HNJAC MEETING #14

November 10, 2020
10 a.m. – 12 p.m.
Via Zoom
AGENDA

1. Welcome
2. Health Equity Community Conversations: COVID-19 Storytelling Project
3. RESILIENCE
4. Updates:
   a. ACTs
   b. DOH’s COVID vax plan
   c. Culture of Health Conference
   d. Other
5. Next Steps
HEALTH EQUITY COMMUNITY CONVERSATIONS: COVID-19 STORYTELLING PROJECT
• Contract signed with Next Day Animations, will move to kick-off call
• Deadline EXTENDED: **February 1, 2021**
• Consent forms, Community Member Guide and submission forms translated into Spanish, being uploaded to webpage
• Julia is available to present to Healthy Communities and Families ACTs, and provide updates
Currently 127 conversations have been completed, with about 100 in the works.

Projected total from organizations focused in one county: 306 to 405.

Statewide and local outreach continue, focusing push in rural counties.
<table>
<thead>
<tr>
<th>County</th>
<th>Conversations</th>
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<tbody>
<tr>
<td>Atlantic</td>
<td>6</td>
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<tr>
<td>Bergen</td>
<td>17</td>
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<tr>
<td>Burlington</td>
<td>5</td>
</tr>
<tr>
<td>Camden</td>
<td>4</td>
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<td>Essex</td>
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<td>Gloucester</td>
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<td>Hudson</td>
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<td>Hunterdon</td>
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<td>Mercer</td>
<td>33</td>
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<td>Middlesex</td>
<td>15</td>
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<td>Monmouth</td>
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<td>Passaic</td>
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<td>Somerset</td>
<td>3</td>
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<td>Sussex</td>
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<tr>
<td>Union</td>
<td>4</td>
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<tr>
<td>Warren</td>
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</tbody>
</table>
Increases across the board, with greatest in Cumberland

Between 6 to 10 from Hunterdon and Ocean

Need Salem, Somerset, Sussex, Union and Warren
Walter Rand Institute Theme Analysis

Oct-Nov: Contract developed and signed

Nov-Feb: Sharing stories with WRI on rolling basis

Jan-Mar: Theme analysis and report development

Mar: Themes shared with HNJ2030

Jun-Jul: Final report completed

Next Day Animations (8 Animated Shorts)

Nov: Contract signed, kick-off call

Dec: Clip materials, meetings with production

Jan-Feb: Share video clips, share early themes if identified

Feb-Mar: 3 draft phases and feedback

Mar 30th: All animations due
CROSS CUTTING ISSUES

- Access to Quality Care
- Healthy Communities
- Healthy Families
- Healthy Living

equity • policy • resilience
RESILIENCE: TODAY’S SPEAKERS

COMMUNITY & INFRASTRUCTURE RESILIENCE
JAMIE WELLER – NJ Department of Health, Office of Local Public Health

RESILIENCE & ADVERSE CHILDHOOD EXPERIENCES
DAVE ELLIS – NJ Department of Children and Families, Office of Resilience

CLIMATE RESILIENCE
JEANNE HERB – Rutgers U, Bloustein School of Planning and Public Policy
Community Resilience and Local Public Health

Jamie Weller, MSN, RN, CSN-NJ
Office of Local Public Health
Community Resilience and Local Public Health

- Discuss why community resilience and emergency preparedness, including local level prevention for the spread of infectious disease, are important.

- Describe New Jersey’s efforts to streamline pandemic response between local health departments (LHDs) and jurisdictions.

- Emphasize importance of community resilience as an important part of the State Health Improvement Plan.
Community Resilience and Local Public Health

- Resilience refers to the ability of an individual or community to withstand, adapt to, and recover from emergency, threats, tragedy, trauma, or other adverse experiences and circumstances.

- The threats can change, but individuals and communities must be resilient to respond to and recover from those threats.

