

HC ACT Inclusive and Just Sub-Committee Meeting

April 6, 2022, 9:30 am

- **Member Introductions**
- **Review of Healthy Communities Goals** (<https://healthy.nj.gov/2030/topics-objectives/communities/learnmore.shtml>)
 - **Nine Elements that comprise communities:**
 - Built and Natural Environment
 - Community Services and Preparedness
 - Housing
 - Wages and Employment
 - Transportation
 - Education
 - Civic Engagement
 - Recreation and Social Opportunities
 - Arts and Culture
 - These elements are being shared among the three different sub-committees for Healthy Communities. The Inclusive and Just Communities Sub-Committee will focus on Built and Natural Environment, Wages and Employment, Housing, and Civic Engagement.
 - The Healthy Communities Team is looking to host a joint meeting of all sub-committees to discuss all aspects of the committee and our work.
 - Committee members with interest in other elements do have an opportunity to transition over to another sub-committee that will focus on them.
- **Review and Approve Updated Sub-Committee Goals**
 - ***Inclusive and Just Sub-Committee Goal:*** Ensure public health and health equity are incorporated into every aspect of community planning and development processes throughout NJ.
 - Committee members discussed three additional goals. However, upon further clarification from DOH, our sub-committee only needs one goal, which is the one above. The other discussed goals (below) will be shifted over to strategies we will utilize to develop action plans and achieve our goals.
 - ***Strategy #1.*** Ensure that decision-makers are informed of the health issues (including health disparities), structural barriers, and consequences of policies and procedures that impact New Jersey communities.
 - ***Strategy #2.*** Produce decision-support tools, guidance training, and other support mechanisms to promote health and health equity within inclusive and just New Jersey communities.
 - ***Strategy #3.*** Engage and empower diverse, inclusive, and equitable representation, within and beyond government, in decision-making processes that impact health and health equity in New Jersey communities.
- **Upcoming tasks for Sub-Committee** **(We all have homework to do!)**
 - **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.
- What other reports, resources, news articles, do you come across that relate to the work of the sub-committee?
- **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

4/6 Meeting Minutes

Members present:

- Joel Torres, chair
- Maya Wahrman
- Andrea Malcolm
- Melanie McDermott
- Kety Rosario

Today there was a robust discussion about what are the most important elements are that comprise communities. Edited language of the goal statements to ensure we incorporate the different equity considerations we want to centralize in this group.

Are physical environments the most important component? Want to make sure we focus also on civic engagement.

We want to make sure we incorporate better way for decision makers to listen to and incorporate communities. Want to make sure communities have more resources to appropriately influence the decision makers to make the proper decisions.

If it's about decision-making processes, who is at the table and who has the resources to be there, that will cut across all of the 9 elements listed.

Focus on consequences of policies that affect community?

The access subcommittee is looking at how people engage with sources and services, we are looking at the structural barriers and opportunities to facilitate their engagement with health resources and services.

How to fully incorporate these considerations to actually affect health and community policy going forward. Identifying the policy and structural barriers so we can overcome them to make health and community policies more inclusive.

Part of our action plans is to have strategies to not only listen to but include in the input of diverse communities. For the next meeting we need to review our qualitative and quantitative data to figure out how to come to those strategies.

We need to confirm WHO are the target of our action plans, and if we have different action plans for different stakeholders/levels of government/decision makers.

Response from Maria regarding the question “Who will be implementing the Action Plans?”:

- Once you come up with ideas of **what** to do, think about **who** would do each of them -- state health dept, local health depts, faith-based organizations, town councils/mayors, local planning boards, NJ Housing and Mortgage Finance Agency, NJ Dept of Ed, Dept of Labor, state legislature, etc.
- If the implementer is an entity one of your subcommittee members has a connection with, you can find out if it's feasible.
- If you know which organization should implement it but don't have a contact person, leave the idea in the action plan and the Advisory Council and/or Coordinating Committee will find out if the idea is feasible.
- If don't know or aren't sure which organization would be responsible, leave the idea in the action plan and say you don't know who would implement it.

We want all the actors to be reflected. Different levels of government can be held accountable, so that might be the best target for our action plan.

Example of possible policy recommendation: give racial breakdown of input on projects to make sure we are tracking inclusion and equity.

Melanie will share with the group some research on how to actually ensure health and health equity as you make decisions. The mechanics of what that looks like. For ex: always have local health board at table when discussing zoning.

See homework for next meeting.