

6.4 Healthy Living Action Team Meeting

Attendees: Alycia Bayne, Sherry Dolan, John Sarno,Carolynn Beauchamp, Diane Litterer, Eva Mancheno, Laura Cerutti, Nicole Nazy, Meredith Yorkin, Barbara Johnston, Angelo Valente, Tiffany Neal, Alison Draikiwicz, Nashon Hornsby, Maria Baron

Diane: Synopsis of Behavioral Health Subcommittee

- ❖ Two meetings since last full-group meeting
- ❖ First meeting: Reviewed Healthy People 2020 goals to see how behavioral health fits in
- ❖ Only reference in document related to tobacco use, which does not represent the broader needs of behavioral health
- ❖ The group considered how pandemic impacts behavioral health
- ❖ Need to gather good baseline challenges, make sure data repeatedly collected so can see movement in objectives over next 10 years
- ❖ Looked back on other crises such as Superstorm Sandy and their impacts on behavioral health
- ❖ Overlying issue: Access to quality care across the components of behavioral health
- ❖ Considered best practices for MAT (Medication Assisted Treatment)
 - Educate healthcare providers, general public, people with substance use disorder – make it known as an option and increase availability of quality care
- ❖ Addressed issues of stigma, as well as the infrastructure required to handle the mental health crisis coming with COVID; adverse childhood experiences and other issues on the rise will likely impact New Jerseyans' behavioral health over the next decade
- ❖ Issues of isolation for older adults in particular
- ❖ Importance of continuing access to tobacco cessation programs
- ❖ Mental health issues, depression and suicide rates – concerns about those increasing with the addition of crisis associated with pandemic
- ❖ Second meeting: drilled into identifying available data
- ❖ Narrowed down focus to timely access to quality behavioral health care
 - Mental health
 - Co-occurring disorders
 - Tobacco/nicotine cessation
 - Substance use disorder
- ❖ Looking for available data points and baseline issues based on those numbers; will determine how to project goals for next ten years
- ❖ John question: Many physical activity/nutrition issues seem to start at young age – wondered how subcommittee will include data from adolescence and childhood
 - Data from adolescence and childhood seems relevant
 - Challenge with active consent laws: surveys cannot be provided to adolescents without active parental permission
 - Much of available research has not been able to attain representative sampling
 - Challenge to capture data across the next ten years because of this
 - Some outdated data, i.e. high school survey last done fully in 2013, partially in 2015

- Surveys typically done confidentially but in-person – with online surveying, challenge with knowing you have legitimate responses uninfluenced by others seeing what they do on computer
- Sherry: NJ unique in country by requiring active parental consent
 - Other states with passive consent get higher, likely more accurate responses
- ❖ John: Availability of counselors in public schools, hotspots of teen suicides at schools with high ratios of students to counselors – public schools as conduit for treatment?
 - Diane: About 10 years ago, lost some funding and cut down on student assistance counselors available in schools; may not have people available in schools with knowledge of substance use, referrals to treatment have also been reduced
- ❖ Barbara: Many school districts have school-based mental health, it is effective and there are not enough of those programs
- ❖ Barbara: Ensure networks are adequate for behavioral health providers and regulations from Department of Banking and Insurance support that
 - Currently no measure of access; other states better at holding payers accountable

Tiffany: Synopsis of Self-Care Subcommittee

- ❖ Boiled down to transportation safety, social connectedness, and sexual health
- ❖ Transportation safety
 - Traffic fatalities
 - Pedestrian and bicyclists fatalities and injuries
 - Want to focus on pedestrian/bicyclist casualties because disproportionate for communities of color, this area connects strongly with equity
 - NJ rates much higher than national average
 - Transportation safety can incorporate broader policy systems and environmental change as well as individual behaviors
 - Alcohol and drowsy driving
 - Distracting driving not covered in Healthy People and other states' documents
- ❖ Social connectedness
 - New salience now with COVID
 - Not a lot of data around this, unclear which measures to use in order to set and track objectives
 - Can be more of a developmental objective – we see its importance but may not have the data right now
 - Opportunity to advocate for getting that data
 - Other states look at this as a social determinant of health
 - There's talk about it while specific data and objectives are lacking
- ❖ Sexual Health
 - STIs including HIV
 - Pregnancy, including unintended and teen pregnancy
 - Most other states do not have objectives around these areas
 - PA does not, NY has a few about decreasing HIV and other STIs, CA has nothing
 - Rates of non-HIV STIs have been growing since 2014; HIV rates have been decreasing
 - Teen and unplanned pregnancy rates similar to other states

