OCEAN COUNTY HEALTH DEPARTMENT

2021 ANNUAL REPORT

Promoting Healthy Lifestyles and a Clean and Safe Environment
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Virginia E. Haines, Deputy Director
Barbara Jo Crea
Gary Quinn
Joseph H. Vicari

OCEAN COUNTY BOARD OF HEALTH

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Commissioner Barbara Jo Crea
Liaison to the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA)
Community Members and Public Health Partners,

It is our joy to present the Ocean County Health Department (OCHD) 2021 Annual Report. The OCHD was proud to be a public health leader navigating one of the most challenging and ever-changing public health threats of our time: COVID-19. The rise of this virus saw public health take a long-term place in the foreground of our residents’ minds, a shift that proved to be both a challenge and an opportunity; those who bore the brunt of the pandemic professionally also resonated with the very real, personal impact it had.

Together with you, we have weathered the storm of this pandemic. Now, we humbly reflect on the immense courage displayed, lessons learned, and collaboration that grew in our collective perseverance through times of uncertainty.

We saw this perseverance and dedication shine through the full time staff, seasonal staff, Medical Reserve Corps volunteers, OCHD interns, and community partners who not only took their place in the ranks of the fight against COVID-19 but also ensured the continual provision of clinical care, linkages to care, and health education for our residents. The COVID-19 testing program continued through 2021. Our vaccination program saw a notable expansion with the incorporation of the highly sought-after Moderna, Pfizer, and Janssen COVID-19 vaccines. With considerable collaboration, we were able to establish three regional COVID-19 vaccination clinics, and numerous community-based and homebound clinics designed to meet the unique needs of residents across the county.

In other strides forward, the OCHD maximized utilization of clinical technologies, underwent rapid expansion of a diverse public health workforce, and implemented continuous quality improvement efforts to ensure a robust and efficient public health response to benefit the health of Ocean County residents. The growth that took place in 2021 will help us to continue functioning with excellence, offering the best we can to communities throughout Ocean County. We invite you to learn more about our public health initiatives through our website, www.ochd.org, and we sincerely thank you for your invaluable partnership with us through 2021.

John J. Mallon
Chairman of the Board

Daniel Regenye
Daniel E. Regenye, MHA
Public Health Coordinator/Health Officer
Our Mission Statement

In partnership with our community, we are committed to serving as a leader to promote healthy lifestyles, ensure a clean and safe environment, and provide high-quality public health services to protect our present and future generations.

Guiding Principles

1. To assess public health priorities of the community through comprehensive health planning;

2. To inform and educate our community about public health issues and concerns;

3. To empower individuals to take responsibility for their health and wellness and that of their communities;

4. To utilize a systemic, team approach to effectively solve problems and achieve our mission; and

5. To promote a work environment which continually strives to incorporate our agency’s values.

Strategic Priority Areas

- Agency Engagement, Development, and Performance
- Community Collaboration, Assessment and Quality Improvement
- Emerging Public Health Threats and Response
- Maximizing Utilization of Technology and Innovation

Values

- Integrity
- Diversity
- Adaptability
- Professionalism
- Respect

- Cultural Competence
- Compassion
- Innovation
- Equality
The Ocean County Health Department (OCHD) and its Board of Health are governed by the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C. 8:52. Inherent duties and responsibilities are summarized in the three Core Public Health Functions and the Ten Essential Public Health Services.

Core Public Health Functions:

• Assess and monitor the health of communities and at-risk populations to identify health problems and priorities.
• Formulate public policies with community and government leaders to address local and national public health problems and priorities.
• Provide all populations with access and appropriate and cost-effective care, including health promotion, disease prevention, and follow-up evaluation.

10 Essential Public Health Services:

• Assess and monitor population health.
• Investigate, diagnose, and address health hazards and root causes.
• Communicate effectively to inform and educate.
• Strengthen, support, and mobilize communities and partnerships.
• Create, champion, and implement policies, plans, and laws.
• Utilize legal and regulatory actions.
• Enable equitable access.
• Build a diverse and skilled workforce.
• Improve and innovate through evaluation, research, and quality improvement.
• Build and maintain a strong organizational infrastructure for public health.

The OCHD worked diligently in 2021 to ensure continuity of operations for core public health functions while delivering a robust COVID-19 response. Throughout the year, we consistently aligned our services with the core public health functions and services outlined above. We worked closely with community partners in strengthening the overall public health system in order to respond to the challenges and risks of the pandemic, transforming operations rapidly and in unprecedented ways.

The public health system includes a network of public health agencies at state and local levels, healthcare providers, public safety agencies, human service and charity organizations, education and youth development organizations, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations. The OCHD remains committed to continue working in close collaboration with diverse community partners, and as members of local coalitions. The OCHD extends its deepest appreciation to our many community partners for serving alongside us in the effort to protect and promote public health for the residents and visitors of Ocean County.
Community Partners

- Allies Inc.
- Beth Medrash Gevoha
- Big Brothers/Big Sisters of Ocean County
- Caregivers of Central Ocean County
- Central Jersey Family Health Consortium
- Catholic Charities of Ocean County
- Centers for Health, Education, Medicine and Dentistry (CHEMED)
- Central Jersey Family Health Consortium
- Chambers of Commerce:
  - Lakewood Chamber
  - Southern Ocean County Chamber
  - Toms River Chamber
- Children’s Home Society of New Jersey
- Children’s Interagency Coordinating Council (CIACC)
- Commission for the Blind and Visually Impaired
- Community Medical Center Foundation
- Community Options Inc.
- County Animal Response Team (CART)
- County of Ocean
- DART Coalition
- Easterseals
- Deborah Heart and Lung Center
- Family Planning Center of Ocean County, Inc.
- Faith-Based Initiative of Ocean County
- Georgian Court University
- Governor’s Council on Alcohol and Drug Abuse
- Hackensack Meridian Health
- Health Advisory Group for the Community Health Improvement Plan
- High Intensity Drug Trafficking Area (HIDTA) Program
- Humane Society of the United States
- Interfaith Hospitality Network
- Jay and Linda Grunin Foundation
- Juvenile Justice Committee
- LADACIN Network
- Lakewood Complete Town Committee
- Lakewood Emergency Preparedness Council
- La Leche League of Ocean County
- L.E.A.P., Lakewood Head Start Program
- Local Advisory Committee on Alcohol and Drug Abuse
- Local Emergency Planning Council
- Long Beach Island Health Department
- Monmouth Ocean Breastfeeding Coalition
- NAACP
- New Hope Foundation
- New Horizons in Autism Inc.
- New Jersey Action for Healthy Kids
- New Jersey BREATHES
- New Jersey Comprehensive Cancer Control Program
- NJ Healthy Communities Network
- NJ HealthEASE
- NJ SNAP-Ed
- New Jersey Department of Health
- New Jersey Department of Human Services
- New Jersey Department of Environmental Protection
- New Jersey State Police
- O.C.E.A.N. Inc., Health Advisory Council
- Ocean County Board of Social Services
- Ocean County College
- Ocean’s Harbor House
- Ocean Health Initiatives (OHI)
- Ocean County Association of School Administrators
- Ocean County Office of Emergency Management
- Ocean County Office for Individuals with Disabilities
- Ocean County Emergency Response Committee
- Ocean County Executive Superintendent’s Office
- Ocean County Human Services Advisory Council
- Ocean County Library
- Ocean County Municipal Alliances
- Ocean County Office of Senior Services
- Ocean County Planning Department
- Ocean County Professional Advisory Council (PAC) Committee
- Ocean County Prosecutor’s Office
- Ocean County Sheriff’s Department
- Ocean County Special Needs Shelter Plan Working Group
- Ocean Mental Health Services
- Ocean/Monmouth Health Alliance
- Preferred Behavioral Health of New Jersey
- Providence House
- Providers Advisory Committee on Alcohol and Drug Abuse (PACADA)
- Public Health Emergency Preparedness Advisory Committee
- Puerto Rican Congress of New Jersey, Inc.
- Stockton University
- RWJ Barnabas Health
- Rutgers University & Rutgers School of Public Health
- Seashore Family Counseling Services
- Southern Ocean County Coalition Against Substance Abuse (SOCASCA)
- Southern Regional Governmental Public Health Partnership
- St. Francis Community Center
- The Arc, Ocean County Chapter
- Toms River Field of Dreams
- Toms River Mayor’s Wellness Campaign
- Toms River United Sustainability Team
- United States Drug Enforcement Agency (DEA)
- United Way
- Youth Services Commission
- YMCA NJ Healthy Communities Network
Public Health Services and Statistics

The OCHD consists of numerous departments and divisions that provide diverse services to residents and visitors of Ocean County. While not inclusive of every service available, outlined below are some of the key programs provided. Note: some programs may require eligibility screening.

