HNJAC MEETING #15

January 13, 2021
10 a.m. – 12 p.m.
Via Zoom
AGENDA

1. Welcome
2. Health Equity Community Conversations: COVID-19 Storytelling Project
3. E Q U I T Y
4. Updates:
   a. ACTs – Topic Area content
   b. DOH
   c. Culture of Health Conference
   d. Other
5. Next Steps
HEALTH EQUITY COMMUNITY CONVERSATIONS: COVID-19 STORYTELLING PROJECT
HECC UPDATES

• FDU MPH Students added capacity, available to facilitate and transcribe interviews and focus groups
• Engaged First Lady Tammy Murphy in project promotion on social media, promo video
• Continuing targeted outreach in counties with low participation (Salem, Cape May)
Currently 232 conversations have been completed, with about 105 in the works.

Projected total from organizations: 333+

Solidifying dates and plans with orgs, strategizing outreach in target counties.
Need for more representation:
- 2 from Cumberland
- 1 from Gloucester, Hunterdon, and Ocean
- 0 from Cape May & Salem
WRI Theme Analysis

• Third round of data shared 1/11
• 5 buckets of early themes surfacing:
  • Isolation, Educational Impact, Economic Impact, Food Insecurity, Disproportionate Impact on Communities of Color
• Next steps:
  • Continuing to de-identify & share submissions

Next Day Animations Videos

• Draft of video on “Digital Divide” complete
• Next round of edits beginning 1/15 for final version
• Next Steps:
  • Drafting materials for Video on Maternal, Infant and Child Health
CROSS CUTTING ISSUES

Access to Quality Care
Healthy Communities
healthy Families
Healthy Living

equity • policy • resilience
EQUITY: TODAY’S SPEAKERS

AMANDA MEDINA-FORESTER – NJ Department of Health, Office of Minority and Multicultural Health

DARRIN ANDERSON – New Jersey YMCA State Alliance
Amanda Medina-Forrester, MA, MPH
Executive Director, Office of Minority & Multicultural Health
New Jersey Department of Health

2020 EQUITY JOURNEY
OUTLINE

Office of Minority and Multicultural Health

COVID-19 and Vulnerable Populations

COVID-19 Vaccines

Future of OMMH
OMMH BACKGROUND AND HISTORY

- 1985: The Federal Report of the Secretary’s Task Force on Black and Minority Health documented disparity in minority health status
- **September 1990: New Jersey Office of Minority Health (OMH) Created**
- 1991: legislation permanently establishes OMH in Office of the Commissioner
- August 8, 2001: Renamed Office of Minority and Multicultural Health and provided 1.5 million dollars for community projects.
- In September 2004, the New Jersey state legislature mandated that the Office of Minority & Multicultural Health develop a plan to decrease *racial & ethnic health disparities* in NJ.
- March 2007: Plan drafted but its specific objectives on racial/ethnic minority health were later incorporated into the New Jersey’s State Health Improvement Plans or Healthy New Jersey 2010 and 2020 to comply with this legislation.
<table>
<thead>
<tr>
<th>2004 LEGISLATED PRIORITY AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asthma</td>
</tr>
<tr>
<td>• Infant Mortality</td>
</tr>
<tr>
<td>• Cardiovascular Disease</td>
</tr>
<tr>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Kidney Disease</td>
</tr>
<tr>
<td>• Cancer (breast, cervical, colorectal, prostate)</td>
</tr>
<tr>
<td>• Immunizations</td>
</tr>
<tr>
<td>• HIV/AIDS</td>
</tr>
<tr>
<td>• Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>• Hepatitis C</td>
</tr>
<tr>
<td>• Accidental Injuries</td>
</tr>
<tr>
<td>• Violence</td>
</tr>
</tbody>
</table>
NEW JERSEY DEPARTMENT OF HEALTH’S STRATEGIC PRIORITIES

1. Reduce disparities in health outcomes
2. Decrease healthcare costs
3. Improve access to care for under/uninsured
4. Educate New Jerseyans to make informed healthcare decisions
5. Implement innovative models for improved care delivery
2019 OMMH’S CURRENT AND PROPOSED PILLARS OF EQUITY

