2018 Annual REPORT

Mid-Bergen Regional Health Commission
Introduction
- History of MBRHC
- Shared services

Staff
- Health Officer
- Registered Environmental Health Specialists (REHS)
- Public Health Nursing
- Medical Director

ESSENTIAL PUBLIC HEALTH SERVICES

1. **Monitor Health Status & Solving Community Problems**
   - Community Health Improvement Plan (CHIP)
   - Community Health Needs Assessment (CHNA)

2. **Diagnose & Investigate Health Problems in the community**
   - Environmental health
   - Communicable disease investigations

3. **Inform, Educate, & Empower People Concerning Health**
   - Social marketing regarding public health issues.
   - Initiating health education with schools & community groups
   - Wellness Campaigns

4. **Mobilize Community Partnerships to Identify & Solve Health Problems**
   - Convening community groups to facilitate prevention, screening, & supportive activities
   - Identifying and organizing community resources

5. **Develop Policies and Plans**
   - Systematic countywide & State level planning for health improvement
   - Development of codes, regulations & legislation to guide the practice of Public Health

6. **Enforce Laws & Regulations to Protect Health & Safety**
   - Enforcement of State Sanitary Code
   - Investigation of Health Hazards, in both work & community settings

7. **Link People to Needed Personal Health Services**
   - Community Partners
   - Health information for high risk groups

8. **Assure competent Workforce**
   - Ongoing training management
   - Continuing education

9. **Evaluate Effectiveness, Accessibility, and Quality of Personal & Population Based Health Services**
   - Determining the success or failure of a program or activity

10. **Research Solutions to Health Problems**
    - Partner with Institutes of Higher Education
MISSION STATEMENT

To protect the health and environment of the people we serve

Introduction

Mid Bergen Regional Health Commission was formed in 1978 as a shared-services entity by the communities of Bogota, Englewood Cliffs, Leonia, New Milford, and River Edge in order to help reduce municipal expenditures, through the sharing of personnel. We have since expanded our operation with the addition of ten contracting communities.

In 2018 those towns including: Carlstadt, Closter, Garfield, Hasbrouck Heights, Lodi, Ramsey, Ridgefield Park, South Hackensack, Tenafly and Wallington enjoy all the same cost savings measures employed by the original founding member towns. The only difference being that the “five founders” send representatives to the Mid-Bergen board from their local boards of health, while the ten contracting towns do not.

An analysis by the NJDOH entitled “A study of New Jersey’s Local Public Health System” was released in August 2007, studying the overall delivery of public health services in the State. In comparing the four types of local health departments (i.e. County, Regional, multi-municipality, and single municipality) it concluded that Regional Health Commissions deliver the lowest per capita cost.

All public health departments in the State are expected to provide the 10 Essential public health services, either directly or by agreement with another Public Health entity. The core services that are performed directly by almost all health departments include communicable disease investigations, sanitary code inspections, and public health emergency response.

At MBRHC, these services are carried out by our very capable staff, some of whom are direct employees, while others are employed directly by one of our partnering/contracting municipalities, or a contracting agency.
Staff

*Four full-time REHSs conduct all food establishment inspections per NJAC 8:24. Additionally we partner with our other municipalities to ensure their local REHSs work under the guise of the MBRHC Health Officer to complete all required services in those towns. Other required inspections include pet shops, tattoo and body art establishments, tanning salons, as well as public bathing places. Additionally, we investigate public health nuisance complaints ranging from solid waste, noise, rats, mosquitoes, ticks, wildlife, rabies control, noxious weeds, and heat and hot water problems at dwellings with two or more units.

*Communicable Disease investigations are conducted by Public Health Nurses employed by a municipality through a public health shared services agreement, or with our nursing agency from Hackensack University Medical Center by a formal agreement. This agency, Health Awareness Regional Program (HARP) also supplies health promotion programs for various entities such as schools, senior centers, etc.

