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# A G E N D A



**Health Improvement Planning**



**Healthy New Jersey 2020**



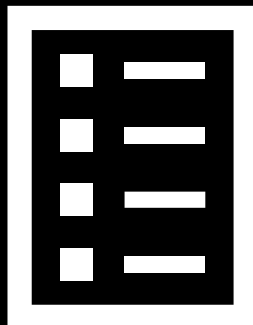
**Healthy New Jersey 2030**



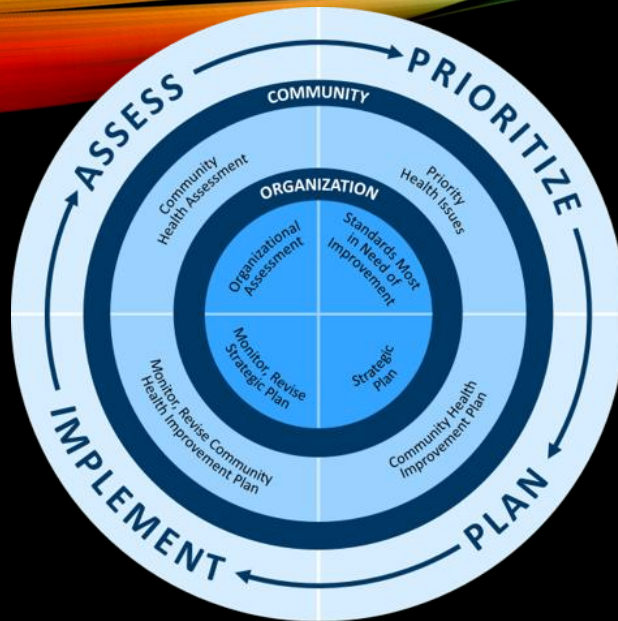
**Next Steps & Adjournment**

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## HEALTH IMPROVEMENT PLANNING



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<https://www.health.state.mn.us/communities/practice/assessplan/lph/about.html>

## THE PLANNING CYCLE

- PHAB Accreditation Requirement
  - State Health Assessment
  - State Health Improvement Plan
- Adapted from Healthy People
- 10 Year Planning cycle
  - 5-year updates

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## THE PLANNING CYCLE

### ASSESS

#### Internal

Organizational Assessment

#### External

State Health Assessment



### IMPLEMENT

#### Internal

Implement, Monitor & Revise Plan

#### External

Implement, Monitor, & Revise SHIP



### PRIORITIZE

#### Internal

Quality Improvement

#### External

Prioritize health issues, risk factors, and assets



### PLAN

#### Internal

Strategic Plan

#### External

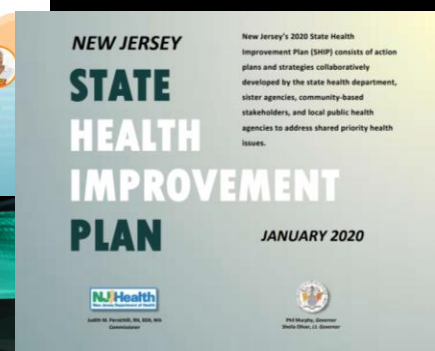
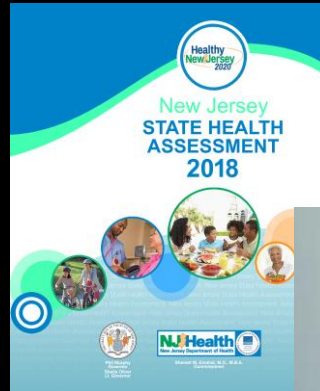
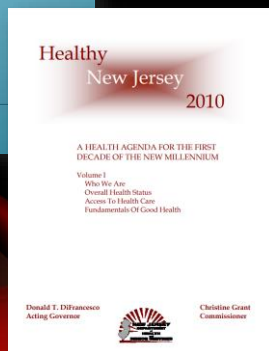
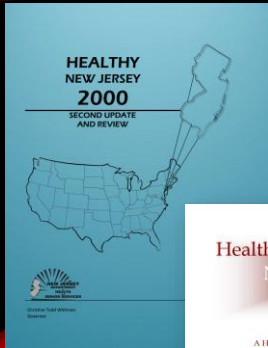
State Health Improvement Plan



About the Local Public Health Assessment and Planning Cycle - MN Dept. of Health

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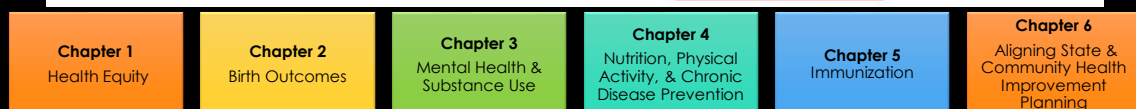
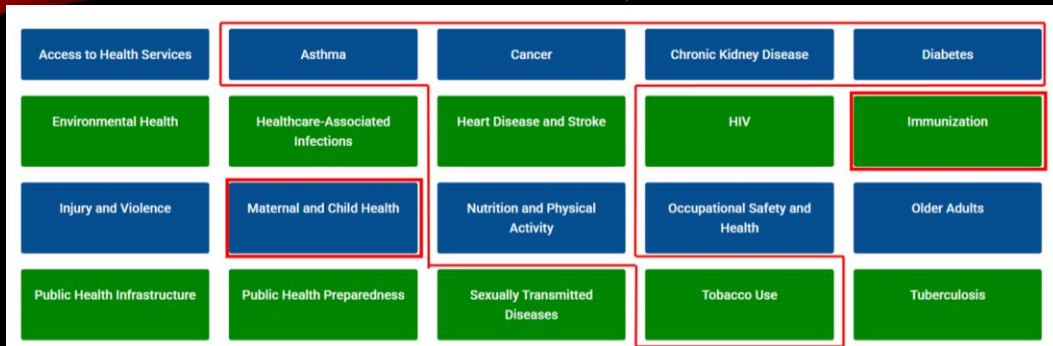
# HEALTHY NEW JERSEY ACROSS THE DECADES



