



*Morris Regional
Public Health Partnership*

ANNUAL REPORT 2009



Public Health
Prevent. Promote. Protect.

Health



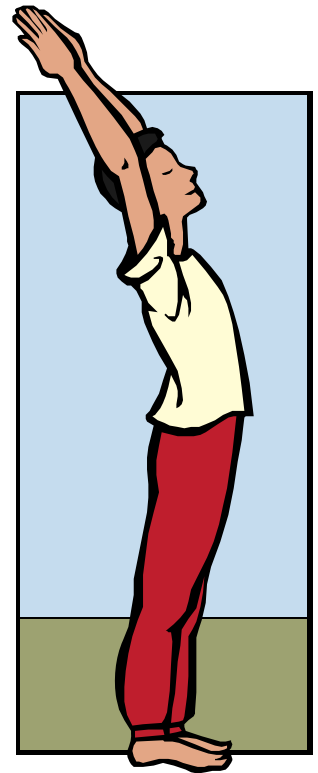
Planning



Community

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The Morris Regional Public Health Partnership, Inc., seeks to identify and act to improve the health needs of Morris County residents and welcomes the knowledge and experience of other individuals and organizations to assist that effort. If you would like more information, please contact us:

Carlo DiLizia

President

phone: 973-428-3036

Robert Schermer

Manager

phone: 201-447-1706

If you would like additional information about the program of the Morris County Public Health Partnership or the Medical Reserve Corps, please visit our Web site at www.morrispublichealth.org

Letter from the President

Dear Residents,



I am pleased to provide the 2009 annual report of activities undertaken by the Morris Regional Public Health Partnership and its associates. This report highlights their relationship to the goals and objectives set forth in the Morris County Community Health Improvement Plan (CHIP).

I am extremely grateful to the members of the governing body, the committee chair people, and all of the public health partners who have participated with our work. Their support has enabled its implementation with projects that are set forth in this report. As we enter our eighth year of planning activities, we will initiate a revised edition of the CHIP with fresh data, and revised goals and objectives. The support of the entire Partnership community will continue to be critical.

We encourage any health or social service agency that would like to participate in our current activities or would like to join us in carrying out CHIP initiatives to contact us. I can be reached at 973-428-3036 or at CD3@njlincs.net.

Wishing you the best of health,

Carlo DiLizia, President

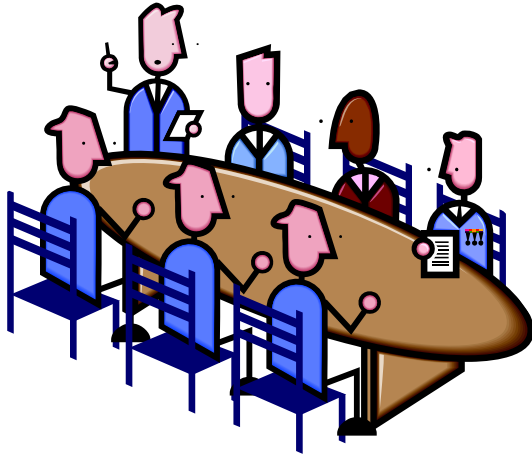
Public Health is the science and practice of protecting and improving the health of a community, by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.

In Morris County this includes the regular services of monitoring the environment for threats of disease, by conducting inspections of water supply, air quality, and land, animal control, restaurants and public places, and providing health related information to the public.

During times when emergencies occur, public health professionals act to control and prevent the further spread of communicable disease, advise the public, and cooperate with other emergency responders to contain and eliminate threats to health.

About the Morris Regional Public Health Partnership

The Morris Regional Public Health Partnership, Inc., is comprised of health and human services organizations serving Morris County, New Jersey. The Partnership, which was incorporated as a non-profit organization in 2004, was



founded by the county's municipal public health departments to study the health conditions affecting Morris County residents and to develop and promote plans and activities to improve their health status.

