



New Jersey Local Boards of Health Association

NEWSLETTER

Volume 13, Number 1

Spring, 2006

President's Message

Your state organization is alive and well. It's been awhile since our last newsletter but we've been really busy working with you and for you.

First, since October of 2004, we have partnered with Rutgers University's Bloustein School of Public Planning and Policy operating under a grant from the State Department of Health and Senior Services to assist local boards in completing the National Performance Standards Governance Evaluation Instrument. This activity is not designed primarily as a measurement for others. Rather, it is a valuable educational and resource tool for you to learn more about your roles and responsibilities and to let you see your strengths and weaknesses in the ten critical areas.

During the grant period over 150 boards completed these documents and by now should have received a print out from the Centers for Disease Control showing your results in comparison with national standards. We are the first state to have gotten this far with so many responses. But we've only scratched the surface.

We are developing a phase 2 project, hopefully with financial support from the State Department of Health to reach many more boards. With close to 500 boards in the State, this was and is no small effort and requires a

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The Smoke-Free Air Act and You

The New Jersey Smoke-Free Air Act was passed overwhelmingly by the New Jersey Legislature. The Act says, "The Legislature finds and declares that ... tobacco smoke constitutes a substantial health hazard to the nonsmoking majority ... and it is clearly in the public interest to prohibit smoking in all enclosed indoor places of public access and workplaces."

Local Boards of Health and governing bodies are granted the power to enact ordinances which provide restrictions on or prohibitions against smoking equivalent to, or greater than, those provided under this law.

The law requires smoke free environments in almost all indoor workplaces and places open to the public including places of business and service-related activities except for a few specifically named exemptions. Affected sites that must be smoke free include, but are not limited to:

- offices, factories, commercial buildings and facilities, and government facilities
- restaurants, bars, clubs, theatres
- bowling alleys, sports facilities, race tracks, bingo sites

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M.A.P.P.

Stephen Pappenberg
Pennington Board of Health

New Jersey Public Health Practice Standards for Local Boards of Health became effective, as we all know, on February 18, 2003. These standards require that all Local Boards of Health and all Health Departments actively participate in a county-wide Public Health Assessment via the M.A.P.P. process.

M.A.P.P. (Mobilizing for Action through Planning and Partnerships) is a tool for strategic planning that identifies and uses resources available throughout the community by forming effective partnerships with traditional and non traditional stake holders in

community public health. M.A.P.P. incorporates the core functions of public health; assessment, policy development, and assurance in the planning and action stages. The process also engages the community and creates community ownership for public health issues.

Although Local Boards of Health and Health Departments are severely burdened by many challenges including issues related to pandemic flu, bioterrorism planning and emerging pathogens, the M.A.P.P. process may be worthwhile. The time, energy, and resources needed to sustain the part-

nerships and collaborations must be provided; otherwise those participating may not be willing to continue dedicating their resources to the effort.

The previous "minimum standards of performance for Local Boards of Health" were orientated to the philosophy that community public health was the responsibility of Local Boards of Health and Local Health Departments. While the promulgation of and enforcement of public health laws are

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The Smoke-Free Air Act And You

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- shopping malls and retail stores
- all elementary and secondary schools, child care facilities, museums, places of worship
- health care facilities and offices, nursing homes
- hotels, public transportation vehicles and stations and platforms, parking garages apartment building lobbies and public areas in other private buildings. It also prohibits smoking on the grounds of any public or nonpublic elementary or secondary school, in addition to indoor school facilities.

The only specified exceptions where smoking may, but need not, be permitted, are:

- Certain gaming and simulcasting areas of casinos;
- a cigar bar or lounge that is entirely enclosed and separately ventilated, and that was in existence and generated 15% or more of its annual gross income from tobacco products sales and humidors rentals before December 31, 2004, and which has not expanded or changed its location since 2004 (plus additional restrictions);
- a tobacco retail establishment in which at least 51% of business is the sale of tobacco products and accessories and in which the sale of other products is merely incidental;

- any tobacco business where the testing of a cigar or pipe tobacco by burning or smoking is a necessary and integral part of the manufacturing, etc.

