Middle-Brook
Regional Health Commission
2013-2014 Community Report
OUR VISION:
Healthy People and Places ... A Healthy Community

OUR MISSION:
To improve the health of our community and environment through the use of prevention services, health promotion and protection strategies

OUR VALUES:
Dependable - We are accountable to our constituents, available to our community, and act ethically and competently such that we are trusted;
Collaboration - We work as a united team, both internally and externally, seeking to partner as a cohesive unit to improve the health of our community;
Efficient - We provide quality, timely, and effective services with the resources available;
Respect - We hold the highest regard for all employees and members of the community and treat all with respect, courtesy and understanding;
Excellence - We aim to provide all our services and conduct all our actions at the highest level;
Equity - We serve and treat everyone equally;
Transparent - We operate with open communication and processes in a visible environment, communicating internally and externally;
Professionalism - We maintain the highest level of ethics, knowledge, and engagement with current data, trends, standards, and ideas in order to be responsive, open-minded and flexible as we engage with and educate our community.

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

Over thirty years ago I started at the Middle-Brook Regional Health Commission as an environmental officer. While at the time I had no idea what a health department was or what it did, I was recently graduated from Rutgers University and needed a job. My undergraduate education was in biology and classical humanities, with a focus on ecology and wildlife. I knew I wanted to work outdoors and as it turned out, I ended up progressing through the health department from that environmental officer position to become first a Registered Environmental Health Specialist, then a Health Educator, and finally the Health Officer. Much of this time has been spent outdoors conducting investigations and inspections, but all of these past thirty plus years has been spent learning what a health department is and what it does. More importantly, I have an understanding of the role public health plays in protecting us, preventing illness and harm, and promoting good behaviors and healthy communities. I have developed a passion for public health that is unwavering, even as the challenges in public health, what we do and how we do it, are ever changing. In fact, I have come to realize that everything is somehow related to public health, but we, as public health professionals, do not always do a good job at explaining this.

It is my hope that this Report to the Community will help to explain some of what your health department does and why public health is so important to you and your community. The report should demonstrate the wide variety and diversity of activities that the Commission conducts to prevent, promote, and protect good health in our communities. It will also demonstrate trends as it encompasses data from 2013 and 2014, and even some from 2012. The reader should be able to see that the work of public health never stops, and often increases. Consider Ebola as just one current example of public health at work. While not a new disease, it was a new disease to this country and its presence led not only to concerns, but also to recognition of the work of public health. Even Time Magazine named the “Ebola Fighter” as their Person of the Year. I hope this annual report will help to explain that we are not just fighting Ebola, but doing that and a myriad of other activities related to your health and the health of your community. Simply stated, as I have learned, ‘everything is public health.’ Maybe this is why there are now thousands of public health students in schools across the country, unlike thirty years ago. I hope they know better than I did what public health is and does, as I hope this report helps you understand better as well.

Sincerely,

Kevin G. Sumner
Health Officer/Director
About the Commission

The Middle-Brook Regional Health Commission was formed in 1970, serving the towns of Bound Brook, Green Brook, Middlesex and South Bound Book. In 1971, the town of Watchung joined the Commission and several years later, Warren was included in the region served. Towns currently served are Bound Brook, Green Brook, South Bound Brook, Warren and Watchung. The Commission’s governing body consists of two volunteer representatives from each of the towns served, and provides direction and long-term planning for the Commission’s overall activities. These volunteer representatives bring with them a broad range of personal and professional abilities and expertise to serve in this capacity, and we are most appreciative of the time and energy they so willingly donate. The list of Board of Health members who will serve in 2015 is on the final page.