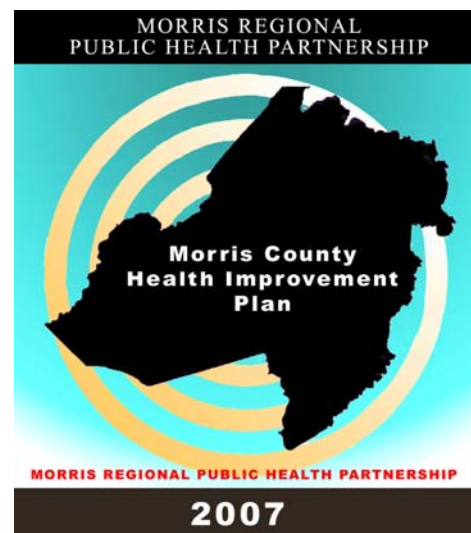
This work is accomplished with the participation of private non-governmental health and human services organizations that serve Morris County residents.

The establishment of the Partnership was motivated locally by several municipal health officers serving Morris County, and then supported by national activities intended to reform the delivery of public health services throughout the United States. One of these initiatives involves the implementation of uniform national public health performance standards. All municipalities in Morris County act to implement these important improvements:

- recognition that all health-related organizations, including hospitals and human services associations, are part of the public health system;
- development of county health plans that include those organizations in their preparation.

In keeping with this focus, one of the main objectives of the Partnership, as stated in its by-laws, is to “support coalition building with governmental and non-governmental organizations for the planning and implementation of public health service policies and projects.”

In 2007, the Partnership published the Morris County Health Improvement Plan (CHIP) with the aid of numerous health organizations, including the three hospitals located in the county, the American Cancer Society, and many others. The plan can be downloaded at no cost from the Partnership's Web site at www.morrispublichealth.org.



Community Impact Projects

THE PARTNERSHIP OFFERS A WIDE VARIETY OF EDUCATION SERVICES AND PROJECTS TO SUPPORT THE HEALTH AND WELL-BEING OF THE ENTIRE COMMUNITY.

The Morris Regional Public Health Partnership actively focuses on several conditions that threaten the health and longevity of the county's residents. It documents authoritative research to demonstrate that specific populations are more severely afflicted by these conditions than others. The County Health Improvement Plan recommends initiatives that may be implemented by a broad range of health and human services organizations—whether working independently or in concert—to improve the health status of the community. A primary aim of the Partnership is to stimulate organizations and individuals to develop crucial health-related programs and projects.

Partnership projects for 2009 addressed the following areas:

- COMMUNICABLE DISEASE
- HEALTH DEPARTMENT ACCREDITATION & QUALITY IMPROVEMENT
- MELANOMA PREVENTION
- PROSTATE CANCER RESEARCH
- SENIOR HEALTH IMPROVEMENT

In addition, the Partnership also seeks to address certain underlying issues, including those listed below, that affect the health status of Morris residents:

- The need to improve the management of the health system; in particular, to improve coordination and cooperation among private and public health and social services providers;
- The need to increase the availability of health education programs, particularly those that feature disease prevention and health promotion;
- The need to improve access to the health care system, especially for those who require support in understanding its components and how to obtain its benefits; this especially affects people with low income and those who are new residents in the United States.

WELL-BEING IS STRENGTHENED BY POSITIVE ATTITUDE, ACTION, AND KNOWLEDGE. WE HOPE OUR OFFERINGS WILL HELP THE ENTIRE COMMUNITY FIND THE PATH TO A HEALTHY LIFESTYLE.



Shared Municipal Health Services

The Morris Regional Public Health Partnership is pleased to work collaboratively with the following organizations to deliver countywide and municipal shared health services:

American Cancer Society

Atlantic Health Systems

Chilton Hospital

Drew University

First Call For Help System

Morris County

NJ Office of Cancer Control and Prevention

Morris County Parks Commission

Morris County Prevention is Key

Screen for Life

St. Clare's Hospital

Zufall Health Center



H1N1

Novel H1N1 flu, popularly known as swine flu, is a respiratory infection caused by an influenza virus first recognized in spring 2009. The new virus, which is officially called swine influenza A (H1N1), contains genetic material from human, swine, and avian flu viruses.

The term "swine flu" refers to influenza in pigs. Occasionally, pigs transmit influenza viruses to people—mainly hog farm workers and veterinarians. Less often, an infected person passes the infection to others. People cannot catch swine flu from eating pork.