- private homes, private residences, and private automobiles.

Social and fraternal organizations are not exempted.

Additionally, a hotel or motel may, but need not, permit smoking in a maximum of 20% of its guest rooms.

Enforcement is by the New Jersey Department of Health and Senior Services or the Local Board of Health. A person having control of an indoor workplace or public place shall order any person smoking in violation of the act to comply. A person who smokes in violation is subject to a minimum fine of \$250 for the first offense, \$500 for the second offense, and \$1,000 for each subsequent offense.

An indoor public place or workplace in violation of the act, that fails to comply with the act following written notice, is subject to minimum fine of \$250 for the first offense, \$500 for the second offense, and \$1,000 for each subsequent offense. In addition, the court may order immediate compliance with the provisions of the act.

The New Jersey Department of Health and Senior Services will issue regulations more completely specifying the parameters of the law and enforcement procedures. We will inform you of these in our next newsletter.

(We thank NJ GASP, a partner with New Jersey Local Boards of Health Association on many projects, for providing this information).

Animal Control and the Health Department

Michael Melchionne, Animal Cruelty Investigator,
Stafford Township

In most Municipalities Animal Control is the responsibility of the Health Department. Certainly The control of rabies and other epizootic diseases is a recognized public health priority and responsibility. Dog bites are reported through health departments and Board of Health members need to know their responsibilities in regard to these issues

Today's animal control needs are much different today than they were just 25 years ago. Society is recognizing the role the animal/human bond play in our lives. Owned companion animals are gaining stature. The media has brought much attention to animal issues in just the past 5-6 years.

Animal Control may possibly be the most misunderstood profession in the municipal workforce. Understanding animal behavior is, in fact, a science. There is a potential for danger or risk on each and every call responded to. If an animal doesn't like The Animal Control Officers because they moved too fast or approached it incorrectly, they will be bitten or the animal will bite someone else.

Animal Control Officers are also first responders. When a police officer or a rescue squad member cannot get to the person they were called to help, because an animal is standing between them, an animal control officer is the municipal responder called to help.

Documentation of everything has become commonplace. The chance for lawsuits, as we're all so well aware of, is prevalent. When dealing with ones property, a live breathing creature, every potential liability must be addressed and handled correctly. Courtroom testimony, evidence collec-

tion/preservation, and public education are constant responsibilities.

Since 1983, municipalities are required to appoint only State certified Animal Control Officers and every municipality must officially appoint one. With the support of various groups legislation was passed 1997 allowing Animal Control Officers who acquire an additional State certification, to enforce animal cruelty.

There are strong incentives to having your Animal Control officer also is certified as an Animal Cruelty Investigator.

Municipalities which have chosen to further train and then appoint their Animal Control Officer as an Animal Cruelty Investigator can now keep fifty (50%) percent of the fines, penalties and monies collected. This is much needed revenue for your health department. Without this certification all the fine money generated by your staff's work goes to the SPCA, a private corporation, whether they have done any of the work or not.

Additionally by working with local Police, responses to animal cruelty calls can be accomplished quickly and professionally without having to rely on the availability of an PCA volunteer.

The New Jersey Local Boards of Health Association is currently working on legislation that will award one hundred (100%) percent to the municipality who's Animal Cruelty Investigator does the work. After all what's fair is fair.

PODS, MRC and the BOH

Kim Silverstein

Chairman, Manalapan Township Board of Health
Coordinator, Manalapan MRC/CERT

Have you ever thought about how you would handle a Pandemic flu or serious outbreak? What if you were given forty eight hours to medicate everyone in your municipality? Where would you begin? Where would you do this? How many people would you need to do this? These are questions that health departments and boards of health members should be thinking about now before it ever happens.

