



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. EQUITY
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)

HECC UPDATES



Currently **232** conversations have been completed, with about **105** in the works

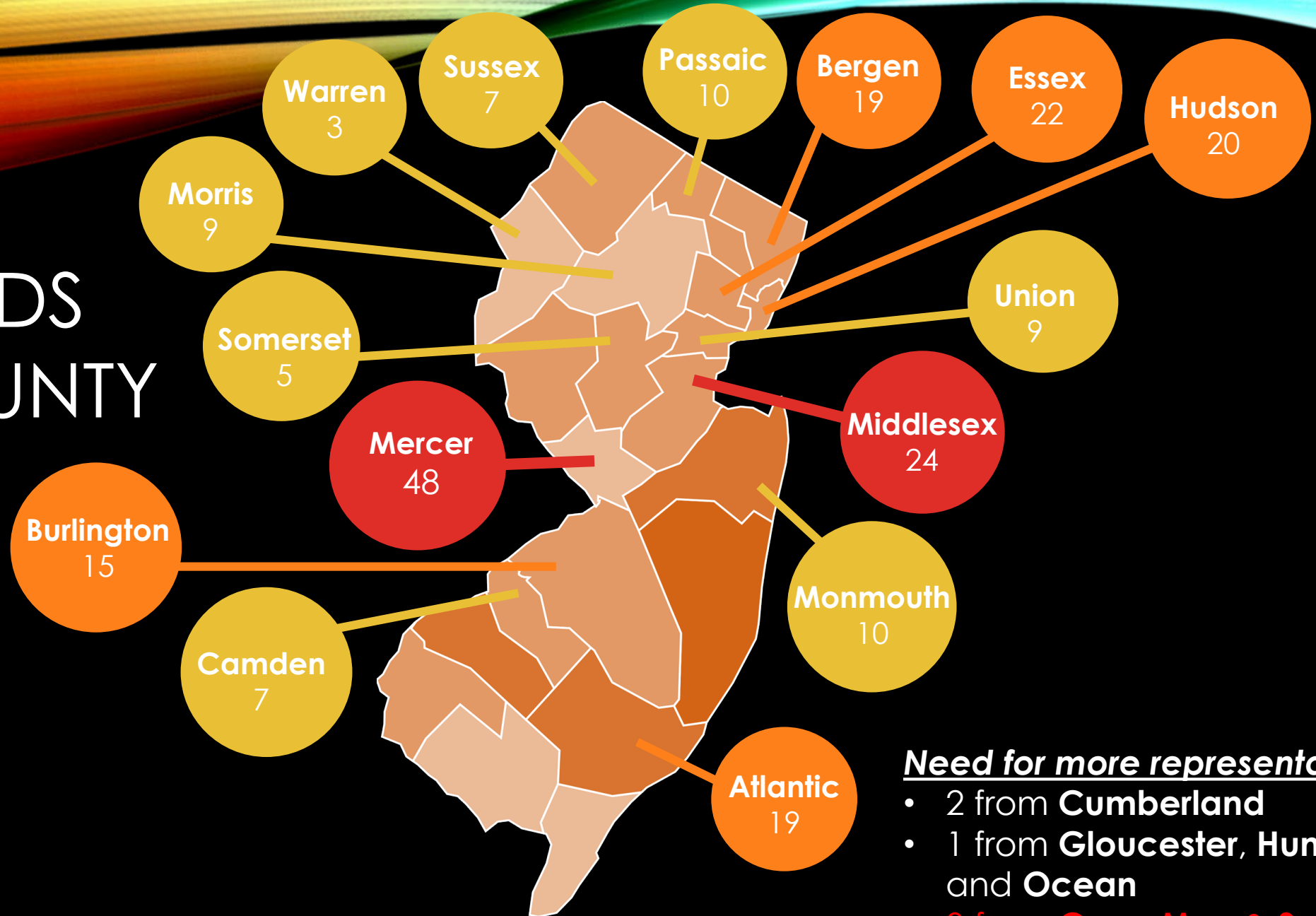


Projected total from organizations: **333+**



Solidifying dates and plans with orgs, strategizing outreach in target counties

UPLOADS BY COUNTY



Need for more representation:

- 2 from **Cumberland**
- 1 from **Gloucester, Hunterdon, and Ocean**
- 0 from **Cape May & Salem**

WRI & NDA UPDATES



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





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



OFFICE OF MINORITY AND MULTICULTURAL HEALTH



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.

