Dear Community Members:

2010 was a difficult year for our nation, our state and municipalities, as well as our communities and their residents. It was especially so for some of our residents, friends, and families who might have had to struggle with loss of a job, loss of a home, or the stresses of the economy on life in general. All of these unwanted circumstances impact our health; in obvious ways, such as loss of health insurance, less than adequate housing, and inconsistent access to food due to financial constraints; and in not so obvious ways, such as increased blood pressure, obesity, and other chronic illnesses. Your local health department, as a part of the larger public health system, strives to help communities address these issues through such activities as health education, assuring access to care and safe and healthy foods.

Middle-Brook Regional Health Commission was itself not immune to the issues of the times. Last year in my introduction to the annual report I wrote about how demands on public health were increasing and resources were decreasing. This is certainly still the case, and the past year clearly reflected the extent of its impact. In 2010, some of the Commission’s municipalities experienced such financial pressures that they were obliged to investigate other options for public health services. This resulted in an extremely difficult year for the Commission’s members and staff. While I truly believe the Commission’s staff and volunteers are here for the same purpose, to help improve the public’s health, these issues sometimes challenged us when working towards our mission: 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.

As a result, 2010 ended with some changes to our infrastructure. Middlesex Borough left the Commission and is no longer receiving services from MBRHC; therefore the Commission moved to new offices in the Green Brook Municipal Building at 111 Greenbrook Road (Thank You Green Brook!). Unfortunately, both our workforce and some services ultimately needed to be reduced.

In spite of these challenges, the Commission and its staff continue its commitment to providing quality services, and enforcing public health laws and regulations to protect the health of the communities we serve. Essential services have been maintained and as you will see in the following pages, we are still actively responding to the needs of the community, addressing identified concerns, and inspecting regulated establishments.

The idiom “every cloud has a silver lining” is relevant here as the Commission is experiencing its silver lining by being housed in a more comfortable, productive environment, experiencing greater collaboration and partnership in its effort to improve health, and working more efficiently and effectively to serve the people of our communities. We hope that you too are experiencing silver linings. We are here and eager to assist in your quest for them. If there is anything we can do to help, please do not hesitate to contact us.

Sincerely,

Kevin G. Sumner
Health Officer/Director
The Middle-Brook Regional Health Commission (MBRHC) is two full-time and two 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. 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 public communications and educational services.

We are two administrative staff members who are available to 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.

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.

MBRHC is 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.

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.

Most importantly, we are the individuals and residents whom we serve and who assist us throughout the year.
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 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 2011 can be found on page 24.

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, and continues with that format for this 2010 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.
MONITOR HEALTH STATUS AND SOLVE COMMUNITY HEALTH PROBLEMS

Monitoring the health status of a given community is well recognized as one of the core functions of governmental public health agencies. Where private healthcare providers focus on the health status of individual patients, public health professionals monitor the health status of the total/overall population, or specific communities, or sub-sets of a population.

There are several tools available to agencies that are vested in population health. A foundational tool, which often guides the activities of organizations, is a community health assessment. Such assessments often serve as a guide of sorts to help direct targeted initiatives. However, the costs associated with a comprehensive community health assessment are often significant, and it is highly unusual for a single health department to undertake such an effort. In 2007, MBRHC, together with other local health departments in Somerset County applied a collective effort to facilitate a regional assessment.

Plans for a follow up health assessment have begun, and MBRHC is once again part of a larger regional effort, in partnership with local health departments, Somerset Medical Center, and other members of the Greater Somerset Public Health Partnership. This collaborative looks forward to updating the 2007 report by starting with a regional survey of health behaviors. In 2007 this approach helped facilitate the final assessment and it is hoped a similar process will begin in the near future.

Another 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 into the system 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.

There are more than 60 diseases mandated by the NJ Department of Health and Senior Services (NJDHSS) to be reported to local health departments. In 2010, there were more than 250 reports in the six towns served by the Commission, reflecting 23 unique communicable diseases. These reports range from the more common infections such as Hepatitis and Lyme Disease to the more unusual such as Dengue Fever, Legionnaires and Amoebiasis.

Each suspect case requires significant follow up and diligence, to assure that 1) the individual(s) exposed are following necessary protocols for treatment and 2) further spread of the disease is contained. Often, these investigations involve multiple organizations, as several municipalities may be affected. For example, in 2010 a case of salmonella in an individual who resided in another Somerset county town required support from MBRHC staff, as the person was employed in a restaurant in a town served by the Commission. If
diagnosed with salmonella, food handlers in particular must follow strict guidelines about when it is acceptable to return to work, so that there is no risk of infecting customers.

Close follow up with the resident and restaurant owner assured appropriate management of the disease and eliminated the risk of further spread.

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.

A full description of reportable disease investigations can be found on page 22.

Preventing spread of communicable diseases is also achieved through the delivery of age-appropriate immunizations. To help assure access to necessary vaccines, MBRHC partners with the Community VNA, based in Somerville, to provide ‘Child Health Conferences,’ which are monthly health clinics held specifically for families who would otherwise not have access to necessary health services. Specifically, the Child Health Conference provides well-baby check-ups, vision and hearing checks, lead screening, growth & development assessment, nutrition counseling and physicals. These services are provided for newborns through to children 18 years of age.

