Middle-Brook Regional Health Commission

2008 Report to the Community
June 2009

Dear Residents:

Last year the Middle-Brook Regional Health Commission (MBRHC) released its first-ever public friendly annual report describing your health department, the services it provides, and how it benefits you. This report met with a very favorable response from the public and those that govern your health department. I am therefore, very pleased to release the second of such reports describing our 2008 public health activities.

Middle-Brook Regional Health Commission provides public and environmental health services to the Borough of Bound Brook, Green Brook Township, Middlesex Borough, Borough of South Bound Brook, Warren Township, and the Borough of Watchung and has been pleased to do so for nearly 40 years. Over those years the services we have provided have changed, but the core mission has not: to protect and improve the health of the public and environment. I hope that the stories and data in the following pages demonstrate our commitment to protecting you from threats to your health. In addition, it is my hope that this report helps to explain what your local health department does, how it functions within a nationally recognized framework (the ten essential services), and how the Middle-Brook Regional Health Commission is available to address many various concerns from the public. Your local health department is no longer just concerned with rats and restaurants, but is responsive to an extremely diverse array of issues, from rats and restaurants to radon and response.

I believe the Middle-Brook Regional Health Commission represents a great value to our residents, but if you do not believe it and take advantage of our services then what I believe means nothing. Please help me promote our services and our value to you, your neighbors, and friends. If you have any questions, or if we can be of any service to you, please contact us. Even in those rare instances when we can not provide the answer or service you need we will do everything in our power to link you to the appropriate individual or agency.

For more information on the Middle-Brook Regional Health Commission visit our website at www.middlebrookhealth.org or call me directly at 732-356-8090 ext. 252. I would love to talk to you about what we do and how we can do it better.

Sincerely,

Kevin G. Sumner, MPH
Health Officer/Director
WHO WE ARE

The staff of Middle-Brook Regional Health Commission is lean – with four full-time and one part-time Registered Environmental Health Specialists (REHS) serving all six municipalities. Each inspector is trained (and continues to be trained) in many aspects of environmental health. They collectively conduct all retail food establishment inspections, and the inspections of several other entities such as kennels, massage therapy establishments, recreational bathing places, body art shops and daycare providers. They investigate and follow-up on public health complaints, facilitate all public clinics, including annual flu shots and rabies vaccination clinics throughout the year, and investigate all reportable communicable diseases. In addition, staff provides a variety of educational trainings for food handlers, law enforcement, public works employees, emergency responders and the general public.

In addition, on staff is one Registered Nurse, who is 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. In September of 2007, a Health Educator, who is responsible for website development, community publications, and our new monthly cable program, Public Health Matters.

Finally, as displayed above, MBRHC is accountable to the governing officials of each of the six municipalities served, and partners with numerous municipal, county and state public health organizations.
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.

| 1. Monitor health status to identify and solve community problems | 6. Enforce laws and regulations that protect health and ensure safety |
| 2. Diagnose and investigate health problems and health hazards in the community | 7. Link people to needed personal health services and assure the provision of health care |
| 3. Inform, educate, and empower people about health issues | 8. Assure a competent public health and personal health care workforce |
| 4. Mobilize community partnerships and action to identify and solve health problems | 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services |
| 5. Develop policies and plans that support individual and community health efforts | 10. Research for new insights and innovative solutions to health problems. |

Cost to the Community

Most of the services described in this report are provided by MBRHC at minimal cost to residents and local businesses. Yet the value of knowing water is safe to drink, children are being protected from vaccine-preventable diseases, seniors are receiving flu and pneumonia shots, restaurants are providing safe food, air quality is being monitored, and the public’s health is being protected is practically priceless.

The assurance that these services are being provided, almost ‘behind the scenes,’ cannot be given a price tag. On average, however, the many services provided comes to less than $9.00 per person in each of the six municipalities served.

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.

The Commission’s governing body consists of two volunteer representatives from each of the six 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.

