Middle-Brook Regional Health Commission

2009 Report to the Community and H1N1 Summary

Public Health
Prevent. Promote. Protect.
MIDDLE-BROOK REGIONAL HEALTH COMMISSION
May 2010

Dear Residents,

Thank you for your interest in the Middle-Brook Regional Health Commission, your local board of health, and for your review of our 2009 Report to the Community. Over the past decade I have used this space each year to point out some of our accomplishments and to speak about the wonderful things public health does. While your local health department is still providing great services in an efficient and effective manner, life in public service and public health is changing.

Public health professionals are frequently called to meet increasing mandates (e.g. developing and enforcing waste water management plans and inspecting tattoo and tanning establishments) and manage increasing demands (e.g. novel H1N1 influenza response and control, emergency preparedness, emerging and re-emerging diseases, increased service demands due to depressed economy and job losses by the public). Over this past year in particular, demands for our services have been increasing due to the depressed economy and loss of jobs. For example, attendance at our free rabies clinics has been significantly higher than in years past.

This is nothing new for public health. Our focus and goals have continuously changed since the nation’s first health department was formed in Boston in 1799, led by none other than Paul Revere. However, the environment in which we need to accomplish these goals is such that resources have decreased, funding is the lowest it has been in about five years, and our workforce gets smaller and smaller. In the midst of this economic situation that is affecting us all, we are also being pressured to shrink government and consolidate departments, leading to an erosion of our public health infrastructure. In order to be able to continue to provide the services necessary to protect the public from threats such as H1N1, and those yet to be seen, we need to stop this trend and recognize the importance and value of local public health services.

This 2009 Report to the Community is again formatted to reflect the Ten Essential Services provided by public health. While activities related to H1N1 clearly fit into one or more of those service areas, we felt it best to capture H1N1 activities in a separate section of the report, which you will find near the end of the document.

It is my hope that as you review this document, you will notice how much the Middle-Brook Regional Health Commission provides for just over $10.00 per person per year, and recognize the value of the services we provide. I, the staff, and the volunteers of the Commission are here to serve you to the best of our ability in the most effective and cost-efficient way possible so that we may prevent disease, promote healthy behaviors, and protect the public’s health.

Please let us know how you think we are doing. If you believe in what we do, believe that we are an essential government service that helps the public, please let your local board of health members, Commission members, and governing body know. We need your help and would love to hear from you.

Sincerely,

Kevin G. Sumner
Health Officer/Director
ksumner@middlebrookhealth.org
Why the ‘Ten Essential Services?’

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 serves as a tool for better describing the core activities of governmental public health agencies.

The Middle-Brook Regional Health Commission began applying this tool as a means of presenting and highlighting key activities in its 2007 annual report. It is the Commission’s goal to assure residents are provided with effective, reliable public health services in each of these ten essential service areas.
Who We Are

- The Middle-Brook Regional Health Commission (MBRHC) is four 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 all 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. Each inspector is State licensed and is continually trained in many aspects of environmental health.
- The Commission is a Health Educator, who is responsible for website development, community publications, and our monthly cable program, Public Health Matters.
- We are three administrative staff who is available to answer calls, respond to questions, assist with the filing of complaints, and manage the three offices of the Commission. This staff also acts as registrars of vital statistics and licensing agents for the municipalities.
- MBRHC is one Registered Nurse; responsible for school nursing services at the non-public schools in the Borough of Bound Brook and assisting with public health nursing activities throughout the Commission.
- The Middle-Brook Regional Health Commission is 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.
- We are the 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.
- Finally, the Commission is its numerous partners. The numerous municipal, county, and state public health organizations, and the not-for profit and for-profit entities that provide public health services, but most importantly we are the individuals and residents whom we serve and who assist us throughout the year.
Essential Service #1 Monitor Health Status to Identify and Solve Community Health Problems

This ‘essential service’ is no doubt one of the most readily-identified work areas of public health professionals. Where private healthcare providers focus on the health status of individual patients, public health professionals monitor the health status of the overall population. In particular, public health staff are watching for early signs of communicable diseases that can affect larger segments of a community, or perhaps affect specific ‘at risk’ community members, such as children, the elderly or the immune-compromised. Such outbreaks, if not readily identified and contained, may lead to unnecessary illness and even fatalities.

A critical tool that assists in monitoring health status is the statewide Communicable Disease Reporting and Surveillance System (CDRSS). This secure, web-based system allows health departments to monitor local communicable disease reports entered in by physicians and other healthcare providers, hospitals, laboratories, and public health staff. By routinely reviewing entered data, staff can identify unusual occurrences, which often leads to more in-depth investigations.

Each reportable disease takes significant staff time to investigate and document, often involving numerous follow-up communications with laboratories, physicians, hospitals and other healthcare providers to confirm details. There are more than 60 diseases mandated by the NJ Department of Health and Senior Services (NJDHSS) to be reportable.

In 2009, thirty-four unique reportable diseases were investigated in towns served by the Commission, resulting in 479 total reports investigated. Investigated cases ranged from the more frequently occurring diseases such as Lyme Disease and viral Hepatitis to salmonella or malaria.

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It is important to note that while a report of a possible disease is presented, it does not mean it is an actual confirmed case of disease. Nonetheless, all necessary follow-ups must still be completed. The table above reflects the reportable disease investigations from 2009.

While many communicable diseases are NOT in fact, reportable in New Jersey (such as influenza for example), local public health departments are responsible for the monitoring and control of all communicable diseases, whether they must be reported to NJDHSS or not. As described on page 17, although H1N1 influenza is not technically a reportable disease, close and careful monitoring of the outbreak was critical to efforts at containing its spread.
An Ounce of Prevention...