**Alcohol and Drug Services**
- Alcoholism & Substance Abuse Committees
- Intoxicated Driver Resource Center (IDRC)
- Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)
- Municipal Alliances
- Treatment Coordination and Referrals
- Treatment funding for eligible residents
- Ocean County Overdose Fatality Review
- Substance Abuse Prevention Education

**Animal Shelters and Adoptions**
- Northern Ocean County Animal Facility (Jackson)
- Southern Ocean County Animal Facility (Stafford)
- Services offered:
  - Pet Adoptions and Surrenders
  - Rabies Clinics/Animal Vaccinations
  - 24 Hour Receiving Area for ACOs

**Chronic Disease Services**
- *Live Healthy Ocean County! Program*
- Blood Pressure Screening
- Cholesterol and Glucose Screening
- Diabetes Prevention and Control Services
- Eye/Vision Screening
- Heart Disease and Stroke Prevention
- New Jersey Cancer Education and Early Detection Program (NJ-CEED)

**COVID-19 Services**
- Case Investigation and Contact Tracing
- COVID-19 Adult and Pediatric Vaccinations
- COVID-19 Hotline and General Inquiries
- COVID-19 PCR Testing
- Health Education and Outreach Activities
- Long Term Care Outbreak Response
- Pandemic Response Coordination
- School Outbreak Response
- Social Service Coordination and Referrals

**Emergency Preparedness and Planning**
- Becoming a Fixed Facility in Ocean County
- COVID-19 Pandemic Response (Mass Testing and Vaccination Clinics)
- Expansion Epidemiology and Laboratory Capacity (ELC) Grant Management
- Health Alert Network (HAN)
- Health Preparedness and Planning Activities
- Home Preparedness Resources and Activities
- Local Information Network and Communication System (LINCS)
- Medical Reserve Corps (MRC)
- Strategic National Stockpile (SNS)
Environmental Health Services – Consumer Health
- Body Art Facility Inspections
- Kennel/Pet Shop Inspections
- Proprietary Campground Inspections
- Public Health Nuisance Complaint Investigations
- Public Pool and Spa Inspection and Enforcement
- Recreational Bathing Beach Inspections
- Retail Food Establishment Inspections and Plan Reviews
- Septic System Installation Plan Review and Repair Inspections
- Site Plan and Subdivision Reviews for Local Planning and Zoning Boards
- Smoking Enforcement in Public Places
- Tanning Facility Inspections
- Wells and Septic Systems Certification Inspections
- Well Water Analysis Certifications for New Construction, Replacement Wells/Re-sales
- Youth Camp Safety Inspections

Environmental Health Services – Environmental Protection and Services
- Air Pollution Complaints
- Childhood Lead Poisoning Investigations
- Control of Rodent/Vectors of Disease
- Enforcement of State and Local Regulations
- Environmental Complaint Investigations
- Ground and Surface Water Investigations
- Hazardous Material Incidence Response
- Public non-community well inspections (transient and non-transient)
- Noise Investigation and Enforcement
- Right to Know Program
- Solid Waste Facility/Complaint Inspections

Health Education and Community Assessment
- Community Health Needs Assessment
- Community Health Improvement Plan
- Faith-Based Initiative
- Local and Annual Health Reports
- Strategic Planning and Policy Development
- Emerging Public Health Issues Education
- Dental Coordination and Education
- Health Education Programming
- Health Fairs and Tabling Events
- Ocean County Data Book
- Public Health Is You Too! (PHU2) Initiative
- School Health Ambassador Program
- Substance Abuse Prevention Programming
- Workplace Wellness Initiative
Infectious Disease Services

• Animal Bite Investigations and Quarantine
•ARCH Nurse Program
•Bloodborne Pathogen Program
•Communicable Disease Investigations
•Domestic Animal Rabies Vaccination Clinics
•Epidemiology and Surveillance
•Foodborne and Other Infectious Disease Investigations and Education
•Hepatitis C Virus Counseling and Testing
•Hepatitis C Virus Treatment
•HIV/AIDS Care and Treatment
•HIV Counseling and Testing
•Monitoring of Emerging Infectious Diseases
•PrEP for HIV Prevention
•Rabies Control and Consultation
•School Immunization Audits
•Sexually Transmitted Infection Screening
•Tuberculosis Care and Treatment
•Tuberculosis Screening
•Vaccinations
  – COVID-19 – Adult and Pediatric
  – Occupational Hepatitis B Virus
  – Pneumococcal Pneumonia
  – Rabies Human Pre-Exposure
  – Tdap (Tetanus, Diptheria, Pertussis)
  – Seasonal Influenza
  – Shingles (Zoster)

Maternal and Child Health Services

• Breastfeeding Peer Counseling
• Childhood Blood Lead Prevention Program
• Community Outreach and Engagement
• Early Intervention Services
• Farmer’s Market Voucher Distribution
• Hemoglobin Testing and Education
• Lactation Consultations and Support
• Nutrition Counseling
• Referrals for Health and Social Services
• Special Child Health Services
• WIC Program

As outlined by the Public Health Practice Standards of Performance for Local Board of Health in New Jersey, N.J.A.C. 8:52., public health services shall include administrative services as set forth at N.J.A.C. 8:52-5, health education services as set forth at N.J.A.C. 8:52-6, public health nursing services as set forth at N.J.A.C. 8:52-7, and the three core functions of public health: assurance, assessment, and policy development. The Ocean County Health Department implements these practice standards within the array of various programs and services outlined above. Highlighted programs are addressed in greater length later in the Annual Report.
<table>
<thead>
<tr>
<th>Asset Class</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Bites and Rabies Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animal Bites – human incidents reported</td>
<td>988</td>
<td>655</td>
</tr>
<tr>
<td>Rabid/suspected rabid animal-bites-domestic animal incidents reported</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td>Body Art, Tattoo, and Permanent Cosmetics Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed body art establishments operating in area</td>
<td>47</td>
<td>64</td>
</tr>
<tr>
<td>Routine inspections of licensed body art facilities conducted</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>Non-routine emergency and complaint-related inspection of body art facilities</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Health Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education single sessions delivered by the OCHD</td>
<td>377</td>
<td>280</td>
</tr>
<tr>
<td>Health education multi-session delivered by the OCHD</td>
<td>579</td>
<td>86</td>
</tr>
<tr>
<td>Individualized Clinic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic-based medical visits provided</td>
<td>9,919</td>
<td>4,182</td>
</tr>
<tr>
<td>Unduplicated individuals who received clinic-based medical services</td>
<td>5,019</td>
<td>1,236</td>
</tr>
<tr>
<td>Home-based nursing visits provided</td>
<td>530</td>
<td>176</td>
</tr>
<tr>
<td>Unduplicated individuals who received home-based nursing services</td>
<td>83</td>
<td>683</td>
</tr>
<tr>
<td>Immunizations administered to children 0 – 4</td>
<td>59</td>
<td>30</td>
</tr>
<tr>
<td>School age immunizations administered</td>
<td>113</td>
<td>1,043</td>
</tr>
<tr>
<td>Adult Immunizations administered</td>
<td>924</td>
<td>62,729</td>
</tr>
<tr>
<td>Older adult immunizations administered</td>
<td>1,003</td>
<td>55,004</td>
</tr>
<tr>
<td>Clinic Screenings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood blood lead</td>
<td>837</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>34</td>
<td>26</td>
</tr>
<tr>
<td>STD, other than HIV/AIDS</td>
<td>1,712</td>
<td>888</td>
</tr>
<tr>
<td>HIV (through the HIV Counseling and Testing Program)</td>
<td>201</td>
<td>340</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>109</td>
<td>12</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>109</td>
<td>25</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>837</td>
<td>370</td>
</tr>
<tr>
<td>Hypertension</td>
<td>921</td>
<td>370</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>420</td>
<td>213</td>
</tr>
<tr>
<td>Vision</td>
<td>255</td>
<td>46</td>
</tr>
<tr>
<td>Others</td>
<td>178</td>
<td>352</td>
</tr>
<tr>
<td>Inquiries, Issues and Complaint Investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts received</td>
<td>966</td>
<td>1,347</td>
</tr>
<tr>
<td>Investigations</td>
<td>2,892</td>
<td>3,096</td>
</tr>
<tr>
<td>Enforcement actions taken by OCHD</td>
<td>115</td>
<td>118</td>
</tr>
<tr>
<td>Kennels, Pet Shops, and Shelter/Pound Facilities</td>
<td>2019</td>
<td>2021</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Licensed pet shop facilities operating in the OCHD services area</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>Routine inspections conducted by the OCHD</td>
<td>31</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rabies Vaccination Clinics</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td># of clinics other than at the OCHD animal facilities</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td># of clinics at the OCHD animal facilities</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td># of animals vaccinated</td>
<td>4,769</td>
<td>3,618</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potable Well and Drinking Water Safety</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potable well inspections conducted</td>
<td>603</td>
<td>732</td>
</tr>
<tr>
<td>Unduplicated potable wells inspected</td>
<td>603</td>
<td>732</td>
</tr>
<tr>
<td>Potable well investigations</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proprietary Campgrounds</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed/approved proprietary campground operations</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Routine inspections of proprietary campground facilities</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Non-routine emergency/complaint-related inspections of campground facilities</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recreational Bathing Facilities – Number of Licensed Public Recreational Bathing Facilities Operating in the Service Area</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year round facilities</td>
<td>54</td>
<td>51</td>
</tr>
<tr>
<td>Seasonal facilities</td>
<td>508</td>
<td>515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recreational Bathing Facilities – Number of Public Recreational Bathing facilities of Each Type in the Service Area</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming/wading pool</td>
<td>402</td>
<td>422</td>
</tr>
<tr>
<td>Hot tub/spa</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Bathing beach – bay/ocean</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Bathing beach - river</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Bathing beach - lake</td>
<td>24</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recreational Bathing – Pre-operational Inspections</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-round facilities</td>
<td>44</td>
<td>38</td>
</tr>
<tr>
<td>Seasonal facilities</td>
<td>450</td>
<td>310</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recreational Bathing – Routine Inspections</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-round facilities</td>
<td>40</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recreational Bathing – Non-Routine Inspections</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year-round facilities</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Seasonal facilities</td>
<td>19</td>
<td>31</td>
</tr>
</tbody>
</table>
### Recreation Bathing - Closed Features/Facilities

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming/wading pool</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Seasonal facilities</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>

### Recreational Bathing

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCMP sites in this services area</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Sanitary surveys conducted on bathing beach – ocean/bay</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>Sanitary surveys conducted on river</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Sanitary surveys conducted on lakes</td>
<td>19</td>
<td>27</td>
</tr>
</tbody>
</table>

### Retail food Establishment Safety – Processes – Licensed Establishment of Each Type Operating in this Area

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent fixed Risk Level 1 (low risk)</td>
<td>699</td>
<td>642</td>
</tr>
<tr>
<td>Permanent fixed Risk Level 2 (medium risk)</td>
<td>1,888</td>
<td>1,848</td>
</tr>
<tr>
<td>Permanent fixed Risk Level 3 (high risk)</td>
<td>843</td>
<td>629</td>
</tr>
<tr>
<td>Mobile</td>
<td>262</td>
<td>312</td>
</tr>
</tbody>
</table>