A complete listing of our Commission members, by town served, can be found on page 16.
Essential Service #1:
Monitor Health Status to Identify and Solve Community Health Problems

The rapid and efficient identification of disease activity in a community is a major function of public health. It is this essential function that contributes to the containment of an infectious agent. Through routine application of New Jersey's Communicable Disease Reporting and Surveillance System (CDRSS), public health staff can track and monitor local incidences of certain reportable diseases, with data sources for these reports coming from physicians, hospitals, laboratories, schools and other healthcare providers.

In 2008, over 300 disease investigations were managed, ranging from the more commonly-occurring campylobacter and Hepatitis cases to the less common listeriosis and yersiniosis.

Of particular note in 2008 note was the incidence of Streptococcus Pyrogenes (GAS) group A strep identified in a long-term care facility by Robyn Key, Senior Environmental Health Specialist. This infectious agent can be especially serious among the elderly, becoming very difficult to control. Approximately seven patients were identified as being infected with the bacteria in one facility. Upon thorough screening, it was also found that several staff were also infected, although they did not display any symptoms.

How the outbreak was managed:

All facility staff that were identified to have strep or had sore throats were sent home, treated with antibiotics and re-tested prior to resuming work. Since most patients were non-ambulatory and did not interact closely with one another, it was suspected that the GAS was brought into the facility either by health care workers or visitors. The initial source of the infection was never found.

Total numbers of reportable diseases investigated by staff:

<table>
<thead>
<tr>
<th>Location</th>
<th># Reports Investigated</th>
<th># Reports Confirmed</th>
<th># Reports NOT a case*</th>
<th># Reports Other**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bound Brook</td>
<td>38</td>
<td>10</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>Green Brook</td>
<td>48</td>
<td>21</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Middlesex</td>
<td>67</td>
<td>22</td>
<td>38</td>
<td>7</td>
</tr>
<tr>
<td>S. Bound Brook</td>
<td>24</td>
<td>8</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Warren</td>
<td>116</td>
<td>27</td>
<td>58</td>
<td>31</td>
</tr>
<tr>
<td>Watchung</td>
<td>35</td>
<td>14</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>TOTALS</td>
<td>328</td>
<td>102</td>
<td>175</td>
<td>51</td>
</tr>
</tbody>
</table>

* These reports did not meet the case definitions of specific disease
** Cases pending

Containing the spread of infection was essential. Through rapid application of various control measures, the number of patients developing the infection was greatly reduced. These control measures included:

- The exclusion of sick workers from the facility
- Testing of all workers and residents
- In-service training on strict hand washing protocols
- Visitor education which included fliers and signs at the entrance of the visitor’s lounge advising that all sick visitors avoid visiting patients to prevent them from contracting the illness

As another means of containing further spread of infection, those residents who were found to be infected temporarily ate in their rooms rather than in common dining areas, until all cases were resolved. The regional Epidemiologist and the NJ Department of Health and Senior Services also supported response activities to this outbreak.
Essential Service # 2
Diagnose and Investigate Health Hazards in the Community

Potential community health hazards are numerous and wide in scope. Whether it is a more commonly occurring risk such as bacteria in water supplies, poor air quality, contaminated soil, or a rarer event such as the appearance of an unidentified white powder, which raises fears of anthrax, public health staff are routinely asked to investigate a variety of community health hazards.

2008 saw several such response activities, often implemented in partnership with other response agencies. Here are just a few examples:

• Investigation of several ‘white powder incidents,’ each of which was later identified to be various harmless substances
• Response to a spill of 100+ gallons of hydrochloric acid in Middlesex, providing guidance on human health impact
• Assistance provided to municipalities with identification of contaminated sites for possible remediation and redevelopment
• Assist the NJ Department of Environmental Protection (NJDEP) by investigating residential properties for vapor intrusion related to ground water contamination.

Health department personnel regularly provide input to local Planning Boards regarding possible environmental and public health concerns related to proposed redevelopment.

Staff also respond to numerous resident inquiries on a daily basis, including questions regarding radon, noise pollution, household lead hazards, air quality, well water testing, septic system management, childhood vaccinations, and many others.