Working to prevent community health problems is of course one of the primary activities of public health. This is achieved, in part, by assuring children are receiving their immunizations according to the Centers for Disease Control and Prevention’s (CDC) guidelines. To address this, MBRHC partners with the Community Visiting Nurse Association (VNA), located in Somerville, to conduct routine immunization reviews of daycare center and school records to help assure that vaccine-preventable childhood illnesses are kept in check. These audits are conducted every year in day care facilities. In addition, Registered Environmental Health Specialists (REHS) are available to provide one-to-one assistance and guidance as needed. Twenty-seven such immunization audits were completed in 2009.

Protecting the health of the public sometimes occurs through ensuring the health of our four-legged friends. Protecting cats and dogs against rabies has been a state mandate for decades, with vaccine provided at no cost by the NJ Department of Health and Senior Services. While the vaccine is provided by the state, responsibility for the delivery of vaccine rests on local health departments. In 2009, MBRHC vaccinated a total of 555 dogs and cats, a 30% increase from 2008. These clinics are provided within each municipality served, and local veterinarians conduct vaccine administration.

Monitoring the births, deaths and marriages within a community is one of the original tasks of public health, dating, in the United States, back to the mid-1600s. The process was carried over from the English settlers, who recognized the use of vital records in public health. Specifically, it was realized that records of births and deaths, particularly records of deaths by cause of death, could provide information needed for the control of epidemics and the conservation of human life through sanitary reform. For example, it was noted in 1721 during a severe smallpox epidemic in Boston, that more than one in six of the natural cases died, but only one in sixty of the inoculated cases died.

Vital Statistics Core of Public Health

The essential activities associated with vital statistics continue, and in most cases, is still under the realm of local public health. In the towns of Middlesex and Warren Township, public health staff provides the service. In Middlesex, Mary Ann Schamberger serves as the Certified Municipal Registrar of Vital Statistics, and Karen Wick as the Deputy Registrar, assisting residents in obtaining birth certificates, marriage certificates and death certificates. In Warren Township, Barbara Streker is the Certified Municipal Registrar of Vital Statistics, assisting residents in the same capacity. In 2009, nearly 1,400 residents were served in the Middlesex and Warren offices. Referrals are also provided to those best served by other jurisdictions.

The types of health concerns about which local health departments are routinely contacted can vary greatly on any given day. They range from disease outbreaks (both routine and unusual) to environmental hazards such as chemical spills; from rodent infestations in food establishments to bed bugs in apartment complexes; from potential rabies exposures to community flooding. Certainly, no two days are ever the same!

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An environmental health issue of particular note in 2009 related to a gas station that had been previously identified as having leaking underground storage tanks. This was of special concern because of the potential contamination of underground water supplies, which could affect homeowners who use well water.

In this case, homes in the area had been identified in the past with contaminated well water, and the NJ Department of Environmental Protection (NJDEP) was seeking to test those and other homes in the area for volatile organics. To do this, a vapor intrusion study would be conducted through air sampling done in the residences. However, after several attempts from the NJDEP, homeowners were not responsive to the testing. With assistance from MBRHC inspector Nancy Lanner, homeowners did come to recognize the importance of allowing such testing.

Fortunately, after testing several homes in the affected area, they were found to be safe. Notable, however, is that this situation highlighted the importance of the relationships and trust residents have with their local health department, which we believe made the difference in facilitating action and change. During these interactions, two additional homes were identified to have contaminated well water, and both have since converted to city water supplies.

Registered Environmental Health Specialist (REHS) Robyn Key has provided additional assistance to the NJDEP over a period of many years, with regard to a Bound Brook water contamination concern. As a result of extensive investigation and litigation, over $500,000 in fines have been obtained by the NJDEP from responsible parties. In addition, a personal letter of thanks from the state’s Office of Attorney General was sent to MBRHC for its significant contributions to the success of this case.

Response to numerous foods and other product recalls are also a routine part of REHS activities, and 2009 provided numerous recalls with which to contend. From spinach to ice cream, peanuts to soy products, inspectors must remain vigilant and keep abreast of all current recalls. In many cases, such as the salmonella concern in peanuts in March, inspectors were required to pull dozens of potentially contaminated items off the shelves of convenience stores, groceries, pharmacies and wholesale clubs.

A hazard of an entirely different sort arose on the grounds of a local school, as a result of a septic tank installed in 1953, which had never been properly abandoned. The term ‘abandoned’ as it applies here, means that the tank was never properly closed when it was no longer in use. Flash forward 20+ years to 2009, and the school is faced with an expanding six-foot sinkhole on the property. Health department staff worked in partnership with borough engineers, Public Works staff and the school Maintenance Director to assure the tank was fully and properly abandoned, and necessary repairs were completed.
The total number of investigations completed for issues related to solid waste (such as overflowing dumpsters, debris, and other improperly disposed items), public health nuisances (for example; rodents, barking dogs, property maintenance and stagnant water), and housing (utility turn-offs, no heat, bed bugs, overcrowding, and poor living conditions to name a few) for 2009 was just shy of 300. However, couple these investigations with those related to indoor and outdoor air pollution, odors, lead risks in the community and noise investigations, as well as the routine inspections and re-inspections conducted of various establishments, and the numerous issues that arise related to those establishments, one almost begins to appreciate the full range of environmental activities that fall under the purview of public health.

Whether investigating rat infestations, potential groundwater contamination or mosquito pools, or responding to flood conditions, all hands are on deck in response as needed. Playing an essential supportive role in these activities is an administrative team that manages documentation, scheduling, record maintenance and lab reporting as needed. Mary Ann Schamberger, with MBRHC for 33 years, and Karen Wick, joining the department part-time in July of 2009, provide the critical administrative backup to the team of Environmental Health Specialists.

Although much of the work done by governmental public health agencies involves enforcing state and local regulations and ordinances, of utmost importance is that community members understand the health implications behind these laws. For example, restaurant inspections are essential to preventing foodborne outbreaks due to improper food handling; immunization laws are in place to reduce the spread of vaccine-preventable diseases; and well- and radon-testing requirements are essential to ensuring healthy air and water in our living environments, just to mention a few.