### Retail Food Establishment Safety - Inspections

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail food establishment plan reviews conducted</td>
<td>212</td>
<td>215</td>
</tr>
<tr>
<td>Pre-operational retail food establishments inspected</td>
<td>197</td>
<td>190</td>
</tr>
</tbody>
</table>

### Number of Routine Inspections Conducted

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent fixed Risk Level 1 (low risk)</td>
<td>440</td>
<td>260</td>
</tr>
<tr>
<td>Permanent fixed Risk Level 2 (medium risk)</td>
<td>1,216</td>
<td>1,088</td>
</tr>
<tr>
<td>Permanent fixed Risk Level 3 (high risk)</td>
<td>843</td>
<td>629</td>
</tr>
<tr>
<td>Mobile</td>
<td>262</td>
<td>312</td>
</tr>
</tbody>
</table>

### School Immunization Record Audits

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare/pre-K facilities operating in this area</td>
<td>118</td>
<td>174</td>
</tr>
<tr>
<td>Childcare/pre-K facilities that were audited</td>
<td>118</td>
<td>140</td>
</tr>
<tr>
<td>Kindergarten facilities in this area</td>
<td>134</td>
<td>159</td>
</tr>
<tr>
<td>Kindergarten facilities audited in the most recently completed school year</td>
<td>127</td>
<td>69</td>
</tr>
<tr>
<td>Grade 1 facilities in this area</td>
<td>136</td>
<td>58</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Grade 1 facilities audited in the most recently completed school year</td>
<td>127</td>
<td>55</td>
</tr>
<tr>
<td>Grade 6 facilities in this area</td>
<td>82</td>
<td>96</td>
</tr>
<tr>
<td>Grade 6 facilities audited in the most recently completed school year</td>
<td>78</td>
<td>36</td>
</tr>
<tr>
<td>High school facilities operating in this area</td>
<td>63</td>
<td>57</td>
</tr>
<tr>
<td>High school facilities whose transfer student recodes were audited in the most recently completed school year</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WIC – Women, Infants and Children</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean County Certified WIC Clients</td>
<td>19,235</td>
<td>22,582</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>1,557</td>
<td>1,623</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>2,315</td>
<td>2,792</td>
</tr>
<tr>
<td>Post-partum women (up to six months)</td>
<td>578</td>
<td>719</td>
</tr>
<tr>
<td>Infants</td>
<td>3,463</td>
<td>4,116</td>
</tr>
<tr>
<td>Children</td>
<td>10,807</td>
<td>13,162</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug and Alcohol Coordinated Services</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive outpatient new clients</td>
<td>196</td>
<td>64</td>
</tr>
<tr>
<td>Intensive outpatient new client sessions of service</td>
<td>1,777</td>
<td>1,227</td>
</tr>
<tr>
<td>Outpatient new clients</td>
<td>120</td>
<td>51</td>
</tr>
<tr>
<td>Outpatient session of services</td>
<td>1,168</td>
<td>520</td>
</tr>
<tr>
<td>Co-occurring new clients</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>Co-occurring new client sessions of service</td>
<td>389</td>
<td>1,656</td>
</tr>
<tr>
<td>Women’s halfway house new clients</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Women’s halfway house new clients days provided</td>
<td>720</td>
<td>324</td>
</tr>
<tr>
<td>Men’s halfway house new clients</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Men’s halfway house new clients days provided</td>
<td>274</td>
<td>295</td>
</tr>
<tr>
<td>Detox new clients</td>
<td>65</td>
<td>107</td>
</tr>
<tr>
<td>Detox new client days provided</td>
<td>269</td>
<td>395</td>
</tr>
<tr>
<td>Inpatient new clients</td>
<td>59</td>
<td>37</td>
</tr>
<tr>
<td>Inpatient new clients days provided</td>
<td>899</td>
<td>410</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intoxicated Driving Resource Center (IDRC)</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDRC Attendance</td>
<td>951</td>
<td>634</td>
</tr>
</tbody>
</table>
Administration

Office of the Public Health Coordinator

Highlights
Through 2021, the Office of the Public Health Coordinator (PHC) collaborated with senior staff to provide crucial leadership in managing and orchestrating the continuously evolving COVID-19 pandemic responsibilities and functions fulfilled by “the hub” of local public health: the OCHD. The Office of the PHC oversaw and ensured the provision of appropriate and timely resources across numerous response activities. Additionally, both in response to the pandemic and as an extension the agency’s strategic priority areas, the Office of the PHC continued to build and support effective community partnerships. Some of the invaluable partnerships cultivated in 2021 involved residents, first responders, and community-based organizations (CBOs), forming a remarkable collaboration as all partners were also involved in their own pandemic operations. COVID-19 leadership was balanced with the need for the OCHD to continue providing other services, and this office implemented Continuity of Operations to secure the delivery of essential public health services for the community.

Strategic Priority Areas
The Office of the PHC has two top priorities for 2022. The first is to continue to lead the COVID-19 response, as it perpetually evolves and presents new demands. The goal is to increasingly integrate the activities required for COVID-19 operations with the day-to-day agency operations that take place regardless of COVID-19. The second priority of the Office of the PHC for 2022 is to provide oversight in combatting the unforeseen consequences of the pandemic on the health status of Ocean County residents. For example, many residents put off preventative health care, and/or may be experiencing mental health and substance abuse challenges. The Office of the PHC will lead the OCHD as we endeavor to address these health concerns.
Office of the Assistant Public Health Coordinator

Highlights
The Office of the Assistant Public Health Coordinator (APHC) implemented continuous quality improvement (CQI) planning, action, and assessment over the course of 2021, including long-standing improvements in medical documentation, and insurance credentialing and reimbursements. Specifically, we implemented a new agency electronic medical record, initiated insurance credentialing for OCHD clinicians, drafted an agency QI plan, and enhanced data visualization options for local, state, national, and survey data. A significant part of these efforts was the substantial success achieved in obtaining insurance reimbursements for COVID-19 vaccinations, which totaled more than $3 million. Additionally, we aided in establishing processes for improving insurance reimbursements in other billable programs.

Looking Ahead
In 2022, we hope to further improve standardized quality improvement activities to better incorporate them throughout the agency and as an integrated part of the Post Pandemic Work Group. With the optimization of CQI tools and efforts, we will ensure alignment with agency activities and common, defined standards such as Public Health Practice Standards, Public Health Accreditation Board Essential Public Health Services, and grant Attachment Cs.

Information Technology (IT)
Highlights
The IT Department made significant upgrades to the agency’s security and internet capabilities. As part of this advancement, the IT department upgraded firewalls, improved access and functionality of agency WiFi, and made IT reformations at both the Northern and Southern Ocean County Animal Facilities. The OCHD’s animal facilities are now equipped with better internet and phone systems. IT also played a significant role in establishing COVID vaccination clinics, including the setup of cradle points and provision of real-time assistance and troubleshooting to ensure successful operation of all technical facets of clinical flow.

Looking Ahead
In 2022, the IT department will focus on upgrading agency conferencing potential. Additionally, we will work in a collaborative capacity to implement enhanced IT services at multiple locations and respond to diverse agency needs.
Animal Facilities

Highlights
2021 was an excellent year for the Ocean County Animal Facilities. We completed a total of 1,152 adoptions, close to 100 of which occurred during our highly successful “Clear the Shelter” promotion between August and September. We also facilitated 40 car-side, cost-free weekly rabies clinics for the community, vaccinating a total of 1,725 pets. Additionally, 445 pets were reclaimed by their owners in 2021. Through the year, we continued implementing an adapted appointment system for adoptions, surrenders, and reclaims, in order to allow the public to come inside our facilities and maintain social distancing throughout the pandemic. We also completed technical upgrades for some of the facilities’ surgical equipment. Another high point of 2021 was the resumption of the annual activities that COVID-19 had interrupted in the prior year. A record number of pets participated in the pet costume parade during Fall FurFest! We even had the opportunity to bring some kittens and dogs to the Toms River location of the OCHD for staff to have a few stress-free moments during this challenging time.

Looking Ahead
For the year ahead, we will focus on continuing outreach to residents, featuring our annual Clear the Shelters and Fall FurFest events in addition to several community-based events. Some of the events to look forward to include: The May Day Spring Festival and Pet Expo at Island Beach State Park, Paws in the Park 2022 held at Miller Air Park, and Bark in the Park at the Blue Claws Stadium. Additionally, we will conduct functionality and operations-based improvements to our facilities including, but not limited to, technological advancements to our communications systems, expanded payment options at the front desk, and upgrades to the Animal Impound Program (BARC system).

Community Health Services

Highlights
In 2021, the Community Health Services unit focused on establishing public-private partnerships by conducting outreach to businesses. This was accomplished through the use of both in-person and virtual resources; outreach efforts involved presentations to the public and elected municipal officials in Ocean County, as well as social media posts. Of note, successful partnerships were built with the Ocean County College/Kean Veteran and Military Resource Center (VMRC) and HeroCare, and partnerships with local hospitals were strengthened.

“I have to say the relationships we have built together, meaning Walmart and our Public Service partners have enabled us to respond to this pandemic in amazing ways. We were able to provide 100,000+ COVID vaccines across the Jersey Shore in coordination with multiple municipalities. We were able to identify locations together that can be accessible to each township’s constituents and provide life saving vaccines to help bring an end to this pandemic. By working together we broadened our reach into each of our communities that would not have happened otherwise. Very grateful to all of our partners for they have done!”
— Joseph Michael, Wal-Mart Corporation

Looking Ahead
2022 areas of focus will include preparing for the next Community Health Improvement Plan (CHIP) initiation, connecting with the Cooperative Coastal Monitoring Program to ensure up-to-date water testing procedures and technology, and continuing to expand upon diverse partnerships throughout the community.
Health Education and Chronic Illness

Health Education

Highlights
In 2021, Health Education developed educational videos and interactive virtual programs for PHU2.org, in addition to returning to in-person, school-based health education programming. These essential services were provided while staff also participated in a variety of ongoing activities associated with the COVID-19 response, such as manning the COVID-19 x7411 hotline calls and voicemails, report development and data management, vaccine inventory assistance, website management, continuity of operations, test result calls, case investigations, clinic management and assistance, and staff training.

