June 2013

Dear Reader:

I hope that you find our 2012 annual report informative and enlightening as it is with great pride that I present the staff and volunteers of the Commission and a summary of all the good work they perform. I also want to thank you for taking the time to learn about the Middle-Brook Regional Health Commission, the services and activities we conduct, and how public health helps you.

The United State’s Centers for Disease Control and Prevention and the United Nation’s World Health Organization use similar words to define public health. Words and phrases such as the science and art of preventing disease, prolonging life, and promoting physical health through organized community efforts and to provide conditions in which people can be healthy and focus on entire populations, not on individuals or diseases characterize public health as having a focus on communities rather than individuals as well as assuring that we utilize varying means toward our end. I hope that this report succinctly captures our efforts to do just that. Many of our diverse and varied activities assist individuals, but always with an eye on improving the health of our communities as a whole, usually, by collaborating and partnering with our community.

Through the following examples I also hope to not only explain what it is that public health does, why we do it, and how it benefits you, but also hope to inspire you to practice a healthier lifestyle and to engage with us, your local health department. We would love to hear from you, partner with you, and work with you to improve our community’s health. What can we do together to help you and our community to be healthier? Let us know. We can be reached anytime via email at MBRHC@middlebrookhealth.org or by phone at 732-968-5151.

Thank you again for your interest and if you have any questions, comments, or want to know how you can become involved please contact me directly.

Kevin G. Sumner, MPH
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 Book. In 1971, the town of Watchung joined the Commission and several years later, Warren was included in the region served. Towns currently served are Bound Brook, Green Brook, South Bound Brook, Warren and Watchung.

The Commission’s governing body consists of two volunteer representatives from each of the towns served, and provides direction and long-term planning for the Commission’s overall activities. These volunteer representatives bring with them a broad range of personal and professional abilities and expertise to serve in this capacity, and we are most appreciative of the time and energy they so willingly donate. The list of Board of Health members who will serve in 2013 can be found on page 18.

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. 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 2012 Report to the Community. It is the Commission’s goal to assure residents are provided with effective, reliable public health services in each of these ten essential service areas.

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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 to Identify and Solve Community Health Problems

While some governmental public health activities may change over time, in part impacted by funding levels, ‘unexpected’ events (think H1N1), the activities associated with monitoring community health status are a constant and essential. Whether it is routine disease surveillance through the statewide Communicable Disease Reporting and Surveillance System (CDRSS), managing a disease outbreak in a long term care facility, conducting a community health assessment or assessing vital statistics, it is imperative that public health officials can readily obtain a ‘snapshot’ of a community’s health status.

In 2012, there were more than 200 reports of communicable diseases that required investigation by MBRHC staff. 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.

2012 saw cases of more than 25 distinct infectious agents, ranging from Amoebiasis to West Nile Virus. Also present in 2012 were cases that reflected tick-borne illnesses such as Lyme disease, foodborne illnesses such as salmonella and those spread through person-to-person contact such as influenza. Of note is the number of pertussis cases seen in the towns served by the Commission. Pertussis – also known as whooping cough – has been the source of numerous outbreaks across the country. It is cases of vaccine-preventable diseases such as these that reinforces the Commission’s commitment to the CDC’s immunization schedule. Clearly public health professionals recognize the essential role

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“It is cases of vaccine-preventable diseases such as these that reinforce MBRHC’s commitment to assuring access to complete childhood immunization schedules”

www.middlebrookhealth.org
vaccines play in reducing the incidence of disease in a community. MBRHC’s immunization statement amplifies that belief, and can be found here. Each potential case requires extensive follow-up by staff, with communication between healthcare providers, laboratories, and the affected individual.

Community Health Assessment
As noted in last year’s annual report, in late 2011 the Greater Somerset Public Health Partnership embarked upon a community health assessment, to help the group garner a ‘snapshot of health’ of county residents. MBRHC is an active member of this Partnership, often playing a lead role in planning the group’s public health activities. The assessment involved telephone calls to 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. Further, because this assessment was conducted in the county in 2007, partners are now able to also look at trends in health status, to help the group better plan for future initiatives. In 2013, the group will use this data to 1) identify the most significant health concerns in the county, and 2) establish targeted goals, objectives and activities to help address those health issues. The outcomes of the 2012 assessment can be found here.