2004 LEGISLATED PRIORITY AREAS

- Asthma
- Infant Mortality
- Cardiovascular Disease
- Diabetes
- Kidney Disease
- Cancer (breast, cervical, colorectal, prostate)
- Immunizations

- HIV/AIDS
- Sexually Transmitted Diseases
- Hepatitis C
- Accidental Injuries
- Violence

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

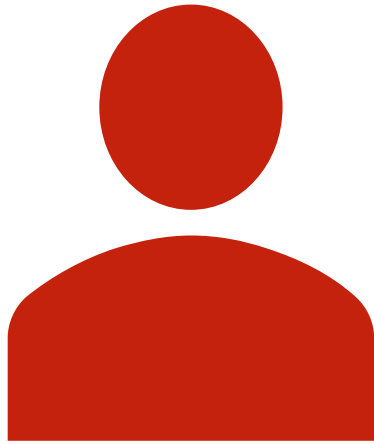
2019 OMMH'S CURRENT AND PROPOSED PILLARS OF EQUITY

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

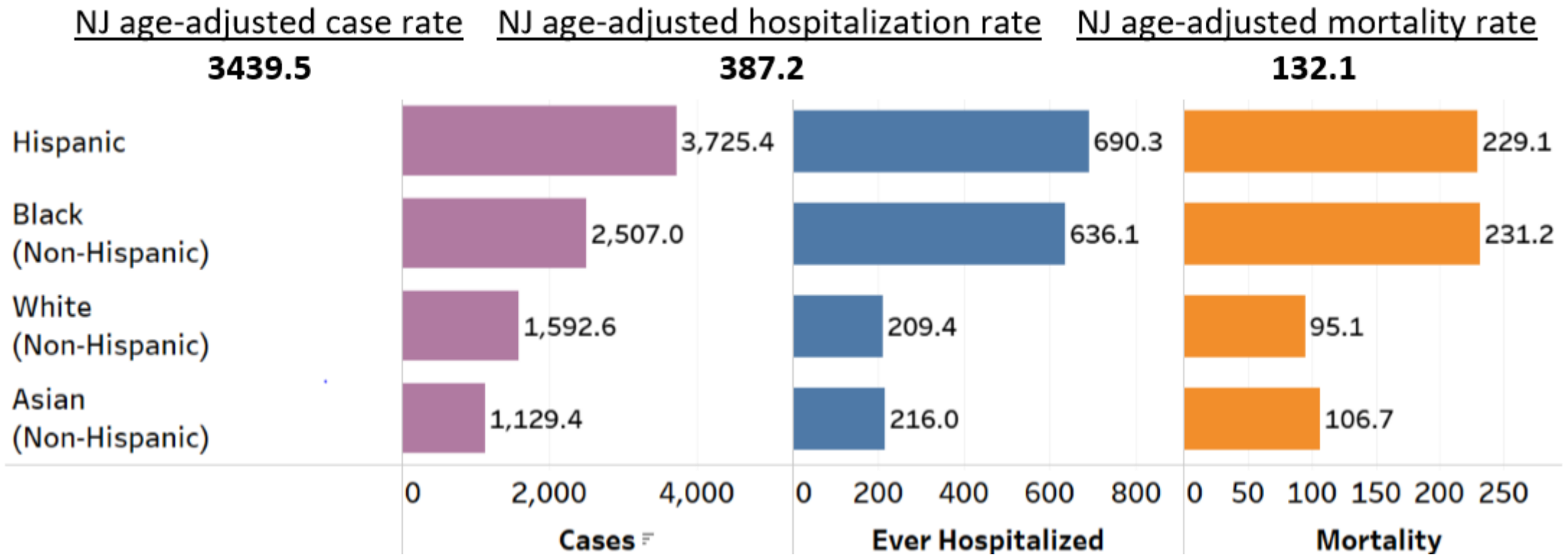
- Serve on NJDOH and other state agency taskforces that address health crises (e.g., Coronavirus; wage increase effects on safety net programs; language literacy) to prevent discrimination and provide community connections and education
- Build diverse community listservs for better outreach support



COVID-19 AND VULNERABLE POPULATIONS



AGE-ADJUSTED LABORATORY CONFIRMED CASE, HOSPITALIZATION AND MORTALITY RATES BY RACE/ETHNICITY (NOVEMBER 25, 2020, NEW JERSEY)