To support healthy eating and active living, the unit also newly established 18 gardens in community residences for individuals with disabilities, and funded an inclusive community garden at the Toms River Field of Dreams. In 2021, Health Education provided 125 educational programs to a total of 1,664 participants.

Looking Ahead
In 2022, Health Education is excited to get back into the community and our schools, restore and strengthen community partnerships for health education programming, and build on robust chronic disease interventions. As part of the chronic disease initiative, additional staff will be trained and certified as Lifestyle Coaches.

Chronic Illness

Highlights
The OCHD managed multiple chronic disease grants in 2021 and provided preventive screenings, services, and classes on a variety of topics. Some of the primary chronic diseases that the OCHD targeted included heart disease, diabetes, and cancer. Our Diabetes Self-Management, Education and Support (DSMES) program saw exponential advancement through the year, as classes were offered virtually and in-person. The Live Healthy Ocean County! program was able to combine a number of chronic disease services into one streamlined event, reaching many residents. Additionally, the Cancer Education & Early Detection (CEED) Program was highly successful in continuing to provide life-saving screenings.

“The DSMES program is fun! We saw a 20% increase in participation in 2021. My favorite part is facilitating classes. It’s enjoyable to assist people with managing their diabetes, and I relate to the patients when we talk, because I have diabetes. I know it is difficult. A lot of people are very overwhelmed when they come to us in the beginning... When they complete the class, they can’t wait to go out and make the changes we talked about! We help them make it work for them, even something as simple as sharing less painful ways they can prick their fingers to check glucose.”
— Meg McCarthy-Klein, MS, RDN, CDCES, Clinical Nutritionist
Looking Ahead
The OCHD looks to achieve growth in chronic disease programs through 2022. This will include the expansion of the Live Healthy Ocean County! program, the incorporation of Hepatitis C treatment, and the launch of the Diabetes Prevention Program (DPP). While we continue the current services that our residents know and appreciate, we will also encourage them to seek timely preventive health screening services as part of the “Stop Medical Distancing” initiative.

Communicable Disease

Highlights
Through 2021, the Communicable Disease unit continued to serve as leaders and vital members of the OCHD in our COVID-19 response, overseeing case investigations, contact tracing, and the reporting of critical data. The unit successfully trained multiple staff in conducting case investigations and running reports, provided local oversight and management to Public Consulting Group (PCG) staff members assigned to assist in the Ocean County COVID response, and began to conduct planning for the resumption of “normal operations.” They exceptionally managed outbreaks in schools and long-term care facilities in the midst of continuously evolving public health guidance, all the while responding to local communicable disease threats.

Below is an overview of investigations and the efforts to respond to and control a select communicable disease outbreak. The total number of communicable disease reports investigated in 2021 was 2,179. Of those, 143 investigations were completed for diseases other than COVID. The outbreak data in the chart below is reflective of COVID outbreaks and broken down by their respective overarching locations.

In addition to responding to COVID-19, the Communicable Disease unit also followed up on 655 animal bites and 33 specimens submitted to the state laboratory for rabies testing. The unit also assists schools in implementing and enforcing the immunization requirements in N.J.A.C. 8:57-4; 140 pre-schools and 160 grade schools were audited in 2021.
Looking Ahead

The Communicable Disease unit looks forward to 2022 being a year of refining the COVID-19 outbreak response and adopting it into the framework of regular communicable disease activities.

“While 2021 was as unpredictable as anyone can imagine, the Communicable Disease Department at OCHD remained predictably dedicated to the mountainous tasks at hand. This was evident through the sacrificial time and effort that went into remaining updated on ever-changing guidance, providing answers to inquiries and developing systems to assist both the public and our partners in professional practice to migrate this pandemic. Overall, it has been a tangible life changing experience to work with this amazing group of intelligent and professional colleagues.”

— Donna Rauch, Public Health Nurse, Communicable Disease Unit

Clinic Services

Highlights

Clinic Services offers diverse health screenings and case management programs for the residents of Ocean County. 2021 was a year of substantial growth. The unit implemented a new EMR, was instrumental in clinical components of COVID-19 testing and vaccination rollout, facilitated more homebound clinics, and maintained traditional services during remote operations. Services include sexual health advocacy and education, immunization services, preventative and diagnostic screening services, HIV and HCV prevention and treatment services, and tuberculosis (TB) services.

“Our Ryan White HIV/AIDS Care and Treatment clinic serves more than 200 Ocean County residents living with HIV, with over 92% of our clients now UNDETECTABLE!!! In 2021, we expanded treatment options for these residents – treating hepatitis C (HCV) for those with a dual diagnosis of HIV/HCV and have successfully cured all clients treated thus far! Our success allows us to expand our treatment services to residents infected with HCV alone; a significant public health milestone due to the growing opiate epidemic fueling HCV infections in Ocean County. It’s a really exciting time to be a part of the growing Clinics Services Department here at OCHD!!!”

— Janine Estevez-Mazur BSN, RN, Assistant Public Health Nurse Supervisor

Looking Ahead

In 2022, the Clinic Services unit looks to continue to advance equitable access to high quality clinical education and interventions for Ocean County residents. Some of the ways they will accomplish this include: growth in expertise with the electronic medical record; the establishment of continuity of operations and a robust response to the HIV continuum of care under the Elixir grant; the provision of Hepatitis C treatment; the provision of vaccinations to homebound residents; and, a robust response to the unmet clinical needs of Ocean County residents post-pandemic.
Emergency Preparedness
Health Preparedness, Planning, and Response

Highlights
Throughout 2021, the Health Preparedness, Planning, and Response department continued to be highly active in the COVID-19 response. The unit coordinated with a number of community partners to increase accessibility to testing and vaccination services. Additionally, in order to optimize the delivery of services, our staff revamped the scheduling process and worked to make the system simpler and more effective for Ocean County residents to register for COVID testing and vaccinations. More than 30,000 tests were provided at multiple locations, and over 120,000 vaccines were administered at a combination of regional, community-based, homebound, and mobile unit clinics. Additional information on the critical leadership this unit has provided during the pandemic and their outstanding contribution to the COVID-19 response can be found in the COVID-19 section of this report.

Looking Ahead
This department remains on high alert for emerging public health threats, and plans to continue addressing COVID-19 through 2022 with the provision of pediatric and adult vaccination clinics. The Health Preparedness, Planning, and Response team will continuously adapt to the needs of Ocean County residents, and maintain strong community partnerships to mobilize the most appropriate public health response at any given moment.

Environmental Health

Highlights
As reflected in the data regarding inspections conducted, throughout 2021, the Environmental Department facilitated successful administration of all programs and satisfactory completion of required deliverables in light of the COVID-19 pandemic. This is significant, as many staff members from the Environmental Department were also operating as case investigators, clinic managers, and critical support staff for COVID-19 activities.

Looking Ahead
In the upcoming year, we plan to develop and implement cloud-based inspection and management software for all environmental programs. This will increase portability of information, assist with maximum time management, and allow for consistency in the format of inspection data. Additionally, we are looking to expand our internet presence to reach more residents by creating segments for the OCHD YouTube channel pertaining to environmental health and education.
Maternal and Child Health

Early Intervention

Highlights
The OCHD's Early Intervention (EI) Program provides services to children under the age of three years who are experiencing a developmental delay or disability, or who have a diagnosis that is highly likely to result in a developmental delay. Evaluations for these services are provided at no cost to the family, and eligible children are assured access to individualized early intervention services. In 2021, the OCHD’s EI unit provided services to 3,497 children. The EI service coordinators were happy to meet the needs of Ocean County residents by convening most meetings electronically at the families’ requests. This adaptation gave way to easier scheduling and increased consistency of family participation, while also allowing greater flexibility in the service coordinators’ schedules.

Looking Ahead
The plans for EI in 2022 include securing adequate staffing in order to remain fully available to Ocean County residents, as we are expecting to see an 8% growth in caseload sizes from our previous fiscal year. We are also moving towards a paperless system as much as possible. With much of our work being recorded in the New Jersey EIS case management system, any other documents that need to be uploaded or filed are able to be done in OCHD.info. Furthermore, the unit will continue its efforts to update operating procedures as state policies change, and ensure that operations occur in accordance with the most up-to-date requirements and recommendations.

Special Child Health Services

Highlights
In 2021, the Special Child Health Services (SCHS) case managers successfully reached 591 new youth. Of these 591 youth, 231 children had a confirmed diagnosis of autism, 87 children were identified as having achieved their goals, and one child's case was closed due to aging out of the program.

Looking Ahead
In order to deliver services to the best of our abilities and remain diligent in service to the youth of Ocean County and their families, SCHS case managers will continue to focus on their professional development throughout 2022 by attending webinars and presentations to understand the impacts of COVID on the special needs population. Some of these public health continuing education opportunities include critical topics such as adverse childhood experiences, advocating for those with substance use disorders, understanding the impacts of pandemic stress, and more.
Women, Infants, and Children – WIC

**Highlights**

Providing healthy foods, nutrition education, and breastfeeding support are some of the ways Ocean County WIC shows income-eligible WIC families that we are here for them and their little ones under age the age of five. In 2021, COVID-19 and response activities changed the way the Ocean County WIC Program did business. The number of participants increased by approximately 9%. In light of this, our program received additional, performance-based funding. The Ocean County WIC Program also improved overall caseload management with diverse, electronic systems, as well as continued its efforts to increase staff opportunities for advancement within the program. Moreover, it became the largest WIC program in New Jersey in 2021, surpassing 23,000 participants. Our community outreach efforts continued to thrive, culminating in a National WIC Association leadership award for the Children’s Home Society of New Jersey, Anchor Success Center in Brick, whom Ocean County WIC nominated.

