Middle-Brook Regional Health Commission
Healthy Practices • Healthy Places • Healthy People

PUBLIC HEALTH
PREVENT • PROMOTE • PROTECT

A REPORT TO THE COMMUNITY 2011
Dear Community Members:

Over the past few years, this letter has expressed how resources are dwindling, demands are increasing, and your health department successfully struggles to maintain quality services, promote positive health behaviors, and protect our communities. While this is all still very true, I will avoid any further mention of these issues. Instead, I introduce a relatively new thought: the ‘new public health’. For the reasons mentioned above and because we have become better at what we do, public health is changing and many are recognizing this change by giving it this new title.

As illustrated in this year’s ‘Report to the Community’, the new public health still provides for many of the traditional services and activities. For example, we still investigate communicable diseases to prevent their spread and we still conduct food inspections to assure food safety. However, we perform these functions within the broader context of population health, keeping in mind the impact of these activities on the community as a whole.

As part of this shift in how we do business, we focus more on partnering with others to assure the availability of services as opposed to being the sole provider of services. We also concentrate more on policy changes that impact community health, than just on enforcement and routine activities. As an example, you will note in this report the adoption of local ordinances addressing tobacco use; a policy change regularly advocated for and promoted by the Health Commission and its local Boards.

We have also begun the process of assessing the impact of our activities so that we learn from past successes and failures; both our own and others. Internally, we will be embarking on an aggressive strategic planning process. By the end of 2012, we plan to have a revised Mission Statement, and an adopted Vision, a defined set of values and a completed strategic plan. Externally, we regularly communicate and collaborate with other agencies, including other local health departments, to identify best practices, promising activities, and even endeavors that have not worked. Through these efforts we can better identify activities that yield the best results, while avoiding those that have little to no positive impact. In the big picture, all of these small steps and changes are designed to improve the health of our community, while better positioning the Middle-Brook Regional Health Commission for national accreditation.

Public health has been changing and adapting for centuries and we will continue to do so in order to improve the health of the communities we serve. I encourage you to get involved in this process and provide any input you feel may be relevant. In fact, our first foray into quality improvement, back in 2009, was to develop a customer satisfaction program, as evidence of our commitment to serving you better. Have a comment or concern? Please call 732-968-5151 or send an email to mbrhc@middlebrookhealth.org. We are here to serve you and want to be sure we are doing so to your satisfaction.

The process of change can be slow, and at times difficult, but one that is vital to the health of our organization and more importantly to the health of the community. If you have any thoughts or input as we move toward the “New Public Health” please let us know.

Kevin G. Sumner
Health Officer/Director
The Middle-Brook Regional Health Commission was formed in 1970, serving the towns of Bound Brook, Green Brook, Middlesex and South Bound Brook. 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 2012 can be found on page 20.

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.

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. 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 ‘2011 Report to the Community.’

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

Monitor Health Status and Solve Community Health Problems

Monitoring the health status of a given community remains one of the most fundamental activities of governmental public health, a function that is essential for identifying potential disease outbreaks, for example. This activity may be implemented in several ways, all of which contribute to painting the ‘bigger picture’ of a community’s health.

For example, health departments in New Jersey have long utilized a comprehensive disease monitoring system called CDRSS - Communicable Disease Reporting and Surveillance System. 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.

In 2011, there were over 250 reports of communicable diseases within the five towns served by MBRHC, reflecting 28 unique infectious agents. These consisted of a range of vector-borne illnesses such as Lyme Disease and Ehrlichiosis (from infected ticks), foodborne illnesses like salmonella and campylobacter, and those spread person-to-person, such as meningitis and influenza.

Each disease report, whether a confirmed case of disease or a suspected case, requires extensive follow up, to assure proper protocols for containment are being applied. It is because of this close follow-up provided by public health and other health professionals that outbreaks can be identified and diseases can be controlled.

One such example of managing an outbreak came as influenza was spreading in an adult residential facility. In an environment where vulnerable residents live in close contact, and engage in many collective activities, the flu can have a very rapid and significant impact. Senior Registered Environmental Health Specialist Robyn Key assisted the organization with quickly containing the spread through implementing a variety of control measures, and assuring
those who were infected were transported to a local medical center for care.

Each infectious agent requires a different management approach, requiring a broad base of knowledge, competencies and skill sets. MBRHC staff strives to remain abreast of current information, to assure an effective response. The table to the right describes the total reportable diseases investigated by MBRHC staff.