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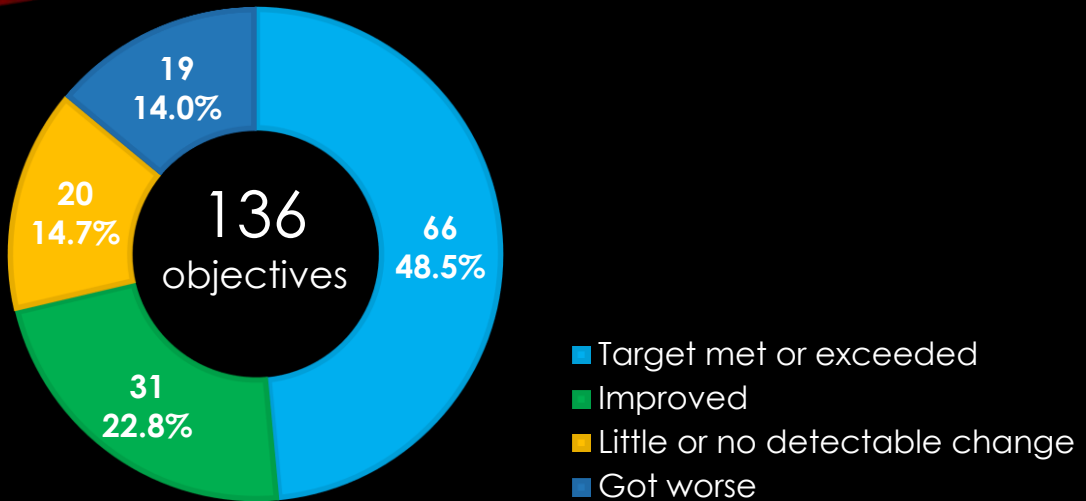
## HNJ2020 TOPIC AREAS

20 Topic Areas \*\*\* 136 Objectives



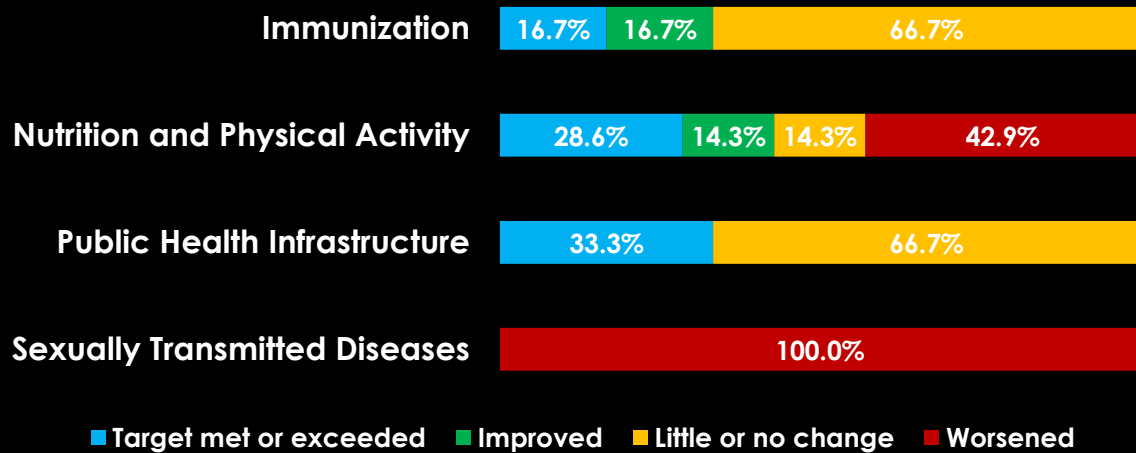
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## HNJ2020 FINAL STATUS



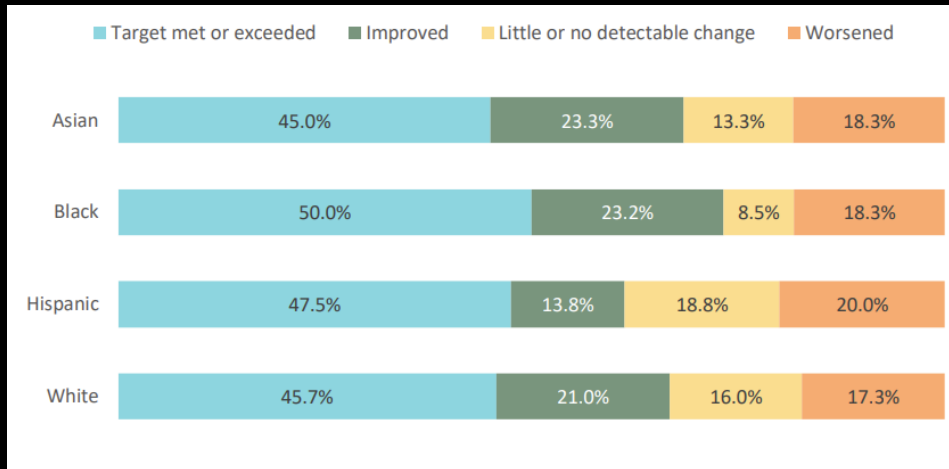
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## TOPIC AREAS IN WHICH FEWER THAN HALF OF OBJECTIVES IMPROVED



