARD EXPECTS ITS HEALTH OFFICER WILL:

- Serve as Chief Executive of the Health Department.
- Advise the board on issues under discussion.
- Develop and recommend policies for consideration.
- Effectively implement board policies.
- Keep the board informed fully and accurately on activities of the agency.
- Make professional recommendations on all problems and issues being considered by the board.
- Develop the agency budget in consultation with the board and keep the board advised of budget problems.
- Recruit and retain the most competent personnel and supervise accordingly.
- Devote time to professional development for the staff and health officer.
- Attend all board of health meetings.
- Operate the agency in compliance with New Jersey Public Health Practice Standards.
- Maintain staff certification and participate along with staff in continuing education.
- Inform the board of any actions or requirements of the NJDOH, since the health officer also reports to the NJDOH.

PUBLIC HEALTH PRACTICE STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY N.J.S. 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 (NJLBHA) website www.njlbha.org. The following is a brief summary of these standards.

Each New Jersey Local Board of Health shall:

- Ensure that there is a mechanism that provides leadership to develop partnerships with community organizations and/or agencies which have a demonstrable effect on, or compelling interest in, the health status of the population in accordance with *N.J.A.C. 8:52-9.2*.
- Ensure representation in the planning process to develop the Community Health Improvement Plan as set forth at *N.J.A.C. 8:52-9.2*.
- Ensure the development of local policies and programs that are consistent with the Community Health Improvement Plan as set forth at *N.J.A.C. 8:52-11.2*.
- Ensure that Public Health staff, in addition to meeting the requirements for licensure, certification, or authorization, possess or are actively pursuing training for the skills necessary to provide each of the “10 Essential Public Health Services” as set forth at *N.J.A.C. 8:52-3.2(a) 1 through 10*.
- Assure that public health policies promote and support the population’s health and safety goals identified in the health improvement strategies that were developed through the

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countywide or multi-countywide Community Health Improvement Plan and incorporate by reference prior planning information obtained through other processes.

- Ensure that there is a mechanism to guide the development of the Community Health Improvement Plan.
- Ensure the enforcement of the provisions of the State Sanitary Code.
- Consult with the health officer during the development of any new public health ordinances or amendments to any existing public health ordinances. The health officer or his or her designee shall attend all public hearings held regarding new or amended ordinances that affect the practice of public health within his or her jurisdiction.
- Conduct a sanitation and safety program at public bathing places (that is, swimming pools, lakes, rivers and ocean bathing places), based upon the current Recreational Bathing” regulations contained in the State Sanitary Code (see *N.J.A.C. 8:26*).
- Conduct a sanitation and safety program for campgrounds based upon State law and Chapter 11 of the State Sanitary Code (*N.J.A.C. 8:22-1*).
- Conduct a youth camp sanitation and safety program (*N.J.A.C. 8:25*).
- Maintain surveillance of retail food establishments, and food and beverage vending machines.
- Conduct an occupational health program.
- Conduct a public health nuisance program.
- Conduct a program for the surveillance, investigation and control of reportable diseases.
- Promote and provide immunizations for protection against childhood vaccine preventable diseases.
- Conduct a program for the control of rabies and other zoonoses.
- Control sexually transmitted diseases.
- Administer a planned program to prevent and control HIV infection.
- Provide health supervision for infants and preschool children.
- Provide for the prevention and control of lead poisoning in young children.
- Reduce infant mortality by improving access to prenatal care and related services in accordance with guidelines established by the Department of Health and Senior Services.
- Provide cancer prevention for populations at high risk.
- Provide for diabetes education services.
- Provide cardiovascular disease control services.
- Provide for a health program at locations selected by the health department which identifies the health needs of adults 65 and older.

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BOARD MEMBER RESPONSIBILITIES. The responsibilities of a local board member are varied. With the advice and consultation of your health officer, you may be required to make decisions about environmental public health matters, learn about and approve health education programs, decide what clinical services are needed and can be provided, work with community leaders, act as a liaison between the health department and the public, advise a governing body on effective public health policy, propose health-related ordinances, and approve financial budgets and expenditures.

It is important that local board of health members understand the current concepts that drive efforts towards public health improvement. These are indicators, identified as the social determinates of health (SDOH) and defined as: economic and social conditions (where you are born, live, learn, work and play) that influence individual and group differences in health status (a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity).