Attentiveness and Follow-Through Resolves Additional Health Hazards

In addition to the larger community health risks, staff are often asked to investigate residential ‘public health nuisances.’ These can range from minor nuisances such as overgrown and unkempt lawns to more serious concerns such as hazardous materials being unsafely stored on a property. While responding to an odor complaint of gasoline on a residential property, Registered Environmental Health Specialist Nancy Lanner became aware that the residence was also operating a home daycare center. In addition to the gasoline odor, the property was found to have numerous environmental hazards, including oil spills and gasoline containers on the driveway and numerous car parts on the property, creating a potentially unsafe environment for children attending the daycare.

Like ‘public daycare’ facilities, in order to receive a license to operate, certain private home daycare facilities are also required to be inspected, to assure compliance with all health and safety regulations. However, the State Health Department, rather than local health departments, is responsible for inspecting home daycare facilities. The State Health Department was notified about the potential safety risks, and the property owner was required to clean the property.

Food Safety a Priority: Ground Beef Recall

Potential health hazards posed by unsafe food products seem to make the headlines weekly, with incidences of salmonella, e.coli and other infections appearing to be (Continued, next page)
common occurrences. In part, the frequency of these cases reflects a robust reporting system, where cases that before may have gone undetected are now captured in the daily work of an effective public health system.

Like many towns across the country, those served by the Commission were affected by the recall of ground beef in 2008. In spite of the fact that the supplier was ordered to destroy all meat products, the Commission learned that ground beef had made its way into schools in towns served. As a result, it was required that inspectors confirm and document the witnessed-destruction of beef, to assure none was served to local school children.

**Multiple Incidences Keeps Rabies a Concern**

Assuring the protection of ‘human’ health often arises as a result of an animal-focused incident. Two specific incidences in 2008 in fact, reflect that circumstance. The first was an unvaccinated domestic dog, which had the unfortunate luck of being bitten by a wild animal. Because the wild animal could not be located for testing, it was critical that the animal receive the rabies vaccine and be in quarantine for 6 months, the maximum incubation period of rabies. This is of course necessary to assure the animal’s well-being, as well as that of the general public.

In a separate incident, a raccoon ventured into a resident’s home through a ‘doggie door’, bit the homeowner, and immediately left the home. It was imperative that the resident receive the rabies vaccine series, and the department worked to assure that this occurred.

**Essential Service #3**

**Inform, Educate and Empower People About Health Issues**

While enforcement is a core component of the work done by governmental public health agencies, educating the facility owners and their staff to fully understand the health implications of their actions is ultimately the department’s priority. Numerous opportunities to educate and inform present themselves on a daily basis, and in 2008 that included such activities as:

- Assuring rapid distribution of health advisories to establishments which sell seafood, regarding safety of oyster and lobsters
- Educating staff of body art facilities in the risks of MRSA, a serious antibiotic-resistant infection caused by staphylococcus aureus (Staph A)
- Informing food establishments of safe food-handling practices as a result of a water main break in Franklin Township

Training workers in certain safe work practices is a frequent role of the REHS staff. For example, police and rescue workers are often in situations where there is a risk of contracting certain infections, such as hepatitis or HIV. This is called Bloodborne Pathogens training. To help reduce those risks, workers are trained in proper gloving techniques, risks of infection, and the importance of receiving the Hepatitis B vaccine.

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In addition, workers who may be in contact with hazardous chemicals receive ‘Right to Know’ training, which explains the risks - and how to reduce them – associated with handling certain harmful chemicals. In 2008, nearly 100 firefighters and police personnel were trained in Bloodborne Pathogens and Right to Know.

Each year, the Commission also provides food handlers with relevant and timely training, to help assure that they are best prepared to safely store, handle and serve food items. Based on surveys distributed to retail food establishments, training that addressed issues surrounding facility flooding, power outages and other ‘emergency’ scenarios was provided, along with a ‘Back to the Basics’ refresher session.

In 2008, three trainings were held, with one class in Spanish to assure comprehension by a majority of workers. In total, 197 food handlers were trained in safe food handling practices.

Reaching the Broader Population

Of course, educating and informing the public of important health issues remained a top priority for MBRHC. A core mechanism used by the Commission is its public access cable show called Public Health Matters, which has now completed its first full year of programming. Topics that were covered in 2008 included: MRSA infections, an antibiotic-resistant skin infection, Winter Safety, Summer Sun Safety, Prostate Health, Influenza Prevention, and others.