If there is ever a need to medicate mass amounts of people in a short period of time it takes quite a bit of people and planning. Most towns do not have the existing manpower to carry out this type of program. The time to prepare for this is now not when the event occurs.

In Manalapan Township, we spent a lot of time discussing this at our board of health meetings after the events of September 11, 2001. Within a few months we began recruiting a pool of volunteers to help support our emergency services as well as the health department.

We adopted the Medical Reserve Corps model, which is a national program administered by the US Surgeon General's Office. Currently we have one hundred and fifty volunteers and have become very active in our OEM. Our Board of Health oversees the MRC and we meet each month before our regular BOH meeting to discuss MRC issues. We have received a fifty thousand dollar grant for the past three years. This has given us the funding to be able to buy equipment and supplies.

Not only are we an MRC unit but we are also a CERT team. CERT stands for community emergency response team. This is one of the programs of the national Citizens Corp initiative. CERT is under the direction of FEMA. In Manalapan we chose to do both because CERT already has established a twenty hour training program for our volunteers on search and rescue, fire safety, first aid triage as well as other basic emergency management information. The materials are available free of cost and the State offers train-the-trainer programs. At the end of this program each member receives a bag of supplies to carry in their car. The other benefits are that we can be utilized locally and nationally under either program.

The benefits of becoming an MRC are unlimited. We have been very successful in utilizing our team in many aspects in Manalapan. We have had several drills on mass casualties, POD set ups and medication distribution, aiding the first aid squad at major functions, working with our office of emergency management on disaster planning and have provided the township with a health fair.

If you are interested in more information about starting a Medical Reserve Corp through your Board of Health feel free to contact us through the Manalapan Township Health Department.



M.A.P.P. (Continued from page 2)

the function of the Local Governmental Health System, healthy communities need a very important additional component. That component is active participation among all populations within the community.

The Institute of Medicine in its publication "The Future of Public Health" warned that ... "Public Health is a vital function that is in trouble... public health in the U.S. has been taken for granted, many public health issues have become inappropriately politicized, and public health responsibilities have become so fragmented that deliberate action is often difficult if not impossible."

The institute further states that "restoring an effective public health system cannot be achieved by public health professionals alone. Residents must concern themselves with whether there are adequate public health services in their communities and let their elected officials know of their concern."

The M.A.P.P. process has been identified as the instrument to achieve community participation. Board members need to familiarize themselves with the process and assist their Health Departments in encouraging true community participation. This process will require leadership with the ability to energize the community and sustain the energy creating the "foundation for building a healthy future". Good luck to us all!

TIME TO STEP UP

By Susan Goldman Kapoor
Princeton Regional Board of Health

It's another year and time to submit this year's budget for your local health department to your municipality. If you are like most Boards of Health in New Jersey, you are submitting a bare bones budget with little hope for increased funding. Simultaneously the health department is being asked to assume increased responsibility for pandemic planning and homeland security, often in areas with increasing population including immigrants from around the world. Why is there so little support for local health services? What can local boards of health do to address the situation?

ates for the local health department throughout the year and at municipal/county budget hearings.

Members of local boards of health are responsible for health policies in their municipality; these policies are the basis of programs and procedures which protect the health of residents and visitors to their towns. In order to formulate good policy, boards of health need to work with their county/local health officer to determine the need of their communities. The New Jersey public health practice standards are a good starting point to discuss the types of activities that your local health department should be providing. Help your elected official understand what your

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The primary source for funding of basic local health services is local taxes, which are more strained each year. Local boards of health need to be strong advo-

Presidents's Message *(Continued from page 1)*

tremendous amount of time and personal contact by our limited staff of trained facilitators. However, over the next year we hope to meet almost all of you who have not yet participated.

Our special thanks to the staff at the Sussex County Health Department for their timely and thorough assistance in becoming our first 100 percent county. We look forward to meeting the rest of you. For those who did participate our thanks for your personal time, your interest and enthusiasm.