While one approach to providing this service is to monitor actual disease reports, another is assessing the presence of certain behaviors among community members, which are likely to result in certain health outcomes. For example, evidence abounds that poor diet and lack of exercise can lead to obesity; tobacco use is a well-accepted risk factor for a variety of cancers.

For decades, states and communities across the country have been implementing community health assessments - called a ‘Behavioral Risk Factor Surveillance Survey,’ or BRFSS - as a tool to identify the prevalence of certain behaviors among residents. This process often serves as a guide of sorts to help direct targeted initiatives. However, the costs associated with a BRFSS are often significant, and it is highly unusual for a single health department to undertake such an effort.

In 2007, MBRHC, together with the Greater Somerset Public Health Partnership, applied a collective effort to facilitate a regional assessment. In late 2011, plans were developed to repeat the assessment, again in partnership with many other community organizations, which will allow local public health leaders to identify potential trends in behavior patterns and health outcomes. The assessment involves calling over 2000 community residents across the county, and inquiring about behaviors related to exercise, diet, tobacco and alcohol use, injury prevention and a host of others. This comprehensive assessment will be completed in early 2012, and will help service providers better plan for and target local public health initiatives.

### 2011 Reportable Diseases

<table>
<thead>
<tr>
<th>Location</th>
<th># Reports</th>
<th># Reports Confirmed</th>
<th># Reports Probable Cases</th>
<th># Reports NOT a Case</th>
<th>Other Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bound Brook</td>
<td>34</td>
<td>16</td>
<td>3</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Green Brook</td>
<td>61</td>
<td>19</td>
<td>4</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>South Bound Brook</td>
<td>26</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Warren</td>
<td>93</td>
<td>27</td>
<td>3</td>
<td>23</td>
<td>40</td>
</tr>
<tr>
<td>Watchung</td>
<td>39</td>
<td>12</td>
<td>5</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>253</td>
<td>83</td>
<td>18</td>
<td>55</td>
<td>97</td>
</tr>
</tbody>
</table>

In 2011, twenty-eight unique reportable diseases were investigated, resulting in over 250 communicable disease reports.
VITAL STATISTICS
In the United States, maintaining records of births and deaths has been long recognized as not only a means of monitoring population size, but of also identifying epidemics. This data is foundational to painting the “picture” of a community, by providing information on the number of births and deaths, causes of death, data on race, ethnicity and social (marital, partner) status. It is, by law, applied in every municipality across the country, through each community’s Office of Vital Statistics.

Records related to vital statistics are most frequently ‘housed’ in public health offices, and reported to the state for composite data. In Warren, staff member Barbara Streker serves as the Certified Municipal Registrar of Vital Statistics, and Mary Ann Schamberger, Administrative Secretary in the Green Brook office, serves as the Deputy Registrar for Green Brook.

In 2011, for both Green Brook and Warren, 141 birth records were received and 76 death certificates were issued. Seventy-four marriage certificates were issued to residents, and 381 certified copies were made.

RABIES CLINICS
For many years, the NJ Department of Health (NJDOH) has enabled local health departments to provide routine vaccination clinics for cats and dogs, to reduce the risk of rabies in the state. While the NJDOH provides the rabies vaccine, it is up to the local departments to distribute the vaccine, at no charge to community members. In 2011, MBRHC hosted 5 rabies clinics, vaccinating 58 cats and 173 dogs.

Diagnose and Investigate Health Problems and Hazards in the Community
Local health departments have long been considered the ‘go-to place’ for a wide range of concerns faced by community residents. These may relate to true public health risks such as animal bites, environmental hazards and communicable disease, or may fall into the category of public health nuisances, such as overgrown weeds on a residential property, or complaints about squirrels eating vegetables in a garden. Regardless of the level of risk, MBRHC staff thoroughly investigates these concerns on a daily basis.