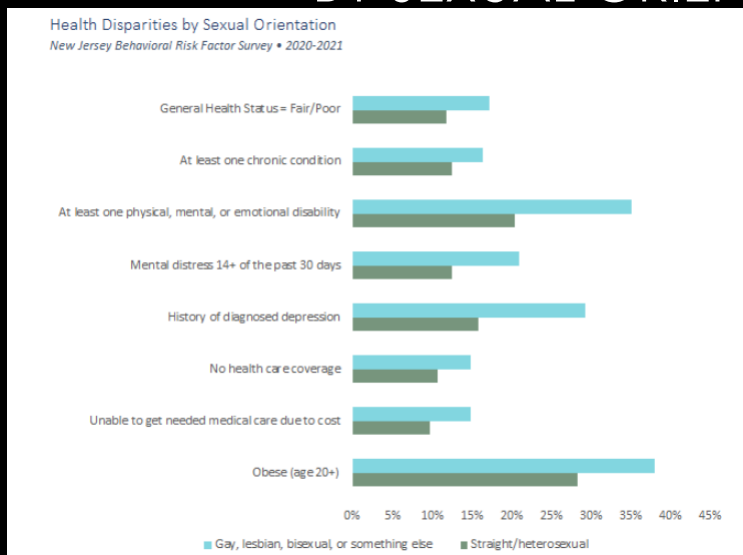
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## FINAL STATUS OF ALL HNJ2020 OBJECTIVES BY RACE/ETHNICITY



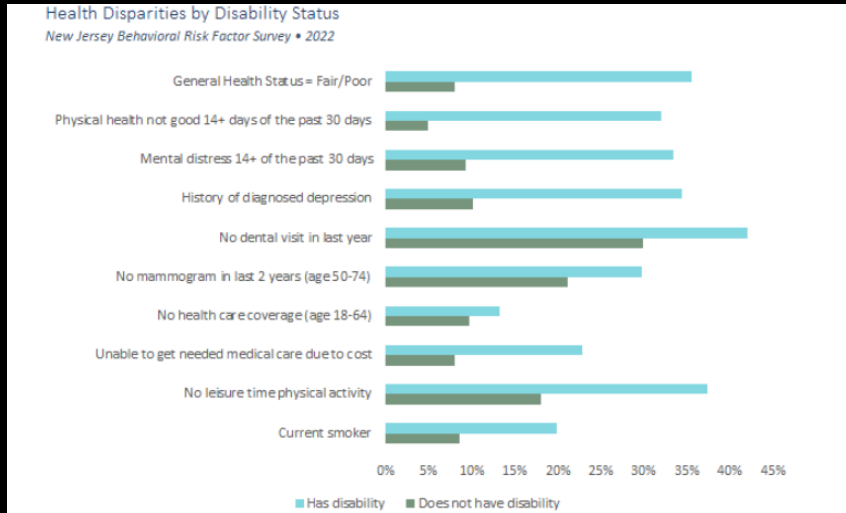
11

## FINAL STATUS OF ALL HNJ2020 OBJECTIVES BY SEXUAL ORIENTATION



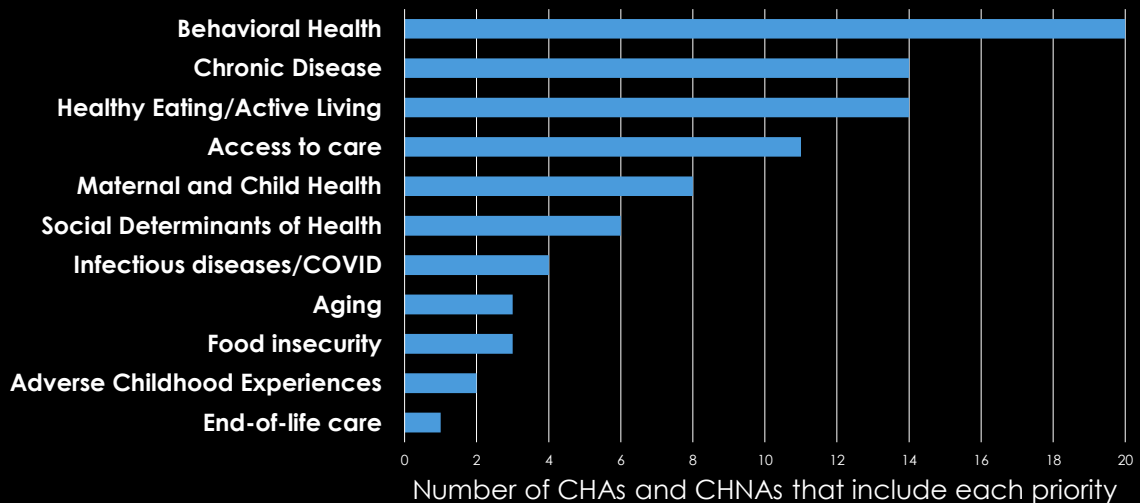
12

# FINAL STATUS OF ALL HN2020 OBJECTIVES BY DISABILITY STATUS



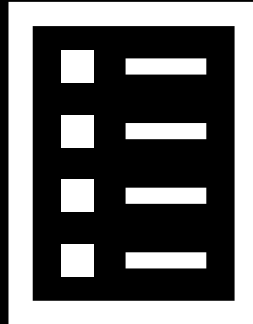
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# PRIORITIES FROM COUNTY HEALTH ASSESSMENTS



