



# HNJAC MEETING #16

February 10, 2021

10 a.m. – 12 p.m.

Via Zoom

# AGENDA



1. Welcome
2. Health Equity Community Conversations/COVID-19 Storytelling Project
3. Cross-Cutting Issues
4. ACT Updates on Topic Area content
5. Action Plan template draft
6. Advisory Council Charter Review
7. Culture of Health Conference
8. Wrap-Up

# HECC/STORYTELLING UPDATES

- Interview deadline extended: March 31
- WRI starting to share emerging themes
- Total 364 participants
- Variety of story formats
- Salem outreach

# WRI THEME ANALYSIS

- WRI has reviewed 221 files
- Participant summaries with demographics
- Codebook
- Preliminary findings:
  - Emerging Themes
  - Emerging Sub-Themes



# PRIORITY AREAS FROM EMERGING THEMES

**Mental  
Health**

**Housing  
Insecurity**

**Food  
Insecurity**

**Digital  
Divide**

# MENTAL HEALTH

“While everything around me felt like it was going a million miles an hour, my body felt like it was moving at a snail’s pace. It started getting harder and harder to get out of bed. I toyed with a funny little thought in my head a lot. The thought of just vanishing so I wouldn’t have to deal with the rest of my day...the thought of just ceasing to exist eased the burning of my chest, made the world feel less sad, and instead more numb.”

- *NJ Resident, Middlesex County*



# HOUSING INSECURITY



“For some time, I struggled [with] finding housing due to COVID-19...NJ 211 required an ID for placement and the DMV was closed. Some shelters were not accepting new intakes.”

– *NJ Resident, Camden County*

“In April I got laid off from my job...all of my bills have been backed up...Keeping this roof over my head, the rent, the lights, even though they extended it, the bills are only jumping.”

– *NJ Resident, Mercer County*

# FOOD INSECURITY

“I’m...begging for money, just to be able to buy my wife and I something to eat, you know, or get a cup of coffee...it can be heartbreaking but we’re just looking for some support.”

- *NJ Resident, Essex County*

“A lot of families are not able to work because of COVID, so we are providing breakfast, lunches and dinners...funds are running out, we’re finding that volunteer time is also a concern because we’ve started school, and we’re full-time teachers, but also trying to provide food for families at our school.”

- *NJ Residents, Mercer County*





# DIGITAL DIVIDE



[Digital Divide – Next Day Animations Video](#)

“In the school they gave us (Chromebook) screens that really don’t work, but they never gave us a class on how to use them, how to use the applications...they should understand the technology for some people can be new.”  
– *NJ Resident, Monmouth County*

“So many seniors live on fixed incomes and can’t afford a \$250 bill every month for internet service...or even a smartphone where they can use it and see things. It’s just so expensive.”  
– *NJ Resident, Monmouth County*

# CROSS CUTTING ISSUES

- Recap of the three separate E-P-R discussions
- Addressing issues that are overarching across all top areas
  - e.g., data collection