Laws related to these and other health issues are in place for a reason – and providing education that conveys the science and rational behind them is a routine part of daily public health activities.

In 2009, staff continued to provide Right-to-Know training, to ensure that workers and volunteers understand the safety issues surrounding the handling of potentially hazardous chemicals. In particular, participants learn about essential personal protective equipment, safe work practices and proper emergency response.

In addition, training regarding bloodborne pathogens was also provided, which addresses universal precautions and personal protection measures to reduce the risk of infections such as Hepatitis B and HIV in the workplace. Nearly 100 firefighter and police officers once again took part in these trainings, along with pool and recreation staff, who often provide first aid to program participants.

Food Handlers’ Training programs have been offered by MBRHC for 20+ years to ensure safe, quality food products in the community.
Each year, the Commission also provides food handlers with relevant and timely training, to help assure that they are prepared to safely store, prepare and serve food items. In fact, these training programs have been offered annually by MBRHC for the past 20+ years ensuring that thousands of local retail food establishment employees have been well-prepared to provide safe, quality products to their customers. Three sessions are generally held each year, and for the past several years, one session is provided in Spanish to assure comprehension by a majority of workers. In 2009, three trainings were again held, providing more than 175 participants with this education.

In addition to specific learning sessions for targeted groups, Commission staff engages in ongoing efforts throughout the year to educate residents, healthcare providers and local business owners on varied health issues, including but not limited to, radon, tobacco use, drug and alcohol use, septic system management, emergency preparedness and others. Staff is also always available to provide specialized health education programs as requested.

In 2009, MBRHC continued to produce its ½ hour cable program, Public Health Matters, which airs twice per week. The program began in 2008, with the purpose of sharing information related to a variety of public health issues. Topics for 2009 included women’s health, tobacco cessation, and a one-hour special program related to pandemic influenza, which aired in March. The fortuitous nature of that March program, in particular, could not possibly have been imagined, as it was followed in April by outbreaks of the 2009 Influenza A H1N1 virus. A special program was also produced specifically addressing this novel virus, which quickly swept across the country, and ultimately, around the globe. (See more on the H1N1 pandemic, page 17)

MBRHC routinely provides information for newsletters developed by towns within the Commission, in addition to its own newsletter. A special edition of MBRHC’s newsletter was developed in 2009 highlighting H1N1, and incorporated information from an earlier edition related to emergency preparedness.

MBRHC employees are encouraged to take part in local planning and professional education coalitions, as appropriate to work practice.

As a member of the Somerset County Environmental Health Task Force, Robyn Key coordinated a learning session for colleagues on the hazards of combining herbal medications with prescription medications. Guest speaker was Bruce E. Ruck, PharmD, RPh, Director of Drug Information Services & Professional Education from the NJ Poison Information and Education System, and also a member of the Watchung Board of Health.

Recognizing the dramatic workforce shortages facing the public health profession (in excess of 23,000 jobs lost nationwide over the past two years), staff members often serve as lecturers at Rutgers University, working to prepare and encourage upcoming public health professionals. Further, students in both undergraduate and graduate public health programs are routinely mentored at MBRHC, with staff sharing their respective expertise with students choosing to enter the field of public health.

Lastly, presentations at state and national public health conferences have provided opportunities for staff to share experiences and expertise with the larger public health community.
Essential Service #4 Mobilize Community Partnerships and Action to Identify and Solve Health Problems

It has long been recognized by public health professionals that no one entity can conquer all the health concerns faced by a community, and that it is only through the collective efforts of public and private health organizations, other public sector organizations, businesses, schools, associations, faith-based communities, non-profit agencies and others that issues can be identified, addressed and remediated.

In public health, there are as many opportunities for partnerships to form as there are unique circumstances to be addressed. These may include partnering with maternal-child health services to assure language-appropriate education is provided to lead-exposed families, assisting a local animal shelter meet state regulations to assure continued operations, or collaborating with mosquito control services to address nuisance complaints, to name just a few.

Such shared responsibility in responding to issues facing a community is truly the key to success, and this is well-evidenced in MBRHC activities.

All staff members routinely take part in collaborative efforts at the local, state and even national levels. These are just a few of the committees and associations on which staff participates:

- Local Emergency Management Planning Committees (LEPC) – all towns
- Somerset and Middlesex County’s Governmental Public Health Partnerships (GPHP)
- Middlesex County Solid Waste Advisory Council
- Somerset County Maternal & Child Health Consortium
- Middlesex Alliance to Prevent Drug & Alcohol Abuse
- Somerset County Cancer Coalition
- NJ Health Officers Association
- National Association of County and City Health Officers (NACCHO)
- Central New Jersey and New Jersey Registrar’s Associations
- NJ Collaborative for Excellence in Public Health
- Public Health Associations Collaborative Effort (PHACE)
- NJ Center for Public Health Preparedness

A Different Type of Partnership Forms

Unfortunately, the difficult economic times that began early last year contributed to the formation of a different type of partnership. This one is not focused on providing needed health services, but rather on preventing and / or mitigating environmental health concerns. In response to issues raised from the housing collapse, public health, police departments and local tax offices have had new occasion to work together. While public health and law enforcement have long partnered in areas of emergency preparedness and others, the economic downturn has raised a new focus. Many homeowners last year sadly faced foreclosures on their properties.

A number of those were so significantly impacted that homes were simply abandoned, left unlocked, with pools uncovered and significant refuse left behind. Not only are there potentially serious safety risks associated with such circumstances, but public health concerns such as rodent infestation, solid waste issues and others are also raised. On several occasions, REHS Donna Ostman has partnered with these other municipal departments, working to identify and remedy the most significant public health concerns.