Unlike typical swine flu, H1N1 flu spreads quickly and easily. In June 2009, when the infection's spread had been verified worldwide, the World Health Organization declared H1N1 flu a global pandemic.

An H1N1 vaccine has been developed for the 2009-10 flu season.

Summary: The H1N1 Year

In 2009, H1N1 was a major threat. Now that the virus appears to have receded, so have the memories of the anxiety it instilled in both public health leaders and the community. Throughout the year, news of deaths from the disease as it occurred in Mexico was alarming. The risk to children was high and that risk had to be contained and prevented. News had to be steadily monitored, preparations for vaccine development and delivery arranged, volunteers kept ready, good data obtained, and communications between decision makers and the public established. Effective organization and management was key.

Health departments in Morris County coordinated to face the pandemic. There was a great deal of tension and uncertainty surrounding the availability of vaccine to accommodate the needs of all Morris County municipalities. The Morris County Public Health Partnership put all of its efforts into assisting local health departments and accomplishing its primary goal of preventing disease.

Recognizing the H1N1 threat and the fear it engendered, the partnership worked closely with local health departments to disseminate accurate information about H1N1, educate residents about risk, provide essential prevention information, and

communicate with health care providers to establish a network of clinics. The print media, 211, and cable television were enlisted to assist with information gathering and dissemination.

Local health departments responded in an aggressive manner and worked cooperatively to share services, materials, supplies, and even the vaccine itself. Frequent contact was maintained with the Center for Disease Control, the New Jersey Department of Health & Senior Services, and all parties active in the planning and organizing of H1N1 vaccine distribution.

There was considerable turmoil regarding the availability of vaccine. The delivery times continued to shift, often affecting planned clinic schedules. Despite these difficulties, clinics were conducted in every Morris County municipality and over 82,000 residents received the vaccine. Fifty-two thousand of these were delivered by local health departments.

Despite the difficulties, H1N1 prevention activities were successfully accomplished and serve as an example of the dedication, hard work, and spirit of collaboration displayed by the wide variety of disciplines responsible for public health and disease prevention.

H1N1 – The Collaborators

H1N1, a threat requiring global cooperation, stimulated public health activity worldwide. The Morris County Office of Health Management and the county's municipal health departments were an integrated part of that complex effort. A national goal to vaccinate fifty percent of the most vulnerable people – children and pregnant women – was established. Offering free clinics and flexible scheduling, the Morris County health departments reached a majority of these populations in every municipality, exceeding their target goals.

Collaboration among the health departments and the media took place to educate the public about the H1N1 threat. Local media was monitored to ensure that the pandemic was regularly covered. Detailed information about the clinics, including priority age groups, dates, times, and locations, was regularly provided to the media. Due to inconsistent availability of the vaccine, frequent changes to the schedules required continuous updates.

Local health departments became adept at responding to public concerns about the vaccine's availability. With phones constantly ringing, the departments provided voice-mail messages, deployed staff to handle additional phones, and perform with

dignity and calm throughout this stressful time.

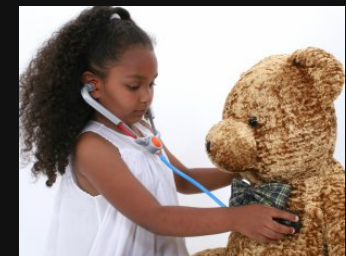
Vaccine Acquisition

Local health departments carefully planned clinics and placed orders for vaccines based on projected volumes of activity. Difficulties became immediately apparent as scheduled delivery deadlines were not met. However, as vaccine became available, the local health departments collaborated to assure that their high risk populations were inoculated. There was much sharing and coordination among the departments.

Communication and Roles of Other Providers

All health care providers were considered part of the communication network. The Morris County Office of Health Management played a key role in coordinating communications. The MCOHM oversaw the distribution of vaccine and supplies to the municipalities. If one town had a surplus, it facilitated sharing with another that was in need.

Conference calls were held at least weekly by local health officers and public health nurses to assess Morris county needs and the availability of resources. Public health nurses conducted routine monthly phone meetings to share information, discuss problems, and learn which clinic and information strategies were providing the best results.





