The **VISION** of the Middle-Brook Regional Health Commission is:
HEALTHY PEOPLE AND PLACES - A HEALTHY COMMUNITY

The **MISSION** of the Middle-Brook Regional Health Commission is:
To improve the health of our community and environment through the use of prevention services, health promotion and protection strategies

The Middle-Brook Regional Health Commission, its staff, Commission and Board members, and partners, will consider and honor the following **VALUES** in all that it does:

**DEPENDABILITY**
We are accountable to our constituents, available to our community, and act ethically and competently such that we are trusted.

**COLLABORATION**
We work as a united team, both internally and externally, seeking to partner as a cohesive unit to improve the health of our community.

**EFFICIENCY**
We provide quality, timely, and effective services with the resources available.

**RESPECT**
We hold the highest regard for all employees and members of the community and treat all with respect, courtesy and understanding.

**EXCELLENCE**
We aim to provide all our services and conduct all our actions at the highest level.

**EQUITY**
We serve and treat everyone equally.

**TRANSPARENCY**
We operate with open communication and processes in a visible environment, communicating internally and externally.

**PROFESSIONALISM**
We maintain the highest level of ethics, knowledge, and engagement with current data, trends, standards, and ideas in order to be responsive, open-minded and flexible as we engage with and educate our community.

These values represent the core beliefs of our organization and influence how we conduct business. MBRHC staff, Commission and Board members, and partners, will consider and honor these values in all that they do.
Dear Community Members:

I am very happy to introduce you to the Middle-Brook Regional Health Commission’s 2015-2016 biennial report. I hope you will spend some time reviewing it and let us know what you think about both the report and the work we are doing. Our goals with this report are simple. They are to:

- Capture, in summary, the routine and significant activities of your local health department over the past two years;
- Align those activities with the federally recognized Ten Essential Services of public health in such a way that it explains what public health is and what it does; and
- Demonstrate the value and importance of public health to you, our residents, businesses, friends and neighbors: our community.

If you have visited this report in the past, you might notice some subtle trends. But if not, let me highlight some of the items I notice as I look back over my 30+ years with the Middle-Brook Regional Health Commission.

1. The numbers in the charts that account for our activities continue to increase. Unfortunately, our staffing and financial resources are not growing at the same rate. In fact, in some cases the resources are going in the opposite direction. This represents a challenge that we must navigate – balancing the necessary work with the available resources.

2. This disparity between resources and responsibilities has forced the Commission to become more efficient at what it does. This efficiency is ‘put in place’ through ongoing quality improvement activities, and the implementation of a performance management system, a system that forces us to see our inefficiencies so we can work to improve them.

3. Similarly, this disparity has forced us to prioritize activities. Thankfully, research and data provides information to facilitate this process and help us to update our strategic priorities and plans. We try to focus our efforts on public health activities that offer the ‘biggest bang for the buck,’ and avoid those that result in potential duplication of efforts, such as providing influenza vaccinations.

While enforcement remains an important component of the services we provide, we are focusing more and more on community health needs, as the research noted above clearly shows that addressing the social determinants of health (e.g. poverty, education, access to healthy foods, access to healthcare, etc.) is more impactful on our community’s health.

Finally, because of all of the above we have become better at collaborating with others in the community. For example, you will notice that over the past few years we have partnered with multiple organizations to apply for and receive grants that benefit the communities we serve. As a result, several new and exciting local initiatives have been implemented, and are described on page 12.

The Middle-Brook Regional Health Commission is adopting the role of the community chief health strategist, to become the public health leader at the community level. We work to bring together stakeholders, prioritize the needs of the community, and leverage resources to build integrated systems to achieve health equity. Because of our experience in providing essential services and leadership, we can engage communities to identify and support policy solutions, and collect, analyze, and share data. I hope that the data and examples that follow in this report demonstrate our commitment to this effort. Please let me know what you think.

I wish you and yours good health,

Kévin G. Sumner Health Officer/Director
Because the role of public health agencies is sometimes unclear to the general public, in 1994 the Institute of Medicine developed the ‘Ten Essential Services of Public Health.’ The Ten Essential Services acts as a tool for better describing the core activities of governmental public health agencies. It consists of 10 primary services, which collectively fall into three fundamental functions of public health - assessment, policy development, and assurance.

MBRHC began applying this tool as a means of presenting and highlighting key activities in its 2007 annual report, and continues with that format for this 2015 - 2016 Report to the Community. It is the Commission’s goal to assure residents are provided with effective, reliable public health services in each of these ten essential services.

What is Public Health?

Public health promotes and protects the health of people and the communities where they live, learn, work and play. While a doctor treats individuals who are ill, public health researchers, practitioners and educators work with communities and populations to prevent the illness or injury from occurring at all. They promote wellness by encouraging healthy behaviors and by influencing social policies affecting health.

From conducting scientific research to educating about health, professionals in the field of public health work to assure conditions that support healthy living. That can mean access to vaccines for children and adults to prevent the spread of disease, educating people about the risks of alcohol and tobacco, or partnering with others to assure smoke free environments. Public health sets safety standards to protect workers from injury and illness, and develops school nutrition programs to ensure children have access to healthy food.