# ACT UPDATES: FOCUS ISSUES/PRIORITIES/GOALS



Bageshree  
Kwaku  
Megan



Diane  
Jeanne  
Regina

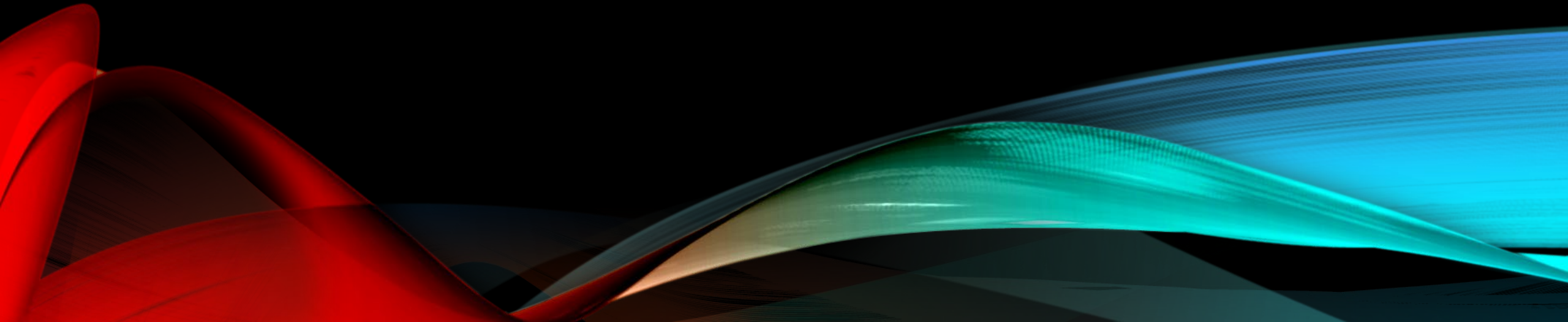


Alysia  
Tyree  
Victoria



Alycia  
John  
Sherry

# ACTION PLAN GUIDANCE



```
graph TD; A[Topic Areas] --> B[Goals]; B --> C[Actions]; C --> D[Measure Success];
```

Topic Areas

Goals

Actions

Measure Success

# EACH TOPIC AREA SHOULD HAVE 2-5 GOALS

## Healthy NJ 2030

### Access to Quality Care

Equity

Goal 1

Goal 2 (min)

Goal 3

Goal 4

Goal 5 (max)

### Healthy Communities

Policy

Goal 1

Goal 2 (min)

Goal 3

Goal 4

Goal 5 (max)

### Healthy Families

Resilience

Goal 1

Goal 2 (min)

Goal 3

Goal 4

Goal 5 (max)

### Healthy Living

Goal 1

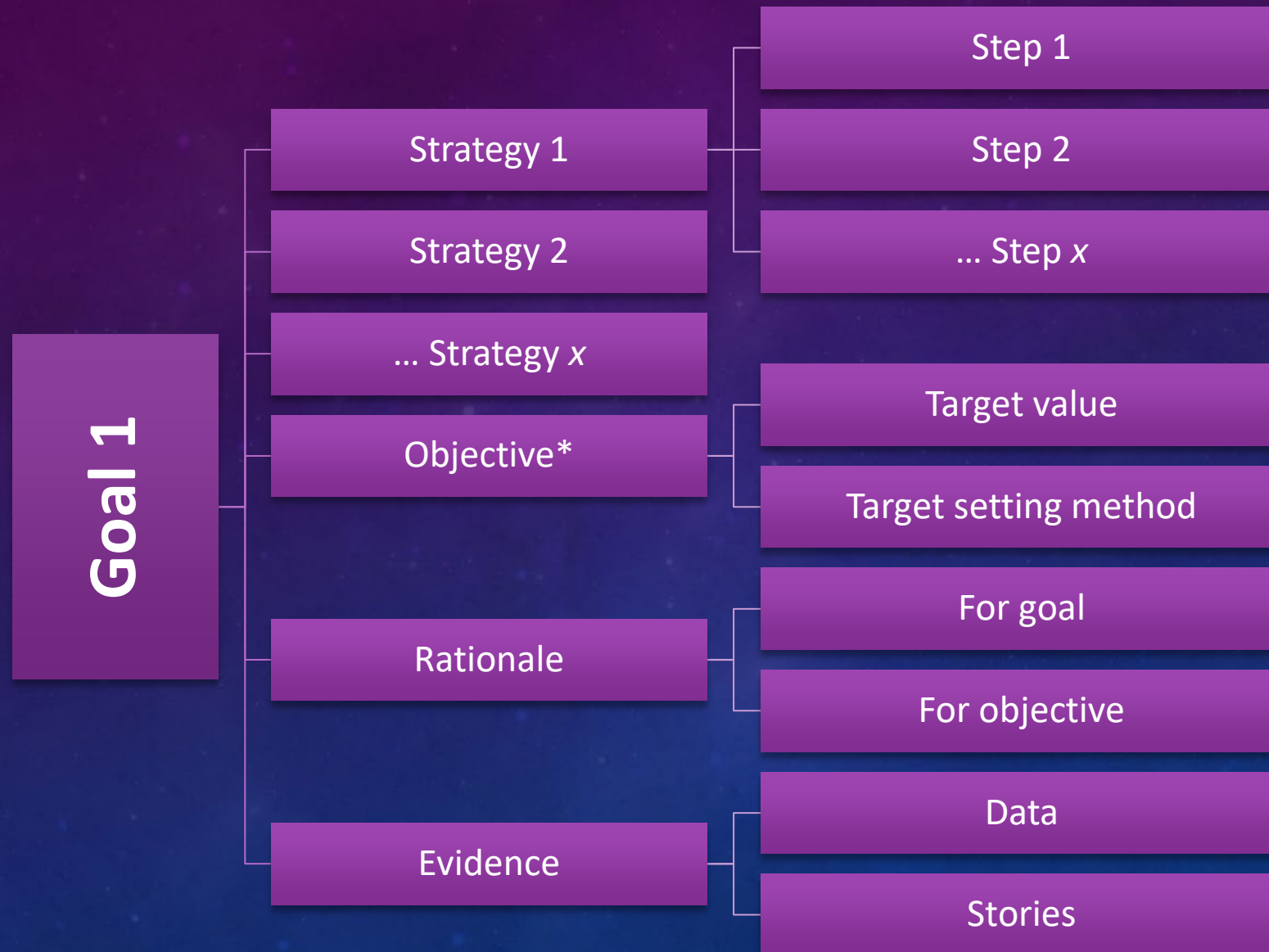
Goal 2 (min)