The Morris County epidemiologist worked closely with the New Jersey Department of Health and Senior Services surveillance team to monitor identified cases of H1N1 in the county. As new and more specific criteria for identifying the virus was confirmed, the epidemiologist shared all relevant information with the municipal health departments and other health professionals for immediate implementation. In turn, the local health departments and providers distributed the information to the medical community, hospitals, schools, and other community resources.



Local hospitals, educators, doctors, and other service providers provided prevention measures by testing members of their communities who showed symptoms of the virus, collecting laboratory specimens and sending them to the state health lab.



Partnership Initiates Public Information Risk Communication Program

In recognition of the critical role communication plays in crisis management, the Morris County Public Health Partnership held training sessions at which health officers learned how to present information for television interviewers. The Advanced Spokesperson Media Training was designed by NJDHSS. The goal of this effort was to increase spokesper-



son skill in sharing vital public health information about disease prevention with the public. During the training session, health officers were tasked with delivering a message before a live camera. The video was then evaluated by an experienced television professional. The process was as follows:

The health officers were provided with a review of basic risk communication principles. They then developed a scenario based on the key messages to be delivered using risk communication techniques. A reporter interviewed each health officer, producing a video. The video was used for evaluation, with the goal of improving each participant's communication skills.

Other Public Health Future Threats

While H1N1 continues to be a worldwide threat it is only one among many. Conditions such as MRSA, Pertussis (whooping cough), West Nile Disease, and SARS are also still viable problems. Public health faces future issues of sufficient funds to protect vulnerable populations that they serve.

Public Health — What All of Us Can Do

There is, however, much that can be accomplished through education that



directly stimulates prevention. This includes sharing of information and good health practices including nutrition, physical fitness, school health programs, smoking cessation programs, elimination of second hand smoke, and encouraging vaccination programs. It also includes reminding people to abide by the proven techniques of hand washing, exercising good coughing and sneezing habits, and avoiding public contact when ill. These are practices and actions that everyone can take and which can easily be taught.

To learn about these and other prevention techniques get to know your municipal health department. Invite your local health officer to be a speaker at clubs and other group gatherings.

It is important for the public to know and keep contact information for their municipal health department. Your local health officer can help you stay informed of information and resources you might need. The partnership can also assist you. Stay informed. Stay connected.

Additional Partnership Activities 2009

The major response by the Partnership to assist the H1N1 prevention campaign served to delay priority partnership activities on behalf of obesity and domestic violence. These

will be pursued in 2010. However, despite the disruption in planned services, the MRPHP launched two training programs funded through a grant from the New Jersey Health Officers Association.

One training program involved staging a mock vaccination clinic with all participants responding as if it were a mass crisis. This training program, under the leadership of the Morris County Offices of Health Management, involved public health nurses, several municipal health department staff members and the volunteers from the Morris County Medical Reserve Corps (MC MRC).

Role of the Morris County Medical Reserve Corps (MRC)

Of particular significance was the role of the MC MRC. This group of countywide volunteers, under the auspices of the Morris County Office of Health Management, was formed to assist during times of public health emergencies such as pandemics and bio-terror attacks. The MRC was provided training for such events as the H1N1 crisis. 2009 was the most active year for the MC MRC since its beginning five years ago.

Over 1,154 hours of volunteer service was provided for an impact result of \$12,750.00. Over one hundred volunteers were trained in "Surge Ca-

- **Eat Right!!**
- **Exercise**
- **Take part in school health programs such as extracurricular sports**
- **Stop smoking and eliminate second hand smoke**
- **Take part in vaccination programs, and encourage your family and friends**
- **Wash your hands frequently**
- **Sneeze and cough into your elbow and hand not in the open**
- **Avoid public contact when ill**
- **Visit your public health information websites for further information**

Medical Reserve Corps (MRC)

The MRC was founded after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. It is a partner program with Citizen Corps, a national network of volunteers dedicated to ensuring hometown security.

MRC units are community-based and function as a way to locally organize and utilize volunteers who want to donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year. MRC volunteers supplement existing emergency and public health resources.

MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Many community members – interpreters, chaplains, office workers, legal advisors, and others – can fill key support positions.

capacity Vaccinator Training" in order that they might assist countering such events as the H1N1 pandemic. The MRC was trained in the use of the Pharmajet (a needleless vaccination system), and assisted with vaccination clinics throughout Morris and Sussex Counties.

A Morris County MRC Operations/Management Plan manual and a Volunteer Handbook was also developed, and Morris County was the first county in New Jersey to respond to a request for action during the H1N1 pandemic.

Outreach and recruiting activities were also conducted and resulted in projects that led to the development with the American Red Cross of special needs shelter plans in Morris County. New and ongoing relationships were cemented with the Morris County Regional Public Health Partnership, Local American Red Cross, Local Salvation Army, St. Clare's Medical Center, and the Morristown Medical Center.

The MC MRC was the recipient of a \$5,000 Capacity Building Award from NACCHO, and received letters of appreciation from the County of Sussex, Morris County Office of Emergency Management, and from Robert Tosatto, Director, Office of the Civilian Volunteer Medical Reserve Corps.

More volunteers are needed for the

MC MRC. For additional information about the MC MRC please contact Cindie Bella at Morris County Office of Health Management 973-631-5484.

Quality Improvement Grant and Project

The Partnership obtained the New Jersey Health Officers Association, Robert Wood Johnson funded, Quality Assurance and Quality Improvement project grant. The grant is a part of the national effort for voluntary accreditation.

This initiative was inaugurated in anticipation of New Jersey public health department accreditation – to originate and test quality improvement procedures. The partnership is now acting to improve the number and rates of children's seasonal vaccination, initiate a program of customer service to improve communications and services to the licensed food establishments. In Morris County these food service inspections are managed by the municipal health departments.

Learning from Experience

Training on communication with county residents proved very helpful, as was the refresher technical training which taught how to store vaccine and prepare it specifically for H1N1 use. Due to the fact that children, not adults, were the high risk group, it required a different process of vaccine preparation.

We now know that such potential epidemics are not going away. But the experience gained will find us well prepared for the future.

The Future

The year 2010 and likely beyond will see changes affecting public health. During economic downturns there will be consolidations of health departments, health officers and a general decline in public health departments. The impact of the recent Healthcare Reform legislation is uncertain until the details of its contents are analyzed and implementing regulations are published. There is some reason to be optimistic in that there is likely to be more emphasis on wellness, prevention and primary care. This could afford public health departments opportunities to fill gaps where such services do not readily exist.

With the likelihood that epidemics will recur, updating training for crisis preparation and management will be considered a necessary and routine function. Assessing resources in a period of economic decline will require ongoing planning.

The opportunities exist as do the threats, but awareness, networking, maintaining relationships and communications, monitoring data, careful planning should create an environment for effectiveness.

PUBLIC HEALTH TERMS DEFINED

HEALTH OFFICER

“Health officer” means an individual who is licensed and is employed full-time as the chief executive officer of a municipal, regional, county or contractual health agency. This individual is responsible for evaluating health problems, planning appropriate activities to address these health problems, developing necessary budget procedures to finance these activities, and directing staff to carry out these activities efficiently and economically.

EPIDEMIOLOGY

“Epidemiologist” means an individual who is responsible for data instrument design; data analysis; problem solving, development and evaluation of surveillance activities; the design, conduct, and reporting of research projects with the capacity to investigate and describe the determinants and distribution of disease, disability, and other health outcomes; and developing the means for disease prevention and control.

HEALTH EDUCATOR

“Health educator” means an individual who is responsible for assessing individual and community health education needs; planning, implementing, and evaluating effective health education programs; coordinating health education services; serving as a resource person in health education; and communicating health and health education needs, concerns, and resources.

PUBLIC HEALTH NURSE

“Public health nurse” means an individual who uses knowledge from nursing, social, and public health sciences to promote and protect the health of populations through the performance of core public health services”.

REGISTERED ENVIRONMENTAL HEALTH SPECIALIST

“Registered Environmental Health Specialist” means an individual who is responsible for performing inspections, compiling proper records of such inspections, informing responsible parties of violations, the sanitary basis thereof, methods of abating such violations, and securing evidence that may be necessary for legal action.



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