- Unintended pregnancies hard to get data on – have to ask in a survey because this is not recorded in medical data
- ❖ Pedestrian and bicyclist injuries and death seem more the priority because of how high the rates are
 - John: Difficult to scale these findings because of NJ's density and population
 - Laura: High numbers not shocking because of NJ's density; in NJ, driver deaths have been on the decline recently
 - See bottom of minutes for additional information and a link to the NJ Division of Highway Traffic Safety's most recent Highway Safety Plan
 - Diane: Future marijuana legalization may contribute to concerns going forward
 - Laura: CO tracking this, but has been tough because changes in reporting coincided with legalization and numbers also went up across country at the same time
 - Diane: Teens may be more likely to drive while high than while drunk – will be an educational challenge
 - Diane: Great if we can get in on ground floor of marijuana and public health conversations
 - Alycia to Maria: Do you know if Healthy Communities considering transportation?
 - Maria: Healthy Communities is not that far along, but someone from the DOT serves on the committee and focuses on pedestrian and transportation safety
 - We can partner with them and compare notes to see which groups will handle what
 - Laura: They have their third summit coming up

Meredith: Synopsis on Physical Activity/Nutrition Subcommittee

- ❖ Access to physical activity, sugar and sodium, fruits and vegetables, screen time
- ❖ Physical activity
 - How to incorporate physical activity into the day
 - More walking during pandemic while gyms and fitness centers closed
 - Leaning toward employer focus since people at work most of day
 - Incentivized programs, standing desks, rebates to encourage physical activity throughout day
- ❖ Sugar and sodium
 - Sodium mostly consumed outside home – consider how to engage in types of food being sold to children, public locations, vending machines
 - Everyone consumes too much sodium but repercussions only shown in adult and senior citizen populations, grow more prevalent with age
 - How to engage with medical providers providing medication
 - Engagement with healthcare sector as a whole to engage that population
 - Sugar mostly consumed from snacks and beverages
 - In NJ, at least 20% people have at least one sugar-sweetened drink per day

- Most sugary beverages consumed at home
 - Children will drink more at home when parents drink these beverages at home
- Also thinking of public places where those drinks are sold, i.e. events, concession stands, vending machines
- ❖ Fruits and vegetables
 - Work with children and adolescents more than adults and engage family as a whole
 - Encourage sale of them at community level
 - Encourage food shopping, prep, and cooking as a family to engage children and family unit
- ❖ Screen Time
 - Looked at as time spent away from other activities
 - Research shows more screen time leads to less physical activity, less sleep, fewer social activities
 - How to engage in healthier sleep hygiene and ensure better access to physical activities
 - All these issues interplay with each other
 - Nicole: Sleep deprivation and screen time
 - Blue light causing problems when time to sleep – excites person and causes less sleep
 - CDC has metrics and is looking into that
 - Decreased screen time and increased physical activity improve sleep
- ❖ Nashon: With walking and physical activity, did group focus on walkability in communities where this is less of an option? Ensuring actually incorporate physical activity into lives of people in both urban settings and rural settings with fewer sidewalks and heavier dependence on cars to get around
 - Tiffany: Focus on access to green space and walkability
 - Can't change behaviors if don't have access
 - Maria: Healthy Communities will be focusing on this because building sidewalks, etc. is an action which a community has to take rather than an individual
- ❖ Nashon: Shared use agreements where schools allow community to use their spaces off-hours – we can use the existing resources without large-scale policy change
 - Can work with infrastructure we already have – such changes are very doable
- ❖ Angelo: Partnership for a Drug Free NJ studied link between family meals and substance use among adolescents; benefits of family meals which will cross many different disciplines
 - Meredith: Has researched how family meals curb obesity in children
 - Tiffany: Many topics lend themselves well to targeting children
 - Knows Healthy Families may not be specifically addressing these issues of physical activity and nutrition
- ❖ John: Should make a model time allocation for the day
 - Gatekeepers involved: doctors when it comes to talking nutrition, counselors and teachers, employers

Timeline

- ❖ June scheduled to be about determining baseline and targets once we pick our focus issues
- ❖ Maria update

- Throwing timeline out window due to COVID, will give us a new one next week
- Office of Minority and Multicultural Health was supposed to be leading discussions around now but these have not been able to take place, which pushes schedule back
- For now, we should find what is already out there and where there are gaps and problems
- Agrees that availability of data is a major issue when it comes to adolescent and childhood studies
- ❖ Alycia: We can see which issues rise to the top before we reach consensus on targets and baseline
 - John: That, and will have to consider what other groups are doing
- ❖ Maria: Advisory council call next week will discuss which groups handle which issues
- ❖ Diane: Is there a set of guidelines and expectations related to measurement benchmarks?
- ❖ Tiffany: Is there an explicit process for all of the action teams to determine the priorities? Some other states' SHIPs have very explicit descriptions of process used
- ❖ Maria response: Has had to rearrange many of the processes; in terms of data, this will be ongoing
 - If there is an issue which is important but does not have data, we will still want to include and examine that since the fact that no one collects the data is important
- ❖ Maria: Regarding decisions on what to focus on, Healthy NJ considers some very broad points including improving health equity and reducing mortality
 - There is a list for these focus areas which has been distributed to Advisory Council and possibly to other team members through Council members
- ❖ John: There is a process document from federal Health People initiative but it is unwieldy, overly complex, and hyper-academic; we do not have a simple, easy-to-follow process document in existence yet
- ❖ John: In terms of objectives, we cannot get caught up on being overly technical
- ❖ Maria: In terms of how funding interacts with public health, a common trend: funding goes to an issue, issue ameliorates, funding reduced, issue increases once again

Next Meeting

- ❖ Advisory Council meeting next week
 - John, Sherry, and Alycia will report back to the group after the meeting
 - Alycia: Should compile lists of issues which came up across the three teams and see which ones rise to the top in priority; a lot will depend on what the other groups are doing as well
- ❖ Healthy Living Action Team
 - Next meeting Thursday, August 6th from 10:00 – 11:30 a.m.