Public health works to track disease outbreaks, prevent injuries and understand why some are more likely to suffer from poor health than others. The many facets of public health include advocating for laws that protect lives, promote science-based ways to maintain good health and protect the environment to support clean water and air for our communities.

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About the Commission

The Middle-Brook Regional Health Commission was formed in 1970, serving the towns of Bound Brook, Green Brook, Middlesex and South Bound Book. In 1971, the town of Watchung joined the Commission and several years later, Warren was included in the region served. Towns currently served are Bound Brook, Green Brook, South Bound Brook, Warren and Watchung.

The Commission’s governing body consists of two volunteer representatives from each of the towns served, and provides direction and long-term planning for the Commission’s overall activities. These volunteer representatives bring with them a broad range of personal and professional abilities and expertise to serve in this capacity, and we are most appreciative of the time and energy they so willingly donate. The list of Commission members who will serve in 2017 is below. Community members are always welcome to attend, to either bring concerns to the attention of members, or to simply learn more about local public health activities!

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<td>Sue Warrelmann,</td>
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Officers: President: Jon Fourre; Vice President: Greg Riley; Treasurer: Jean Mazet

IN MEMORIAM

In early 2017, the Middle-Brook Regional Health Commission lost one of its long-standing employees and champions. On March 24, 2017 Genevieve ‘Jean’ Ross passed away at the age of 91. Jean worked as the Secretary to the Health Officer of the Commission from just about its founding in 1970. She was the prior Health Officer’s (Dr. Ronald Cohen) right hand and kept in regular contact with him even after both of their retirements. Jean retired in 2009 after almost 40 years of service to the Commission and its member communities; 30 years with Dr. Cohen and 9 years with Mr. Sumner as Health Officers.

During that time, she witnessed significant changes in public health and government in general. She acted not only as the Secretary, but also as Bookkeeper, Registrar of Vital Statistics and Secretary to the Shade Tree Commission in Middlesex Borough. She was an extremely dedicated, hard worker (see picture), but also playful and fun as evidenced by the picture of her jumping out of a cake at the office party celebrating the current Health Officer’s impending wedding in 1990. Jean was loved by all. She will truly be missed.
WHO WE ARE

The Middle-Brook Regional Health Commission is:

• Two full-time and one part-time Registered Environmental Health Specialists (REHS) who collectively conduct all restaurant inspections, and the inspections of kennels, massage therapy establishments, recreational bathing places, body art shops and daycare providers. They investigate and follow-up on public health complaints, review plans, facilitate public clinics, and investigate reportable communicable diseases. In addition, this staff provides a variety of educational trainings for food handlers, law enforcement, public works employees, emergency responders and the general public;

• Two administrative staff members who answer calls, respond to questions, assist with the filing of complaints, and manage the two offices of the Commission. This staff also acts as Registrars of Vital Statistics and licensing agents for the municipalities;

• One State Licensed Health Officer who manages and leads the Commission. He provides the vision for the agency and the oversight for all activities of the Commission;

• One contract-based Health Educator, who is responsible for website development and community publications;

• Governing individuals of the local Boards of Health who act as the public’s eyes and ears, and provide the policies and plans for MBRHC;

• Its numerous partners, including municipal, county and state public health organizations, and the not-for profit and for-profit entities that provide public health services, and

• The individuals and residents who are served and who assist MBRHC throughout the year.

Pictured: (Note each is an email hyperlink)
1. Kevin Sumner, Health Officer
2. Mary Ann Schamberger, Administrative Assistant, Deputy Registrar of Vital Statistics for Green Brook and Warren Townships
3. Robyn Key, Senior REHS (serves Watchung, Green Brook and South Bound Brook)
4. Nancy Lanner, REHS (serves Bound Brook)
5. Donna Ostman, REHS (serves Warren)
6. Barbara Streker, Registrar of Vital Statistics for Warren Township, Clerk to the Board of Health for Warren
7. Colleen McKay Wharton, Health Educator
2015 and 2016 proved, once again, that there is never a dull moment in the world of public health – especially in one of its core functional areas, monitoring health status. Readers will of course recall that 2014 raised front and center concerns about a disease most public health professionals had never seen first-hand – Ebola. Concerns about the disease, surveillance activities, its spread, and the many factors surrounding it spiked in late 2014, and continued well into 2015.

Due to the risk of Ebola being imported into this country and especially because of fear in local communities, local health departments, including the Commission, vigilantly monitored for the appearance of the disease. All individuals who had travelled to areas of the world known to have a significant risk of Ebola transmission were actively monitored for 21 days upon their return to the U.S. For 21 days, they reported to the Commission their physical status, including temperature and the development of symptoms, if any. Thankfully, all individuals monitored by the Commission were understanding and cooperative, and no one developed any symptoms of concern.

