

HNJAC MEETING #12

September 9, 2020

10 a.m. – 1 p.m.

Microsoft Teams

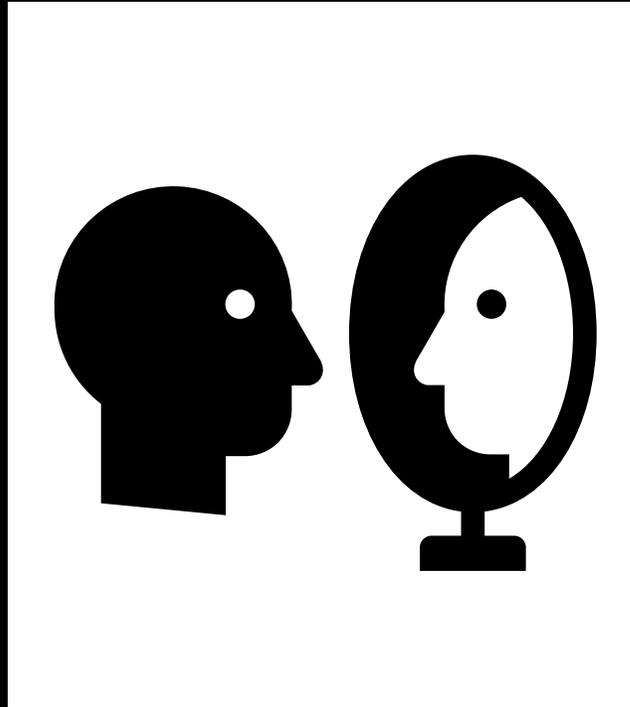
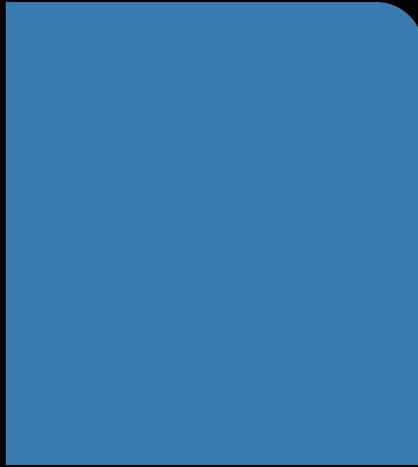


HAPPY ANNIVERSARY,
HNJAC!!

