



HNJAC/HNJCC Meeting

February 19, 2020

10 a.m. – 1 p.m.

NJDOH H&A Building

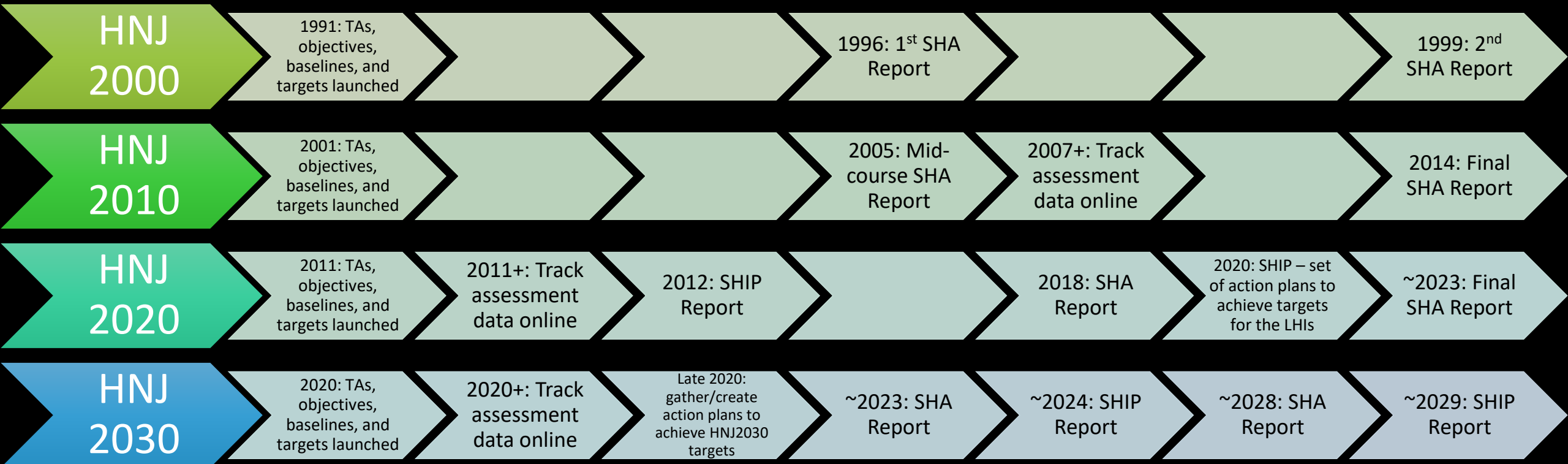
Board Room

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



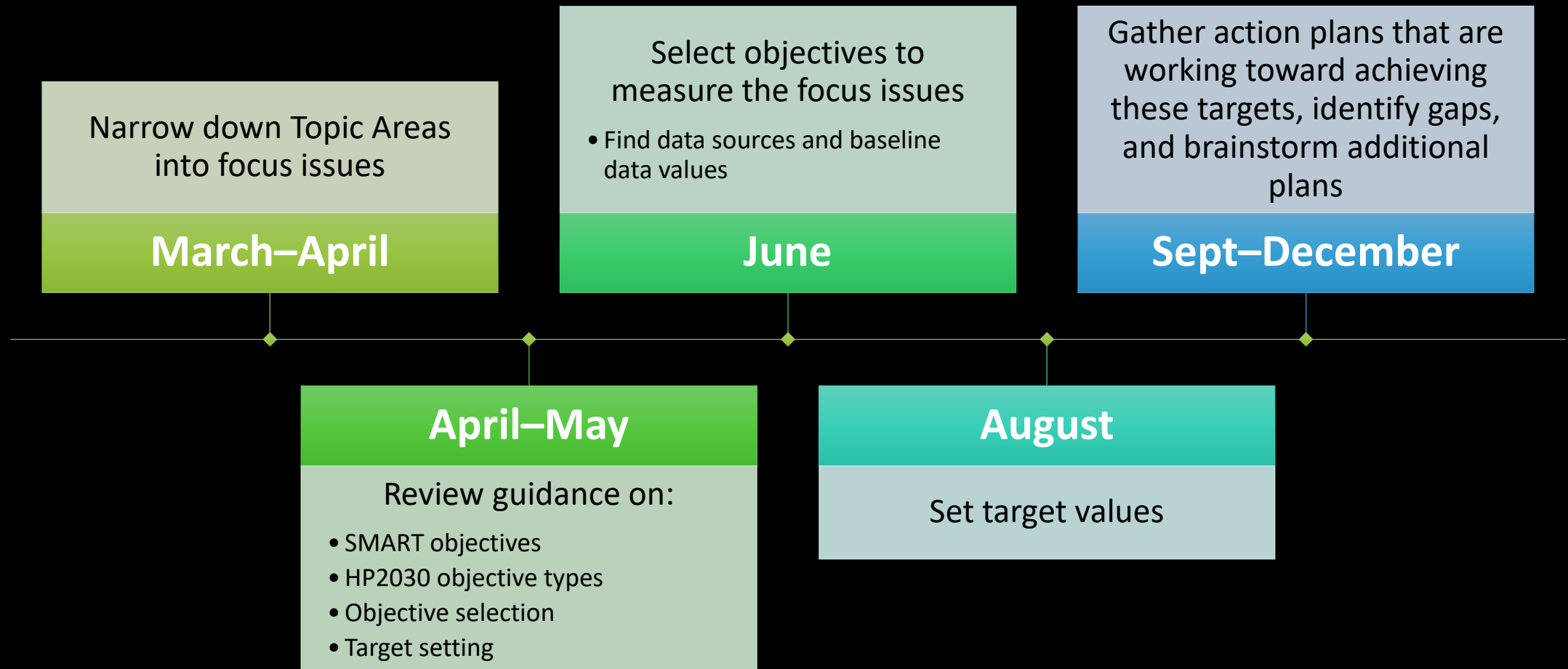