*Each municipality has administrative staff on either a part-time or full-time basis, that generally serve as Board of Health secretaries, as well as being the Registrars of Vital Statistics in each town.

*Luke Eyerman MD, is the medical director of the Commission. The medical director is board certified in family health and assists in program planning, authorizes standing protocols for the administration of vaccines and chronic disease screenings. The medical director provides consultation as needed in communicable disease investigations and outbreaks.

*The Health Officer oversees all the programs and services provided, and serves as the Director of the Commission. The Health Officer is available via email at syl@njlines.net, or by phone at 201-599-6290.

Thank you for your interest in our services. If there is anything we may do to help concerning a public health matter please contact me.

Sam Yanovich, MPH
Health Officer/Director
1. **Monitor Health Status to Identify and Solve Community Health Problems**

As a local health agency, we are required to track the spread of communicable diseases and other potentially serious health conditions. We accomplish this through electronic linkage with local and State wide databases.

a. **NJ LINCS** is the electronic database by which all Health Officers, and other public health officials receive email alerts concerning any new or ongoing public health threats. Routine information is also exchanged.

b. **Communicable disease reporting system (CDRSS)** is the electronic database by which all community public health nurses report certain diseases that are required to be reported either immediately or within 24 hours to the Local Health Department per N.J.A.C. title 8, chapters 57 & 58. This system is utilized by hospitals, physician offices, medical laboratories, as well as public health officials in order to look for any disease trends, and follow epidemiological principles in patient follow up. All tracking follows strict HIPPA privacy procedures.

c. **Vital statistics** are reported to the New Jersey Department of Health (NJDOH) through an electronic database as well for both birth and death records, by each town’s certified municipal registrar (CMR). Marriage licenses are issued through the CMR, as well as the issuance of certified copies of birth, death, and marriage certificates.

d. The tracking of lead burdened children with blood lead levels consistently higher than 5 ug/DL or above 10ug/DL are transmitted electronically on a daily basis from laboratories to local health agencies. Environmental investigations are conducted to determine the source of a child’s high lead level. Abatement orders are often required of the landlord of a premises where a child’s lead level is high.

e. **Local health departments** are tasked with Rabies and the Control of Dogs per N.J.S.A. 26:4. The NJDOH supplies rabies vaccine to each town as requested to supply free rabies vaccine to any dog or cat owner in need of one. There were eight cases of rabies in 2018 in Bergen county. All of those were involving wild animals, except one cat also had rabies.

f. **Community Health Improvement Plan/Community Health Needs Assessment**—the Bergen County Public Health Partnership comprised of many organizations, among them MBRHC, has determined a needs assessment in the county through various methodologies. The purpose of this is to collect information that will guide the development of detailed Community Health Improvement Plan for the county. The finalized plans may be viewed on [www.healthybergen.org](http://www.healthybergen.org)
2. Diagnose & Investigate Health Problems in the Community

The protection against, and prevention of environmental factors that may adversely impact human health is one of the most comprehensive aspects of a local health agency’s services, and the most common reason a health department is contacted by the community. A Registered Environmental Health Specialist (REHS), in consultation with the Health Officer, is tasked with assessing environmental health risks affecting humans, wildlife, pets and the environment. By utilizing data, and epidemiological methods applicable corrective actions are recommended, or ordered, as the case may be.

Rabies- The most common source of human rabies since the 1990s is bats. There were 2,810 animal specimens tested in 2018 in New Jersey. Of those 163 were of terrestrial animals, and 36 were bats. We utilize the New Jersey Public Health Lab in order to send specimens for testing, should there be human exposures to potentially rabid pets, or wildlife. Public education efforts, and other forms of outreach are a vital aspect of a public health’s professional job to educate the public concerning all the variables in play when dealing with susceptible wildlife. Our annual licensing campaign for dogs and cats helps to ensure pets are immunized against the deadly rabies virus.