In addition, September highlighted Emergency Preparedness, and that program was translated into Spanish. To further expand the viewing population, most programs are now available on the Commission’s website, via YouTube.

The website as well, has become an ever-expanding online resource for public health information, helping residents learn more about select health topics and upcoming activities.

In addition, the department published two newsletters, which are distributed to the town halls of each municipality served. Of particular note was a special insert for the September edition, which highlighted emergency planning activities for families, in recognition of Emergency Preparedness Month.

While broader, ‘population-based’ education is generally the goal of the department, to reach as many people as possible, one-to-one education is also routinely provided to residents, based on their specific needs. A few examples from 2008 include:

• Explaining to a resident why it was in his best ‘health interest’ to convert city water from his existing well water, which was being contaminated from a nearby gas station;
• Teaching a resident of an apartment complex which was infested with bed bugs the proper way to prepare the apartment for the exterminator, after several unsuccessful attempts to rid the structure of the pests.
In fact, education about bed bugs and their elimination was such a frequent area of concern in 2008, that new fact sheets were developed and distributed to numerous apartment complexes, and the department highlighted the topic in its Fall 2008 newsletter.

Lastly, reaching ‘outside’ the perspective of educating residents and workers, additional education efforts are aimed at upcoming public health professionals and other students. MBRHC Health Officer and Health Educator have taught numerous class sessions at Rutgers University and the University of Medicine and Dentistry – School of Public Health, to help build the incoming public health workforce.

Essential Service #4
Mobilize Community Partnerships and Action to Identify and Solve Health Problems

Public health is a discipline where almost every organization can and often does play a role. From the workplace that provides its employees an opportunity to exercise on site, to the company that ensures recycling of all its paper, cardboard glass and cans; from the Police Department that ensures safety of children walking to school to the town recreation department that provides children, adults and seniors the opportunity to keep active for good health, most every entity can play a role in improving the health of a community.

Likewise, there are often many partners coming together to solve public health concerns, be it a disease outbreak, an environmental hazard, or an unsafe living environment. MBRHC not only relies upon such partnerships, it seeks to develop and strengthen them whenever possible.

2008 saw many successful outcomes to public health challenges as a result of these partnerships, such as the resolution of a rat infestation in a community where an apartment complex, a ball field and a shopping center abutted. The issue was resolved when property owners, little league organizers, and apartment residents each did their part to assure proper storage of food products, eliminate food debris after games and commit to adequate garbage containers, to eliminate opportunities for the rodents to feed.

Several of MBRHC’s community health services could only be provided as a result of long-standing partnerships with other community organizations, such as the Community Visiting Nurses Association (VNA) for the delivery of well-child care. For example, low-cost immunizations, lead screenings and nutritional counseling are all provided via contract with the VNA. Another essential partner is the Women’s Health and Counseling Center in Somerville, which provides low-cost women’s health services, screening for sexually transmitted Infections (STI) and other health screenings for both men and women. Each of these partners provides services through a contractual arrangement with MBRHC.

A new partnership was developed in 2008 with the University of Medicine and Dentistry – School of Public Health. This partnership comes in the form of financial support from UMDNJ, through an education grant received by the school, to support the Commission’s cable show, Public Health Matters. The School has committed to underwriting a total of five programs in 2009. This partnership saves the Commission $1,500 in production fees, allowing it to increase the amount of programming for 2009.

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There are several other ongoing partnerships of which MBRHC is an active member. For example, the Commission actively participates in both Somerset and Middlesex County’s community health planning activities. Through the Governmental Public Health Partnerships (GPHPs) formed several years ago, each county is implementing its respective Community Health Improvement Plans (CHIPs), and the Commission initiates or assists as appropriate.

In addition, MBRHC staff is actively involved with the Somerset County Cancer Coalition, assisting to ‘spread the message’ of cancer prevention through Public Health Matters. In 2008, the Somerset County Cancer Coalition supported three shows which highlighted cancer-prevention topics such as Risk Reduction for Colorectal Cancer, Summer Sun Safety and Prostate Health: What Men Need to Know. Additional programs related to cervical cancer prevention and how to quit smoking are planned for early 2009, as is the development of a special DVD with segments of each of the cancer-prevention programs for use throughout Somerset County.

