HNJ2030 ADVISORY COUNCIL

ATTENDANCE

Alycia Bayne	Kwaku Gyekye	Loretta Kelly
Alysia Mastrangelo	Marissa Davis	Maria Baron
Bageshree Cheulkar	Regina Riccioni	Yannai Kranzler
Diane Hagerman	Tyree Oredein	Yvonne Mikalopas
Jeanne Herb	Andrea Mahon	Wendy Sheay
John Sarno	Julia Wieczorek	

DRAFT GOALS

See meeting slides for full list of proposed goals. Padlet notes begin on next page.

- Healthy Families:
    1. Removed healthy behaviors because Healthy Living is covering it.
    2. Feel that there's room for more goals/subjects under Healthy Families.
- Healthy Living:
    1. Adults only vs. include children and adolescents? (see HF-1 above)
- Access to Quality Care:
    1. Tried to keep goals' wording broad and vague. Strategies have the specifics.
    2. HPSA = Health Professional Shortage Area
    3. "Rural" in NJ is not the same as rural nationally.
- Healthy Communities:
    1. Can we use these as the overarching goals for the whole HNJ2030 initiative?
        a. Good example of focusing on the determinants of health.
        b. Hit the nail on the head in terms of HNJAC's overall charge.
        c. All-encompassing recommendations for governor/commissioner rather than for boots on the ground.
        d. Good to "think big" but out of balance with the other 3 Topic Area goals.
    2. Can we think about "localization" of these goals to bring them to the community level?
    3. Difficult to measure (in terms of baseline and target). Milestones instead?
- Wrap-up discussion
    1. Go back to ACTs to refine and/or just give them comments from this mtg
    2. ACT 2.0 – small team for each goal to determine strategies and objectives

OTHER

- Next meeting: Wednesday 4/14/21

COMMUNITY CONVERSATIONS/COVID-19 STORYTELLING UPDATE (via email)

- As of March 17, Community Conversations has captured the stories of 485 residents, now with participation from all 21 counties.
- Walter Rand Institute completed summaries of 449 of the participant accounts and has drafted a codebook which they will use to input and categorize the storytelling data for in-depth analysis. The final codebook will contain themes, sub-themes, definitions, and examples from the data.
- Next Day Animations is in the process of developing two additional animated shorts -- one that will be centered on the theme and subthemes of isolation, and one that will spotlight an individual account of isolation and resilience, shared by a mother of two adult children with autism.

NOTES FROM DISCUSSION OF ACT GOALS ON PADLET.COM

HEALTHY FAMILIES

GENERAL COMMENTS

- Make "increase prenatal care" a strategy to eliminate disparities rather than a separate goal.
- Goal 3 - will including postnatal care make it more holistic?
- Food and access as a goal?
- Domestic/Intimate Partner Violence?
- Anything for seniors?
- Goal 4 is really open-ended. Does it include child, marriage, and family therapy?
- Family challenges, violence
- Something about parenting education/resources/etc. maybe?
- Make goals broader and then address specific populations in the strategies?
- Include ACEs here?
- Should the vaccination goal be expanded to all (not only children?)
- Also, think they did an awesome job!!
- Not sure what full spectrum services refers to in Goal 4

QUESTION 1: WHAT ELSE SHOULD BE COVERED IN THE TOPIC AREA?

- ACEs?
- Resilience of maternal/child healthcare in face of pandemic
- Caregiver support -- especially for families with disabilities, aging family members
- Family challenges, violence

- My concern is that we know that education and income are two of the biggest factors influencing family integrity but we're not seeing that here.
- Social isolation- if not covered elsewhere?

QUESTION 2: WHAT ARE THE POTENTIAL IMPACTS OF THE GOAL(S) ON OTHER SECTORS AND HIGH PRIORITY ISSUES IN NJ, LIKE COASTAL FLOODING, OUT-MIGRATION TO OTHER STATES, RACIAL ANXIETIES, HOUSING AFFORDABILITY, AND AGING-FRIENDLY COMMUNITIES?

- Enormous intersection here with racial injustice/inequity. Nurture NJ does really strong job articulating linkage
- Housing instability for families
- ACEs

QUESTION 3: WHAT LEVEL OF RESOURCES AND CAPACITY ARE NEEDED TO IMPLEMENT THE GOAL? WHAT LEVEL OF GOVERNMENT OR INSTITUTION IS REQUIRED TO INFLUENCE POLICIES RELATED TO THIS GOAL?