WHO WE ARE

The Middle-Brook Regional Health Commission is:

• Two full-time and one part-time Registered Environmental Health Specialists (REHS) who collectively conduct all restaurant inspections, and the inspections of kennels, massage therapy establishments, recreational bathing places, body art shops and daycare providers. They investigate and follow-up on public health complaints, review plans, facilitate public clinics, and investigate reportable communicable diseases. In addition, this staff provides a variety of educational trainings for food handlers, law enforcement, public works employees, emergency responders and the general public;
• One contract-based Health Educator, who is responsible for website development and community publications;
• Two administrative staff members who answer calls, respond to questions, assist with the filing of complaints, and manage the two offices of the Commission. This staff also acts as Registrars of Vital Statistics and licensing agents for the municipalities;
• One State Licensed Health Officer who manages and leads the Commission. He provides the vision for the agency and the oversight for all activities of the Commission;
• Governing individuals of the local Boards of Health who act as the public’s eyes and ears, and provide the policies and plans for MBRHC;
• Its numerous partners, including municipal, county and state public health organizations, and the not-for profit and for-profit entities that provide public health services, and
• The individuals and residents who are served and who assist MBRHC throughout the year.

**What is Public Health?**

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

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

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

**Why 10 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. Learn more about these services!

MBRHC began applying this tool as a means of presenting and highlighting key activities in its 2007 annual report, and continues with that format for this 2013 - 2014 Report to the Community. It is the Commission’s goal to assure residents are provided with effective, reliable public health services in each of these ten essential service areas.

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For more than a century, the monitoring of communicable diseases has been a core function of governmental public health agencies across the country. Whether it is vaccine-preventable diseases such as measles, pertussis (whooping cough) or mumps, or vector-borne illnesses such as Lyme Disease or West Nile Virus, to name a few, public health works to identify potential cases of illness, and contain the spread as quickly as possible. During the 2013 – 2014 time frame, MBRHC investigated potential cases resulting from 39 distinct infectious agents.

For many years there has been a movement in parts of our country to eliminate mandates for childhood immunizations. This movement has significantly contributed to the resurgence of measles and other vaccine preventable illnesses throughout the U.S. However, the measles outbreak associated with Disneyland in early 2015 seemed to serve as a major wake-up call for much of the public about the importance of vaccinations, and the significant impact of NOT vaccinating our children. MBRHC has long amplified its support of immunizations in its Immunization Statement. The presence of high-profile disease outbreaks should serve as a reminder of what used to be ‘routine’ before vaccines were available. Unfortunately, the Commission investigates a number of vaccine preventable diseases every year, so does not have to rely on these high profile events to remind them of the constant need to be vigilant. Our vigilance is reflected in the number of disease investigations conducted on a daily basis, and is reflected in the chart below.

Although initiating half-way around the world, and certainly not an illness we would expect to see in the US, the 2014 Ebola Outbreak in West Africa impacted this country and every local health department, including the Commission. Yes, this outbreak and the public alarm associated with it resulted in increased monitoring and follow up of individuals who were or may have been exposed; yes, Ebola is a communicable disease in which 99.9% of local health departments have no experience; and yes, the outbreak in West Africa identified a host of new questions, challenges and needed protocols. But most importantly: the public health response at all levels of government reinforced that the surveillance and response systems in place in this country and facilitated by local health departments works.

### REPORTABLE DISEASES

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<th># Reports Possible Cases</th>
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</table>
Community Health Assessments

In addition to monitoring incidences of communicable disease, the Commission, for many years, has collaborated in implementing Somerset County’s ‘Community Health Assessments.’ These assessments have served to help the county’s public health professionals garner a ‘snapshot’ of the community’s health status, so that resources can be focused on health issues of greatest prevalence. For example, our area has a tendency to be more overweight and less active than others, which contributes to the prevalence of chronic diseases such as diabetes and heart disease. Somerset County assessments have also identified mental health as a concern. Assessments have been conducted in 2006, and 2011, with the most recent implemented in 2014. Further information about the Commission’s role in the county’s Community Health Assessment Process can be found under “Mobilize Community Partnerships.”

Vital Statistics

For centuries, the United States has maintained records of the births, marriages and deaths of all its residents, maintaining a bank of data that, in and of itself, provides a ‘snapshot’ of the current population. Death records, in particular the cause of death, provides valuable public health data on the most significant health issues facing a community, a state and the country as a whole. In most municipalities, these vital statistics are maintained under the auspices of public health, and is the case in Green Brook and Warren. For these two towns, in 2013 and 2014, 262 birth records were received and 299 death certificates were issued. A total of 195 marriage licenses were issued and 300 marriages performed. A total of 961 certified copies of records were prepared. Vital Statistics information is managed by Mary Ann Schamberger, as the Certified Deputy Registrar of Vital Statistics in Green Brook and Warren, and Barbara Streker, the Certified Municipal Registrar of Vital Statistics for Warren Township.