Further resources regarding traffic safety:

<https://www.nj.gov/oag/hts/downloads/2020-Highway-Safety-Plan.pdf>

STATEWIDE OVERVIEW

In 2018, the State experienced 565 fatalities on its roadways, the lowest total since 2015. This resulted in a 9.45 percent decrease in overall traffic fatalities from the previous year (2017). The graph depicts overall traffic fatalities in New Jersey as well as the 5-year moving average of those fatalities.

NEW JERSEY MOTOR VEHICLE FATALITIES, ANNUAL AND 5-YEAR MOVING AVERAGE



TRAFFIC RELATED FATALITIES BY CATEGORY, 2009 - 2018										
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
DRIVER	249	233	270	239	248	235	226	268	259	225
PASSENGER	99	101	105	103	95	80	96	88	85	95
PEDESTRIAN	158	139	142	156	129	168	173	162	183	177
BICYCLIST	13	13	17	14	14	11	17	18	16	16
MOTORCYCLIST	65	70	93	77	56	62	50	66	81	51
NJ STATE TOTALS	584	556	627	589	542	556	562	602	625	564
FATAL CRASHES	550	530	586	553	508	523	521	570	591	526

PEDESTRIAN AND BICYCLE SAFETY

Pedestrian Safety • General Overview

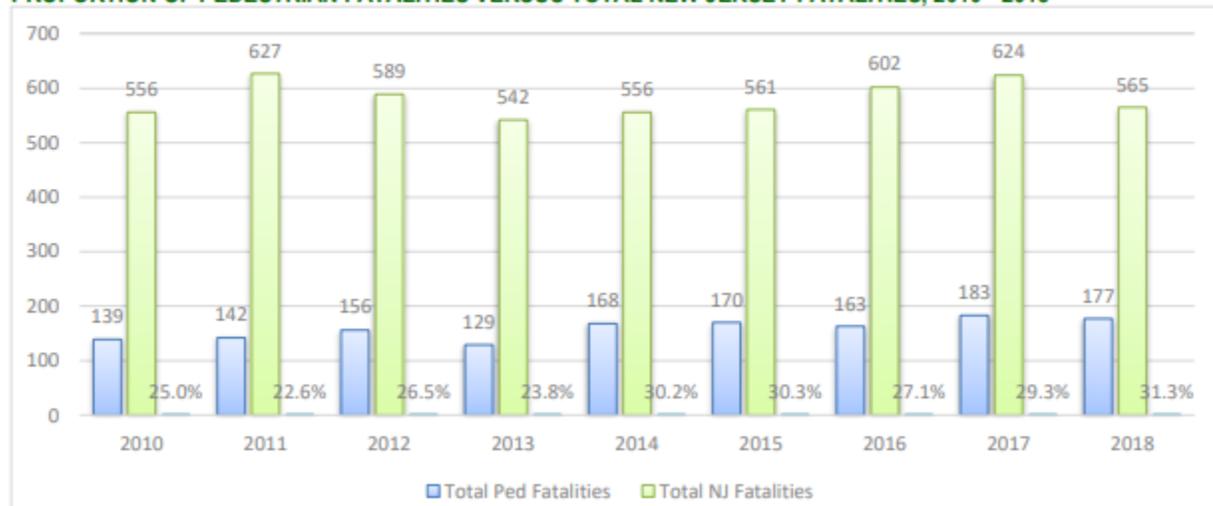
Over the past ten years, from 2009-2018, there have been a total of 1,585 pedestrian fatalities in the State. In 2017, 183 pedestrian fatalities occurred, representing a 12.3 percent increase from the previous year. However, in 2018, a preliminary total of 177 pedestrians were killed on New Jersey's roadways, resulting in a 3.3 percent decrease from 2017. Projected estimates are expected to increase in both 2019 and 2020.

PEDESTRIAN FATALITIES, ANNUAL AND 5-YEAR MOVING AVERAGE



Pedestrian safety remains a major focus of educational and enforcement programs in New Jersey. Pedestrian fatalities accounted for over 27 percent of total roadway fatalities in 2016, 29 percent in 2017, and 31 percent in 2018.

PROPORTION OF PEDESTRIAN FATALITIES VERSUS TOTAL NEW JERSEY FATALITIES, 2010 - 2018



BICYCLIST FATALITIES AND UNHELMETED FATALITIES, ANNUAL AND 5-YEAR MOVING AVERAGE