In 2010, reflective of the current economic situation, 46 new children were enrolled in the child health conferences, which is a 35% increase from 2009. These children received the core health services needed to help protect them and their community from measles, mumps, rubella, chicken pox, pertussis, diphtheria and other preventable diseases.

Further, to assure that all children are fully protected, MBRHC also contracts the services of the VNA to conduct routine immunization reviews of daycare center and school immunization records, to help keep vaccine-preventable illnesses in check. Audits of pre-schools and day care facilities are conducted annually while other schools are audited every few years. Additionally, Registered Environmental Health staff is available to provide one-to-one assistance and guidance as needed. In 2010, twenty-seven immunization audits were conducted on local schools.

In addition to the Child Health Conferences, MBRHC provided five adult community flu clinics in Bound Brook, Middlesex, Watchung and Warren, vaccinating 323 people. And lastly, during the crowded conditions in the American Red Cross shelter during the flooding event in March, the H1N1 vaccine was provided to those who wished to receive it. REHS Nancy Lanner and Administrative Assistant Karen Wick supported the Community VNA during the effort, along with help from a Spanish Translator.
Vaccinating Animals Essential to Human Protection

Protecting the health of the public sometimes occurs through ensuring the health of our four-legged friends. The vaccination of dogs against rabies has been a state mandate in New Jersey for decades, with vaccine provided at no cost by the NJ Department of Health and Senior Services. While it is provided by the state, responsibility for the delivery of vaccine rests on local health departments. In 2010, MBRHC provided five rabies clinics, vaccinating a total of 442 cats and dogs. These clinics are provided within each municipality served, and local veterinarians conduct vaccine administration.

If there is any doubt as to why such vaccination clinics remain essential to public health, be sure to see page 17.

Vital Statistics

Since the mid-17th century, it has been recognized in the United States that records of births and deaths, particularly records of deaths by cause of death, provided essential information needed for the control of epidemics and the conservation of human life. This belief still holds true today, as the process of maintaining this data is applied in every municipality across the country, through each community’s Office of Vital Statistics.

In most communities, these offices operate under the auspices of public health, as is the case in Middlesex and Warren. In Middlesex, Mary Ann Schamberger served 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 Warren and Middlesex combined for 2010, 215 birth records were received and 200 death certificates issued. Seventy-five marriage certificates were issued to residents, and 987 certified copies were prepared.

On any given day, the issues and health concerns that are reported to a local health department vary greatly, and can include housing concerns such as overcrowding, property maintenance, lead exposures and bed bugs; animal control issues such as animal bites, rabies investigations, and stray cats; water concerns related to septic overflows, sewer backups and groundwater safety; and numerous other issues, as reflected in the table on page 22.

In addition to these, the Commission is also contacted and required to respond to environmental emergency situations that pose a risk to the community or the environment, such as the oil spill that occurred when a truck’s fuel tank ruptured and began spilling oil into the
Green Brook. It is the role of the Health Commission to inspect and monitor the clean up of hazards to minimize their impact on the environment and on the public’s health.

Senior REHS Robyn Key was responsible for the public health oversight of this particular event. Ms. Key was also the lead in following up on a notification received from the New Jersey Department of Environmental Protection (NJDEP) regarding the identification of hazardous chemicals found on a site with an underground storage tank. The issue of concern was that a well was believed to be located on the property.

After further investigation with the Somerset County Environmental Health Agency (CEHA) and an environmental firm, it was clarified that the property was in fact serviced by city water, and was therefore not a risk.

Effective Partnerships Assure Rapid Response

2010 had an abundance of rabies-related incidents, involving dogs, kittens, raccoons, skunks and even bats. Issues surrounding rabies are always of significant concern, at minimum requiring that exposed animals be strictly quarantined if vaccination status is unknown, and often times requiring that an animal be euthanized.

However, at no time is rabies of greater concern than when children have been potentially exposed to a rabid animal. This was exactly the situation the Commission was faced with when in September a local resident found a small group of young children handling a bat. The resident actually captured the bat with a net and a towel, and the health department was contacted. The bat was immediately tested and found to be positive for rabies. This frightening result required immediate action, and all efforts were directed at identifying and locating the children to assess exposure risk. Many of the children were actually unknown to the resident who found the bat, creating a significant and immediate challenge.

Fortunately, MBRHC was able to rely upon its numerous existing partnerships, to facilitate an immediate outreach effort, including to the apartment complex management, the police, the school nurse, and local media outlets. Flyers were made in English and Spanish to distribute throughout the apartment complex, and ultimately the children were identified, and families advised to immediately speak with their healthcare providers. Where there was a reasonable concern of exposure, appropriate prophylaxis was begun.

2010 again saw its share of flooding conditions to the area served by MBRHC, especially Bound Brook, Middlesex, and Green Brook. In such conditions, staff roles range from inspecting shelters for health and safety factors, particularly when food is being provided, to assuring that businesses are applying appropriate

In total, the MBRHC staff of Registered Environmental Health Specialists responded to over 1,000 environmental incidences in 2010.
precautions to assure food items remain safely stored and/or prepared.