Rabies Clinics
The provision of free rabies vaccination clinics for cats and dogs has long been a core function of public health agencies. For the delivery of this particular service, local health departments and the New Jersey State Department of Health have partnered for decades to assure this endemic disease is kept at bay in our state. The state provides supplies and the Commission municipalities provide a veterinarian and staff to run the clinics. Five clinics were held throughout the year, vaccinating 161 dogs and 52 cats. This remains an important role of the Commission, as cases of rabies continue to be identified in the wild. In 2012, nine incidences of rabies were confirmed in Somerset County, and over 240 statewide. State and local laws require pets to be vaccinated against rabies. MBRHC is able to help residents comply with these laws by providing free clinics, as opposed to the more traditional means of enforcement, issuing notices of violation.

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 both Green Brook and Warren.

In 2012, for both Green Brook and Warren, 130 birth records were received and 147 death certificates were issued. Eighty-four marriage licenses were issued to residents, and 131 marriages were performed. Certified copies of birth, death, and marriage certificates are routinely requested, and last year 473 certified copies were provided. The gathering of this essential data contributes to the state’s ability to accurately describe its population, both in size and demographic makeup.
Diagnose and Investigate Health Problems and Hazards in the Community

This particular essential service, also a regular activity of public health agencies for more than a century, is the most common reason health departments are contacted for such a broad range of community inquiries. Whether it’s a bat in the house, too many stray cats in a community, an over-flowing septic system, a flooded restaurant, or a disease outbreak in a nursing home, (just to name a few!), local health departments receive continuous inquiries, whether within the agency’s purview or not. The Commission is committed to assisting residents with their concerns; sometimes by referring to another, more appropriate agency or division, but most often by actively working to resolve the health concern.

2012, like most years, saw a range of community health concerns that warranted active investigation and response. As reflected in the chart below, MBRHC responded to nearly 250 environmental issues alone, in addition to the more than 200 communicable disease investigations noted earlier. Whether the incident involves a single lead-burdened child, a residential well contaminated with coliform, or a multi-state foodborne disease outbreak, each incident requires – and receives – the necessary investigative steps to quickly identify the source of concern, engage community partners as needed, and mitigate the issue.

Needless to say, Hurricane Sandy impacted many, many homes and businesses in our community, although unlike past storms, the main issues were power outages as opposed to flooding. These extended power outages led to numerous retail food establishments needing guidance on how to manage perishable food items, reopen, and continue food operations as soon as possible. As a result, through the first week post-storm, inspectors were visiting establishments that sell or prepare potentially hazardous foods, to assure affected food items were managed properly. MBRHC worked with food establishments and other municipal agencies to facilitate the reopening and operation of as many food stores as possible. Knowing that personal food supplies were in jeopardy and that many had no power with which to cook, it was important to have retail food establishments open and operating so that residents would have access to healthy and safe foods. Even in cases where facilities were not fully operational, such as those that had only limited power from a generator, MBRHC was able to work with fire and other officials to create safe and functional, albeit limited, operations, to help meet the needs of community residents during that very difficult time.

Playing critical support roles in each of these activities is MaryAnn Schamberger in the Green Brook office and Barbara Streker in the Warren office, who manages documentation, record maintenance, lab reporting, clinic registration and much more.
Inform, Educate and Empower People About Health Issues

Providing education is a routine aspect of work conducted by MBRHC personnel. It is woven into the daily activities in which staff is engaged. Whether inspecting a restaurant or body art establishment, enforcing a nuisance violation or addressing a disease outbreak, staff are aware of the importance of providing science-based education to those involved in the activity. Of course, such education is meaningful during a specific event or interaction; however, the real value comes when future events are prevented because of that education.

For example, each year food handlers in retail food establishments receive training in safe and proper food handling techniques, to reduce the risk of causing foodborne illnesses among customers. This year, 90 individuals participated in these trainings, not only learning about safe food handling practices, but also how to be fully prepared to pass an annual inspection. The class was conducted in both English and Spanish, to assure comprehension of the information shared.