The five determinants of health are: economic stability; education; social and community context; health and health care and, neighborhood and built environment. It is clearly understood that education is a predictor of better health as it improves access to healthy foods, health care and safe neighborhoods. By understanding SDOH we improve individual and population health as well as advance health equality. Education on health issues and access to health services are key components of BOH concerns.

AS A BOARD MEMBER YOU SHOULD:

1. BE INFORMED

- Know what your board is about and what its mission is to your community.
- Become familiar with the guidelines and rules that governs the department and the board.
- Become familiar with all programs and services provided.
- Spend time with your health officer to learn his/her goals and roles.

2. PROMOTE SERVICES

- Evaluate what is being done to inform the community.
- Create a marketing plan in conjunction with the health officer, suitable to local health department resources.
- Refer to the 10 Essential Public Health Services in your decision-making process.

3. BE COMMUNITY CONSCIOUS

- Identify community needs and offer programs that are tailored to those needs.
- Educate yourself about the needs of the people served.
- Represent the health district to the public and to private entities when authorized.

4. ATTEND MEETINGS

- Regularly attend meetings as scheduled.
- Attend standing committee meetings, if a member.
- Participate as an ad hoc committee member, if appointed.
- Attend board retreats, in-service workshops and other board development activities.
- Attend and participate in special events as needed.
- Be well informed on issues and agenda items in advance of meetings.

5. KNOW YOUR OBLIGATIONS

- Establish policy.
- When operating its own health department, hire, supervise and evaluate the health officer.
- Monitor finances.
- Maintain and update long-range plans with the health officer.
- Comply with the Open Public Meetings Act, Public Ethics Act, financial disclosure requirements, Pay to Play statute and local ordinances.

6. DUTIES

- Attend meetings and show commitment to board activities.
- Contribute skills, knowledge and experience when appropriate.
- Listen respectfully to other points of view; however, speak out on issues you do not favor. Silence is often interpreted as consent.
- Participate in Board decision making.
- Assume leadership roles in all board activities, including identification of current and potential sources of funding.

CHECKLISTS

QUESTIONS BOARD MEMBERS SHOULD ASK THEMSELVES

- Do you budget for basic training and attend training?
- Does your board devote most of its time to developing and setting policies for your agency/ is your policy manual current?
- Does your board have working committees to initiate and monitor much of the board's work?
- Does a current job description exist for your board members?
- Does your board have a systematic planning process?
- Is your board knowledgeable about current issues in public health?
- Does your board have a mission statement?
- Do your board members understand their responsibility for the finances of your organization?
- Are your bylaws reviewed regularly and do you operate in accordance with them?
- Are relationships between Board Members and Health Officers characterized by openness, trust and mutual respect?

QUESTIONS A BOARD SHOULD ASK ITSELF

- What do we want to accomplish? (Setting policy and establishing goals)
- What is the road map to follow? (Defining mission, formulating guidelines, making plans, suggesting alternatives)
- How will we pay for it? (Budgeting)
- How do we reach our goals? (Establishing priorities, delegating responsibilities)
- Did we succeed or fail? (Evaluating)

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GOVERNMENTAL PUBLIC HEALTH PARTNERSHIP /COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Every board of health has the responsibility to encourage and enable participation by its health officer and staff in countywide or multi-countywide planning through a Governmental Public Health Partnership (GPHP), in accordance with the requirements of the New Jersey Public Health Practice Standards.

The GPHP has the major responsibility of convening key individuals and agencies with an interest in public health to perform a formal Community Health Assessment (CHA), which determines the health status and quality of life of the community. The assessment identifies public health priorities, assesses the community's capacity to address public health and social service needs, and allows for statewide comparability. The assessment also identifies those populations, if any, who are underserved by providers in that community and provides information about resource distribution and costs.

The completion of the assessment leads to the development of a Community Improvement Plan (CHIP), a formal written plan that identifies priority health issues and includes the roles and responsibilities of all participants as well as a mechanism for accountability for agreed upon goals, objectives and services.

The CHIP process is an ambitious and bold effort at community engagement for a common good. No single organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level. The CHIP process is based on the idea that through collaboration and synergy, two plus two will equal a great deal more than four. Another important feature of the CHIP is that the plan arises out of the community, which then has a greater investment in its implementation.