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. Maryann Schamberger, with MBRHC for over 30 years and Karen Wick, joining the department in 2009, have provided the critical administrative backup to the team of Environmental Health Specialists. Unfortunately, due to local budget cuts, MBRHC regrets that it has lost the support and significant contributions Ms. Wick to its administrative team.

INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

The task of enforcing local and state regulations is a core function of governmental public health agencies, and there is no doubt that these regulations play a significant role in assuring the health and protection of community members.

For example, without routine restaurant inspections, the risk of foodborne outbreaks due to improper food handling would be profound; without immunization requirements for school entry, we would continue to see unnecessary spread of vaccine-preventable diseases; and without well- and radon-testing requirements, access to healthy air and water in our living environments would be in significant jeopardy.

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

It has long been required that restaurant workers must be properly trained in food handling processes. For the past 20+ years, the Commission has provided such training, to help assure that food handlers are prepared to safely store, prepare and serve food items.

While the primary focus of these sessions may vary each year, they are always timely, relevant and engaging. For the past several years, three sessions have been offered each spring, including one provided in Spanish to assure comprehension by a majority of workers. In 2010, these trainings were again held, providing more than 120
workers with this important education. MBRHC’s cable program Public Health Matters continued in 2010, though with fewer programs. Topics included breast cancer awareness, with powerful performances by improv group Sharing Stories, as well as programs addressing summer safety, car seat installation, and communicating with teens about alcohol and drug prevention.

Although new episodes of Public Health Matters will not continue in 2011, the fifteen shows produced will remain accessible via YouTube, and can be seen from the MBRHC website.

In addition to specific learning sessions for targeted groups, Commission staff engage 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. It is a foundational belief of the Commission that such education should be a core component of interactions with community members and business owners alike as appropriate. Staff is also available to provide specialized health education programs as requested.

MBRHC continued to provide health-related content for municipal newsletters in 2010, and in 2011, plans to begin developing electronic newsletters as a means of providing information and education to community partners, businesses and residents.

The severe budget cuts affecting municipalities across the state has resulted in a public health workforce that continues to shrink dramatically. While these economic challenges are significant, and the losses dramatic and lasting, it remains a core belief of Health Officer Kevin Sumner that college students must be exposed to the profession of public health. As such, he remains an adjunct Instructor at Rutgers University, teaching introductory public health courses to undergraduate students.
MOBILIZE COMMUNITY PARTNERSHIPS

MBRHC has, for many years, recognized the strength that comes when organizations work together to tackle issues of common concern. Whether this is in the coordination of large-scale H1N1 vaccination efforts as in 2009, or participating in the management of a flood response effort, as has been the case for several years. Working collaboratively not only ‘shares the load,’ but also allows each organization to provide the service it is best suited and qualified to provide, based on its individual mission and expertise.

Many of the communities served by MBRHC, like the rest of state, are still experiencing significant economic hardships, in some cases resulting in foreclosures on homes and local businesses. Because of these sometimes-abandoned structures, REHS staff has needed to partner with local police and even tax offices to try and identify the owners to facilitate resolution of unsafe conditions. Safety risks associated with uncovered pools, communicable diseases from stagnant water, rodent issues due to remaining refuse and other concerns are not uncommon in such circumstances.

Animal control efforts are also a routine public health activity that often requires a collaborative approach, resulting in partnerships with local shelters, veterinarians, the Humane Society, Animal Control Officers, and local police. Several incidents, in fact, arose in 2010 which critically relied upon these partnerships for a positive outcome, including several exposures to rabies, and residences being overrun with stray cats.

Response to flood situations is, sadly, a frequent occurrence in the region. From local and county Offices of Emergency Management, to the American Red Cross, to schools that serve as shelter sites, local health departments, VNA’s, first responders, Salvation Army, and others, the collective response is what has assured the most efficient and effective response possible. Residents are rapidly guided to area shelters, as needed, and local businesses – particularly those which provide food products of any type – are educated and inspected for sanitation and safety, to help them return to a fully operational state as soon as possible.

While engaged in the above flood response activities, MBRHC recognized that the potential crowding conditions at the shelters might have posed an increase risk for the spread of H1N1. To help reduce that risk, MBRHC worked with the Community VNA to provide the H1N1 vaccine to individuals in the shelter who wished to receive it.

In 2011, MBRHC will continue to work with partners, particularly the Greater Somerset Public Health Partnership, to address various public health concerns, including adult vaccination for Tetanus, Diphtheria and Pertussis (Tdap) and influenza, the management of childhood lead exposure, cancer control and education efforts, health assessment activities referenced in Essential Service #1, and emergency preparedness.

Health Officer Kevin Sumner also partners with individuals and entities
outside the borders of the Commission to influence statewide public health policy that ultimately affects the Commission and its communities. Examples include working with the State Health Department to develop a vision of how public health emergency response will continue to grow in our time of reduced funding and resources and sitting on the steering committee of the NJ Center for Public Health Preparedness to develop educational learning sessions appropriate for New Jersey’s public health professionals. Kevin is also a member of the New Jersey Health Officers Association (NJHOA), which works with many state entities, including the legislature, to develop policies and laws for the betterment of the health of the people of New Jersey. At the national level he represents NJHOA to the National Association of County and City Health Officials, an organization whose mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of lives.