- Greater partnerships with leaders in communities that are especially vulnerable as well as greater resources directed to those trusted local partners
- Local partnerships and community-level data to ensure outcomes are met
- Community Power-Sharing

QUESTION 4: DOES THIS GOAL IMPROVE OUR ABILITY TO ACHIEVE FLEXIBLE AND SCALABLE READINESS FOR THE NEXT PUBLIC HEALTH EMERGENCY, CATASTROPHIC EVENT, OR WARFARE?

- Definitely think we can add a resilience focus here to be more intentional in these goals
- Not in terms of natural hazards. There should be a discussion of integration of health as part of the state hazard mitigation plan – it's a BIG gap
- Extreme emergencies cause such a big economic impact on families because of job loss
- ACEs critical here on this point too…
- We saw that the pandemic disproportionately affected women re: service jobs and at-home education, esp. women of color. Would be great to learn from that going forward

HEALTHY LIVING

GENERAL COMMENTS

- Within behavioral healthcare, Harm Reduction focus?
- Goal 1 - suggesting self-management education instead of self-care
- Heart health?
- Reduce Stigma!!!

QUESTION 1: WHAT ELSE SHOULD BE COVERED IN THE TOPIC AREA?

- Self-care for whom?
- What is considered self-care?
- Wondering if social isolation/social connectivity could connect here as opposed to Families?
- Can a linkage between self-care and resilience be created?
- Increase timely access to quality AND AFFORDABLE behavioral healthcare
- Worker's Rights/Occupational Health?
- I'm very concerned about the language being used here that these are the choices that people make - for some people, it's a struggle to make such choices.
- In case this is helpful: WHO defines self-care as "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider."
- Increase health education
- I think child/adolescent nutrition and physical activity should be folded in with the adults here.
- Access to Quality Care should cover some of the "non-choice" aspects of these goals. Same with Healthy Communities -- e.g., food access.

QUESTION 2: WHAT ARE THE POTENTIAL IMPACTS OF THE GOAL(S) ON OTHER SECTORS AND HIGH PRIORITY ISSUES IN NJ, LIKE COASTAL FLOODING, OUT-MIGRATION TO OTHER STATES, RACIAL ANXIETIES, HOUSING AFFORDABILITY, AND AGING-FRIENDLY COMMUNITIES?

- Does not address high priority issues.
- I'm worried that the language here comes across in a way that these issues have historically been presented in terms of a deficit model rather than recognizing that the reason that many adults may struggle in these areas is because of socioeconomic and environmental influences.
- Education around positive coping skills for anxiety and depression
- Not too many people choose to NOT live a healthy life.
- Data shows that the 'finger wagging' approach of "eat your vegetables, don't smoke, etc. doesn't work.

QUESTION 3: WHAT LEVEL OF RESOURCES AND CAPACITY ARE NEEDED TO IMPLEMENT THE GOAL? WHAT LEVEL OF GOVERNMENT OR INSTITUTION IS REQUIRED TO INFLUENCE POLICIES RELATED TO THIS GOAL?

- Safe roads will need a high level of government influence. Road design, speed limits, etc. are out of the control of the individual.

- Is there anything that could be done about the "big food" industry in terms of policy? It's a shame (I mean as a society) we have to put all the work of healthy eating on the individual.
- Access to healthy foods
- Access to affordable healthcare especially for behavioral health and counseling
- Even reduce production of unhealthy foods
- Reduce the stigma surrounding mental health

QUESTION 4: DOES THIS GOAL IMPROVE OUR ABILITY TO ACHIEVE FLEXIBLE AND SCALABLE READINESS FOR THE NEXT PUBLIC HEALTH EMERGENCY, CATASTROPHIC EVENT, OR WARFARE?

- Yes, it does provide flexibility due to the very broad nature of the goal. However, it is difficult to know the focus.
- If education is included?
- Should we address the potential negative impacts of legalized marijuana in NJ?

ACCESS TO QUALITY CARE

GENERAL COMMENTS

- Goal 1 Includes affordability and cultural competence
- As we were looking at these now it feels like this should have been healthy healthcare system healthy public health system because this feels more manageable than healthy families healthy living healthy

QUESTION 1: WHAT ELSE SHOULD BE COVERED IN THE TOPIC AREA?