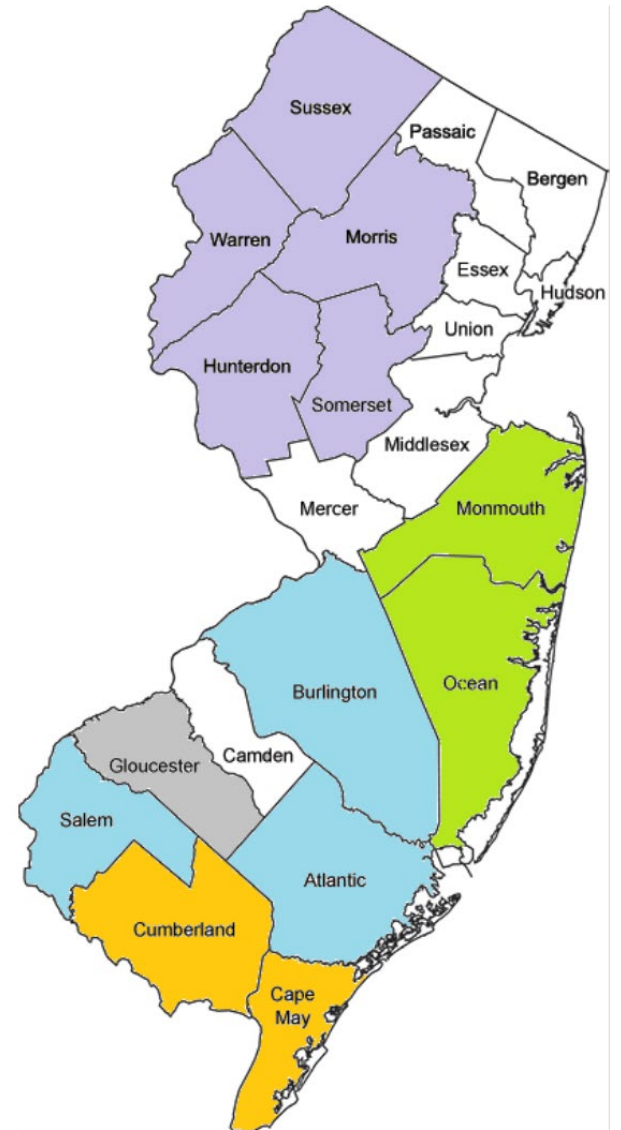


MIGRANT SEASONAL FARM WORKERS

- **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**





MIGRANT
SEASONAL
FARMWORKER
COVID-19
TESTED AND
POSITIVITY RATE

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**

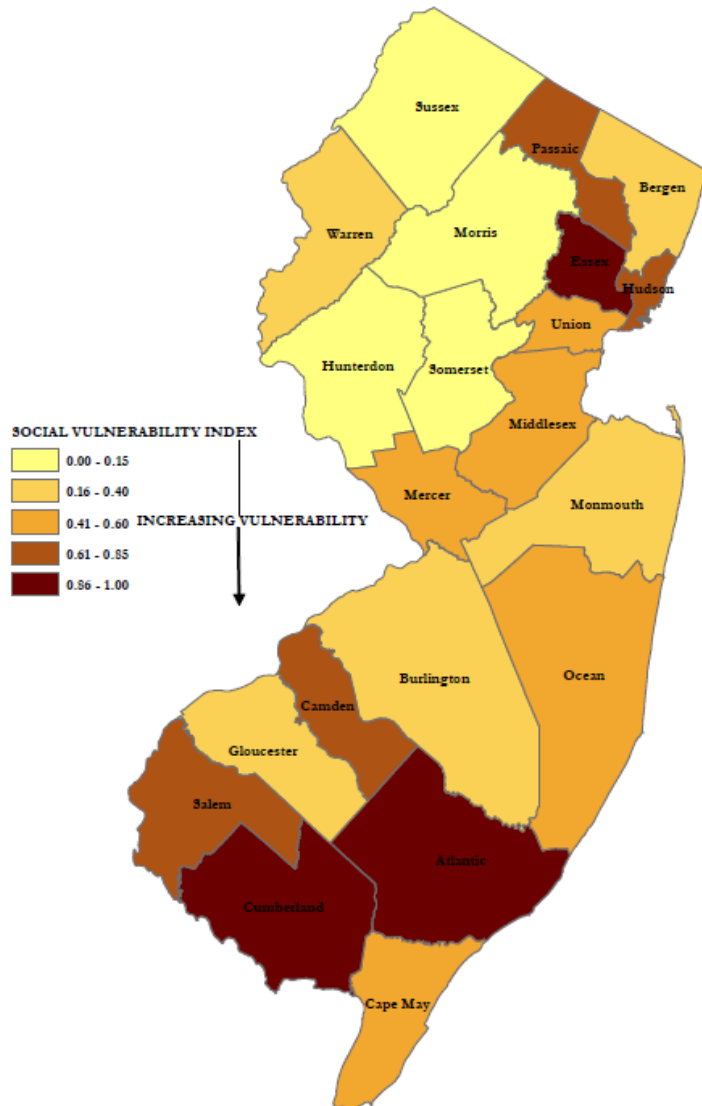
- Minority population
- Limited English

- **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

Figure 5.g.1: Leveraging quality improvement mindset to promote equity in vaccination

| | |
|--|---|
| Organizational Structure and Stakeholder Engagement | <ul style="list-style-type: none"> Incorporating diverse collaborators and perspectives in planning and delivery Cultivating broad and inclusive partnerships Identifying which critical population leaders and advocates should be involved in every planning phase Ensuring active engagement with specific population groups and stakeholders at the planning stages from beginning to end (before first doses are made available) Engaging with and planning for vulnerable populations early and often |
| Phased Approach | <ul style="list-style-type: none"> Ensuring equitable population prioritization when resources limited (e.g. including but not limited to consideration of NASEM and JHU frameworks) Enabling holistic and data-informed consideration of power, privilege, and vulnerability in prioritization and allocation Ensuring equitable allocation of constrained resources given variability in available vaccines and resources |
| Public Confidence | <ul style="list-style-type: none"> Providing transparency to foster trust Partnering with strong trusted leaders for community education Using conventional and innovative communications channels to connect with underserved populations |
| Points of Dispensing Setup | <ul style="list-style-type: none"> To remove transportation barriers, POD mapping, census tract mapping that includes social vulnerability indices, with distance between residence concentrations and access accountability will be taken into account. Micro-geo-mapping can ensure that there is an access point that reduces transportation barriers for all communities. Ensuring COVID-19 mitigation strategies to prevent disease transmission on-site: socially distanced seating, one-way traffic flow, mandate to wear masks, hand sanitizer, and plexiglass barriers Providing services during non-business hours to accommodate working families |