- Resilience is a component of routine emergency preparedness planning within health departments at the state and local level.
Community Resilience and Local Public Health

- NJ’s LHDs routinely prepare to respond to threats
  - Areas of preparation and planning include community resilience, information management, countermeasures and mitigation, and surge management
  - Utilize current version of the CDC’s Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health document

- The need for community resilience has been highlighted by the ongoing COVID-19 pandemic, both in terms of further exposing health and social inequities within vulnerable communities and highlighting the importance of a strong, coordinated, and resilient public health system

- NJ’s LHDs have been at the forefront of COVID-19 response, including case investigation and contact tracing, testing, and other mitigation measures
Community Resilience and Local Public Health

• All municipalities in NJ are required to have a **Local Board of Health (LBOH)**

• LBOH is required to have a full-time **Local Health Department (LHD)**

• NJ Statutes require LHDs to be under direct oversight of a full-time **Licensed Health Officer (HO)**
Community Resilience and Local Public Health

- Approximately 100 Local Health Departments in NJ
- Vary in size, structure
- Some geographic variation, as well
- [Find Your Local Health Department](#)
Community Resilience and Local Public Health

**Essential public health services include:**
- Monitor health status to identify community health problems
- Diagnose and investigate health problems in the community
- Inform, educate, and empower people regarding health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans which support individual and community health efforts
- Enforce the laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure health care when it is otherwise unavailable
- Ensure a competent local public health system and assure a competent personal health care workforce
- Evaluate the effectiveness, accessibility, and quality of personal and population-based health services
- Research for innovative solutions to health problems
Community Resilience and Local Public Health

- Non-infectious disease resilience functions
  - Medical Needs Sheltering
  - Medical countermeasures
  - Surge – Medical Reserve Corps
  - Services and community partnerships for vulnerable populations
Community Resilience and Local Public Health

• **Pandemic Response Activities – Control of Communicable Disease**
  • **Testing** – Setting up and conducting mass testing, coordinating with providers in area on testing, determining if enough tests are being done to capture accurate number of cases, monitoring number of positive cases, % positivity for testing, etc.
  • **Case Investigation and Contact Tracing** – Calling individuals who have tested positive, advising them to isolate, identifying their close contacts and activities. Calling individuals who have been exposed to someone who tested positive, informing them of the need to quarantine to see if they become ill.
  • **Isolation and Quarantine** – Isolation is for individuals who have tested positive, quarantine is the separation of those who have been exposed to someone who is positive to see if they become ill.
  • **Community Education and Outreach** – Making sure that materials and messages are appropriate (literacy levels, language, content-wise, etc.)
  • **Planning for Vaccination** – priority populations, planning for and implementing vaccination plans, etc.
Coordination in Public Health Response

• Daily calls with all Local Health Departments, hosted by Office of Local Public Health (OLPH)

• Host subject matter experts from within NJDOH to allow LHDs ready and routine access to their expertise

• OLPH functions to promote bidirectional communication among local health partners and NJDOH to support coordinated public health response

• OLPH presence in planning meetings for all initiatives that impact the work of NJ’s LHDs
Coordination in Public Health Response

Local Information and Network Communication System

- Added to NJ Statutes in 1996, under the Emergency Health Powers Act (EHPA)
- There are 22 LINCS Agencies (21 counties plus the City of Newark)
- LINCS agencies are Health Departments that receive funding to support emergency preparedness activities and serve in a coordinating function among the local health departments in the LINCS jurisdiction
Coordination in Public Health Response

• LINCS Agencies
  • LINCS agencies serve as planning and coordinating agency for all LHDs within the county or city, at the direction of the Commissioner;
  • LINCS agency is responsible for human disease surveillance, terrorism response and public health emergency response-related activities in such a manner as the Commissioner may direct;
  • LINCS agency disseminates and collect information to/from all LHDs within the county and city, as the Commissioner deems necessary
Coordination in Public Health Response

• Declared public health emergency due to COVID-19

• LINCS agencies serve in coordinating function, LHDs retain authority for communicable disease response

• LINCS agencies support coordination in key areas:
  • Communication – messaging from NJDOH, requests for data on behalf of NJDOH, etc.
  • Testing
  • Contact Tracing
  • Isolation, Quarantine, and Social Support
  • Planning for Vaccination
Supporting Resilience

• Public Health Emergency Preparedness (PHEP) Cooperative Agreement Funding from CDC

• Enhancing Laboratory Capacity Funding (ELC) from CDC through NJDOH - Local Health Departments
  • Each non-LINCS agency LHD is receiving funding to support a Vulnerable Populations Outreach Coordinator
    • The VPOC will increase local public health capacity to investigate, trace, contain, mitigate and prevent COVID-19 through targeted outreach to vulnerable populations

• ELC Funding through NJDOH - LINCS Health Departments
  • LINCS agencies are receiving funding to support three positions
    • COVID-19 Coordinator
    • COVID-19 Data Manager/Epidemiologist
    • COVID-19 Social Supports Coordinator
Supporting Resilience

• Resilience should be a part of continued emergency preparedness planning

• Resilient public health infrastructure and workforce capacity support community resilience

• Addressing health and social inequities also promotes community resilience

• N.J.A.C CHAPTER 52. PUBLIC HEALTH PRACTICE STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY

• N.J.A.C. Chapter 57 COMMUNICABLE DISEASES

Building Self-Healing Communities

Understanding N.E.A.R.