Essential Service #5
Develop Policies and Plans That Support Individual and Community Health Efforts

Plans, policies, and standard operating procedures are routinely developed for a variety of circumstances, with the underlying goal of ensuring the health and safety of residents. In addition, however, there must always be an eye towards greater efficiency of commission efforts. This is where the development of standard operation procedures (SOPs) often comes into play.

For example, after seeing the same omissions and errors in procedures for the safe abandonment of wells, REHS Donna Ostman developed guidance documents, in the form of easy-to-use checklists, for both contractors and residents in Warren. These were found to be so helpful that the similar checklists were developed for other common processes, such as abandonment of septic systems, building demolition and public sewer connections. These documents will be distributed as appropriate to residents and contractors in each of the six towns served by the Commission, and will also be available on the Commission’s website in 2009.

The development or amending of ordinances falls to the purview of each town’s local Board of Health. With guidance from Commission staff, the Watchung Board of Health amended its local ordinance addressing septic systems and wells to comply with updated state standards and eliminate local certification of septic systems prior to the sale of property.

Identifying a bottleneck in response time addressing existing septic problems, the Warren Board of Health amended the town’s local septic ordinances to make response to failing systems more efficient. As a result of this amendment, applications are now acted on administratively to eliminate hazards promptly. Prior to this change, applications were required to go before the Board of Health, which meets monthly, resulting in potentially hazardous delays in resolution.

Essential Service #6
Enforce Laws and Regulations that Protect Health and Ensure Safety

Numerous laws and regulations have been in place for decades which focus solely on the protection of public health. New Jersey’s public health statutes pertain to food safety, human and animal health, management of infectious diseases, clean water, clean air, sanitary conditions, and many others. It is a primary responsibility of governmental public health agencies in the state to enforce these laws and regulations.
Routine inspections are the primary mechanism used to ensure that retail food establishments are complying with all local health and safety regulations and ordinances. Facilities are generally inspected on an annual basis, to assure all aspects of operation are in compliance with state and local regulations.

In 2007, NJDHSS implemented new provisions in the state’s document “NJ Sanitation in Retail Food Establishments and Food and Beverage Vending Machines” (referred to as Administrative Code ‘Chapter 24’). Food handlers in the towns served by MBRHC were oriented to the updates in 2007, and in 2008, all retail food establishments were expected to be in full compliance. In 2008, staff began implementing a state-developed ‘checklist’ during inspections, which has served as both a teaching tool, and a mechanism to assure consistency during inspections. According to Nancy Lanner, REHS for Middlesex Borough, “Using this checklist ensures that inspectors are all on the same page, and it actually makes it easier for restaurants to understand the codes. This is an important step towards standardised inspections statewide.”

In 2008, the following facilities were inspected:

<table>
<thead>
<tr>
<th>Establishment Type</th>
<th>Total Establishments</th>
<th>Total Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery Schools</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Pet Shops</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Tattoo Establishments</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Pools/Spas</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Camps</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Salons</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Food Establishments</td>
<td>451</td>
<td>471</td>
</tr>
<tr>
<td>Totals</td>
<td>525</td>
<td>553</td>
</tr>
</tbody>
</table>

According to ‘Chapter 24,’ all inspected establishments must be given the appropriate placard noting one of three ratings, which are ‘Satisfactory,’ ‘Conditionally Satisfactory,’ and ‘Unsatisfactory.’ These are further described below.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>An establishment is given a satisfactory rating when it is operating in substantial compliance with Chapter 24. Also, the food service personnel have demonstrated that they are aware and practicing food safety principals. (Placard is white.)</td>
</tr>
<tr>
<td>Conditionally Satisfactory</td>
<td>An establishment is given a conditionally satisfactory rating when it is found not be operating in substantial compliance with Chapter 24, with one or more violations. A re-inspection at an unannounced time is warranted for the establishment. (Placard is yellow.)</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>An establishment is given an unsatisfactory rating when it is operating in violation of Chapter 24 with one or more violations that constitutes gross unsanitary or unsafe conditions, which pose an imminent health hazard. At this time the food establishment will be asked to close until conditions are no longer in violation. (Placard is red.)</td>
</tr>
</tbody>
</table>

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Under the auspices of the NJDHSS Food and Drug Safety Program, there are several specific guidelines in place which assure clear and understandable labeling of all food products. One of these is that all labels must be written in english. However, retail food establishments are often found to be out of compliance with this law, which requires Inspector communication to all identified distributors of the products, outlining requirements for safe labeling, and cross-referencing all appropriate codes.

