



# Health Board Bulletin

Winter 2010/2011

Want an opportunity to be heard and to share your priorities, programs and problems?

Look on the back to learn more about the NALBOH Profile.

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## Vanderburgh County Collaboration: Leading the Way to Getting the Lead Out

By Dona Bergman

Evansville, Indiana's third largest city, was established in 1812. Because of its age, Evansville has a great amount of housing stock built prior to 1978, the year lead paint was banned for residential use. In addition, long-disappeared foundries and smelters have left lead and arsenic contamination in an older neighborhood known as Jacobsville. The Environmental Protection Agency (EPA) continues to remediate soil with high levels of lead and arsenic in the Jacobsville area, cleaning up over 300 properties to date.

The combination of older housing stock and contaminated soil have raised local awareness and concern regarding the health hazard that lead poses to young and unborn children. The Vanderburgh County Health Department (VCHD) has been actively involved in the Jacobsville clean-up, providing public education and publicizing the availability of free blood lead level tests. But they wanted to do more.

The VCHD with the help of the Department of Sustainability, Energy & Environmental Quality began working toward a proactive ordinance which would provide the health officer authority to enforce the lead abatement regulations. While the VCHD was drafting a local lead paint ordinance, the EPA finalized the "Renovation, Repair & Painting" rule (40 CFR 745 Subpart E) (see box for details) which they took into consideration. However, it became clear that with the health department's shrinking budget they were going to have to think creatively in order to form and sustain the effective Lead Source Health Hazard Prevention Program they envisioned.

**Renovation, Repair & Painting Rule**

The intent of the rule, which took effect on April 22, 2010, is to protect young and unborn children from the irreversible and tragic consequences of lead poisoning by addressing the leading cause of lead poisoning: lead-based paint. The rule requires that contractors disturbing lead-based paint attend training and become certified, notify the owners and occupants using the "Renovate Right" pamphlet published by EPA and use Lead-Safe Work Practices (isolating the work using plastic sheeting, closing off HVAC vents, cleaning the work area and verifying clean-up).

At the same time, several city initiatives related to property maintenance were being planned which allowed VCHD to devise a comprehensive multi-agency collaboration to protect vulnerable populations from the irreversible effects of lead poisoning.

*Continued on page 2*

*Vanderburgh County Collaboration continued*

The idea of collaborating was well received, and the proposed Lead Source Health Hazard Prevention Program ordinance is expected to be approved by both the City of Evansville and Vanderburgh County with the VCHD having responsibility for enforcement. The Building Commission will have complementary enforcement authority and training since they routinely inspect for property maintenance and building code compliance. Essentially the program will allow a building or property maintenance inspector checking on a project to stop the work if there are violations of Lead-Safe Work Practices, to inform the health department if there is a young child occupying the building and to impose a hefty penalty on top of the penalties the health department might request.

The program has many supporters in addition to the VCHD and County Building Commission including the mayor, the **Vanderburgh County Board of Health** and the Indiana State Department of Health's Lead and Healthy Homes Program, especially Dave McCormick who was an invaluable resource and advocate for the program. The program will be reaching out to advocacy groups such as Improving Kids Environment to ask for their active and vocal support and also hope to create and fund a Lead Poisoning Prevention Fund to assist families with relocation expenses or remediation costs.

For additional information, contact the VCHD at 812.435.5619 or Dona Bergman at the Department of Sustainability, Energy & Environmental Quality at [dbergman@evansvillegov.org](mailto:dbergman@evansvillegov.org) or 812.435.6145.

## Campaign for Sustainable Health Departments

In June, 2008, the Indiana Public Health Association (IPHA) saw that declining property tax revenue and other factors were causing local health departments (LHDs) to start reducing staff and services. All across the nation health departments were cutting back. But Indiana was already at the bottom of the nation for LHD funding, so the trend looked even worse. At the same time, it seemed that nearly everyone was arguing about health reform. But the public health community was disappointed that the debate was not putting enough value on public health solutions as part of how to achieve a healthier state and nation.

