

# ADVISORY COUNCIL AND COORDINATING COMMITTEE

## **MEETING MINUTES**

### OCTOBER 18, 2022

# ATTENDANCE

Alycia Bayne Arthur Horne Bageshree Cheulkar Camilla Comer-Carruthers Julia Wieczorek Laura O'Reilly Stanzilis Loretta Kelly Lynne Algrant Maria Baron Melissa Fox Payal Arora Peri Nearon Steve Moffett Wendy Sheay

#### CONFERENCES AND COVID

• Member experiences at recent public health conferences were discussed. Protocols ranged from needing to provide proof of COVID-19 vaccination, mandatory masking, and socially distanced seating to no proof of vaccination required and optional masking.

#### ACTION PLAN REVIEW

- Coordinating Committee gave a quick run through of all subcommittees' plans
  - Equity is missing in many.
    - Team members may not understand what it really is.
    - Start with the end in mind. Data shows disparities, so we want to eliminate the disparity. Now, how are we going to do that?
  - Innovation is lacking.
  - Will need to take different approaches with different teams.
    - Some Advisory Council members are willing to work directly with ACTs.
    - Pairs of Advisory Council members review the plans together and really push toward what we want. i.e., Write content rather than just giving feedback
- Equitable and sustainable access:
  - Good first start but did not address equity.
  - Need to prioritize resources where most needed.
  - Engage the community voice and in a meaningful way. They need to be at the table in order to drive change and earn trust.
  - Engage on the front end with persons with disabilities (PWD). Disabilities are extremely diverse.
  - Need an educational campaign about why you don't go to the ED for nonemergencies but also need a solution for those who go to the ED because they have nowhere else to go.

- "Retail health model" no one knows for sure what that is. Needs to be defined in the plan.
- Community resources:
  - $\circ$   $\,$  Human Services needs a seat at the table for each county's CHIP.
- Behavioral health:
  - Equity needs to be in there more explicitly.
  - Engage the voices who can address these issues at the community level. This will build trust, provide support, and identify needs.
  - o Identify sustainable funding.
  - Need to build trust in the system: e.g., Currently, some think, "If I reach out for help, will someone take away my child?" so they don't seek help.
  - A lot of clarification needed in the plan. E.g., treatment, screening, both?
  - Action #1 only focused on depression. Either change "What" to just depression or broaden the "Hows" to address other mental health issues.
  - Outcomes and strategies didn't always link back to the primary action. There are disconnects.

# ANNOUNCEMENTS

- Culture of Health Conference Registration: <u>http://events.r20.constantcontact.com/register/event?oeidk=a07ejcvd8sb2f2bbed0&llr</u> <u>=gmzvr5cab</u>
- Community Conversations Phase II: <u>https://www.njymca.org/communityconversations-phase2</u>

## NEXT STEPS

- Fill out MS Form to be sent via email:
  - Volunteers to review remaining plans
  - Volunteers to edit plans (as opposed to just commenting)
  - Volunteers to meet with ACTs
- November and December meetings NOT cancelled (yet)
  - May use those time slots to meet as breakout groups.

#### See meeting slides for more information.