HNJ Big Picture



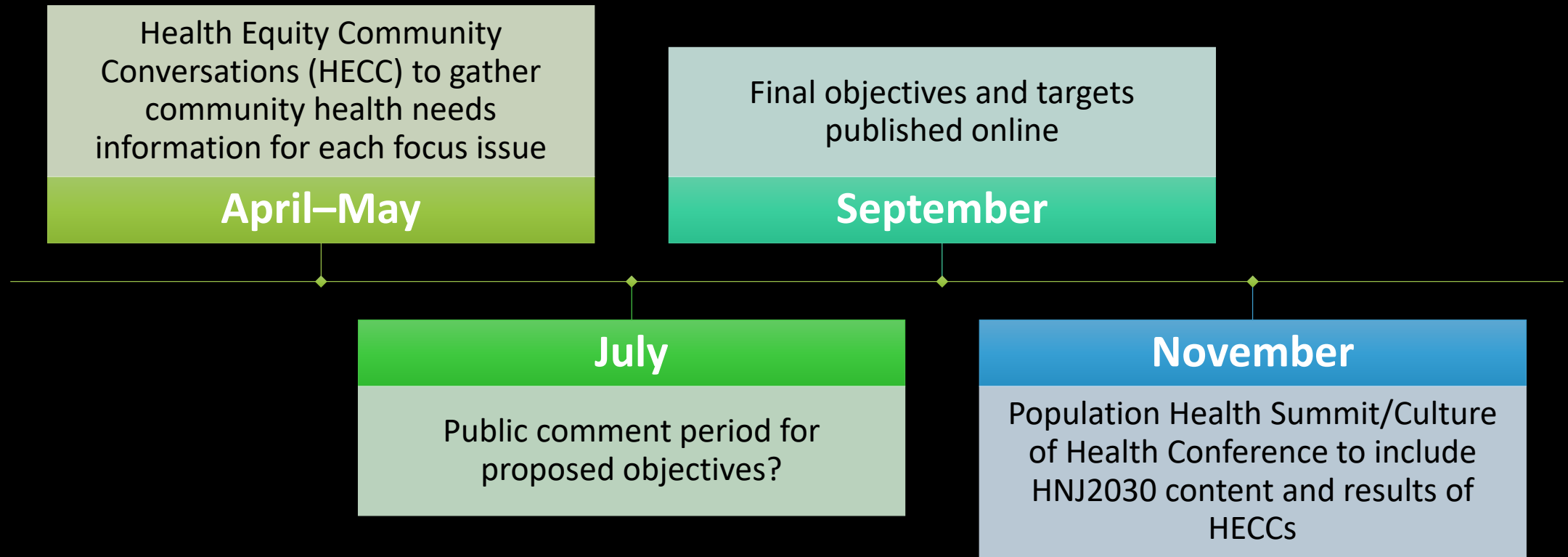


Action Teams

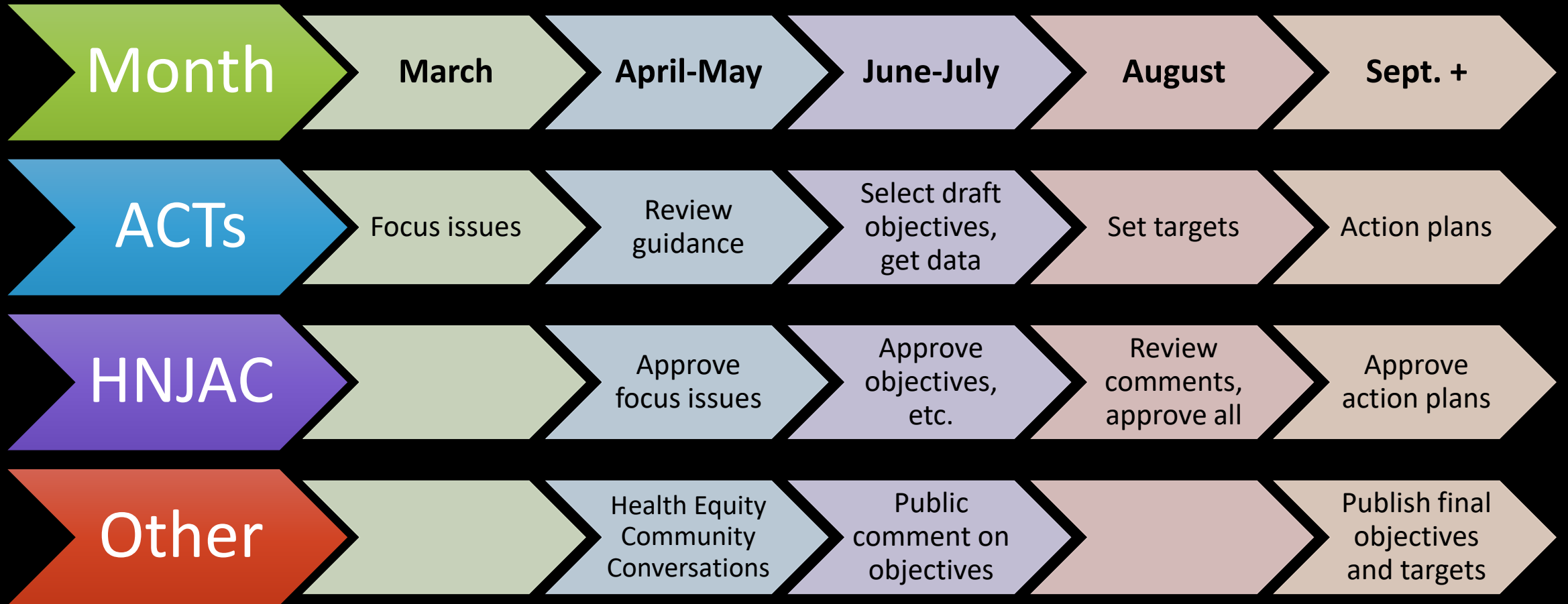
ACT tasks for 2020



Meanwhile...



Combined timeline for next 6 months



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

https://www.healthypeople.gov/sites/default/files/Advisory_Committee_Objectives_for_HP2030_Report.pdf

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!