Goal 3

Goal 4

Goal 5 (max)

# WHAT GOES INTO EACH GOAL



\* Objective selection guidance will be given at a later date

# WHAT GOES INTO EACH STEP

## Step 1

Description of the action step

Who's responsible for carrying out this action

When will the work be done (Year 1, all 10 years, etc.)

Where, how, why, etc.



# EXAMPLES

The background is a dark blue gradient with a field of small white stars. On the right side, there are several technical diagrams. The most prominent is a large circular gauge with a scale from 0 to 210 degrees, marked every 10 units. It has multiple concentric circles and a central circular element. Below it is another circular diagram with dashed lines and arrows. In the bottom left, there are more faint circular diagrams with arrows. The overall aesthetic is technical and futuristic.

# GOAL 1: IMPROVE ACCESS TO CARE

- STRATEGIES:

1. Increase the use of telemedicine

- Step 1: Reimbursement
- Step 2: ...

2. Provide transportation to medical appointments in underserved areas

- Step 1: ...

3. Require medical offices to offer more evening and/or weekend hours

4. Require employers to allow employees to take paid time off for medical appointments for themselves and those for whom they are primary caregivers

5. Increase the diversity of health care providers and improve cultural competency among all health care providers

6. ...

- MEASURE:

- RATIONALE:

## GOAL 2: IMPROVE COORDINATION OF CARE

- STRATEGIES:

1. Create medical homes/hubs

- ...

2. Improve communication between physical and mental health care providers

- Increase the use of electronic health records and health information exchange among physicians
- Include mental health practitioners and dental care providers in HIE
- ...

- MEASURE:

- RATIONALE:

# GOAL 1: REDUCE OBESITY

- STRATEGIES:

1. Increase access to healthy foods

- Step 1: Eliminate food deserts
- Step 2: Provide culturally-appropriate foods at community food pantries
- Step 3: Provide healthy food preparation instruction in underserved communities
- Incorporate SNAP-Ed Fruit and Vegetable Strategic Plan (forthcoming)
- Incorporate NJ Dept of Ag's [Fresh Fruit and Vegetable Program](#)
- ...

2. Increase physical activity

- Step 1: Provide safe places to exercise
  - Complete Streets (<https://www.state.nj.us/transportation/eng/completestreets/>)
  - Safe Routes to Schools (<https://www.nj.gov/transportation/about/safety/srts.shtm>)
  - Bike paths...
  - Recreation and Parks (<https://njrpa.org/>)
- Step 2: Encourage employers to provide exercise time and/or space to their employees
  - Incentive programs

3. ....

# GOAL 1: REDUCE OBESITY

- **MEASURE:** Reduce the adult obesity rate to 18.5% by 2030.
  - Baseline: 25.7% (2018)
  - Target setting method: 18.5% was NJ's obesity rate in 2000.
- **RATIONALE:**
  - Obesity is a major risk factor for many chronic disease, including but not limited to leading causes of death such as heart disease, cancer, stroke, and diabetes.
  - Individuals who are at a healthy weight are less likely to:
    - Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
    - Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
    - Experience complications during pregnancy.
    - Die at an earlier age.<sup>1</sup>
  - The main modifiable contributors to obesity and overweight are poor nutrition and lack of physical activity. Good nutrition is important to the growth and development of children.<sup>1</sup> Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. For people who are inactive, even small increases in physical activity are associated with health benefits.<sup>2</sup>

1. <https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>

2. <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

# GOAL 1: REDUCE OBESITY

- EVIDENCE:

Measure	Underweight	Normal	Overweight	Obese
Fair or poor general health	10.5	12.1	14.3	27.8
Poor physical health	12.3	8.1	10.0	16.5
Activities limited due to health problems	19.3	12.6	13.8	25.1
Have at least one chronic condition	13.7	10.8	12.9	21.5
Arthritis	18.5	16.8	18.0	28.4
Asthma	7.3	7.3	8.0	11.4
COPD	3.9	4.4	4.6	9.5
Diabetes	2.9	5.1	9.0	16.1
High blood pressure	14.5	20.3	31.7	43.7
High cholesterol	19.7	25.2	35.2	40.3
Coronary heart disease/angina	3.2	2.1	3.3	4.7
Frequent mental distress	16.8	10.2	12.1	16.7
Diagnosed depression	9.0	12.0	13.8	21.8
Do not always wear a seat belt	7.5	8.0	9.8	15.1
Unable to get medical care because of cost	13.0	11.7	12.3	18.5
No leisure time physical activity	45.3	23.0	25.3	34.3
Do not meet physical activity recommendations	58.6	45.5	46.6	57.7

- All data are age-adjusted percentages from the 2017 NJBRFS

Red = worst rate  
Green = best rate

# GOAL 1: ELIMINATE THE RACIAL DISPARITY IN BIRTH OUTCOMES

- STRATEGIES:

1. Expand the use of doulas

- Step 1: [Nurture NJ](#) recommendations 5.13 & 7.7
- Step 2: ...

2. Ensure pregnant women have complete and proper nutrition

- Step 1: WIC (<https://www.state.nj.us/health/fhs/wic/home/about.shtml>)
- Step 2: Incorporate the strategies from “Special Supplemental Nutrition Program for Women, Infants And Children (WIC) State Strategic Plan FFY 2017” ([link](#))

3. Promote breastfeeding (<https://www.nj.gov/health/fhs/wic/nutrition-breastfeeding/>)

- Step 1: All NJ birthing facilities should meet the requirements for [Baby-Friendly](#) designation
- Step 2: Incorporate the strategies from NJ Breastfeeding Plan (<https://breastfeedingnj.org/>)

4. Promote the role of fathers during pregnancy and early childhood

5. Healthy Women, Healthy Families (<https://www.nj.gov/health/fhs/maternalchild/outcomes/>)

6. ...

# GOAL 1: ELIMINATE THE RACIAL DISPARITY IN BIRTH OUTCOMES

- MEASURE: Eliminate the infant mortality rate disparity between infants of black and white mothers by 2030.
  - Baseline: 3.8 (2018) = 8.8 (BIMR)/2.3 (WIMR)
  - Target setting method: Maintain consistency with state programs, regulations, policies, or laws
- RATIONALE:
  - a. Overall, New Jersey has good birth outcomes compared to most other states and to the nation as a whole. However, New Jersey has a large disparity between outcomes for each of the major racial/ethnic groups in the state, with infants of Black mothers faring the worst. Thus, while improving birth outcomes for all NJ residents is desired, the critical mission is to improve birth outcomes for the groups lagging behind. Whites were chosen as the comparison group because they are the largest racial/ethnic group in the state and generally have the best birth outcomes, while Blacks were chosen as the focal group because they are most in need. (see next page)
  - b. Nurture NJ Recommendation #4.8: Reframe the statewide targets in Healthy NJ 2030 to eliminate disparities in Black versus White rates. (page 17 of Nurture NJ Strategic Plan)
  - c. Infant mortality is five times higher among infants born to Black mothers than White mothers. This is intolerable, and deeply unjust.



# GOAL 1: ELIMINATE THE RACIAL DISPARITY IN BIRTH OUTCOMES

- EVIDENCE:

Measure	Black	Hispanic	Asian	White
Early prenatal care	58.5%	65.6%	81.2%	81.3%
Adequate prenatal care	56.4%	66.5%	77.1%	76.3%
Low birth weight	13.0%	7.5%	9.1%	6.2%
Preterm births	13.5%	9.8%	8.9%	8.2%
Low risk C-sections	31.5%	27.7%	26.5%	30.4%
Infant mortality rate (per 1,000)	8.8	4.2	2.3	1.9
Fetal mortality rate (per 1,000)	14.5	6.1	6.2	4.9