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 that describe the necessary steps to respond to a flood emergency, or a pandemic, for example.

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

For example, each of the Commission’s Boards of Health is currently reviewing and considering adoption of two new ordinances. First up for consideration is a local ordinance for further control of tobacco use by restricting the operation of establishments commonly known as ‘Hookah Bars.’ Such establishments are not allowed under state law, yet with ‘creative’ interpretation of the law by potential owner/operators, Hookah Bars have opened across the state. As such, the local Boards are considering the adoption of...
language that will clearly make these establishments illegal. The ordinance may also further restrict smoking in other areas. These discussions will continue in 2011 and the Boards will make legal notifications, as required, if they move forward.

Also under review are the current fee schedules, which are established by the Boards of Health. In light of the economic constraints being placed on local governments, all departments and agencies are required to review costs and review revenues. Based upon this review, they are likely to adopt an updated fee schedule that is more reflective of current costs and activities. The Boards will continue their discussions throughout the upcoming year, with changes likely being adopted toward the end of 2011. Primary sources of revenue for the Commission itself include adult vaccination programs and the annual food handlers’ trainings for retail food establishments. The Commission has few opportunities to generate revenue and thus must depend upon other sources of income, now more than ever.

This past summer a new policy was distributed from the NJ Department of Health and Senior Services related to wading pools in daycare centers. The policy indicated that day care centers do not use refillable wading pools, as they cannot be continuously chlorinated or monitored for water quality. Because many children in daycare centers are in diapers, such wading pools create circumstances where diseases such as rotavirus, coxsackievirus and other gastrointestinal infections can be readily spread. Instead of wading pools, daycare centers are encouraged to use sprinklers or similar devices for water play.

Lastly, there are numerous policies that have been established by other non-governmental organizations that the Commission actively supports and even helps assure are followed. For example, REHS Donna Ostman observed that when households were switching from well water to a public water supply, there was confusion between the homeowners, plumbers and contractors as to where the well had to be disconnected. A disconnected well is also referred to as an abandoned well, which must be properly sealed by a state-licensed ‘well-sealer’ when it is no longer in use. This is essential when a well is contaminated to prevent public exposure, but also when not, to avoid future contamination of the well and ground water.

The immediate issue of concern in this situation is ‘cross connection’ between the public water supply and a potentially contaminated private well, which puts the public water supply – and therefore community residents – at risk.

To help get all parties ‘on the same page,’ Ms. Ostman requested copies of all policies related to cross connection, water service connection, and well abandonment from the New Jersey American Water Company. These policies are now routinely shared with plumbers, contractors and residents involved in the process.

In 2010, the Commission continued the process of measuring levels of customer satisfaction about services delivered, whether they are to individuals, groups or businesses. Based on feedback received, MBRHC can modify programs or service-delivery processes if indicated.
10 GREAT PUBLIC HEALTH

Vaccine-Preventable Diseases
The past decade has seen substantial declines in cases, hospitalizations, deaths, and health-care costs associated with vaccine-preventable diseases. New vaccines were introduced, bringing to 17 the number of diseases targeted by U.S. immunization policy. Research shows that vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease.

Prevention and Control of Infectious Diseases
Improvements in state and local public health infrastructure along with targeted prevention efforts resulted in significant progress in controlling infectious diseases. Examples include a 30% reduction in reported U.S. tuberculosis cases, and a 25% decline in foodborne illness. Major advances in laboratory techniques and technology and investments in disease surveillance have improved the capacity to identify contaminated foods rapidly and accurately and prevent further spread. Multiple efforts to extend HIV testing increased the number of persons diagnosed earlier with HIV/AIDS and reduced the proportion with late diagnoses, enabling earlier access to treatment and giving infectious persons the information necessary to protect their partners.

Tobacco Control
By 2009, 20.6% of adults and 19.5% of youths were current smokers, compared with 23.5% of adults and 34.8% of youths 10 years earlier. Although no state had a comprehensive smoke-free law (i.e., prohibit smoking in worksites, restaurants, and bars) in 2000, that number increased to 25 states and the District of Columbia (DC) by 2010, with 16 states enacting comprehensive smoke-free laws following the release of the 2006 Surgeon General’s Report.

Maternal and Infant Health
Significant reductions in the number of infants born with neural tube defects (NTDs) and expansion of screening of newborns for metabolic and other heritable disorders have been made. Mandatory folic acid fortification of cereal grain products labeled as enriched in the United States beginning in 1998 contributed to a 36% reduction in NTDs from 1996 to 2006 and prevented an estimated 10,000 NTD-affected pregnancies in the past decade, resulting in a savings of $4.7 billion in direct costs.

