

HNJ2030 Coordinating Committee

MEETING MINUTES

OCTOBER 27, 2020

ATTENDANCE

- Amanda Medina-Forester, Andrea Mahon, Damon Koslow, Jennifer Fearon, Jennifer Okwuonu, Julia Wieczorek, Loretta Kelly, Maria Baron, Yannai Kranzler

MEMBERSHIP CHANGES

- Welcome to Jennifer Okwuonu, Damon Koslow, and Jennifer Fearon!

COMMUNITY CONVERSATIONS UPDATE

- About 30 conversations have been completed and uploaded
- Might extend deadline past November 9
- Upcoming calls for Julia:
 - With Damon tomorrow to discuss interviews in rural areas
 - With DOE on Thursday to discuss Cumberland County
- Reviewed background and purpose of the Health Equity Community Conversations (HECCs)
- Similar initiative in Office of Primary Care and Rural Health (OPCRH)
 - Sustainable method of outreach: stakeholder surveys via [REDcap](#), allows them to repeat the survey annually
 - SDOH, disparities, emerging issues, etc.

HNJ ADVISORY COUNCIL

- HNJAC voted that they'd like us all to attend their meetings
- Invitations have been send to all HNJCC members
- Attendance is optional, but recommended for Nov and Dec meetings which will include important info for all
- HNJ2030 Cross-Cutting Issues: Equity, Policy, and Resilience
 - October 14 mtg: Jennifer Fearon presented on policy
 - November 10 mtg: Dave Ellis (DCF), Jamie Weller (DOH/HNJCC), and Jeanne Herb (HNJAC) will present on resilience
 - December 2 mtg: Amanda (DOH/HNJCC) and Marissa (HNJAC) will present on equity

ACTION TEAMS (ACTs)

- To accomplish by end of 2020:
 - Establish "focus issues" or goals for each Topic Area.

- These should be broad, not specific objectives. (e.g. “Improve nutrition” - yes. “Increase the proportion of the population consuming at least one vegetable per day to 75%.” - no, not yet.)
 - Find existing or in-process plans, policies, etc. (“The 5 Ps”).*
 - We want to incorporate these into HN2030, link to them on HN2030 website so they’re easily accessible in one place, don’t want to recreate work that’s already been done, don’t want to contradict other DOH plans/policies (“Ps”)
 - Examples: Primary Care Needs Assessment, Rural Health Needs Assessment, Oral Health Plan, Nurture NJ, Breastfeeding plan, Cancer Control Plan, [Interim Report of the Task Force on Wages and State Benefits](#), etc.
- Reminder: It’s time to bring in colleagues from other state agencies to participate on ACTs
- For AQC ACT: Broadband access is sometimes a problem for tele-health in rural areas
- Healthy Communities has hosted 2 of 5 weekly listening sessions to research existing “Ps.”
 - 1st call was really good. 2nd didn’t accomplish goal but had good discussion.
 - Might add a 6th session.
- HN2030 support role for ACTs:
 - We’re in our respective ACTs to participate by providing info/knowledge and acting as liaisons between DOH/HN2030 and the external partners.
 - Note taking: Only required of HN2030 members if no one else on the ACT wants to do it.
 - Only need to take notes, not formal minutes. Decisions and actionable items, not “court reporting.”
 - Each subcommittee’s first meeting should start with a decision on who will facilitate, who will take notes, who will do follow-up, etc.

* “The 5 Ps” is our shorthand for any of the following:

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|--------------|----------------------|---------------------------------|
| • Plans | • Strategies | • Initiatives |
| • Policies | • Action plans | • Standard operating procedures |
| • Procedures | • Strategic plans | |
| • Projects | • Task force reports | |
| • Protocols | • Blueprints | |