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## HNJ2030 SHIP Action Plans with Indicators



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## TIMELINE



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# TOPIC AND PRIORITY AREAS AS OF 2023

## Access to Quality Care

- Equitable access to care
- Quality and safety
- Information technology

## Healthy Communities

- Environmental health
- Services and programs
- Planning and development

## Healthy Families

- Childhood vaccination
- STIs
- Family health
- Maternal and infant health

## Healthy Living

- Clinical preventive services
- Healthy eating and active living
- Behavioral health
- Injury and violence

*equity • policy • resilience*

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# PLAN COMPONENTS

## State Health Improvement Plan

Domain

Domain

Domain

Topic Area

Topic Area

Topic Area

Topic Area

Topic Area

Topic Area

SMART Objective

SMART Objective

SMART Objective

SMART Objective

SMART Objective

SMART Objective

SMART Objective

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Strategy/ Action

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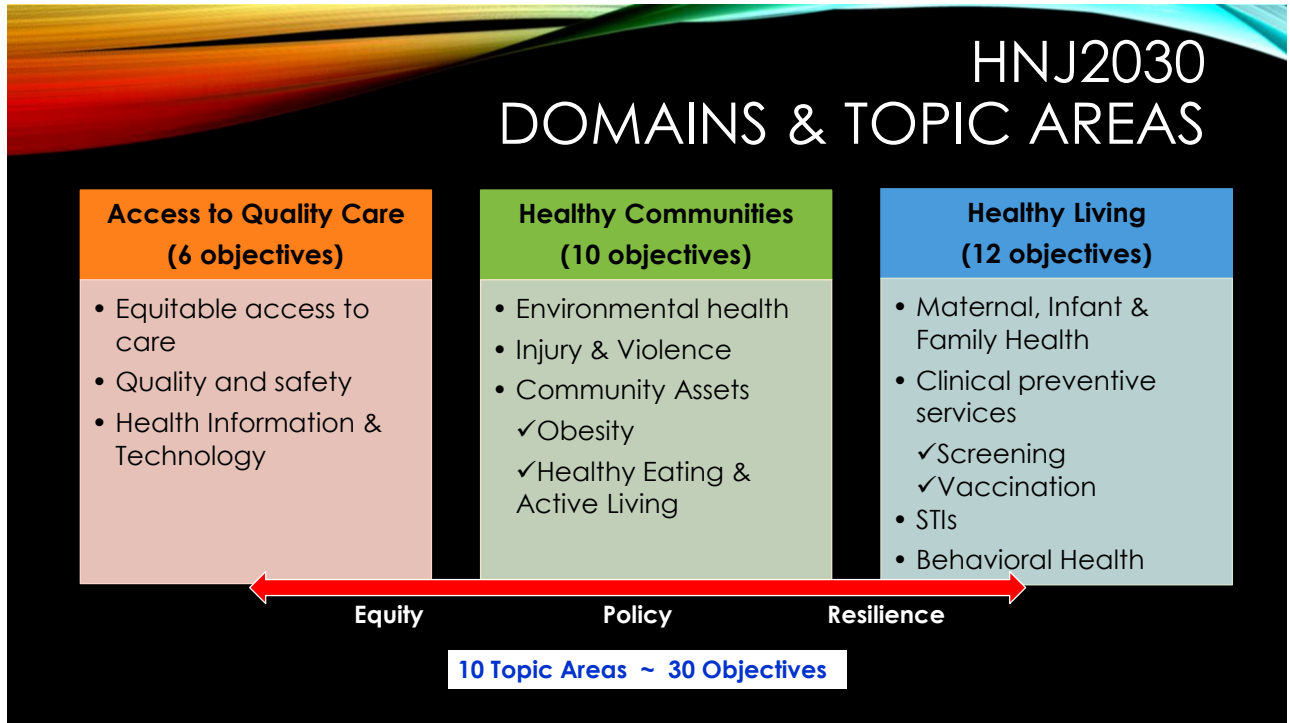
Strategy/ Action

Strategy/ Action



Based on <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/SHIP-Guidance-and-Resources.pdf>

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## Access to Quality Care

### Increase Health Access

- 1A Increase percentage of needs met in Primary Care –Health Professional Shortage Areas
- 1B Eliminate racial/ethnic disparities in the proportion of adults with a Primary Care provider
- 1C Increase the % of health care providers who have received Culturally and Linguistically Appropriate Services (CLAS) / Bias Training **RESEARCH**

### Access – Cost of Care

- 2A Increase the proportion of adults aged 18-65 with health insurance
- 2B Eliminate racial/ethnic disparities in the proportion of adults who avoided care due to cost

### Quality & Safety

- 3A Eliminate disparities in the overall Preventive Quality Indicator (PQI) rates by county

### Data & Technology Patient Portals

- 4A Increase the proportion of relevant NJDOH datasets that collect at least the minimum 5 races plus Hispanic ethnicity, language spoken at home, and sexual orientation, and gender identity (SOGI)
- 4B Poor Provider Communication (% of adults who report) **RESEARCH**