ACCREDITATION

As the governing bodies of local health departments, it is important that board of health members understand the public health accreditation process and their role to support the LHD in this effort.

Public Health Department Accreditation is the process of measuring the health departments performance against a set of nationally recognized practice-focused and evidenced-based standards. The goal is to improve and protect the health of the public by advancing the quality and performance of the health department.

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. Their website www.phaboard.org offers information that will assist you in this process should you choose to pursue accreditation of your department.

An *Orientation to Accreditation* series, comprised of four short online videos provide an overview on the accreditation process, and can be found at <http://www.phaboard.org/education->

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[center/phab-online-orientation/](#) You may wish to discuss with your health officer the feasibility of pursuing accreditation and the resources needed to do so.

COMMON PUBLIC HEALTH ACRONYMS

ANR American Nonsmokers' Rights Foundation
APHA American Public Health Association
ASTHO Association of State and Territorial Health Officials
BT Bioterrorism
CART County Animal Rescue Team
CERT County Emergency Response Team
CDC Centers for Disease Control and Prevention
CHA Community Health Assessment
CHIP Community Health Improvement Plan
CHSI Community Health Status Indicators
DHS Department of Health and Human Services
EH Environmental Health
EPA Environmental Protection Administration
FEMA Federal Emergency Management Agency
GPHP Governmental Public Health Partnership
HAN Health Alert Network
HRSA Health Resources and Services Administration
ICS Incident Command System
IOM Institute of Medicine
LBOH Local Board of Health
MAPP Mobilizing Action through Planning and Partnerships
MRC Medical Reserve Corps
NACCHO National Association of County and City Health Officials
NALBOH National Association of Local Boards of Health
NAPHNA National Association of Public Health Nurse Administrators
NCEH National Center for Environmental Health
NCHEC National Commission for Health Education Credentialing
NCI National Cancer Institute
NEHA National Environmental Health Association
NIH **National Institutes of Health**
NIOSH National Institute of Occupational Safety and Health
NJACACO New Jersey Association of Certified Animal Control Officers

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NJACCHO New Jersey Association of County and City Health Officials
NJAPHNA New Jersey Association of Public Health Nurse Administrators
NJDEP New Jersey Department of Environmental Protection
NJDOH New Jersey Department of Health
NJ GASP Global Advisors on Smoke Free Policy
NJLBHA New Jersey Local Boards of Health Association
NJ LINCS New Jersey Local Information Network and Communications System
NJOHSP New Jersey Office of Homeland Security and Preparedness
NJPHC New Jersey Public Health Council
NJSOPHE New Jersey Society for Public Health Education
NNPHI National Network of Public Health Institutes
NPHSP National Public Health Performance Standards Program
OSHA Occupational Safety and Health Administration
PACE EH Protocol for Assessing Community Excellence in Environmental Health
PEOSH Public Employees Occupational Safety and Health Program
PHAB Public Health Accreditation Board
PHACE the Public Health Associations' Collaborative Effort – comprised of representatives of the New Jersey's six recognized Public Health Associations:

- New Jersey Association of County and City Health Officials (NJACCHO)
- New Jersey Association of Public Health Nurse Administrators (NJAPHNA)
- New Jersey Environmental Health Association (NJEHA)
- New Jersey Local Boards of Health Association (NJLBHA)
- New Jersey Public Health Association (NJPHA)
- New Jersey Society of Public Health Educators (NJSOPHE)

with liaison representatives of the New Jersey State Department of Health.

PHF Public Health Foundation
PHI Public Health Institute
PHPF Public Health Priority Funding
PHPPO Public Health Program Practice Office
RHC Regional Health Commission
SHA State Health Assessment
SHIP State Health Improvement Plan
SOPHE Society for Public Health Education
USDA United States Department of Agriculture
WHO World Health Organization
WIC Women, Infants, and Children Program

COMMON PUBLIC HEALTH TERMS

AIDS (Acquired Immune Deficiency Syndrome): a medical condition caused by the human immunodeficiency virus (HIV). The disease alters the immune system making people more vulnerable to infections and diseases.