Sometimes, on the surface, circumstances or events may not appear to have a public health significance – but those appearances can be deceiving. Here are two such examples from 2011. Housing structures in separate municipalities were reported as being in significant disrepair. While the poor structural conditions may appear to be out of the realm of public health, the outcome of the disrepair was that bats had accessed the inner dwelling areas. It is the role of the department to assess such events, and make a determination as to whether or not a risk is present. In these particular incidents, three individuals within a household were thought to have been exposed to bites, and post-exposure prophylaxis had to be recommended.
In the other event, a motor vehicle accident took place, in which a truck appeared to have been travelling too fast down a hill, and as a result tipped onto its side, and spilled its contents. Again, on the surface, this would likely not involve public health. However, the contents of the truck were a variety of food products, likely en route to a delivery. Because a majority of the containers were broken, damaged and / or contaminated with engine fluids from the vehicle, health inspectors Nancy Lanner and Robyn Key were called to evaluate. After careful investigation, and in consultation with other responding agencies, all products required disposal, as the integrity of even the ‘intact’ packages could not be guaranteed.

A total of 427 investigations were conducted in 2011, and are described in the table below.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Bound Brook</td>
<td>28</td>
<td>8</td>
<td>6</td>
<td>15</td>
<td>33</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Green Brook</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>14</td>
<td>44</td>
</tr>
<tr>
<td>South Bound Brook</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Warren</td>
<td>37</td>
<td>14</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>156</td>
<td>222</td>
</tr>
<tr>
<td>Watchung</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>28</td>
<td>46</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>93</strong></td>
<td><strong>26</strong></td>
<td><strong>15</strong></td>
<td><strong>46</strong></td>
<td><strong>50</strong></td>
<td><strong>197</strong></td>
<td><strong>427</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.
Inform, Educate and Empower People
About Health Issues

Through ongoing and routine education efforts – both formal and informal - MBRHC works to provide reliable, credible and current information to residents and business owners, helping them to make informed decisions about issues that can impact their health, and the health of the larger community.

While much of that educational effort is directed toward community members, MBRHC also provides ongoing health and safety guidance to a variety of organizations, including local health centers, retail food establishments and educational institutions, to name a few. Topics addressed range from how to effectively contain a communicable disease outbreak to what are the required immunizations for school or travel abroad or how to mitigate an environmental hazard.

The Commission continues to provide specialized training for food handlers in the five towns served, helping to assure that they have learned 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. In April of 2011, more than 100 food handlers attended a class (in English or Spanish) to learn how to prepare for and recover from events such as flooding and other emergencies, which can impact the quality, integrity and safety of food products.

To more easily disseminate timely public health updates and education, in 2011 MBRHC replaced its paper newsletters with e-newsletters. Distributed 2 times per year, the newsletter serves as a tool to provide information and education to community partners, businesses and residents, reaching hundreds. Topics are timely, and provide readers with information on public health activities in the community. (Sign up to receive MBRHC’s online newsletter by sending an email to mbrhc@middlebrookhealth.org.)

In addition, the department also routinely provided health-related content for municipal newsletters.

MBRHC’s cable program “Public Health Matters” remains available for anytime-viewing, addressing a variety of public health issues, such as infectious diseases, emergency preparedness, injury prevention and others. Visit the MBRHC website to view the archived broadcasts.

Commission staff remains committed to educating residents, healthcare providers, local business owners, and partner agencies as a routine part of professional interactions. Communications regarding a host of public health concerns take place on a daily basis, as a core component of daily interactions. Staff is also available to provide specialized health education programs as requested.

Middle-Brook Regional Health Commission
www.middlebrookhealth.org

Adult Flu Clinics Scheduled for September 22 and 29

Vaccination Clinics Scheduled for Working Adults

Flu season can begin as early as October. September is an ideal time to be vaccinated - particularly as it takes about two weeks for a body to build immunity after receiving the vaccine for a flu season.

Vaccinations will be provided in the two locations. The Green Brook office serves the towns of Piscataway and South Bound Brook. Watchung, and can be reached at 732-968-5151. The Warren office can be reached at 908-753-8000 ext. 239.

As always, please do not hesitate to contact us with any questions or concerns. Commission staff can be reached in email to mbrhc@middlebrookhealth.org.
Inform, Educate and Empower People

To help educate college students about the field of public health, and to assure the presence of a future public health workforce, Health Officer Kevin Sumner remains an adjunct Instructor at Rutgers University, teaching introductory public health courses to undergraduate students. In addition, all staff actively participates in providing experiential learning opportunities for undergraduate and graduate students through organized internships in the department.