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The Commission is engaged in and committed to community partnerships of varied size and focus. It continues to collaborate with other local health departments in both Middlesex and Somerset Counties to address health and environmental concerns of regional nature. Ultimately, such partnerships with community health agencies, coalitions such as the county cancer coalitions and Maternal-Child Health Consortium, Somerset Medical Center, non-profit agencies and numerous others are well-recognized as a routine, yet critical component of daily public health operations.

Of great significance in 2009 is the collaborative effort of the local health departments serving the greater Somerset area, in response to H1N1 influenza. Read more about this effort on pages 17 - 21.

**Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts**

Public Health 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, numerous policies exist that describe requirements for installing a septic system, or criteria for operating a retail food establishment. In addition, plans have long been in place, which describe the necessary steps to respond to a flood emergency or a pandemic, for example.

2009, however, saw the development of a different type of Standard Operating Procedure. Armed with the belief that each and every staff interaction with residents, whether in person, on the phone, through an email or with a letter, an impression is made, the department began exploring the concept of Customer Service Standards. MBRHC leadership also believed that such Standards must be consistent with the organization’s Mission Statement, which states:

“The mission of the Middle-Brook Regional Health Commission is to protect and improve the health of the public and environment of the municipalities that form the Commission through the use of preventive services, health promotion and protection strategies, and inspection and enforcement activities. These services, strategies, and activities shall be conducted in an efficient, effective, and conscientious manner.”

After reviewing several sample standards from public and private organizations, and tailoring concepts to meet the Commission’s needs, a set of “Guiding Principles” was developed. These Principles actually define what customers and residents can expect when interacting with Commission staff. They address how telephones will be answered, the manner in which inquiries will be responded to, how meetings will be publicized, and others.

For example, in all interactions, residents have a right to expect:

- Courtesy, respect, honesty and professionalism
- That staff will listen to their requests/questions, ask for clarification if necessary, and provide complete, knowledgeable, accurate, precise information regarding their inquiry
- That staff will make a reasonable effort to provide information about the health commission and, as appropriate, other outside agencies that may provide help to the customer

For written correspondence, residents have a right to expect:

- Information regarding their inquiries is complete, accurate and precise
- A timely response to their request or an interim communication explaining any delay.
- A timely response for e-mail is within 24 hours on a regular business day and for letters is within five business days

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In addition to policies around customer service, MBRHC was actively involved in the development of a cooperative agreement with the Greater Somerset Chapter of the American Red Cross. This agreement, the first known in the nation, was formed for the purpose of sharing staff and resources specific to pandemic influenza response. It is now being reviewed as a model at the American Red Cross national offices.

Developing and applying these customer service practices are just the first steps in a set of policies designed to improve quality of services. To see the complete set of Guiding Principles, visit the Customer Service page of the MBRHC website. For more on customer service and customer satisfaction, see Essential Service #9, on page 15.

**Essential Service #6: Enforce Laws and Regulations That Protect Health and Ensure Safety**

Laws that relate to the protection of public and environmental health have been in existence for centuries, with evidence of the first such laws, in the United States, from early settlers. These laws pertain to a very broad range of issues, including overcrowding, the monitoring of health status, safe drinking water, environmental protection laws, solid waste management, animal health, alcohol and tobacco use and others.

A significant role of the department’s Registered Environmental Health Specialists (REHS) is to be well-informed of these laws, and assure that individuals and businesses are aware of relevant laws and understand how to abide by them.

For example, REHSs regularly inspect facilities such as retail food establishments to ensure that food products are being stored, prepared and served in a safe manner, reducing the risks of foodborne illness; pet shops must apply safe handling and hygiene practices, to reduce the risk of diseases being transmitted to pet owners; tattoo shops must demonstrate safe practices to prevent the spread of diseases such as hepatitis B and HIV through needle contamination; and nursery schools are inspected to ensure child safety and staff hygiene processes. These are just a few of the types of environments that are inspected by governmental public health departments, all with the goal of protecting the public’s health.

In 2009, over 450 establishments were in need of inspections. Because some receive ‘conditional’ or ‘unsatisfactory’ results during an initial inspection and require certain changes be implemented, a re-inspection may need to occur to assure identified issues have been corrected. In total, 539 inspections were conducted.

In addition to these, REHSs inspect septic systems, to ensure that they are properly installed, not failing, and to avoid water quality concerns; monitor installation of new wells, to assure the

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<td>Nursery Schools</td>
<td>24</td>
<td>15</td>
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<td>Pet Shops</td>
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<td>Tattoo Establishments</td>
<td>6</td>
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<td>Food Establishments</td>
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well will be protected from potential contaminants; review well-water testing results when a home is being sold; and monitor the capping of a well when it will no longer be in use. Pictured on the left are inspectors Heather Ross (top photo) assessing food temperatures during a restaurant inspection, while Robyn Key assures safe, hygienic practices at a local tattoo parlor.

Enforcing Laws to Protect the Public

Sometimes, the need to enforce existing laws comes in unexpected ways. In the summer of 2009, Heather Ross, the inspector for Bound Brook, received a call from the manager of an apartment complex, who witnessed a van with NY license plates on the property, selling used mattresses. Immediately, local police and the inspector met at the complex, located the van owner, and informed him of appropriate NJ regulations which bans the sale of used mattresses, and halted the process. One of the key health concerns associated with this law is the spread of bed bugs, which in the past several years have become rampant throughout the region.

In a separate incident, a tenant called to complain that water to the apartment had been turned off, even though the tenant had been current in rent payments. The owner of the property was out of the country for another two weeks, and had not paid the water bill for some time. The health impact of lack of running water in a residence can be significant, and is specifically addressed in housing and health codes. Through dialogue with the water company and the Board of Public Utilities, Heather ensured that adequate housing was provided for the tenant and children until water was available. The water was turned back on, at least until the owner returned.

Tobacco Age of Sale Program Loses Funding

Residents may recall a locally based tobacco prevention program called “Tobacco Age of Sale” which has been implemented throughout the Commission area for over ten years. This state-funded effort worked to ensure that stores that sold tobacco products were abiding by the minimum age limit of 21 for the purchase of tobacco products.

