

HNJ2030 ADVISORY COUNCIL

MEETING MINUTES

JUNE 9, 2021

ATTENDANCE

In person:	Maria Baron	Diane Hagerman
Alycia Bayne	Wendy Sheay	Jeanne Herb
Bageshree Cheulkar	Yannai Kranzler	Kwaku Gyekye
John Sarno	Via Zoom:	Regina Riccioni
Julia Wieczorek	Alysia Mastrangelo	Victoria Brogan
Loretta Kelly	Andrea Mahon	Yvonne Mikalopas

COVID-19 COMMUNITY CONVERSATIONS: INTERIM RESULTS

See the meeting slides. These are only the comments made in reaction to the slides.

DISSEMINATION & REFLECTION PHASE (SEE MEETING SLIDES 4-6):

- NJ State Library digital collection of stories
- Animations – 1 done, 2 in production, 3 more planned (MCH, MH, youth)
- Culture of Health Conference: Dec 9-10, 2021 – in person and remote option
 - How to add DHS Div. of Disabilities Services' **Inclusive Healthy Communities** program to agenda? Talk to Marissa or Diane.
- Interim Report based on first 500 participants – codebook **themes to align with HNJ2030 Topic Areas and Cross-Cutting Issues**
- Think of ways to share the results with philanthropic organizations - funding, long term effects of the pandemic

ACCESS TO QUALITY CARE QUOTE (SLIDE 12):

- This doesn't only apply to COVID. It's the same for any health condition for people in this population.
- 6/15 [webinar](#) on COVID, air pollution, health, and climate change
- **COVID Storytelling results reflect what ACT developed**

HEALTHY COMMUNITIES QUOTE 1 (SLIDE 13):

- Same populations hammered by SDOH, were hammered by COVID, are hammered by climate change, etc.
- The disconnect, the siloing HC ACT talked about is reflected here.
- **This confirms that HC ACT was on the right track thinking system wide.**

HEALTHY COMMUNITIES QUOTE 2 (SLIDE 14):

- Staffing is a huge issue. **PEOPLE HAVE LOST FAITH IN THE EMPLOYMENT SYSTEM.**
- We're not learning. We're trying to get people back to work but it's at the same, old low-wage jobs.

HEALTHY FAMILIES (SLIDES 15-18):

- Safety net of faith- and community-based organizations resonated in the interviews.
- **Themes are spot on.** Disabilities: in-person and virtual activities. Virtual was difficult on caregivers – parents of adult children with disabilities, as well as all parents dealing with remote schooling.
- **Boggs Center on Developmental Disabilities** at Rutgers RWJMS did something like our COVID Storytelling with their disabled community
- Get to the root of systemic change.
- HN2030 brings **ADVOCACY** to this space. Humanizing the experience of what is often jargon-y in public health. New framing for a project like HN2030 – the ways in which we advocate for communities and SDOH – gain fluency on how we share these stories to impact policy, resource allocation, etc.
- There's a place to put this advocacy with existing funding. There are **Vulnerable Population Outreach Coordinators** in each county through **LINCS agencies**.
- There's great work and research being done linking advocacy with delivery of services, especially with Medicaid.

HEALTHY LIVING (SLIDE 19):

- People couldn't get mental health prescriptions filled and couldn't see providers/specialists.
- **This aligns with what HL ACT did.** Recurring themes with underserved populations. Need strategies for those who do not have resources for self-care, mental health, etc. (i.e., no time, money, and/or place for painting, massages, yoga, gardening, and a lot of things that are often suggested for self-care/mental health)
- We can no longer stigmatize mental illness and challenges.
- In a rush to get back to normal, we can't forget what's happened and what we've learned about how this impacted people unfairly.
- We have to recognize that we've been traumatized, and we have to acknowledge that and work on it.
- **COVID WAS A MASS TRAUMA EVENT.** "The pandemic as a portal" to something better that grows out of what we've experienced.
- "The normal" wasn't that great to begin with. Can't separate mental health from health. Mental health has to be a big focus of the Healthy Living objectives we develop.
- "Healthy living is a human right."

CROSS-CUTTING ISSUES (SLIDE 21):

- Resources that are needed – starts on page 16 of draft interim report (handout at meeting)
- What about responses from people who lost loved ones (including pets) during the pandemic?
 - Yes, it was more difficult than what we were all going through. Social isolation and loss of usual support systems because of quarantine.

- Not being able to grieve as usual, not being with person in the hospital when they died, no closure.
- Resilience – Did existing social supports and services come up?
 - Yes, particularly among pregnant women and with food distribution. Faith- and community-based organizations stepped up.
- Was there a change in responses over time? (Interviews were conducted Aug 2020 – Mar 2021)
 - Once vaccines came out, the stories changed and became more **HOPEFUL** this spring vs. interviews in the fall and winter when people were more afraid.
- Telemedicine and digital divide
 - Language barriers were a huge problem
 - Financial barriers – being able to afford the data (internet access) needed to have a telemed call
 - Tech literacy, cost, and access. Limited English proficiency makes it difficult to use telemed. **Older Adults Technology Services (OATS)**
- How can we frame government and health care personnel as caregivers, not just administrators? **HOW CAN WE TRAIN PEOPLE WHO HAVE TO SAY “NO, WE CAN’T HELP YOU” TO SOMEONE IN NEED? HOW DO WE SUPPORT THOSE PEOPLE WHO HAVE TO SAY “NO?”**
- State vs. federal government support – Federal response was delayed and NJ was stuck with what they got but most people interviewed felt NJ handled it well compared to other states.
- Politicization of public health can’t be repeated. Health is a human right. It’s not just about the right to it but the responsibility to provide it.
- Use HNJ to assert the values we hold dear in public health. **“IT’S [PUBLIC HEALTH] NOT FOR THE FAINT OF HEART, IT’S FOR THE SOFT OF HEART.”**

LAST QUOTE (SLIDE 22):

- We have tangible outcomes from this project. We held it together through a pandemic!

HNJAC AND ACT II

- More info coming soon re: public outreach for volunteers for next phase of HNJ2030
- Volunteers can be on the Council **OR** an ACT, but not both.
- Let Maria know if you’d like to “reenlist” in the AC or an ACT

ANNOUNCEMENTS

- Sherry is retiring effective 6/18/21.
- Yannai is leaving DOH at the end of July.
- Andrea is retiring at the end of the year.

NEXT STEPS

- We’re taking the summer off, so **this is the last meeting of the 2019-2021 HNJAC.**

- However, the Council is still “in effect” until September, so there will be emails and possibly other communications.
- Maria will email info about HNJAC and ACT II, lessons learned and other feedback, etc.

THANK YOU!!!