**2018 rabies control**

Animal bites to humans 210
Suspected rabid animal bit a domestic animal 9
Unimmunized domestic animal bit a person or another animal 50

We regularly inspect & regulate restaurants, grocery stores, and other retail food facilities to ensure compliance with safety and sanitation rules. Local health departments also investigate and control disease outbreaks linked to retail food facilities.

**2018 retail food data**

Risk level 1- Establishments that conduct minimal food preparation and Minimal handling of potentially hazardous foods. 205
Risk level 2- Establishments that conduct limited food preparation and heat/cool potentially hazardous foods 353
Risk level 3- Establishments that conduct complex food preparation and heat/cool potentially hazardous foods 510
Mobile food establishments 55
Plan reviews 53
Pre-operational inspections 65
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections at risk level 1</td>
<td>235</td>
</tr>
<tr>
<td>Inspections at risk level 2</td>
<td>45</td>
</tr>
<tr>
<td>Inspections at risk level 3</td>
<td>504</td>
</tr>
<tr>
<td>Mobile food inspections</td>
<td>37</td>
</tr>
<tr>
<td>Temporary/single event inspections</td>
<td>153</td>
</tr>
<tr>
<td>Reinspections for failed initial inspections (Risk 1)</td>
<td>24</td>
</tr>
<tr>
<td>Reinspections for failed initial inspection (Risk 2)</td>
<td>97</td>
</tr>
<tr>
<td>Reinspections for failed initial inspection (Risk 3)</td>
<td>156</td>
</tr>
<tr>
<td>Complaint related retail food investigations</td>
<td>108</td>
</tr>
<tr>
<td>Enforcement actions</td>
<td>42</td>
</tr>
</tbody>
</table>
3. Inform, Educate, and Empower People about Health Issues
All food managers at Risk Level 3 food establishments are required to obtain “Food Protection Manager” certification from an approved training organization per Chapter 24 (i.e. New Jersey’s rules governing sanitation in retail food establishments) Additionally, a few of our towns require each person handling food to obtain a food handler’s certification. Although, not a requirement of Chapter 24, it is a worthwhile training course.

Our partnership with HARP nursing agency from Hackensack University Medical Center has led to the promotion of the Health Ease program series which was developed by the New Jersey Department of Health to promote, support, and sustain older adults in living healthier, more independent lives through education and behavior change.

The 2018 series included following programs:
Standing Tall Against Falls
Bone Up Your Health: Osteoporosis
Be Wise About Your Medications
Keeping up the Beat: Heart Health
Keeping Your Mind Sharp
Serving Up Good Nutrition

Outreach to schools is vital in order to provide proper health information to adolescents who can be overloaded with a lot of alternative information in the social media era.

2018 programs for grades 6-12 offered:
Hands only CPR and Early Heart Attack Care
The New Generation of Tobacco Addiction
Dark side of the Sun/Skin Cancer Prevention
Everything You Need to Know about Drugs and the Teen Brain in 22 Minutes

Total number of educational events held in 2018 was 149
4. Mobilize Community Partnerships

Through our partnership with the Bergen County Community Health Improvement Partnership we have forged partnerships with various community groups to facilitate prevention, screening, rehabilitation, and support activities.

Our Public Health Nurse, Arlene Faustini, has played a major role in the ongoing initiatives of the Stigma Free committee in River Edge.

**Mid Bergen Regional Health Commission & The River Edge Health Department 2018 Stigma Free Initiative**

2/20/2018  “Lime-Out” Mental Health Awareness Night at River Dell H.S. Basketball game. **150 attendees.**

3/28/2018  “Understanding Childhood Anxiety”
            River Edge Library  **65 attendees**

5/4/2018   River Dell Girls Lacrosse game Mental Health Awareness event. **200 attendees**

5/10/2018  “Impact of Technology on Mental Health – The New Social Norm.”
            River Dell H.S. Library  **70 attendees**

6/5/2018   Mental Health Awareness Night.
            River Edge Swim Club. **100 attendees**

