

HC ACT Inclusive and Just Sub-Committee Meeting

March 23, 2022, 9:30 am

Committee Members Present

Joel Torres – adjunct prof at Montclair State University, works with a non-profit on substance abuse prevention. Focusing on systems change for youth and urban youth.

Elyse Pivnick – Isles. Main work is environmental health and focus on healthy homes, lead prevention, and other things in housing that can make you sick. Also involved in a lot of policy work. Background as a city planner.

Andrea Malcolm – urban planning background. Work in consulting and with the state in the past, in the Pinelands. In the Peace Corps was in a malaria control program. Always wanted to tie planning and public health back together.

Maya Wahrman – refugee health and wellness specialist at NJ Office of New Americans (DHS). Social worker, comes from direct service background with refugees and immigrants.

Maria Baron, NJDOH

Clarify Scope of Sub-Committee:

We are writing State level goals, health and health equity in the state of NJ

Other Sub-Committees and ACTs are focusing on some topics brought up at last meeting (i.e., access to quality health care)

Racism as a public health crisis (equity cross-cutting issue throughout all committees)

Joel will work to make sure we do not duplicate efforts of other groups in order to be as effective as possible with our task

This committee's focus will be on community aspect of inclusive and just systems, resources, and policies, specifically as it pertains to the physical aspects of the community. This means the things outside the home or outside the individual or family control. Things in the neighborhood, e.g. physical environment, natural and built, housing, parks, stores, schools, jobs, etc.

Community is not solely defined as government; also includes community organizations, faith-based communities, schools, athletic programs, etc.

Things to consider (from last meeting): environment, infrastructure (i.e., lead issues), food deserts, housing, school-to-prison pipeline, etc.

Discuss, clarify, brainstorm current draft goals from Phase 1:

Current goals are very broad and for the most part focus on aspects that can be actual goals for Healthy NJ 2030 as a whole. Example: “Make health and health equity a priority statewide and in local policy” is broad and encompasses the focus of every committee.

During the meeting, we aimed to make edits and clarify the goals to make sure they fit within the scope of this committee.

Draft Goals:

Goal Statement for Sub-Committee: Ensure public health is incorporated into every aspect of community planning and development processes throughout NJ.

Goal #1. Ensure that decision-makers are informed of the health issues and consequences of various policy options that impact the physical aspects of the community around NJ residents. (Discussions during the meeting included the need to incorporate physical community aspect to this; i.e., zoning board understanding of food deserts, alcohol density, health department and zoning department meeting to discuss matters, ratio of healthy food options to “fast food” options in local communities, etc.)

Goal #2. Produce decision-support tools, guidance training, and other support mechanisms to create inclusive and just communities throughout NJ.

Goal #3. Include and engage representatives from multiple sectors within and beyond government in all decision-making phases when discussing the physical aspects of the community around NJ residents. (Discussions during the meeting included community outreach protocol; making meetings accessible to all groups; different channels of communication; language/disabilities)

Can we focus on how to integrate decision-makers better into the community so they can be more informed? **Engaging all stakeholders in local health policy** is a crucial piece to make all health actions inclusive and just, presently and in the future.

What steps could we include for engaging stakeholders? Perhaps we can design a **protocol for doing community outreach**. I.e. to reach out to all interest groups, with a running list of who that is and how to identify them, perhaps reevaluated on an annual basis. How to cast a wide net for policy discussions to include all stakeholders. How to make that net and open meetings know and accessible. Includes questions of language access and disability accessibility.

How to specify and include representatives from all communities in NJ.

Methods to encourage younger and less represented representation, helping younger and minority reps speak first and how to ensure the meetings are accessible and inclusive to all. We can include that in our types of action plans to present up.

Goal #4. Public safety protocols; communicating about public safety (Not fully ironed out. However, can we incorporate this under Goal #2?)

Can we incorporate public safety into the conversation – how public safety measures are taken, how public safety officials interact with the public in an inclusive and just way.

For example: what IDs folks are required to give and when they are not required to give ID at all. Educating public safety officials about ID awareness, i.e. community ID vs safe ID, the discomfort or fears about presenting identification that many have (largely immigrant populations). How can public safety officials interact kindly and safely with immigrant communities to be inclusive and just to their specific challenges.

Sub-Committee Name Review/Rename Recommendations

Recommendation: Inclusive and Just Communities

Any other recommendations?

Upcoming Tasks for Sub-Committee

Research: Review and incorporate strategies and recommendations from related action plans and strategic plans from other NJ organizations; review quantitative data relative to topic area; review themes, videos, and reports from YMCA project; contact DOH staff for program plans, grant applications, etc.

We can use the community conversations project as qualitative data, and we need to use quantitative data as well. There will be a public comment period when the drafts are released to make sure no one is left out.

Brainstorm potential actions that can be taken to achieve goals

Prioritize brainstormed ideas and select the 2-10 best ones

Finalize an action plan for review

Additional Notes from Discussions During Meeting

Can we focus on environmental health, urban planning, food distribution, housing, public parks and fresh air spaces, climate, lead poisoning, built environment, etc... what opportunities to people have in their communities?

How to create equal opportunity for all communities to “live, work, play, and pray.”
Everyone should have an equal start and open opportunities.

Pandemic as an example – stakeholders pulling away from little silos and trying to understand health equity across lines. Pandemic showed us how health touches all of our work and lives, in every type of profession/field

Do we need to make a consensus for what a “healthy community” is for our sub-committee?

Built environment, climate, home safety... take these physical aspects and make sure policymakers include that in their definition of health.

I.e. local planning board should know about food deserts, which they might not.

Use our expertise to apply to what policymakers and key community stakeholders need to know to make informed decisions about inclusive healthy communities.