Diagnose and Investigate Health Problems and Hazards in the Community

MBRHC is routinely contacted by the general public with questions and concerns about a wide range of issues, including but certainly not limited to, communicable diseases, chronic disease management, lead exposure, overcrowded housing, animal bites, bed bugs, environmental issues, septic overflows, flooding...to name just a few. In addition, inquiries are received from hospital and school-based health professionals, emergency responders, private healthcare providers, and other professionals. These individuals are often seeking guidance on a particular public health issue, data related to a communicable disease, or even the number of birth records to help predict the impact on school enrollment for planning purposes.

Regardless of the source of contact, MBRHC works to assess the situation, ask relevant questions to gather more data, investigate further if the circumstances warrant, and mitigate. Where appropriate, we engage community partners who may play a role in response activity.

Two positive cases of rabies in wild animals (a bat and a skunk) served as a reminder that rabies is here and that we must protect our populations and their pets. In 2013 and 2014 the Commission tested a total 37 animals for rabies, in response to calls from community members with concerns. There has also been an increase in the number of bats found in homes over past years, so education about the risks and the need to test these animals is conducted. While positive cases are relatively rare, clearly rabies is one illness in particular which cannot be taken lightly. Vaccination of cats and dogs against the disease is required in New Jersey, and residents are educated to be particularly cautious.

Some environmental activities involve the review and evaluation of well test results, especially when a property served by a well transfers ownership. In 2014, 84 such test results were reviewed. As a result, not only do the seller (continued)
Environmental Investigations

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<th>Environmental Concerns</th>
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</tr>
<tr>
<td>South Bound Brook</td>
<td>22 11 13</td>
<td>0 0 0</td>
<td>1 3 0</td>
<td>11 2 1</td>
<td>6 1 6</td>
<td>n/a</td>
<td>0 0</td>
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<tr>
<td>Warren</td>
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<td>0 0 0</td>
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<td>0 1 3</td>
<td>1 11 10</td>
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<tr>
<td>Watchung</td>
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</table>

Animal Control includes Animal bites, rabies investigations, kennels, pet shops, wildlife, stray cats and nuisance animal complaints; Air Pollution includes odors, air pollution complaints, cell towers, indoor air complaints, noise investigations; Nuisance includes Rodents, Stagnant water, high weeds, poison ivy; Housing includes Insects (bed bugs), no heat, mold, asbestos, lead; Water includes Spills, well water, public water and water sampling issues

Inform, Educate and Empower People About Health Issues

This essential service is one that is incorporated into almost all aspects of MBRHC work. In fact, it is a foundational belief of the Commission that education should be a core component of interactions with community members, healthcare providers, business owners and others, as appropriate. This is all the more essential when a ‘new’ public health issue arises, and there are questions, misinformation, and sometimes, even fear. This was very much the case in the early days of the Ebola outbreak, when significant time and resources were put toward educating community members, emergency responders, and others about the disease and how to respond in a safe, yet compassionate and effective manner.

Greatly supporting our education efforts have been student interns from area colleges. Their efforts result in the completion of activities that may not otherwise be implemented due to a lack of resources. In turn, the work allows interns to obtain valuable work experience in a fully functioning health department. Three focus areas of student activities were adult immunizations, pool safety and emergency preparedness. The adult immunization activity resulted in an educational brochure on the topic, which was distributed and posted on the MBRHC website.

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A second intern designed and created a brochure describing the Commission’s new residential pool safety program, in which staff provide residential pool owners with guidance on potential health and safety risks associated with their backyard pool. This brochure was distributed to pool supply stores, libraries, town halls, etc. Commission staff furthered these education components with the creation of an online advertisement for the initiative, which is posted on the MBRHC website, and airs on cable TV stations serving our towns. Finally, a third intern developed an emergency preparedness education program. This program is available to be presented to community groups, parents, etc. and provides basic personal preparedness information along with how and where to gather information. In conjunction with this, draft guidelines on the Commission’s use of social media during a public health emergency were created.