6/11/2018  “Preparing Your Kids For College- A Focus on Mental Health”.
            River Edge Library  **50 attendees**

9/14/2018  River Dell H.S. Football Game
            Stigma Free Awareness  **200 attendees**

12/11/2018 Opioid Awareness/ Prevention
            River Dell H.S.  **75 attendees**
5. Develop Policies & Plans which Support Individual & Community Health Efforts

Local Boards of Health play an important role in communities in public health advocacy. Our local health agency is comprised of fifteen communities, most of whom have local boards. These local boards consist of volunteers that help formulate policy under which the health department conducts activities. Most of these Boards are defined as being autonomous, meaning they have the legal authority to make health policy in the community. They can pass ordinances on issues of public health, and can adopt codes that have the force of law. Boards of Health can also conduct hearings operating in a quasi-judicial capacity.

2018 local ordinances by some of our Local Boards include:
- **New Milford**- Required Placement of Inspection rating placard in clear public view & additional fees imposed upon food establishments that do not pass inspection.
- **Ramsey & River Edge & Tenafly**- E-cigarette licensing fee to retail establishments selling e-cigs.

**Bergen County Public Health Partnership**- a coalition of the Local Health departments in the county that meets quarterly to discuss current public health issues in order to coordinate a uniform response to address matters that affect residents in multi-jurisdictions.

This Partnership exhibited collaborative efforts in addressing the West Nile Virus (WNV) outbreaks in late summer, early Fall 2018. 61 West Nile Virus cases were identified in 2018 in New Jersey, the highest number of cases ever reported in the State. In the County there were 3 deaths attributed to WNV in 2018.

Through coordinative efforts between our public health nurses, Mosquito control agency, Health Officers, and other local officials, we were successful in devising a integrated management plan including an educational public outreach along with minimal usage of safe, but effective pesticides.

The BCPHP also takes part in the implementation of the Community Health Improvement Plan, and Community Health Needs Assessment by meeting with all other partnering agencies, and taking part in task forces which implement outcome-based programs throughout the county. The Physical & Nutritional health taskforce instituted the 2018 Wellness challenge, an outgrowth of the CHIP, and established a fitness program. The Mental Health taskforce had an eating disorder workshop, a Holistic Health workshop, as well as links to addiction services.
6. Enforce Laws & Regulations to Protect Public Health & Safety

Registered Environmental Health Specialists are tasked with enforcing State & Local Codes, and Statutes. In order to ensure that rabies is not transmitted from wildlife or pets to humans we enforce the State regulation pertaining to the licensing and vaccination of household pets.

2018 pets licensed: 8,229 dogs
913 cats

2018 pets vaccinated in free rabies clinics: 895

Youth camps must be inspected before the start of summer camps begin:

2018 camps inspected: 18

Public Recreational Bathing facilities must also be inspected both prior to the season, and during the summer.

2018 bathing facilities inspected: 19 year round facilities
30 seasonal facilities

Tattoo & body art establishments must be licensed and inspected annually. These establishments also conduct procedures such as permanent cosmetics, microblading, and body piercing. Strict sanitization is required to prevent blood borne pathogen disease.

In 2018 our REHSs conducted inspections at 6 body art establishments.

In 2018 our Registered Environmental Health Specialists handled 1,139 public health nuisance complaints. Of these, 408 required some type of enforcement action
7. Link People to Services

- As part of our mission to assure that all people have access to essential health services, local health departments provide a variety of individual, clinical services such as screenings and checkups, referrals to appropriate medical care, and primary medical care and follow-up.

