HNJ2030 ADVISORY COUNCIL MEETING

Healthy New Jersey 2030

April 19, 2022 · 1:30-3:00pm · Microsoft Teams

TEAM MEMBERS

- **Advisory Council (HNJAC)**
  - Peri Nearon
  - Melissa Fox
  - Megan Avallone
  - Marissa Davis
  - Lynne Algrant
  - Laura O'Reilly Stanzilis
  - *Jeanne Herb
  - Eva Mancheno
  - Elizabeth Schedl
  - Diane Hagerman
  - Camilla Comer-Carruthers
  - *Bageshree Cheulkar
  - Arthur Horn
  - *Alycia Bayne

- Julia Wieczorek

ON

- **Coordinating Committee (HNJCC)**
  - *Wendy Sheay
  - Suzanne Miro
  - Payal Arora
  - Natasha Moore
  - Maria Baron
  - Loretta Kelly
  - Letitia Holloway-Owens
  - Kandice Cooper
  - Jennifer Hopkins
  - Jennifer Fearon
  - Amanda Medina-Forrester

*Not present at meeting

ACTION TEAM UPDATE

- Review meeting minutes on https://healthy.nj.gov/2030/meetings-events/index.shtml

- Email Healthy.NJ@doh.nj.gov with any comments or concerns

- FYI: Community Conversations index distributed to ACTs

- FYI: 2020 SHIP progress assessment of each action step (working on it)

- Does anyone know any injury **prevention** experts?

ACTION TEAM GOALS – ACCESS TO QUALITY CARE

Phase 1 Goals (2021)	Updated Goals (4/2022)
• To improve equitable and sustainable access to care for New Jersey residents	➢ To eliminate barriers to health care
• To ensure provision of high quality and safe healthcare	• To ensure provision of high quality and safe healthcare
• To assure coordination and integration of healthcare delivery across the continuum of care	➢ To improve coordination and integration within the healthcare system (proposed, not yet decided)
• To enhance data information exchange, interoperability and telehealth across the health care continuum	➢ To improve access to and quality of electronic health information

➢ Change from Phase I wording

ACTION TEAM GOALS – HEALTHY FAMILIES

Phase 1 Goals (2021)

- Eliminate the racial disparity in birth outcomes
- Increase the number of women who receive prenatal care across all race and ethnicities
- Increase the number of children who receive recommended vaccines by the age of 5
- Increase access to full spectrum services for families of all generations, complexities, and abilities
- Decrease the incidence of sexually transmitted diseases in adolescence and young adults

Updated Goals (4/2022)

- To equitably improve the health outcomes of birthing persons and their families

- To increase childhood vaccination rates

- To increase access to family-friendly policies
- To mitigate violence within families

- To reduce STIs (proposed, not yet decided)

➢ Change from Phase I wording

ACTION TEAM GOALS – HEALTHY LIVING

Phase 1 Goals (2021)

- Increase receipt of recommended clinical preventive services
- Make roadways safer all roadway users
- Prevent other unintentional injuries and violence, and reduce their consequences
- Promote healthy eating and physical activity
- Increase timely access to quality behavioral healthcare

Updated Goals (4/2022)

- To increase receipt of recommended clinical preventive services

➤ To prevent injuries and violence

➤ To promote healthy eating and active living

➤ To improve mental health and reduce substance use

➤ Change from Phase I wording

ACTION TEAM GOALS – HEALTHY COMMUNITIES

Phase 1 Goals (2021)	Updated Goals (4/2022)
• Provide all residents with equitable access to resources and conditions that support optimal health and well-being	➢To ensure equitable access to resources and conditions
• Establish inclusive and just systems, resources, and policies to ensure that racial equity, affordability, stability, safety, and political capital, are consciously interwoven into the cultural fabric.	➢To ensure public health is incorporated into all aspects of community planning and development
• Ensure public accountability and transparency of efforts to advance just policy, systems and environmental changes to ensure health equity for all residents.	➢To promote healthier natural environments

➢ Change from Phase I wording

ACTION TEAM UPDATED GOALS

Access to Quality Care

- ➢ To improve access to and quality of electronic health information
- • To ensure provision of high quality and safe healthcare
- ➢ To improve coordination and integration within the healthcare system
- ➢ To eliminate barriers to health care

