

New Jersey Public Health Association
Advocating for Public Health in the State of New Jersey
Fall 2017 Issue

NJPHA's 2017 Annual Conference Focuses on Preventing Brain Injury

By Kevin McNally, MBA, NJPHA President

The July 2017 edition of *The Nation's Health*, APHA's newspaper, featured a special section headlined "Preventing harm from injuries, violence a public health priority," including an article about preventing traumatic brain injuries (TBIs). The article noted that, according to the CDC, TBIs are a serious public health problem, with approximately 2.8 million emergency department visits, hospitalizations, and deaths occurring each year. TBI survivors can face disabilities which may last the rest of their lives. Fortunately, many TBIs can be prevented.

So it is timely that the topic of this year's NJPHA Annual Conference is Prevention of Brain Injuries. This conference was organized in collaboration with the Brain Injury Alliance of NJ, and will be held on Monday, October 23, 2017 from 9am to 3pm at the New Jersey Law Center in New Brunswick. (For more detailed information about the conference, see page 2 of this newsletter.) Conference attendees will learn about the epidemiology that demonstrates why brain injury is a significant health problem, and about evidence-based programs for preventing brain injury, including model programs currently being implemented here in New Jersey. This content should be of particular interest to people in public health departments and community-based agencies who are engaged in providing health promotion and wellness programs, particularly those with an emphasis on promoting exercise and physical activity.

This conference is also an opportunity to hear from the Commissioner of the New Jersey Department of Health, Cathleen Bennett, who will speak about the state of public health in New Jersey and the Department's current initiatives. In addition, NJPHA's annual awards will be presented.

I hope to see you there!
-Kevin McNally

Editor's Note:

To read "Preventing traumatic brain injuries: Kids, seniors most at risk for harm" in the July 2017 issue of *The Nation's Health*, go to <http://bit.ly/2ytCqCe>.

New Jersey Public Health Association
in collaboration with the Brain Injury Alliance of New Jersey
presents its
2017 Annual Conference
Prevention of Brain Injuries
Monday, October 23, 2017
At the New Jersey Law Center
1 Constitution Square, New Brunswick, NJ

Traumatic brain injuries are a serious public health problem, according to the CDC, with approximately 2.8 million emergency department visits, hospitalizations, and deaths occurring each year. Those who survive a traumatic brain injury can face disabilities which may last the rest of their lives. Fortunately, many traumatic brain injuries can be prevented. Those attending this conference will learn about evidence-based programs for preventing brain injury, including model programs currently being implemented here in New Jersey. This content will be of particular interest to people in public health departments and community-based agencies who are engaged in providing health promotion and wellness programs, particularly those with an emphasis on promoting exercise and physical activity.

Speakers:

William A.B. Ditto, MSW, LSW

Former Director, Division of Disability Services, New Jersey Department of Human Services; consultant, National Association of State Head Injury Administrators

Cynthia Boyer, PhD

Boardmember, Brain Injury Alliance of New Jersey; clinical neuropsychologist affiliated with Assurance Behavioral HealthCare and CHE Behavioral Health Services

Special Guest Speaker:

Cathleen D. Bennett, JD

Commissioner, New Jersey Department of Health

Panel: Model Brain Injury Prevention Initiatives in New Jersey

For more information and registration, go to NJPHA's website

www.njpha.org

New Jersey Public Health CEs and CHES credits pending approval

NJ Moving Closer to System of Care Treating “Whole Person”
By Cathleen D. Bennett, Commissioner, New Jersey Department of Health

This summer, Governor Chris Christie proposed a plan to transfer the Division of Mental Health and Addiction Services (DMHAS) from the Department of Human Services to the Department of Health. The goal of this plan is to create a patient-centered system of care that treats the “whole person” in the same setting and no longer separates mental and behavioral services from the rest of medical care. This efficient and coordinated realignment of services is the right move for New Jersey, especially for patients who will benefit from having their health needs addressed in the same hospital, clinic, or community health center.

This integration, which will become effective on Oct. 2, 2017, will provide increased efficiency, coordination, and integration of mental health and addiction prevention and treatment services within the Department of Health. As the state’s public health agency, the Department is in the best position to identify risk factors, increase awareness about prevention and the effectiveness of treatment, reduce health disparities, and, ultimately, remove the stigma that prevents people from seeking and receiving the care they need.