| | |
|---|--|
| | <ul style="list-style-type: none"> 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.) |
| On-site, Off-site, and Mass Communications | <ul style="list-style-type: none"> To ensure 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 (VISs), and other documents in culturally competent, health literate, and linguistically accessible formats. All materials and patient documents must be translated in the top 12 NJ languages and ensure interpretation services for each PODs Reviewing materials through a health literacy review committee (NJ SOPHE) Providing instructions and materials in the top 10 NJ languages |
| Staffing | <ul style="list-style-type: none"> Diversifying types of vaccine administrators onboarded 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 |
| Specific Populations Engagement | <ul style="list-style-type: none"> Concerted 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.) |
| Consumer Affordability | <ul style="list-style-type: none"> Considering affordability options for uninsured, underinsured, 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 |
| Management and Administration | <ul style="list-style-type: none"> Fairly compensating and resourcing of vaccine administration workforce at state, county, local, or facility-level |

| | |
|--------------------------------|--|
| Enabling Policy | <ul style="list-style-type: none"> Applying an equity framework to regulatory and legislative policymaking with the interest of ensuring just access Removing regulatory and legal barriers that unduly constrain participation Promoting expansive definitions of eligibility for vaccination, within parameters of EUA, etc. Consideration of standing orders in case COVID-19 vaccine needs a prescription to facilitate access for those without primary care providers Equitably enforcing violations of contracts and other legal agreements Refraining from instituting identity documentation requirements |
| Analytics and Reporting | <ul style="list-style-type: none"> Tracking age, race, ethnicity, sex, sexual orientation, gender identity, insurance status, comorbidities, etc. Maintaining transparency in reporting to communicate process and progress to public Monitoring whether communities and individuals at increased vulnerability are provided equitable access |

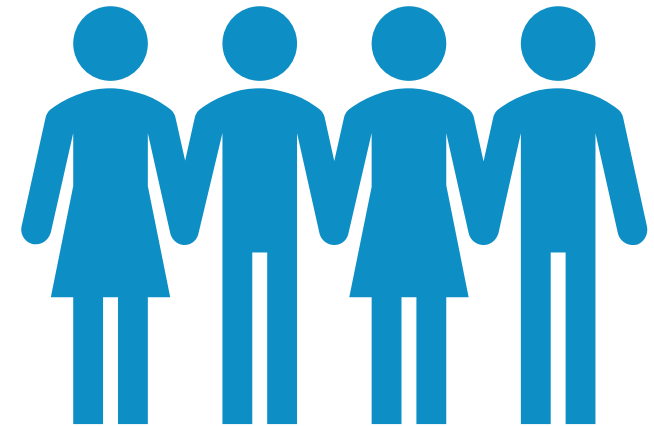


FUTURE OMMH



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





HOMEPAGE:
NJ.GOV/HEALTH

NEWSLETTER:
STATE.NJ.US/HEALTH/NEWSLETTER

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EQUITY “THE APPLICATION & OPERATION”

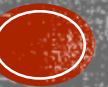


Darrin W. Anderson, Sr., PhD, MS
New Jersey YMCA State Alliance
New Jersey Partnership for Healthy Kids