Healthy Families

- ➢ To increase access to family-friendly policies
- ➢ To mitigate violence within families
- ➢ To equitably improve the health outcomes of birthing persons and their families
- • To increase vaccination rates
- • To reduce STIs

Healthy Communities

- ➢ To ensure public health is incorporated into all aspects of community planning and development
- • To ensure equitable access to resources and conditions
- ➢ To promote healthier natural environments

Healthy Living

- ➢ To improve mental health and reduce substance use
- ➢ To promote healthy eating and active living
- • To prevent injuries and violence
- • To increase receipt of recommended clinical preventive services

➢ Change from Phase I wording

HEALTHY COMMUNITIES PHASE I DRAFT GOALS
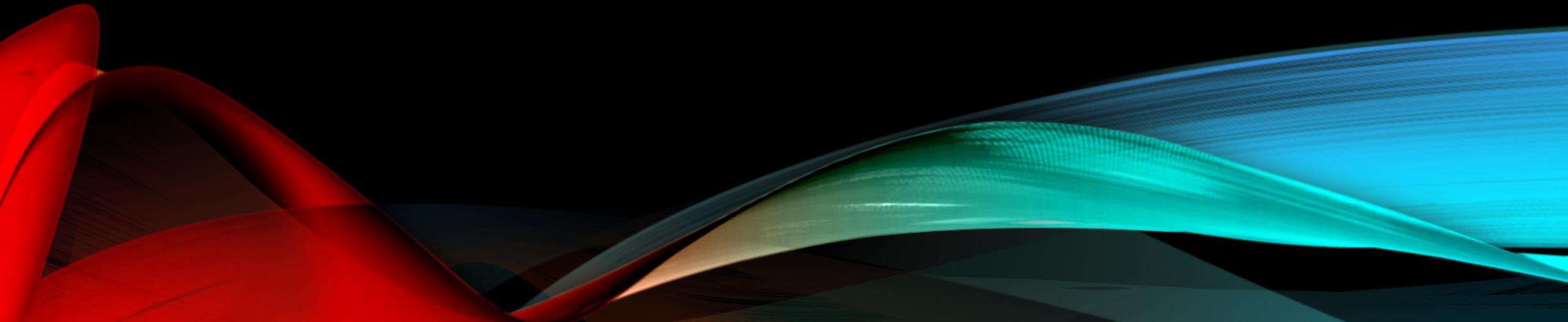
1. HNJ2030 FRAMEWORK

Vision

A society in which all people can achieve their full potential for **health and well-being** across the lifespan.

Mission

To promote, strengthen, and evaluate the State's efforts to improve the **health and well-being** of all people.

Foundation Principle

Attain **health and well-being** for all people

Overarching Goals

Eliminate health disparities, achieve health equity, and attain health literacy

Create social, physical, and economic environments that promote **health and well-being**

Healthy development, healthy behaviors, and well-being across all life stages

2. CROSS-CUTTING ISSUES

Cross-Cutting Issues

Equity	Policy	Resilience

In identifying and addressing the priority health needs of New Jersey residents, the Healthy New Jersey 2030 (HNJ2030) Topic Areas are tied together by the cross-cutting issues of Equity, Policy, and Resilience. Integrating these cross-cutting issues into all aspects of Healthy New Jersey's framework, objectives, and planning processes is crucial to ensuring an intentional, systemic approach to eliminating barriers to good health for all New Jersey residents. Click the links above to learn more about each issue.

3. INCORPORATING HC ACT DRAFT GOALS INTO CROSS-CUTTING ISSUES

- **Provide all residents with equitable access to resources and conditions that support optimal health and well-being** consistent with the principles of the World Health Organization's constitution which commits to "the highest attainable standard of health as a fundamental right of every human being."

- **Establish inclusive and just systems, resources, and policies** to ensure that racial equity, affordability, stability, safety, and political capital, are consciously interwoven into the cultural fabric.

