



# HNJ2030 ADVISORY COUNCIL

MEETING MINUTES OCTOBER 8, 2019

#### **ATTENDANCE**

Alycia Bayne Kwaku Gyekye
Bageshree Cheulkar Marissa Davis
Diane Hagerman Regina Riccioni
Jeanne Herb Sherry Dolan
John Sarno Tyree Ordein

Victoria Brogan Maria Baron (HNJCC) Loretta Kelly (HNJCC)

## **MEETING OUTCOMES**

- 1. Agree on ground rules
- 2. Establish the set of topic areas for HNJ2030
- 3. Action Team assignments and recruitment
- 4. Meeting schedule

#### **GROUND RULES**

- 1. Decision-making process:
  - a. All voices will be heard
  - b. Majority vs. consensus: Go with the majority, but only if the others can "live with" the decision.
  - c. Once decisions are made, that's the end.
- 2. Sharing information: Attachments to emails. There's no portal that all can use.
- 3. Consider ideas for improvement: Everything is on the table until DOH takes it off the table.
- 4. Reviewing work:
  - a. All HNJAC members will review, as a collective, the work of the Council and the ACTs.
  - b. Once HNJAC agrees, it goes to HNJCC and then up the ranks in NJDOH and beyond for approvals as appropriate.
- 5. Challenge prevailing thought:
  - a. Provide a chart showing chain of command for approval of each step of HNJ2030 development
  - b. Is it possible to change DOH's organizational mission?
- 6. Prioritization:
  - a. See "1. Decision-making process" above.
  - b. For topics and objectives, follow HP2030 guidelines.
  - c. Overarching strategies to be embedded in each Topic Area include: Demographics, Equity, Policy, and possibly Climate\*





\*This was not agreed on by the entire group but was discussed by four or five members before meeting departure. Needs further discussion with full Council.

- 7. Resolve conflict:
  - a. Assume good intentions!
  - b. Transparency at all times

### BACKGROUND

- 1. HNJ2030 Framework and "Health & Well-Being"
- 2. Progress on HNJ2020 objectives
- 3. Summary of CHNA/CHIP priorities

#### **DEFINE TOPIC AREAS**

- 1. Old way: many topics, focused on end points (diseases, etc.)
- 2. New way: fewer topics, more upstream (prevention)
- 3. Examples of what can go into various topic areas

#### HNJAC TOPIC AREA SURVEY RESPONSES

- 1. Combined 50+ choices into 11 topics
- 2. Top 5 topics:
  - a. Healthy Communities/Environments/Neighborhoods; Physical Environment Risk Factors
  - b. Increase Access to and Availability of Affordable, Quality Clinical and Preventive Health Care
  - c. Promote Healthy Beginnings/Childhoods; Maternal, Infant, Child, and Family Health
  - d. Demographic and Socioeconomic Characteristics/Factors
  - e. Support Healthy Behaviors/Living

#### **TOPIC AREA SET SELECTION**

- 1. Access to Quality Care
- 2. Healthy Communities
- 3. Healthy Families
- 4. Healthy Living
- 5. TBD via video conference call later this month

# **HNJAC ACTION TEAM ASSIGNMENTS**

- 1. Based on your areas of expertise
- 2. e-mail forthcoming

# **ACTION TEAM RECRUITMENT**





- 1. Aim for 6-10 members each
- 2. HNJCC to draft job description

# **DETERMINE FUTURE HNJAC MEETING SCHEDULE**

- 1. Monthly
- 2. Intermediate call to be scheduled for mid-October to determine Topic Area #5.

See meeting slides for details.