Local integration of health equity and Health in All Policies

- Workforce development on Health in All Policies
- Continue to fund grantees until FY2021
- FY2021, re-design funding stream with NJHI & RWJF to focus on local coalition building and policy changes
- Continue to build the bridge between DOH and RHHs

Community participation in NJDOH planning and decision-making

- Healthy NJ 2020 Community Forums to support Healthy NJ 2030 objectives
- Integration of annual Population Health Summit as culmination of community forums

Community-Based Participatory Action Research

- Support CBPR projects in NJ Proposed $25K funding for Sexual Minority and healthcare qualitative study: Healthcare Access, Satisfaction, and Trust with Service Provision among Sexual Minority (LGB) Individuals in New Jersey
- Fellowship for graduate students who use CBPR
2019 OMMH’S CURRENT AND PROPOSED PILLARS OF EQUITY

Workforce Development: Cultural humility and uproot racism/discrimination from NJDOH and health systems

- Cultural and Linguistic Appropriate Services Training to NJDOH
- NJDOH Health Literacy Training
- Implicit bias training in health systems (hospitals, FQHCs, maternal mortality review committees)
- Grant-writing workshop for Faith-Based Organizations
- Support the Intensive Grants Training & Technical Assistance (IGTTA) Certificate Program - Office of University-Community Partnerships at Rutgers University-Newark for readiness of New Jersey non-profit and faith-based 501(c)3 organizations statewide.

Cultural competence and community partnerships in emergent priorities/emergency preparedness

- Serve on NJDOH and other state agency taskforces that address health crises (e.g., Coronavirus; wage increase effects on safety net programs; language literacy) to prevent discrimination and provide community connections and education
- Build diverse community listservs for better outreach support
COVID-19 AND VULNERABLE POPULATIONS
AGE-ADJUSTED LABORATORY CONFIRMED CASE, HOSPITALIZATION AND MORTALITY RATES BY RACE/ETHNICITY (NOVEMBER 25, 2020, NEW JERSEY)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>NJ age-adjusted case rate</th>
<th>NJ age-adjusted hospitalization rate</th>
<th>NJ age-adjusted mortality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>3439.5</td>
<td>387.2</td>
<td>132.1</td>
</tr>
<tr>
<td>Black (Non-Hispanic)</td>
<td>2,507.0</td>
<td>690.3</td>
<td>229.1</td>
</tr>
<tr>
<td>White (Non-Hispanic)</td>
<td>1,592.6</td>
<td>636.1</td>
<td>231.2</td>
</tr>
<tr>
<td>Asian (Non-Hispanic)</td>
<td>1,129.4</td>
<td>216.0</td>
<td>106.7</td>
</tr>
</tbody>
</table>
MIGRANT SEASONAL FARM WORKERS

• Seasonal farm workers are at risk of exposure to COVID-19:
  • Harvesting and processing of crops requires close contact with coworkers
  • Rely on group transportation and
  • Rely on camp-style or congregate housing.
  • Evidence of agriculture workers having chronic lung problems associated with exposure to pesticides and fungi found in crops

• Pre-existing health disparities increase risk of severe COVID-19 complications:
  • Blacks and Hispanics
  • Individuals who are over 65 years of age
  • Individuals with pre-existing medical conditions (diabetes, chronic lung or heart disease, or who have a compromised immune system (e.g., cancer or taking immunosuppressant medications)
FQHC MIGRANT SEASONAL FARM WORKER INITIATIVE

- CompleteCare (Cape May, Cumberland, Gloucester*)
- Southern Jersey Family Medical Center (Atlantic, Burlington, Gloucester*, Salem)
- Ocean Health Initiatives (Monmouth, Ocean)
- Zufall Health Center (Hunterdon, Morris, Somerset, Sussex, Warren)
- *Gloucester – shared county
Breakdown (As of November 1, 2020):

- Assumption of 10,000 MSFWS in NJ during harvest
- 5329 Tests Administered, with 211 Repeated Tests Administered
- 53% MSFW Tested
- 171 Farms
- 7% Positivity (including two early outbreaks)
COVID-19 VACCINE
THE CDC'S SOCIAL VULNERABILITY INDEX (SVI) TAKES INTO ACCOUNTS THE FOLLOWING MEASURES:

- **Socioeconomic Status**
  - Poverty
  - Unemployment
  - Per capital income
  - Education
  - Uninsured

- **Household Composition / Disability**
  - Children
  - Elderly
  - Disability
  - Single parent

- **Minority Status / Language**
  - Minority population
  - Limited English

- **Housing / Transportation**
  - Large apartment buildings
  - Mobile homes
  - Crowding
  - No vehicle
  - Group quarters

- The index is scored from 0 – 1.
- A score closer to 1, indicates higher social vulnerability.
New Jersey's Interim COVID-19 Vaccination Plan

Section 5G: Equitable Access to COVID-19 Vaccines

- Providing vaccination in safe, familiar, and convenient locations
- Ensuring transportation accessibility (e.g., walking distance to mass transit like trains or bus, use of UberHealth, etc.)
- Ensuring diverse cultural belief respected, develop and implement focused education for diverse communities. Engaging these diverse members with stakeholder forums and conversations to understand and respect beliefs while educating on vaccine benefits.
- Offering second dose reminders in multiple formats (e.g., digital, telephonic, written, etc.) to accommodate diverse consumers
- Issuing informed consent, emergency use authorization (EUA) fact sheets, vaccine information statement (VIS), and other documents in culturally competent, health literate, and linguistically accessible formats. All materials and patient documents must be translated in the top 13 NJ languages and ensure interpretation services for each PODs
- Reviewing materials through a health literacy review committee (NJ SOPIE)
- Providing instructions and materials in the top 10 NL languages
- Diversifying types of vaccine administrators onboard to provide coverage for all segments of population
- Including in PODS staffing a patient navigator(s) who is representative of the community served
- Including personnel who are bilingual or multilingual to ensure understanding of limited English proficiency (LEP) consumers
- Americans with Disabilities Act (ADA) and Culturally and Linguistically Appropriate Services (CLAS) credentialing of staff, especially clinical personnel
- Conceived action to alert those with limited access to information about when, where, and how to receive vaccination
- Connecting and serving non-institution-associated subpopulations through unconventional partnerships
- Developing tailored strategies to accommodate those with limited mobility (e.g., those in institutional settings, those with ADA needs, etc.)
- Considering affordability options for uninsured, underserved, and other vulnerable groups (e.g., those subject to Public Charge Rule). If a cost is associated with vaccine services, a sliding scale of state poverty criteria should supersede federal criteria.
- Considering affordability of consumer travel to PODs in planning and delivery
- Fairly compensating and resourcing of vaccine administration workforce at state, county, local, or facility level
IMMEDIATE FUTURE PLANS

- Funding towards Social Determinants of Health
- Policy Changes
- Build Lasting Resources
- Inter-agency collaboration
- Community-based participatory research
- Many more community listening sessions
EQUITY

"THE APPLICATION & OPERATION"

Darrin W. Anderson, Sr., PhD, MS
New Jersey YMCA State Alliance
New Jersey Partnership for Healthy Kids

January 13, 2021
equity  /ek-wi-tee/, noun.

Just and fair inclusion. An equitable society is one in which all can participate and prosper. The goals of equity must be to create conditions that allow all to reach their full potential. In short, equity creates a path from hope to change.
Diversity ≠ Inclusion

Equity ≠ Equality
**Owner’s equity**

* Represents the value of the assets that the owner can lay claim to.
* The value of all the assets after deducting the value of assets needed to pay liabilities.
* It is the value of the assets that the owner really owns.

**Owner’s Equity Formula**

\[ \text{OWNER’S EQUITY} = \text{ASSETS} - \text{LIABILITIES} \]
Equity Formula

\[ \text{Equity} = \text{Total Assets} - \text{Total Liabilities} \]

\[ \text{Equity} = \text{Capital Stock} + \text{Share Premium} + \text{Preferred Stock} + \text{Retained Earnings} + \text{Accumulated Other Comprehensive Income} - \text{Treasury Stock} \]
WHAT'S ACCESS & EQUITY?