- **Ensure public accountability and transparency** of efforts to advance just policy, systems and environmental changes to ensure health equity for all residents.
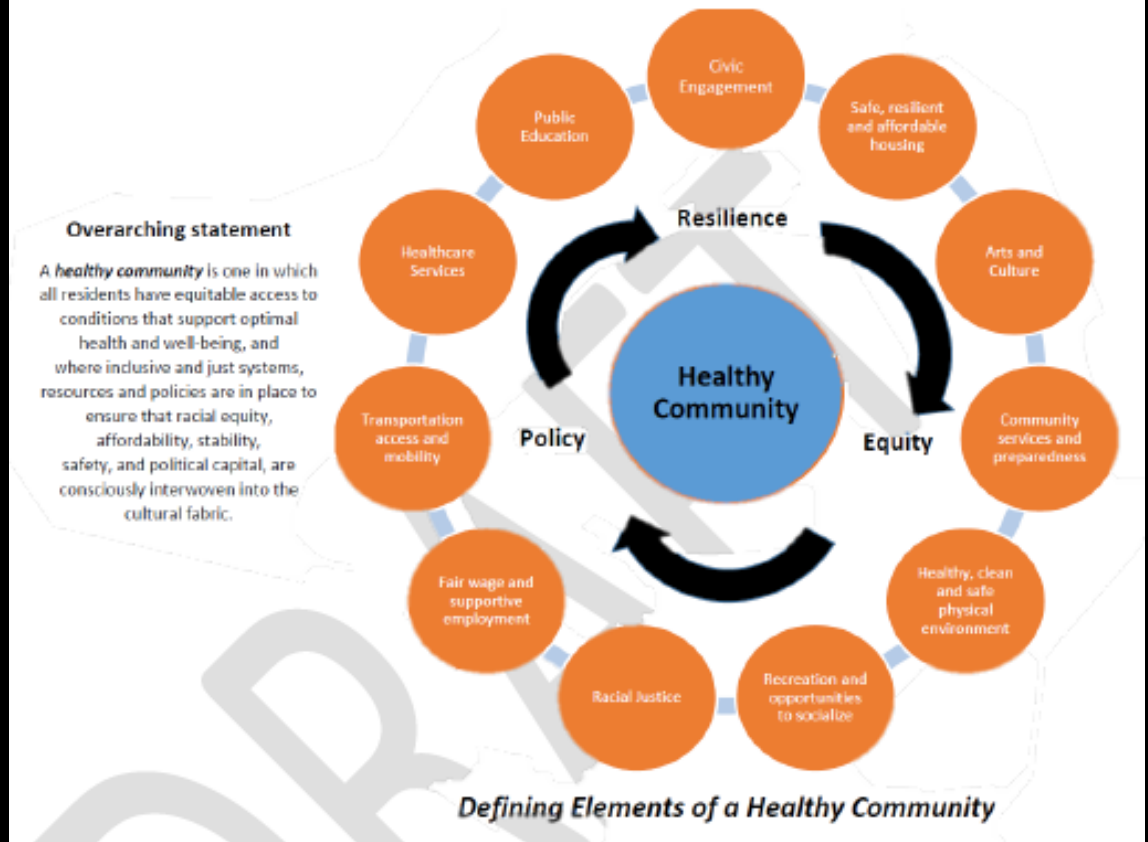
https://healthy.nj.gov/2030/documents/goals/HC_Draft_Goals_4-13-2021.pdf

4. HEALTHY COMMUNITIES GOALS RE-ALIGNED

Healthy Communities

- To ensure public health is incorporated into all aspects of community planning and development

- To ensure equitable access to resources and conditions

- To promote healthier natural environments

Next Step: Meeting on 5/2 at 12 PM with HC Chairs and ACT members

APPENDIX: *Overarching Statement and Defining Elements of a Health Community*

Overarching statement

A ***healthy community*** is one in which all residents have equitable access to conditions that support optimal health and well-being, and where inclusive and just systems, resources and policies are in place to ensure that racial equity, affordability, stability, safety, and political capital, are consciously interwoven into the cultural fabric.