“WIC was providing virtual and remote services through 2021, and we still saw amazing growth in our program. This could only have been done through coming together as a team, and honestly it has been such an exciting time at WIC.”
— Keri Agresta, CLE, CHW
Community Service Worker, WIC Department

**Looking Ahead**

The OCHD WIC Program will rollout eWIC cards for supplemental nutrition benefits in 2022. The WIC Program also intends to partner with local FQHCs to streamline electronic referrals for WIC-eligible clients, in an effort to improve residents’ access to support services. Finally, we hope to make additional strides towards meeting the robust criteria to become a Loving Support-modeled breastfeeding program.

Substance Abuse and Addiction

**Department of Substance Abuse, Addiction, and Opioid Dependency**

**Highlights**

In 2021, the OCHD Department of Substance Abuse, Addiction, and Opioid Dependency provided prevention education services to 2,276 unique clients. These clients participated in 148 programs throughout different municipalities. The department was able to continue all core services through the year in addition to assisting in key ways with the agency COVID-19 response. Some highlights include transitioning the Intoxicated Driver Resource Center back to in-person classes in September. Additionally, this unit was awarded the Implementing Overdose Prevention at the Local Level (IOPSLI) grant. Pursuant to the rollout of this grant, the Ocean County Overdose Response Plan, was developed and officially launched on November 1, 2021. This plan serves as a county-wide initiative for alerting and mobilizing community partners to implement strategies to reduce overdoses when a spike, or higher than usual overdose activity is present. This is the first overdose response plan in New Jersey and hopes to become a model for the rest of the state.
“It felt wonderful to get back into the schools and continue to teach children perseverance and healthy coping skills. Those life skills are more important now than ever before.” A life changing experience to work with this amazing group of intelligent and professional colleagues.”

— Kelly Larney, Senior Field Representative

Looking Ahead

In 2022, the Department of Substance Abuse, Addiction, and Opioid Dependency intends to expand upon its return to Ocean County schools to provide engaging, in-person substance use prevention programming. Furthermore, the IOPSSL grant partnerships will be fortified, and the success of the Overdose Response Plan will be assessed and measured for effectiveness with the goal of continuing the OCHD’s efforts to provide leadership and hope in combatting this public health issue.

Alcohol Education

Over the course of 2021, 16 high schools in Ocean County participated in AlcoholEdu, and 4,137 9th grade students received this online program for alcohol prevention.
OCEAN COUNTY’S
COVID-19
RESPONSE
Thank you!

The Ocean County Board of Health extends its sincerest thanks to the incredible work displayed during the agency’s response to the COVID-19 pandemic. We recognize that we are unable to name every partner and volunteer that was instrumental in our efforts to serve the residents of Ocean County since COVID was first identified – we are incredibly grateful for these unsung heroes.

There were also innumerable individuals that either joined the Health Department as seasonal, part-time, or full-time staff to expand our ability to mitigate the impact of COVID and those existing employees that rose above and beyond their routine positions to help implement our agency’s response plan. We extend our sincerest appreciation and thanks for all of your work!

**Full Time Employees**

- Keri Agresta
- Gena M Alano
- Mary Alano
- Lawren Alba
- Perry D Albanese
- Brian Albere
- John W Allen
- Debra Amato
- Louis A Amoruso Jr.
- Victoria Andreola
- Christopher Andrewski
- Marysue Anello
- Christa Arena
- Joseph A Arrington
- Samantha A Arrington
- Ashlee Ballinger
- Corinne Banowski
- Karen Barish
- Amanda N Bebel
- Philip L Begin
- Kimberly I Belanger
- Pia Benavides
- Toni Bennett
- Jessica Blackmon
- Paul D Borowski
- Andrew R Borowski
- Alyssa M Brantley
- Linda M Brennan

- Kiasha J Brittingham
- Ricky T Brown
- Natalia Brown
- Roseann Brzostowski
- Shannon J Burk
- Cassandra A Callahan
- Keysha Carpenter
- Scott E Carter
- Alexandria Caruso
- Alexandra K Castor
- Rocco T Caudo
- Sonia V Cerulli
- Danielle L Childers
- Nicole Cilento
- Cassandra L Conway
- Jessica R Cook
- Kelsey E Cordero
- Jennifer E Crawford
- Kelsey A Cummins
- Peter A Curatolo
- Kara A Davila
- Maria T Delia
- Sandra P DeVico
- Stephanie A Dietrich
- Michele M Dillon
- Gail A Donnelly
- Ashley R Donofrio
- Kimberly Dudeck
- Lisa Duncan

- Melanie Echavarry
- Edith G Emmett
- Lynn M England
- Julie R Ericsson
- Janine V Estevez-Mazur
- Kristie A Fawkes
- Nancy L Fede
- Jessica Ferreira
- Omayra Figueroa
- Karen A Finnesey
- Alyssa Fiore
- Sean D Fitzgerald
- Clyde M Flanagan
- Willie Fleming
- Dena Forbes-Rogers
- Samantha E Foster-Tioso
- Saranda Franzone
- Deborah Galetto
- Richard T Gallagher
- Amanda R Gan
- Peter C Gawdun
- Dwight A Gerdes
- Pamela R Gerstl
- Emma Gillis
- Daniel Gonzalez
- Ryan W Griffin
- Gail M Gubernat
- David J Gursaly
- Joanne T Guthy
- Lisa A Haliscak
- Joyce T Harries-Row
- James J Hayes
- Susan T Heil
- Susan J Hendrix
- Caroline M Herbst
- Patricia High
- Camryn H Higley
- Rebecca Hirschprung
- Kathryn A Hohner
- Matthew M Holland
- Jennifer R Honeker
- Beth A Hudak
- Kelly L Hussey
- Kristen M Ising
- Joyce E Jackson
- Glen E Jones
- Krystal L Jones
- Tanya M Kahl
- Alexander J Kalmikoff
- Mary Kaminski
- Bridget C Karkovich
- Kaddieann Karlson
- Jessica L Karker
- Mackenzie S Kinney
- Lisa L Knoeller
- Kelly P Knudsen
- Tracey L Korotky
- Karijana A Kristbergs
Emily LaFlame
Kelly A Larney
Erica K Law
Carlos M Leon Garcia
Jaime F Lepore
Lourdes R Lepore
Nichole D Lessard
Salvatore J Licastri
Brian Lippai
Lisa A Loewenstein
Patricia A Lorenc
Cristen Luciano
Victoria L Machtinger
Renee D Mallon
Jessica S Mantz
Susan J McAvoy
Patricia S McCallum
Mary G McCarthy
Meg-Anne McCarthy-Klein
Ticia S McCloud-Williams
George D McCoy
Colleen McDonald
Mary Lisa McLaughlin
Courtney K McManus
Marilyn McNeil
Susana Medina-Gonzalez
Robert J Melick
Avigail Mintz
Christa E Moor
Julie A Moskwa
Chelsea A Nesbihal
Lawrence A Newman
Maria R Nieva
Mary R Nolan
Noel Novak-Schulz
Ifeoma J Oguagha
Eileen O'Loughlin
Samantha J Olsen
Gina M Ordino
Mildred Ortiz
Edgar A Oviedo-Castillo
Danielle A Padovani
Debra S Pagano
Liliana F Panora
David S Parisi
Ryanne Paul
Barbara Pazdan
Laura Pepe
Denise M Pellecchia
Ada M Perez
Lauren N Petraglia
Michael Prifold
Rebecca K Pritsch
John P Protontenis
Revati S Pujari
Faith S Ramos
Donna Rauch
Rachel A Reed-Sodano
Daniel E Regenye
Robert J Reilly
Kimberly L Reilly
Allyson Reinertsen
Sarah N Rettenberg
Cynthia W Rice
Cherise Ricigliano
Christine A Riebe
Lori J Roman
Mukesh N Roy
Brian E Rumpf
Megan M Ryan
Corina Rybar
Diana E Ryerson
Eileen L Salesi
Mary Santiago
Amanda L Santini
Lindsay M Saverino
Christine L Schilling
Jessica Schippe
Dana L Schmidt
Brianna M Schoeneberg
Erin E Schrader
Olivia Scisco
Richa Sharma
Jill Sidote
Stacey P Simon
Kelly L Simone
Jessica J Sipili
Patrick D Smeretsky
Shannon Smith
Jordan A Smith
Cosette Sochon
Kathryn Speelman
Kelly Spina-Munro
Rebecca L Sprague
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Melanie P Stratton
Jaclyn L Strawder
Jacqueline F Suarez-Ruiz
Melissa R Sura
Suanne D Tate
Terence J Tesoroni
Grant A Umstadter
Jennifer Urban
Linda L Urena
Luz M Urena-Gutierrez
Jennifer Vanderveer
Toni Vannice
Brendon Vanzo
Terri Verhulst
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Sean M Walters
Evan W Washburn
Jacqueline A Welch
Wendy Wenal
Salli A Wickel
Erik C Williams
Rhonda C Williams
Jennifer Williams
Adrienne Williamson
William D Winters
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Matthew G Yezzi
Margherita Zadra
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Oren R Thomas
Diana S Vazquez
Kevin M Williams
Dennis Zuna
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Natalie Ailos
Samantha N Anastasi
Charmaine N Aquino-Vasquez
Jocelyn H Armstrong
Mitchell D Baker
Rita Baltus
Cynthia K Barker
Jason E Barnoski
Paul Barnoski
Alexis M Barth
Mary L Bell
Katherine W Bello
Andreaa Benjamin
Lisa Berndt
Susan Bersin
Alice Berson
Allison H Betts
Michele M Bhagat
Chloe Bias
Tara E Bonner
Rosemary A Bonsu
Kathryn M Brady
ToniAnn Brand
Blair A Brandt
Kerri Broxmeier
Rayna Brueckmann
Sean M Bruno
Kayla M Burns
Valerie D Butler
Julia Caizza
Patricio Calugay
John C Campbell
Charlene A Capici
Marisa D Capobianco
SEASONAL EMPLOYEES
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Charmaine N Aquino-Vasquez
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Karen J Zangara
Mackenzie Dolan
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Kritika Iyer
Joe Jacangelo
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Minal Jain
Dr. Samir Jain
Sunita Jain
Ved Jain
Vidhi Jain
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MEDICAL RESERVE CORPS / COMMUNITY EMERGENCY RESPONSE TEAM / MONMOUTH AND OCEAN COUNTY AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN (MOCAAPI) VOLUNTEERS

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Rosemarie Barkauskas
Trishul Bhagat
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Lou Braid
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Patricia DiCarlo
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Ocean County Health Department Annual Report 2021

Introduction

Rising to the Call

Though no one could have imagined how far COVID-19 would go and the immense response it would require, the Ocean County Health Department (OCHD) was unceasingly committed to combatting the virus with all necessary resources. From the start of the pandemic, the OCHD served as a public health leader conducting one of the largest and most diverse response efforts we’ve ever implemented with resounding commitment externally from Ocean County Government and community partners, and internally from staff across all departments making themselves available to one another and the residents of Ocean County.