- Whenever we talk about access, we need to stress it's access to quality and AFFORDABLE... health care
- I like your comments about preventative care so that might be something that is important to specifically call out.
- Trauma-Informed Care
- Workforce
- Eliminate racism, implicit bias, and all forms of discrimination from healthcare
- Happy to hear that you include dental care in your planning
- Is there a need to make it clear that when you say "care" you also mean medication? Is that obvious or does it need to be mentioned?
- This is more like a strategy, but not sure if health care systems can get (more?) involved in funding transportation, even to family physicians, dentists, etc.
- Digital divide: you can't access telehealth without wifi, smartphone or computer.
- How about the physician shortage?
- Increase BIPOC providers
- Integration of Community Health Workers?

QUESTION 2: WHAT ARE THE POTENTIAL IMPACTS OF THE GOAL(S) ON OTHER SECTORS AND HIGH PRIORITY ISSUES IN NJ, LIKE COASTAL FLOODING, OUT-MIGRATION TO OTHER STATES, RACIAL ANXIETIES, HOUSING AFFORDABILITY, AND AGING-FRIENDLY COMMUNITIES?

- I'm really glad you specifically mentioned telehealth.
- So much to learn from the pandemic in terms of PPE, overworked medical staff, etc.
- Housing is Healthcare!!!
- Climate resilience of health systems

QUESTION 3: WHAT LEVEL OF RESOURCES AND CAPACITY ARE NEEDED TO IMPLEMENT THE GOAL? WHAT LEVEL OF GOVERNMENT OR INSTITUTION IS REQUIRED TO INFLUENCE POLICIES RELATED TO THIS GOAL?

- Do we need to say something about the responsibility of health care systems so this doesn't come across as the costs associated with achieving these goals being on the back of citizens and/or government?
- High level of organizational coordination for technology
- Government influence needed to make insurance companies reimburse for telehealth at the same rate as in-person visits
- Reimbursement options e.g., the ability to bill for telehealth
- Local Public Health Infrastructure!!!!!!!!!

QUESTION 4: DOES THIS GOAL IMPROVE OUR ABILITY TO ACHIEVE FLEXIBLE AND SCALABLE READINESS FOR THE NEXT PUBLIC HEALTH EMERGENCY, CATASTROPHIC EVENT, OR WARFARE?

- Yes, can we emphasize resilience of health system?
- Yes!

HEALTHY COMMUNITIES

GENERAL COMMENTS

- (none)

QUESTION 1: WHAT ELSE SHOULD BE COVERED IN THE TOPIC AREA?

- End Homelessness/Right to Housing for All
- Environmental health (e.g., air and water quality)
- Built environment (e.g., sidewalks, bike paths, parks, and other safe and convenient places for recreation and exercise)
- Healthy food access/address food deserts
- Employment opportunities with livable wages
- Alignment between state and local health improvement planning (e.g. SHIP/CHNA-CHIP)

- These appear to be very specific
- Improved relationships between police and BIPOC communities
- Concentrated poverty, violence
- [Gang] violence
- Age-friendly communities
- Identify gaps/barriers in community fabric contributing to poor community health/health disparities
- Public transportation
- Reduce stigma at Community Level - Reduce NIMBY-ism
- These are all very policy-heavy and not tangible like the other 3 sets of goals
- Gentrification related issues
- Would prisons go into this ACT?

QUESTION 2: WHAT ARE THE POTENTIAL IMPACTS OF THE GOAL(S) ON OTHER SECTORS AND HIGH PRIORITY ISSUES IN NJ, LIKE COASTAL FLOODING, OUT-MIGRATION TO OTHER STATES, RACIAL ANXIETIES, HOUSING AFFORDABILITY, AND AGING-FRIENDLY COMMUNITIES?

- Mental health among many populations within the state

QUESTION 3: WHAT LEVEL OF RESOURCES AND CAPACITY ARE NEEDED TO IMPLEMENT THE GOAL? WHAT LEVEL OF GOVERNMENT OR INSTITUTION IS REQUIRED TO INFLUENCE POLICIES RELATED TO THIS GOAL?

- High level needed for all. These are all very much things that the government should do, not things that can be handled on multiple levels by multiple sectors.
- Resources/capacity for CHNA/CHIP
- Severe need for development of local public health infrastructure
- Investment in CBOs
- Investment in Regional Health Hubs/Health Information Exchanges

QUESTION 4: DOES THIS GOAL IMPROVE OUR ABILITY TO ACHIEVE FLEXIBLE AND SCALABLE READINESS FOR THE NEXT PUBLIC HEALTH EMERGENCY, CATASTROPHIC EVENT, OR WARFARE?

- (no responses)