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## HNJ2030 ACCESS TO QUALITY CARE EQUITABLE ACCESS - PRIMARY CARE

**Goal: A comprehensive, quality health system that people can access, afford, and navigate.**

**Strategic Objective: 1. Increase equitable and sustainable access**

### Key Performance Indicators

- 1A. Increase the percentage of need met in Primary Care - Health Professional Shortage Areas (HPSAs)
  - Indicator: **% Met Need**
  - Baseline (**69.24; 2024**): Target: Increase to **100** by **6/30/2030**
  - Data Source: KFF
  - Lead: NJ DOH

Population-to-Provider Ratio [10 points max]	+	Percent of Population below 100% FPL [5 points max]	+	Infant Health Index (Based on IMR or LBW Rate) [5 points max]	+	Travel Time to NSC [5 points max]	=	HPSA Score Out of 25
Location	Total Primary Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation				
New Jersey	37	163,027	69.24%	19				

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## HNJ2030 ACCESS TO QUALITY CARE EQUITABLE ACCESS - PRIMARY CARE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

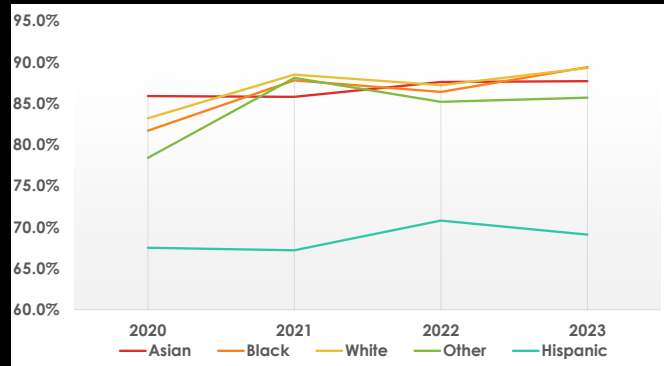
**Strategic Objective:** 1. Increase equitable and sustainable access

### Key Performance Indicators

#### Key Performance Indicators

#### • 1B. Eliminate racial/ethnic disparities in the proportion of adults with a dedicated Primary Care provider

- **Indicator:** % of adults with a dedicated Primary Care provider
- **Baseline (0.8 Hispanic:White; 2020):**
- **Target: 1.0 by 6/30/2030**
- **Data Source:** BRFSS
- **Lead:** NJDOH



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## HNJ2030 ACCESS TO QUALITY CARE EQUITABLE ACCESS - PRIMARY CARE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 1. Increase equitable and sustainable access

### Key Performance Indicators

#### • 1C. Increase % of healthcare providers who received CLAS / Implicit Bias Training

- **Indicator:** % of healthcare providers who receive CLAS / Implicit Bias Training
- **Baseline: Data Not Available Target:** Increase to XX by 6/30/2030
- **Data Source: Data Not Available**
- **Lead:** NJ DOH

**RESEARCH**

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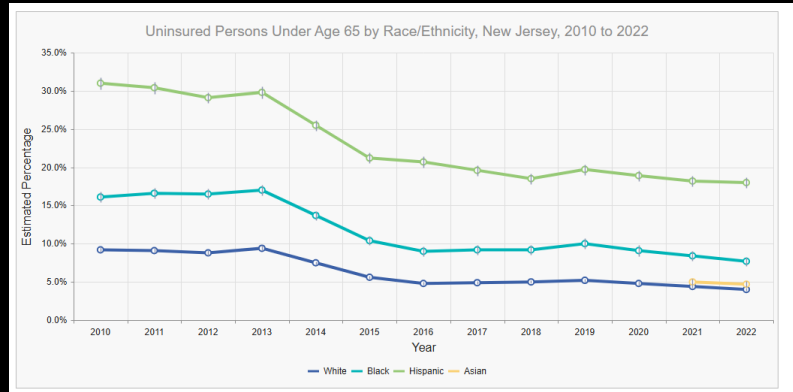
## HNJ2030 ACCESS TO QUALITY CARE EQUITABLE ACCESS - COST OF CARE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 2. Eliminate cost-associated barriers to care

### Key Performance Indicators

- 2A. Increase the proportion of adults aged 18-65 that have health insurance
  - **Indicator:** % of adults aged 18-65 who are insured, age adjusted
  - **Baseline (85.3; 2020):**
  - **Target: 100% by 6/30/2030**
  - **Data Source:** BRFSS
  - **Lead:** NJHA



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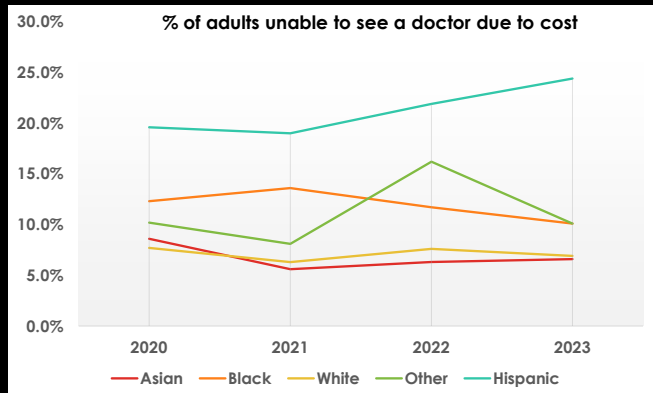
## HNJ2030 ACCESS TO QUALITY CARE EQUITABLE ACCESS - COST OF CARE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 2. Eliminate cost-associated barriers to care

### Key Performance Indicators

- 2B Eliminate racial/ethnic disparity in the proportion of adults who avoided care due to costs
  - **Indicator:** % that avoided care due to costs
  - **Baseline (2.5 Hispanic:White ratio; 2020)**
  - **Target: 1.0 by 6/30/2030**
  - **Data Source:** BRFSS
  - **Lead:** NJHA



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## HNJ2030 ACCESS TO QUALITY CARE QUALITY & SAFETY

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 4. Improve quality and safety in healthcare facilities.