Familiar Strengths in Unfamiliar Territory

Despite the novelty of COVID-19, many aspects of pandemic operations found the OCHD leaning on expertise and strengths that had developed long prior to 2020. The obstacles faced were not new even if many were not experienced to the extent encountered with the COVID-19 pandemic. The OCHD had a set of experiences to draw on no matter how hulking or unfamiliar the challenges felt.
The OCHD has a long-standing history of meeting the diverse public health needs of its community whether it is through annual program efforts like its seasonal influenza vaccination program of the 1990s and early 2000s, where staff would vaccinate in excess of 45,000 residents through more than 100 community-based clinics per year, or through the many unplanned challenges faced. Some of those challenges have included the anthrax attacks post 9/11, smallpox preparedness in 2004, the H1N1 response in 2009, Hurricane Irene, Superstorm Sandy, Ebola response in 2014, Zika in 2015, and the measles outbreak of 2019.

**Agency Response**

This section outlines the overarching public health standards and principles the OCHD implemented as part of our response to the pandemic. Some of the principles were standalone and clear from the start, and others were identified or developed through the unpredictability of the path the virus took. Lessons learned, sometimes day-by-day, demanded we respond in new ways. We have tried to present these principles in sections that summarize key public health standards implemented. The principles are then organized in a rough chronological framework, not a matter of priority.

The public health standards guiding our response to COVID-19 included the following practices:

1. “Monitor Health Status” — *COVID Assessment and Surveillance* (i.e., case investigation, contact tracing, data collection and reporting);
2. “Diagnosis and Investigation of Health Problems and Hazards” — *Emergency Response Capability* (i.e., testing and vaccination clinics);
3. “Administrative Services” and “Health Education and Health Promotion” — *Communications* (i.e., educating the public and policymakers);
4. “Policy Development” — *Managing Executive Orders and National and Local Laws* (i.e., implementation and enforcement); and
5. “Community Public Health Partnerships” — *Strengthening and Building a Community Wide Response Framework* (i.e., government, acute care, long term care, schools).

**COVID Assessment and Surveillance**

With the first case of COVID-19 recorded in Ocean County in March 2020, the OCHD Communicable Disease unit worked efficiently to respond rapidly to increasing needs for case investigation, contact tracing and resident education. Beyond the need to identify new cases of COVID-19, they worked to navigate testing samples to the New Jersey Public Health and Environmental Laboratory (PHEL), provide guidance on isolation and quarantine, and procure necessary clinical supplies like thermometers for those that couldn’t obtain them. This helped sick individuals assess and monitor their symptoms.
Over the next several weeks, case numbers began multiplying exponentially. The Communicable Disease unit took leadership in training additional agency staff and newly hired seasonal staff in a variety of important surveillance functions. This training equipped staff with both the technological and soft skills to successfully conduct COVID case investigations and contact tracing, a staple method for tracking and managing the epidemiological path of transmissible diseases. As the pandemic swiftly transformed to a level that required additional hands on deck, the support provided by seasonally employed staff proved to be invaluable, and they would continue to be a critical component of the OCHD team as things progressed.

Increasing case investigator capacity in the midst of the pandemic required non-traditional expansion. In order to accommodate the significant addition of new seasonal staff members to the case investigation and contact tracing team, the OCHD developed pop-up staffing locations where safe social distancing could be maintained - OCHD’s Northern site in Lakewood, Southern Site in Manahawkin, and the Ocean County College Health Services Building were all employed for this purpose. These spaces, along with existing conference rooms, were wholly devoted to providing a common space for in-person training and completion of case investigations.

By the end of April 2020, almost all the long term care (LTC), skilled nursing, and assisted living facilities, as well as numerous congregate settings, across Ocean County had ongoing outbreaks. COVID-19 disproportionately affected LTC populations due to the high proportion of frail older adults and those with underlying chronic conditions. In response to this, the OCHD established an LTC Team whose members were well-qualified and trained professionals to combat outbreaks and provide guidance on infection control, cohorting, and current executive orders pertaining to the facilities. The OCHD LTC Team was comprised of six individuals who worked closely with our LTC partners throughout the county, and the facilities were divided among the team members. From there, the LTC team members continued to provide empathetic and compassionate support, coordinating point-of-care testing and procurement of personal protective equipment (PPE).

As COVID cases continued to rise, the New Jersey Department of Health hired a team of people in July of 2020 to be assigned to local health departments throughout the state for assistance with contact tracing. These individuals were then shifted under the supervision of Rutgers University, then to an agency called Public Consulting Group (PCG). Through 2021 and into 2022, PCG staff supporting case investigation and contact tracing were integrated into the OCHD’s Communicable Disease Unit response.

As the process for contact tracing evolved with the number of cases and contacts, so, too, did the technical system utilized. Case investigators initially used the Communicable Disease Reporting and Surveillance System (CDRSS) for case investigations, but at the direction of the New Jersey Department of Health, the process shifted into a separate system called CommCare. The OCHD provided the training for all Ocean County-assigned staff members.
Supporting Residents in Need

Though the OCHD is not a mental health agency, OCHD staff are skilled in patient navigation and linking residents to additional community services. In order to help residents effectively comply with public health recommendations for the completion of isolation or quarantine, staff from the OCHD Communicable Disease Unit personally called individuals whose case investigation or contact tracing answers indicated follow-up for assistance with housing or food. Communicable Disease Unit staff members also often coordinated follow up with contacts in Ocean County Human Services in an effort to maximize support for residents in need.

Monitoring and Sharing the Scope of the Pandemic

Collecting and analyzing data was essential from the start and remained crucial to our COVID-19 response at every point. The collection and analysis of data often happened while other responses were already in action, as the virus did not wait for data before making its next move.

In February of 2020, SARS-CoV-2 was a new reportable disease with limited data available. On a daily basis, our Communicable Disease unit would export data from CDRSS, clean it up to correct any errors, and run it through our internal system to compile a report that was required to be provided for local emergency management purposes, per the Attorney General’s office. This report included the most up-to-date information on new cases for that day, addresses that had changed, and any individuals whose last positive test result was outside of 30 days so they could properly remove them from their CAD system.

Data was collected daily throughout the pandemic and continues today. Much of this data is summarized by municipality on Ocean County Health Department’s COVID Dashboard and additional information provided consistently to policymakers through the COVID Epi Overview weekly.
Emergency Response Capability

The Office of the Public Health Coordinator (PHC) instituted a Continuity of Operations Plan (COOP) at the outset of the pandemic to establish procedures and policies that guaranteed the continuation of essential functions throughout the COVID-19 pandemic. The scope of services maintained by the OCHD during COVID, and described in greater length in the 2021 Annual Report preceding this section, is a testament to the devotion and dedication displayed by the staff of the health department. Many of these same staff were also those that joined alongside the Public Health Emergency Preparedness, Planning, and Response team to increase capacity for two major efforts throughout the pandemic and continuing today - COVID Testing and COVID Vaccination.

COVID-19 Testing

COVID-19 testing was high in demand throughout the first two years of the pandemic and, as with all COVID-19 activities, teamwork was of the essence. The testing collaboration was arranged and headed by the OCHD Public Health Emergency Preparedness, Planning, and Response unit. Working with staff from various departments, including Clinic Services and Environmental Health, was critical for pre-test screenings and hands-on testing. The County of Ocean, Ocean County Sheriff’s Department, hospital volunteers, and seasonal staff members also joined the OCHD’s testing efforts, donning PPE and facilitating countless car-side nasopharyngeal swabs at Ocean County College. The Ocean County Board of Commissioners contracted with BioReference Laboratories for the purpose of specimen testing, whose staff uploaded results to CDRSS and faxed them to the OCHD for sorting and further communication. In total, more than 37,000 Ocean County residents were tested by the OCHD between 2020 and early 2022.

Staff members from Health Education, the Department of Substance Abuse, Addiction, and Opioid Dependency (DSAAOD), Early Intervention (EI) and Women, Infants, and Children (WIC) sorted incoming test results and made calls to notify people of their results, as well as provided training and oversight to additional employees working on this task.

Furthermore, staff from the Office of the PHC were instrumental in responding to requests from doctors’ offices for faxed copies of patients’ COVID-19 test results.
COVID-19 Vaccination Clinics

After facing the uncertainty of COVID-19 together for many long months, the development of multiple COVID-19 vaccines under emergency use authorizations had substantial effects on the management of the pandemic response. With a large senior population, Ocean County had a uniquely significant number of individuals who fell in the age range of those generally more likely to have a severe infection if they caught the virus. The OCHD received numerous calls during 2020 from individuals wondering if and when a vaccine would be developed against this virus that had sparked such fear locally and on a large scale as well. For some, there was little fear, and more so a general sense that the introduction of a vaccine would usher in decreased COVID-19 restrictions. On the whole, with various contributing factors, there was eagerness for the vaccine to be rolled out.

