



HNJAC Meeting

November 7, 2019

10 a.m. – 1 p.m.

NJDOH H&A Building

Board Room

Agenda

1. Welcome
2. Topic Areas
 - a. What goes where?
 - b. Why?
 - Rationale for selections
 - c. Who does what and when?
 - i. Development Phases
 - ii. Recruitment
 - iii. Timeline and Outreach
3. HNJAC Wednesday meeting schedule
4. Next Steps



Healthy People Guidance (refresher)

- ✓ Offer flexible ways to organize topics.
- Refine the list based on the “most important” aspects of health:
 - Reducing deaths
 - Reducing morbidity
 - Reducing disability
 - Reducing health disparity/increasing health equity
 - Increasing well-being
- Convene stakeholders to work on topics and objectives
- Convene topic working groups

Reference: 9/18/19 meeting handout “Topic Area Selection Guidance”

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



Topic Areas

What goes where?

Topic Areas (+1)

Access to
Quality Care

Healthy
Communities



equity • policy • climate

**Healthy
New Jersey
2030**

Healthy
Families

Healthy
Living

Overarching/
Cross-Cutting



Equity/Determinants of Health



Policy (public and private sector)



Climate (weather)

Keep in mind...

Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Healthy Living

- **Risk factors/behaviors**
- Alcohol, tobacco, drug use (inc. needle exchange), ~~overdose~~
- Obesity, nutrition, sugar, sodium, fruits, vegetables
- Physical activity, exercise
- ~~Mental health, depression, suicide~~
- ~~Heart disease, cancer, stroke, COPD, diabetes, kidney disease, other chronic diseases~~
- Seat belt use, reckless driving, bike helmets, falls, injury prevention
- Sexual activity, STDs, teen pregnancy
- Social connection, “mindfulness”, things that make you happy
- ~~Sunburn/sunscreen~~
- Technology use, screentime, social media overuse
- Well care (assuming it’s affordable, there’s transportation, etc, do you CHOOSE do go)





Healthy Communities



- **Traditional environmental health – air and water (drinking and other) quality, pollution**
- Asthma, cancer
- Beach closings
- Communicable/infectious diseases
- Commuting, public transportation, walkability, bikeability
- Crime, assault, homicide, violence, bullying
- Educational attainment, literacy
- Employment, income, poverty
- Energy, utilities – cost, efficiency
- Food insecurity, healthy food access, food safety
- Infrastructure
- Lead exposure (inc. consumer products)
- Housing – ownership, quality, affordability, age (pre-1950/1978 housing stock), availability, tenants' rights
- Injury prevention, falls, occupational safety, neighborhood safety
- Local vibrant economies, small business support
- Noise pollution, light pollution
- Parks, recreation, neighborhood amenities
- Prisoner reentry programs
- Public health preparedness – emergency preparedness and response
- Radon, carbon monoxide, portable generator use
- School – PE, recess, health ed, meals
- Social cohesion and support, availability of places and programs, support groups
- Zoning and planning, segregation



Access to Quality Care

- Anything related to doctors, dentists, nurses, midwives, specialists, other medical/health professionals, public health workforce
- Anything related to hospitals, ambulatory surgery centers, FQHCs, long-term care, rehab, other facilities
- Ambulatory sensitive conditions, readmissions, ~~ED as primary care~~
- Coordinated/integrated patient care – physical, mental, mind/body/soul, seamless, continuum of care
- Maternity care, maternal “harms” and mortality, ~~C-sections~~
- ~~Dialysis~~
- ~~HAIs, patient safety, sepsis~~
- Health insurance, affordability, cost of care
- ~~HIV care and treatment~~
- Home health care
- Immunization/vaccination
- Linguistic and culturally competent providers
- Medicaid and NJ Family Care
- Medications – availability, cost
- Mental health and substance use (“behavioral health”) treatment
- Palliative care
- Patient/family/caregiver engagement, patients’ rights
- Preconception, prenatal care, well-baby visits, well child visits
- Do you have a primary care provider/usual source of care/medical home
- ~~Public health infrastructure~~ – Local health departments
- ~~Public health preparedness~~ – emergency preparedness and response
- Screening – cancer, HIV, blood pressure, cholesterol, blood sugar, eye exams, dental visits
- Senior care
- Tele-health, technology, HIE
- Timely care
- Transportation ~~barriers~~
- Trauma-informed
- Workforce – public health and health care



