Agenda

1. Overall game plan/timeline
2. Focus issue selection guidance
3. ACT structure
4. ACT meeting logistics
5. ACT next steps
6. Healthy Equity Community Conversations
7. Council member updates
8. DOH updates
9. Wrap up
Action Teams
ACT tasks for 2020

- March–April: Narrow down Topic Areas into focus issues
- April–May: Review guidance on:
  - SMART objectives
  - HP2030 objective types
  - Objective selection
  - Target setting
- June: Select objectives to measure the focus issues
  - Find data sources and baseline data values
- August: Set target values
- Sept–December: Gather action plans that are working toward achieving these targets, identify gaps, and brainstorm additional plans
Meanwhile...

April–May
Health Equity Community Conversations (HECC) to gather community health needs information for each focus issue

July
Public comment period for proposed objectives?

September
Final objectives and targets published online

November
Population Health Summit/Culture of Health Conference to include HNJ2030 content and results of HECCs
Combined timeline for next 6 months

<table>
<thead>
<tr>
<th>Month</th>
<th>March</th>
<th>April-May</th>
<th>June-July</th>
<th>August</th>
<th>Sept. +</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTs</td>
<td>Focus issues</td>
<td>Review guidance</td>
<td>Select draft objectives, get data</td>
<td>Set targets</td>
<td>Action plans</td>
</tr>
<tr>
<td>HNJAC</td>
<td>Approve focus issues</td>
<td>Approve objectives, etc.</td>
<td>Review comments, approve all</td>
<td>Approve action plans</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Health Equity Community Conversations</td>
<td>Public comment on objectives</td>
<td>Publish final objectives and targets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Focus Issue
Selection Guidance

Refine the Topic Areas such that they reflect the “most important” aspects of health based on:

- Reducing deaths
- Reducing morbidity
- Reducing disability
- Reducing health disparity/increasing health equity
- Increasing well-being

Source: Top of page 19 on
ACT Structure

**HNJAC & HNJCC**
- 3 HNJAC members (co-chairs)
- 1-2 HNJCC members

**DOH “sponsors”**
DOH asst commissioners, executive directors, and directors of divisions/program related to that particular TA

**Invited members**
~ 20 external partners we specifically emailed and invited to be on an ACT

**Applicants**
External partners who apply online during February

**DOH staff**
To be assigned by senior staff after focus issues are solidified
ACT Meeting Logistics

You decide!
In-person, webinar/video chat, or phone only call
NJDOH has no budget for HNJ so we can’t host a large off-site gathering
NJDOH can provide conference rooms and, at most, the H&A auditorium
Each ACT can have different logistics
ACT Next steps

Now through Feb. 28
Select additional team members from applications

Now through March
Begin talking with team members!
• Discuss your Topic Area
• Share the ideas the HNJAC brainstormed (i.e., what’s online)
• Brainstorm what may have been missed
• Decide which ideas stay and which ones go → your “focus issues”

March +
Keep adding qualified applicants to your team

June
Use HECC results to help select objectives

July +
Data, baselines, targets, action plans, implementation
Health Equity Community Conversations

Amanda Medina-Forrester

• Executive Director, NJDOH Office of Minority and Multicultural Health
• HNJ Coordinating Committee member
Background

Past conferences:

• Focused on racial/ethnic disparities and diseases/conditions
• Mostly one-way delivery of information (i.e., presentations)
• Mandated by legislation

This year:

• Allow marginalized communities to have the opportunity to provide input on health priorities (e.g., determinants of health)
• Conversations will help shape HNJ2030 goals/objectives
• Collaborative process with HNJAC guiding the HECCs
Suggested Priority Populations

From HNJAC:
- Sexual/gender minorities
- Senior population
- Immigrants
- Limited English Proficiency
- Former incarcerated individuals
- Veterans
- Homeless
- Racial/Ethnic
- People with disabilities

From others:
- Children with special needs
- Aging
- Opioid victims and/or caregivers
- LGBTQ+ Communities
  - Transgender population
- Youth – racial/ethnic
- African American males (50 & up)
- Chinese leadership community
- Opioid affected communities
- Community Health Workers
- Geographic:
  - Southern Jersey
  - Rural communities
  - Northern Rural NJ - no transportation & healthcare
  - Isolated communities (e.g., West Milford)
### Facilitators and Community Leaders

#### Co-facilitators
- 1 HNJAC member
- 1 NJDOH staff
- Training will be provided

#### Community Leader
- Representative of the priority population at that HECC
- Act as “gatekeeper”
- Help facilitate conversations
HECC Next Steps

**Now:**
- Identify groups or subpopulations that are not well represented in public health priorities

**April – May:**
- Co-facilitate HECCs

**On-going:**
- Network with community stakeholders re: health equity and act as a HNJ2030/HECC “ambassador”
thank you