Registered Environmental Health Specialist Heather Ross, during routine inspections, identified numerous such items. Removing those items from the shelves of local merchants, while ensuring that business owners would prevent such occurrence from happening in the future, required extensive time and educational efforts.

In total, staff conducted 471 inspections in 2008, as shown in the table below.

<table>
<thead>
<tr>
<th>Municipality</th>
<th># Licensed</th>
<th># Satisfactory Inspections</th>
<th># Conditional Inspections</th>
<th># Unsatisfactory Inspections</th>
<th>Total Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bound Brook</td>
<td>94</td>
<td>72</td>
<td>48</td>
<td>0</td>
<td>120</td>
</tr>
<tr>
<td>Green Brook</td>
<td>51</td>
<td>53</td>
<td>5</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Middlesex</td>
<td>90</td>
<td>98</td>
<td>25</td>
<td>1</td>
<td>124</td>
</tr>
<tr>
<td>South Bound Brook</td>
<td>24</td>
<td>23</td>
<td>4</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Warren</td>
<td>131</td>
<td>60</td>
<td>14</td>
<td>1</td>
<td>75</td>
</tr>
<tr>
<td>Watchung</td>
<td>61</td>
<td>65</td>
<td>2</td>
<td>0</td>
<td>67</td>
</tr>
<tr>
<td>TOTALS</td>
<td>451</td>
<td>371</td>
<td>98</td>
<td>2</td>
<td>471</td>
</tr>
</tbody>
</table>

**Tobacco Sales to Youth Remain a Concern**

The Tobacco Age of Sale (TASE) program, in existence in New Jersey for approximately ten years, allows inspectors to train teens in the community to enter local businesses to attempt to purchase tobacco products, most frequently cigarettes. Of the forty-four businesses in 2008 in which such an attempt was made, three sold tobacco products to a minor, resulting in a $250.00 fine for each count.

It is important to note, that while three out of forty four may not seem like a large percentage, the department is cognizant that these purchases typically represents a larger pattern of routine sales of tobacco products to youth, resulting in those businesses having a community reputation as a spot to easily purchase tobacco products.

Unfortunately, this program is a victim of state financial cutbacks, and will no longer be funded in 2009.
Essential Service #7
Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

Referred to in Essential Service #4 above, the delivery of needed personal health services to community members is often provided in partnership with other community health agencies. For example, through a contract agreement with Community Visiting Nurse Association, located in Somerville, MBRHC provided a variety of services to uninsured children, to ensure that at least the most basic health needs are addressed. Specifically, infant and child immunizations, nutritional assessments, developmental assessments, lead screenings and physicals. Numerous adult services are also provided, including blood pressure screenings and assistance in flu and pneumonia clinics.

The Women’s Health and Counseling Center, in Somerville, is another long-time partner of MBRHC, providing a variety of screenings and services for both women and men. These include not only low-cost mammograms and gynecological exams, but also a range of screenings and treatment for sexually transmitted diseases.

To help residents reduce the risk of getting flu and pneumonia each year, the Middle-Brook Regional Health Commission provides low-cost vaccinations to adult residents, with a particular emphasis on seniors in the communities served.

In 2008, the following direct healthcare services were provided:
- Thirty-six children were provided 50 different health services
- 1,484 men and women took part in more than 4,100 screenings
- 362 residents were immunized against influenza, and 15 against pneumonia.