Local residents and locally-employed professionals learned about a variety of public health issues during an Employee Health Fair at Chubb Insurance, with a particular emphasis on emergency preparedness, through the use of videos and educational material.

In 2012, the Girl Scouts celebrated its 100th anniversary. While REHS Donna Ostman was asked to assure routine food safety at the event, it was an opportunity to teach the group the basics of food safety, proper refrigeration, and special considerations when serving food to larger crowds with limited facilities.
In addition to these types of special activities, MBRHC continues to offer residents an e-newsletter twice per year, with seasonally relevant content. This fall, in addition to the more general information, specific guidance was included to address post Hurricane Sandy clean up and general preparedness. (Sign up to receive MBRHC’s online newsletter by sending an email to mbrhc@middlebrookhealth.org.)

The department also routinely provided health-related content for municipal newsletters. MBRHC’s cable program “Public Health Matters” remains available on the MBRHC website for anytime-viewing, addressing a variety of public health issues, such as infectious diseases, emergency preparedness, injury prevention and others.

Health Officer Kevin Sumner remains an adjunct Instructor at Rutgers University, teaching introductory public health and preparedness 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.

Providing these learning opportunities is particularly important as young public health professionals prepare to enter the workforce.

Mobilize Community Partnerships

Since its creation in 1971, and by its very nature as a regional health department, MBRHC has worked closely with the many public health partners – both governmental and non-governmental – in Somerset County. One more recent example of this partnership is the Greater Somerset Public Health Partnership (GSPHP), incorporated as a non-profit in 2009 with MBRHC as one of its founding agencies, which has worked collectively for several years, tackling a variety of community health issues. The GSPHP includes all governmental public health agencies in the county, along with Somerset Medical Center, two visiting nurse agencies, a women’s health center, and several non-profit health organizations.

Several years ago, the group began to jointly sponsor routine flu vaccination clinics, setting the groundwork for an ongoing and collaborative approach to addressing health concerns in the county. Most recently, and as noted in last year’s annual report, 2011 saw plans begin for a comprehensive community assessment process. The ‘Behavioral Risk Factor Surveillance Survey,’ or BRFSS for short, was underway in early 2012, contacting over 2,000 adults via telephone, asking about a broad range of health behaviors. While Somerset Medical Center was the lead on this effort, through its Healthier Somerset initiative, the GSPHP played a critical role in its development and implementation.
MBRHC, with the assistance of a graduate student from UMDNJ-School of Public Health, intends to further analyze the BRFSS data, to identify trends and possibly more specific issues to be addressed. This analysis will help inform the partners as to possible actions that can be taken to improve the County's overall health.

In addition to this ‘behind the scenes’ research (see Essential Service #10), the Healthier Somerset initiative spent a lot of effort in 2012 analyzing the BRFSS results, looking at other sources of data, and prioritizing the needs of the County. Based on this work, the development of a Community Health Improvement Plan (CHIP) will be the focus for 2013, in which specific health-related goals and objectives will be defined.

Another initiative that arose from the GSPHP is “Take ½ to Go,” which works to address ‘portion control’ when eating in a restaurant. Specifically, a video was created in which restaurant-goers are encouraged to consume smaller portions by immediately requesting a to-go container with their meal, so ½ can be packed up for a later time. This allows people to not only cut calories by reducing the portion size, but also saves money and time by having a second meal available. The video was posted on health department websites, along with the Healthier Somerset website. Health Officer Kevin Sumner served as Vice-President of the GSPHP in 2012, and remains an active leader in the group.

Of course, even the more ‘routine’ activities are often tackled in partnership with other agencies, whether it is investigating a disease outbreak, managing an environmental hazard, or responding to a nuisance complaint. Each of these can require outreach to other agencies, resulting in a collaborative approach to the situation at hand.

The list of MBRHC partners is endless and, in addition to the health-oriented organizations noted above, includes law enforcement, emergency management, municipal departments, schools and businesses, each contributing its expertise to improve the health outcomes of community residents. Some partners may be more active at times than others, but having a stable list of “go-to” individuals and organizations is critical to being able to adequately address both the routine and emergency concerns of the community.

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 and Engineers, health departments can help influence the way 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 to build in daily exercise, therefore helping to reduce obesity, and collaborating to assure availability and access to fresh and healthy foods such as through local farm markets helps make it easier for us all to be healthier.