Assessment: Regular and systematic collection, assembly, analysis and the availability of community health information.

Assurance: Public Health agencies assure that necessary services are provided to achieve community goals and objectives for healthy people.

Capacity Standards: Statements of what Public Health agencies must do as part of ongoing daily operations to adequately protect and promote health, prevent disease, injury and premature death.

Coronal Virus (novel): A new and virulent strain of the common coronal virus.

Coronavirus Disease 2019 (COVID-19): Infection from the novel coronal virus causing symptoms of fever, cough, fatigue, shortness of breath and loss of smell with complications that may include pneumonia and acute respiratory distress syndrome.

Core Functions: The three basic functions of the Public Health system: assessment, policy development and assurance.

E-coli: common species of bacteria that occasionally results in gastrointestinal disease.

Environmental Health: An organized community effort to minimize the public's exposure to environmental hazards and preventing transmission of disease or effect of injury agent.

Epidemic: The occurrence in a community or region of disease cases in excess of expectancy.

Epidemiology: Epidemiology is the study (scientific, systematic and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (including disease) in specified populations (neighborhood, school, city, state, and country, global) and the application of this study to the control of disease and other health problems. Epidemiology is the method used to find the causes of health outcomes and diseases in populations; the patient is the community and individuals are viewed collectively.

Fee-for-service: A charge made for each unit of health service, usually set by the provider. Some services fees may be controlled by the state. Fees for state mandated programs are determined by cost methodology set by the state.

Food Borne Illness: Illness caused by the transfer of disease organisms or toxins from food to humans.

Groundwater: Water beneath the earth's surface between saturated soil and rock that supplies wells and springs.

Health Equity: The study and causes of differences in the quality of health and healthcare across different populations. The absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

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Healthy People 2010: A prevention initiative that presents a national strategy for improving the health of the American people.

Human Immunodeficiency Virus (HIV): The retrovirus (an RNA based virus) that causes AIDS.

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Incidence: The number of new cases of a specific disease diagnosed or reported during a defined period of time.

Infectious Disease: A disease caused by organism that cause infection in a human host and may be communicable (contagious) to other persons, animals or through other intermediaries.

Isolation: The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected, on the basis of signs, symptoms or laboratory analysis, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals. (as cited in NJS 26:13).

Local Board of Health: One of the types of boards of health (see **Five Types of Boards of Health**) appointed to protect and improve the health of the community.

Managed Care: Health care provided within a system using a defined network of providers.

Medicaid: A federal program authorized under Title XIX of the Social Security Act to provide medical services to clients who meet eligibility requirements.

Medicare: Federal insurance program covering delivery of medical services to people ages 65 and older.

Morbidity: The rate of incidence of disease or the state of being diseased.

Mortality: The rate of death attributable to a disease or the state of being deceased.

Outcome Standards: Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury or dysfunction or prevalence of risk factors.

Pandemic: an epidemic of infectious disease that is spreading through human populations across a large region; for instance a continent, or even worldwide.

Particulate Matter: Matter in the form of small liquid or solid particles.

Point Source: Sources of pollution that can be readily identified because of their location of origin.

Policy Development: The process whereby public health agencies evaluate and determine health needs and the best way to address them.

Population-based: Pertaining to the entire population in a particular area.

Prevalence: The total number of cases of a disease in a given population at a specific time.

Prevention: Actions taken to detect and reduce susceptibility or exposure to health problems.

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Promotion: Health education and the fostering of healthy living conditions and lifestyles.

Public Health: Prevention of disease, injury or disability and promotion of good physical and mental health.

Public Health Department: Local (county, city, regional, combined city-county or multi-county) health agency with oversight and direction from local boards of health that provide health services throughout the defined geographic area.

Quality Assurance: Monitoring and maintaining the quality of public health services through licensing.

Quality Improvement: The systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted population groups.

Quarantine: The physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease to non-quarantined individuals. "Toxin" means the toxic material of plants, animals, microorganisms, viruses, fungi or infectious substances, or a recombinant molecule, whatever its origin or method of production, including:

- a. any poisonous substance or biological product that may be engineered as a result of biotechnology or produced by a living organism; or
- b. any poisonous isomer or biological product, homolog, or derivative of such a substance. (as cited in NJS 26:13).

