

HNJ2030 ADVISORY COUNCIL

MEETING MINUTES

JUNE 10, 2020

ATTENDANCE

Alycia Bayne	John Sarno	Victoria Brogan
Alysia Mastrangelo	Kwaku Gyekye	Amanda Medina-Forester
Bageshree Cheulkar	Marissa Davis	Loretta Kelly
Diane Hagerman	Regina Riccioni	Maria Baron
Jeanne Herb	Sherry Dolan	Yannai Kranzler

COVID-19 AND OTHER RECENT EVENTS

- At start of COVID outbreak, DOH's priority was having enough hospital beds. Since that has peaked, we're now in a quieter space.
- Disparities are devastating. DOH is trying to be there for our communities as best we can. Now DOH intensity of work focuses on facilitating state reopening, and those who are burdened by reopening. That means testing. Migrant workers, food service, homeless. Increase testing and ramping up contact tracing.
- Statewide network of quarantine space, testing, contract tracing. DOH is now triangulating the three.
- DOH sees vulnerabilities in our data reporting. Death and case counts, and other public data sources, allow us to identify social determinants that lead to health impacts due to COVID.
- HNJ2030 is the opportunity to do things the right way (unrushed). To do right by people who are marginalized due to our systems that are in place.
- May need to slow our process to capture the stories of personal struggles due to COVID and share stories through HNJ2030 structure and independent work streams. Make sure we're learning from one another. Build a system that's resilient and supportive.
- Make HNJ2030 development the meaningful opportunity that it is.
- John: We rely on the work that DOH is doing. Thank you is an understatement. Q re: deaths – the majority are in nursing homes. Is there any discussion about decentralizing end of life care away from places that physically concentrate people together? Are there talks regarding alternatives to nursing homes?
- Yannai: Not his area of expertise. DOH looking at place of death. Disparities between home, nursing homes, hospitals.
- Maria: DOH has been involved in addressing end of life care for years. (See <https://www.nj.gov/health/advancedirective/>.) DHS may also have more info.
- John: Disparities exacerbated by COVID response. This changes paradigm in choice and access, and equality.

- Yannai: Asked Jeanne if vulnerable populations are active in climate change discussions and how it exacerbates accessibility issues.
- Jeanne: Can HNJ2030 connect with other agencies? How do restart and recovery address equity, policy, and resilience? [Harvard School of Public Health study/report on COVID and air pollution](#). NJ doing that analysis as well. That opens a conversation that maybe DOH could take lead to start with other agencies.
- Sherry: Does DOH collect rehab data among those that recover from COVID? Are there long-term issues after the fact? Hear about the deaths more often.
- Yannai: DOH looking at impact to maternal, child, and fetal health.
- John: Asked for background info about DOH contact tracer recruitment and operations.
- Yannai: Contact tracing started with local health departments (LHDs). First cohort of contract tracers through [Rutgers School of Public Health](#). Additionally, DOH's RFQ posted on [statewide information hub](#), to close Sunday night. This will be followed by hiring that will be an inter-agency process.

UPDATE ON COVID-19'S IMPACT ON HNJ2030 DEVELOPMENT

1. Health Equity Community Conversations

- Amanda: Original idea for Community Conversations was to be in-person focus group sessions to ask communities what does "healthy" mean to them? Because of COVID, we're doing something different to capture community voices: brief interviews performed by community-based grantees. Find out what COVID means and has done to them. Get video or audio of clients that they serve. 30 seconds to 30 minutes. List of 7 questions to be sent to HNJAC for review. Don't want to burden stakeholder staff. Goal is to help bolster HNJ2030 plans. Compilation of voices at our Population Health Summit/Culture of Health conference. Invite interviewees to participate in the HNJ2030 ACTs. Can HNJAC members ask 5-10 of their stakeholders to have these quick conversations with residents?
- Written responses are also acceptable but won't be included in the video montage at the conference.
- Yannai: We traditionally use data-to-action. Now stories-to-action will also inform our public health planning.
- Marissa: Q: Can HNJAC members get 5-10 interviews before Aug 31.? A: Yes.
- Amanda will send out more info next week and is available for any questions going forward.

2. 2020 Culture of Health Conference

- Marissa: We want this to be the premiere conference for health in the state of NJ. Don't have enough info right now to decide whether to have it in-person. Working on virtual or hybrid model. Asked HNJAC to contact her to share their own virtual conference experience/suggestions. Originally, a 2-day conference. Cost of Poverty Experience (COPE) the day before the conference for legislators and other leaders.

