

**Healthy New Jersey 2020 (HNJ2030) Healthy Living Action Team
Meeting Minutes**

August 6, 2020, 10:00 – 11:30 am

Zoom

I. Welcome and Member Announcements

- ACT Members (Present)
 - Carolyn Beauchamp, President & CEO, Mental Health Association of NJ
 - Tiffany Neal, Public Health Consultant, N.J. Healthy Communities Network
 - Nicole Nazy, Pharmacy Supervisor, Operations, Morristown Medical Center
 - Eva Mancheno, Regional Program Manager, SNAP-Ed, Food Bank of New Jersey
 - Meredith Yorkin, Registered Dietitian, Hackensack Meridian at Pascack Valley Medical Center
 - Laura Cerutti, Project Manager – Pedestrian Safety, TransOptions
- NJDOH Liaison Members
 - Juliet Jones, SNAP-Ed Program Manager, Family Health Services
 - Barbara Bolden, NJ Department of Health
 - Nashon Hornsby, Assistant Commissioner, Division of Community Health Services
- HNJ2030 Advisory Council Members
 - John Sarno, President, Employers Association of NJ
 - Alycia Bayne, Principal Research Scientist, Public Health, NORC
 - Sherry Dolan, Program Coordinator, Community & Urban Health, Capital Health System

II. Healthy Living Subcommittee Describe Potential Goals

- **Self-Care Subcommittee**
 - Increase percentage of residents who get recommended clinical preventive services.
 - Objectives would focus on screenings and immunizations recommended by the U.S. Preventive Services Task Force.
 - The team initially explored sexual health as a topic of its own, but screenings for STIs and prevention of HIV can be included as an objective.

- Reduce fatalities and serious injuries for all roadway users.
 - Objective would relate to reducing the number of bicycle and pedestrian fatalities and serious injuries by X annually, equating to a XX% reduction over a five year period.
 - Strengthen social connectedness to improve well-being and resilience.
 - Social connectedness is challenging to measure, but this would be an opportunity to include this topic as a developmental goal, particularly given COVID-19 and concerns surfacing related to social connectedness during the pandemic.
 - Prevent unintentional injuries and violence, and reduce their consequences.
 - Unintentional injuries are one of the leading causes of death in the U.S. Objectives may include unintentional falls, poisoning; suicides; adverse childhood events; and intimate partner violence, among other topics.
- Comments from ACT Members:
 - Transportation is a major issue impacting healthy living, and an important social determinant of health, particularly during this pandemic. Lacking access to car has been documented as a barrier during COVID-19, given many testing sites are drive-up. This presents a greater burden for populations with lower incomes, or those who may be at greater risk for complications from COVID-19 (older adults or vulnerable populations).
 - Transportation is a barrier to traveling to mental health care appointments. Since COVID, the number of people attending their appointments virtually has increased. People like having the ability to call in for appointments because they do not have to find access to transportation.
 - The behavioral health group is looking at access to telehealth.
 - The group discussed vaccinations and how this topic will be incorporated into Healthy Living. At this time, we are planning for vaccinations (screenings and immunizations) as a proposed goal in the Self-Care Subcommittee.
 - We will need to consider how the COVID-19 vaccine will be factored into the HNJ2030 process. Federal support will allow DOH to target vulnerable communities when a vaccine becomes available. Funding is also available to DOH for enhanced flu vaccines, given there is concern that the combination of flu and COVID-19 could be devastating this year. DOH will work with FQHCs to enhance flu vaccination rates.

- The Healthy Living ACT must consider the cross-cutting issue of resiliency. Individual resilience may mean focusing on self-care, exercise, healthy eating, seeing a therapist, and engaging in other activities that help one to withstand, adapt to, and recover from stress and adversity during COVID-19. The concept of “personal choice” to engage in health-promoting activities was also discussed, recognizing that there are tremendous systems issues that impact an individual’s ability to live a healthy life (social determinants of health), for example socioeconomic status, education, income, race and ethnicity, neighborhood factors, transportation, trauma, violence, and other issues.
 - We also need to address policy and systems issues in order to best support an individual in living healthy lives.
- **Physical Activity and Nutrition (see attachment at the end)**
 - Potential Goals:
 - Increase the percentage of residents who meet current federal physical activity guidelines while decreasing disparities.
 - Reduce the percentage who consume > 1 sugar sweetened beverage (SSB) per day
 - Prevent an increase in adults with diabetes.
 - Prevent an increase of adults with high blood pressure.
 - Assess, educate, and improve sleep habits to obtain the optimal hours of sleep/sleep hygiene
 - Increase the consumption of fresh fruits and vegetables
 - Comments from ACT Members:
 - It is challenging for individuals to conceptualize the prevention of a chronic illness that they do not have. When you explain that sodium can lead to XYZ, it is challenging to find the motivation to make a change. If they are not seeking the education about how to make the change, and there is no pressing reason for it, it comes down to a question of who is responsible for providing education or healthier alternatives.
 - People’s willpower has not become worse over time, but obesity has increased. The choices that are available and how these choices are marketed impacts obesity.