Your organization has also been very busy monitoring legislative and regulatory activities. On your behalf I personally testified before the State Senate and Assembly committees, and individually met with members of the Legislator as well as several State Health department officials including both Commissioners Lacy and Jacobs. Along with the NJ Health Officers Association we were able to get favorable changes to the recently enacted Emergency Health Powers Act. We are also engaged in discussions on the subject of animal control and welfare as well as several other subjects, none the least of

which is the future creation of a stable and permanent source of funding for all local boards.



On the national scene, as your president I was the only NJ representative, invited by Homeland Security Secretary Michael Chertoff to participate in Washington, DC in the Topoff 3 Exercise played out in part in New Jersey. I attended special briefings and tours and had a private audience with Assistant Secretary for Health, Dr. Rabb. We spoke at length about the lack of local funding through federal grants and the need for more direct support of our local departments including proper respiratory protection for our field staffs.



We recently concluded an official affiliation agreement with the National Association of Local Boards of Health (NALBOH). As our State membership grows we continue to encourage New Jersey's local boards to also join NALBOH. They are a voice for us in Washington DC and Atlanta and are very active in developing support materials for local boards as well as hosting a great annual education conference

and business meeting. There truly is strength in numbers. Even with the small percentage of NJ boards that belong to us and/or NALBOH, we currently represent approximately 10% of their total membership and that figure continues to grow.

So as you can see, while we've been a little short on mailings, we have been really busy and the pace is increasing. The New Jersey Local Boards of Health Association is a respected and critical partner in the consortium of public health focused associations both in state and out. But we need to continue to grow and we need more of you to step up to the plate and take an active role on our leadership team.

NALBOH, the National Association of Local Boards of Health, had a busy year in 2005, thanks to Wilma, Rita, Dennis and Katrina, not to mention the continuing war on terror and the danger of a possible human-to-human epidemic of avian influenza.

Our state's representatives are very active in NALBOH's Environmental Health and Emergency Preparedness Committee, which reflects the concerns of most New Jerseyans in public health. New Jersey's position between New York City and Philadelphia makes us quite vulnerable to many types of emergency incidents. We learned this in 2001 after 9/11, with the anthrax outbreak in Hamilton Township. During 2005, our Committee developed a Food Safety Guide for local boards of health, an On-Site Waste Water Management Guide, an All-Hazards Preparedness Guide and even more. Con-

NALBOH NEWS

Walter A Stein
NALBOH Mid-Atlantic Regional Director
Manalapan Board of Health

tact NALBOH or me at was8@columbia.edu and I will make sure you get copies of whatever publications you need.

NALBOH's annual convention was held this year in Nashville, Tennessee and was an outstanding success, with over 300 attendees and a great educational program, including the first Annual Conference Certification Program, where board of health members attending a specific series of seminars

and received a certificate for their accomplishment. Our president, Paul Roman, and past president, Joan Valas, were both presenters in Nashville.

A cherished hope of board of health members, a Leadership Institute with full certification for our members, similar to what planning and zoning boards and boards of education now enjoy, is priority # 1 for NALBOH. With all of our governance responsibilities, this has been long overdue. We look forward to a very fruitful 2006.

College of Health and Human Services

Bowling Green State University

and

National Association of Local Boards of Health

Invites you to attend

7th Annual Ned E. Baker Lecture in Public Health

Engaging the Public in Public Health

David Matthews, Ph.D.

President, Chief Executive Officer,
And Trustee of the Kettering Foundation

101 OLSCAMP HALL ~ FRIDAY, APRIL 7, 2006, 1 P.M.

In the event that you cannot attend this presentation, we invite you to join the Interactive Webcast:

<http://wbgu.org/backer/index.html>

To ask your questions of Dr. Matthews on April 7 please email:

baker@bgsu.edu

The lecture and a reception following the talk are free and open to the public.