- See today's meeting slide #15 for potential conference topics. Soliciting HNJAC for speaker ideas/suggestions.
- Jeanne: COVID-19's Economic Impact. Maybe change to Framing of Opportunity while state and country is engaging in reopening
- HNJ2030's "equity, policy, and resilience" added to picture.
- Jeanne: Agenda can be more explicit regarding race. Don't want to appear tone-deaf. Also, social service funders – topic of reducing funding to police to reinvest to social services.
- John: HNJAC needs to be conscious of the long-term, must address work of committee to what's going on with race, and militarization of local police forces. Conflict resolution could become the community policing strategy.
- Marissa: HNJAC must take into account race and systems. Ensure racism is addressed in our communities.
- Yannai: If it means slowing down the HNJ2030 development process, it's important and worth it to fit in police brutality, racism, injustice, institutional violence. Responsiveness of reality more important than objective defining.
- John: Ask someone from police community to discuss police training at the conference.
- John: It's all about trust. We have to rely on authority figures. How are we going to get through pandemic if people don't trust leaders?
- Marissa: will send video and links

3. The 5 Ps: Plans, Policies, Procedures, Projects, and Protocols (and Strategies)

- Maria: HNJ2030 development timeline has to be totally revamped. Next step is now the 5 Ps: Plans, Policies, Procedures, Projects, and Protocols. ACTs to review these 5 things from other organizations/agencies to find out what's already being done. Don't worry about data availability right now. Look at DOH's current [SHIP](#) to see the balance between data and text in the report -- There's very little data but a lot of text, which are the strategies to achieve the overall goal. ACTs to spend the summer reviewing existing "Ps". The 5 P findings due to Marissa/Maria by September.
- Jeanne: Task is daunting to review plans. Wondering if we need to ask ACT if there's anything we need to change?
- Maria: COVID brought to light inequities that we weren't thinking about, e.g. prison workers, nursing homes, impact on youth being pulled out of school. We need to take our experience from the last few months and use that.
- John: Overdose, domestic violence, suicide. But there's the opposite side going on too: people walking more, recreation, etc. There are positive lifestyle changes going on, but these are tough to measure.
- Maria: Stay at Home has had positives and negatives for everyone.
- Marissa: 5Ps will help us be more strategic and thoughtful in identifying HNJ2030's strategies and will bring the gaps to light.

ACTION TEAMS

1. Access to Quality Care (AQC)

- Bageshree: Percent of ACT members who can participate is low right now. We realized that we could regroup or realign topics into different buckets to limit overlapping or missing topics. Questioned how to deal with behavioral health. Decided to focus on the provider piece. Same as patient bill of rights, transparency, etc. Had to talk about how deep we should go into each topic.
- Alycia/Bageshree: discussed potential overlapping topics, such as well care, immunizations, screenings, patient rights, and end of life, between HL and AQC ACTs.
- Kwaku: New invitations sent out, but COVID hampers recruiting efforts and availability. Variety in membership would help.
- Bageshree: Will do another round of invitations.
- Victoria: Will connect with Roger (NJHA) to have him contact Bageshree.

2. Healthy Living

- Alycia: HL ACT has 3 subcommittees -- 1) behavioral health 2) self-care 3) nutrition and physical activity – each led by one of the HL ACT chairs. Subcommittees meet regularly + less frequent full ACT meetings.
- Alycia has questions about overlapping topics.
- Maria: HL ACT to ask Healthy Families ACT about how or if HL should address child/adolescent issues.
- John: Group has become like a project management team, i.e., milestones, time frames, etc. like seen in any other workplace. Members are working independently. Improvising the process.
- Sherry: Content is quite broad now. Access to mental health and substance abuse care, timely care, access to medication assisted treatment (MATO). Each subcommittee has rich discussions to bring to full ACT meetings. Q – “Should we be looking across the life span?”
- Alycia: Transportation safety (drunk driving, pedestrian fatalities), greenspace, social connectedness, sexual health (STIs and HIV), unintended pregnancy. Overlap with other ACTs?
- Sherry/Alycia: Not yet ready for the issues to rise to the surface.
- John: Geography is important to address. NJ has high density. In a pandemic, this is NJ's greatest weakness.

3. Healthy Communities

- Group is large. Overlap with other Topic Areas is a big issue. Physical community vs. community populations.
- Diane: First started ranking focus areas, but then questioned the accuracy of ranking. Still deciding.
- Regina: Social Determinants of Health (SDOH) lens
- Alycia: These are big issues, and we are tasked with deciding what to measure. How do we figure what should rise to the top?

- Alycia/Diane: Have asked ourselves, “Are other agencies addressing this, and can we let it go?”
- Maria: Emphasized purpose of the 5 Ps in this area. Recommends subcommittees for HC, since so many members, several single-subject matter experts, and quiet members. Encourage all HNJAC members to reach out to other ACTs between full HNJAC meetings.

4. Healthy Families

- Victoria: Because of COVID response, trouble capturing key members of the group. Not as far along as other groups, but focus is getting team members together over the summer.
- Alysia: Focusing on infant, child, adolescent health; reproductive health; family friendliness; and domestic violence. Might be a good idea for HF to try the subcommittee approach.
- Marissa: Is there anything that HF needs?
- Alysia: Not sure if they've heard back from people who's been invited. Victoria has not reached out yet.
- Victoria: It would helpful to have that list of applicants again.

NEXT STEPS

1. Continue discussions with your ACT members.
2. ACT chairs talk to other ACT chairs if there are topics/issues/areas that potentially overlap. ACT chairs are to decide which Topic Area gets those issues. (i.e., nothing is written in stone yet and HNJAC members (who are also the ACT chairs) lead the process)
3. Keep in touch with HNJCC and each other re: issues, needs, problems, challenges, successes, and anything else that we may want/need to know for HNJ2030 development.
4. Log into DOH's HNJ2030 SharePoint if you haven't already. Lots of pertinent info is stored there.
5. Next HNJAC meetings: July 8, August 12, and September 9 at 10:00 a.m.

See meeting slides for more information..