While this program was successful throughout the state and in the Commission area, it has unfortunately been cut from local departments due to state funding issues.

Essential Service #7: Link People to Needed Health Services and Assure Provision of Health Care When Otherwise Unavailable

Many of the partnerships established by MBRHC are in place as a ‘safety net’ of sorts, to help ensure that those in need of essential health services can receive them. For example, women’s health services are provided through a contractual relationship with Women’s Health and Counseling Services, located in Somerville. Services are provided here for women in the Commission area who are either uninsured or under-insured, and are in need of basic annual screenings, such as cervical and clinical breast exams, HIV testing, pregnancy testing, and even colorectal screenings (if age-appropriate).

In 2009, more than 1,800 women were screened or tested, with more than 230 receiving treatment as indicated.
Child health services are also ensured with funds from MBRHC, through health clinics specifically held for children. These clinics, called ‘Child Health Conferences,’ provide physicals, vision and hearing screenings, lead screenings, nutrition counseling, necessary childhood vaccinations, and other services to families in need. More than eight unique assessments are conducted at these clinics, with the intention of identifying health concerns that may otherwise have gone undetected, due to lack of health insurance. In partnership with the Community Visiting Nurses Association, children are provided with these and other basic, yet critical, screening and prevention services.

In 2009, 35 new children entered into the Child Health Conference programs. Some are likely from families who have lost jobs that had provided insurance, while others are from families that work 2 and 3 jobs, none of which provide even basic child health insurance. It is circumstances like these that make the services assured by public health so essential.

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<th>Child Health Services 2009</th>
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<td>Physicals</td>
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**Essential Service #8: Assure Competent Public and Personal Health Care Workforce**

In order to ensure that MBRHC staff are fully prepared to perform their expected tasks, each is encouraged (and in some cases required by licensure) to continue to learn about new processes and procedures related to their respective role(s). For example, in 2009 staff took part in specialized trainings related to youth camp inspection processes, reportable diseases, radon, emerging environmental health issues, wastewater treatment systems, sports events risk management, quality improvement, public health accreditation and others. In addition, staff attended programs on cultural competency, conflict management, and leadership development.

Staff is also required to be trained in a variety of emergency preparedness concepts, to better prepare them to respond during public health emergencies. The Federal Emergency Management Agency (FEMA) provides numerous training opportunities in advanced emergency management processes including the Incident Command System (ICS) and the National Incident Management Systems (NIMS). Most of these courses are available online for easy access. In addition to staff being trained in these concepts, several Board of Health members have also been trained, to assure that they are best prepared to assist the Commission during a public health emergency.

Lastly, staff of contracted service providers also maintain all necessary continuing education credits for licensure and compliance with state mandates.
Essential Service #9: Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

In the fall of 2008, the Commission was just beginning its quality improvement efforts. It began with a simple customer satisfaction process, seeking feedback from residents who received flu vaccines, and whose pets were vaccinated at a rabies clinic, so that areas of improvement could be identified. Surveys asked residents how they heard about the clinic, if the time and location were convenient, if the process was well-organized, if staff were courteous and professional, and if all questions were answered fully.

While residents were exceptionally pleased with the quality of service, professionalism of staff, and convenient locations, it was identified that residents did not know who was actually sponsoring the clinics! It was clear that if residents were to recognize and value public health services, MBRHC needed to better promote its name and connect the name to the provision of service.

To that end, a table banner and upright banner clearly displaying the MBRHC name were utilized in 2009, and will continue to be for all future public health services.

The goal for 2009, as described in the 2008 Annual Report, was to expand opportunities for customer feedback on services received; and also to expand the perception of the term ‘customer.’ In addition to seeing direct-service recipients as customers, it is also essential that owners of regulated facilities be recognized as customers, with the right to expect professionalism, clear communications, and quality service. MBRHC is pleased to report that several expanded initiatives have been developed, and were implemented throughout 2009.

In early 2009, MBRHC began distributing customer satisfaction surveys to those who utilize services from the Office of Vital Statistics. These are residents seeking copies of birth or death certificates or application for marriage certificates. Questions regarding wait time, ease of application and professionalism of staff were included on a small postcard, which service-recipients could place in a box upon completion of visit. Like earlier surveys, these cards are completely anonymous.

Further, a specific set of standards was developed to reflect how inspections of any type would be implemented. (Also see Customer Service Standards, page 11.) Some of these standards include:

- Inspectors will introduce themselves and explain purpose of visit
- Noted violations, if any, will be clearly explained, with health implications clarified
- Technical acronyms will be avoided
- All documentation will be written clearly and precisely
- Inspector will be sure to answer all questions fully

Next, the feedback survey, both on paper and online, were developed, to mirror the newly developed standards. This survey is utilized for post-inspection feedback from all retail food establishments. While the department clearly plays an enforcement role with inspected businesses, it was committed to assuring that inspections are conducted in a professional, courteous manner, with an emphasis on educating workers in safe operating procedures. To assure comfort in completing these surveys, the surveys are completely anonymous.

And the surveys said:

(Continued, next page)
As reflected in the chart to the left, of the 122 survey respondents visiting the Offices of Vital Statistics, virtually 100% were satisfied with the services provided, referring to the staff as ‘Inviting,’ ‘Fun,’ ‘Very Nice’ and ‘Excellent.’

The feedback from the post-inspection surveys, 114 in total, which are mailed to facilities one week after the inspection is completed, was also very positive, as demonstrated in the chart below.

However, there are always opportunities for improvement, and such areas for this service area include assuring there is time for facility staff to ask questions as needed, and that health implications of identified violations are more clearly explained.

Comments included: ‘Friendly and able to communicate,’ ‘Did a Great Job,’ ‘The inspector was very nice and explained everything to us.’