Those concerns, which are still with us today, led IPHA to make it a top priority to advocate for stronger public health policy. To do that effectively, IPHA created the Center for Public Health Policy & Research as a place to develop evidence-based recommendations for good public health policy. At the same time IPHA launched the **Campaign for Sustainable Health Departments**, which is a partnership with LHD administrators designed to help LHDs cope with lean county budgets and also to learn about innovations and models for public health in the 21<sup>st</sup> century.

IPHA's Policy and Research Center supports the Campaign by designing projects to learn about such things as efficiencies to be found in partnerships with neighboring LHDs or with health care providers and about innovative sources of revenue.

Local boards of health have a stake in this dialogue. Boards should also expect to learn about interesting models for delivering public health services and innovative revenue. And as ambassadors for public health, boards play a critical role in helping their communities understand the essential protections that health departments provide.

### Three phases of the Campaign for Sustainable Health Departments

1. Research and education to support LHDs' ability to navigate the local budgeting process
2. Research and dialogue for innovations, efficiencies and new operational models for local public health
3. Communication to partners, policy makers and the public in support of stronger public health policy and practice

## Working with Others is a Win-Win for Everyone

Working with other organizations is a **cost-effective way** to enhance the credibility and reach of a board of health's messages. Often public health institutions seek out partner organization to reach specific audiences.

There are many groups available and willing to partner with boards of health to improve the health of the community. Each group brings something unique and beneficial to a partnership. Ensuring your partnership has widespread representation will help promote and improve the health and wellness of the community.

### A Community Approach to Fighting Childhood Obesity

G.O.A.L. (**Get Onboard Active Living**) is a free, family-focused community approach to decreasing childhood obesity and encouraging healthy lifestyles for children and their families through education and activity.

The **mission** of G.O.A.L. is to provide children and families education and support on nutrition, fitness and even behavioral habits to help them make positive, life-long changes for an active lifestyle. "The goals of the G.O.A.L. program are to promote fun physical activity, teach healthy eating habits, boost self-esteem, decrease health risks and teach children to maintain a healthy weight throughout their lives," says Hannah Laughlin, IU Health Bloomington Hospital, G.O.A.L. program coordinator. "We're asking families to make behavior changes to improve the health of their children and their family."

The G.O.A.L. program is a collaborative effort of community partners to provide medical, behavioral, nutrition and fitness education and support. The dynamic relationship among the **community partners** (Indiana University Health Bloomington Hospital, Southern Indiana Pediatrics, The City of Bloomington Parks and Recreation, the Monroe County YMCA, Monroe County Community School Corporation, Richland Bean-Blossom Community School Corporation and The Office of Community Health Engagement, Indiana University) adds a unique element to G.O.A.L. that is not offered in other weight-management programs in Indiana.

G.O.A.L. is available to families with children ages 6-18 struggling with weight issues. Families can be referred to the program by their primary care physicians. Once enrolled, G.O.A.L. families participate in a 12-week program and work with the G.O.A.L. **program team** (a program coordinator, Registered Dietitian, medical director, exercise coordinator and an activities coordinator) to enhance healthy behaviors. At the end of the 12-week program, the families meet monthly to continue sharing their experiences with each other and with families new to the program.

For questions about the G.O.A.L. program, please contact Hannah Laughlin at 812.353.9342.



## A Message from the President

Dear Local Boards of Health,

Many a New Year's resolution includes the promise to lose weight, exercise more or at least lead a healthier lifestyle. I want to encourage all of our InALBOH members to place nutrition and physical activity at the top of their agenda for 2011. Let's take steps to make Indiana a healthier place to live. I know you have all read many tips and methods to accomplish those goals of burning calories, but it never hurts to read them again. Remember each small change adds up to overall improved health.