Motor Vehicle Safety
Significant successes have largely resulted from safer vehicles, safer roadways, and safer road use. From 2000 to 2009, the death rate related to motor vehicle travel declined from 14.9 per 100,000 population to 11.0, and the injury rate declined from 1,130 to 722; among children, the number of pedestrian deaths declined by 49%, from 475 to 244, and the number of bicyclist deaths declined by 58%, from 178 to 74. Behavior was improved by protective policies, including effective seat belt and child safety seat legislation; 49 states and the DC have enacted seat belt laws for adults, and all 50 states and DC have enacted legislation that protects children riding in vehicles. Graduated drivers licensing policies for teen drivers have helped reduce the number of teen crash deaths.
Heart disease and stroke have been the first and third leading causes of death in the United States since 1921 and 1938, respectively. Data from 2009 indicate that stroke is now the fourth leading cause of death in the U.S., and a continuing decline in deaths related to coronary heart disease. Factors contributing to these reductions include declines in the prevalence of cardiovascular risk factors such as uncontrolled hypertension, elevated cholesterol, and smoking, and improvements in treatments, medications, and quality of care.

**Cardiovascular Disease Prevention**

**Occupational Safety**

Significant progress was made in improving working conditions and reducing the risk for workplace-associated injuries. For example, a 35% decline between 2003 and 2009 in low back injuries have resulted from widespread adoption of best practices for patient lifting and handling. In addition, a comprehensive childhood agricultural injury prevention initiative resulted in a 56% decline in youth farm injury rates from 1998 to 2009. Finally, deaths among full-time crabs fishers have reduced significantly due to implemented Dockside Stability and Safety Checks to correct stability hazards.

Evidence-based screening recommendations have been established to reduce mortality from colorectal cancer and female breast and cervical cancer, resulting in improved cancer screening rates. Through the collaborative efforts of federal, state, and local health agencies, professional clinician societies, not-for-profit organizations, and patient advocates, standards were developed that have significantly improved cancer screening test quality and use. The National Breast and Cervical Cancer Early Detection Program has reduced disparities by providing breast and cervical cancer screening services for uninsured women.

**Cancer Prevention**

**Childhood Lead Poisoning Prevention**

In 1990, five states had comprehensive lead poisoning prevention laws; by 2010, 23 states had such laws. Enforcement of these statutes as well as federal laws that reduce hazards in the housing with the greatest risks has significantly reduced the prevalence of lead poisoning. The risks for elevated blood lead levels based on socioeconomic status and race also were reduced significantly.

Tremendous improvements have been made in this area since the events of 2001, including the expanded response capacity and capabilities of the public health system in activities related to laboratory response (rapid detection of infectious agents), epidemiology (characterization of an outbreak), and disease surveillance. In addition, there were dramatic increases in the percentage of state and local public health agencies prepared to receive and distribute materials from the Strategic National Stockpile.

**Public Health Preparedness and Response**

Click here to LEARN MORE about each of these area from the Centers for Disease Control and Prevention!
Laws related to public health, both within NJ and nationally, are very broad-based, and relate to issues ranging from safe drinking water to solid waste management, from childhood immunizations to quarantine procedures during disease outbreaks, to tobacco control. While these laws and, at the local level, ordinances, address many different issues, there is one thing they have in common: they were created to protect the health of the population.

Such laws have been in existence in the United States for centuries, with the earliest examples coming from the settlers and primarily addressing issues of sanitation and hygiene.

REHSs regularly inspect facilities such as retail food establishments to ensure that food products are being stored, prepared and served to customers in a safe manner, reducing the risks of foodborne illness. Retail food establishments include convenience stores that sell pre-packaged foods, delis, fresh markets, full-service restaurants, catering facilities and grocery stores. Pet shops are also inspected to assure safe handling and hygiene practices that 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 2010, more than 490 establishments required inspection, resulting in a total of 495 total inspections due to repeats as a result of unsatisfactory or conditional initial inspections. In addition to the careful inspection and follow up documentation of facilities, REHSs inspect existing septic systems when issues arise that may affect groundwater quality concerns or other environmental risks as well as the installation of new septic systems to confirm compliance with laws; monitor installation of new wells, to assure the well will be protected from potential contaminants; review well-water testing results when a home is being sold; monitor the sealing of a well when it will no longer be in use; and fully oversee the proper abandonment of oil storage tanks to assure there is no environmental risk to the surrounding area. A full description of total inspections can be found on page 23.
As noted above, public health laws cover a broad spectrum of issues and are therefore addressed in other sections of this report such as enforcing laws regarding communicable diseases, vaccination of children, animal control, and tobacco control. Although some of our current laws are based in the history of public health, relating back to nineteenth century rules and policies surrounding sanitation, but are still extremely relevant today. The health department regularly uses state and local laws to enforce sanitation issues in communities such as the presence of rodents, garbage, stagnant water, and certain allergens like poison ivy. Assuring a healthy and safe environment for our residents to live in is part of the mission of the Commission and is often accomplished through the enforcement of laws.

**LINK PEOPLE TO NEEDED HEALTH SERVICES AND ASSURE PROVISION OF HEALTHCARE WHEN OTHERWISE UNAVAILABLE**

Evidence of these particularly challenging economic times surround us all, be it in the form of lost savings, lost jobs and even lost homes. Losses have been witnessed – and experienced – to varying degrees by families in each community served by the Commission. It is during these times in particular that the safety net provided by public health agencies becomes even more essential.