In 2010, MBRHC will continue to identify ways to improve the quality of programs and services offered to the towns served, striving to meet the needs of those served.
The Commission is committed to supporting various forms of research whenever an appropriate opportunity arises, be it at the local, state or national levels. While as an organization it is not always leading the research effort, it is often selected as a participant in research initiatives.

In 2009, MBRHC was selected to participate in the Centers for Disease Control and Prevention’s (CDC) ‘Sentinel Network,’ a weekly nationwide online survey requesting current information on pertinent H1N1 status in the community. Specific examples of categorical questions included: disease status in the community, availability of H1N1 vaccine, community response to vaccine, communicable disease control measures implemented, types of communication used, and school impacts such as absenteeism. Responses to this survey helped to frame the National response to H1N1.

Building upon the work begun in 2008, much of 2009 saw a continued focus on researching the concepts of QI in local public health agencies, what it means, how it can be applied, and why it can work to improve the health status of a community. Along these same lines, Health Officer Kevin Sumner is also an active participant on the steering committee for the ‘NJ Collaborative for Excellence in Public Health,’ an initiative working to bring quality improvement (QI) principles to the forefront of the state’s public health system. The effort is also committed to preparing local health departments for national voluntary accreditation, expected to be available for health department application in 2011.

As an Executive Board member of the New Jersey Health Officers Association (NJHOA), Health Officer Kevin Sumner has assisted in the development and implementation of a study of the State’s public health system. This study has a particular focus on the ability of the State’s public health system to effectively and efficiently respond to public health emergencies. This study was convened by the NJHOA in cooperation with the New Jersey Department of Health and Senior Services and is currently being conducted by the John’s Hopkins School of Public Health.

Lastly, as a member of the Greater Somerset Public Health Partnership (GSPHP), MBRHC played leadership roles in assuring QI processes were applied to the 2009 H1N1 response efforts. As a result of these and other aspects of the collaborative work, the GSPHP was selected to present at the National Association of County and City Health Officials’ (NACCHO) Annual Conference, in July, 2010. Kevin Sumner, Health Officer, Colleen McKay Wharton, Health Educator, and Stephanie Carey, Health Officer of Montgomery Township will present.

**The Big Picture**

In mid-April of 2009, an outbreak of influenza-like illnesses began to appear in Mexico, soon followed by numerous cases in the United States. The symptoms of this seemingly ‘new’ infection were somewhat similar to a typical seasonal flu, and included fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Other less common flu symptoms were also present, however, and included vomiting and diarrhea.

The virus was quickly identified as a novel influenza virus, which was rapidly spreading person-to-person across the country. This virus raised immediate concerns of public and private health care providers for its potential to become the next influenza pandemic.

*Continued on next page*
Still in early spring, there were many unknowns about this newly-identified strain, including: how long the virus would continue to spread (considering the warm weather, any spread at all was highly unusual), who would be the most likely impacted (the elderly, as is the case with seasonal flu, or children and young adults, as in the 1918 pandemic?), whether or not there would be multiple ‘waves’ of disease outbreak, as has occurred in past flu pandemics, and how quickly could a vaccine be developed – and would it be effective?

The Local Response

These and many other questions were on the minds of residents and professionals alike in the earliest weeks and months of the outbreak, which was deemed a pandemic by the World Health Organization. Yet, while there were many unknowns, it was essential that actions be taken by local public health agencies, including MBRHC, to respond to the infection, educate the community, contain the spread of the virus, and plan for future vaccination efforts, so that when vaccine arrived, public health staff was prepared to hit the ground running.

The H1N1 response experience reflects nearly every one of the ten essential services provided by public health agencies, including MBRHC, to respond to the infection, educate the community, contain the spread of the virus, and plan for future vaccination efforts, so that when vaccine arrived, public health staff was prepared to hit the ground running.

Investigating the Outbreak

The novel 2009 H1N1 Influenza A virus, is a perfect example of how local public health works beyond mandates to protect the health of a community. This virus was new, unknown, and spreading rapidly. It was the role of the local health department to gather as much information about the virus as possible, such as who was getting sick, when, how and where they were getting sick. This was accomplished by collecting information from MBRHC’s many partners, including school administration, school nurses, health care providers, municipal workers, visiting nurses, and many others. Through these and other surveillance mechanisms, local public health was able to implement measures to help control the spread of the disease.

In addition, Commission staff regularly participated in local, state, and national conference calls as well as various surveys and reporting systems to gather information from other areas being impacted by the virus. Gathering this information helped in local preparations for the future.

The assurance that steps are being taken to prevent the spread of disease is one of the primary responsibilities of public health, and the novel 2009 H1N1 influenza virus, while a challenge, allowed public health to demonstrate its capabilities and importance.

Education and Information

Because of the initial unknowns surrounding this novel virus, there was a significant increase in telephone calls to healthcare providers, hospitals and public health agencies across the country - and Middle-Brook Regional Health Commission was no exception. During the first weeks alone, several hundred phone calls and emails were responded to by MBRHC staff members, answering questions about the virus, how it spread, what people could do to protect themselves and their families, if and when a vaccine would be available, any many others.

Education and information-sharing activities in 2009 were quickly dominated by H1N1 beginning in April, and continuing into the fall and early winter.
Beginning with responses to hundreds of calls weekly from fearful residents, to inquiries from schools, businesses and other groups about how to protect students and employees from the novel virus, all hands were on deck to respond to this multi-month, protracted event.

In addition to the daily response activities, MBRHC was also proactive in its H1N1 education efforts, with continuous outreach efforts to schools, camps, businesses, physicians and other healthcare providers, and countless other community groups.

A presentation to more than 60 members of the Somerset County School Nurse Association by Health Officer Kevin Sumner and Health Educator Colleen McKay Wharton, helped to further educate and prepare school nurses for the extensive parental questions and concerns about this new virus and its implications for school-aged children. These efforts continued as more information became available, shifting focus somewhat from the virus and its symptoms to H1N1 vaccination efforts, eligibility and criteria.