It has long been required that restaurant workers be properly trained in safe food handling processes, and provide evidence of that training to Commission staff. To help support these workers with relevant and timely food safety information, the Commission has provided annual learning sessions for more than 20 years, and for the past several years, offered the class in Spanish as well. While the primary focus of these sessions has varied year to year, each provides an opportunity for restaurant workers to learn about current topics in food handling and/or new regulations that may impact their business. Typical attendance in these sessions ranges from 70 – 90 retail food establishment employees.

Mobilize Community Partnerships

Representatives of Middle-Brook Regional Health Commission are active partners in many arenas, at the local, State and even at the Federal level. Locally, MBRHC participates in Healthier Somerset, a collaborative to improve the health of the residents of Somerset County. Healthier Somerset is facilitated by the Robert Wood Johnson Medical Center – Somerset, and includes a number of other governmental, and non-profit organizations. One of the primary work areas of this partnership is the facilitation of the next iterations of a Community Health Assessment and Community Health Improvement Plan, two countywide processes used to help better assess public health needs. Kevin Sumner, Health Officer was appointed to both the Health Assessment data review committee and the Improvement Plan Steering Committee, assuring an active role in the development of these important guidance documents.

MBRHC is also a long-standing member of the Greater Somerset Public Health Partnership, a collaborative of public health agencies and other community organizations working together to create and provide community health services in the county. As a matter of routine activity – and to prepare for public health emergencies – MBRHC routinely partners with law enforcement, emergency management, first responders, and a host of community organizations to assure the best delivery of services possible.

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At the state level, partnerships include the NJ Department of Health, Rutgers University School of Public Health - Office of Public Health Practice, and professional organizations such as New Jersey Association of County & City Health Officials (NJACCHO), for which Mr. Sumner currently serves as Secretary. In addition, Mr. Sumner serves as a co-Principal Investigator on an accreditation-related grant with these partners, called ‘Gaining Ground.’ This partnership has allowed NJ health departments, including MBRHC, to participate in multiple learning sessions on topics such as quality improvement, performance management, documentation, and others.

Nationally, the Health Officer partners with the National Association of County and City Health Officials serving as a member of its Board of Directors, as well as on the Performance Improvement, Membership and Finance Committees. Involvement in these positions allows the Health Officer to gather current ‘best practices’ and ideas and incorporate them into Commission activities. For example, involvement on the Board of Directors has facilitated an improvement in advocacy efforts; being a member of the Performance Improvement committee exposes the HO to initiatives and quality improvement activities that improve the capacity and functioning of the Commission.

Finally, a national initiative, implemented at the local level, was a research study conducted to assess the financial cost to public health agencies of conducting tobacco prevention activities. While this research will be discussed further on page 15, a partnership between MBRHC, four other local health departments, Rutgers New Jersey Medical School, the NJ Department of Health and the Practice Based Research Network housed at the University of Kentucky led to valuable data that helped to quantify the true financial costs of tobacco prevention activities. This research provides clear and convincing evidence that public health can have a significant impact on tobacco control, but that it is also not resourced adequately to realize its full impact.

**Develop Plans and Policies that Support Community Health Efforts**

**Finalizing the MBRHC Strategic Plan**

To assure that an organization functions with a clear direction and intent, and that staff and governing bodies share the same mission and values, a strategic plan is essential.

Although local health departments operate under a set of state and federal policies and regulations, the internal protocols must be clear and agreed upon by guiding stakeholders. To that end, MBRHC was committed to establishing a formalized strategic planning process, one which involved staff and representation from its governing bodies. While MBRHC began its strategic planning initiative in 2012, the final departmental strategic plan was finalized in June 2013. The planning process began prior to Hurricane Sandy and thus was delayed as a result of the department’s response activities, but that incident also helped inform the process, particularly in identifying the strategic priorities. The process was initiated and driven by staff, but also included an appointed group of Board of Health representatives who were instrumental in the final product. The process was completed over several months and was concluded with a formal review and adoption by the Commission’s governing Board on June 24, 2013.