First of all, partner up - find a buddy, neighbor, family member or church member who has shared similar goals for 2011. Make plans now to meet at least once a week to take a walk, ride a bike or walk at the mall. Nothing makes the time go faster than sharing a good chat while exercising. Making a commitment with a friend may keep you involved more regularly. When you visit the grocery store, park at the end of the lot as far away from the building as possible in order to get in a few extra steps. Take the stairs instead of the elevator. Investigate a cooking class or cookbook which incorporates lower fat recipes and let your entire family benefit. Are you in a rut doing the same activities (or no activities) every week? Check out your local park and recreation department which may offer classes where you can try something new.

If cola is your normal drink for lunch or break time, just once a week switch to water. If you start your morning out with cappuccino, latte or whatever concoction you come up with, pledge to skip at least one a week. Both these tips will save you bucks as well as calories! Next time you are in your favorite restaurant read the menu and try one of their "healthier choices". You may try something you've never had before and find your new favorite food! Best of all - steer your children and grandchildren toward healthier snacks and meals. Help them to make a habit of a lifetime of healthier choices! The most effective way to do this is by setting a good example yourself.

Wishing you health and wellness in the New Year!

Sincerely,  
Debbie Swinehamer  
InALBOH President and Johnson County Board of Health Member

## Addressing Cancer across the Continuum

The Indiana Cancer Consortium (ICC) is a statewide network of public and private organizations whose mission is to reduce the cancer burden in Indiana through the development, implementation and evaluation of a comprehensive plan that addresses cancer across the continuum, from prevention through palliation.

It's been almost a year since the ICC and its partners launched the Indiana Cancer Control Plan (ICCP) 2010-2014. Since its release, the ICC has made great strides towards the implementation and evaluation of the plan. The ICCP is a roadmap for cancer control in Indiana. It consists of six focus areas: primary prevention, early detection, treatment, quality of life, data and advocacy. Each focus area has one over-arching goal. The goals of the plan are supported by SMART (specific, measurable, attainable, realistic, and time-phased) and developmental objectives which are supported by evidence based interventions and strategies.

Participation in the ICC is open to all organizations and individuals interested in cancer prevention, early detection, treatment, quality of life, data collection and advocacy regarding cancer-related issues. To learn more about the ICC, please visit [www.indianacancer.org](http://www.indianacancer.org).

## Walking and Biking to School: Giving Children a Healthy Start to their Day and Life

By Kim Irwin

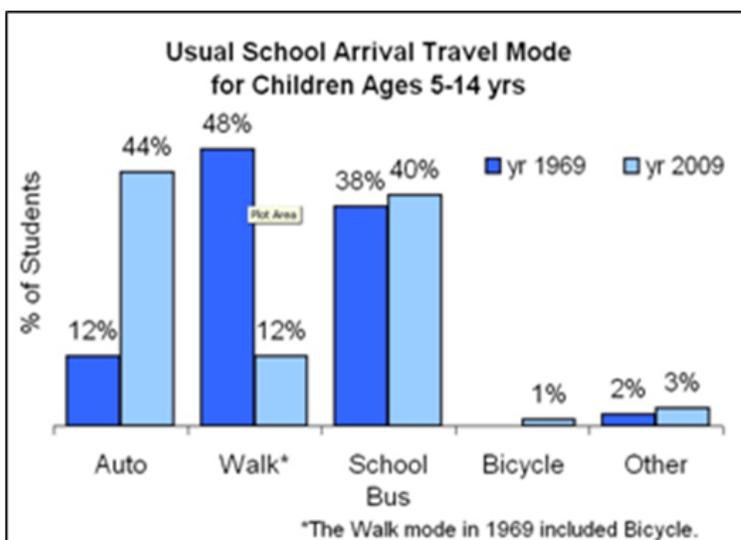
Did you walk and/or bike to school as a child? Do your own children, or those in your neighborhood, do so today? If your answers reflect those of most Hoosiers, you've probably observed a drastic decline in the rates of children walking and biking in your community – even when they live within a mile or less of the school. So what has changed? And why does this even matter?