“[The whole is far greater than the sum of its parts.]”
~Aristotle~

Mobilize Community Partnerships

The inherent value of working in partnership with other community-focused organizations simply cannot be overstated. Collaborative approaches have been proven time and again not only to best serve community members, but also to be of benefit to the individual organizations. In 2011, MBRHC worked with partners to address various public health concerns, including adult vaccination for Tetanus, Diphtheria and Pertussis (Tdap), child and adult flu clinics, the management of childhood lead exposure, cancer control and education efforts, health assessment activities referenced in Essential Service #1, and emergency preparedness.

For example, the Greater Somerset Public Health Partnership is a group of community-based, health-oriented organizations working collectively to address the public health concerns of Somerset County. Through collaborative efforts of the members, initiatives such as “Take ½ to Go” (encouraging restaurant-goers to take ½ of their meal home to reduce calorie intake) were started in 2011, with broad-reaching plans for 2012. In addition, ‘Healthier Somerset’, spearheaded by Somerset Medical Center but involving multiple partners, initiated the ‘Behavioral Risk Factor Surveillance Survey’ (BRFSS), a telephone-based community health assessment tool, which has been applied throughout the United States for nearly three decades. The BRFSS, which will be implemented in Somerset County in early 2012, which will inform a Community Health Improvement Plan, to be developed later next year.

Working collaboratively not only helps to reduce costs to each individual organization, but it also allows each to provide the service it is best suited and qualified to provide, based on its individual mission and expertise. The list of MBRHC partners is endless, each contributing its expertise to improve the health outcomes of our residents. Some partners may be more active
at times than at others, but having a list of “go-to” individuals and organizations is critical to being able to adequately address the concerns of the community. There is no doubt that when it comes to collaborative approaches to community health, the ‘whole’ of the partnership is far greater than the sum of its parts.

Health Officer Kevin Sumner continues to work on initiatives that impact the broader scope of public health in the state, and even nationally – which ultimately, impacts the landscape of the towns served by the Commission. For example, as a leader in the NJ Association of County and City Health Officials (NJACCHO), Kevin has been closely involved in a statewide effort to develop an independent Public Health Institute (PHI) in New Jersey. Exploration into the benefits of a New Jersey-based began PHI 2011, and will continue into the better part of 2012.

Public health institutes (PHIs) are non-profit organizations that improve the public’s health by fostering innovation, leveraging resources, and building partnerships across multiple sectors. These sectors include government agencies, communities, the health care delivery system, media, academia, and others. There are currently 19 PHIs across the country.

Under the leadership of the Robert Wood Johnson Foundation (RWJF), numerous respected public health organizations have been involved in the effort. At the state level, organizations such as PHACE – the Public Health Associations’ Collaborative Effort, the NJ Hospital Association, UMDNJ-School of Public Health, NJ Department of Health, Rutgers University – Center for State Health Policy, and others have all participated. Partnering with the RWJF at the national level is the National Network of Public Health Institutes (NNPHI).

Another exciting area of partnerships in public health has been underway in many parts of the country, and is now taking hold in NJ. By working closely with municipal and county-level Planners, health departments can help ensure that communities are designed with an eye towards improving health. For example, bike lanes encourage community members to bicycle more for exercise; safe sidewalks make it easier for kids to walk to school and build in daily exercise, therefore helping to reduce obesity.

In late 2011, dialogue began at the state level to seek ways to bring together local Planners, Engineers, as well as local planning and zoning board members with local Health Officers / Boards of Health. The goal: to explore ways they could work together to improve the health of the community. Knowing that individual health outcomes are directly influenced by where we live, it is vital that these partnerships be developed. Health Officer Kevin Sumner will be working with NJDHSS and local officials to further explore these ideas in 2012.
Develop Policies and Plans That Support Community Health Efforts

In order to be prepared to handle both the routine and the not-so-routine activities of public health, policies and plans must be developed and implemented. Both state and national policies work to ensure that each health department throughout NJ applies public health practice in a similar manner; local municipal ordinances, often initiated by the Board of Health, are developed to protect the specific health and safety needs of its community residents; and internal MBRHC policies (sometimes referred to as Standard Operating Procedures – SOPs) help assure consistency in practice among staff.

It is often the case that local health departments are the ‘implementation arm’ of state and / or federal policies. In some cases, this involves facilitating the public notification efforts related to product recalls. For example, in June of 2011, the Consumer Product Safety Commission (CPSC) announced a voluntary recall of pool and spa drains, due to incorrect ratings. This meant that the drain may not be able to handle the flow of water through the cover, which could pose a possible entrapment hazard to swimmers and bathers. MBRHC staff was charged with rapidly communicating this with all public bathing facilities, and providing guidance as to how to remedy the concern. Recalls such as this, or others related to unsafe food products or other consumer goods are routinely shared with the relevant audience.