As soon as Ebola concerns began to diminish from the forefront of our local public health activity, a new, perhaps more impactful threat arose: the Zika virus. Although this virus has existed in several parts of the world for many years, the virus began appearing in South and Central American countries, and on islands in the Caribbean in early – mid 2015. It quickly became recognized as a threat in the U.S. due to travel-associated infections and because the vector, Aedes species mosquitoes (Ae. aegypti and Ae. Albopictus), are present throughout the southern United States.

Because the towns served by the Commission have a significant number of residents who travel to countries affected by Zika, it was and remains essential that MBRHC be well-versed in the virus, its mode of transmission, diagnostic and surveillance protocols, treatment options, and long-term impacts. MBRHC staff has actively participated in activities surrounding each of these topic areas. Actions related to monitoring the community for signs of the virus took many forms, including reviewing and evaluating individuals for Zika testing, assuring all staff are continually updated with the most current and rapidly changing information, and reviewing statewide documents such as phone scripts to be better able to respond to public inquiries and concerns. Here are just a few of the specific activities associated with Zika in which staff participated:

- Consulted with physicians, especially OB/GYNs, about patient testing and risks
- Collaborated with other local health departments to assure consistent messaging
- Worked with state and local partners to organize statewide training and education sessions for local health department staff
- Continued investigation and enforcement of stagnant water concerns/complaints to prevent mosquito breeding locations (even though the Zika vectors mentioned above are not currently a concern in New Jersey)

There are more than 60 diseases mandated by the New Jersey Department of Health (NJDOH) to be reported to local health departments. During the 2015 – 2016 timeframe, MBRHC staff investigated more than 39 distinct infectious agents / communicable diseases, totaling almost 450 separate investigations; more than 50 investigations are still pending from this timeframe and thus have not been classified at this time. (See chart on next page.)

Disease reports may originate from laboratories, physicians’ offices, or hospitals. Regardless of whether it is a confirmed case of disease or a suspected case, extensive follow up is required, to assure proper protocols for containment are applied. It is because of this close follow-up provided by public health and other health professionals that outbreaks can be identified and diseases can be contained.

**Community Health Assessment**

In February 2015, MBRHC – along with other Somerset county partners - once again actively participated in Healthier Somerset, spearheaded by Robert Wood Johnson University Hospital (RWJUH) Somerset. This initiative has now resulted in a total of three community health needs assessments.
(CHNA) in Somerset County, beginning in 2006. In February, in addition to reviewing existing data, researchers conducted telephone surveys of community residents, focus groups, and interviews with many county organizations.

As a result of this 3rd assessment, it was re-affirmed that in general, Somerset County is a healthy community, with rates of disease that are often lower than the U.S., the state of New Jersey, and other New Jersey counties. However, mental health and substance abuse issues remain key health concerns. Chronic disease prevention, through healthy eating and physical activity, was also raised as a priority need, and seniors were identified as a priority population for services and support.

In looking more closely at this county data, the region including Bound Brook and South Bound Brook was identified as having more health-related concerns. This data, combined with the documented impact of a history of flooding on the communities, census data, low education levels, and high poverty rates all contributed to the selection of these towns as the targets for a Culture of Health grant application, made to the Robert Wood Johnson Foundation in late 2015. Details of this are described more fully in Essential Service 4-Mobilize Partnerships.

Vital Statistics
In the United States, maintaining records of births and deaths has been long recognized as not only a means of monitoring population size, but also a tool in helping to identify potential epidemics. Historically, this data has been vital in providing a picture of a community’s health status, by providing statistics on the number of births and deaths, causes of death, data on race, ethnicity and social (marital, partner) status. By law, such data is collected and documented in every municipality across the country, through each community’s Office of Vital Statistics (often housed in public health offices), and is submitted to the NJ Office of Vital Statistics, which is housed at the NJ DOH.

In Warren, staff member Barbara Streker serves as the Certified Municipal Registrar of Vital Statistics, and Mary Ann Schamberger, Administrative Secretary in the Green Brook office, serves as the Deputy Registrar for Green Brook and Warren. For these two towns, in 2015 and 2016, 284 birth records were received and 339 death certificates were issued. A total of 209 marriage licenses were issued, and 1 domestic partnership; and 883 certified copies were prepared.

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Infectious diseases can occur and spread in any environment where groups of people gather, including schools, hotels, restaurants, hospitals, long-term care and other healthcare facilities - to name a few. Local health departments routinely respond to any/all of these. One such example is a recent gastrointestinal outbreak at a local long-term care facility. The first case prompted the facility and MBRHC staff to work together to conduct a thorough investigation into the source of infection, conduct surveillance activities, and implement efforts to control further spread. As a result of Robyn Key’s working in close partnership with the facility’s Nurse Supervisor and the Department of Health’s State Epidemiologist, what could have become a larger outbreak potentially impacting over 100 people was instead contained within three days, impacting a much smaller group of individuals.

Sometimes the spread of disease originates not directly from person-to-person contact, but rather via vectors such as a tick or mosquito. Not since the West Nile Virus appeared in 1999 has there been such concern regarding the impacts of a mosquito bite. Zika, as noted earlier, has required extensive staff time. Local health departments are responsible for reviewing potential cases of Zika Virus infection for testing. Using an established set of specific criteria, MBRHC has reviewed several requests for testing, with most being approved due to travel to a region known to have the virus or as a result of contact with someone who travelled. Most of these cases have thankfully turned out to be negative, but concerns about the impact on unborn children continues to keep the Commission vigilant in its review of suspect exposures and provides an opportunity to educate individuals at risk.

