HNJ2030 ADVISORY COUNCIL MEETING

April 19, 2022 1:30-3:00pm Microsoft Teams
AGENDA

Welcome
Action Teams Update
Healthy Communities Goals
Draft Rubric Review
Implementation
Q&A
TEAM MEMBERS

**Advisory Council (HNJAC)**
- Peri Nearon
- Melissa Fox
- Megan Avallone
- Marissa Davis
- Lynne Algrant
- Laura O’Reilly Stanzilis
- *Jeanne Herb
- Eva Mancheno
- Elizabeth Schedl
- Diane Hagerman
- Camilla Comer-Carruthers
- *Bageshree Cheulkar
- Arthur Horn
- *Alycia Bayne

**Coordinating Committee (HNJCC)**
- *Wendy Sheay
- Suzanne Miro
- Payal Arora
- Natasha Moore
- Maria Baron
- Loretta Kelly
- Letitia Holloway-Owens
- Kandice Cooper
- Jennifer Hopkins
- Jennifer Fearon
- Amanda Medina-Forrester

*Not present at meeting
ACTION TEAM UPDATE

• Review meeting minutes on https://healthy.nj.gov/2030/meetings-events/index.shtml
• Email Healthy.NJ@doh.nj.gov with any comments or concerns
• FYI: Community Conversations index distributed to ACTs
• FYI: 2020 SHIP progress assessment of each action step (working on it)
• Does anyone know any injury prevention experts?
**ACTION TEAM GOALS – ACCESS TO QUALITY CARE**

<table>
<thead>
<tr>
<th>Phase 1 Goals (2021)</th>
<th>Updated Goals (4/2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- To improve equitable and sustainable access to care for New Jersey residents</td>
<td></td>
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<tr>
<td>- To ensure provision of high quality and safe healthcare</td>
<td></td>
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<tr>
<td>- To assure coordination and integration of healthcare delivery across the continuum of care</td>
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<tr>
<td>- To enhance data information exchange, interoperability and telehealth across the health care continuum</td>
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<tr>
<td>➢ To eliminate barriers to health care</td>
<td></td>
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<tr>
<td>➢ To ensure provision of high quality and safe healthcare</td>
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<tr>
<td>➢ To improve coordination and integration within the healthcare system <em>(proposed, not yet decided)</em></td>
<td></td>
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<tr>
<td>➢ To improve access to and quality of electronic health information</td>
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➢ Change from Phase I wording
## ACTION TEAM GOALS – HEALTHY FAMILIES

### Phase 1 Goals (2021)

- Eliminate the racial disparity in birth outcomes
- Increase the number of women who receive prenatal care across all race and ethnicities
- Increase the number of children who receive recommended vaccines by the age of 5
- Increase access to full spectrum services for families of all generations, complexities, and abilities
- Decrease the incidence of sexually transmitted diseases in adolescence and young adults

### Updated Goals (4/2022)

- To equitably improve the health outcomes of birthing persons and their families
- To increase childhood vaccination rates
- To increase access to family-friendly policies
- To mitigate violence within families
- To reduce STIs (proposed, not yet decided)

- Change from Phase I wording
## ACTION TEAM GOALS – HEALTHY LIVING

### Phase 1 Goals (2021)
- Increase receipt of recommended clinical preventive services
- Make roadways safer all roadway users
- Prevent other unintentional injuries and violence, and reduce their consequences
- Promote healthy eating and physical activity
- Increase timely access to quality behavioral healthcare

### Updated Goals (4/2022)
- To increase receipt of recommended clinical preventive services
  - To prevent injuries and violence
  - To promote healthy eating and active living
  - To improve mental health and reduce substance use

➢ Change from Phase I wording
<table>
<thead>
<tr>
<th>Phase 1 Goals (2021)</th>
<th>Updated Goals (4/2022)</th>
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</thead>
<tbody>
<tr>
<td>• Provide all residents with equitable access to resources and conditions that support optimal health and well-being</td>
<td>➢ To ensure equitable access to resources and conditions</td>
</tr>
<tr>
<td>• Establish inclusive and just systems, resources, and policies to ensure that racial equity, affordability, stability, safety, and political capital, are consciously interwoven into the cultural fabric.</td>
<td>➢ To ensure public health is incorporated into all aspects of community planning and development</td>
</tr>
<tr>
<td>• Ensure public accountability and transparency of efforts to advance just policy, systems and environmental changes to ensure health equity for all residents.</td>
<td>➢ To promote healthier natural environments</td>
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➢ Change from Phase I wording
## ACTION TEAM UPDATED GOALS

<table>
<thead>
<tr>
<th>Access to Quality Care</th>
<th>Healthy Families</th>
<th>Healthy Communities</th>
<th>Healthy Living</th>
</tr>
</thead>
</table>
| To improve access to and quality of electronic health information  
  • To ensure provision of high quality and safe healthcare  
  • To improve coordination and integration within the healthcare system  
  • To eliminate barriers to health care | To increase access to family-friendly policies  
  • To mitigate violence within families  
  • To equitably improve the health outcomes of birthing persons and their families  
  • To increase vaccination rates  
  • To reduce STIs | To ensure public health is incorporated into all aspects of community planning and development  
  • To ensure equitable access to resources and conditions  
  • To promote healthier natural environments | To improve mental health and reduce substance use  
  • To promote healthy eating and active living  
  • To prevent injuries and violence  
  • To increase receipt of recommended clinical preventive services |

Change from Phase I wording
HEALTHY COMMUNITIES PHASE I DRAFT GOALS
1. HNJ2030 FRAMEWORK

Vision
A society in which all people can achieve their full potential for health and well-being across the lifespan.