In 2012, as a result of receiving a University of Wisconsin County Health Rankings Grant, Kevin Sumner, representing the New Jersey Association of County and City Health Officials, worked with NJDOH, the New Jersey Chapter of the American Planners Association, and many other partners to offer special workshops for Local Boards of Health and local Planners to highlight this partnership opportunity, and how it can impact health outcomes in NJ.

Although the sessions did not reach as many participants as was hoped, valuable resources and information were shared to help local leaders begin the dialogue. Specifically, the brochure above was developed and distributed to municipalities throughout the state.

Knowing that individual health outcomes are directly influenced by where we live, it is vital that these partnerships be developed.
Develop Policies and Plans That Support Community Health Efforts

There are many ways to work towards improving the health and well being of residents. Assuring access to childhood immunizations to prevent disease, monitoring the environment for clean air and water, and offering health screenings for early detection of illness are just a few. But, as we are seeing more and more frequently, policies and plans that support and encourage healthy behaviors also play a critical role. Consider laws regulating bike helmet use in children, seat belt laws for all automobile passengers, and smoke-free legislation that has been in place for decades. Such regulations have positively impacted the health outcomes of thousands of Americans.

In MBRHC’s 2011 annual report, the town of South Bound Brook was highlighted for its comprehensive tobacco control ordinances that were enacted. MBRHC is pleased to share that in April 2012, Green Brook passed a similarly encompassing ordinance that addresses indoor and outdoor areas. The outdoor areas include sporting locations and playgrounds and areas within 25 feet of public entranceways. In addition, the Warren Township governing body passed a local ordinance prohibiting smoking outdoors on Township owned properties. Watchung is currently exploring a ban on outdoor smoking – and possibly other tobacco products - on borough property.

Sometimes new policies do not directly address individual behaviors; instead, they address processes, which if conducted more efficiently, have a positive impact on health status, prevent injuries or protect the environment. These policies and plans must be reviewed in a routine manner, to assure they reflect the most current thinking. One regulation that was revised in 2012 was ‘N.J.A.C 7:9A’, addressing ‘Individual Subsurface Sewage Disposal Systems’ – that is, septic systems. While there were a number of revisions made to the state’s policy regarding the inspection of septic systems, in general, the changes now allow more approvals to be conducted by local health departments, rather than by State agencies. This change allows for the consideration of local conditions in the review and also provides for a more timely response to septic system malfunction, which ultimately reduces the risk of harm to the environment and residents.

In response to these changes, MBRHC, together with the other local health departments in Somerset County, actively discussed the changes in the law, how it would be implemented, and any challenges that may arise as a result. Further, the group worked with the NJ Department of Environmental Protection (NJ DEP) for additional clarification, and worked towards standardizing the new inspection processes.

Policies and plans must also be ‘tested’ to ensure that they reflect what actually occurs during an activity, and to improve any deficiencies or misconceptions. Emergency response plans, perhaps more than any other, are tested through exercises and drills, to ensure that all responding agencies understand their roles and to assure the plan is realistic. In February 2012, MBRHC participated in a countywide tabletop exercise, in which public health, law enforcement, the Office of Emergency Management and others enacted a mock medication distribution exercise. This exercise tested the existing plan, and helped to build greater collaborations in the event a real distribution is necessary.
In fact, some may argue that this ‘pre-emergency’ collaboration, where agencies engage with and understand the capabilities of their partners, is essential to an effective response.

In 2012, all local emergency response plans and specific annexes, in which MBRHC has a response role, were revised, reviewed and approved. Also completed this year was the ‘Point of Distribution’ (POD) plan for the Commission, working closely with Warren and Watchung Offices of Emergency Management. This plan spells out how and under what circumstances a mass vaccination or mass medication distribution site would be activated, as was the case in 2009 during the H1N1 pandemic.

Also as part of MBRHC’s preparedness planning, an existing mutual aid agreement among the local health departments in Somerset County was revised and updated by Kevin Sumner, and re-affirmed by all departments, thereby assuring mutual support for each municipality in the event of an emergency.