- Every time someone says “personal choice,” we have to consider that people do not know what their choices are.
- There are health equity issues with respect to nutrition and physical activity. If the only food you have available to you is your corner store that only has unhealthy choices, then that is what you will eat. We can tackle these health equity issues through education and creating infrastructure that will help us to be able to make these healthier choices.
- The group will also look at screen time and shift work.
- **Behavioral Health**
 - Timely Access to Quality Behavioral Healthcare
 - Access will cover both private and public access with 4 components: 1) Mental Health Parody; 2) Substance Use with a focus on Medication Assisted Treatment / Withdrawal Management; 3) Co-occurring Disorders; 4) Tobacco/Nicotine Dependence Cessation
 - ACT Comments:
 - The group focused on access to quality care because there are a number of issues we could potentially focus on. The group also discussed adverse childhood experiences, private and public sector parody, screening brief intervention referral to treatment (SBIRT), alcohol and opioid use disorders, and non-qualitative treatment limits.
 - For smoking cessation, NJDOH has grants for quit centers and smoking cessation hotlines, and those data should be available to us for these objectives.
 - How focused or broad do we need our goals to be at this point? What is actionable?
 - The charge here is through DOH. When we look at the population, our focus is the state of NJ. Within DHS, we are looking at a mental health and substance use system that is a public system of care through the government. It does not focus on the private sector.
 - Key challenges are wait time for people who are seriously mentally ill; poverty; and supporting people who need detox, but are waiting because the system is not robust enough (there are people waiting weeks to receive treatment for outpatient services).
 - Having private insurance does not guarantee that you will have a spot for

outpatient mental health treatment if these services are not available.

- There are co-occurring mental health/substance use issues. We have to address both issues, though funding streams and licensing are barriers.

III. Next Steps

- The Healthy Living ACT chairs will send out a Survey Monkey survey to members with the goals discussed today. Members will rank goals in terms of priority, so that we can identify the top 4 to 6 goals for Healthy Living. We will ask members to rank by topic area so we have at least 1 – 2 goals for each topic area. We will share the findings with the Council.
- This fall, we will continue subcommittee meetings to discuss objectives for selected goals.
- Next ACT Meetings – First Thursday of the month 10 – 11:30 am:
 - i. September 3rd
 - ii. October 1st
 - iii. November 5th
 - iv. December 3rd

Physical Activity

Objective:

Increase the percentage of residents who meet current federal physical activity guidelines while decreasing disparities

(Data source: National Health Interview Survey (NHIS), CDC/NCHS)

Strategies:

Increase access to opportunities for physical activity

Action Steps:

- Improve state and local policies to support physical activity, including Complete Streets, Safe Routes to Schools/Parks, zoning, master plans, and shared use agreements (Data source: TBD)
- Increase the percentage of the population with access to locations for physical activity (Data source: County Health Rankings)
- Increase the percentage of the population living within a ten-minute (half-mile) walk of a public park (Data source: Trust for Public Land)

Expand employee wellness policies and programs

(Data source: TBD)

Action Steps:

- Provide guidance to small businesses to implement employee wellness policies and programs

Sugar Consumption

- Goal/Objective:
 - Reduce the percentage who consume ≥ 1 sugar sweetened beverage (SSB) per day
 - Current: 20.3% (2016; njsugarfreed.org); 21.5% (2016; https://www.cdc.gov/pcd/issues/2018/18_0335.htm)
 - Goal: 19% (10% reduction)
 - OR Prevent an increase in adults with diabetes
 - Current: 10.8% (2019; <https://www.americashealthrankings.org/explore/annual/measure/Hypertension/state/NJ>)
 - Goal: 10.8%
- Strategies + Action Steps: (many are adapted from njsugarfreed.org)
 - Provide healthier vending machine options.
 - Require that water be stocked in at least 2 slots per machine or supply free drinking water next to vending machines.
 - Sell water and low-calorie beverages at a lower price than high-calorie SSB.