Since the Governor’s proposal was announced in June, I have been working to ensure stakeholders are informed about this effort. In August, 500 people joined a series of conference calls to share an overview of what this reorganization will mean for those served by DMHAS, grantees, executive branch staff, and others. Following those calls, staff from the Department of Health, including colleagues from DMHAS, are hosting a series of two-hour town hall discussions in each of New Jersey’s 21 counties through Oct. 10 to hear questions or concerns the public may have regarding this reorganization. View the schedule [here](#) and download the [presentation](#).

The Department will also host separate meetings at Trenton Psychiatric Hospital, Ancora Psychiatric Hospital, and Greystone Psychiatric Hospitals to address questions from staff, patients, and patients’ families. The dates of these meetings will be posted to the Department’s website. A [Frequently Asked Questions page](#) is also available on our website to ensure stakeholders, employees, and vendors are aware of the details surrounding the integration.

This integration of care significantly benefits patients who will no longer have to navigate various care systems to receive mental, physical, and behavioral health care. Transferring these services to the Department of Health is vital to improving health care and effectively addressing mental health and substance use disorders as the public health crises they present.

Editor’s Note: For the Seton Hall University School of Law report on “Integration of Behavioral and Physical Health Care: Licensing and Reimbursement Barriers and Opportunities in New Jersey,” go to <http://bit.ly/2hdqJvu>.



INTEGRATED Health



HIPAA Facts for Public Health Departments

By Gwyneth M. Eliasson, JD, MPH

On August 30, 2017, the Network for Public Health Law (NPHL) presented a webinar on “Health Information Data Sharing: HIPAA Facts and Fallacies.” Jennifer Bernstein, Deputy Director of NPHL’s Mid-States Region Office, discussed these facts:

- HIPAA (not HIPPA) stands for the Health Insurance Portability and Accountability Act, which covers both information privacy and data security.
- HIPAA applies to “covered entities” (CEs): health care providers, health plans, and health care clearinghouses – as well as business associates of CEs.
- Not all public health departments (PHDs) are required to comply with HIPAA, but all PHDs need to know what HIPAA says – PHDs have been fined for HIPAA violations.
- Although HIPAA does not cover all health information, its privacy rule covers the internal use and external disclosure of “protected health information” (PHI).
- Aggregated data can be PHI and thus its release can have HIPAA concerns.
- But HIPAA would not prohibit a local school district from providing routine vaccination information about individual students to a local PHD.
- Education records (including immunization and other medical/health-related records) are covered by FERPA (Family Educational Rights and Privacy Act): If FERPA applies, then the HIPAA privacy rule does not.
- HIPAA also would not prohibit a community hospital from reporting a case of Hepatitis C to a local PHD.
- Two HIPAA exceptions allow disclosure to PHDs: “required by law” (statute, regulation, executive order, etc) and “public health” (for surveillance, investigations, and interventions).
- However, investigating a Hepatitis C outbreak at a community hospital would not entitle a local PHD to look at all patient records. Under the “minimum necessary” rule, use and disclosure of PHI must be limited to the minimum amount needed to accomplish the intended purpose.

View/download the slides or listen to and watch the playback at <http://bit.ly/2y7CYwM>.

Career Corner: Resources for Job Seekers

Compiled by Gwyneth M. Eliasson, JD, MPH

- Idealist Careers on “What’s Your Greatest Weakness? How to Answer the Most Overused Interview Question” <http://bit.ly/2pzLEYP>
- *The New York Times*: “Had a Job Interview but No Callback? Here’s What to Do Next Time” <http://nyti.ms/2rt0C6g>
- Idealist Careers on “Which Interview Question Always Trips Us Up, and How to Prepare” <http://bit.ly/2vFZT26>



New Jersey Public Health Association

NJPHA's quarterly Newsletter offers you an opportunity to write about public health topics.

Deadline for Winter 2018 Issue: Friday, December 22nd

Articles on ANY public health-related topic are welcome, such as:

- Internship or fieldwork (capstone/practicum) experience
- Work with a public health program or research project
- Public health events or news at your school
- Thoughts on a policy with public health implications
- Commentary on a public health issue
- Public health career advice
- Local, state, or national public health events, projects, or advocacy efforts
- Other news of public health importance

Please include this information:

- Title of article
- Byline with:
 - Your name and degree(s)
 - Your academic institution or employment affiliation
- A head shot or picture of yourself (if available)

Please follow these article submission guidelines:

- In Microsoft Word with 12-point, Times New Roman font
- Single-spaced
- 300-word maximum
- References (if applicable)

For examples of published articles, see past newsletters, posted on NJPHA's website:
<http://njpha.org/category/newsletter>

Email your article (or any questions) to the Editor - Gwyneth M. Eliasson, JD, MPH:
gme10467@gmail.com