Four broad strategic priorities were identified during the process, and goals and objectives were developed to address the issues. The four strategic areas are: Addressing Lifestyle Choices to Improve Public Health, Public Communications, Emergency Preparedness, and Accreditation Preparation. In addition,
the process resulted in redefining a previously adopted Mission, and defining the Commission’s Vision and Values, reflected on the inside cover of this report.

**Local Policy Change**

**Works to Impact Health**

One of the newer policies that came to fruition in 2014 was one supporting the establishment of a smoke-free, multi-unit housing complex, initiated by a grant received by the Greater Somerset Public Health Partnership (GSPHP), from the Centers for Disease Control and Prevention. Through the collaborative efforts of the Somerset County Chronic Disease Coalition, GSPHP, and support of Health Officer Kevin Sumner, a new housing development in Bound Brook joined the growing list of communities across the country that provide smoke-free living environments. Smoke free housing supports healthier children and adults by reducing second-hand smoke; promotes a safer community by reducing residential fires caused by cigarettes; and safeguards the investment of property owners by eliminating cigarette burns on counters and carpets, as well as ‘third-hand’ smoke – the ‘residue’ left behind on the walls and windows of apartments with smokers.

In 2013, a comprehensive review of all the Watchung Board of Health ordinances was conducted. Some were found to be outdated, such as plumbing laws, while others simply needed updating, such as Board of Health fee ordinances. This work ultimately led to the complete revision and codification of the Board of Health ordinances into the Borough ordinances, allowing for easy access and understanding by staff, the regulated community, and the public. Also in 2013, through the advocacy efforts of the Health Officer and the Board of Health, the Watchung Mayor and Council agreed to adopt an ordinance prohibiting smoking and the use of smokeless tobacco on all Borough owned and leased properties. While outdoor smoking prohibitions are becoming more common, the inclusion of smokeless tobacco products is more rare. The Borough is to be commended for this forward thinking action as the use of chewing tobacco and/or snuff are known to cause oral, pancreatic and other cancers. In addition, smokeless tobacco use is strongly correlated with smoking, and both are addictive.

As a result of grease clogging lines from food establishments, Watchung was experiencing a number of ongoing sewer issues. In response, the Borough Council adopted a local ordinance that requires food establishments to maintain the grease traps designed and installed to capture the cooking grease before liquid waste is discharged into the sewer systems. This ordinance, adopted in 2014, requires Commission oversight to assure that grease traps are regularly maintained and appropriate reporting occurs.

Each of these new ordinances can be found on the Watchung Borough website listing codes and ordinances.

The Commission partnered with Watchung’s Board of Health Secretary to develop a streamlined system for notifying affected establishments and documenting compliance. The quality improvement tool of process mapping was utilized to develop this new system, to help assure it was a ‘workable’ process for all involved. Through education of the establishments and enforcement of the ordinance, routine reporting is now occurring and sewer issues have declined.

**Supporting State-Level Public Health Policy**

The actions and responsibilities of all local health departments are legislatively mandated by a set of policies and procedures developed by the NJ Department of Health (NJDOH), known as the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey. With these Standards up for re-adoption in August of 2015, Kevin Sumner was asked to serve on an NJDOH steering committee to revise and update the policy. In addition, Mr. Sumner routinely works with the NJ Association of County and City Health Officials to review pending legislation, develop responses to legislative initiatives, and educate legislative leaders about current and important public health policies, and their potential impact on our communities.
For centuries, laws have been in place in the U.S. and around the world to protect the health of residents, with the earliest focused on issues of sanitation and hygiene. With training in subject areas such as environmental health, biology, and/or chemistry, Registered Environmental Health Specialists (REHS) are prepared to assess and inspect a range of conditions and establishments. For example: retail food establishments are inspected to assure the safe handling, storage and preparation of food to prevent foodborne illnesses; pet shops are inspected to assure safe handling and hygiene practices that reduce the risk of diseases being spread to pet owners; tattoo shops must demonstrate safe practices to prevent the spread of diseases such as Hepatitis B, C and HIV. In addition to the state laws mandating these inspections, enforcement of other laws such as local ordinances referenced elsewhere in this report, and response to public health nuisance complaints, result in healthier environments for our community members.