Defining Elements of a Healthy Community

RUBRIC FOR ACTION PLAN REVIEW
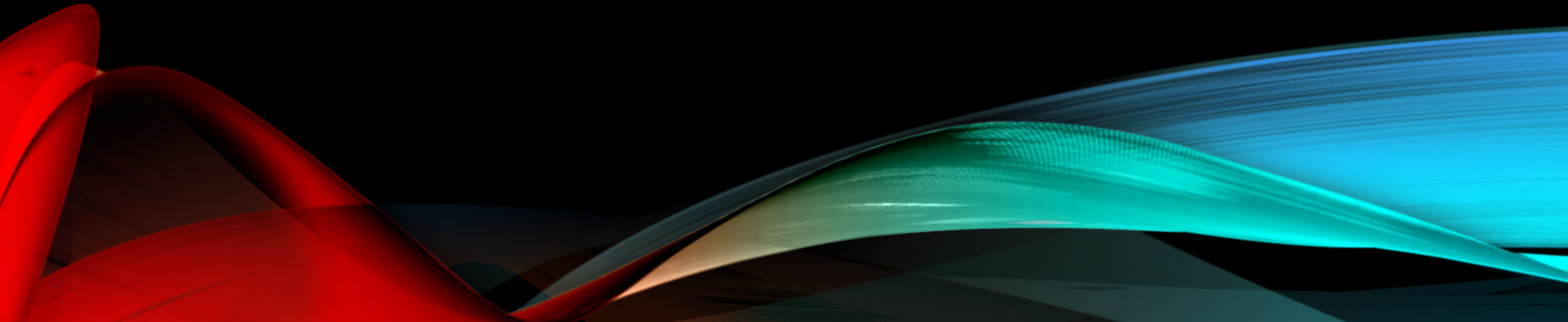
CRITERIA AND DEFINITIONS

Disparities	Does the problem disproportionately impact vulnerable populations?
Trend	Is the problem getting worse or improving?
Severity	The severity of the problem (risk of morbidity/mortality or economic/social cost associated with the problem)
Community Importance	How important is the problem to the community? Is it aligned with the community's priorities? Will there be community buy-in?
Feasibility	How feasible is change related to this problem given financial, social, and environmental conditions (including the availability of evidence-based solutions)
Value	What is the value of immediate intervention vs a delayed response (exp. For long-term or complex threats)
Alignment	Is the solution aligned with one or more of the cross-cutting themes of equity, policy, and resilience?
Data	How good is the quality and availability of the data?
Scale	How geographically widespread is the problem?
Decision lever	What is the extent to which the problem decision-maker(s) is aware of the problem and supportive of efforts to address it?
Root causes	What is the extent to which proposed actions/solutions address root causes driving health disparities?

RUBRIC

Criteria	Rubric		
Score:	**1**	**2**	**3**
Disparities	No discernible disparities	Disparities in at least 1 group	Disparities in multiple groups
Trend	Moving in the right direction	Stable	Moving in the wrong direction
Severity	Not life threatening/causes little chronic disease/disability	Causes a moderate amount of morbidity/disability and/or mortality	Causes many deaths and/or many years of chronic disease/disability/years of life lost
Community Importance	Not identified as a priority	Recognized as a problem, but not a priority	Identified as a high priority
Feasibility	Extremely difficult	Moderately feasible	Very feasible
Value	Low value	Medium value	Essential
Alignment	Not at all aligned	Somewhat aligned	Strongly aligned
Data	Good quality and availability	Improvements needed in availability and/or quality	No data/poor quality data/poor timelines/lack of subpopulations data
Scale	Focused in one or a few localized areas of NJ	Present in one or more geographic regions	Present in multiple geographic regions
Decision levers	Decision-maker(s) are unclear	Decision-maker(s) are identified but unengaged	Decision-maker(s) are identified and highly engaged
Root causes	Fails to or poorly addresses social and economic inequality, and/or inequities in political power	Satisfactorily addresses social and economic inequality, and/or inequities in political power	Strongly addresses social and economic inequality, and/or inequities in political power and seeks to build cross-sectoral solutions

DECISION MATRIX TOOL

Health Problem/Issue	Criteria											Total Score
	Disparities	Trend	Severity	Community Importance	Feasibility	Value	Alignment	Data	Scale	Decision-maker(s)	Root causes	
Example: Childcare	3	3	3	3	1	3	3	2	3	1	1	26

RUBRIC DISCUSSION

Please access the interactive rubric discussion through the link below, which will also be posted in the chat:

WHO WILL IMPLEMENT THE ACTION PLANS?

Implementer depends on the Action

If ACT knows implementer, name implementer in Action Plan and include them actively in process

Start thinking about the call to action

- Implementers may be agencies, organizations, departments, communities, etc.

- If ACT doesn't know, we'll work together to find out

NEXT STEPS & UPDATES

Priority: Rubric review

Optional: Review ACT meeting minutes – comment via email or ⤓

We'll have a standing agenda item for ACT updates as needed

QUESTIONS?

Thank you!