One such example of this essential safety net is MBRHC’s ‘Child Health Conference,’ which is a health clinic provided specifically for children under the age of 18. These clinics 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.

2009 saw an increase of 35 new children from the prior year. In 2010, forty-six new children entered into the programs. Further, the number of services provided more than doubled from 2009. As in the past, participants in the child health conferences come from a variety of circumstances, including many who have lost jobs that had provided the family’s health insurance, while others are from families that work 2 and 3 jobs, none of which provide even basic child health insurance.

Another example of the safety net provided by MBRHC is the women’s health services provided through Women’s Health and Counseling Center in Somerville. Provided through a contractual relationship, 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
In 2010, more than 580 were screened and more than 300 were diagnosed and treated. This year more than ever, these essential services provided through MBRHC and its partner organizations, have filled a critical gap in available health resources for community members.

Linking people to services is also accomplished through collaborations with non-contractual agencies. The MBRHC actively participates in an ongoing collaborative effort with all of the local health departments in Somerset County. The Greater Public Health Partnership was instrumental in successfully responding to and controlling the H1N1 pandemic in 2009, but the Partnership’s efforts did not stop. In 2010 the Partnership has worked together to offer routine, but needed vaccinations to children and adults at regional clinics throughout the county. Vaccination clinics focusing on Tetanus, Diphtheria, Pertussis, and Meningitis were held in 2010.

ASSURE COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORKFORCE

In order to ensure that MBRHC staff is 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 2010 staff took part in specialized trainings related to family disaster planning, psychological first aid, infectious diseases, alternative septic system seminar, weapons of mass destruction (WMD) threat & risk assessment, team-building essentials for success, food safety, emergency action planning guidance for retail food establishments, emerging environmental health issues, quality improvement, current guidelines for local Registrars, accreditation, leadership development and others.

A certain number of continuing education credits are required each year by the State Department of Health and Senior Services, as well as discipline-specific credits required by each staff member’s licensing body.

Sometimes, due to the nature of the communities served, an REHS develops a certain expertise in a particular type of inspection. For example, because Warren Township has a significant number of residences using well water, REHS Donna Ostman has particular strength in addressing the many issues surrounding safe well water, new well installations, and the process of converting from well water to city water.

Some of the municipalities of the Commission have a higher percentage of older residences and along with this comes inherent issues, such as the presence of lead based paint. REHS Robyn Key is the Commission’s expert in environmental lead control and has obtained state certification in this area. Although these developed skill areas are a logical result of routinely conducting
similar inspections and specialized training, it is essential that all staff are capable of – and comfortable with – all necessary inspection processes. As such staff are cross-trained in all types of inspections and public health activities so that any staff person is prepared to perform any necessary public health activity. Additionally, when a special circumstance arises staff depend upon each other’s areas of expertise for assistance in inspection and mitigation of the problem. Like much of what MRBHC does, it is a team effort.

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 maintains all necessary continuing education credits for licensure and compliance with state mandates.

EVALUATE THE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

In 2010, the Commission continued its efforts to assure it was providing services as well as possible. One of the easiest ways to do this is to simply ask program and service recipients for feedback. By routinely asking residents – and owners of regulated facilities – whether or not a service was provided in a courteous manner, at a convenient time and/or location, and if all questions were answered fully, MBRHC can modify services as needed. Feedback is also sought regarding wait time, staff professionalism, and quality of service.

The Commission routinely seeks feedback, through paper or electronic surveys, during flu clinics, rabies clinics, resident interactions with Office of Vital Statistics, and after inspections of retail food establishments. 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. To assure comfort in completing these surveys, the surveys are completely anonymous. All surveys may be completed anonymously.
Research for New Insights and Innovative Solutions to Health Problems

In 2010, the Commission continued its effort to support and/or contribute to research activities whenever an appropriate opportunity arose, 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.

This year, in partnership with UMDNJ-School of Public Health, NJ Department of Health and Senior Services, and as a member of NJ Health Officers Association, Health Officer Kevin Sumner continued as an active participant on the steering committee for the ‘NJ Collaborative for Excellence in Public Health,’ a member of a broader national initiative working to bring quality improvement principals 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.

2010 also provided the opportunity for MBRHC to showcase its role, together with the Greater Somerset Public Health Partnership, in applying learned quality improvement processes during the region’s H1N1 vaccination efforts in 2009. As a result of the successful outcomes associated with the H1N1 clinics, the Partnership was asked to present during the annual conference of the National Association of City and County Health Officials (NACCHO), highlighting its ‘model practice’ activities. Kevin Sumner, Colleen McKay Wharton, MBRHC Health Educator, and colleague Stephanie Carey, Health Officer for Montgomery Township, presented to an audience of more than 75 public health professionals during the national conference in July.

As an Executive Board member of the New Jersey Health Officers Association (NJHOA) and member of the steering committee for improving New Jersey’s public health system, Health Officer Kevin Sumner has assisted in the development and implementation of a study of the State’s public health system. This initiative has been ongoing for many years and will reach a culminating point in 2011. The 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.