For more information, contact HARP 551-996-2038

<table>
<thead>
<tr>
<th>Key Facts &amp; Activities</th>
<th>2018 data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clinic-based medical visits provided</td>
<td>50</td>
</tr>
<tr>
<td>Number of individuals (unduplicated) who received care at health department clinics</td>
<td>30</td>
</tr>
<tr>
<td>Number of home-based nursing visits provided</td>
<td>130</td>
</tr>
<tr>
<td>Number of individuals (unduplicated) who received home nursing care from the health department</td>
<td>27</td>
</tr>
<tr>
<td>Number of referrals to medical follow-up, support programs, and/or accessible medical services</td>
<td>40</td>
</tr>
<tr>
<td>Number of children immunized to protect them from dangerous and deadly preventable diseases</td>
<td>352</td>
</tr>
<tr>
<td>Number of adults immunized to protect them from dangerous and deadly preventable disease</td>
<td>954</td>
</tr>
<tr>
<td>Total number of immunizations provided by LHD</td>
<td>1613</td>
</tr>
<tr>
<td>Total number of health screenings provided by the LHD</td>
<td>809</td>
</tr>
<tr>
<td>Number of individuals screened for Hypertension</td>
<td>612</td>
</tr>
<tr>
<td>Number of individuals screened for Tuberculosis</td>
<td>100</td>
</tr>
<tr>
<td>Number of individuals screened for Vision</td>
<td>25</td>
</tr>
<tr>
<td>Number of individuals screened for Hearing</td>
<td>25</td>
</tr>
<tr>
<td>Number of individuals screened for All Other</td>
<td>47</td>
</tr>
</tbody>
</table>

The data on this page applies to: Bogota Boro, Carlstadt Boro, Closter Boro, Englewood Cliffs Boro, Garfield City, Hasbrouck Heights Boro, Leonia Boro, Lodi Boro, New Milford Boro, Ramsey Boro, Ridgefield Park Village, River Edge Boro, South Hackensack Twp, Tenafly Boro, Wallington Boro.
8. Assure Competent Workforce

Each of our Registered Environmental Health Specialists (REHS) and the Health Officer is required to attain a total of 15 continuing education credits each year in order to maintain his/her license.

Among the programs attended in 2018 were:

- Rule changes to New Jersey Recreational Public Health Bathing Code
- E. coli outbreak linked to Romaine lettuce
- USDA Food Safety Retail labeling
- Climate Change Impact in New Jersey
- Update on Adenovirus
- Tick borne disease
- Medicinal Marijuana in New Jersey
- Influenza Update

Our nurses also must attain continuing ed credits. In 2018 programs attended by Nurses included:

- Updates on Influenza & the Affordable Care Act
- Annual Immunization conference: Integrating Innovations into Practice
- Fall communicable disease forum
- Sports Injuries in Teen Athletes
- Stop the Bleed
- CPR training
- Prevent, Prepare, & Protect against Vaccine Preventable diseases

We also provide learning opportunities to interns who have graduated college and want to pursue a career as an REHS. Each summer there is an 8-week course offered by Rutgers, “Environment & Public Health”, in which young professionals can complete a course leading to taking a State exam to obtain the required license. This is a critical opportunity to not only prepare someone to enter the workforce, but to see through hands-on training if this field is suitable to them. If you are interested in helping people, and the environment, while at the same time utilizing your expertise in biological principals, this field offers opportunities. In 2018 we hosted one intern who completed an 8-week internship with us, and obtained the REHS license afterwards. That person is now working on a permanent basis with MBRHC.
9. Evaluate Effectiveness, Accessibility, and Quality of Personal & Population Based Health Services
We are very proud that one of our Local Boards of Health has been cited by the New Jersey Department of Health’s Vaccine Preventable Disease Program for being a recipient of the 2018-19 New Jersey Influenza Honor roll
Congratulations to one of Mid Bergen’s partnering/contracting Local Boards of Health!

Influenza Honor Roll

Borough of Tenafly Board of Health
Mid-Bergen Regional Health Commission
Influenza Vaccine Clinics

- Participants three years of age and older are welcome.
- Participants 3-64 years of age; there’s a $20.00 fee for quadrivalent vaccine and $30.00 for preservative free vaccine.
- Participants 65 years of age or over must bring their Medicare Part B number or pay a fee. HMO participants should see their primary care.