The New Jersey Department of Health began promoting access to COVID vaccines in December 2020 including developing a system to receive individuals on a vaccine waiting list. However, Vaccine Management Systems were not integrated across the state and the New Jersey Vaccine Scheduling System (NJVSS) had yet to be released or rolled out to counties for testing, review, or implementation. The OCHD moved quickly to develop a comprehensive Vaccine Management System inclusive of online appointment scheduling, registration, insurance collection, and dose documentation. This system provided exports for mandatory reporting to New Jersey Immunization and Information System, for billing services in accordance with Department of Banking and Insurance criteria, and daily vaccination numbers at clinics in real-time to assist in ongoing planning efforts.

Our vaccination registration system became so highly utilized by individuals seeking vaccinations that we had to increase capacity as an agency for website traffic and telephonic communication.

According to orders from the State of New Jersey, the vaccine was set to be distributed in phases, as supply was limited and demand was high. The prioritized phases (as determined by the State of New Jersey) were open first to frontline healthcare workers and long-term care facility residents, followed by other essential workers, then the medically vulnerable or immunocompromised population. This led to the agency not only having to develop an appropriate screening system at registration and check in to determine eligibility, but also having to navigate calls from community members wondering when they would be allowed to sign up for an appointment, and sometimes questioning why they were not already included.

The first public vaccination clinic run by the OCHD was on December 29th, 2020, at the RWJBarnabas Health Arena on the campus of Toms River High School North. The Public
Health Emergency Preparedness, Planning, and Response unit of the OCHD formed invaluable partnerships resulting in mass vaccinations for community members, developing a clinical flow conducive to the high volume of residents coming in for vaccines. The vaccine provided was delivered in 10-dose vials. The OCHD staff worked in conjunction with the County of Ocean and the Ocean County Sheriff to assure no vaccine doses were wasted at the end of each clinic.

A constant learning process, COVID vaccine distribution required ongoing adjustments and improvements. As administrators took into consideration the concerns of residents regarding access to, and availability of, vaccines, two additional regional vaccine sites were established: Manchester Elementary School and Southern Regional Middle School. Both Southern Regional and Toms River became long-standing clinics, ensuring that residents in both the northern and southern parts of the county had the option to utilize COVID vaccination clinics offered by the OCHD.

Over 127,000 COVID-19 vaccinations were given between December 2020 and April 2022. This reflects more than 60,000 first doses (Moderna, Pfizer, and Janssen), more than 54,000 second doses, and more than 13,000 booster doses.

OCHD’s COVID-19 Vaccination Response

Mobilizing Our Services

The COVID-19 response called for an increase in the quantity and use of technology. Staff members who worked remotely on case investigations, contact tracing, and reporting were provided with agency-issued cell phones, laptops, and headsets in order to increase the portability of operations; staff could work from a variety of locations.

In addition to this, vaccination clinics were mobilized through the use of portable routers so that staff members could access the internet anywhere. The OCHD Information Technology unit was incredibly helpful in these technical operations and were instrumental in troubleshooting unforeseen issues as they arose.
Branching Out

The vaccination program was thoughtfully adapted as additional community needs came to light and more resources became available. Drawing from the ten Essential Public Health Services (EPHS), and extending as an effort to respond to the feedback of the community, the OCHD also established a variety of alternative vaccination clinics. Some of these included community-based clinics offered at popular and easily accessible locations throughout the county, such as faith-based organizations, town squares, municipal buildings, health fairs, and other highly frequented community sites. Additionally, the OCHD provided vaccination clinics at mental and behavioral health agencies, and coordinated homebound clinics so that no eligible individuals lacked the opportunity to receive the COVID vaccine. In doing this, the OCHD embodied multiple elements of the framework established by the EPHS, functioning to “strengthen, support, and mobilize communities and partnerships” and “enable equitable access.”

When a vaccination clinic concluded, data management continued. There were entire teams dedicated to this responsibility, working onsite during clinic hours, as well as after hours, to make sure that individuals’ records in the New Jersey Immunization Information System (NJIIS) were documented correctly. The OCHD worked tirelessly with newly developed vaccine management and scheduling systems (ochd.info and CureMD’s Vaccine Management System) to ensure immediate, seamless access to COVID vaccinations while maintaining compliance with inventory and reporting systems at the New Jersey Department of Health and insurance billing requirements outlined by the Department of Banking and Insurance.

Communication

While clinicians worked hard to administer thousands of shots per day, behind the scenes of every clinic was the larger agency response and the internal and external communication bolstering our efforts.

Communicating Internally with Agency Staff

Weekly COVID meetings were instituted as a way to unify leadership and ensure a cohesive foundation remained intact for the many moving parts of the COVID-19 response. These meetings continued into year three of the pandemic. All senior management of the OCHD provided essential feedback and ongoing encouragement to staff, supporting them in their significant contributions to each other, the agency, and the community as a whole.

Leading the local public health workforce throughout this time often required a combination of things, such as information processing, creative thinking, morale boosting, various styles of communication, and flexibility. Information and guidance changed swiftly, and leaders had to use what they had available to them to take the next step, without always knowing when the next shift in guidance would take place.
This was reflected in workforce cross-training, navigating remote work considerations, managing a safe work environment, and supporting employees with mental health resources as they helped the county with the information they needed to remain safe and supported.

**Communicating with Public Health Partners and the Community**

Memorable for the sheer swiftness with which they transpired, the early days of the COVID-19 pandemic saw a demand for three critical elements: communication, adaptability, and a drive to help others. The OCHD opened numerous avenues for communication with the public throughout the COVID-19 pandemic. Two of the most community-favored mechanisms for providing feedback or asking questions were the COVID hotline via extension 7411, and the COVID@ochd.org email. Staff worked during and beyond the scope of normal hours of operation to inform and respond to the public.

Among the first boots-on-the-ground operations initiated in this response was a 7411 hotline, through which staff fielded thousands of calls from the public with concerns and questions regarding the virus. While the information was new and changed with remarkable frequency, staff showed diligence in remaining well-informed and relaying timely, accurate information to the community. The values of the OCHD shined as staff naturally emulated compassion for Ocean County residents, enduring the hardships of the pandemic with them personally while also serving them professionally. One of the communication responsibilities of the OCHD during the pandemic was to review school plans for incorporating state guidance and provide official public health letters to them. This marked a rapid and significant turning point in the COVID-19 response.

**Communicating Consistent, Timely Data**

As cases of COVID-19 increased, so did the demand from the public for transparent and specific COVID-19 data. A great deal of data management was required for everything from scheduling appointments to properly documenting vaccinations, and it included the heart of information relayed back to the public and policymakers as we waded through the changing needs of our pandemic response.

Running COVID-19 data reports was integrated into daily operations, and updates were posted on the Ocean County Health Department website for the public to use as a resource. The OCHD created a unique, interactive COVID dashboard that presented clear and visually-appealing data for the public to view. This dashboard was tailored to Ocean County's specific questions and interests surrounding the pandemic, such as case numbers by municipality, age breakdowns, demographic statistics, time intervals, hospitalizations, and deaths.

As more community knowledge was accrued about COVID and more in-depth data became available from the OCHD and NJDOH, the shift in data became more robust and the demand for larger, more inclusive reporting was needed to evaluate trends happening in the county. On a weekly basis, an all-inclusive epidemiological profile was compiled to overview some of the pertinent information for Ocean County. The scope of data moved from basic demographic and testing information to evolving into looking at the bigger picture of why, where, and how illness was spreading, what communities were at the highest risk, and the severity of illness based on symptoms, hospitalization, and death data.
One of the unique characteristics of the pandemic was that it was constantly moving; reprieve from its demands simply did not exist. The challenge this presented with respect to data management was that decision-making, process analysis, and active adjustments took place in the same window of time. Behind-the-scenes and onsite data management processes evolved in stride with the expansion of vaccination clinic efforts. Having recognized the time-consuming nature of clinical data management and the responsibility for all systems to reflect consistent information, the OCHD shifted technological gears.

Because of the impact vaccinations have on the spread of disease, we began collecting data from multiple sources such as ochd.info, CureMD, and NJIIS to begin compiling a new data set. As more in-depth data became available, ongoing refinement occurred in order to capture the impact of new COVID-19 progressions. These include comparing vaccination information with data regarding new variants, setting-specific cases, such as long-term care facilities and schools, and reinfections.

The OCHD Facebook and Twitter accounts, as well as the mobile app, thrived as a method of providing timely, ongoing updates to the community regarding everything from case numbers, to clinic dates and locations, to links to updated guidance from the CDC and NJDOH.

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Cumulative vaccination doses administered since Dec. 24, 2020

37,697

130,913*

*Number of cumulative vaccination doses administered since Dec. 24, 2020.
Delivering Diverse Health Education to the Community

Recognizing the need to not only adapt the method of delivery in providing health education services, but ensure a stable and sustainable foundation for web-based outreach, the OCHD fortified its sister agency website “Public Health is You Too” (PHU2.org) and used it as a platform for disseminating popular health education and prevention programs to students, schools, families, and residents. COVID-19 programming was created and uploaded to PHU2.org with supplemental materials and information for virtual education. A section of the page was also devoted to highlighting the latest school guidance from the State of New Jersey, outlined by staff from the OCHD Communicable Disease Unit.

With frequent communication from the public, the OCHD perceived that students had a sense of longing for normalcy. Health educators were able to help meet that desire by bringing some of their most popular programs to PHU2.org, so that schools, students, and families could engage with creative online content featuring topics that interested them, just as they would in person before COVID-19 precautions were in place.

In addition to developing remote programs for PHU2.org, Health Education staff and alcohol and drug prevention specialists conducted other virtual and hybrid outreach efforts. Staff engaged in an innovative campaign called “Ask a Health Educator,” in which questions garnered from students across Ocean County were answered in fun, short video clips by the health educators who usually visited their schools. The videos were posted to OCHD social media and YouTube.