- Neuroscience
- Epigenetics
- Adverse Childhood Experiences
- Resilience
SAWUBONA

• Who?

• What - Office of Resilience

• How
  - Building Self-healing Communities slides

• When

• Invitation

• Bafflements and Inquiries
Core Protective Systems

“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”

Ann Masten, 2009
Cultural Respect and Continuity is Vital

Reclaiming cultural ways after a time of loss is a powerful driver of well-being. “One of the first things that has to be done is to ask the community what is important to the community.”

Duran & Duran, 1995
Leadership Expansion: Children’s Resilience Initiative

http://resiliencetrumpsaces.org/
Coming Together
Shared Learning:
Public Health Process

www.jeffersoncountypublichealth.org/index.php?family-health-services
Decision Making

WE ARE DECIDING to build on past successes and engage more people to help our communities to THRIVE
The Link Between Climate Change and Health Inequities

*Healthy New Jersey 2030*

November 10, 2020

Jeanne Herb
Bloustein School of Planning & Public Policy
New Jersey Climate Change Resource Center
New Jersey Climate Change Alliance
“Climate change is a public health emergency.”

Georges C. Benjamin, MD Executive Director American Public Health Association
Key Message #1: Climate Change Affects the Health of All Americans

Climate Change and Health

CLIMATE DRIVERS
- Increased temperatures
- Precipitation extremes
- Extreme weather events
- Sea level rise

ENVIRONMENTAL & INSTITUTIONAL CONTEXT
- Land-use change
- Ecosystem change
- Infrastructure condition
- Geography
- Agricultural production & livestock use

EXPOSURE PATHWAYS
- Extreme heat
- Poor air quality
- Reduced food & water quality
- Changes in infectious agents
- Population displacement

SOCIAL & BEHAVIORAL CONTEXT
- Age & gender
- Race & ethnicity
- Poverty
- Housing & infrastructure
- Education
- Discrimination
- Access to care & community health infrastructure
- Preexisting health conditions

HEALTH OUTCOMES
- Heat-related illness
- Cardiopulmonary illness
- Food-, water-, & vector-borne disease
- Mental health consequences & stress

Source: Balbus et al. 2016
Key Message #2: Exposure and Resilience Varies Across Populations and Communities

Source: USEPA
Key Message #3: Climate Adaptation reduces risks and improves health
Key Message 4: Reducing greenhouse gas emissions results in health and economic benefits
Climate Change 101 and Impacts to New Jersey

Trends and projections
Greenhouse gas concentrations

Atmospheric CO₂ at Mauna Loa Observatory

Scripps Institution of Oceanography
NOAA Earth System Research Laboratory

YEARS: 1960 to 2020

PARTS PER MILLION: 320 to 420
Greenhouse Gas Emissions in NJ

Source: NJDEP
Distance to New Jersey’s 2050 Emissions Limit

Source: NJDEP
<table>
<thead>
<tr>
<th>Climate Trends in NJ</th>
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<tbody>
<tr>
<td><strong>Temperature</strong></td>
</tr>
</tbody>
</table>
| • Warming 2x global average  
• More warm extremes; fewer cold extremes  
• Intensity of coastal storms |
| **Precipitation**   |
| • 100 year increase in precipitation  
• More intense heavy rains  
• Increased frequency of dry spells |
| **Sea level rise**  |
| • Rise of 1.5 feet since 1911  
• .9-2.1 ft 2000-2050 w/ rate increase from .2 -.5"/year  
• Increased frequency & intensity of coastal flooding |

Post 2050 futures depend on emissions scenarios.
The past 6 years have been the warmest on record.
19 of the 20 warmest years have happened since 2000.
Average rate of warming
  - since 1880 = @ 0.16 °F per decade
  - 0.45 °F per decade since 1980
NJ has warmed @ 2x fast as global average
• More rapid warming since 1970
• Of the 20 warmest years on record, 14 have been since 2000
• Projections for late 21st century:
  ✔ 8-14°F above preindustrial for high emissions scenario
  ✔ 5-8°F for low emissions scenario
• Statewide precipitation - Increase from 44.46” @1901-1930 to 47.54” @1990-2019 (~7% increase)