Regional Health Commission: An association of local governments formed to provide public health services to member or contract municipalities. A regional health commission is an autonomous board of health and functions as the health department for its municipalities.

JOB DESCRIPTIONS

ACCREDITATION COORDINATOR: An individual assigned with the responsibility of managing and coordinating the accreditation process within the health department from early preparation for accreditation, through the accreditation decision, and the post-accreditation annual reports to PHAB.

Animal Control Officer. Animal control officers work to maintain public health standards by making communities safe for both people and animals. Animal control officers must be certified by the New Jersey Department of Health. Officers often respond to calls from citizens about stray animals, suspected animal cruelty or deceased animals. Sometimes officers must capture or rescue animals, but at other times they administer warnings or citations to citizens suspected of animal cruelty and mistreatment.

Epidemiologist: A public health professional or expert in the branch of medicine which deals with the incidence, distribution, and possible control of diseases; they analyze what causes disease outbreaks in order to treat existing diseases and prevent future outbreaks.

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Health Educator. Health educators focus on helping groups of people, from family units to large urban communities, by developing educational campaigns and programs to promote healthy habits and environments. Their duties also include research and administration. Health educators work in both the public and private domains.

Health Officer. The health officer is the public health chief executive officer of a municipal, regional, county or contractual health agency. This individual is responsible for evaluating health problems, planning appropriate activities to address these health problems, developing necessary budget procedures to finance these activities, and directing staff to carry out these activities efficiently and economically. In general, a health officer is employed by a local health agency, e.g., an individual municipal local health agency, a regional health commission, or a county health department. Licensure as a health officer does not give the licensee the authority to perform the duties of other public health positions, e.g., Registered Environmental Health Specialist.

Humane Law Enforcement Officer: A municipal or county officer certified by the Police Training Commission (PTC) to enforce animal cruelty laws.

Public Health Planner: Assess the health needs of certain populations and communities, analyze and evaluate programs and policies, and use this information to develop plans to carry out public health objectives.

Public Health Nurse. A Public Health Nurse works within the community to improve the overall health of the area. Their most common places of employment include county or state departments of health or public health departments, correctional facilities, occupational health facilities, business and schools. They put together plans that alleviate or eliminate health or safety issues in a community, issues like immunizations, STDs and obesity. They also help communities prepare for natural disasters and assist in disaster relief efforts.

Registered Environmental Health Specialist. A Registered Environmental Health Specialist (REHS) administers environmental and health programs for both public and private agencies and organizations in food protection and safety, water protection, air quality, noise, industrial and land pollution, sewage disposal, hazardous and toxic substances, solid waste management and institutional health. In general, a REHS is employed by a local health agency, e.g., an individual municipal local health agency, a regional health commission, or a county health department. Some Registered Environmental Health Specialists work in private industry.

Registrar of Vital Statistics: An individual under government authority that keeps records of life events. Vital statistics are records of: birth, death, marriage, adoption, domestic partnerships, civil unions and others.

NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION MEMBERSHIP INFORMATION

Why was NJLBHA formed?

Local boards of health in New Jersey are responsible for ensuring the development and implementation of public health policy and programs in each of our communities. There was a need for a mechanism to bring local public health concerns to the attention of those who are responsible for development of state and national policy. In addition, local boards of health need a medium for communicating with each other and for accessing information and training that will improve their ability to lead their communities toward improved health. The New Jersey Local Boards of Health Association was formed to meet those needs.

Membership in NJLBHA will help you in fulfilling your responsibilities as a public official addressing the ever-increasing barrage of public health problems. Issues such as: funding, HIV/AIDS, STDs, Lyme disease, lead, tobacco control, TB, drug addiction, suicide prevention, mental health, groundwater contamination, emerging pathogens, environmental hazards and pollutants, and public health preparedness, are a few of the issues that **you**, as local board of health members, must address.

Special Events

NJLBHA joins with other key health organizations to bring you special programs and meetings.

Education and Workshops

NJLBHA provides unique learning opportunities geared to the needs of local board of health members. In addition to our meetings, we offer an orientation program for new board members, a board member certification program, and an annual conference, designed for members of local boards of health, presenting experts on current public health issues.