Policies established at levels of government beyond the local municipality are also critical to the success of public health. Not only do states and the federal government set state-wide and national policy on health issues, such as seat belt use, access to health insurance and others, but they are also instrumental to funding public health. Therefore, informing and educating state and federal politicians about public health, its roles and responsibilities and the return on investment is critical to local success. In his role as a Board member for the National Association of County and City Health Officials (NACCHO), Kevin Sumner meets with federal legislators for this purpose. He is also able to better inform local and state health professionals about these issues so that they can participate in the process of informing policy change.

Finally, MBRHC began an effort to develop a department strategic plan in the fall of 2012. While significant steps were taken (see Essential Service #9 for more detail), the effort was stalled by Hurricane Sandy and the subsequent response activities. It is anticipated that this plan, which will be completed in 2013, will not only provide a roadmap for the department over the next three years, but will also be a tool to help explain who the health department is and what it does, while helping to prepare the department for national accreditation.

The enforcement of health and safety laws remains a primary function of local health departments. Whether mandated through federal, state or local laws and ordinances, the primary purpose remains the same – to prevent illness and injury, promote healthy living, and protect community residents from health risks whenever possible.

These laws address a wide variety of areas, including water and air quality, childhood immunization requirements, food safety and inspection, safe practices in body art, and proper installation of septic systems, to name just a few. Because of these established laws, Registered Environmental Health
Specialists dedicate a significant amount of time to inspecting – and sometimes re-inspecting – establishments and / or sites. Inspections are conducted in retail food establishments, body art establishments, youth camps, recreational bathing facilities, daycare centers and other environments. Last year, 363 establishments were in need of inspection; by the end of the year, nearly 400 inspections or re-inspections were conducted, as described in the table below.

A new area of inspection was identified in 2012. It was learned following a complaint from a resident and researching the laws that gyms and fitness centers are required to have a functioning ‘Automated External Defibrillator’ (AED) with trained personnel onsite, in the event a patron is believed to be in cardiac arrest. Based on this complaint, which turned out to be unfounded, it was also learned that local health departments have been granted authority by state law to inspect and enforce this requirement.

The above mentioned activities, coupled with local requirements to assure proper grease trap maintenance, oil tank abandonments, well installations, and many others, accounts for a majority of the REHS work effort / time.

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While there are surely signs that the economy is improving, the essential role of assuring access to needed care remains a critical function of public health. One segment of the population for which this role is taken very seriously is children. 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 to identify potential health concerns that may otherwise go undetected. In partnership with the Community Visiting Nurses Association, children are provided with these and other essential screening and prevention services. In 2012, the Commission served 22 children who lacked health insurance or did not have access to care for other reasons.

In addition to providing these services to children, MBRHC also offers a variety of adult health screenings, including clinical breast exams and cervical cancer screenings, HIV testing, screening for sexually transmitted diseases, pregnancy tests, colorectal screenings, and others. These services, provided through a contractual relationship with the Women’s Health and Counseling Center in Somerville for many, many years, are for individuals who are either uninsured or underinsured. In 2012, over 300 individuals were screened and more than 100 were treated or referred for follow-up by a healthcare provider representing a growing population of women and men who are successfully entered into the healthcare system.

Of course, each year, MBRHC continues to provide influenza vaccinations to adults in the community, working to provide them in schedules that best match the needs of those served. Last year 63 individuals received these vaccines, which is considerably less than in years past. It is suspected that as more and more businesses (such as pharmacies and grocery stores) are routinely offering the vaccine ‘while you shop,’ fewer and fewer people are attending public health clinics. This scenario has been played out across the country, leading many local health departments to consider whether or not they should continue to provide this service. The Commission will continue to evaluate its offering influenza vaccinations over the next season in order to determine if this need is being met elsewhere in the community or if there is a need to continue the service.
In addition to these ongoing services provided by the Commission, occasionally calls are received for a very specific needed health service. For example, REHS Nancy Lanner received a call from a woman who had been unemployed for some time. When she had finally secured a position, she was informed that in order to begin, she had to be tested for Tuberculosis by getting a Mantoux test – a common requirement for working in healthcare, childcare and other arenas. Because she had been unemployed, she did not have health insurance or a physician she could see for the required test. Fortunately, she was provided referrals to organizations that could provide the needed service. The Commission will continue to serve as a ‘safety net’ provider, working to link individuals to needed health services, whether they are provided through MBRHC or another community health partner.

