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
10. Kimberly Birdsell, Health Coalition of Passaic County
11. Lauren Skowronski (Sko-RON-ski), Sustainable Jersey
12. Leigh Ann Von Hagen, Rutgers University, Alan M. Voorhees Transportation Center (VTC)
13. Loretta Kelly, DOH, Office of Population Health
14. Maria Baron, DOH, Office of Population Health
15. Memphis Madden, City of Trenton, Dept of Health & Human Services
16. Myla Ramirez – DEP, Science and...
17. Natassia Rozario, DOH, Director of Opioid Response and Policy
18. Rachel Honychs, Camden County Health Department

19. Regina Riccioni, College of Saint Elizabeth
20. Sherry Driber; DEP, Env Public Health & Safety Program
21. Thalia Sirjue, DOH, Deputy Chief of Staff

Introductions were followed by Diane providing an overview of the Healthy New Jersey 2030 webpage, the four Topic Areas, and the results of a preliminary brainstorming session by the HNJ Advisory Council to identify possible focus areas of each Topic Area.

Kathleen emphasized her agency’s willingness to be a catalyst and get the word out to improve the health of communities. Lauren also noted her agency’s network of local governments and schools, and volunteered to take the pulse of her stakeholders about any topic or idea identified by the HNJAC.

Maria provided historical background on HNJ.

The group then began to review the preliminary list of focus areas for the Healthy Communities Topic Area, which was generated during a brainstorming session by the HNJAC several months ago. ACT team members either reiterated items on the list and/or identified gaps:


b. Diane: The cross-cutting issues of HNJ2030, and therefore, for all Topic Areas are: health equity, policy, and resilience

c. Leigh Ann – SDOH, health disparities, asset mapping. Recommended mapping current conditions and cross-cutting issues on a map to see where the vulnerable communities are.
By layering lots of data, we can show that there are certain populations that have less access to parks, housing, or other conditions that leads to health.

d. Kim Birdsall – Safety, activity and nutrition are key. Also open space and lack of transportation. Important to identify those partners who serve more vulnerable populations. Lack of transportation or open space. Policy must align at the local level.

e. Jeanne - The ACTs are going to prioritize what the state can and should do over the next 10 years to improve health and well-being in the state. Recovery [resilience] component included.

f. Elise - bicycle and pedestrians (included in motor vehicle injury)

g. Leigh Ann - NJSOPHE cross-walked CHIPs - they focus on individual behavior

h. Kim - behavioral health services? See Access to Quality Care and Healthy Living

i. Lauren - civic life as neighborhood assets

j. Access to well-paying jobs, education, etc.

k. Jeanne - look at County Health Rankings, CDC Social Vulnerability Index, “livable indicators,” DCA Distress Index, ALICE, RWJF HOPE Opportunity Index, etc. to pick social indicators

l. Chris - create operational definitions (e.g., what does social cohesion or social support mean?)

m. Leigh Ann - gave definition of “social cohesion,” there are other definitions

n. Sherry - how does this relate to HP2030?

o. Charles - 1) Policing in this conversation? Law enforcement stops people of color. 2) growing concern that NJ is seeing increase in hate groups 3) Is there a strategy to address systemic racism? Symptom of the cause vs. the cause. If we can fix these, we’ll see significant progress.

p. Regina - Google Drive with docs about these topics, issues, subareas. Invite others to edit at will.

q. Loretta - how far upstream?

r. Charles, Leigh Ann – We know the vulnerable communities. Need to get more fine-grained geographically (municipality level). Metric examples: 1) Track the growing population of hate groups; 2) Policing – communities of color being stopped. Can put policies in place.

s. Leigh Ann - Access to jobs; access to good pay. In the transportation world, we don’t do a good job of getting people to their appointments. “last mile solutions,” we’re often dealing with lack of data, can we collect new data? (yes)

t. Jeanne - DOH doesn’t have $ for this. This team will have to provide the analysis, etc. We don’t have consultants.

u. Elise - We (DOT) have consultants. Charles and Leigh Ann are two of them. Have 3 others.

v. Leigh Ann - same communities over and over again, find a cohesive way to talk about that, spend our precious resources where they’re most needed

w. Kim - this is an opportunity to work with the Regional Health Hubs. The goal of the model is to have a cohesive plan and model, not just four hubs. Remove barriers that are so challenging for some people, how do we alleviate burdens, make life easier for everyone, women can’t buy diapers with food stamps (see Healthy Families)

x. Jeanne - RU’s State of the Climate Report, CDC Social Vulnerability Index

y. Charles - where do access to technology and language access fit in? Several agreed that we should address it. Regina/Diane/Jeanne (?) - It should be cross-cutting. Part of equity?
z. Kim - ultimate healthy communities, what makes the healthiest communities (in the world/US) the healthiest communities?
   aa. Jeanne - there’s a web site for that (#z) - equitable access
   bb. Maria - if you know of great plans/projects, let us know!
   cc. Jeanne - change happens at the community level, but policy happens at the state level
   dd. Trying to figure out what file storage/sharing options work for everyone/most. Rutgers has Box storage.