The transmission of disease from vertebrate animals to humans is another area of public health concern. Most commonly, this takes the form of rabies, and 2015/2016 saw their share of rabies-related incidences. During this time, two animals were identified as rabid, based on testing results from the NJ Department of Health. These animals did, in fact pose a risk to the humans they came in contact with, as was the case when a rabid fox got into a scuffle with a domestic dog. Although the pet was not bitten by the fox, there was extensive saliva on the dog’s fur, which was then handled by family members. While the risk in this case is lower than if a person is bitten by a rabid animal, it nonetheless prompted medical care and a focused educational effort of area residents, stressing how to manage safely situations when family pets and wildlife interact. Of greater concern, however was an incident resulting in a child exposed to a rabid raccoon, resulting in the need for immediate prophylactic treatment. Preventing the transmission of rabies to our domestic pets is, naturally, always a concern as well. MBRHC continues to provide the rabies vaccine to cats and dogs at no cost. In 2015 and 2016, 424 family pets were protected against this fatal disease.
As noted in Essential Service #1, MBRHC staff conducted 449 separate investigations of 39 distinct reportable
diseases. However, responding to potential hazards in the community goes far beyond incidences of
communicable disease. On a daily basis, concerns and issues from the public are communicated to the
department via phone and email, with subjects ranging from neighborhood noise complaints to hazardous waste
spills, referrals for health services to bats in an attic, radon testing to tobacco policies. Regardless of the source
of contact or the nature of the concern, MBRHC staff work to assess the situation,
ask relevant questions to gather more data,
investigate further if the circumstances warrant, and mitigate. In 2015 and 2016, the department fielded more than 1,300
inquiries!

In 2016, MBRHC agreed to assist the Bound Brook code enforcement office with
their inspections. Code enforcement is a
priority for the Borough. Since the health inspector assigned to Bound Brook was
regularly performing health inspections in
the Borough and many of those inspections were both potential code enforcement issues and health issues, it
seemed to be a good way to reduce duplication if the health inspector documented the inspection and reported
back to code enforcement. This was expanded to include inspections that did not have a health component, but
again, to help reduce duplication and to expedite inspections, the REHS documented potential code violations
and reported them to the code enforcer for follow up and enforcement. While some felt this collaboration
represented an efficient and effective process, others did not and it has unfortunately resulted in a demise of the
partnership and a reduction in public health services.

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These charts reflect the types and number of environmental investigations conducted as a result of contacts to
MBRHC. Nearly 3/4 of these required follow up investigations, and where needed, enforcement activities
were implemented. Note these are separate from the routine, mandatory inspections the Commission conducts,
which are described in Essential Service 6 on page 16.

Animal Control includes animal bites, rabies investigations, kennels, pet shops, wildlife, stray cats and nuisance animal complaints; Air Pollution
includes odors, air pollution complaints, cell towers, indoor air complaints, noise investigations; Nuisance includes rodents, stagnant water, high weeds, poison ivy; Housing includes insects (bed bugs), no heat, mold, asbestos, lead; Water includes spills, well water, public water, water sampling, sewer, and septic issues.
Mobilize Community Partnerships

While MBRHC has been a longtime, active partner in Healthier Somerset, 2015 - 2016 saw exciting new grant initiatives develop which directly impact the residents of Green Brook, Bound Brook, and South Bound Brook.

The first of these opportunities focused on improving access to healthy foods and supporting lifestyles that are more active. Access to healthier food choices was achieved by providing vouchers to Bound Brook residents to utilize the local Farmers’ Market. Individuals who participated in a nutrition education session were provided vouchers to obtain healthy foods. Because of this initiative, Bound Brook residents were able to benefit from the local Farmers’ Market by receiving fresh fruits and vegetables. By participating in the education session they also learned how to prepare healthy foods for themselves and their families. Over the course of a year and in three towns including Bound Brook this initiative distributed over three hundred vouchers and provided six nutrition seminars to over 125 individuals.

Bike riding is an excellent way to become more physically active. But without convenient racks to store bikes when needed, community members are less likely to bike ride – plain and simple. The town of Bound Brook wanted to change this, and with the adoption of a ‘Complete Streets’ policy, the town was able to receive bike racks from the grant funds. Health Officer Sumner’s advocacy efforts to pass this policy played a significant role in bringing the racks to the Borough.

Educate and Empower People About Health Issues

It is a foundational belief of the Commission that education should be a core component of all interactions with community members, healthcare providers, business owners, community partners and others as appropriate. Whether it is a childhood lead exposure in a home, controlling the spread of flu in a daycare facility, a well inspection for safe water, or a case of rabies in a community, MBRHC staff work to be a credible source of science-based information and education.