Assure a Competent Public and Personal Health Care Workforce

Maintaining a level of knowledge that is both current and relevant is particularly essential in the field of Public Health. Whether it is biology, environmental science, epidemiology and biostatistics, infectious disease, or safe food practices, new ideas and new approaches continue to evolve. Because of the many facets of public health, staff must make concerted efforts to participate in training opportunities that assure their knowledge is ‘up-to-date’ at all times.

In addition to knowledge ‘for the sake of knowledge,’ staff is also required to maintain State licensure, and do so by participating in continuing education opportunities both in the classroom and online. Some of these trainings in 2012 addressed:

- Changes made to septic system regulations, and how local health department practices would be impacted
- Potential effects of raw milk (being considered by some as a policy change that we do not endorse), microbiology of fresh produce, and the five major foodborne pathogens
- Effective foodborne disease outbreak investigation and surveillance training
- Strategic Planning for Local Health Departments
- Registrar-related topics addressing Marriage / Civil Unions, and new policies and protocols from the State Registrar’s Office
- Managing Feral Cats
- Climate Change and its impact on the Public’s Health
- Effective Communicating and Messaging
- Infectious Disease Updates, and more

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.

These learning opportunities all contribute to the ongoing workforce development efforts within MBRHC, which helps to ensure a prepared, well-rounded and ready organization.
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Amidst the assessments, inspections, nuisance calls, communicable disease outbreaks and reporting, and other activities, MBRHC continues to keep an eye towards ongoing evaluation of its services and processes. The goal, of course, is to assure greatest efficiency and effectiveness of staff activities. For example, in 2012, the Commission conducted an internal review of septic inspections and how applications are handled. This review led to a collaboration between the inspectors resulting in a more consistent and efficient application handling procedure. Now applicants and their professionals can expect similar if not identical processes and responses no matter what town of the Commission they are contacting.

In addition, as noted in last year’s annual report, in 2012, MBRHC began preparations to apply for national accreditation. An essential ‘first step’ of that process is the development of a strategic plan. In late 2012, MBRHC began to engage staff and Board of Health members in a robust strategic planning process, in which a vision statement and mission were clearly defined. The importance of this is two fold. First, it assures that all stakeholders are ‘on the same page’ with the Commission’s purpose and values; and second, serves as a ‘bar’ by which activities can be compared/ measured, to assure they are in alignment with the Commission’s focus.

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 (online and electronic), which are tabulated and reported, as well as less formal processes, such as personal, or more anecdotal feedback. Both approaches continue, and are important to assure continuous improvement in program and services.

In addition to internal evaluation processes, MBRHC often steps up to assist in the evaluation of new systems or approaches to managing public health issues. For example, in 2012, MBRHC staff began pilot-testing a new data management system to be used to create a record of every contact every Commission staff person has with the public. The new system, developed by the State Department of Health, is being considered for a statewide roll-out, based on the feedback provided by MBRHC and other health departments. In addition to providing a mechanism for better record keeping, it will also allow for analysis of activities and be incorporated into the Commission’s quality improvement activities.

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In spite of limited staff, MBRHC continues to support research activities whenever possible, somehow managing to contribute both to specific initiatives as well as the field of public health in general. For example, the Commission continues to support Public Health graduate and undergraduate students in their ‘capstone’ fieldwork and / or internship requirements.

In 2012, four student interns spent time with MBRHC staff, learning about the activities of a governmental public health agency. Students were exposed to a variety of activities and projects, including routine inspections and investigations. These internships benefit the Commission by providing a short term but productive workforce to
concentrate on specific activities, such as the development of an electronic newsletter to help educate and inform ‘customers’ (i.e., you!). In addition, internships provide valuable hands-on training for the future public health workforce.