As noted in last year’s report, towns were beginning to look more closely at local tobacco ordinances, to assess their scope and effectiveness. After careful review, in May of 2011, South Bound Brook approved a more comprehensive tobacco control ordinance, which broadens the list of areas where smoking is prohibited. In addition, the ordinance incorporated language that more explicitly addresses Hookah bars, which, until now, have tried to circumvent existing tobacco control laws. Other municipalities in the MBRHC service area are likely to approve similar ordinances in 2012. Pictured here is a sign which has been posted in all parks in Bound Brook, noting smoking is not allowed in municipal parks and recreation areas.

Policies and protocols must also be in place to guide emergency response activities. Such emergency response plans assure that all necessary steps for an effective, coordinated response to an event are pre-identified and documented, so that when an emergency strikes, staff are ready to step into action. Whether the emergency is flooding, power outages, or a disease outbreak, MBRHC has developed internal emergency response plans to rapidly address the mitigation tasks with which it is charged.
Further, MBRHC, as do all local health departments, has a role in the larger response plan. Therefore, the department is responsible for reviewing and revising public health portions of the municipal and county emergency operations plans mandated by the State Police Office of Emergency Management in conjunction with local Offices of Emergency Management.

Together with its many partner agencies, MBRHC participates in exercises and drills to assess the effectiveness of the plans, and revise as indicated. Specific response plans were tested in 2011, in partnership with the Somerset County Heath Department and other local health departments to be sure that vital staff can be contacted and activated at any time. Hurricane Irene in September – and unexpected snow later in October -- were a surprise to all, and brought the familiar flooding and power outage concerns to the residents and businesses of communities served by MBRHC.

While there are several activities during such emergencies that involve the department, there are also a variety of post-event activities. For example, inspections of retail food establishments and other facilities must be completed, to assure safety and health protocols are upheld.

In 2011, a slightly new approach to these inspections was implemented, in part because ‘mutual aid’ – a process in which health departments assist each other during a local event – was not available due to the large scope of the storms. In addition, budget cuts have resulted in 1.5 fewer inspectors available on staff, and therefore new approaches were necessary. Having experienced flooding on numerous occasions, and taken part in a special food handlers’ training provided by MBRHC to learn how to manage the risks associated with floods, select establishments were not required to be inspected before opening. Instead, owners were reminded of the actions needed to assure product safety. This change in policy allowed staff to focus on areas most in need of assistance, and prioritize those concerns as indicated.

**Enforce Laws and Regulations That Protect Health and Ensure Safety**

In the United States, enforcing certain laws has long been a key function of public health, with the earliest examples related to hygiene and sanitation. As science advances, and our understanding of public health expands, this new knowledge is incorporated into new laws promulgated to protect the health of the population. For example, our understanding that tobacco use is the number one preventable cause of disease, disability, and early death has lead to the passage of many tobacco control rules.
Enforce Laws and Regulations

Other examples of public health law enforcement are: immunization audits being routinely conducted to ensure childhood vaccinations are received according to the current recommended schedule; restaurants that are inspected to ensure that food products are being prepared and served in a safe manner; and recreational bathing facilities, such as pools and swim clubs, which are tested for safe water quality. Laws related to these and other public health concerns are essentially in place to prevent and / or limit the spread of communicable diseases.

In 2011, over 360 entities required inspections, which, because of conditional or unsatisfactory reports, required a total of 417 inspections or re-inspections. While there are a variety of facilities requiring routine inspection (see table below), the majority is clearly retail food establishments. Retail food establishments encompass grocery stores, catering facilities, fresh markets, delis, and of course, full-service restaurants. Pictured left is Senior REHS Robyn Key conducting an inspection at Alberti’s Italian Deli and Specialty shop in Green Brook, assuring food is stored at safe temperatures.