January 13, 2021

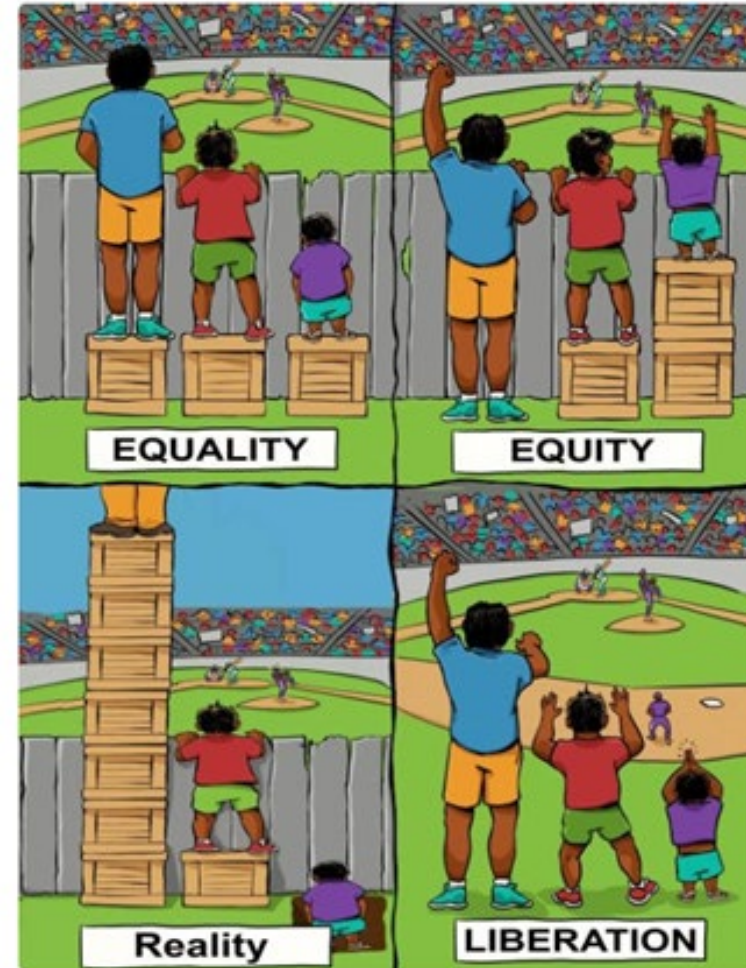
eq·ui·ty *ek-wi-tee*, noun.

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.



EQUITY VS. EQUALITY

- Diversity ≠ Inclusion
- Equity ≠ Equality

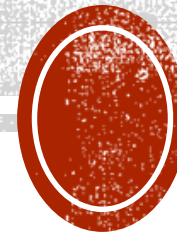


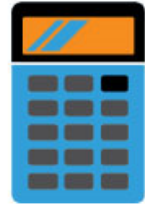
*Owner's equity

- *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 = ASSETS - LIABILITIES

BASIC EQUITY FORMULA





Equity Formula

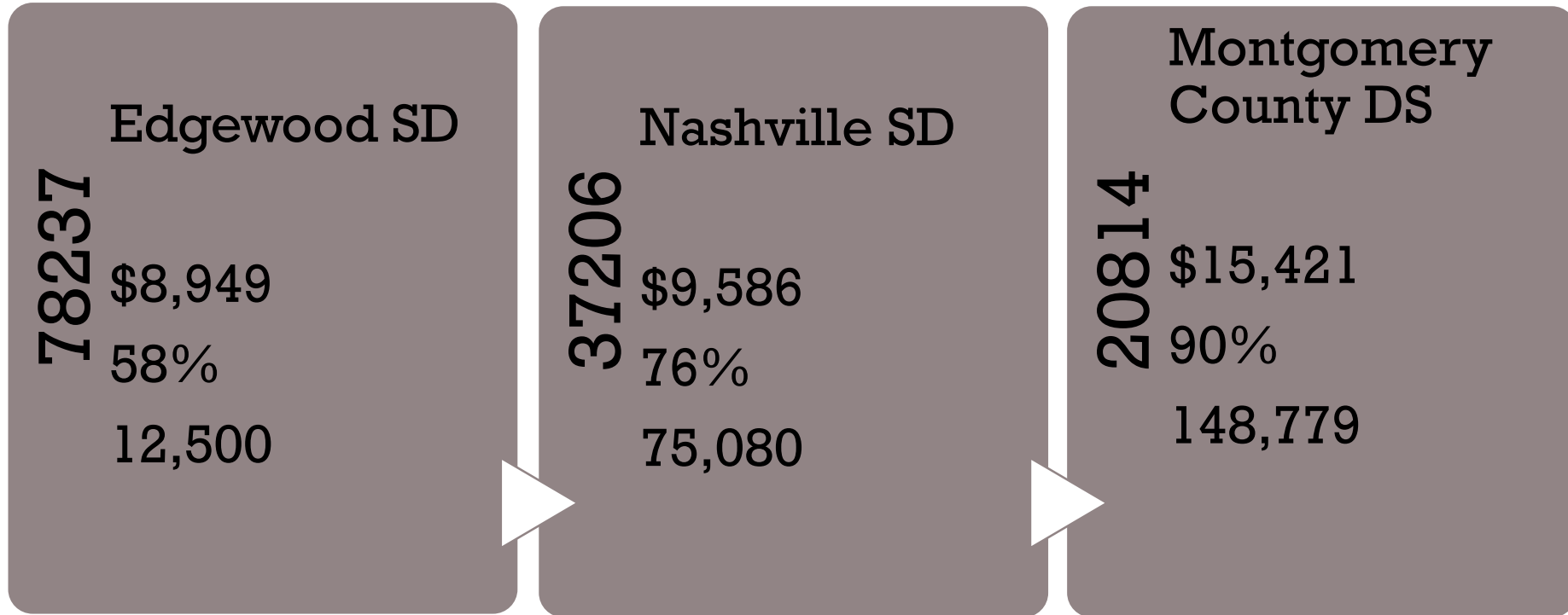
Equity = Total Assets – Total Liabilities