The partners of Health by Design (HbD) think walking and biking to school is a very important issue! Nearly one in three Hoosier youth is overweight, and the burden they face is physical, emotional and financial. It's hard to miss the continual barrage of media stories highlighting the chronic disease risks children now face – and yet real strategies for action aren't quick or easy. We definitely need more physical education at school, less screen time, and better nutritional options; but we also need to find ways to incorporate physical activity into kids' routine daily life, just as we need to do with adults! Walking and biking to and from school is a great way to accomplish this. There are numerous other benefits to consider, too: reduced traffic congestion near schools, transportation cost savings for the district, less air pollution and enhanced community networks.

Safe Routes to School (SRTS) is the formal name of efforts to increase rates of children walking and biking to school. Federal funding for SRTS is available yearly through the Indiana Department of Transportation to help schools and communities improve pedestrian and bicycle infrastructure and to develop education, encouragement and safety programs. HbD, the Indiana State Department of Health and partners around the state are developing a network in order to share related information, resources and technical assistance. There are many quick and easy ways to support SRTS where you live – working together we can get more “Yes” answers to that second question, too! To learn more visit: <http://www.healthbydesignonline.org/INSRTS.html>.

### Figure 1

Chart created by the National Center for Safe Routes to School based on National Household Travel Survey Data (Retrieved from: <http://www.saferoutespartnership.org/27892/450701>)



**Nearly one in  
three Hoosier  
youth is  
overweight.**

## The Board of Health's Role in Supporting Smokefree Communities

Local Boards of Health can be a great ally in support of smokefree communities. As representatives for the health of the community, board of health members can be the tipping point in smoke-free air efforts as many county commissioners look to them for policy advice on protecting the public's health.

The National Association of Boards of Health (NALBOH) adopted a resolution in 2009 to support smokefree air laws that protect ALL individuals from secondhand smoke (including employees from bars, restaurants, private and public workplaces and casinos). See opposite page for resolution.

NALBOH as well as many other national and local health organizations (U.S. Surgeon General, Centers for Disease Control and Prevention, American Lung Association, American Heart Association, American Cancer Society, etc.) recognize that there is no risk-free level of secondhand smoke. The use of ventilation or allowing smoking rooms is not effective in protecting workers from secondhand smoke carcinogens. A comprehensive smokefree air policy, which includes all workplaces and does not include any exemptions, is the most effective way to protect everyone from the dangers of secondhand smoke.

**\$390 million =  
annual economic  
impact of  
secondhand  
smoke in Indiana**

### Recommendations for boards of health in smokefree air ordinance efforts:

1. All members of the board of health should study the research and understand the benefits of a smokefree air policy that protects ALL workers. Contact the Indiana Association for Local Boards of Health (InALBOH) for key resources on secondhand smoke and smokefree air policy (317.221.3138).
2. Identify a champion on the board of health and a champion among the commissioners to work together throughout the policymaking process. These champions should be willing to stop the ordinance if it is less than comprehensive.
3. It is important to have a board of health member introduce the ordinance to the commissioners in order to demonstrate support of the board of health from the beginning. This board member can answer questions that the commissioners may have on the purpose of the ordinance and the value of it being comprehensive.
4. The board of health member who introduces the ordinance should also be prepared to give background information at the introduction and to testify at the hearing to further educate the commissioners on the importance of a comprehensive ordinance and why the board supports one.
5. All board of health members and the health officer should be present at the introductory meeting and subsequent meetings to reinforce their support for the comprehensive ordinance.
6. If the leadership in the county does not seem ready for a county-wide policy, starting with a city ordinance is a good strategy. The influence of the local board of health would be valued at the city level as well.