<table>
<thead>
<tr>
<th>Establishment</th>
<th># Establishments</th>
<th>Satisfactory Inspections</th>
<th>Conditionally Satisfactory Inspections</th>
<th>Unsatisfactory Inspections</th>
<th>Total Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery School / Day Care</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Pet Shops</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Tattoo Establishments</td>
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<tr>
<td>Recreational Bathing Facilities</td>
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<td>Food Establishments</td>
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<td>321</td>
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<td>375</td>
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<td>Total Establishments</td>
<td>362</td>
<td>358</td>
<td>55</td>
<td>4</td>
<td>417</td>
</tr>
</tbody>
</table>
Enforce Laws and Regulations

In addition to the inspections described in the table on the previous page, staff conduct inspection processes related to residential septic systems, new retail food establishments, well installation and water inspection, oil tank abandonment and others.

A new area requiring inspections has been local Farmers’ Markets, which are outstanding, community-level efforts to provide greater access to locally-grown fruits, vegetables and other food items. Not only do these establishments support the local economy, but they also provide a local source for healthier foods, addressing our growing obesity issue and chronic disease development. However, these environments can also provide an opportunity for unsafe food handling practices, in part due to limited refrigeration or unreliable food sources, leading to potentially harmful bacteria forming in certain food items. This was precisely the case in a local market where food items were not delivered and maintained at safe temperatures. This concern, coupled with a lack of satisfactory inspection reports and adequately trained staff led to the vendor being asked to stop selling product until these concerns were corrected.

Link People to Needed Health Services

Public health assures access to care for community members, serving as a safety net of sorts for those most at risk. Those who are most vulnerable are often children, who are in need of even the most basic care such as health screenings and immunizations.

MBRHC continues to provide its ‘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 go 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. 2011 saw an increase of 33 new children from 2010, as described in this table.

<table>
<thead>
<tr>
<th>Child Health Services 2011</th>
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</thead>
<tbody>
<tr>
<td>Physicals</td>
</tr>
<tr>
<td>Nurse Counseling / Assessment</td>
</tr>
<tr>
<td>Immunization</td>
</tr>
<tr>
<td>Lead Screening</td>
</tr>
<tr>
<td>Immunization Audits</td>
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<tr>
<td>Total Services</td>
</tr>
</tbody>
</table>

MIDDLEBROOKHEALTH.ORG
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 made available for women in the Commission area who are either uninsured or under-insured, and are in need of basic annual screenings, such as cervical and clinical breast exams, HIV testing, sexually transmitted infections, pregnancy testing, and even colorectal screenings (if age-appropriate). A total of 2,275 exams or screenings were provided in 2011, serving a growing population of women and men.

In addition, a variety of adult health screenings and resource referrals are provided through a partnership with the Community VNA.

Linking people to needed services is a very routine function of public health, whether it is connecting residents to low-cost healthcare services, or simply referring individuals seeking a service not directly provided by the department. For example, in April, a woman contacted MBRHC with a complaint of having received an incorrect prescription — on several occasions — from a local pharmacy. Although MBRHC has no regulatory role over pharmacies, Administrative Secretary Mary Ann Schamberger identified the proper authority and provided necessary contact information to the caller. Taking the time to make the proper referral, even when it is not directly related to MBRHC activities, is a simple way to provide customer service to all who contact the office.

MBRHC often serves as a link to sought-after information, requested by both residents and professional partners alike. For example, earlier in the year a local Fire Inspector suspected a resident was engaged in the illegal sale of antibiotics, and contacted Health Officer Kevin Sumner for guidance. After receiving clarification on related laws from state authorities, the issue was identified as a local police enforcement issue. The appropriate legal authority was identified and shared leading to the resolution of the problem. The health department is a rich, diverse organization and strives to connect individuals with the services needed and refer appropriately to partners in the community.
Assure a Competent Public and Personal Health Care Workforce

The landscape of governmental public health is very broad, and requires professionals to keep abreast of the many different functions that make up the profession. In fact, even within a specific discipline such as Environmental Health, there are a number of different tasks that are routinely undertaken, each of which require a knowledge base consisting of biology, environmental health, infectious disease, and local / state laws and associated enforcement actions.

To help ensure a ready workforce, certain state licensure, such as for Registered Environmental Health Specialists and Health Officers, require a number of continuing education credits each year. MBRHC staff not only maintains licensure, but also seeks out relevant learning opportunities to remain abreast of current, relevant topic areas.

To better manage issues that are encountered in the field, MBRHC staff has participated in timely trainings addressing areas such as pest control and bed bugs, hoarding, seasonal and H1N1 influenza, and plan review for retail food establishments. Many learning opportunities are also completed online.