This is all the more essential when a ‘new’ public health issue arises, such as Zika and Ebola, and there are questions, misinformation, and sometimes, even fear. In addition to incorporating education into ‘routine activities,’ content was regularly provided for municipal newsletters on timely and relevant public health topics, workshops were provided to school nurses on communicable and reportable diseases, including Zika, and training in protection from bloodborne pathogens was given to local law enforcement.

In addition, over 100 food handlers participated in MBRHC’s annual training in 2015/16, which provides an opportunity for restaurant workers to learn about current topics in food handling and / or new regulations that may impact their business.

In addition to these activities, Health Officer Kevin Sumner has coordinated and /or provided statewide education on adult immunizations (based on the program developed by the Commission in 2014 to stress the importance of adult awareness about vaccination status), advocacy, community health assessments and the importance of partnerships in tackling public health issues. Mr. Sumner remains an adjunct Instructor at Rutgers University, teaching introductory public health courses to undergraduate students. In addition, all staff actively participates in providing experiential learning opportunities for undergraduate and graduate students through organized internships in the department.
The source of funding for these activities was a grant from the New Jersey Healthy Communities Network, which awarded a $10,000, one-year grant to Healthier Somerset in 2015. In 2016, a second grant was received by Healthier Somerset to conduct similar activities in Green Brook, Bridgewater, and North Plainfield.

This grant was for $20,000.00 over two years. As result of these funds, Green Brook seniors received nutrition education and vouchers for healthy foods. Also, the Township, with approval by the governing body, is moving forward with creating and implementing a farm market for the 2017 season.

Efforts to move this activity forward have been ongoing since the beginning of 2016. New partners had to be identified within the Township, a farm market manager job description had to be created, the Township Governing body had to endorse the project and identify a location for the farm market, and individuals had to be recruited to implement the market. Through the efforts of many, the farm market is scheduled to start in June 2017.

The third, larger and longer grant is funded by the Robert Wood Johnson Foundation, and distributed through New Jersey Health Initiatives (NJHI). It is known as the Building a Culture of Health in New Jersey – Communities Moving to Action award. The RWJF Culture of Health initiative works to honor and elevate U.S. communities that are making great strides in their journey toward better health, providing financial resources to help those communities become a healthier place for people to live, work, and play. The grant of up to $200,000 over four years will fund community-focused coalitions of organizations from different fields to develop policy-oriented, long-term solutions for healthier living.

Armed with data from the Community Health Assessments, census and other sources demonstrating the needs in these two communities, the leadership team including MBRHC, applied for the Culture of Health grant in early 2015 and received notice of the award in June 2016. The leadership team, with significant participation from many other interested partners, spent the first year of the grant gathering more data and assessing the thoughts and views of the community. As a result of the first year’s work five priority areas have been identified. They are:

• Expanded school-based programming
• Improved communication about current resources and services
• Creation of free or low-cost programming for children, families, and senior citizens at local, trusted sources
• Integration of consideration of health outcomes in local decision-making
• Enhanced transportation options to programs/services that support health and well-being

Called **Building Bridges to Better Health – the Bound Brooks Initiative**, this grant will support current programs in Bound Brook and South Bound Brook and identify new initiatives to be implemented over the coming years through partnerships and collaboration with individuals and organizations invested in the communities. The **Bound Brooks Initiative** will address health concerns, including access to healthier food options, transportation, and medical care while also looking to change policy for a long-lasting impact on the culture of health in Bound Brook and South Bound Brook.

The Bound Brooks Initiative is led by these partners: MBRHC, Robert Wood Johnson University Hospital Somerset, Middle Earth, American Lung Association Pediatric/Adult Asthma Coalition of NJ, and Rutgers Cooperative Extension Family and Community Health Sciences.
MBRHC remains an active member of the Greater Somerset Public Health Partnership, a collaborative of public health agencies and other community organizations working together to create and provide community health services in the county. Further, as a matter of routine activity – and to prepare for public health emergencies – MBRHC routinely partners with law enforcement, emergency management, first responders, and a host of community organizations to assure the best delivery of services possible.

Staff continue to engage in county, state and even national-level public health activities, working with both governmental and non-governmental organizations at each level. This allows MBRHC to provide the important ‘real-world’ voice of local health departments, while benefiting from engagement in the ‘big picture’ of national public health issues.

As an example, Health Officer Kevin Sumner was elected to be Vice-President of the National Association of County & City Health Officials in 2016. This position will transition over the next few years to the position of President, providing an opportunity on the national stage to speak about the ongoing challenges of small local health departments, and public health in general, while at the same time advancing the successes of these agencies. It is hoped that ultimately, having a voice on this stage will advertise the value of local public health as well as the needs of these agencies, and garner wide support for the work we do to improve the health of our communities.

While many of MBRHC’s partnerships work to tackle regional, state, and even national-level public health issues, often the more important needs are the most local. MBRHC was recently contacted regarding an elderly resident who had been living without household water for nearly a year, due to a non-functioning well, which also meant no heat. While this may sound shocking, similar situations are often brought to the department in the hope of resolution. In this particular scenario, partnerships were essential. An MBRHC health Inspector Donna Ostman worked to identify local community organizations and private businesses to resolve the issues and assure safe drinking water in the home. Through the donated efforts of many dedicated local advocates, experts, and providers, the reason for the lack of water was determined and resolved at no cost to the resident. Good will and caring is strong and well in our neighborhoods.

