

Meeting Minutes

Attendance (Team Tri-Chairs in **bold**; absent members in **gray**):

1. Charles Brown, Rutgers University, Alan M. Voorhees Transportation Center (VTC)
2. Chris Kirk, NORWESCAP
3. Corynna Limerick, DOH, Office of Local Public Health
4. **Diane Hagerman, New Jersey Health Initiatives**
5. Elise Bremer Nei – DOT, Office of Bicycle and Pedestrian Programs
6. Greg Paulson, Trenton Health Team
7. **Jeanne Herb, Rutgers University, Edward J. Bloustein School of Planning and Public Policy**
8. Karen Alexander, Rutgers University, New Jersey Travel Independence Program
9. Kathleen Avitt, NJ Recreation & Park Association
10. Kati Angarone, NJDEP, Associate Commissioner for Science & Policy
11. Kimberly Birdsall, Health Coalition of Passaic County
12. Lauren Skowronski, Sustainable Jersey
13. Leigh Ann Von Hagen, Rutgers University, Alan M. Voorhees Transportation Center (VTC)
14. Loretta Kelly, DOH, Office of Population Health
15. Maria Baron, DOH, Office of Population Health
16. Memphis Madden, City of Trenton, Dept of Health & Human Services
17. Myla Ramirez – DEP, Science and Policy
18. Natassia Rozario, DOH, Director of Opioid Response and Policy
19. Rachel Honychs, Camden County Health Department
20. **Regina Riccioni, College of Saint Elizabeth**
21. Sherry Driber; DEP, Environmental Public Health & Safety Program
22. Thalia Sirjue, DOH, Deputy Chief of Staff
23. ?? - 6467346715

Diane began the meeting with an overview of the Healthy New Jersey 2030 initiative, assigned tasks and timeline, Healthy Communities Action Team, achievements to date and next steps. Despite the COVID-19 pandemic, all Actions Teams continue to move forward at a slower but consistent pace. The current, proposed focus areas for the HC ACT (Neighborhood Assets; Safety; Air, Water, Climate; Emergency Preparedness) were identified several months prior by the full HNJ Advisory Council.

The first HC ACT meeting was held via phone on March 16, 2020. A [Google Drive folder](#) has been created for shared access to all committee meeting and reference material. Members are to access to the Drive folder and let Diane know if they have any issues.

Several Healthy People resources are available to the Action Team to guide the team's thinking for deciding what to prioritize for Healthy Communities. The proposed focus issues are still open for discussion. The goal is to try to narrow down the list of focus issues, but still keep it relevant for the next 10 years.

On the 4/9 HC ACT call, the group discussed what the potential focus issues could or should look like. At the end of the meeting, members decided an online survey should be created that would

allow each member to rank the potential focus issues to reduce them to a more manageable number. This survey was distributed to all HC ACT members on 4/16.

Jeanne admitted she developed concerns with using a ranking methodology, since the last meeting. She worried that ranking introduces a level of artificiality because it forces comparison between apples and oranges, i.e., preparedness is not more important than racism. As a result, she conducted a review of the literature to identify which broader categories contribute to health and well-being in terms of SDOH. Jeanne asked the group if, instead, the HC ACT should focus on all five of the following categories, not just the last one:

1. Civic life
2. Education attainment and access to
3. Income disparity, i.e., ability to earn a livable income
4. Segregation – racism, lack of access to conditions due to racism or other isms
5. The places we live. Community design?

The following is a summary of group member responses and opinions expressed during the remainder of the meeting:

- Lauren S – all of this is so important and how to categorize it all. Maybe it could be equitable access to quality resources. That could be one bucket. Civic life is another bucket.
- Jeanne – what are some plans that are currently in place or under development that may lend themselves to the factors that our committee comes up with. As we do our scan of plans, and we find a plan that already has such a topic.
- Renee – agree to have a balance. Those things are all connected. We cannot just focus on food, health. They should be focused on together.
- Lauren – all tied together. None are separate; they are all together. Would make a greater impact.
- Diane – Our group is going around and around. No one category is more important than the other. Education, income equality is all related. How do we get to these measurable objectives?
- Charles – The present challenge is taking a more comprehensive -- a historical as well as a-political -- approach. We are ignoring that many in our population already have what we're searching for. Focus on those who do not have to become those who have. E.g. I have a house, but the problem is when I leave my house, I experience police harassment. Requires disaggregated approach > Reduce police harassment. What is best for all is not necessary best for the individual.
- Lauren – Is that a method to address these overall themes? The themes could be the HOW. Wonder if it's the next level of conversation.
- Charles – many processes begin with comprehensive lens. Instead, remain focused on the individual needs of some, not necessary all.
- Kathleen - Find those measurable outcomes. In some areas, we may not have those data now. Are we allowed to create new data? If not, does that mean some things have to be excluded because data are not available?