Training programs also address discipline-specific content such as emergency preparedness, communicable disease investigations and vital statistics, as well as broader leadership concepts, best practices, strategic planning and quality improvement. It is this mix of learning opportunities that helps to ensure a prepared, well-rounded and ready workforce.

Some MBRHC services are delivered through contracts with other community organizations and staff in those agencies must also pursue appropriate continuing education to maintain their licensure, such as nurses and physicians.
Receiving feedback on programs and services delivered is an essential task, one that allows organizations to identify both ‘what works’ as well as opportunities for improvement. Over the years, MBRHC has applied a variety of evaluation tools, including more formal post-program surveys (both on paper and electronically), which are tabulated and reported, as well as less formal processes, such as personal, or more anecdotal feedback.

Although 2011 saw less formalized processes, evaluation is ever present. In fact, based on the perceived demand and requests for evening flu clinics to meet the needs of the working population, MBRHC offered one such clinic. However, extremely poor attendance has served as an informal evaluation, and such sessions will likely not be provided again in 2012.

As a ‘gold standard’ of evaluation, MBRHC is working towards achieving public health accreditation, as awarded by the national ‘Public Health Accreditation Board’. Public health department accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

The recently developed national accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments. The accreditation process has been developed because of the desire to improve service, value, and accountability to stakeholders.

MBRHC is beginning preparations to apply for national accreditation, by initiating certain quality improvement and strategic planning activities. This process represents a different type of challenge for the Commission, one that will be slow and deliberate; one to which the Commission is committed.
MBRHC may be small in size, but over the years, it has nonetheless supported and / or contributed to a number of local, state and national research initiatives. Whether hosting college students for research activity or presenting outcomes of local public health activities to a national audience, MBRHC steps up to the effort.

2011 was no exception. For starters, MBRHC has been an active partner in the implementation plans for the county’s next Behavioral Risk Factor Surveillance Survey (BRFSS) – described more fully on page 6. In collaboration with Somerset Medical Center and other partners, the BRFSS serves as a valuable tool for researching the needs of the community. The BRFSS will be followed in 2012 with the development of a Community Health Improvement Plan to address those identified needs.

As described on page 11, this year also saw the beginning of an exciting statewide initiative: exploring the development of NJ’s own Public Health Institute (PHI). One of the many roles of a Public Health Institute is to provide independent technical assistance and consultation services which benefits not only MBRHC, but other local health departments throughout the state. A PHI would also enable increased access to research opportunities, as well as greater access to research conducted by others throughout the state.

Health Officer Kevin Sumner has been an active member of the PHI planning team. In fact, it was PHACE, an organization fostered by Kevin that reinvigorated the conversation about a Public Health Institute. These conversations developed and culminated in the partnership described on page 6, meeting regularly throughout 2011. Extensive research has already been conducted by the planning team, to assess the need for a PHI and its most appropriate roles, and this effort will continue into the future.

It is an exciting process, one that will hopefully culminate in a completely independent public health institute in New Jersey.
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 2012 Board of Health members are listed below.