On a municipal level, local ordinances are developed to protect the health, safety and well-being of its community residents. Such ordinances can be developed and considered for adoption by either the governing body or in many cases by the Board of Health. In the case of the Commission, the local Board of Health of each municipality has the legal authority to consider and pass ordinances regarding health issues of concern to the community.

In 2015 and 2016, MBRHC, on behalf of all its member municipalities and the local Boards of Health reviewed, revised, and adopted several ordinances that addressed a range of health and safety areas. For example, in light of the national conversation regarding Ebola and a concern about how the spread of disease would be contained, the Commission reviewed and adopted Model Rules for Local Boards of Health that address Quarantine and Isolation.

DEVELOP Policies and Plans That Support Individual and Community Health Efforts

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In spite of tremendous amounts of research that prove vaccines do NOT cause autism, residual damage remains from those early, false claims. As a result, some parents still wish to find ways to exempt their child from the requirement of mandatory vaccinations. In 2015, the Commission approved a resolution in support of state legislation clarifying legitimate exemptions from mandatory immunizations for students.

In an effort to further encourage health and safety for teens and young adults, the Commission also signed a resolution in November of 2015 to support raising the tobacco purchasing age to 21 in New Jersey. Unfortunately, while the bill passed both the state Senate and Assembly by a wide margin it was not signed into law by Governor Christie, requiring the process to start anew. The bill is currently under consideration again by state legislators. Most recently, the Commission took action to approve a resolution promoting state funding to support work by local health departments to reduce the impact of lead on children. This action, along with the voices of many others across the state has led to 10 million dollars being proposed in the state budget for lead investigations and follow up.

Health Department policies and procedures (often referred to as Standard Operating Procedures, or SOPs) are most typically developed in the context of inspections and / or enforcement issues. For example, standard operating procedures exist that describe requirements for installing a septic system, or criteria for inspecting a retail food establishment. In 2016, MBRHC was fortunate to have a public health student on board as an intern, who reviewed and revised the department’s SOPs for conducting routine inspections, to assure standardization across offices and staff. These included the inspection processes for retail foods, recreational bathing, kennels and pet shops, and body art.
While SOPs typically describe the steps required to perform certain activities, a plan covers a much larger aspect of the operational activities implemented by a health department. In 2015, MBRHC was fortunate to receive a grant from the National Association of County and City Health Officials (NACCHO) to support the development of a Quality Improvement Plan. This plan, spearheaded by inspector Nancy Lanner, was created with active participation from all staff. It describes the process MBRHC will use to identify opportunities for improvement, collect and document necessary data, select an improvement effort and analyze its impact. Further, it contributed to the modification of job descriptions for staff, which now incorporates quality improvement activities into all staff roles.

In 2016, MBRHC initiated a comprehensive review of its strategic plan, as the original was at the end of its life, but also as part of the development of a performance management system. With significant staff input, it was decided that three of the four original strategic priorities would be maintained and one was redefined to include Disease Prevention activities. The four strategic areas are: Prevent Disease, Public Communications, Emergency Preparedness, and Accreditation Preparation. In addition, the review process resulted in reaffirming the previously adopted Vision, Mission, and Values.

An implementation plan will be developed, integrating quality improvement activities, and will ultimately result in broader collaborations with community partners and the improved health status of our community.

Finally, in 2016, with the support of a small grant from the NJ Department of Health, MBRHC was able to develop and partially implement a performance management system. This system was designed to track deliverables, such as the number of inspections performed over a specific time-period or the amount of time it takes a staff person to respond to a complaint or request for information. By tracking this information and collecting the data in a system that automatically highlights variances from accepted standards, the Commission can identify activities or areas for improvement. For example, even though in its infancy, the system has already identified that our efforts to communicate through social media are only happening sporadically and not as frequently as intended. Further data gathering and analysis will lead to identification of other areas to be improved.

The enforcement of health and safety laws has been and remains a primary function of local health departments. Whether mandated through federal, state or local laws and ordinances, the purpose is the same – to prevent illness and injury, promote healthy living, and protect community residents from health risks whenever possible. These laws address a wide range of public health concerns, including water and air quality, prevention of childhood diseases through immunizations, food safety and inspection, safe practices in body art, tobacco sales, and proper installation of septic systems, to name just a few.

Because of these established laws, a Registered Environmental Health Specialist (REHS) dedicates a significant amount of time to inspecting – and sometimes re-inspecting – establishments, environmental sites, health records, and more. Inspections are routinely conducted in retail food establishments, body art establishments, youth camps, recreational bathing facilities, daycare centers, tanning salons, and other environments.