### Key Performance Indicators

#### • 3A. Eliminate disparities in Overall PQI rates by county

- **Indicator:** PQI rates
- **Baseline (5.3; 2020)** select counties
- **Target: 1.0** by **6/30/2030**
- **Data Source:** BRFSS
- **Lead:** NJHA

- **Prevention Quality Indicators (PQIs)**
  - potentially avoidable hospital admissions (diabetes, hypertension)
- **Inpatient Quality Indicators (IQIs)**
  - inpatient mortality (stroke, heart failure)
- **Patient Safety Indicators (PSIs)**
  - complications/adverse events in hospital

Table 13. Comparing New Jersey's Statewide PQI Rates with National Rates (per 100,000 population)

Prevention Quality Indicators (PQIs)	National			New Jersey		
	2018	2018	2020	2018	2018	2020
Diabetes with Short Term Complications (PQI.01)	82.2			78.4		66.5
Diabetes with Long Term Complication (PQI.03)	108.9			138.4		105.5
COPD or Asthma in Older Adults (PQI.05)	381.1			486.2		218.7
Hypertension (PQI.07)	60.8			72.9		51.1
Heart Failure (PQI.08)	429.6			463.7		339.7
Community-Acquired Pneumonia (PQI.11)	183.6			182.8		112.1
Urinary Tract Infection (PQI.12)	134.8			162.3		106.7
Uncontrolled Diabetes (PQI.14)	42.1			55.7		38.6
Asthma in Younger Adults (PQI.15)	29.2			49.0		27.0
Lower Extremity Amputation (PQI.16)	32.3			34.0		28.8
Overall PQIs - Composite (PQI.90)	1,301.4			1,444.5		960.5

County	Overall (PQI.90)	
	Volume	Rate
Statewide	71,539	960.5
Atlantic	3,136	1,328.2 **
Bergen	4,492	547.0 *
Burlington	4,591	1,172.2 **
Camden	6,334	1,534.9 **
Cape May	1,083	1,025.9
Cumberland	3,338	2,803.3 **
Essex	7,316	1,224.1 **
Gloucester	1,901	792.3 *
Hudson	4,628	1,012.8 **
Hunterdon	805	675.6 *
Mercer	3,333	1,118.3 **
Middlesex	5,596	853.8 *
Monmouth	5,341	948.7
Morris	2,419	553.0 *
Ocean	6,192	1,005.7 **
Passaic	3,473	901.0 *
Salem	609	1,071.3 **
Somerset	1,481	526.8 *
Sussex	965	773.1 *
Union	3,591	831.4 *
Warren	915	926.7

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## HNJ2030 ACCESS TO QUALITY CARE DATA & TECHNOLOGY

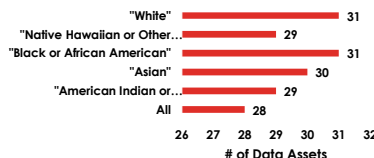
**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 5. Collect and analyze outcome data across key demographics that will address health disparities.

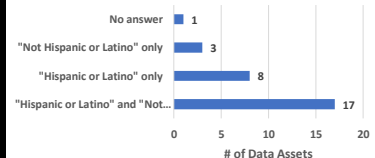
### Key Performance Indicators

- **4A. Increase the proportion of relevant NJDOH datasets that collect at least the minimum 5 races plus Hispanic ethnicity, language spoken at home, and sexual orientation, gender identity (SOGI).**
- **Indicator:** % of NJDOH datasets that collect at least the minimum 5 races plus Hispanic ethnicity, language spoken at home, and SOGI.
- **Baseline (XX; YEAR): Target:** Increase to **XX** by **6/30/2030**
- **Data Source:** NJDOH
- **Lead:** NJDOH

Count of Data Assets Collecting SPD15 Race Categories



Count of Data Assets Collecting SPD15 Ethnicity Categories



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## HNJ2030 ACCESS TO QUALITY CARE DATA & TECHNOLOGY

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 6. Increase the use of technology to increase access to care.

### Key Performance Indicators

- 4B. Improve Patient-Provider Communication (% of adults who report)
  - **Indicator:** % of adults who report poor provider communication
  - **Baseline (XX; YEAR): Target:** Increase to **XX** by **6/30/2030**
  - **Data Source:** **Data no available**
  - **Lead:** **???**

**RESEARCH**

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## HNJ2030 HEALTHY COMMUNITIES



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## Healthy Communities

### Environmental Health

- 1A** Reduce Emergency Department visits due to heat-related illness in May-Sept.
- 1B** Reduce the incidence of Lyme disease.

### Injury & Violence

- 2A** Increase seatbelt use among persons aged 18-24.
- 2B** Eliminate the racial/ethnic disparity in homicide rates.
- 2C** Eliminate Adverse Childhood Experiences.