**Each year there are 1,194 deaths  
in Indiana due to secondhand smoke exposure.**

## NALBOH Resolution on Smokefree Workplaces

**WHEREAS**, tobacco smoke is a major source of pollution in most indoor air environments, particularly office work sites, and has been classified as a Group A carcinogen by the United States Environmental Protection Agency; and

**WHEREAS**, the toxins in tobacco smoke kill over 438,000 people per year in the United States. Second-hand smoke causes over 3,400 lung cancer deaths annually, as well as exacerbation of lung disease in nonsmoking adults and respiratory problems in children; and

**WHEREAS**, involuntary smoking has many non-fatal, but serious effects; breathing secondhand smoking makes the eyes and nose burn, and can cause headaches and nausea in nonsmokers; and

**WHEREAS**, use of ventilation systems cannot control secondhand smoke; and

**WHEREAS**, bans on indoor smoking have not had a negative effect on local economies in which they are enacted;

**WHEREAS**, there is no risk-free level of exposure to secondhand smoke;

**THEREFORE, BE IT RESOLVED** that the National Association of Local Boards of Health (NALBOH) supports smokefree policies in all workplaces including bars, restaurants, private and public workplaces, and casinos;

**BE IT FURTHER RESOLVED** that NALBOH supports clean air laws that protect all individuals from secondhand smoke.

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Adopted May 2005

Revised and Adopted June 2009

### Approval Process:

NALBOH position statements are reviewed and approved by the Chronic Disease and Tobacco Use Prevention sub-committee, Legislative committee, Education & Training committee, and Board of Directors. The position statements relate to specific issues that are time sensitive or are in the process of being defined for NALBOH policy. Position statements are not voted on by the full NALBOH membership or other committees. Reviewed by and the date: NALBOH Board of Directors

To see [references](http://www.nalboh.org/Positions_Tobacco.htm), visit [http://www.nalboh.org/Positions\\_Tobacco.htm](http://www.nalboh.org/Positions_Tobacco.htm).

## Smokefree Air Rally at the Statehouse

Are you ready to meet your lawmakers in person and show them that you're one of thousands in Indiana that **support a statewide smokefree air law**? Come out to the Statehouse on **January 31st** to show your support.

You will be provided with breakfast and lunch, a smokefree air t-shirt, passionate guest speakers and all the information you'll need for an effective meeting with your lawmaker. All you need to bring is yourself, positive energy and a desire to see Indiana become smokefree!

For information or to **RSVP**, contact Jason Harder at 517.349.3102 ext. 7383 or [jason.harder@heart.org](mailto:jason.harder@heart.org).

## Cigarettes are responsible for one in five deaths and \$193 billion in health care costs and loss of productivity in the United States each year.

### The Surgeon General's Six Points on Smoking

The newly released Surgeon General's report highlights the enormous public health and financial cost that tobacco use imposes on the nation. The report focuses on cigarettes and cigarette smoke to provide further evidence on how cigarettes cause addiction and premature death. It also identifies better approaches to helping people stop smoking and brings to light new ideas for how to lower the incidence of smoking-caused disease.

The six major conclusion of the report include:

1. There is no risk-free level of exposure to tobacco smoke.
2. Inhaling tobacco smoke cause adverse health outcomes, particularly heart and lung disease and cancer.
3. The risk and severity of many adverse health outcomes caused by smoking are directly related to how long a person smokes and the amount of tobacco smoke exposure he/she has.
4. Sustained use and long-term exposures to tobacco smoke are due to the powerfully addicting effects of tobacco products.
5. Low levels of exposure, including exposures to secondhand tobacco smoke, lead to a rapid and sharp increase in acute cardiovascular events and thrombosis.
6. There is insufficient evidence that modifying cigarettes to lower toxic emissions in tobacco smoke can reduce risk for the major adverse health outcomes.

To read the full report, visit <http://www.cdc.gov/tobacco>.

The largest impacts in reducing death, disease and cost related to tobacco include:

- Increasing tobacco prices
- Banning smoking in public places
- Offering affordable and accessible cessation treatments and services
- Combining media campaigns with other initiatives

**If you would like to join InALBOH or submit an article to the Health Board Bulletin, please contact Joan at [jfague@inpha.org](mailto:jfague@inpha.org) or call 317.221.3138.**

### Advocacy Action Opportunity!!!

The Indiana State Legislature will again be deciding whether or not to pass a comprehensive smokefree air law. Let's help them see the value of protecting ALL Hoosiers from the hazards of secondhand smoke.