Please contact Jennifer Wagner at hspd@bgsu.edu to pre-register for CEU's and Linda Crawford at lcrawfo@bgsu.edu for general information.

health department is providing and *what it can't provide* with current levels of funding. Work with your local health officer to understand what services are being provided, how many people are served and, most importantly, what services cannot be provided by your local health department. For example, how many communicable disease cases are waiting for follow up because there is a lack of staff in your health department? What has your health department done with the local schools for pandemic planning? Questions such as these can assist you in formulating a compelling case to your local governing body during the budget hearings.

There has been no effective, statewide advocacy for increased state aid to local health.

The NJ Department of Health and Senior Services provides about \$48 million to local health departments for services each year. However, the majority of these funds are for categorical health (e.g.: services to prevent AIDS) services. Support for the basic, ongoing, day to day activities for municipal and county health departments is \$ 6.39 million. There is also additional financial support for the LINCS. There is no dedicated federal funding for public health.

Once a state legislator was asked why the Legislature cut public health priority funds. The response was that no one challenged them when they cut the funds. There has never been a unified, statewide outcry from county executives, mayors or local municipal governing bodies when state funding was cut or any call to increase funding for local health activities. Therefore, public health is an easy target to under fund, or worse, for funding cuts.

"Natural allies" have failed to create an effective coalition for advocacy. The natural allies for public health advocacy are: local boards of health,

municipal/county officials (charged with funding local health activities), local health officers and the NJ Department of Health and Senior Services. None of these groups, by themselves, have been able to effect the change in public perception that is needed to increase support of local public health activities. These separate entities have not formed an advocacy coalition.

For years, the NJ Department of Health and Senior Services has advocated the need to maximize existing resources by regionalizing services through the counties. Many local health officers have opposed regionalization; many *local boards of health haven't been involved in the discussion.* As a result of focusing on regionalization, we have been distracted from the real issue for all of us: *there are too few dollars going to public health.* Bottom line, regardless of how available funds are administered and divided, there are just not enough dollars going into public health activities to provide adequate services, including prevention of illnesses.

The New Jersey Local Boards of Health Association should take the lead and ask the State Commissioner of Health to convene an Advisory Panel to: (1) investigate the current ability of local health departments to provide good, timely public health services in their community, (2) develop funding standards (cost per capita for public health), (3) develop a statement of statewide fiscal need and impact, (4) recommend a variety of options for structure and funding, (5) identify data elements that measure services provided by local health departments and (6) methods of enforcing good practice standards. An Advisory Panel should include, but not be limited to: representatives from the League of Municipalities, mayors and municipal administrators, county executives, members of local health boards, as well as local health officers.

Request that your County Execu-

tive/Mayor contact your local State Senator and Assemblymen and US Senators and Representative to alert them to the current unsatisfactory state of local public health departments in New Jersey.

The federal government may have more flexibility than state government to increase funding for local health infrastructure. Our federal delegation needs to hear from local elected officials that the local health infrastructure is not adequately funded. The possibility of a pandemic make local health readiness a timely issue.

The current public health infrastructure in New Jersey is not adequate to meet the increasing public health needs of its residents. Members of local boards of health need to step up and provide the leadership for a statewide movement to support and improve local health services in New Jersey.

The public does not know what local public health does in their interest. As a result there is little active public support for local public health services.

Our business is prevention. When local public health is successful in its mission, nothing happens! It is very difficult to demonstrate effectiveness when nothing happens!

There is no consistent effort to educate the public on the benefits it receives from public health activities in New Jersey. However, there are some strategies that local boards of health can use to promote their local health department. Members of the board can informally visit with key community leaders to increase their understanding of the value of public health. Articles in the local newspaper on community health concerns, such as West Nile Disease prevention and prevention of lead poisoning help increase the appreciation of benefits of public health. Letters to the Editor provide a forum for discussion of local health issues.

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 \$75

Board membership is open to municipal, county and regional Boards of Health. All board members are included for the calendar year.

!! Individual, Regular Membership \$15

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 \$15

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 \$75

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: _____

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