- Use promotional space on beverage machines to advertise only water and low-calorie beverages.
- Offer healthier cafeteria beverage options.
 - Require that all beverage fountains include low-calorie beverage options.
 - Move high-calorie beverages away from eye level and to the lowest selling position.
 - Use promotional space on beverage fountains to advertise only low-calorie beverages.
- Engage the public and private sectors to provide healthier beverage options, school- and organization-wide.
 - Provide drinking water at meetings, conferences, gatherings/parties when food and beverages are offered.
 - Post informative notices about the benefits of water in high traffic areas, especially in breakrooms and cafeterias.
- Provide education on added sugars and SSBs, especially for low income individuals and families who are at greatest risk of consuming above the recommended amounts.
 - Provide free nutrition education, especially regarding Nutrition Facts label reading, and health promotion/prevention in regards to consequences of consuming SSBs
- Add in physical activity strategies
- Add in screen time strategies
- Add in fruits and vegetables strategies

Sodium Consumption

- Goal/Objective:
 - Prevent an increase of adults with high blood pressure
 - Current: 33% (2019; <https://www.americashealthrankings.org/explore/annual/measure/Hypertension/state/NJ>)
 - Goal: 33%
- Strategies/Action Steps:
 - Get people to reduce sodium consumption to <2300 mg per day
 - Engage health professionals in providing counseling/warnings regarding excessive nutrition intake
 - Engage health professionals in providing verbal diagnosis and education of hypertension
 - Increase knowledge of risks of excess sodium consumption and how to reduce excessive consumption
 - Provide free nutrition counseling regarding how to read food labels, specifically Nutrition Facts labels, and make low sodium choices
 - Increase access to low sodium food products in supermarkets and convenience stores
 - Engage with local large supermarket branches and individually owned corner stores to display in-store advertisements that align with low sodium recommendations

- Provide emoticon labeling or “high sodium warning” on the shelf/sticker price of foods in supermarkets and convenience stores to alert consumers of sodium content
- Provide healthier restaurant and take out options
 - Work with key restaurant constituents and government officials to promote healthier restaurant food and take out that are lower in sodium

Healthy Sleep Hygiene

Objective: Assess, educate, and improve sleep habits to obtain the optimal hours of sleep.

- Healthy approaches include limiting screen time, limiting caffeine, and exercising regularly.

There are different tools to use for healthy sleep including white noise, alarm clocks, weighted blankets, and removal of screen time.

Metrics

CDC recommends 7 hours of sleep a night. Collect NJ-specific data (New*).

Goal

After assessing the current state of sleep hygiene, will determine a % goal for improvement for 2030 (perhaps a 10% increase).

Fruits and Vegetables

Objective/Goal: Increase the consumption of fruits and vegetables amongst adults to reduce food related illnesses that will assist to reduce health disparities among minority populations. (Data Source (s): <https://www.healthypeople.gov/2020/law-and-health-policy/topic/nutrition-and-weight-status>) CDC/MyPlate/Department of Agriculture

Strategies:

- ✚ Increase access to accessible and affordable fresh fruits and vegetables

Action Steps:

- Improve state and local policies to support promotion/consumption of fresh fruits and vegetables, including NJ farmers markets/local farms/locally grown fruits/vegetable, affordable prices for business to increase variety of fruits/vegetables in community corner stores/bodegas, and fruit/vegetable initiatives community and school based programs that promote local resources for fruits/vegetables (Data source: <https://www.healthypeople.gov/2020/topics->

https://fruitsandveggies.org/stories/how-much-does-your-family-need/?gclid=EAlalQobChMI2KXYxNyG6wIVEYvICh1ZzQunEAAYASAAEgLGvPD_BwE; <https://www.doubleupfoodbucks.org/how-it-works/farmers-markets/>)

- Support evidence base programs that support the increase consumption of fruits and vegetables (Data source: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>; <https://www.cdc.gov/obesity/resources/strategies-guidelines.html>; https://fruitsandveggies.org/stories/how-much-does-your-family-need/?gclid=EAlalQobChMI2KXYxNyG6wIVEYvICh1ZzQunEAAYASAAEgLGvPD_BwE; TBD)
- Increase the access/resources for communities to have access to local fresh fruits and vegetables (Data source: TBD)

✚ Improve and implement wellness programs for families

Action Steps:

- TBD
- TBD
- TBD

✚ Recommendations to increase community-based programs to increase the consumption of Fruits/Vegetables

Action Steps:

- TBD
- TBD
- TBD