Equity = Capital Stock + Share Premium + Preferred Stock + Retained Earnings + Accumulated Other Comprehensive Income - Treasury Stock



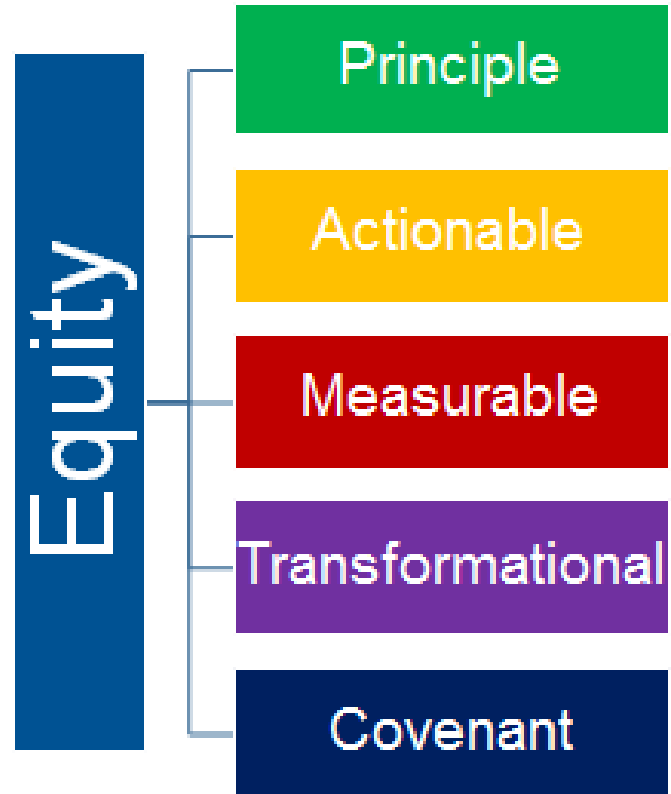
WHAT'S ACCESS & EQUITY?



neaToday, Summer 2013, Cover Story "What's Her Number?"



Equity in Action!





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 acknowledge 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.



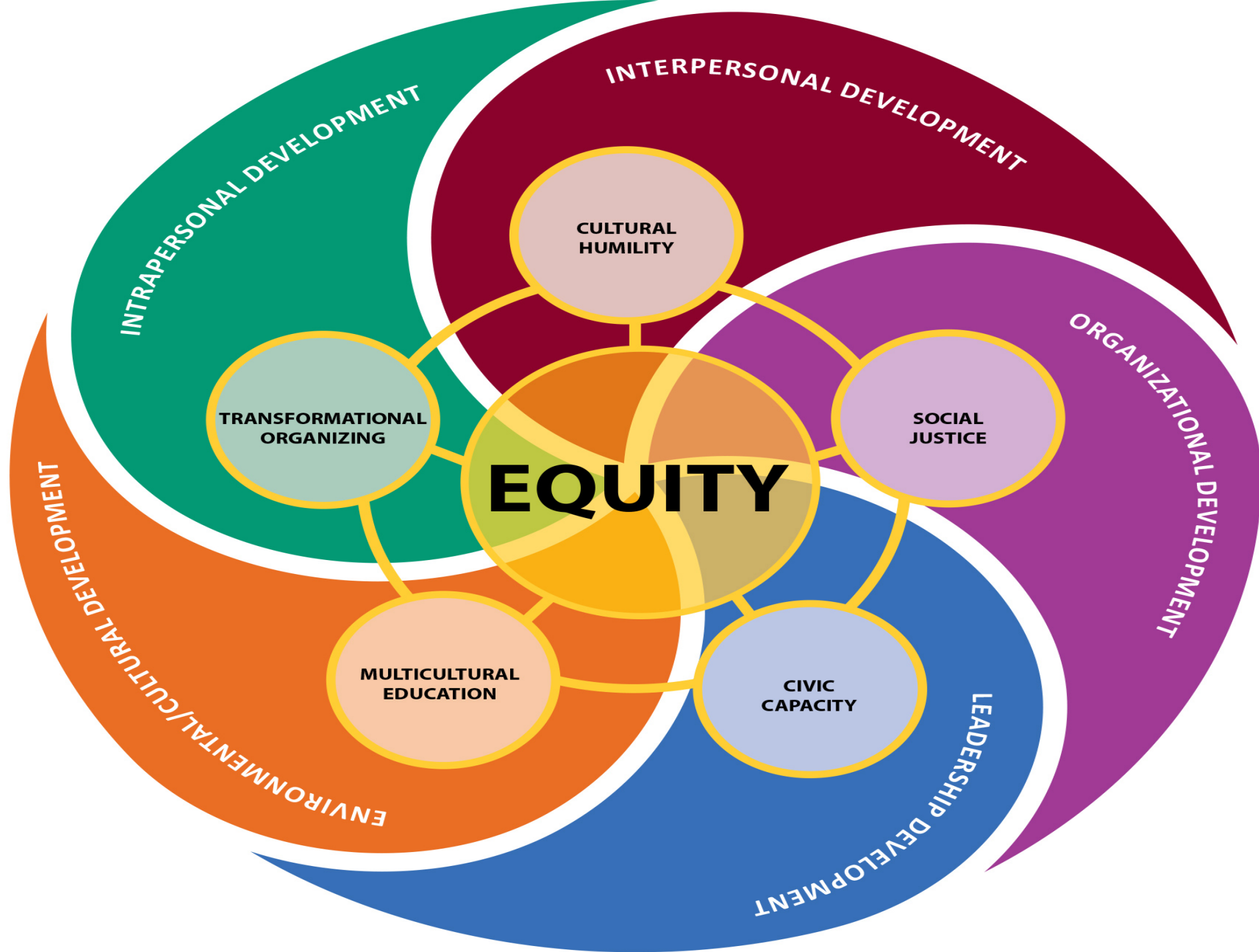
Equity is transformational in that there is a fundamental shift in theory, form and function when addressing complex social issues.



