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
TIMELINE UPDATE
NEWER TIMELINE

**Months**
- **Sept - Nov**
  - Research: Continue refining TAs, finding existing plans/policies, adding new members, consulting partners
- **Dec - Jan**
  - Research: Review conversations
- **February**
  - Writing: Draft action plans due
- **Spring - Summer**
  - Finalizing: Edit plans if needed, select objectives, set targets

**ACTs**
- **Research**
  - Continue refining TAs, finding existing plans/policies, adding new members, consulting partners
- **Review**
  - Review conversations
- **Writing**
  - Draft action plans due
- **Finalizing**
  - Edit plans if needed, select objectives, set targets

**HNJAC**
- **Training/guidance:**
  - Equity, Policy, and Resilience
- **Training/guidance:**
  - Action plans, objective selection and target setting
- **Review:**
  - Community Convo results
- **Review and approve:**
  - Action plans, objectives, and targets

**Other**
- **Health Equity Community Conversations (HECC) taking place**
- **HECC analysis and videos**
- **Public comment on plans & objectives**
- **Culture of Health Conference**
- **Publish all**
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
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? Where 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:

1. Reducing deaths
2. Reducing morbidity
3. Reducing disability
4. Reducing health disparity/increasing health equity
5. Increasing well-being

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**: 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: 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 HNJ2030 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: 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.
HOW ARE YOU?
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?
UPCOMING MEETINGS

Advisory Council

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