- Jeanne – for the set of measures in the survey results spreadsheet. Some have ready-made indicators. Some not. What if we find existing resources – such as County Health Rankings or City Health? They’re all lacking in some way or another.
- Loretta clarified that the ACT can create new data sources, if they choose. Do not have to be limited to existing data sources only.
- Diane – what we ultimately boil down to, we don’t want anyone feel slighted. If we do this well, ‘pink socks’ will automatically get picked up. If we start addressing the most important issues, we will likely create a path to all other important issues. We’ve got a lot of deep issues. Having other state partners will allow us to focus on other objectives.
- Kati - if we’re talking HC, I would go for the things that are really lacking. You go where you know the worst of the worst are. Pick the areas where the state is most lacking.
- Leigh Ann – When you do that, you get to a broader set of issues.

Diane displayed the survey results spreadsheet on her screen

- Jeanne – increasingly uncomfortable with ranking. Stick with just the headings could be one conversation. The more detailed items--are we capturing them efficiently? Should we look to see what’s out there already in someone’s plan? Can a hazard mitigation plan be used as a way to look at health equity? More detailed language could be helpful.
- Jeanne – the other five categories mentioned earlier. Segregation mentioned here only as safety, so there are limitations.
- Diane – preparedness fits neatly under preparedness, but something like safety is broader. Keep going back and forth. Equity, policy and resilience should go through everything. But also income disparities and housing touches everything. Have to support those who have the greatest need.
- Diane – Putting the data or lack of data behind it. Could be issues that need to be addressed. So how do we get there?
- Charles – Prefers to focus on issues, main issues. We’re at a point (because of the survey) where we have some targets. Now to create some strategies. Not all mutually exclusive. The survey items that we think are most important.
- Diane – For those that didn’t answer the survey, is there anything that’s missing?
- Karen - Doesn’t see older population. People with disabilities.
- Kati – is it commonly thought that these are too many?
- Jeanne – based on comments from Kate and Charles, let’s figure out what the biggest problem is. Worry that the recent survey doesn’t specifically do that.
- K. Angaron – water quality, for example, DEP is pretty focused on that, so maybe we pass on that? Something else where someone is not focused.
- Leigh Ann – focus on who we’re talking about?
- Jeanne – SHIP focus groups. To bring on non-health professionals. Someone said we don’t work on health, but we all focus on the same populations. Lower income, people of color, compromised health, have disability, less advanced education. We could make that statement. Because the research is telling us the same populations.
- Leigh Ann – large immigrant population. Economy is fueled by immigrants.
- Leigh Ann – need to get to ‘who’ as next step. Define who we’re talking about.

- Jeanne – may not be articulated on the spreadsheet. Access to education. We know there's data on HS attainment at segregated schools
 - Leigh Ann – regional issues. Worse in some regions than in others. Parts of the state experience climate change. South Jersey – how many fewer medical doctors, dentists, in South Jersey?
 - ?? - Reliable data about populations we know.
 - Leigh Ann – County health improvement plans. Do we rely on local health plans for a statewide plan? Let's think about that.
 - Charles – what a statement it would make, disparities across race and education. All of the subtotal areas based on those populations, based on the areas identified here. Non-prioritized populations. Find out what those populations need. Focus on people, rather than issues.
 - Jeanne – Some data can be qualitative. Examples of quality authoritative work. Yes, these populations are most affected.
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- ❖ Diane – where do we go from here?
 - ❖ Leigh Ann – tri-chairs develop a plan. Send out concrete steps to members before the next call.