Edgewood SD
78237
$8,949
58%
12,500

Nashville SD
37206
$9,586
76%
75,080

Montgomery County DS
20814
$15,421
90%
148,779

neaToday, Summer 2013, Cover Story “What's Her Number?”
Equity in Action!

- Principle
- Actionable
- Measurable
- Transformational
- Covenant
Equity is a principle and a belief that serves as the foundation for policy, environment and system change to improve health and social outcomes.

Equity is actionable in that it is not a mere ideal or concept; it is the lead principle that is tangible, witnessed and acknowledged by those that create and or subject to community change.

Equity is measurable in that it is something that can be quantified, noticed and/or significantly contribute to a program/project outputs, outcomes and impact.

Equity is transformational in that there is a fundamental shift in theory, form and function when addressing complex social issues.

Equity is a covenant and is formal, solemn, and binding. We have adopted the Jemez Principles for Equitable Organizing & Partnerships:
## Equity Theory

<table>
<thead>
<tr>
<th>Condition</th>
<th>Person</th>
<th>Referent</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>Outcomes = Inputs</td>
<td>Outcomes = Inputs</td>
<td>Worker contributes more inputs but also gets more outputs than referent</td>
</tr>
<tr>
<td>Underpayment Equity</td>
<td>Outcomes &lt; Inputs</td>
<td>Outcomes &lt; Inputs</td>
<td>Worker contributes more inputs but also gets the same outputs as referent</td>
</tr>
<tr>
<td>Overpayment Equity</td>
<td>Outcomes &gt; Inputs</td>
<td>Outcomes &gt; Inputs</td>
<td>Worker contributes same inputs but also gets more outputs than referent</td>
</tr>
</tbody>
</table>

Table 13.3
Systemic Equity

Unfortunately, many of us, teachers and administrators, have little real knowledge about our students, their home lives, their families, and their communities, and this space of ignorance is subsequently often occupied by prejudices and biases that are negative for the students and, thus, become a trap for equity (McKenzie & Scheurich, 2004, p. 612).
EQUITY AND EQUILIBRIUM
Molecules of dye  
Membrane (cross section)  
WATER  

Equilibrium
UPDATES
REVISED SEPTEMBER 2020

**ACTs**
- **Sept - Nov**: Refine Topic Areas, prioritize, review existing plans/policies, add new members/consult partners, begin writing action plans
- **Dec - Jan**: Review and incorporate HECC results
- **Feb - Mar**: Finalize action plans, strategies, objectives, and targets
- **Spring - Summer**: Receive action plan, objective selection, & target setting training

**HNJAC**
- **Sept - Nov**: Receive Policy, Resilience, and Equity guidance
- **Dec - Jan**: Receive action plan, objective selection, & target setting training
- **Feb - Mar**: Review and approve action plans, objectives, and targets

**Months**
- Sept - Nov
- Dec - Jan
- Feb - Mar
- Spring - Summer
ACT UPDATES

Bageshree
Kwaku
Megan

Diane*
Jeanne*
Regina*

Alysia
Tyree
Victoria

Alycia
John
Sherry

* Healthy Communities listening sessions recap
A Culture of Health in NJ Virtual Town Hall

DECEMBER 11, 2020 • 9:00 am – 12:00 pm

Don't miss the town hall discussion with Dr. Besser and NJ Commissioner of Health Judy Persichilli

Moderated by: Chris T. Perrelli, MD, MPH, FACPM, Chief Strategic Integration and Health Equity Officer, University Hospital Newark

Join population health experts as they discuss New Jersey’s response to the COVID-19 pandemic and more.

For more information and to register, visit www.njymca.org/culture-of-health.
OTHER UPDATES

Kwaku  John  Alysia  Tyree  Victoria

Diane  Jeanne  Regina  Marissa  Alycia

Bageshree  Megan  Sherry  DOH
NEXT STEPS
UPCOMING MEETINGS

Advisory Council

• **Wednesday, February 10, 2021:**
  - Overarching E-P-R issues
  - Focus issues/priorities/goals
  - Strategies and action plans “workshop”
THANK YOU!