Healthy Families

- Infant nutrition – breastfeeding support, etc.
- ~~Low birth weight, preterm births~~
- ~~Infant mortality~~
- Adverse childhood experiences
- ~~Child abuse, maltreatment, violence~~
- Fitness, obesity, vaccination
- Child care availability
- Caregiving - “Sandwich generation”, special needs/disabilities/medically fragile
- Youth depression
- Adolescent nutrition, substance use (tobacco, alcohol, drugs)
- Workforce, vocational training
- ~~High school graduation rate~~
- Reproductive and sexual health, teen pregnancy
- ~~C-sections, maternal/childbearer care, postnatal care,~~
- ~~maternal “harms” and mortality~~
- Preconception, prenatal care, well-baby visits, well child visits
- Family leave, family-friendly policies, employment, etc.
- ~~Intimate partner violence/abuse~~
- Domestic violence (inc child abuse, intimate partner, elderly, etc.)
- Single-parent households, multigenerational, grandparents raising grandchildren
- Foster care, group homes
- Adopted children with no family history
- Incarcerated family members
- LGBTQ+ resources
- “Aging out” of services at 21
- “Quality time” with families
- ~~Alzheimer’s disease~~



Topic Areas

Why?

Topic Area Rationale - Background

- HP/HNJ2020 – Lots of narrowly-focused TAs, limited to DOH programs
- Public Health Accreditation Board guidance
 - Formed HNJAC
- HNJAC & HNJCC reviewed similar initiatives
 - Most only have 4-6 broad TAs
 - Address upstream factors, rather than outcomes

Topic Area Rationale – For each TA

- Descriptions of each Topic Area
 - Based on what we just decided
- Why those TAs were chosen
 - The rationale itself
- Why other approaches weren't selected
- Volunteer authors?



Topic Areas

Who does what and when?

Phase One: Development



Topic Area Developers (TAD) will decide what **issues** will be the **focus** of each TA



8-12 members per TAD Team



At least one member in each must be a high-ranking DOH person



Membership by invitation only



Will be encouraged to join the corresponding ACT

Phase Two: Action



Decide on 4-5 **SMART objectives** that will be used to measure success at the end of the decade



Assign appropriate DOH staff to track the objective data: data steward/data entry and SME



Search for existing plans, policies, initiatives and continue to search at least annually



Propose new long- and short-term plans, policies, initiatives to help achieve the 2030 targets



Carry out or track those short-term plans

Refresher: SMART Objectives



Specific



Measurable



Achievable



Relevant



Time-bound



statements of intended outcomes to
achieve by the end of the decade



Topic Areas

Recruitment



Topic Area Team Potential Candidates

Discussion

Recruitment Timeline

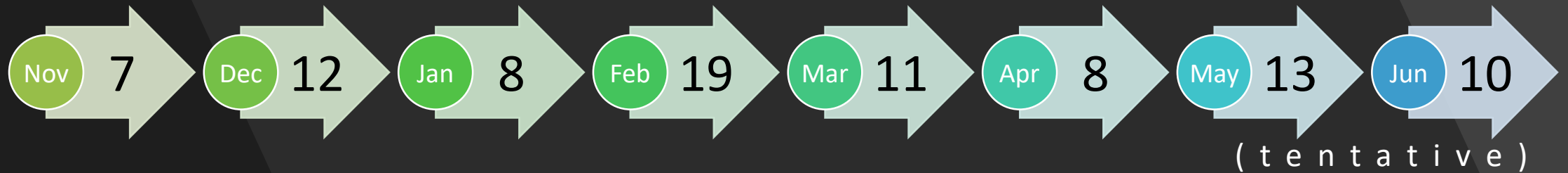
- Refine list of candidates
 - Today's results
 - Input from DOH senior staff
- After we have our “first round draft picks”:
 - Initial contact - If you know a selected candidate, give them a heads up to expect an email from HNJ
 - Official offer - Form letters will be emailed from DOH
- 6-8 weeks from initial contact until responses needed



HNJAC Meeting Schedule

Now through June 2020

Meeting schedule





Wrap-Up

Next Steps