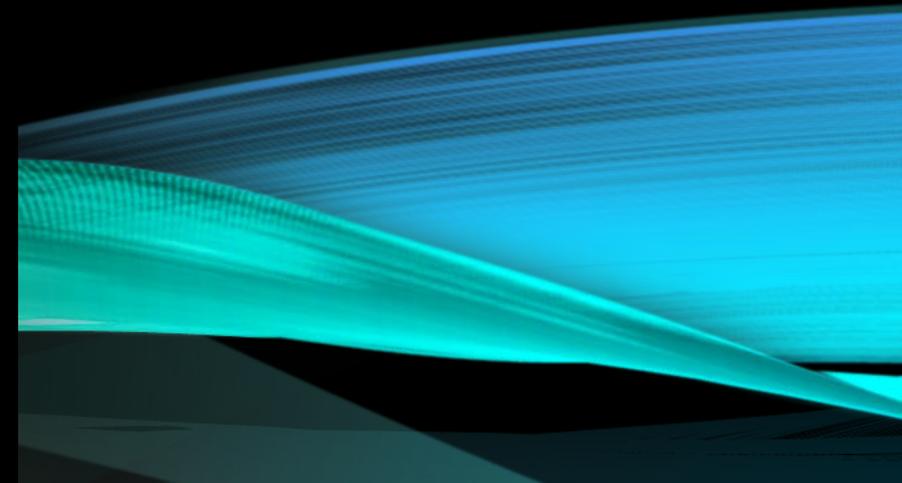
AGENDA

1. Welcome
2. Timeline update
3. Topic Area development
4. Checking in
5. Next Steps





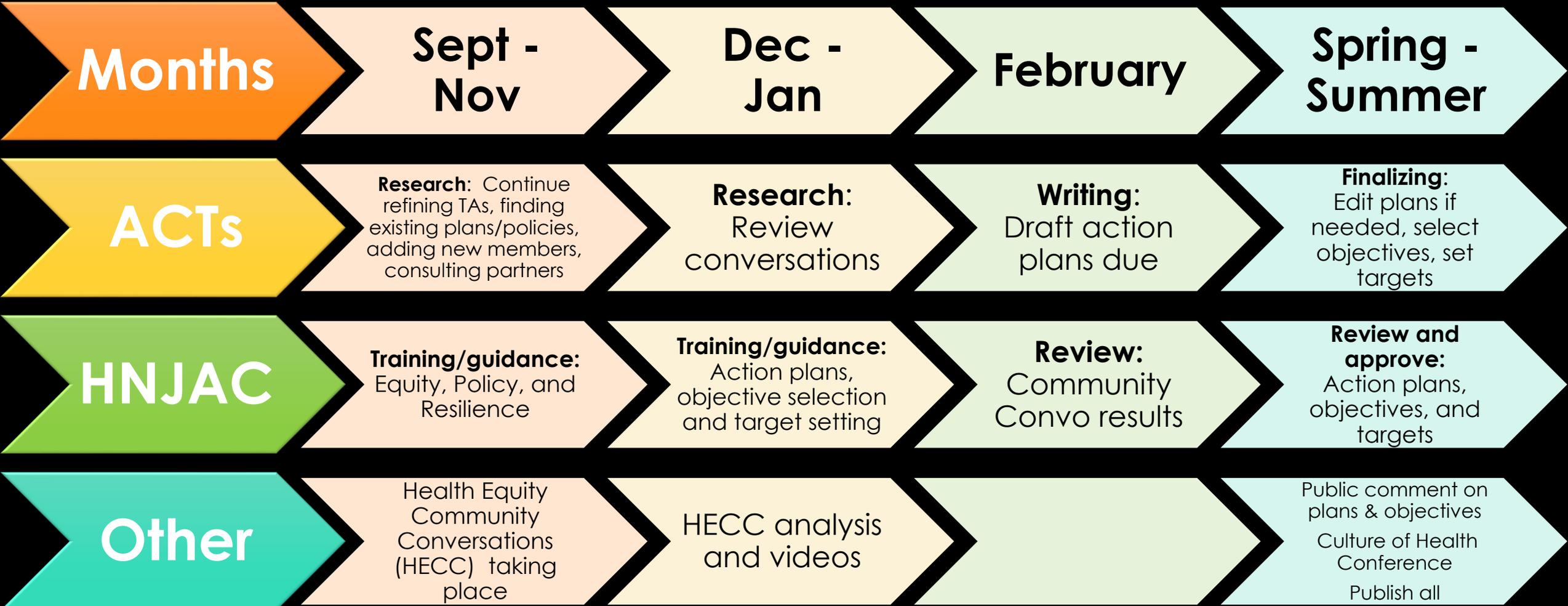
HNJ/HC DEFINITION

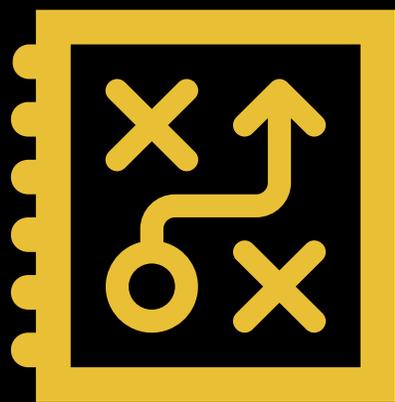




TIMELINE UPDATE

NEWER TIMELINE

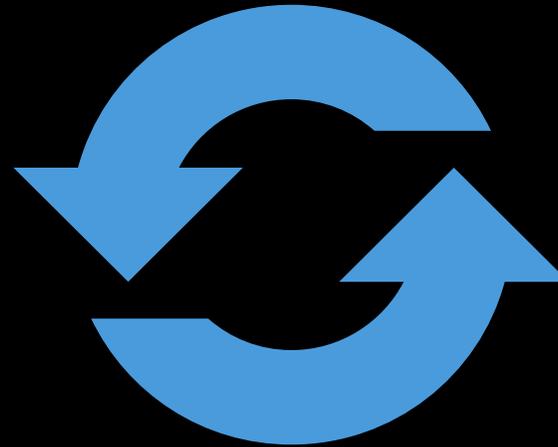


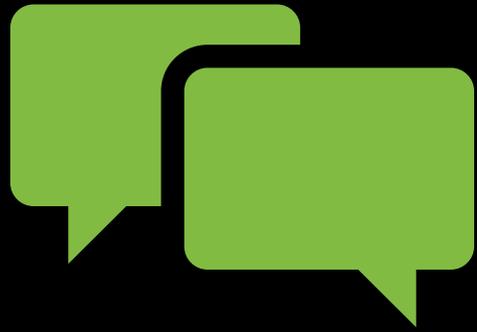


TOPIC AREA DEVELOPMENT

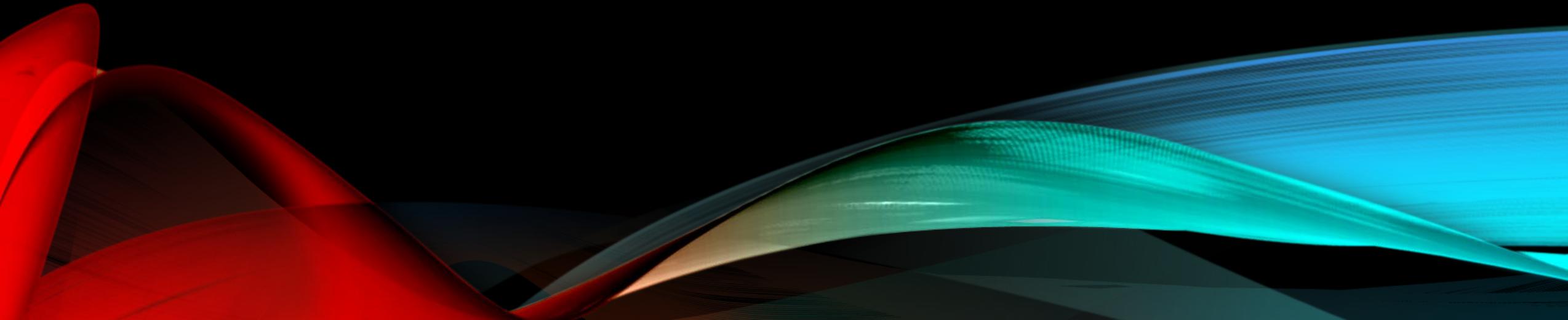
IMPROVEMENT PLANNING STEPS/GUIDELINES

1. Organize ✓
2. Identify and engage stakeholders
 - HNJAC ✓
 - ACT members ✓
 - Community members
3. Visioning ✓
4. Assess
 - Data ✓
 - Community Conversations
5. Prioritize ← YOU ARE HERE!
6. Develop goals, strategies, action plan(s), and measures (objectives and targets)
7. Implement, monitor, and evaluate





HEALTH EQUITY COMMUNITY CONVERSATIONS





PROJECT OVERVIEW

- Critical piece of Healthy NJ 2030's community collaboration effort and data-to-action cycle
- Collective ethnography through collection of 500 stories: interviews, focus groups, social media dialogues, creative works, journaling, participant observation, and document analysis
- Walter Rand Institute to conduct theme analysis of all stories collected, highlight common themes/needs to be addressed
- StoryCorps to facilitate 20 in-depth interviews out of the 500 stories submitted, create audio segments and one text-based animation to be archived at National Library of Congress

PROJECT UPDATES

- ✓ Current total of stories promised by grantees/YMCAs: 204-288
- ✓ Connected with 16 YMCAs around the state, continuing to connect
- ✓ Submission process and cloud-based storage on Dropbox developed
- ✓ Connected with students at Rider University who will provide volunteer Spanish translation and interpretation services
- ✓ NJHI budget commitment of \$12,500
- **Website hub for Community Conversations information in development**
- In communication with NJ State Library to digitally archive materials
- StoryCorps contract and timeline in development
- Outreach to external community organizations

RECAP: HEALTH EQUITY INFO GATHERING PLAN

- 500 stories collected July through November 9, 2020
- Data shared with WRI in November for theme analysis
- **Themes integrated into Action Plans**
- StoryCorps does in-depth interviews of 20 people selected, develops 3 audio segments, 1 animation and 1 audio card
- StoryCorps completes segments to share at April Culture of Health Conference