Mission
To promote, strengthen, and evaluate the State’s efforts to improve the health and well-being of all people.

Foundation Principle
Attain health and well-being for all people

Overarching Goals
Eliminate health disparities, achieve health equity, and attain health literacy
Create social, physical, and economic environments that promote health and well-being
Healthy development, healthy behaviors, and well-being across all life stages

https://healthy.nj.gov/2030/about/development/index.shtml#framework
In identifying and addressing the priority health needs of New Jersey residents, the Healthy New Jersey 2030 (HNJ2030) 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 eliminating barriers to good health for all New Jersey residents. Click the links above to learn more about each issue.
3. INCORPORATING HC ACT DRAFT GOALS INTO CROSS-CUTTING ISSUES

• Provide all residents with equitable access to resources and conditions that support optimal health and well-being consistent with the principles of the World Health Organization’s constitution which commits to “the highest attainable standard of health as a fundamental right of every human being.”

• Establish inclusive and just systems, resources, and policies to ensure that racial equity, affordability, stability, safety, and political capital, are consciously interwoven into the cultural fabric.

• Ensure public accountability and transparency of efforts to advance just policy, systems and environmental changes to ensure health equity for all residents.

Healthy Communities

• To ensure public health is incorporated into all aspects of community planning and development
• To ensure equitable access to resources and conditions
• To promote healthier natural environments

Next Step: Meeting on 5/2 at 12 PM with HC Chairs and ACT members
RUBRIC FOR ACTION PLAN REVIEW
<table>
<thead>
<tr>
<th><strong>CRITERIA AND DEFINITIONS</strong></th>
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<tbody>
<tr>
<td><strong>Disparities</strong></td>
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<tr>
<td><strong>Trend</strong></td>
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<tr>
<td><strong>Severity</strong></td>
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<tr>
<td><strong>Community Importance</strong></td>
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<tr>
<td><strong>Feasibility</strong></td>
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<tr>
<td><strong>Value</strong></td>
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<tr>
<td><strong>Alignment</strong></td>
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<tr>
<td><strong>Data</strong></td>
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<tr>
<td><strong>Scale</strong></td>
</tr>
<tr>
<td><strong>Decision lever</strong></td>
</tr>
<tr>
<td><strong>Root causes</strong></td>
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## RUBRIC

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rubric</th>
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<tbody>
<tr>
<td><strong>Score:</strong></td>
<td><strong>1</strong></td>
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<tr>
<td>Disparities</td>
<td>No discernible disparities</td>
</tr>
<tr>
<td>Trend</td>
<td>Moving in the right direction</td>
</tr>
<tr>
<td>Severity</td>
<td>Not life threatening/causes little chronic disease/disability</td>
</tr>
<tr>
<td>Community Importance</td>
<td>Not identified as a priority</td>
</tr>
<tr>
<td>Feasibility</td>
<td>Extremely difficult</td>
</tr>
<tr>
<td>Value</td>
<td>Low value</td>
</tr>
<tr>
<td>Alignment</td>
<td>Not at all aligned</td>
</tr>
<tr>
<td>Data</td>
<td>Good quality and availability</td>
</tr>
<tr>
<td>Scale</td>
<td>Focused in one or a few localized areas of NJ</td>
</tr>
<tr>
<td>Decision levers</td>
<td>Decision-maker(s) are unclear</td>
</tr>
<tr>
<td>Root causes</td>
<td>Fails to or poorly addresses social and economic inequality, and/or inequities in political power</td>
</tr>
<tr>
<td>Health Problem/Issue</td>
<td>Criteria</td>
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<tr>
<td>----------------------</td>
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<tr>
<td></td>
<td>Disparities</td>
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<tr>
<td>Example: Childcare</td>
<td>3</td>
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Please access the interactive rubric discussion through the link below, which will also be posted in the chat:
WHO WILL IMPLEMENT THE ACTION PLANS?

Implementer depends on the Action

If ACT knows implementer, name implementer in Action Plan and include them actively in process

Start thinking about the call to action

• Implementers may be agencies, organizations, departments, communities, etc.

• If ACT doesn't know, we'll work together to find out
NEXT STEPS & UPDATES

**Priority:** Rubric review

**Optional:** Review ACT meeting minutes – comment via email or ↓

We’ll have a standing agenda item for ACT updates as needed
Thank you!