### Community Assets (Healthy Eating & Active Living)

- 3A** Eliminate the racial/ethnic disparity in the food insecurity rate.
- 3B** Reduce the proportion of children ages 6-17 years with obesity
- 3C** Reduce the proportion of adults who are obese.
- 3D** Reduce the proportion of adolescents who were not physically active for at least 60 minutes on at least 1 day in the 7 days before the survey.
- 3E** Reduce the proportion of adults who engage in no leisure time physical activity

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## HNJ2030 HEALTHY COMMUNITIES ENVIRONMENTAL HEALTH

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 1. Reduce exposure to environmental contaminants/hazards

### Key Performance Indicators

- **1A. Reduce ED visits in May-Sept due to heat-related illness.**
  - **Indicator:** ED visit rate per 100,000 population due to heat-related illness in May-Sept
  - **Baseline (7.7; 2020): Target:** Decrease to **XX** by **6/30/2030**
  - **Data Source:** Hospital Discharge Data Collection System (NJDDCS), NJDOH - Health Care Quality and Assessment (HCQA).
  - **Lead:** NJ Interagency Council on Climate Resilience

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## HNJ2030 HEALTHY COMMUNITIES ENVIRONMENTAL HEALTH

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 1. Reduce exposure to environmental contaminants/hazards

### Key Performance Indicators

- **1B. Reduce Lyme disease incidence.**
  - **Indicator:** Incidence of Lyme disease per 100,000 population.
  - **Baseline (27.7; 2020): Target:** Decrease to **XX** by **6/30/2030**
  - **Data Source:** NJSHAD
  - **Lead:** Local Health Departments

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## HNJ2030 HEALTHY COMMUNITIES INJURY & VIOLENCE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 2. Reduce fatality, serious injury, and exposure to violence and traumatic experiences.

### Key Performance Indicators

- **2A. Increase seatbelt use among persons aged 18-24.**
  - **Indicator:** % per 100,000 population of persons aged 18-24 who use seatbelts
  - **Baseline (82.8; 2020):**
  - **Target:** Increase to **91.7** by **6/30/2030**
  - **Data Source:** BRFSS
  - **Lead:** NJDOH

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## HNJ2030 HEALTHY COMMUNITIES INJURY & VIOLENCE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 2. Reduce fatality, serious injury, and exposure to violence and traumatic experiences.

### Key Performance Indicators

#### • 2B. Eliminate the racial/ethnic disparity in homicide rates.

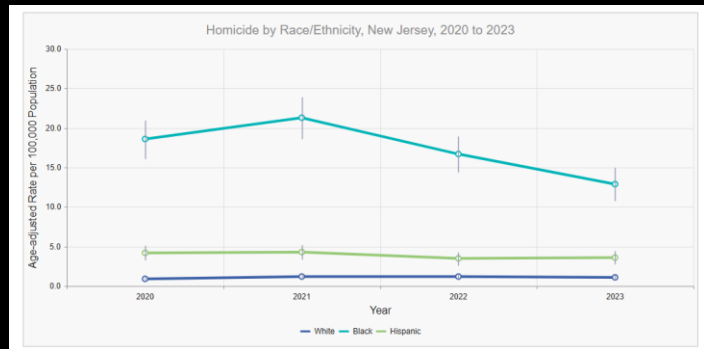
• **Indicator:** % of homicides, by race/ethnicity.

• **Baseline (20.7 Black:White: 2020)**

• **Target:** Decrease to **1.0** by **6/30/2030**

• **Data Source:** NJVDRS

• **Lead:** NJ Office of the Attorney General



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## HNJ2030 HEALTHY COMMUNITIES INJURY & VIOLENCE

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 2. Reduce fatality, serious injury, and exposure to violence and traumatic experiences.

### Key Performance Indicators

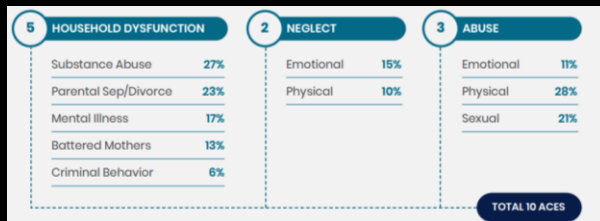
#### • 2C. Eliminate Adverse Childhood Experiences.

• **Indicator:** % of children aged 0-17 who have ever experienced 2 or more ACEs.

• **Baseline (8.9; 2020): Target:** Decrease to **0.0** by **6/30/2030**

• **Data Source:** America's Health Rankings

• **Lead:** NJ DCF, NJ Resiliency Coalition



Top States	Rank	Value
<a href="#">New Jersey &gt;</a>	1	9.6%
<a href="#">New York &gt;</a>	2	10.7%
<a href="#">Maryland &gt;</a>	3	11.1%
<a href="#">Utah &gt;</a>	4	11.2%
<a href="#">Massachusetts &gt;</a>	5	11.6%
Bottom States	Rank	Value
<a href="#">West Virginia &gt;</a>	44	20.0%
<a href="#">Alaska &gt;</a>	45	20.7%
<a href="#">New Mexico &gt;</a> , <a href="#">Wyoming &gt;</a>	46	21.1%
<a href="#">Arkansas &gt;</a> , <a href="#">Oklahoma &gt;</a>	48	21.3%
<a href="#">Montana &gt;</a>	50	22.5%

Explore Adverse Childhood Experiences in New Jersey | AHR

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## HNJ2030 HEALTHY COMMUNITIES COMMUNITY ASSETS

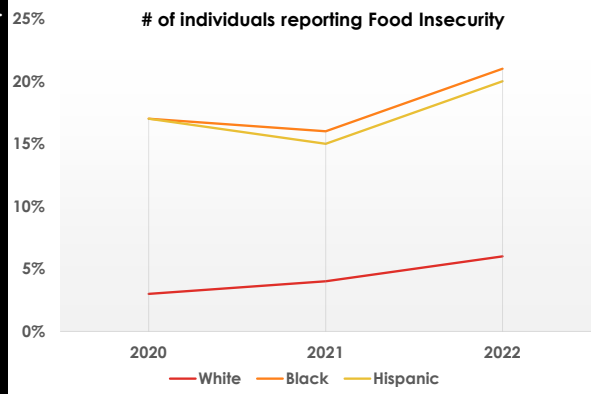
**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 3. Increase community assets to support healthy living (i.e. **nutritious food**, and opportunities to engage in active living)