The project has had three phases; the first being an inventory of New Jersey’s Public Health System and a comparison with other systems in the country. The second phase, completed in 2010, resulted in the identification of areas for improvement in New Jersey’s public health system. 2011’s efforts will focus on how to improve these areas, such as regionalizing public health in New Jersey for greater efficiency and response; identifying legislative activities to improve the system, and planning for the future of public health and its response in an environment of continually reducing resources.
COMMISSION ORGANIZATIONAL CHART, 2011

Middle-Brook Regional Health Commission Members
(2 from each Board)

Health Officer/Director

Mayor/Council
- Bound Brook Bd. of Health
- Green Brook Bd. of Health
- S. Bound Brook Bd. of Health
- Warren Bd. of Health
- Watchung Bd. of Health

Committee

Mayor/Council

Administrative Staff
- Municipal Registrars
- Registered Env. Health Specialists
- Health Educator
- Public Health Nursing
- STD & Women’s Health
- Animal Control

Local Emergency Response Agencies

National Organizations
- N. J. Department of Health & Senior Services
- N. J. Department of Environmental Protection

Public Health Partners & Other Agencies

GSPHP & Somerset County Health Department

Public Health Nursing

STD & Women’s Health

Animal Control
### 2010 REPORTABLE DISEASES (Page 5)

<table>
<thead>
<tr>
<th></th>
<th># of Reports</th>
<th># Reports Confirmed</th>
<th># Reports Probable</th>
<th># Reports NOT a Case</th>
<th>Reports Other</th>
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<tr>
<td>Bound Brook</td>
<td>37</td>
<td>12</td>
<td>3</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Green Brook</td>
<td>39</td>
<td>12</td>
<td>6</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>Middlesex</td>
<td>50</td>
<td>11</td>
<td>5</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>S. Bound Brook</td>
<td>25</td>
<td>9</td>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Warren</td>
<td>82</td>
<td>27</td>
<td>11</td>
<td>37</td>
<td>7</td>
</tr>
<tr>
<td>Watchung</td>
<td>35</td>
<td>10</td>
<td>1</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>268</strong></td>
<td><strong>81</strong></td>
<td><strong>29</strong></td>
<td><strong>123</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</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, water sampling, sewer, and septic issues.

### 2010 ENVIRONMENTAL ISSUES (Page 7)

<table>
<thead>
<tr>
<th></th>
<th>Animal Control</th>
<th>Solid Waste</th>
<th>Air Pollution</th>
<th>Nuisance</th>
<th>Housing</th>
<th>Water</th>
<th>Total</th>
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<tbody>
<tr>
<td>Bound Brook</td>
<td>72</td>
<td>6</td>
<td>9</td>
<td>24</td>
<td>30</td>
<td>36</td>
<td>177</td>
</tr>
<tr>
<td>Green Brook</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Middlesex</td>
<td>83</td>
<td>54</td>
<td>14</td>
<td>88</td>
<td>189</td>
<td>30</td>
<td>458</td>
</tr>
<tr>
<td>S. Bound Brook</td>
<td>23</td>
<td>2</td>
<td>0</td>
<td>28</td>
<td>8</td>
<td>3</td>
<td>64</td>
</tr>
<tr>
<td>Warren</td>
<td>18</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>14</td>
<td>126</td>
<td>180</td>
</tr>
<tr>
<td>Watchung</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>81</td>
<td>107</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>223</strong></td>
<td><strong>75</strong></td>
<td><strong>32</strong></td>
<td><strong>147</strong></td>
<td><strong>251</strong></td>
<td><strong>285</strong></td>
<td><strong>1013</strong></td>
</tr>
</tbody>
</table>

23 unique reportable diseases investigated including routine such as Lyme Disease and Hepatitis infections as well as not so routine such as Dengue Fever (not confirmed), Legionnaire’s Disease (confirmed) and Amoebiasis (confirmed).
### 2010 ESTABLISHMENT INSPECTIONS (Page 16)

<table>
<thead>
<tr>
<th>Establishment Type</th>
<th># Establishments</th>
<th># Satisfactory</th>
<th># Conditional</th>
<th># Unsatisfactory</th>
<th>Total Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery School / Daycare</td>
<td>23</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Pet Shops</td>
<td>12</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Tattoo Establishments</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Recreational Bathing Facilities</td>
<td>17</td>
<td>22</td>
<td>2</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Youth Camps</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Food Establishments</td>
<td>410</td>
<td>324</td>
<td>107</td>
<td>6</td>
<td>437</td>
</tr>
<tr>
<td>Mobile Food Establishments</td>
<td>18</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Establishments</strong></td>
<td><strong>490</strong></td>
<td><strong>378</strong></td>
<td><strong>110</strong></td>
<td><strong>7</strong></td>
<td><strong>495</strong></td>
</tr>
</tbody>
</table>