2012 was the first year in which MBRHC hosted a fourth-year medical student from the Preventive Medicine and Community Health program at UMDNJ / New Jersey Medical School. The Medical School requires students to have a public health rotation. The internship provided the opportunity to expose a future physician to the needs and benefits of public health. For example, local health departments sometimes struggle to obtain valuable information from physicians as part of communicable disease investigations, due to perceived confidentiality issues, or just the lack of time on the part of the physician. The intern was able to experience this problem first-hand from the public health perspective, and in turn reported back to her fellow students the importance of cooperating with public health investigations. Ultimately this type of education and collaboration will assist us in performing some very basic, but critical public health activities with greater ease and efficiency.

In addition, as noted previously, MBRHC worked with the State Department of Health to develop and pilot test a new data-collecting tool for applications during case investigations. If the tool proves to be beneficial, it will be rolled out to all local health departments in NJ.

In 2011, public health leaders from across the state – and country – began to explore the development of a Public Health Institute in New Jersey. 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. Under the leadership of the Robert Wood Johnson Foundation (RWJF), research into this possibility has been extensive, and continued well into 2012.

Together with state and national public health leaders, Health Officer Kevin Sumner continues to participate in the exploration process. In 2012, an influential group of public health leaders was brought together to not only continue the exploration, but to also move the project to the next phase; that is to create a framework and draft of what the organization will look like and a plan to move it forward. Representatives from State government, academia, healthcare, non-governmental organizations, and local governmental public health, represented by Kevin Sumner, met several times with an outside facilitator supported by the RWJF. This group completed its draft at the end of 2012 and in 2013 anticipates that task-specific workgroups will be created to develop an organizational structure, identify a leader, and ultimately create an entity in New Jersey that will facilitate collaboration and public health projects through research oriented activities. It is an exciting process, one that will hopefully culminate in a completely independent, public health institute in New Jersey.
2013 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 Green Brook Municipal Building, unless otherwise noted, and Commission meeting agendas and minutes can be found on the MBRHC website. The 2013 Board of Health members are listed below.

| Bound Brook | Angela Robinson  
| 2nd Thursday, 6:00 pm  
| 230 Hamilton St | Lisa Slater*  
| Judy Bailey  
| 4th Thursday, 7:00 pm  
| 111 Greenbrook Road | Mary Fuentes  
| Helen Goodrich  
| Bob Longo  
| Jean S. Mazet  
| * Board President  
| ** Board Vice-President  
| *** Committee Rep /  
| Council Liaison | Judy Bailey  
| 4th Thursday, 7:00 pm  
| 111 Greenbrook Road | Atul Shah*  
| Judy Searfoss***  
| Natalie Farry  
| John King  
| Bob Longo  
| Jean S. Mazet  
| South Bound Brook | Sue Warrelmann*  
| 1st Thursday, 7:00 pm  
| 12 Main Street | Joyce W. Smith**  
| Lillian Barber  
| Brenda King  
| Arleen Lih  
| Helen O’Brien  
| Warren | Malcolm Plager*  
| 2nd Wednesday, 7:00 pm  
| 46 Mountain Blvd | Angelo Demarco**  
| George Lazo***  
| Susan Cooper  
| Bruce Morlino  
| Tress Parker  
| Gregory Riley  
| Mark Rosenman  
| M. A. Sarraf  
| Watchung | Robert Riedinger*  
| 3rd Wednesday, 7:00 pm  
| 15 Mountain Blvd. | Bruce Ruck***  
| Stephen Black***  
| Fran Ellis  
| Lynn Franklin  
| Ronald Jubin  
| Louise Lindenmeier  
| Anita Frimmer  
| George Pogosky  
| Ronald Jubin  
| Harriet Stambaugh  
| Mohamed Husain  
| Commission Meeting | Jon Fourre*  
| 1st Tuesday, 7:00 pm  
| 111 Greenbrook Road | Greg Riley**  
| Arleen Lih (Alt)  
| Bob Longo (Alt)  
| Bruce Ruck (Alt)  
| Lisa Slater (Alt)  
| Lillian Barber  
| Susan Cooper (Alt)  
| Fran Ellis  
| Ronald Jubin  
| Barbara Lobman  
| Jean Mazet  
| Brenda King  
| Bruce Morlino  
| Alberto Torregroza  
| Barbara Lobman  
| Mary Straub  
| Alberto Torregroza  
| Mariella Milanova  

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How to Reach Us

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

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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@warrennj.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@warrennj.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