Most regulated establishments receive an inspection once per year, as mandated by law. In cases where there is an issue or violation identified, establishments may be given a ‘conditionally satisfactory’ rating – which would warrant remediation of the issue, and a follow up inspection. However, through analysis of documentation, it was identified that there has been a back up of incomplete inspections, with some not occurring in as timely a manner as they should. MBRHC is addressing this by implementing a quality improvement process that has identified potential causes for the back up, and ways in which the back up can be eliminated. Below is a table identifying the types of facilities inspected, and number per year of inspections.

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<td>321</td>
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<td>53</td>
<td>52</td>
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<td>0</td>
<td>0</td>
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<td>Mobile Food Establishments</td>
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<td>5</td>
<td>8</td>
<td>11</td>
<td>3</td>
<td>7</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>7</td>
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<tr>
<td>Temporary Establishments</td>
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<td>30</td>
<td>41</td>
<td>n/a</td>
<td>30</td>
<td>39</td>
<td>n/a</td>
<td>0</td>
<td>3</td>
<td>n/a</td>
<td>0</td>
<td>0</td>
<td>n/a</td>
<td>30</td>
<td>42</td>
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<tr>
<td>TOTAL ESTABLISHMENTS</td>
<td>362</td>
<td>409</td>
<td>399</td>
<td>343</td>
<td>390</td>
<td>335</td>
<td>50</td>
<td>67</td>
<td>58</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>393</td>
<td>456</td>
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As part of the mission of MBRHC, funds are allocated each year to assure that community members with need have access to basic, essential health services. These services include basic screenings for children under 18, including physicals, hearing and vision screenings, nutrition counseling, and of course, immunizations. Working in partnership with the Community Visiting Nurse Association, children are provided with eight unique assessments to identify potential health concerns.

MBRHC works to assure that adults who are uninsured or underinsured also receive basic health screening services. A significant change in 2013 was the merger of the Women’s Health & Counseling Center in Somerville, which had been the provider of screenings in the county for a number of years, with Zufall Health, a fully licensed, Federally Qualified Health Center (FQHC), long established in several other New Jersey counties. This merger has benefited the residents of our towns, by providing expanded primary care and support services for individuals of all ages. Community members have received a range of services, including screenings for cancer, sexually transmitted diseases, hypertension and other cardiovascular diseases. In 2013 and 2014, in partnership with these two community-based organizations, MBRHC has been able to support more than 2,500 clinic-based medical visits, reflecting care for over 1,900 individuals.

Lastly, MBRHC continues, on a small scale, to offer adult influenza (flu) vaccines each year, serving about 75 to 150 residents, depending upon the year. Like other local health departments around the country, MBRHC is evaluating whether this is a cost-effective service to continue providing, as more and more individuals opt to receive their vaccine conveniently while they shop at their local grocery stores or pharmacies or at their personal medical provider. As public health professionals, we will continue to assess the community’s needs for this service and adapt as necessary.

Assure a Competent Public and Personal Healthcare Workforce

No matter how valuable the policies or programs may be, without prepared, trained staff to support and implement them, public health cannot ‘do what it does best.’ This is why staff must be supported in their continuing education and professional development activities. MBRHC is committed to these activities, and to the greatest extent possible, encourages staff participation in continuous learning.

All staff is required to maintain state licensure and certifications, as required by the State of New Jersey, through a minimum number of continuing education credits. The Health Officer, Registered Environmental Health Specialists and Registrars of Vital Statistics are either licensed or certified by the State to provide their respective services. In addition to the required education, staff also participate in development opportunities beyond that which is required, to remain current with regulations, trends, technologies, and practices. Many of the trainings are directly related to the skills needed to perform daily work functions, and include topics such as communicable diseases, investigation of massage parlors, mold inspection, food safety, and others for environmental staff; and trainings related to Vital Statistics such as legal name changes, same sex marriages and paternity-related issues.

(continued)
Training has also addressed topics related to customer service and leadership. For example, in 2013 staff participated in an “Emergenetics Team Building and Leadership” program. This valuable program helped personnel understand their strengths and weaknesses as well as that of their colleagues. This understanding helps to build the team and focus our work and efforts where and with whom it can best be handled.