### 2010 CHILD HEALTH SERVICES (Page 17)

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicals</td>
<td>38</td>
</tr>
<tr>
<td>Nurse Counseling/Assessment</td>
<td>71</td>
</tr>
<tr>
<td>Immunization</td>
<td>63</td>
</tr>
<tr>
<td>Vision Screening</td>
<td>252</td>
</tr>
<tr>
<td>Hearing Screening</td>
<td>183</td>
</tr>
<tr>
<td>Nutritional Assessment</td>
<td>66</td>
</tr>
<tr>
<td>Lead Screening</td>
<td>1</td>
</tr>
<tr>
<td>Developmental Assessment</td>
<td>68</td>
</tr>
<tr>
<td>Oral Assessment</td>
<td>56</td>
</tr>
<tr>
<td>Scoliosis Screening</td>
<td>78</td>
</tr>
<tr>
<td>Immunization Audits</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total Services</strong></td>
<td><strong>903</strong></td>
</tr>
</tbody>
</table>

Inspections listed above were conducted for the six municipalities served during 2011.

Child health services described in the table on the left are primarily provided through child health clinics, which are offered in partnership with the Community VNA. The services are more fully described on page 17.
### 2011 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. The 2011 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>
</tr>
</thead>
<tbody>
<tr>
<td>230 Hamilton St</td>
<td>Debbie Cozza</td>
<td>Angela Robinson*</td>
<td>Mary Fuentes</td>
</tr>
<tr>
<td>2nd Thursday, 5:30 pm</td>
<td>Helen Goodrich</td>
<td>Lisa Slater**</td>
<td>Vinnie Petti ***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mary Straub</td>
<td></td>
</tr>
<tr>
<td>Green Brook Board of Health</td>
<td>Natalie Farry</td>
<td>Bob Longo</td>
<td>Atul Shah*</td>
</tr>
<tr>
<td>111 Greenbrook Road</td>
<td>Jon Fourre**</td>
<td>Jean S. Mazet</td>
<td></td>
</tr>
<tr>
<td>4th Thursday, 7:00 pm</td>
<td>John King</td>
<td>Jerry Searfoss***</td>
<td></td>
</tr>
<tr>
<td>S. Bound Brook Board of Health</td>
<td>Brenda King</td>
<td>Helen O’Brien</td>
<td>Joyce W. Smith</td>
</tr>
<tr>
<td>12 Main Street</td>
<td>Dennis Quinlan***</td>
<td>Arleen Lih</td>
<td>Sue Warrelmann*</td>
</tr>
<tr>
<td>1st Thursday, 7:00 pm</td>
<td>Lillian Barber</td>
<td>Gertrude Epple**</td>
<td></td>
</tr>
<tr>
<td>Warren Board of Health</td>
<td>Malcolm Plager*</td>
<td>Jolee Garrison</td>
<td>Abe Zimmerman</td>
</tr>
<tr>
<td>46 Mountain Blvd</td>
<td>Angelo Demarco**</td>
<td>Bruce Morlino</td>
<td>Susan Cooper</td>
</tr>
<tr>
<td>2nd Wednesday, 7:00 pm</td>
<td>Victor Sordillo***</td>
<td>M. A. Sarraf</td>
<td>Gregory Riley</td>
</tr>
<tr>
<td>Watchung Board of Health</td>
<td>Fran Ellis</td>
<td>George Pogosky</td>
<td>John Sachariah</td>
</tr>
<tr>
<td>15 Mountain Blvd.</td>
<td>Mary Mobus</td>
<td>Robert Riedinger*</td>
<td>Peter Savulich</td>
</tr>
<tr>
<td>3rd Wednesday, 7:00 pm</td>
<td>William Nehls***</td>
<td>Bruce Ruck**</td>
<td>Harriet Stambaugh</td>
</tr>
<tr>
<td>Commission Meeting</td>
<td>Susan Cooper</td>
<td>Atul Shah</td>
<td>Angela Robinson*</td>
</tr>
<tr>
<td>Meeting locations rotate;</td>
<td>Malcolm Plager (Alt)</td>
<td>Robert Riedinger</td>
<td>Judy Bailey (Alt)</td>
</tr>
<tr>
<td>Contact MBRHC for details</td>
<td>Jon Fourre</td>
<td>John Sacchariah (Alt)</td>
<td>Sue Warrelmann</td>
</tr>
<tr>
<td>1st Tuesday, 7:00 pm</td>
<td>Jean S. Mazet</td>
<td>Bruce Ruck</td>
<td>Arleen Lih</td>
</tr>
<tr>
<td></td>
<td>Bob Longo (Alt)</td>
<td>Lisa Slater</td>
<td>Gertrude Epple (Alt)</td>
</tr>
</tbody>
</table>

* President ** Vice-President ***Council / Committee Liaison
**HOW TO REACH US**

Kevin G. Sumner, MPH—Director and Health Officer of MBRHC. 732-968-5151 or ksumner@middlebrookhealth.org

Mary Ann Schamberger - Administrative Secretary. 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

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

Donna Ostman - Registered Environmental Health Specialist, serving Warren. Warren Township Deputy Registrar. 908-753-8000 x238 or dostman@warrentboe.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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Green Brook, NJ 08812
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General email: mbrhc@middlebrookhealth.org