Essential Service #8
Assure Competent Public and Personal Health Care Workforce

In order to ensuring 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 2008 staff took part in specialized trainings related to:

- Emergency management and response
- Pest control and management
- Food safety
- Cross-cultural communications
- Octave band analysis for noise surveys
- Infectious disease management
- Leadership and administration
- Current topics in environmental health

Staff are also trained in a variety of emergency preparedness concepts, including the Incident Command System (ICS) and the National Incident Management Systems (NIMS). 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.

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

Commission is assessed by NJ Department of Health and Senior Services

In August of 2008, the Commission volunteered to be one of New Jersey’s first local health departments to take part in a formal performance evaluation, conducted by trained evaluators from NJDHSS’ Office of Public Health Infrastructure. The evaluation, a full day process, sought thorough and comprehensive documentation of all aspects of the Commission’s work, from financial management records to community engagement to documentation of all staff trainings and licensures.

The Commission is pleased to report that the feedback provided by NJDHSS was extremely positive, with few areas for improvement noted. Particular areas of strength included:

- Administrative Management, with reviewers noting “Administrative expertise in the manner in which records are kept and staff are assigned: The well-maintained records are evidence of a very busy and dedicated staff.”
- Emergency Management and Response, with reviewers noting “Mr. Sumner’s expertise and familiarity with issues pertaining to major emergency outages, floods, chemical spills... have greatly contributed to the development of local emergency plans.”
- Community Health Partnerships, with reviewers noting “MBRHC demonstrates excellent working relationships with public health partners.”

The only significant weakness noted was the lack of a comprehensive quality improvement (QI) plan. To address this, the Commission began a process of seeking resident feedback for each of the services provided. An online evaluation of Public Health Matters had been in place since April of 2008; and next the evaluation process expanded to flu and rabies clinics as described below. Further, with the assistance of an MPH student intern from the UMDNJ-School of Public Health, 2009 will bring the active development of a more comprehensive QI plan.

Quality Improvement Program Begins

In the fall of 2008, MBRHC began the first phase of a comprehensive quality improvement effort, to assure that it is providing the best possible service to residents. The process began with an anonymous evaluation process applied during each the clinics provided by the Commission that fall. This included five rabies clinics and one flu clinic, during which volunteers (many of which were Board of Health members) surveyed clinic attendees on different aspects of their clinic experience.

For example, attendees were asked 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.

One of the most telling outcomes of the surveys was that most residents did not know who was actually sponsoring the clinics. It is clear that if residents are to recognize and value public health services, MBRHC must take steps to better promote its name and consistently connect the name to the provision of local public health activities.

To that end, MBRHC will purchase a table banner with the MBRHC logo, which will hang at all clinic registration tables. In addition, staff will wear uniforms at future clinics with the MBRHC logo clearly displayed. The surveys also helped to identify how residents were most likely to learn about services being offered (i.e., through

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local newspapers, town newsletters, MBRHC newsletters, etc.).

The full results of those surveys were later displayed as a poster presentation during a Public Health Symposium at the UMDNJ-School of Public Health. Pictured to the right is Graduate student intern Ammy Chen, who analyzed results from the survey, describing the details to symposium attendee.

Looking ahead to 2009, the Commission will expand opportunities for ‘customer’ feedback by seeking ‘post-inspection feedback’ from inspected businesses. These may include restaurants, day care centers, public pools, tattoo and massage establishments, animal kennels, and other facilities. While the department clearly plays an enforcement role with inspected businesses, it is committed to assuring that inspections are conducted in a professional, courteous manner, with an emphasis on educating workers in safe operating procedures. Inspected facilities will have the opportunity to complete the anonymous evaluations online or on paper.

In addition, residents who visit either the Middlesex or Warren Registrar’s Office will be given a brief satisfaction survey, to assure requested items are being provided in a timely manner. Both surveys will initially be translated in Spanish and Chinese and if the need arises, it will be translated into other languages.

Seeking feedback such as this from all Commission customers is just the first step to assuring a process of continuous quality improvement for the Commission.

Building upon these first steps, in 2009 the Commission plans to develop customer service standards for all forms of interaction with the public, community service providers and professional colleagues.