YOUR ROLE

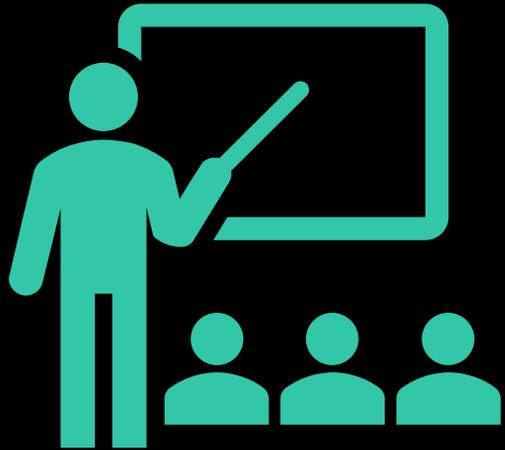
Identify 5 to 10 organizations or individuals to be interviewed

Organizations can be a member organization and/or affiliated or partner organization

Share call to action with ACT members!

Interviewers/facilitators complete Community Conversations submission process and online form

Stories must be submitted by November 9, 2020 to ensure time for theme analysis



TOPIC AREA DEVELOPMENT GUIDANCE

EFFECTIVE MEETING FACILITATION

- Did everyone in the group receive the meeting invite?
- Does everyone in the meeting know one another? Were there introductions at the beginning?
- Does everyone know why they are in the meeting? Including goals of the group, in general, and this meeting, in particular.
- Has everyone in the group/on the call had the opportunity to speak?
- Was an agenda prepared and sent in advance? Were participants given the opportunity to contribute to the agenda?
- Were there agenda items that were not achieved by the end of the meeting?
- Were there questions or concerns that went unanswered?
- Did the meeting end with next steps?
- Is there a facilitator for the meeting? A scribe/note-taker?
- Were members sent a meeting summary and given the opportunity to comment on it?
- Has “progress” been defined? Is the group moving in this direction?
- Are diverse opinions shared with the group?
- Does the group seem to reach a consensus by the end of the meeting?
- Whose voices are missing from the group?
- Is there a process for getting feedback from people who are not part of the group?
- Is there consensus regarding the purpose of the ACT or sub-committee?
- Is there consensus regarding the priority areas for the ACT?
- Has Equity been addressed?
- Has Resilience been addressed?
- Has Policy been addressed?
- Have participants in the group learned about Community Conversations? Do they know how to contribute “stories?”

PRIORITIZE

- What Maria has called your “focus issues”
- Review available data, what others are already doing (existing 5Ps), and results of Community Conversations
- Ask yourself and your team:
 - What are the problems out there?
 - What are the barriers/challenges to fixing those problems?
 - What will reduce mortality, morbidity, disability, and disparities and increase equity, resilience, and well-being the most? 
 - Etc.

FOCUS ISSUE/PRIORITY SELECTION GUIDANCE

Refine the Topic Areas such that they reflect the “most important” aspects of health based on:



Reducing deaths



Reducing morbidity



Reducing disability



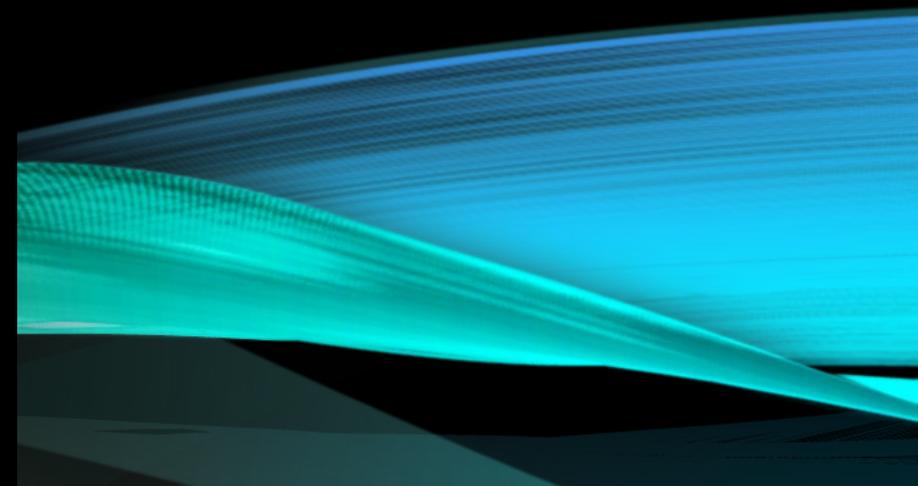
Reducing health disparity/increasing health equity