By Appointment 201-599-6290
River Edge Health Department
705 Kinderkamack Road, River Edge, NJ 07661

September 25, 2018 10:00 am-11:30 am
October 2, 2018 4:00 pm-6:00 pm
Municipal Building
320 Boulevard
Hasbrouck Heights, NJ 07604

October 1, 2018 4:00 pm-7:00 pm
Community Center, 488 Hudson Terrace
Englewood Cliffs, NJ 07632

October 5, 2018 1:00 pm-4:00 pm
McCandless Room
100 Riveredge Rd, Tenafly, NJ 07670

October 10, 2018 10:00 am-1:00 pm
Public Library, 200 Dahlia Drive

October 11, 2018 10:00 am – 12 noon
Senior Center, 275 River Road
New Milford, NJ 07646

October 16, 2018 11:00 am – 1:00 pm
Senior Center, Finch Park
Ramsey, NJ 07446

October 17, 2018 11:30 am – 1:30 pm
Carlstadt Senior Center, 4th Street
Carlstadt, NJ 07072

October 18, 2018 2:00 pm-6:00pm
Leonia Library. 227 Fort Lee Road
Fort Lee Road, Leonia, NJ 07605
10. Research for Innovative solution for Innovative Health Problems

MBRHC sponsors Influenza Vaccine clinics to our partnering communities in affiliation with the nurses from the HARP agency. Over the past few years we have introduced high-dose vaccine in an effort to provide a more effective immune response in older adult patients.

Below is the research as provided by our Flu vaccine partner, Sanofi Pasteur.

**FLUZONE® HIGH-DOSE (INFLUENZA VACCINE)**

**PROVEN EFFICACYSAFETY INFORMATION**

For patients 65+, Fluzone High-Dose vaccine is the only senior influenza vaccine with superior efficacy compared with Fluzone vaccine.¹,² Fluzone High-Dose vaccine delivers 4X the amount of antigen of Fluzone vaccine.¹ Since 2009, more than 90 million doses have been sold in the United States.²

**PROVEN EFFICACY**

According to the randomized, controlled, head-to-head trial conducted in more than 30,000 seniors 65 years of age and older, over 2 flu seasons, **FLUZONE HIGH-DOSE VACCINE PROVIDED¹:**

**PRIMARY ENDPOINT**

24.2%

**BETTER PROTECTION**

FROM INFLUENZA

compared with Fluzone vaccine¹,²

Primary endpoint of the study was the occurrence of laboratory-confirmed, protocol-defined, influenza-like illness caused by viral strains regardless of their antigenic similarity to vaccine components.

**SECONDARY ENDPOINT**

51.1%

**BETTER PROTECTION**

FROM INFLUENZA

compared with Fluzone vaccine¹,²

A secondary endpoint of the study was the occurrence of culture-confirmed influenza caused by viral types/subtypes antigenically similar to those contained in the respective annual vaccine formulations in association with a modified Centers for Disease Control and Prevention-defined influenza-like illness.**PROVEN IN A RANDOMIZED CONTROLLED TRIAL TO PREVENT MORE CASES OF INFLUENZA IN ADULTS 65+ COMPARED WITH FLUZONE VACCINE¹,²**
President: Paul Viola 2004-Present

<table>
<thead>
<tr>
<th>Founding Member towns</th>
<th>Partnering towns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bogota</td>
<td>Carlstadt</td>
</tr>
<tr>
<td>Englewood Cliffs</td>
<td>Closter</td>
</tr>
<tr>
<td>Leonia</td>
<td>Garfield</td>
</tr>
<tr>
<td>New Milford</td>
<td>Hasbrouck Heights</td>
</tr>
<tr>
<td>River Edge</td>
<td>Ramsey</td>
</tr>
<tr>
<td></td>
<td>Ridgefield Park</td>
</tr>
<tr>
<td></td>
<td>Tenafly</td>
</tr>
<tr>
<td></td>
<td>Wallington</td>
</tr>
</tbody>
</table>