In addition, all staff participated in further education related to quality improvement (QI), performance management and other topic areas related to accreditation. The concepts of QI and accreditation are still relatively new and regular training and exposure is essential to them becoming part of the Commission’s culture as opposed to ‘just another duty.’ As a result of these trainings, Commission staff had an important and active role in the development and ultimate adoption of the Commission’s strategic plan. Furthering accreditation work, at the end of 2014, the Commission applied for and received a $15,000.00 grant from the National Association of County and City Health Officials (NACCHO), funded by the Centers for Disease Control and Prevention, to develop a Quality Improvement Plan and conduct a focused QI project. These activities will be implemented in 2015.

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**Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**

In 2012, MBRHC was asked to participate in a New Jersey Department of Health pilot test of a new data management system, used to record each contact staff has with the public. In addition to allowing the department to better document the extent of public interactions, it was hoped that capturing this data would allow for analysis of activities, and potentially identify ways in which the department could better serve its communities. Use of this database was in fact fully incorporated in 2013, and the department now routinely documents all contacts. A significant goal of this tracking process is to help us identify reasons for the most frequent calls, so that potential opportunities for quality improvement can be identified.

This report and the data submitted annually to the New Jersey Department of Health as required by law are both examples of how the database has resulted in improved operations. Historically, the annual gathering of data and facts for the preparation of annual reports was very time consuming and laborious as it required reviewing multiple documents and tabulating information by hand. The database allows for the electronic gathering of the same information. This process is much less time consuming and results in more consistent data by only reporting data that meets specific parameters. While the database is not a perfect system, as it is only as good as the data entered, it does represent an improvement in our ability to report numbers, break out details and especially document our contacts with the public, shown below.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th></th>
<th>2014</th>
<th></th>
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<td></td>
<td># Contacts</td>
<td># Requiring Investigation</td>
<td># Requiring Enforcement</td>
<td># Contacts</td>
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<tr>
<td>Bound Brook</td>
<td>250</td>
<td>53</td>
<td>21</td>
<td>336</td>
</tr>
<tr>
<td>Green Brook</td>
<td>263</td>
<td>21</td>
<td>8</td>
<td>109</td>
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<tr>
<td>South Bound Brook</td>
<td>69</td>
<td>31</td>
<td>5</td>
<td>79</td>
</tr>
<tr>
<td>Warren</td>
<td>204</td>
<td>32</td>
<td>17</td>
<td>204</td>
</tr>
<tr>
<td>Watchung</td>
<td>147</td>
<td>24</td>
<td>9</td>
<td>133</td>
</tr>
<tr>
<td>Commission</td>
<td>933</td>
<td>161</td>
<td>60</td>
<td>861</td>
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An added benefit of the database is that staff has a better understanding of the work they are actually doing. For example, prior to the implementation of the database there was no understanding of the amount of contacts and work being done relative to the registrar activities. The final tallies were eye opening as it is clear significant time and effort is being put toward this work.

This is Not a Drill: Learning From Real Public Health Emergencies

Perhaps the most critical evaluation processes in which MBRHC was engaged in 2013-2014 were those which took place post-Hurricane Sandy and post-Ebola response activities. Typically, MBRHC and other responders participate in emergency response drills and exercises, as a tool to assure readiness for public health emergencies. For example, these have included mass vaccination and antibiotic distribution clinics, flood response, and others. In fact in November of 2014, the department participated with Warren Township in a full scale exercise, which in part included issues surrounding air contaminants - thus requiring MBRHC to play a role. However, Hurricane Sandy and the Ebola outbreak in African countries provided ‘real-life’ response and mitigation effort, and as such, MBRHC participated in ‘after-action’ review and evaluation processes, to assess what worked, and where there are opportunities to improve for future response activities.

The MBRHC Health Officer is an active member of the Public Health Practice-Based Research Network (PBRN), a program that supports research networks nationwide, comprising local and state governmental public health agencies, community partners, and collaborating academic research institutions.