Whether sharing guidance documents that highlighted social distancing and handwashing, conveying clinical surveillance and testing guidelines to practitioners, or working with state and local colleagues to plan for mass vaccination efforts, the Commission’s priorities, like most public and private health organizations, were dramatically impacted / shifted during this time.

In 2009, MBRHC’s cable program, Public Health Matters was utilized as a venue to share information and guidance about H1N1, as was a special edition of MBRHC’s newsletter highlighting the pandemic. This special issue was combined for distribution with an earlier edition related to emergency preparedness, and distributed to all towns, as well as at all H1N1 vaccination clinics hosted by MBRHC.

Partnerships Key to Success!

The Greater Somerset Public Health Partnership (GSPHP), a collaborative effort of local health departments serving the greater Somerset area, collectively planned, implemented and evaluated a regional, mass vaccination effort. These departments worked together to provide cost-effective public health services to the greater Somerset area.

The GSPHP included the Middle-Brook Regional Health Commission, Bernards Township Health Department, Branchburg Health Department, Bridgewater Health Department, Hillsborough Health Department, Montgomery Health Department, Somerset County Health Department and the Somerville Health Department. Collectively, they serve all of Somerset County, and parts of Middlesex and Morris Counties.

Planning and implementation of H1N1 flu clinics was approached in a significantly different manner than the seasonal flu clinics offered in the area. For example, the initial H1N1 target groups were a younger population, including children under 18, pregnant women who were at risk of serious complications from the virus, and those with underlying chronic illnesses, as the virus was predominantly affecting these segments of the population. (This is in contrast to seasonal influenza, where typically those 65 and over are at greatest risk.)
Because of the general age of the target populations, the expectation was that there would be a greater comfort level with web-based systems and social marketing tools. So, for the first-time ever in the region, a web-based scheduling system was coordinated for online appointment making. Through this system, individuals could visit [www.greatersomerseth1n1.org](http://www.greatersomerseth1n1.org), identify the most convenient location, and select an appointment slot.

In addition, appointments could be made through the Greater Somerset “Shotline,” which was staffed with a live operator, for those who did not have access to or comfort with the online scheduling system.

When those calls became overwhelming (as was the case within days) another new partnership was formed with the American Red Cross, who utilized their call center to assist with returning calls to hundreds of residents. Lastly, a Twitter account was established to share regular updates or clinic changes as needed, and was followed by 75 residents and media leaders.

With the active support of health department staff, local Boards of Health volunteers, school administration, nurses, and other staff, two Visiting Nurse Associations, Medical Reserve Corps, local and county Offices of Emergency Management, law enforcement, Community Emergency Response Teams (CERT), Emergency Medical Services, the Greater Somerset American Red Cross and other countless community volunteers, nearly 60 vaccination clinics were provided throughout the region, *vaccinating over 26,000 at-risk* individuals.

**1,862 vaccine recipients completed the online survey:**

- 96% (1,790) of those completing the survey registered through the online scheduling system
- Of those, 96% found the system to be somewhat or very user friendly
- 99% of the attendees found the clinics to be somewhat or very well organized
- 98% indicated that all their questions were answered during the clinic
- 98% would recommend participating in a similar H1N1 vaccination clinic to others seeking the vaccine

**Quality Improvement Always A Focus**

To help ensure that clinics were effectively meeting the needs of the community, the GSPHP took pause to seek feedback from those being served at the clinics. The members all agreed that seeking this assurance of quality service was essential, and would also serve to identify areas in need of improvements.
Thus, in mid-December, a staff member from MBRHC developed an online survey instrument for distribution to 9,000+ clinic attendees. Because an electronic appointment scheduling system was used, with confirmatory emails sent, distributing the survey was fairly simple.

In spite of the holidays in December, nearly 2,000 vaccine recipients took the time to provide thoughtful, considered feedback, helping the GSPHP further refine and improve its scheduling system and clinic processes.

This collaborative planning and implementation model was so successful, in fact, that the effort was selected by the National Association of County and City Health Officials (NACCHO) to be shared in a 60-minute presentation at the national conference in Tennessee in July, 2010. Health Officer Kevin Sumner, Health Educator Colleen McKay Wharton and Montgomery Health Officer Stephanie Carey will be presenting on the effort.

Building upon the success of the H1N1 collaborative, the Greater Somerset Public Health Partnership intends to continue collective activities in 2010, where appropriate and beneficial to the communities served.

**MBRHC Director Named 2009 Health Officer of the Year**

With nearly 25 years of service to the Middle-Brook Regional Health Commission, Kevin Sumner, was recently recognized as **2009 Health Officer of the Year** by the NJ Local Boards of Health Association (NJLBHA). The award recognizes Health Officers in the state who exemplify passion for public health, leadership and innovation.

Kevin Sumner was recognized this year, in particular for his leadership in the development of PHACE - the Public Health Associations Collaborative Effort. PHACE brings together seven public health organizations, each representing separate disciplines, for collaborative planning and implementation of statewide public health initiatives.

According to John Saccenti, President of NJLBHA, Kevin Sumner “Is one of the most dedicated Health Officials I’ve had the pleasure to work with. His award is well-deserved.” **Congratulations, Kevin!**

**Comments from H1N1 Vaccination Clinic Participants:**

- “Every volunteer there was more than helpful in answering questions and moving the process along as smoothly as possible”
- “Everyone I encountered were very professional and well informed
- Everyone should feel very proud and accomplished. It was a giant job very well done”
- “Your Partnership and clinics should serve as models for other counties in NJ, as well as other states. Organized, efficient, professional”
- “Do not ever think that you are not needed...that your work is unappreciated or that you have no support in the communities. Thank you so much for all that you do.”