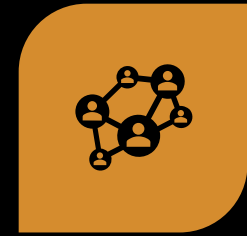
In-person,
webinar/video
chat, or phone
only call



NJDOH has no
budget for HNJ
so we can't host
a large off-site
gathering

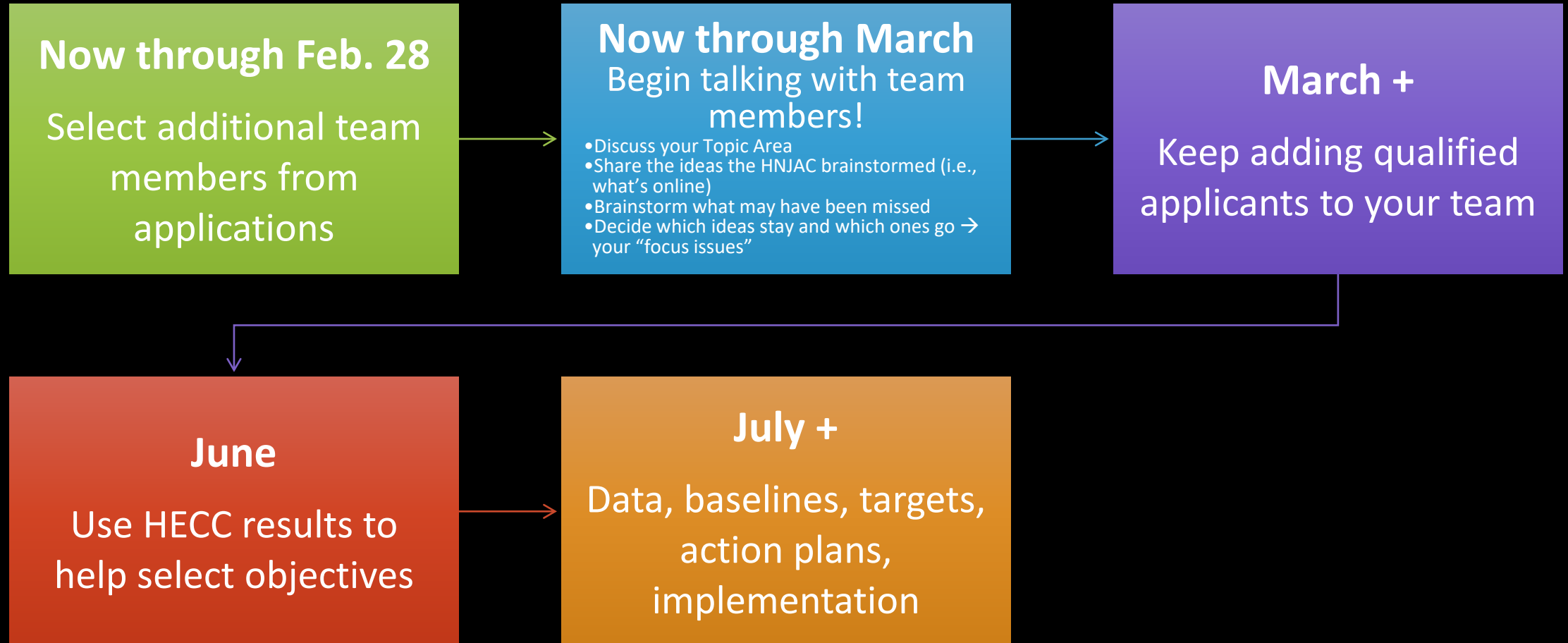


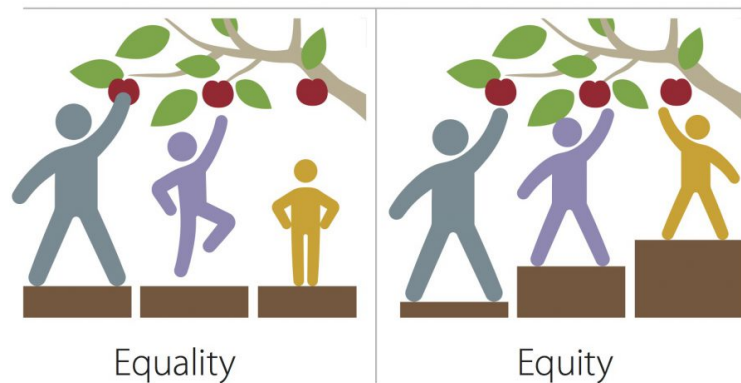
NJDOH can
provide
conference
rooms and, at
most, the H&A
auditorium



Each ACT can
have different
logistics

ACT Next steps





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”