You can voice your support for a comprehensive ordinance by writing a Letter to the Editor. If interested, please email Matt at [matt.phelan@cancer.org](mailto:matt.phelan@cancer.org) with your contact information. He will follow up with you, give you a sample letter and help you submit it to your local paper.

Also check out the tips for writing Letters to the Editor on the next page for additional guidance.

## How to Write a Letter to the Editor

Letters to the Editor are short articles in a newspaper's Editorial Section and generally respond to a previous article in the paper. Letters to the Editor can be very useful tools for advocates to get their message out. Most policymakers read Letters to the Editor regularly as it is an important way for elected officials to track issues important to their constituents.

Here are some tips for success:

- Plan your message. Choose just one. Don't try to pack too much in.
- Choose your target. If you are trying to move public opinion, look for the paper with the largest circulation. If you want to reach a specific legislator, choose his/her hometown paper or one you know that he/she reads.
- Read the paper(s). Find out what kind of issues and writing styles are likely to be published.
- Comment on a previous article or link it to another topic in the paper.
- Keep it short and do not go over the length requirement.
- Be clear. Big words and lots of statistics do not score more points. They often lose the reader.
- Be direct. Don't use sarcasm or hypothetical questions. Don't make them guess what your point is.
- Real life stories engage readers and can often make a point in far fewer words than a page of statistics.
- Choose words carefully. Do not offend. No personal attacks.
- Use humor, as long as it is appropriate.
- Explain your stake in the issue up front.
- It can be effective if you bring up your opponent's case and prove it wrong. If you can't prove it wrong, don't include it.
- If possible, offer action steps for the readers.
- Include your name, address, a phone number where you can be reached, any organizational affiliation and a one-sentence description of that organization. However, you do not have to be writing on behalf of an organization to get published.
- Send it to the paper(s) in the way they prefer to receive it.
- Do not get discouraged if they don't print your article. Find out as much as you can about why it wasn't printed.
- Consider sending it to another paper.
  - If you do get published, save the clipping. Send it to policymaker in case he/she didn't see it.

### Board of Health Brags

Debbie Swinehamer, Johnson County Board of Health Member, had a Letter to the Editor published in the Henry County Courier Times congratulating the Henry County Board of Health for recommending a comprehensive smokefree air law.

### Frame your message using EPIC

- E**ngage— use a powerful, emotional statement; draw the reader in
- P**roblem— get right to it quickly; tell them what is wrong
- I**nform— tell them about the solution; what can be done
- C**all to action— make a request; state as a “yes” or “no” question

## NALBOH Profile Coming Soon

The National Association of Local Boards of Health (NALBOH) Profile of Local Boards of Health survey will be **launched in January 2011**. It is important that the chairperson of your local board of health completes the survey to ensure that your board is represented in the only national profile of local boards of health. The results of this survey will provide a valuable resource for local boards of health, researchers, policy-makers, InALBOH and NALBOH staff and partner organizations as it is the only compilation of in-depth information on local boards of health. The Profile is part of an exciting collaborative effort between NALBOH, the National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO). This unique partnership will provide a collection of similar data from all three organizations and result in a more comprehensive public health data set.

Your input is critical to ensure that information about local boards of health are portrayed accurately and priorities and programs are shaped to reflect existing needs. All local board of health chairpersons/presidents should look for an electronic invitation in their inbox and/or a postcard in the mail. If you do not receive an invitation for the profile in January, please contact NALBOH at [profile@nalboh.org](mailto:profile@nalboh.org) or at 419.353.7714 to make sure that your board is counted. This is the one chance that boards have to be represented as a group on a national scale. The profile provides information on board composition, duties and responsibilities, training, needs and accreditation. This project is funded by the Robert Wood Johnson Foundation. For more information, visit [www.nalboh.org](http://www.nalboh.org).

**Indiana Public Health Association**  
**P.O. Box 1705**  
**Indianapolis, IN 46206**