Advocacy

We serve as your voice on the state and national level. We represent your views on the public health issues facing us. The needs of local boards of health are now being represented by NJLBHA at the Executive and Legislative branches of state government and to our Congressional representatives.

Forum for Ideas

Through programs, workshops and our newsletter, NJLBHA provides opportunities for members of Local Boards of Health, other community leaders and health professionals to meet and exchange ideas.

Publications

The NJBHA Newsletter is published quarterly and disseminated to health leaders throughout the state. Special mailings are sent out as needed on issues of significance.

Affiliations

In addition to the executive board members you elect to represent you, we are pleased to have non-voting members on the executive board representing the New Jersey Public Health Association, the New Jersey Association of County and City Health Officials, the New Jersey Environmental Health Association, the New Jersey Association of Public Health Nurse Administrators, the New Jersey Society for Public Health Education, the New Jersey Public Health Council, and the New Jersey Department of Health.

Grants

Membership involvement and commitment is important when pursuing grants. With grants we increase the scope of membership benefits and create leadership opportunities for local boards of health.

ANNEX A TO THE NJLBHA ORIENTATION MANUAL

PART A - INFORMATION ABOUT ADVISORY BOARDS OF HEALTH

What are Advisory Boards of Health and why do we need them? Autonomous Boards of Health are entities that are slowly disappearing. Any municipal government formed under either the Faulkner or Walsh Acts do not have an Autonomous Board of Health. The functions of a board of health are dispersed among the executive and legislative bodies within the various forms of government. The executives, be it Mayor or Administrator make appointments, while the legislative or council passes ordinances and adopts budgets. Public health policy issues tend to get shorter attention since they are considered in the same way that all other matters coming before the governing bodies are considered.

In the non-autonomous local board of health communities there is no mandated body to which the governing body can assign the development of health policies and planning. Zoning and planning are reviewed and implemented by land use commissions; senior citizen concerns are addressed by the senior citizen committee; environmental matters are studied by the environmental commission, etc. Advisory Boards of Health play the role of being the ears, eyes and brain of the governing body as to public health issues.

Activities conducted under the Gold Medal Health Program of Sustainable Jersey start off with an evaluation of the public health needs of a community, which involve many of the stakeholders of public health. An elected governing body often does not contain representatives of public health stakeholders. As programs are implemented, the success of those programs is measured by feed-back from stakeholder groups. The Advisory Board of Health can help conduct the interviews or surveys that this evaluation procedure requires. In addition to providing raw data from stakeholders, Advisory Board of Health members can be given the mission to provide additional expert information about the public health implications of a policy.

New initiatives such as Health-In-All-Policies are difficult to put into place where the governing body is the body implementing a policy and also being the reviewer of that same policy as to the public health implications of that policy. Having an Advisory Board of Health which can make suggestions as to the public health considerations of a proposed policy would certainly be helpful.

Advisory Boards of Health can be given the assignment of working with the Health Officer in applying for grants, internships, loans and other funding sources. When these applications need municipal data or surveys to be included in the applications, the Advisory Board of Health can help provide this data.

ANNEX A TO THE NJLBHA ORIENTATION MANUAL

A municipality which belongs to a Regional Health Commission or County Board of Health may choose to send a member of either the Autonomous Board of Health or the Advisory Board of Health to attend meetings of these groups. Advisory Board of Health members can also help the Health Officer with input to Regional Reports and other compilations such as the Community Health Improvement Plan (CHIP).

Advisory Boards of Health are flexible. There is no State statute which provides how an Advisory Board of Health is to be organized or what its duties and responsibilities are. This allows for ordinances that provide for the appointment of knowledgeable and/or interested parties such as healthcare professionals, public health advocates, or special groups within the community. Whatever the needs of the community, the ordinance creating the Advisory Board of Health may be written to cover particular situations. The number of members and ex officio membership are up to the drafters of the ordinance.

Municipalities can only adopt ordinances which relate to a function of government, and which the power to act has been granted to a municipality. Public health is one of the areas that the State has granted the power to act to municipalities. So unless a power of local government relating to public health has been pre-empted by State statute, a municipality is free to adopt an ordinance with regard to the issue of public health.

ANNEX A TO THE NJLBHA ORIENTATION MANUAL

PART B – A MODEL ORDINANCE FOR AN ADVISORY BOARD OF HEALTH

Section 1-1. An Advisory Board of Health is hereby established.

