ADVISORY COUNCIL AND COORDINATING COMMITTEE

MEETING MINUTES	SEPTEMBER 19, 2023

ATTENDANCE

Alycia Bayne	Eva Mancheno	Melissa Fox
Amanda Medina-Forester	Jeanne Herb	Peri Nearon
Arthur Horn	Julia Wieczorek	Shereen Semple
Bageshree Cheulkar	Loretta Kelly	Steve Moffett
Camilla Comer-Carruthers	Lynne Algrant	Wendy Sheay
Diane Hagerman	Maria Baron	
Elizabeth Schedl	Marissa Davis	

WHAT'S STRONG IN YOUR COMMUNITY?

Attendees were asked "What's strong in your community?" as an icebreaker.

- School systems: strong school system, school district's connection to the rest of the community
- Open space and parks: places to walk, run, and bike and enjoy the greenery
- Active civic programs: small # involved in civic duties but they are strong
- Strong community partnerships: overall acceptance and attitude of town members
- Diversity: of people, of small businesses, of thought
- Restaurant scene: amazing restaurants from all different cultures and cuisines
- Strong local public health infrastructure
- Accessibility to NYC, Philadelphia, and everywhere else in NJ
- Community pride and engagement: residents are vocal when needs aren't being met
- Walkability, pedestrian and bicycle friendly
- Community activities: town center with art shows, concerts, other events, farmer markets, etc.; diverse opportunities for new artists to perform, weekly performances
- Other recreation and activities: D&R tow path, lakes, zoos, etc.
- Community newsletters and communications
- Community acceptance
- Affordable housing
- Innovation

ANNOUNCEMENTS

- DOH senior staff changes
- SHIP development on hold until accreditation and SHA are wrapped up

- **Challenges** experienced by the people of New Jersey and the inequities that contribute to those challenges:
    - Substance use and mental health
    - Lack of substance use services in suburban areas – NIMBY
    - Youth behavioral health, ACEs, COVID's effect on school age kids has been noted by providers
    - Social isolation and loneliness
    - Racism, genderism, bigotry, ageism, all the SDOH "isms"
    - Education/communication – Don't have the resources to translate, interpret, clients with disabilities, etc. info that we need to provide to the public.
    - Lack of cultural competency training and resources to providers and other people within the community. (CLAS)
    - Interrelated: Education, transportation, delivery system – not enough providers in general and providers who won't see patients who are uninsured/underinsured which leads to unnecessary/inappropriate ED visits
    - Adequate nutrition. Lack of routine access to healthy food (emergency access is there but not sustained access)
    - Community voice, community empowerment, people who understand the community (culture, language, etc.)
    - Need researchers to enter the community to gather lived experience data
    - Data shows where we need additional providers and systems, but we're not doing enough to fix that. Using data to invest in the issues.
    - Data not being connected/shared back to the community
    - Need for better data to track disparities for all subpopulations (LGBTQ+, disabilities, ESL, …)
    - Hospitals are required by CMS to collect more SDOH data but it's difficult to collect because patients don't know why they need to give this info (e.g., Why do you need my sexual orientation before giving me an x-ray?)
    - Attitude is a barrier to access. Systems make you feel even less equal.
    - Workforce development – how we're training the leaders of tomorrow, wage discrepancies, work situation inequality (e.g., lack of sick and vacation time)
    - Affordable housing, safe housing, homelessness
    - Inadequate childcare – some towns still don't have full day kindergarten
    - Not all school systems are equal – funding dispersal
    - Local governments not using equitable/inclusive community engagement approaches
    - Smaller/less populated areas that don't have systems in place need more support (e.g., rural South Jersey)
    - Need more investment in public health infrastructure, safety net, programs, …
    - Overusing CBOs as a band-aid, safety net, bridge to meet gaps

- Community **assets or resources** that can be mobilized to address health challenges (in addition to what was mentioned in the icebreaker):
  - CHWs and utilizing their connection to authentic community engagement; link to community's voice, resources, and info
  - Providing cultural competency training and resources to providers and other people within the community
  - Being able to use CBOs as a band-aid, safety net, bridge to meet gaps
  - School system providing behavioral health support and resources to children in the system, understanding the issues, having discussions
  - Programs that provide routine access to healthy foods
  - Healthcare systems' mobile grocery store, mobile farmer's market, mobile food pantry, mobile health screening – community partnerships make it all happen
  - Work with different cultural groups, faith-based orgs to promote screenings, etc.
  - Linkage between school system, community-based providers, police, …
  - NJ's universities and colleges – working in/with the community, community members have lived experience to contribute to research, higher ed has a lot of data
  - Area Health Education Center (AHEC) – Rowan/Virtua partnership for medical students/scholars/researchers to enter the community (unfortunately, it only lasts one semester)
  - Opportunities for social engagement to counteract isolation and loneliness (this is woven throughout many of the above items)
  - Willingness to collaborate – schools, higher ed, public libraries, faith-based – rather than fighting to hire/use the same people, work together instead
  - Rutgers School of Public Health – e.g., rapidly trained contact tracers for COVID

NEXT STEPS

- Coordinating committee will synthesize brainstorming session notes
- Advisory Council will review, comment on, and add to those notes
- Coordinating committee will use the reviewed and revised results to inform the 2023 SHA

See meeting slides for more information.