### 2012 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 2012 Board of Health members are listed below.

<table>
<thead>
<tr>
<th>Town</th>
<th>Meeting Date</th>
<th>Members</th>
<th>Commission Meeting Members</th>
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<tbody>
<tr>
<td>Bound Brook</td>
<td>2nd Thursday, 6:00 pm</td>
<td>Angela Robinson*&lt;br&gt; Lisa Slater**&lt;br&gt; John-Paul Levin***</td>
<td>Jon Fourre*&lt;br&gt; Greg Riley**&lt;br&gt; Arleen Lih (Alt)&lt;br&gt; Bob Longo (Alt)&lt;br&gt; Bruce Ruck (Alt)</td>
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<td></td>
<td>230 Hamilton St</td>
<td>Judy Bailey&lt;br&gt; Mary Fuentes&lt;br&gt; Helen Goodrich</td>
<td>Lisa Slater (Alt)&lt;br&gt; Susan Cooper (Alt)&lt;br&gt; Fran Ellis&lt;br&gt; Ronald Jubin</td>
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<td></td>
<td></td>
<td>Barbara Lobman&lt;br&gt; Mary Straub&lt;br&gt; Alberto Torregroza</td>
<td>Barbara Lobman&lt;br&gt; Jean Mazet&lt;br&gt; Brenda King&lt;br&gt; Bruce Morlino&lt;br&gt; Alberto Torregroza</td>
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<tr>
<td>Green Brook</td>
<td>4th Thursday, 7:00 pm</td>
<td>Atul Shah*&lt;br&gt; Jon Fourre**&lt;br&gt; Jerry Searfoss***</td>
<td>Susan Cooper&lt;br&gt; Bruce Morlino&lt;br&gt; Tress Parker</td>
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<td></td>
<td>111 Greenbrook Road</td>
<td>Natalie Farry&lt;br&gt; John King</td>
<td>Gregory Riley&lt;br&gt; Mark Rosenman&lt;br&gt; M. A. Sarraf</td>
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<td></td>
<td>Bob Longo&lt;br&gt; Jean S. Mazet</td>
<td>George Pogosky&lt;br&gt; Peter Savulich&lt;br&gt; Harriet Stambaugh</td>
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<td>South Bound Brook</td>
<td>1st Thursday, 7:00 pm</td>
<td>Sue Warrelmann*&lt;br&gt; Joyce Smith**&lt;br&gt; Dennis Quinlan***</td>
<td>Lynn Franklin&lt;br&gt; Ronald Jubin&lt;br&gt; Louise Lindenmeier</td>
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<td></td>
<td>12 Main Street</td>
<td>Lillian Barber&lt;br&gt; Brenda King</td>
<td>George Pogosky&lt;br&gt; Peter Savulich&lt;br&gt; Harriet Stambaugh</td>
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<td>Arleen Lih&lt;br&gt; Helen O’Brien</td>
<td>George Pogosky&lt;br&gt; Peter Savulich&lt;br&gt; Harriet Stambaugh</td>
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<td>Warren</td>
<td>2nd Wednesday, 7:00 pm</td>
<td>Malcolm Plager*&lt;br&gt; Angelo Demarco**&lt;br&gt; George Lazo***</td>
<td>Lisa Slater (Alt)&lt;br&gt; Susan Cooper (Alt)&lt;br&gt; Fran Ellis&lt;br&gt; Ronald Jubin</td>
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<td></td>
<td>46 Mountain Blvd</td>
<td>Susan Cooper&lt;br&gt; Bruce Morlino&lt;br&gt; Tress Parker</td>
<td>Barbara Lobman&lt;br&gt; Jean Mazet&lt;br&gt; Brenda King&lt;br&gt; Bruce Morlino&lt;br&gt; Alberto Torregroza</td>
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<td>Gregory Riley&lt;br&gt; Mark Rosenman&lt;br&gt; M. A. Sarraf</td>
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<tr>
<td>Watchung</td>
<td>3rd Wednesday, 7:00 pm</td>
<td>Robert Riedinger*&lt;br&gt; Bruce Ruck**&lt;br&gt; Stephen Black***</td>
<td>Lisa Slater (Alt)&lt;br&gt; Susan Cooper (Alt)&lt;br&gt; Fran Ellis&lt;br&gt; Ronald Jubin</td>
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<td>15 Mountain Blvd.</td>
<td>Lynn Franklin&lt;br&gt; Ronald Jubin&lt;br&gt; Louise Lindenmeier</td>
<td>Barbara Lobman&lt;br&gt; Jean Mazet&lt;br&gt; Brenda King&lt;br&gt; Bruce Morlino&lt;br&gt; Alberto Torregroza</td>
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<td>George Pogosky&lt;br&gt; Peter Savulich&lt;br&gt; Harriet Stambaugh</td>
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* Board President<br> ** Board Vice-President<br> *** Committee Rep / Council 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, Deputy Registrar of Vital Statistics for Green Brook. 732-968-5151 or mascham@middlebrookhealth.org

Robyn Key - Senior REHS, serving Watchung, Green Brook and South Bound Brook. Licensed Lead Inspector / Risk Assessor. 732-968-5151 or rkey@middlebrookhealth.org

Nancy Lanner - REHS, serving the Borough of Bound Brook. 732-968-5151 or nlanner@middlebrookhealth.org

Colleen McKay Wharton - Public Health Educator MBRHC@middlebrookhealth.org

Donna Ostman - REHS, serving Warren. 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

Emails requesting general information can be sent to MBRHC@middlebrookhealth.org
Learn more about the programs and services of MBRHC online at www.middlebrookhealth.org