Most regulated establishments receive a routine inspection once per year, as mandated by law. In cases where there is an issue or violation identified, establishments may be given a ‘conditionally satisfactory’ rating – which would warrant remediation of the issue, and a follow up inspection. In 2015, and 2016, MBRHCC inspectors conducted over 416 and 446 routine inspections, respectively, as described in the chart on the following page.
In addition to these routine inspections and follow-up documentation, REHSs inspect: existing septic systems and wells when groundwater quality concerns arise; new installations of septics to assure compliance with sanitation laws; installation of new wells, to assure the well will be protected from potential contaminants; review well-water testing results when a home is being sold; and oversee the proper abandonment of oil storage tanks to assure there is no environmental risk to the surrounding area, to name just a few activities.

The health department regularly uses state and local laws to enforce sanitation issues in communities such as the presence of rodents, garbage and stagnant water. Here is one example: NJ Public Health Nuisance Code 2.1 (h) & (i) prohibits the existence of anything that may be used as harborage or a breeding ground for rodents or insects. This law enabled an inspector to assure the cleanup of dumpsters in a back parking lot area of a local business property, which had become overrun with rodents. To make matters worse the rodents were spreading to the residential areas next to it. Because of this law, the inspector could respond to local residents’ complaints and require the business to hire a pest control company to resolve the issue. Clearly, although some of our current laws are based in the history of public health, relating back to nineteenth century rules and policies surrounding sanitation, they are still relevant today.

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As is well-known to readers, MBRHC – like most local health departments – has offered the flu vaccine to adult community members for many, many years. As noted in the last Report to the Community, MBRHC has been evaluating whether this is a cost-effective service, as more and more individuals opt to receive their vaccine conveniently while they shop at local grocery stores or pharmacies, or at their personal medical provider. In fact, this has become even more the case as the Affordable Care Act provided insurance and a medical home for so many previously-uninsured community members. In 2015, MBRHC provided 134 flu vaccines. As an organization that is wholly committed in its support of immunizations as an essential tool in disease prevention, it was a difficult decision to make to eliminate this service in 2016. It was not made lightly and without careful consideration.
There are at least a dozen local stores and/or pharmacies that now offer the vaccine within and around the towns served by MBRHC. Some, if not most, accept Medicare from those who are eligible as well as private insurance. Still, the Commission has access to an online ‘flu shot finder’ and regularly refers individuals to these services. In addition, through the gracious contributions of the Commission physician, Dr. Ronald Frank, the Commission is able to refer individuals to his office for vaccination. MBRHC is confident that the community is being well served, but will continue to monitor. In addition, it will continue to serve as a source for local referrals where possible.

MBRHC contracts with local providers of clinical health screenings for cardiovascular health, cancer, STD testing and treatment, and others. Working in partnership with Zufall Health Center, a fully licensed, Federally Qualified Health Center (FQHC), and the Community VNA, a community-based, non-profit, healthcare agency, services were provided to over 3,000 individuals in 2015 – 2016, providing over 3,600 separate screenings.

In addition, through its long-term partnership with the Community Visiting Nurse Association, MBRHC continues to support the provision of child health clinics. Through this service, well baby check-ups and immunizations for newborns, toddlers and pre-school children, as well as immunizations for children aged 18 and under who are attending school, are provided. There is no charge for this service. A nurse, registered dietitian and physician assess the growth and development of the children who attend. In addition, parents receive information and education on child health.

In 2015 – 2016, the VNA provided in excess of 600 clinical services to more than 350 individual community members in towns served by MBRHC, including blood pressure screenings, and the services to children noted above, as well as auditing our school records for children’s compliance with vaccination requirements.

ASSURE a Competent Public and Personal Healthcare Workforce

It is essential that a public health workforce is adequately prepared to not only conduct its daily activities, but also to respond to new and emerging infections, as well as public health emergencies, be they naturally-occurring or manmade. The Health Officer, Registered Environmental Health Specialists, and Registrars of Vital Statistics are either licensed or certified by the State to provide their respective services. Beyond continuing education required for licensure, staff also participates in development opportunities to remain current with research, regulations, trends, technologies, and practices.

Of course, the purpose of continued learning is to apply new ideas and skills to our daily work, to become more efficient and/or proficient in our activities. As noted in the prior ‘Report to the Community,’ it was identified that there had been a backup of incomplete inspections, with some not occurring in as timely a manner as they should. To learn why this backup was occurring, staff applied training they obtained in quality improvement processes. Armed with training and a small grant from the National Association of County and City Health Officials (NACCHO) and funded by the Centers for Disease Control and Prevention (CDC), a QI process was initiated. Staff carefully reviewed potential causes of the inspection backup, considered varied approaches for improvement, and evaluated data. As a result, an inspection schedule was implemented that required 10% of establishments to be inspected each month, using November and December as the ‘make-up months.’ This new mindset and structure resulted in overall rates of inspection completion improving from an average of 72.7% in 2014 to 99.1% in 2015 and 99.9% in 2016 with only two private facilities not being inspected due to access issues.