Assessing Our Performance

Beyond statistics on demographics and infection rates, resident satisfaction and feedback are also incredibly valuable data. Using a number of mechanisms to reach the public and receive their feedback and concerns throughout COVID-19, the OCHD was able to optimize communications and improve patient experiences at every level of the pandemic response. Displayed on the right is feedback from the OCHD COVID Vaccination Satisfaction Survey, which has been completed by over 16,000 residents to date.
Policy Development

In an effort to quickly control the spread of the virus, the Office of the Governor produced several executive orders specific to COVID-19. These state-issued orders contained mandatory directives; some examples include a temporary halt to in-person schooling, a state-wide mask mandate, restrictions on dining establishments, and mandatory vaccinations for healthcare workers. Focusing on streamlined, effective communication, the OCHD appointed the department head of its Environmental Health Unit to serve as the liaison between local emergency operations centers (EOCs) beginning in March 2020.

Managing Executive Orders and National and Local Laws

As the lead on EOCs, the Environmental Department engaged in daily phone calls with the County Office of Emergency Management, Sheriff’s Department, and the chiefs of police and fire. As requests for PPE were received, the Environmental Department monitored supply numbers and helped to steward their procurement, while also providing meaningful updates on the status of the OCHD’s pandemic response and daily case numbers in Ocean County.

This flow of actionable, transparent information was pivotal to ensuring a coordinated and community-driven response to the COVID-19 pandemic, as it served to empower local public health partners and enhance the OCHD’s partnerships with them throughout the first two years of the pandemic.

Navigating Supply Shortages

As the nation struggled with a lack of sufficient clinical supplies to meet the demand for clinical services, so too did local communities. This added a very tangible level of difficulty to responding to the pandemic; clinicians and emergency responders changed their practices due to the uncertainty surrounding their level of safety. Doctors’ offices temporarily closed their doors and turned away sick patients or provided telehealth options, feeling unable to take adequate precautions to protect their staff, and law enforcement altered their response to emergency calls.

Given the influx of patients to hospitals, personal protective equipment (PPE) was funneled to that setting; however, other crucial settings were also in need. Utilizing its own stockpile of 35,000 N95 masks and other
PPE, the OCHD assisted in overcoming these obstacles through the distribution of PPE to local medical, law enforcement, and emergency response agencies so that they could continue their life-saving work using risk-reducing materials. Furthermore, the OCHD coordinated the provision of PPE to long-term-care facilities, whose staff and residents were frequently in outbreak environments.

**Community Public Health Partnerships**

**Partnering with Schools**

Beginning in June 2020, the OCHD held Public Health COVID-19 Advisory Committee Meetings with school superintendents, administrators, nurses, and teachers. The goals were to discuss logistics and concerns, review the most current Centers for Disease Control and Prevention (CDC), New Jersey Department of Education (NJDOE), and NJDOH guidance documents available at the time, and begin to strategize plans for safely reopening schools in September. The OCHD also established a School Nurse Sub-Committee that was composed of school nurses, school district Medical Directors, and members of the OCHD Communicable Disease Unit. As a product of the meetings, a “COVID-19 & Schools Virtual Binder” was created. The virtual binder acted as a single-site resource and included the current guidance and resources for daycares, K-12 schools, and institutes of higher education on the OCHD’s health education website, PHU2.org.

Additionally, the OCHD developed a case intake form for school nurses to use as a reporting and contact tracing tool. OCHD school team members fielded reports of school-associated cases within their districts, and worked closely with the schools providing guidance and recommending control measures as scenarios occurred during investigations. During periods of COVID-19 outbreaks in schools, meetings were held with the schools to review infection control practices. Staff also regularly fielded calls from parents and the public to provide education, insight, clarity and resources for their concerns regarding school guidance.

Collection and application of feedback from schools was imperative throughout the process. Survey Monkey questionnaires were sent out to school nurses to allow for input of optional meeting times, as well as an opportunity for questions and inquiries to be submitted to the OCHD. Additionally, the OCHD attended monthly virtual Ocean County Association of School Administrators (OCASA) meetings to answer questions and present current Ocean County Public Health responses to the COVID-19 pandemic including testing availability, vaccination plans, and clinics as well as presenting updated COVID-19 guidance and ongoing questions and answers. Contact information for reaching the OCHD 24/7 was provided to every superintendent in the county to assist them in making decisions. Team members attended the APP Annual School Health Conference and incorporated resources from the conference into communication with the public.
Because of the sheer volume of cases coming into the office as the 2021-2022 school year began, in October 2021 the OCHD School Team also began to work with the OCHD website dashboard developer to create a web-based case reporting system. The team held a virtual instructional session as well as individual instructions for school nurses and superintendents on how to utilize the system, which provided the ability to generate line lists as required for outbreaks as well as multiple options for reporting close contacts for public health mitigation. In November 2021, the School COVID-19 Test Reporting system was piloted among selected schools. After successful feedback was received, adjustments were made and full implementation was in place by December 2021.

Partnering with Community Organizations

Among countless partnerships, some of those on which the OCHD relied heavily, included the connections to faith-based organizations, the Interfaith Hospitality Network, mental and behavioral health agencies, federally qualified health centers (FQHCs), and acute care hospitals. These partnerships were essential to increasing the number of vaccination clinics throughout the county. They were also instrumental in further spreading pertinent COVID-19 information.

At the heart of the most robust ongoing response was incredibly strong leadership from the county government. This included from the top the County Commissioners, Sheriff Department/OEM, Administration, Management and Budget, Finance, Personnel, Buildings and Grounds, Road Department, Office of Senior Services, Ocean County Libraries, and Ocean County College.

Overcoming Vaccine Hesitancy

Combatting COVID-19 vaccine hesitancy in Ocean County called for candid conversations about the barriers the community faced, and strategic planning with representatives from the OCHD, the New Jersey Department of Health, Federally Qualified Healthcare Centers, hospitals, and elected officials. After a thorough analysis of community concerns, questions, and barriers to access, a Plan-Do-Study-Act (PDSA) cycle was implemented with the goal of increasing the rate of vaccination to 70 percent in all municipalities within Ocean County. Through the mobilization of community partnerships, dissemination of information, and incorporation of targeted activities, the percentage of vaccinated individuals in Ocean County steadily increased.

Continuity of Operations

Going the Distance

Though the pandemic response dominated the headlines, the OCHD still needed to continue facilitating normal services that the public had come to know and rely on. For example, clinical services, environmental inspections, maternal and child health services, alcohol and drug services, and health education still needed to be provided.
Throughout the COVID response, the OCHD’s Clinic Services unit remarkably managed both COVID-19-specific activities and their traditional services. In the knowledge that they serve certain high-risk populations, such as HIV patients, Clinic Services did everything possible to ensure the provision of the care that Ocean County relies on, whilst abiding by COVID-19 precautions and social distancing recommendations.

Beyond pre-existing or exacerbated conditions, COVID also created new community needs birthed from increasing unemployment rates and costs of food from supply chain shortages. This resulted in a dramatic increase in WIC participation rates. For years, WIC had been growing due to effective and extensive outreach, but increased popularity for the program was seen with new options for the delivery of remote services over the phone.

The Early Intervention and Special Child Health Services units similarly benefited from this new service delivery model. Each had a unique opportunity to provide online meetings to the families who utilize their services; this quickly became their clients’ preference, as they noticed it allowed for more convenient and flexible scheduling.

**Challenges**

The challenges of navigating the pandemic were numerous, but were met with incredible resilience and determination. Staff truly adapted in remarkable ways to changes in technological systems, new and demanding job responsibilities, flexibility with normal job responsibilities, and more. This was done in an environment with diverse and differing opinions on responding to COVID - one marked with shifting blame and responsibility, questioning national, state, or local authority, vaccine supply, state mandates, and changing federal guidance.

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<th>Public Health Practices</th>
<th>Key Challenges</th>
<th>Examples</th>
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| COVID Assessment and Surveillance               | Expand communicable disease investigatory capacity requiring substantial coordination and workforce development | • Increased capacity for case investigation and contact tracing across multiple mechanisms  
• Maintain standards of investigation aligned with DOH disease chapter |
| Emergency Response Capability                   | Operationalize regional and local testing and vaccination clinics for large County population despite limited, timely access to requisite supplies | • Establish large-scale testing clinic  
• Establish large-scale vaccination clinics covering multiple vaccine formulations  
• Partnered with faith-based and community organizations for local vaccination clinics |
| Communications                                  | Provide current, accurate data on rates of infection and access to testing/vaccination to the community while combating misinformation | • Activate 7411 Hotline  
• Establish COVID- dedicated email  
• Created COVID Data Dashboards with municipal level data  
• Delivered virtual and hybrid health education and school guidance on PHU2.org |
| Policy Development                              | Clarify and enforce diverse federal mandates, executive orders, and public health standards | • Work with state and local partners to clarify and/or enforce mask policies, school closures, and social distancing requirements for retail establishments  
• Determine role in providing personal protective equipment to high-risk facilities |
| Community Public Health Partnerships            | Coordinate numerous community partnerships across sectors with unique priorities | • Establish targeted Task Forces for tailored public health response (School, LTC, County Ambassador)  
• Dedicated social worker to navigate quarantine/isolation  
• Led acute care/FQHC work group to balance testing, vaccination, and treatment needs |
Pandemic operations were made more difficult at times by the personal strain of COVID illness for staff and/or their families. In fact, the frustrations the community experienced, to which staff were asked to respond, were often the same that staff experienced in their own circumstances. Nevertheless, the response to the pandemic unveiled new strengths as staff dug deep to persevere, collaboratively innovate, and deliver compassionate, effective public health services.

**Conclusion**

The public health workforce has so much to be proud of in their momentous efforts, many times working seven days a week, especially in the first six months of the pandemic. As the COVID-19 pandemic continued, the OCHD persisted in responding to the challenges that arose. Inter-departmental and inter-agency collaboration was vital. The fruits of this teamwork were evident: successful testing and vaccination programs, ongoing distribution of education and information, timely case investigations and contact tracing, daily updated COVID-19 case numbers made available to the public, and relentless encouragement provided to one another and the community as a whole.

The OCHD will continue to provide testing and vaccines. The agency will also continue to conduct CQI on our COVID-19 response via ongoing data analysis, and respond to the community’s needs as we continue to monitor the impact of COVID-19 on Ocean County.

*A snapshot Table of Organization outlining chains of command for diverse COVID-19 pandemic response.*