**Essential Service #10**

**Research for New Insights and Innovative Solutions to Health Problems**

The Commission is committed to supporting various forms of research whenever an appropriate opportunity arises, be it at the local, state or national levels. 2008 provided occasions for Commission staff to assist public health partners in several endeavors to expand an existing knowledge base. For example, MBRHC participated in numerous surveys and assessments contributing to state and national knowledge bases. These included:

- National Association of City and County Health Officials (NACCHO) survey on emergency response capabilities for local health departments
- NACCHO survey on resource allocations in local health departments
- NACCHO Local Health Profile
- National Association of Local Boards of Health Profile
- Centers for Disease Control and Prevention’s (CDC) survey on Public Health Leadership Training and Qualities
- NJ Department of Health and Senior Services’ survey on dental health services

In addition to completing surveys as requested, staff also participate on the NJ Statewide Public Health Assessment Planning Committee, to help implement the instrument which

(Continued, next page)
Congratulations Jean!

After more than 35 years of dedicated service to the Commission, Jean (Genevieve) Ross retired, to have more time enjoying her children, grandchildren, and great-grand children. Congratulations Jean, and we thank you for your time and commitment to the work of the Commission!
### 2009 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 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. The 2009 Board of Health members are listed below.

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Board of Health Date</th>
<th>Meeting Location</th>
<th>Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bound Brook</td>
<td>2nd Thursday, 7:00 pm</td>
<td>230 Hamilton St</td>
<td>Judy Bailey**, Debbie Cozza, Helen Goodrich, Barbara Lobman, Mary Straub, Diane Scarpula, Mary Fuentes, Vinnie Petti***</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Judy Bailey**</td>
</tr>
<tr>
<td>Green Brook</td>
<td>4th Thursday, 7:30 pm</td>
<td>111 Greenbrook Road</td>
<td>Natalie Farry, Jon Fourre**, Bob Longo, Jean S. Mazet, Jerry Searfoss***, Mary Christian, Atul Shah*</td>
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<td></td>
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<td></td>
<td>John Madden, Dean Petti, Amelia Sherr**, Ronald Cohen, Melisa Fedosh</td>
</tr>
<tr>
<td>Middlesex</td>
<td>1st Tuesday, 7:00 pm</td>
<td>Middlesex Public Library</td>
<td>Lori Bowers, Barbara Ferris, Albert Lowande*, Helen O'Brien, Arleen Lih, Gertrude Epple, Joyce W. Smith**, Sue Warrelmann*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1300 Mountain Ave</td>
<td>John Madden, Dean Petti, Amelia Sherr**, Ronald Cohen, Melisa Fedosh</td>
</tr>
<tr>
<td>South Bound Brook</td>
<td>1st Thursday, 7:00 pm</td>
<td>12 Main Street</td>
<td>Brenda King, Dennis Quinlan***, Helen O'Brien, Arleen Lih, Gertrude Epple, Joyce W. Smith**, Sue Warrelmann*</td>
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<td></td>
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<td></td>
<td>John Madden, Dean Petti, Amelia Sherr**, Ronald Cohen, Melisa Fedosh</td>
</tr>
<tr>
<td>Warren</td>
<td>2nd Wednesday, 7:00 pm</td>
<td>46 Mountain Blvd</td>
<td>Malcolm Plager*, Angelo Demarco**, Victor Sordillo***, Jolee Garrison, Bruce Morlino, M. A. Sarraf, Abe Zimmerman, Susan Cooper, Gregory Riley</td>
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<td></td>
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<td>John Sachariah, Peter Savulich, Harriet Stambaugh**</td>
</tr>
<tr>
<td>Watchung</td>
<td>3rd Wednesday, 7:00 pm</td>
<td>Texier House, 10 Mountain Blvd</td>
<td>Fran Ellis, Mary Mobus, William Nehls, George Pogosky, Robert Riedinger*, Bruce Ruck, John Sachariah, Peter Savulich, Harriet Stambaugh**</td>
</tr>
</tbody>
</table>

*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 ksummer@middlebrookhealth.org

Robyn Key - Senior Registered Environmental Health Specialist, serving Watchung, Green Brook and South Bound Brook. Licensed Lead Inspector / Risk Assessor. 732-356-8090 x253 or rkey@middlebrookhealth.org

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

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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