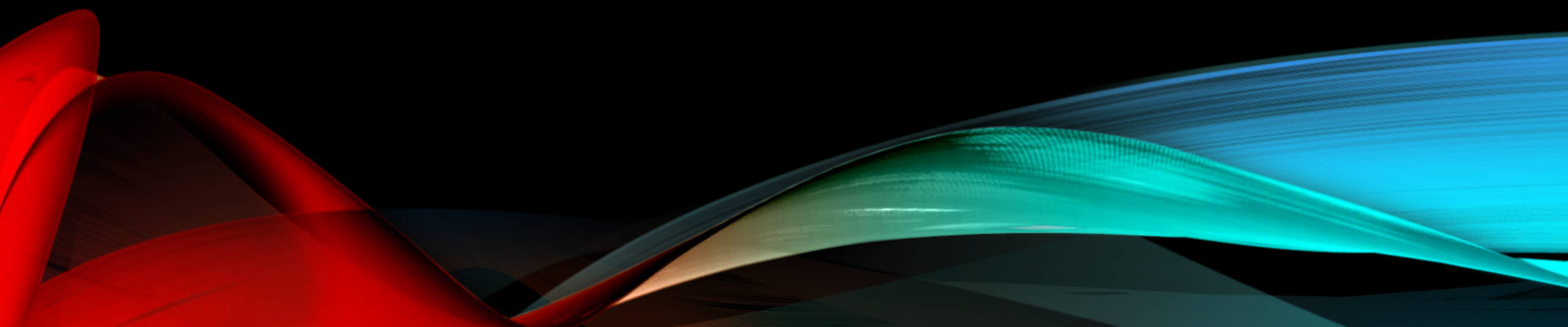
Red = worst rate  
Green = best rate

# MORE EXAMPLES OF ACTION PLANS, STRATEGIES, AND STEPS

- <https://www.state.nj.us/health/chs/hnj2020/documents/ship2020.pdf>
  - 9 strategies to improve birth outcomes: pages 18-29
  - 7 strategies to improve mental health and reduce substance use: pages 31-40
  - 9 strategies to prevent chronic disease: pages 42-49
  - 5 strategies to increase immunization coverage: pages 51-53
  - 3 strategies to align state and local health improvement planning: pages 55-56

# HNJAC CHARTER REVIEW

a.k.a. "I didn't sign up for this!"



# WHAT YOU SIGNED UP TO DO:

- **Advise** in the selection of topic areas, objectives, and target-setting methodology, including action to address health inequity.
- **Advocate** for the adoption and utilization of HNJ2030 throughout the NJ public health community.
- **Collaborate** on reports and planning documents prior to publication.
- **Design** an ongoing community collaborative process.
- **Identify** emerging public health issues, state assets and resources, new data sources, and health disparities occurring within the state.
- **Provide** input representative of stakeholder groups to better align HNJ2030 with the needs of the public.
- **Recommend** strategies for integrating equity and SDOH into HNJ2030.

# YEAR ONE\* MILESTONES

- ✓ Establish Topic Areas to submit to DOH senior staff for approval
- ✓ Determine duties of Action Teams (ACTs)
- ✓ Recruit initial ACT membership
- **Assist with and review** ACTs' implementation plans
- **Review, edit, approve** ACTs' draft objectives before public comment

\* Obviously, COVID has forced this to extend beyond one year.

# HNJAC MEETINGS

- Council meetings, webinars, and conference calls will be held routinely and as often as needed until HN2030 is launched publicly in its final form.
  - This may be as frequently as weekly and as infrequently as quarterly.
- After the initial launch, a minimum of four meetings will be held each year, at least one of which will be in person.
  - Members are required to attend a minimum of three of these meetings per year.



WHAT YOU'VE BEEN DOING:



**EVERYTHING**

# DISCUSSION

- Unpacking cross-cutting issues like homelessness, trauma-informed, data interoperability
- Aligning SHA and SHIP with CH(N)As and CHIPs
- Engaging in HECC theme analysis
- Involving other state agencies
- Make the decisions like eliminate vs. reduce
- How will the ACTs be represented in the AC meetings?
- Bi-monthly AC meetings, and then in the “off-month” having 30-minute meetings with each ACT?
- By April?



# REVISED FEBRUARY 2021

Months

Fall-Winter  
2020

March 2021

Spring –  
Summer  
2021

ACTs

Refine Topic Areas,  
prioritize, review  
existing plans/policies,  
add new  
members/consult  
partners

Receive action plan,  
objective selection, &  
target setting training.  
  
Review and  
incorporate HECC  
results

Write action  
plans/ strategies/  
Choose objectives  
and set targets.

HNJAC

Receive Policy,  
Resilience, and  
Equity guidance

Review and  
approve action  
plans, objectives,  
and targets

# CULTURE OF HEALTH CONFERENCE



December 2021



Atlantic City



Promote the work of  
the HNJAC



Launch HNJ2030  
action plans and  
objectives

WRAP-UP



OTHER UPDATES



NEXT STEPS

# UPCOMING MEETINGS

## HNJAC, ~~HNJCC~~, & ACTs Joint Meeting

- **Wednesday, March 10, 2021:**
  - ~~Strategies and action plans “workshop”~~