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

EQUITY IN ACTION





Organizational Equity

Equity Theory

| Condition | Person | Referent | Example |
|---------------------|---|---|---|
| Equity | $\frac{\text{Outcomes}}{\text{Inputs}}$ | $= \frac{\text{Outcomes}}{\text{Inputs}}$ | Worker contributes more inputs but also gets more outputs than referent |
| Underpayment Equity | $\frac{\text{Outcomes}}{\text{Inputs}}$ | $< \frac{\text{Outcomes}}{\text{Inputs}}$ | Worker contributes more inputs but also gets the same outputs as referent |
| Overpayment Equity | $\frac{\text{Outcomes}}{\text{Inputs}}$ | $> \frac{\text{Outcomes}}{\text{Inputs}}$ | Worker contributes same inputs but also gets more outputs than referent |

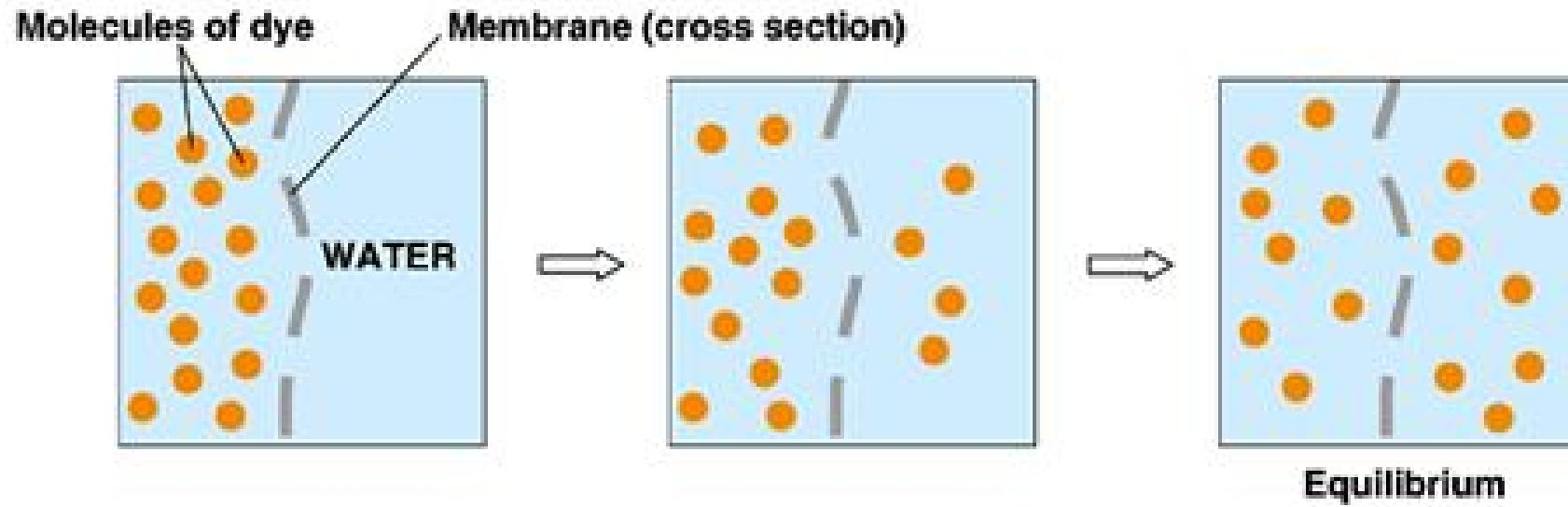
Table 13.3



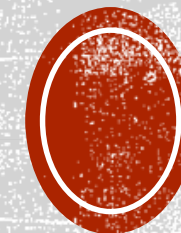
Systemic Equity

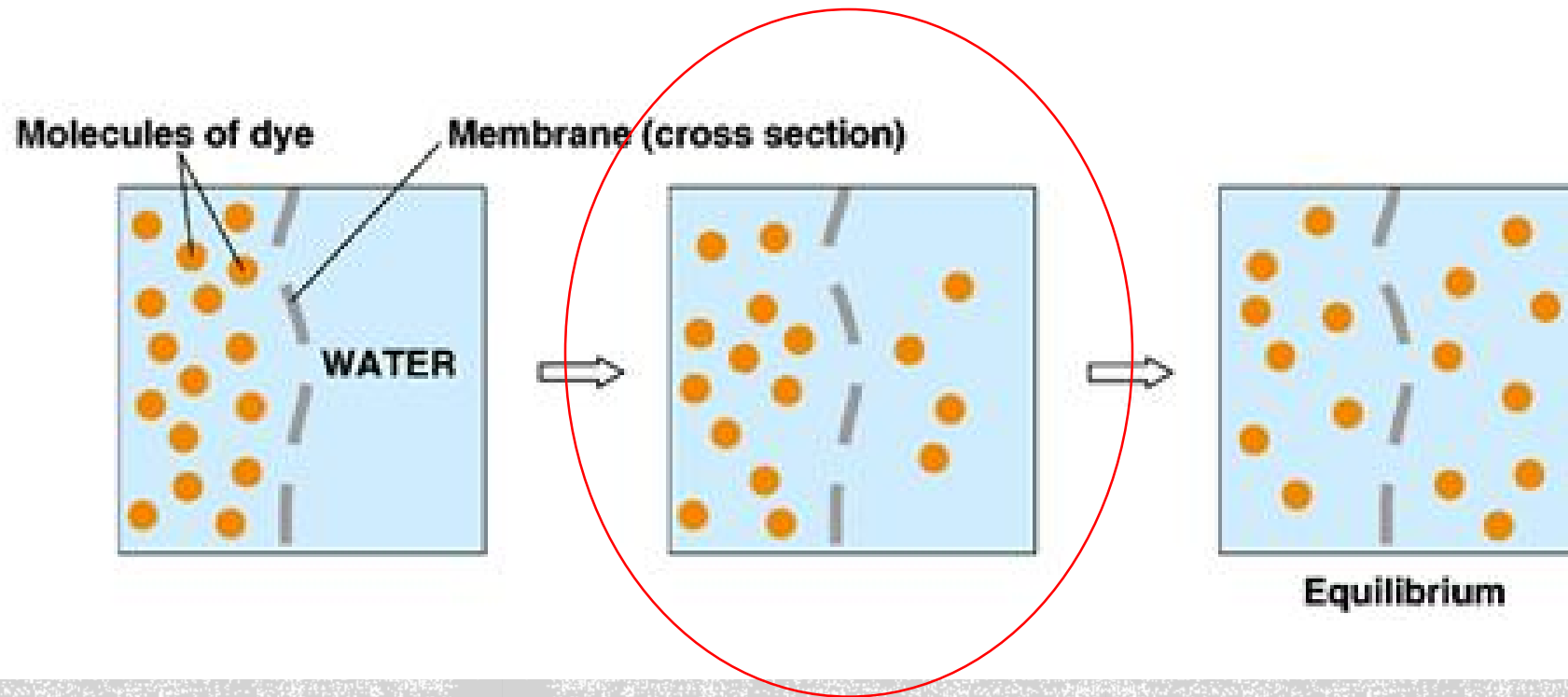
Unfortunately, many of us, teachers and administrators, have little real knowledge about our students, their home lives, their families, and their communities, and this space of ignorance is subsequently often occupied by prejudices and biases that are negative for the students and, thus, become a trap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