Increasing well-being



EQUITY • POLICY • RESILIENCE
GUIDANCE





EQUITY, POLICY & RESILIENCE: OVERARCHING STATEMENT

“In identifying and addressing the priority health needs of New Jersey residents, the Healthy NJ 2030 Topic Areas are tied together by the cross-cutting issues of Equity, Policy, and Resilience. Integrating these cross-cutting issues into all aspects of Healthy New Jersey’s framework, objectives, and planning processes is crucial to ensuring an intentional, systemic approach to supporting and achieving positive health outcomes for all New Jersey residents, and eliminating barriers to good health.”

EQUITY: DRAFT DEFINITION

Equity: As a guiding principle of Healthy NJ 2030, equity refers to the provision of fair and just opportunities to all community members through the development of systems and policies that address and remove underlying disparities and barriers, while giving special focus to community members who have been historically marginalized and face greater risk based on social, economic, historical, or political conditions. Health equity is a key aspect of achieving overall equity, as it is a commitment that all members of a community should have fair access and opportunity to reach their full health potential, through the reduction and elimination of persistent obstacles and deep disparities that affect individual health and wellbeing. Since its inception in 1991, Healthy New Jersey has addressed health equity issues experienced by racial/ethnic, sex, and age groups. Healthy New Jersey 2030 will expand to include additional vulnerable populations such as those based on disability status, English proficiency, geography, housing, income, sexual orientation and gender identity, veteran status, and other priority populations. By alleviating the underlying conditions faced by our most vulnerable community members through addressing the social, economic, demographic, geographic and other factors that have introduced and exacerbated barriers to good health, Healthy NJ 2030 can better support and improve health outcomes for all New Jersey residents.

POLICY: DRAFT DEFINITION

Policy: Public health policy has a profound impact on health status, and refers to the plans, initiatives, actions, and decisions made to develop and achieve sustainable local and state health targets and goals. However, a state's creation and application of such policies on behalf of its residents cannot exist in a vacuum. Therefore, all HN2030 topic areas must consider what policies, procedures, and protocols can and should be changed or created to ensure the health and well-being of all New Jersey residents. To support public health policymaking and the creation of informed policies, Healthy NJ 2030 incorporates a diverse range of voices into all aspects of its development, including subject matter experts, public servants, community members, and other community stakeholders. By doing so, Healthy NJ 2030 can support a more inclusive, sustainable process to identifying key areas for policy change and improvement that better addresses the public health priorities of all New Jersey residents.

RESILIENCE: DRAFT DEFINITION

Resilience: 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. To support resilience at the individual, community, and system level, decisionmakers and stakeholders must work to ensure there is infrastructure and a streamlined, transparent process for providing a range of emergency resources, information and services that encompasses the identified needs of community members, particularly supporting those who face increased vulnerability and marginalization. The Healthy New Jersey 2030 development team had already considered resilience as a cross-cutting issue before COVID-19 arrived in New Jersey. Now more than ever, resilience is key to public health, as preserving the health and wellbeing of community members is at the core of strengthening local and state systems and continuing to equip them to meet emergency community needs.



CHECK-IN

HOW ARE YOU?

Kwaku

John

Alysia

Regina

Sherry

Megan

Tyree

Diane

Victoria

Alycia

Bageshree

Jeanne

Marissa

HEALTHY LIVING

John
Alycia
Sherry



Status update



Questions for the
Council?

HEALTHY COMMUNITIES

Diane
Regina
Jeanne



Status update



Questions for the
Council?

ACCESS TO QUALITY CARE

Bageshree
Kwaku
Megan



Status update



Questions for the
Council?

HEALTHY FAMILIES

Victoria
Alysia
Tyree



Status update



Questions for the
Council?



NEXT STEPS

UPCOMING MEETINGS

Advisory Council

- Wed, October 14
- Tues, November 10
- Tues, December 8