• Projections for late 21st century: Increase in annual precipitation @ ~10% by the late 21st century; larger increases in winter and spring

• Heavier rains

Data source: NOAA National Centers for Environmental Information
NJ sea level trends

• Rate of NJ SLR - more than twice global average, primarily due to land subsidence

• Likely projections:
  ✓ 2030: 0.5-1.1 feet
  ✓ 2050: 0.9-2.1 feet
  ✓ 2100 (low emissions): 1.7-3.9 feet
  ✓ 2100 (high emissions): 2.3-6.3 feet

• Impacts both “sunny day” flooding and flooding from extreme weather events
## Tidal flooding at Atlantic City

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of days with tidal flooding</th>
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<tbody>
<tr>
<td>1950s</td>
<td>&lt;1</td>
</tr>
<tr>
<td>2007-2016</td>
<td>8</td>
</tr>
<tr>
<td>2030</td>
<td>17 (projected)</td>
</tr>
<tr>
<td>2060</td>
<td>85 (projected)</td>
</tr>
<tr>
<td>2100</td>
<td>240 (projected)</td>
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</tbody>
</table>
Impacts

**People**
- Increase in cardiovascular & respiratory diseases
- Food insecurity
- Food and water-borne diseases
- More heat waves
- Longer allergy season
- Increased vector borne disease
- Heat stroke & stress
- Mental health impacts
- Extreme weather event trauma
- Loss of lives

**Communities**
- Combined sewer outfalls
- Contaminated stormwater runoff
- Flood damage
- More frequent and intense riverine flooding
- Increased sunny day coastal flooding
- Property losses and damage
- Lost school/work days
- Relocation

**Assets**
- Roads, bridges, tunnels, rail lines
- Electricity transmission
- Crop failure
- Increased electricity use
- More frequent drought
- Business interruption
- Wildfires
- Power outages
- Algal blooms
- Sewage and hazardous material releases
- Increased invasive species
- Fisheries impacts

1. **Who’s most affected?**
2. **Why?**
3. **Who controls decisions?**
“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Braveman et.al. 2017
Climate Change disproportionately affects the health of low-income communities & communities of color.

Climate change & health inequities share the same root causes.

Addressing climate change and health inequities requires transformational change in our systems and communities.
Climate Change: An **Exacerbator** of Root Causes of Health Inequities

Deaths of 8 nursing home patients raise concerns about Florida’s elderly

The home had no air conditioning because of Hurricane Irma, but it is across the street from an air-conditioned hospital.

**Key Message 2: Most Vulnerable at Most Risk**

Climate change will, absent other changes, amplify some of the existing health threats the nation now faces. Certain people and communities are especially vulnerable, including children, the elderly, the sick, the poor, and some communities of color.
Op-Ed: COVID-19, Racial Injustice and Climate Change Require a Bold Approach, Not Incrementalism

JEANNE HERB, MARJORIE KAPLAN | JULY 14, 2020 | OPINION

Now is the time to act on advancing a healthy, resilient, sustainable and fair New Jersey

With a nation rattled by a deep recession that has led to growing signs of climate change, new ideas to address those challenges are needed.

“This is too good a crisis to miss,” said "Rebuilding New Jersey after COVID-19: A Virtual Workshop" by Marjorie Kaplan, left, and Jeanne Herb.
## Lessons Learned

- Underlying societal inequities are the biggest hurdle to achieving resilience.
- Populations most affected by climate change are underrepresented in decision-making.
- Socially vulnerable populations & service providers perceive that resources are inequitably distributed.
- Government has a role to play but must work with trusted community sources.
- Inclusion of socially vulnerable populations is not enough: resilience planning needs to “bake in” assessment of actions.
- Including socially vulnerable people in resilience planning creates more resilient communities overall.
- Populations most vulnerable to climate change contribute the least to it.
Strategies to intersect climate change efforts & health equity goals

1. Redefine *Resilience*;
2. Recognize that the process of *whole community resilience planning* is an opportunity to increase overall community resilience by addressing underlying social, economic and physical challenges (sdoh) faced by socially vulnerable populations;
3. Integrate health equity into the climate planning process:
   - “*Add seats to the table*” for socially vulnerable populations that are traditionally underrepresented in civic processes. Focus on equity, diversity, inclusion.
   - Recognize that expanding participatory processes is not enough: *Assess impact* of resilience actions on socially vulnerable populations.
Implementation Strategies