The New Jersey PBRN has focused its research efforts on two different areas: ‘Addressing Geographic Variation in Public Health Production - New Jersey’s Perspective’ and ‘Determining the Public Health Costs of Tobacco Prevention and Control: A Comparison of 5 New Jersey Local Health Departments’.

As a result of the Commission’s involvement, the Health Officer was invited to be the practice-based representative in a nationwide webinar describing the results of the tobacco cost research, and the Commission received a report comparing public health activities in communities across the nation. The results of this study revealed that the Commission is routinely conducting activities above and beyond those of its national peers.

In 2001-2002, MBRHC hosted a Rutgers School of Public Health student who researched the impact of flooding from Tropical Storm Floyd on the Borough of Bound Brook. Over a decade later, the outcome of this research conducted by the student for her capstone project is still relevant. In fact, it is so relevant that the findings were published in the Winter 2013 edition of the journal “Remediation.” This publication was the result of the efforts of the a 2013 Rutgers fieldwork student, Mr. Sumner, and the student’s faculty advisor to revisit the findings, update the materials to relate them to Hurricane Sandy, and submit the materials for publication. MBRHC takes pride in the research work of its Fieldwork students, and is honored to be able to play a role in that work, while at the same time helping to train future public health professionals.
2015 Commission Members and Meeting Dates

The Commission is made up of five 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 five 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 to confirm schedule. Meetings are held in town Municipal Buildings unless otherwise noted, and Commission meeting agendas and minutes can be found on the MBRHC website. The 2015 Board of Health members are listed below.

<table>
<thead>
<tr>
<th>2015 Commission Members</th>
</tr>
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<tbody>
<tr>
<td>President: Jon Fourre</td>
</tr>
<tr>
<td>Vice President: Gregory Riley</td>
</tr>
<tr>
<td>Treasurer: Jean Mazet</td>
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<table>
<thead>
<tr>
<th>Bound Brook</th>
<th>Green Brook</th>
<th>South Bound Brook</th>
<th>Warren</th>
<th>Watchung</th>
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<tbody>
<tr>
<td>Barbara Lobman, Member</td>
<td>Jon Fourre, Member</td>
<td>Lillian Barber, Member</td>
<td>Gregory Riley, Member</td>
<td>Frances Ellis, Member</td>
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<tr>
<td>Alberto Torregroza, Member</td>
<td>Jean Mazet, Member</td>
<td>Brenda King, Member</td>
<td>Susan DeAlaman, Member</td>
<td>Ronald Jubin, Member</td>
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<tr>
<td>Angela Robinson, Alternate</td>
<td>Bob Longo, Alternate</td>
<td>Helen O’Brien, Alternate</td>
<td>Malcolm Plager, Alternate</td>
<td>Harriet Stambaugh, Alternate</td>
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<td>Lisa Slater, Alternate</td>
<td>Atul Shah, Alternate</td>
<td>Sue Warrelmann, Alternate</td>
<td></td>
<td>Bruce Ruck, Alternate</td>
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</table>

Want to Learn More? Contact Us!

Kevin G. Sumner, MPH — Director and Health Officer 732-968-5151 or ksumner@middlebrookhealth.org
Mary Ann Schamberger - Administrative Assistant, Deputy Registrar of Vital Statistics for Green Brook and Warren 732-968-5151 or mascham@middlebrookhealth.org
Robyn Key - Senior Registered Environmental Health Specialist, serving Watchung, Green Brook and South Bound Brook; Licensed Lead Inspector / Risk Assessor 732-968-5151 or rkey@middlebrookhealth.org
Nancy Lanner - Registered Environmental Health Specialist, serving the Borough of Bound Brook 732-968-5151 or nlanner@middlebrookhealth.org
Donna Ostman - Registered Environmental Health Specialist, serving Warren 908-753-8000 x238 or dostman@warrennj.org
Barbara Streker - Clerk to the Board of Health and the Certified Municipal Registrar of Vital Statistics for Warren 908-753-8000 x239 or bstreker@warrennj.org

Emails requesting general information can be sent to MBRHC@middlebrookhealth.org
Be sure to learn more about Middle-Brook Regional Health Commission’s Programs and Services at www.middlebrookhealth.org!