Section 1-2. Duties.

- A. The purpose of the Advisory Board of Health is to recommend measures to meet the health needs of the community.
- B. Without limiting the functions and roles of the Advisory Board of Health, capital projects of the municipality should be reviewed by the Advisory Board of Health prior to adoption.
- C. It shall serve as the municipality's representative to organizations which prepare and implement regional public health plans. This may include organizations which conduct surveys and collect statistical information.
- D. The Advisory Board of Health shall serve as the lead group in planning for public health emergencies. It shall provide information and suggestions for the public health portion of the Local Emergency Operations Plan. It shall help recruit and train public health personnel to assist with public health emergencies.
- E. It shall conduct periodic public meetings with the entire community to include groups in the community with specific needs. The Advisory Board of Health shall make a report to the Local Autonomous Board of Health as to the information obtained in these meetings.

Section 2-1. Composition; ex officio members.

- A. The Advisory Board of Health shall consist of (a number between three and nine).
- B. Members with the following backgrounds or experience should be considered for appointment: Member of a senior citizen organization; member of the first aid or rescue organization; a person active in disease support rehabilitation (Red Cross, Salvation Army, etc.); a member of the land use committee; a current or retired medical or public health worker; school or industrial nurse; persons with a background in emergency preparedness; a member of an organization that provides meals, housing, counseling, child care or senior care; persons who are willing to conduct community polling and input sessions. The above list should be modified to represent the people available in the community. The objective is to get people involved in public health and to make certain that local government is truly aware of the public health needs of its residents.

ANNEX A
TO THE NJLBHA ORIENTATION MANUAL

- C. There shall be three ex officio members.
 - a. The Health Officer or their approved substitute.
 - b. The Chief Executive of the community (Mayor, Administrator or Manager)
 - c. Representative from the school board

Section 3-1. Appointment; terms.

- A. Appointment by the Council shall be for a term of term years. The initial terms shall be staggered in such a manner that one third of the members are appointed each year.
- B. Appointment shall be by a majority vote of the full Council.
- C. Members shall complete the course of training offered by the New Jersey Local Boards of Health association or equivalent course approved by the New Jersey Department of Health within three months of appointment (njlbha.org)

Section 4-1. Chairperson; officers.

- A. The Advisory Board of Health shall elect one of its voting members as Chairman for a one year term.
- B. A vice-chairperson shall also be elected from the voting members for a one year term.
- C. A suitable person shall be selected as recording secretary.
- D. Election for all officers shall take place at the January Reorganization meeting.

Section 5-1. Meetings, rules, quorum.

- A. The Advisory Board of Health shall meet monthly at a day and time as set by the Advisory Board of Health on an annual schedule as required by State Law.
- B. The Advisory Board shall meet with the Local Board of Health at least quarterly at a day and time as established by the Local Board of Health on an annual schedule as required by State Law.

ANNEX A
TO THE NJLBHA ORIENTATION MANUAL

- C. A majority of the members appointed not including the ex officio members shall constitute a quorum. Ex Officio members shall not have a vote on matters coming before the Advisory Board.

- D. The Advisory Board shall have the power to establish rules for the conduct of its meetings.

REFERENCES:

- 1. Decision of the Supreme Court of NJ, November 6, 1961,
Myers vs Cedar Grove Twp 174 A.2d 890, 36 N.J. 51

- 2. Final Report of the Commission on Municipal Government, Pg.13 (1949)

- 3. Letter to Michael Richmond, Esq., dated May 30, 2017
Re: Governing Body as Board of Health from Donald J. Sears,
Director of Law, Township of South Brunswick, NJ

OUR GOALS

To protect and preserve the public health

To increase the level of public health awareness among local, county and state officials and among the general public

To help the State's Local Boards of Health in meeting their responsibilities

To promote regional cooperation on Public Health concerns

To seek a rational Public Health consensus to guide the formulation of public policy and advocate a body of law designed to facilitate the protection and preservation of the public health

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: _____

Contact Name: _____

Email Address: _____

Phone: _____

Mailing Address: _____

*Make checks payable to
New Jersey Association of Local Boards of Health
PO Box 5069
Kendall Park, NJ 08824*