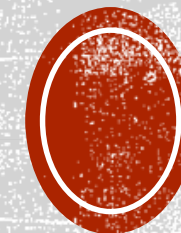


EQUITY AND EQUILIBRIUM





EQUITY AND EQUILIBRIUM





UPDATES

REVISED SEPTEMBER 2020



ACT UPDATES



Bageshree
Kwaku
Megan



Diane*
Jeanne*
Regina*




Alysia
Tyree
Victoria



Alycia
John
Sherry

* Healthy Communities listening sessions recap

DOH UPDATES

A hand wearing a blue nitrile glove holds a small glass vial with a green cap. The vial has a white label with the text 'Vaccine', '2019 - nCoV', and 'Coronavirus'. The background is a soft-focus laboratory setting with colorful light streaks in shades of blue, green, and orange.

Vaccine
2019 - nCoV
Coronavirus

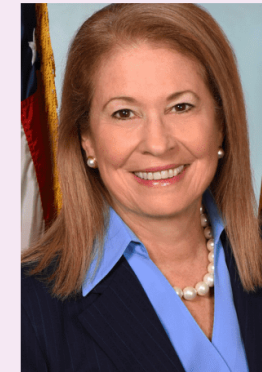


A Culture of Health in NJ Virtual Town Hall

- April 2021
Conference



Dr. Richard Besser, MD
*President and CEO of the
Robert Wood Johnson
Foundation*



**Judith Persichilli,
R.N., B.S.N., M.A.**
*Commissioner of the
New Jersey Department
of Health*

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



Moderated by:
Chris T. Pernelle, 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!