Redefine Resilience
✓ Recognize underlying causes of vulnerability

Whole community resilience planning increases overall community resilience
✓ Addressing underlying social, economic and physical challenges

Integrate equity, diversity & inclusion into climate resilience planning
✓ Add seats to the table for populations that are traditionally underrepresented
✓ Adding seats to the table is not enough: Assess impact of resilience actions on socially vulnerable populations.
1. Redefine Resilience

Coastal resilience means building the ability of a community to "bounce back" after hazardous events such as hurricanes, coastal storms, and flooding – rather than simply reacting to impacts. NOAA

“If you want people to bounce back from a storm, make sure they have the resources they need to live a happy and healthy life now and then they can take care of themselves if there’s a storm event!”

“Bouncing forward” to improved conditions where all people live in communities that are healthier, greener, cleaner, more equitable and more prosperous….and more resilient.
Whole community climate resilience planning:

An opportunity to address social, economic and physical challenges faced by socially vulnerable populations and, in doing so, increase the resilience of a whole community.
Integrate equity, diversity & inclusion into resilience planning

Adding more seats to the table

Assessing impacts of climate actions on underrepresented & vulnerable populations

Climate Resilience Planning
Intersecting climate change and health equity goals generates synergistic outcomes that create a society that is not only **healthier**, more **resilient** and environmentally **sustainable**, but a society that is **just**, in which opportunity is available to all, and risks are equitably shared.

[https://njadapt.rutgers.edu/images/June_24_summary_3.pdf](https://njadapt.rutgers.edu/images/June_24_summary_3.pdf)
New Jersey Climate Change Alliance
Network of diverse organizations that share the goal of advancing science-informed climate change strategies at the state and local levels in New Jersey, both with regard to adapting to changing climate conditions and addressing the emissions that cause climate change.

https://youtu.be/5dO-81Am5T0
# Overview of Projected Climate Change and Health Impacts in New Jersey

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Climate Impact</th>
<th>Health Impacts</th>
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<tbody>
<tr>
<td>Air Quality Changes</td>
<td>• Increased ground-level ozone</td>
<td>• Respiratory illness</td>
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<td></td>
<td>• Fine particulate matter changes</td>
<td>• Cardiovascular disease</td>
</tr>
<tr>
<td></td>
<td>• Pollen and allergen production</td>
<td>• Mortality</td>
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<tr>
<td>Extreme Heat</td>
<td>• Increased frequency and intensity of heat waves</td>
<td>• Heat-related illness and mortality</td>
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<tr>
<td></td>
<td></td>
<td>• Exacerbation of existing medical conditions</td>
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<td>• Greater stress on electricity systems potentially leading to health outcomes associated with power outages</td>
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<tr>
<td>Precipitation Changes and Storms</td>
<td>• Flooding</td>
<td>• Injuries and fatalities</td>
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<td></td>
<td>• Storms</td>
<td>• CO2 poisoning</td>
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<td></td>
<td>• Drought</td>
<td>• Food and water contamination</td>
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<td></td>
<td>• Wildfire</td>
<td>• Stress and mental health impacts</td>
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<tr>
<td></td>
<td></td>
<td>• Respiratory illnesses</td>
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<td></td>
<td></td>
<td>• Mold exposure</td>
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<td></td>
<td></td>
<td>• Food insecurity</td>
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<tr>
<td>Ecosystem Changes and Threats</td>
<td>• Changes in Disease Vector Reproduction and migration patterns</td>
<td>• Vector borne illnesses</td>
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<tr>
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<td></td>
<td>• Food and water borne illnesses</td>
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<td></td>
<td></td>
<td>• Harmful Algae Blooms (HABs)</td>
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**NJ Heat-Related Illnesses Rising Over Past Decade**

![Graph showing heat-related hospitalizations and emergency department visits for the annual warm season (May-September) from 2004 to 2013.](image)

**Total Number of Heat-related Hospitalizations and Emergency Department Visits for the Annual Warm Season (May-September), 2004-2013**

Source: NJDOH 2015

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**NJ epidemiological analyses for years 2004-2007 (April – September)**

- Higher ozone levels associated with increases in pediatric ED asthma visits statewide during warm season (April-Sept) (NJDOH 2014)
- Ozone statistically positively associated with pediatric asthma ED visits in Newark, NJ during warm season (April – Sept) (NJDOH 2015)
## Precipitation Changes, Storm Impacts, Sea-Level Rise

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<td>Mold exposure</td>
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<td>Food insecurity</td>
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Extreme Storms: NJ by the numbers


Children living in homes with minor damage during Sandy are particularly high risk for psychological and emotional issues (Abramson et al. 2015).