This improvement in completion rates has clearly demonstrated to staff and governing officials the effectiveness of QI activities. The results of this QI effort were reported to the National Association of County and City Health Officials as a requirement of the quality improvement grant funding received in 2015. They were also used as the basis of the grant application to the New Jersey Department of Health in 2016, which was received to support our continued efforts in this area.
Working towards accreditation continues to be a focus of the department, and staff continues to participate in training as needed. However, it should be noted that this work is not about receiving a ‘stamp of approval.’ Rather, the requirements of accreditation are about developing a higher-functioning department that strives to implement best practices in its daily activities. To this end, MBRHC continues to apply for funds that can help support those efforts. As noted above, in 2016, the department was one of three local health departments in the state that received a $10,000.00 grant from the NJ Department of Health to continue work towards accreditation. The deliverables for this grant were to establish higher quality data collection and tracking, through the development of a Performance Management system; an update of the Strategic Plan to reflect current priority areas; and training staff in the purpose and use of performance management. Still in its infancy, the hope for the performance management system is that the department can easily and more readily identify its inefficiencies so it can work to improve them.

In addition to continued education for staff, the department is committed to providing education to the future public health workforce, and regularly serves as a host site for student interns from several area colleges and universities. This benefits both the students, who gain valuable ‘real world’ experiences, and MBRHC, which can utilize students to tackle small, but important public health tasks. In addition, Mr. Sumner continues to teach undergraduate/graduate public health courses at Rutgers, and regularly presents to healthcare professionals on topics such as infectious disease and immunizations. MBRHC is committed to supporting timely and relevant training activities for staff, to the greatest extent possible, and fosters an environment of continuous learning.

Often, a competency is developed simply by repeated application of a process; the more we do something, generally, the better we become at it. Of course, this process occurs more easily for skills that are conducted regularly, such as inspecting restaurants, for examples, or providing flu shots. Public health emergencies, however, may require skills that are not as regularly applied. Fortunately, emergency preparedness exercises provide opportunities to – at minimum - identify those needed skills, and more likely, apply learned skills that just may not be frequently used. Whether a man-made or naturally occurring public health emergency (such as a weather event), such drills and exercises are essential to assure staff are prepared when true emergencies arise.

MBRHC participated in three significant drills over the past two years. In April, 2015, Kevin Sumner served as one of two principal spokespersons exercising risk communication skills in a ‘Somerset County Joint Information System’ exercise facilitated by the NJ Department of Health (NJDOH). Kevin participated in a second drill in June, 2015 with the NJDOH, NJ Primary Care Association, Centers for Disease Control and Prevention (CDC) and the Federal Emergency Management Administration (FEMA) which addressed public health’s and healthcare’s response to a new influenza pandemic strain. Lastly, in November, 2016, inspector Donna Ostman represented MBRHC at the Somerset County/Warren tabletop exercise on responding to a winter storm and snow emergency. Such opportunities are welcomed by the department, and most always result in deeper understandings of the event, and more effective ways to respond. Of course, partnerships can only be strengthened as a result of participation.
Currently, and historically over the past 30+ years, the State Health department has conducted follow up education and surveillance for those affected by sexually-transmitted diseases (STDs). Unfortunately, due to loss of personnel and financial resources at the NJ Department of Health, local health departments are being asked to take on this role again.

Resources - and perhaps even more importantly - high-quality training of local health department personnel to conduct such sensitive and important work are essential. Steps and conversations will continue between local health, state health, providers, and health association representatives to be sure an appropriate and effective solution is found.

While no decisions have been made at this time, MBRHC is participating in the strategic planning to assure that individuals in need of this service are cared for and that steps are taken to avoid the spread of sexually transmitted diseases.

Middle-Brook Regional Health Commission strives to stay current with the most recent research and does what it can to contribute to the latest research. As such, MBRHC maintains close relations with both the undergraduate and graduate schools of public health at Rutgers University. As a part-time lecturer at Rutgers, the Health Officer is forced to continually review the current public health research and incorporate the findings into both lecture materials and health department activities.

In addition, MBRHC collaborates often with the Rutgers Office of Public Health Practice, working to assure the implementation of the best and most current practices in public health. An example of a specific research activity during 2015 and 2016 is completion of a research initiative with the Rutgers Medical School, as part of a CDC Practice-based Research Network initiative, around quantifying tobacco education activities at local health departments. This project resulted in the presentation of the findings in an online webinar.

Throughout the year MBRHC is routinely asked to complete online surveys as a part of others research. While not all of these are completed, some examples of surveys MBRHC participated in over the past two years include workforce development needs, nationwide quality improvement exchange networks and accreditation activities, preparedness, immunizations, and communicable diseases.

Finally, one of the largest and most comprehensive surveys is the National Association of County & City Health Officials National Profile of Local Health Departments. Not only does MBRHC complete this survey and utilize the results for advocacy and other activities, but also the Health Officer is responsible for assuring an adequate survey response from New Jersey. As the state representative from the New Jersey Association of County & City Health Officials to NACCHO, he educates other health directors of the value of the survey and its data and encourages them to complete it.

The most recent example of MBRHC incorporating the results of research into its operations is the development of its Performance Management system referenced on page 15. A large body of research demonstrates the value of performance management and quality improvement in increasing the efficiency and effectiveness of local health departments. In its continued effort to be the best it can be MBRHC has adopted these research-proven initiatives.