[The Borough of Watchung] wishes to extend their gratitude to [Mr. Sumner] for all of the countless, dedicated hours he devotes to improving the health of our community and our environment through the use of preventative services, health promotions and protection strategies, and for all of the proactive measures being in place to protect our Borough residents in the event of a local and/or national health emergency.”

**Borough of Watchung Resolution, December 2009**
2010 Commission Members and Meeting Dates

The Commission is made up of six municipalities, each with its own Board of Health. Each Board meets several times a year, to discuss issues particularly relevant to its town. In addition, two members of each Board serve on the Commission, where broader public health concerns affecting all six municipalities are addressed. The public is welcome, and indeed encouraged, to attend any of these meetings. Please note, however, that the Boards do not always meet every month; contact MBRHC at 732-356-8090 to confirm schedule. Meetings are held in town Municipal Buildings unless otherwise noted.

Meeting agendas and minutes are posted on the MBRHC website on the ‘Contact Information’ page. The 2010 Board of Health members are listed below.

<table>
<thead>
<tr>
<th>Bound Brook Board of Health</th>
<th>Judy Bailey</th>
<th>Barbara Lobman</th>
<th>Diane Scarpula</th>
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<tbody>
<tr>
<td>2nd Thursday, 7:00 pm</td>
<td>Debbie Cozza</td>
<td>Angela Robinson*</td>
<td>Mary Fuentes</td>
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<td>230 Hamilton St</td>
<td>Helen Goodrich</td>
<td>Lisa Slater**</td>
<td>Vinnie Petti***</td>
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<td>Green Brook Board of Health</td>
<td>Natalie Farry</td>
<td>Bob Longo</td>
<td>Mary Christian</td>
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<td>4th Thursday, 7:00 pm</td>
<td>Jon Fourre**</td>
<td>Jean S. Mazet</td>
<td>Atul Shah*</td>
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<tr>
<td>111 Greenbrook Road</td>
<td>John King</td>
<td>Jerry Searfoss***</td>
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<td>Middlesex Board of Health</td>
<td>Lori Bowers</td>
<td>John Madden*</td>
<td>Amelia Sherr</td>
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<td>4th Wednesday, 7:00 pm</td>
<td>Barbara Ferris</td>
<td>Dean Petti</td>
<td>Ronald Cohen</td>
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<td>Middlesex Public Library</td>
<td>Ellen First</td>
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<td>Melisa Fedosh**</td>
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<tr>
<td>1300 Mountain Ave</td>
<td>Anita McGinley</td>
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<td>Robert Scheuler***</td>
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<td>South Bound Brook Board of Health</td>
<td>Brenda King</td>
<td>Helen O’Brien</td>
<td>Joyce W. Smith**</td>
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<td>Dennis Quinlan***</td>
<td>Arleen Lih</td>
<td>Sue Warrelmann*</td>
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<tr>
<td>12 Main Street</td>
<td>Lillian Barber</td>
<td>Gertrude Epple</td>
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<td>Warren Board of Health</td>
<td>Malcolm Plager*</td>
<td>Jolee Garrison</td>
<td>Abe Zimmerman</td>
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<td>2nd Wednesday, 7:00 pm</td>
<td>Angelo Demarco**</td>
<td>Bruce Morlino</td>
<td>Susan Cooper</td>
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<tr>
<td>46 Mountain Blvd</td>
<td>Victor Sordillo***</td>
<td>M. A. Sarraf</td>
<td>Gregory Riley</td>
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<td>Watchung Board of Health</td>
<td>Fran Ellis</td>
<td>George Pogosky</td>
<td>John Sachariah</td>
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<td>3rd Wednesday, 7:00 pm</td>
<td>Mary Mobus</td>
<td>Robert Riedinger*</td>
<td>Peter Savulich</td>
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<tr>
<td>15 Mountain Blvd.</td>
<td>William Nehls</td>
<td>Bruce Ruck**</td>
<td>Harriet Stambaugh</td>
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<tr>
<td>Commission Meeting</td>
<td>Mary Fuentes</td>
<td>Atul Shah</td>
<td>Sue Warrelmann</td>
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<tr>
<td>1st Monday</td>
<td>Jon Fourre</td>
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<td>William Nehls*</td>
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<td>Gregory Riley**</td>
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*Board President      ** Vice-President       ***Committee Rep / Council Liaison
**How to Reach Us**

Kevin G. Sumner, MPH— Director and Health Officer of MBRHC. 732-356-8090 x252 or ksumner@middlebrookhealth.org

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Nancy Lanner - Registered Environmental Health Specialist, serving Middlesex. 732-356-8090 x251 or nlanner@middlebrookhealth.org

Heather Ross - Registered Environmental Health Specialist, serving Bound Brook. 732-356-0833 x631 or hross@middlebrookhealth.org

Donna Ostman - Registered Environmental Health Specialist, serving Warren. Warren Township Deputy Registrar. 908-753-8000 x238 or dostman@warrentboe.org

Colleen McKay Wharton - Public Health Educator and Commission webmaster; 732-356-8090 or cmckaywharton@middlebrookhealth.org

Ronald Cohen, PhD - Served as Health Officer from 1970 - 2000, and is now a part-time staff member, conducting inspections, reviewing plans and applications. 732-356-8090 or mbrhc@middlebrookhealth.org

Fran Ellis - Provides nursing services to the non-public schools in the Borough of Bound Brook. 732-356-8090 or mbrhc@middlebrookhealth.org

Mary Ann Schamberger - Administrative Secretary and Certified Municipal Registrar of Vital Statistics for the town of Middlesex. 732-356-8090 x254 or mascham@middlebrookhealth.org

Karen Wick - Administrative Assistant and Deputy Registrar of Vital Statistics for the town of Middlesex. 732-356-8090 X 250 or kwick@middlebrookhealth.org

Barbara Streker - Clerk to the Board of Health and the Certified Municipal Registrar of Vital Statistics for Warren Township. 908-753-8000 x239 or bstreker@warrentboe.org

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