Children living in homes with minor damage during Sandy are particularly high risk for psychological and emotional issues (Abramson et al. 2015).

NJ: 34 deaths from Sandy

19% of residents of NJ shore post-Sandy reported mold in homes (Burger et al. 2014). Adults exposed to mold were 2.5x more likely to be diagnosed with asthma after the storm, and 2x as likely to report mental health distress. (Abramson et al. 2015)

Hurricane Sandy: increase of preventable hospitalizations for diabetes complications (in NJ, affecting communities in lower and higher SES. (Rajan et al. 2015)

Increased ED and hospitalization for COPD & asthma in adults over age 60 in post-Sandy period; older women in poorer and minority neighborhoods particularly vulnerable (Thomas et al. 2015)

Highest frequency of calls to NJ Poison Control Center (NJPIES) immediately after Sandy include gasoline & CO exposure, food poisoning/spoilage, water contamination (German 2015)
Ecosystem Changes: Harmful Algal Blooms

Freshwater & Marine

Lake Hopatcong in Hopatcong
Much of Lake Hopatcong still remains closed to swimming and other recreational activities. The lake, which was closed in late June over the harmful algae blooms, led to several people developing mild skin rashes after exposure to the water.

Manasquan Reservoir in Howell Township
Remains under advisory

Rosedale Lake in Pennington
Remains closed to all recreation

Lake Musconetcong in Stanhope
Remains under advisory

Deal Lake in Asbury Park
Remains under advisory

Greenwood Lake in West Milford
Remains under advisory
Swimming not advised (for a portion of the lake)

Sunset Lake in Asbury Park
Remains under advisory

Swarzwoods Lake in Stillwater Township
Remains under advisory (at boat launch area only)
Swimming allowed

Budd Lake Beach in Mount Olive Township
Remains under advisory
Swimming not advise

August 9, 2019 (NJ.com)
KEY TAKEAWAYS:
Comprehending Climate Change

Climate solutions not only improve the quality of our air and food but also enhance our cognitive abilities and strengthen our mental health.

- **Physical commuting**, such as biking or walking, can reduce stress and other mental illnesses, as well as improve cognitive function and academic performance.
- **Public transportation** invigorates community mental health by creating opportunities and networks to increase community cohesion.
- **Green spaces** reduce people’s stress levels and promote positive social interactions.
- **Clean energy** benefits lung function in children and can help prevent symptoms of anxiety and depression that are brought on by pollution.

MENTAL HEALTH AND OUR CHANGING CLIMATE:
IMPACTS, IMPLICATIONS, AND GUIDANCE
March 2017
Vulnerable Health Facilities

Source: NJSL, 2018 and CRSSA
But a long way to go -

April 2019

- Almost 40% of New Jerseyans say “they know a lot” about climate change, impacts and effects on their lives in the future;
- 22% say they know a lot about how to prepare.
A Framework for Action: Intersecting health equity with climate change action in New Jersey

- **Act**
- **Plan**
- **Assess**
- **Support**
- **Build capacity**

- Make equity a priority
- Address root causes
- Advance integrated solutions
- Engage communities
ACTs
- Refine Topic Areas, prioritize, review existing plans/policies, add new members/consult partners, begin writing action plans
- Review and incorporate HECC results
- Finalize action plans/strategies, objectives, and targets

HNJAC
- Receive Policy, Resilience, and Equity guidance
- Receive action plan, objective selection, & target setting training
- Review and approve action plans, objectives, and targets
ACT UPDATES

Bageshree
Kwaku
Megan

Diane
Jeanne
Regina

Alysia
Tyree
Victoria

Alycia
John
Sherry
DOH UPDATES

• COVID vax listening sessions/focus groups
CULTURE OF HEALTH CONFERENCE/POPULATION HEALTH SUMMIT

• Register now for December!
• Updates for April
OTHER UPDATES

- Alycia
- Alysia
- Bageshree
- Diane
- Jeanne
- John
- Kwaku
- Marissa
- Megan
- Regina
- Sherry
- Tyree
- Victoria
- DOH
NEXT STEPS
UPCOMING MEETINGS

Advisory Council

• Wednesday, December 2: EQUITY!
• Wednesday, January 13