### Key Performance Indicators

#### • 3A. Eliminate the racial/ethnic disparity in food insecurity rate.

- **Indicator:** # of individuals reporting food insecurity.
- **Baseline:** (5.67; 2020)
- **Target:** 1.0 by 6/30/2030
- **Data Source:** Map the Meal Gap
- **Lead:** NJ Office of the Food Security Advocate



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## HNJ2030 HEALTHY COMMUNITIES COMMUNITY ASSETS

**Goal:** A comprehensive, quality health system that people can access, afford, and navigate.

**Strategic Objective:** 3. Increase community assets to support healthy living (i.e. nutritious food, and opportunities to engage in active living)

### Key Performance Indicators

#### • 3B. Reduce the proportion of children aged 6-17 with obesity.

- **Indicator:** % of children aged 6-17 with obesity
- **Baseline:** (21.4; 2023)    **Target:** Decrease to XX by 6/30/2030
- **Data Source:** childhealthdata.org
- **Lead:** NJ DOH

#### • 3C. Reduce the proportion of adults with obesity

- **Indicator:** % of adults with obesity
- **Baseline** (28.0; 2020)
- **Target:** XX by 6/30/2030
- **Data Source:** BRFSS
- **Lead:** NJ DOH

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## HNJ2030 HEALTHY COMMUNITIES COMMUNITY ASSETS

**Goal: A comprehensive, quality health system that people can access, afford, and navigate.**

**Strategic Objective: 4. Increase community assets to support healthy living (i.e. nutritious food, and opportunities to engage in **active living**)**

### Key Performance Indicators

- **3D. Reduce the proportion of adolescents who were not physical active at least 60 minutes on at least 1 day in the 7 days before the survey.**
  - **Indicator:** % of high school students who were not physically active for at least 60 minutes on at least 1 day in the 7 days before the survey.
  - **Baseline:** (14.1; 2021) **Target:** Decrease to **XX** by **6/30/2030**
  - **Data Source:** YRBS – Data only available for odd years.
  - **Lead:** NJ DOH
- **3E. Reduce the proportion of adults who engage in no leisure time physical activity.**
  - **Indicator:** % of adults who engage in no leisure time physically activity
  - **Baseline:** (20.4; 2020) **Target:** Decrease to **XX** by **6/30/2030**
  - **Data Source:** BRFSS
  - **Lead:** NJ DOH

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## HNJ2030 HEALTHY LIVING



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Healthy Living	
Maternal, Infant & Family Health	
1A	Eliminate the racial/ethnic disparity in the <u>infant mortality rate</u>
1B	Eliminate the racial/ethnic disparity in the <u>pregnancy related mortality rate</u>
1C	Increase the proportion of infants who are <u>breastfed through age 12 months</u>
Clinical Preventive Health Services	
2A	Eliminate the racial/ethnic disparity in the proportion of children who receive the <u>Combined 7 Series by age 24 months</u>
2B	Increase the proportion of children under 18 who had one or more <u>preventive care visits</u> during past 12 months
2C	Increase the proportion of <u>adults who visited a doctor</u> for a routine checkup in the past year
Sexually Transmitted Infections	
3A	Reduce the STI rate ( <u>chlamydia, gonorrhea, and primary, secondary, and early latent syphilis</u> )
3B	Reduce the congenital <u>syphilis incidence rate</u>
Behavioral Health (Mental Health & Substance Use)	
4A	Reduce the unintentional drug <u>overdose death rate</u> .
4B	Reduce the proportion of <u>high school students</u> who currently use tobacco and nicotine products
4C	Reduce the proportion of <u>adults who are current cigarette smokers</u> .
4D	Increase Needs Met in Mental Health Shortage Area

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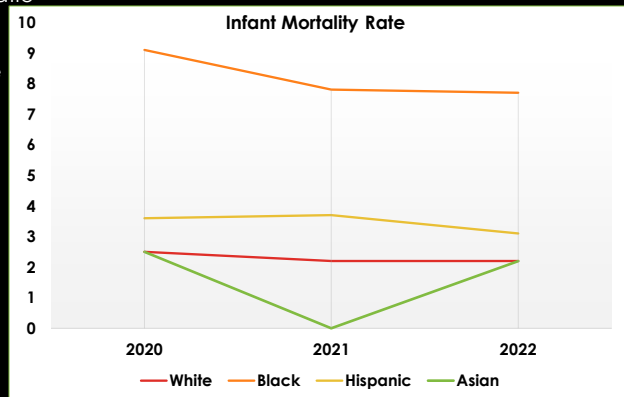
## HNJ2030 HEALTHY LIVING MATERNAL, INFANT & FAMILY HEALTH

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 1. Reduce infant and maternal mortality rates and eliminate disparities in birth-related outcomes.

### Key Performance Indicators

- **1A. Eliminate racial/ethnic disparity in the infant mortality rate**
  - **Indicator:** ratio per 1,000 live births, Black:White ratio
  - **Baseline:** (3.64; 2020)
  - **Target:** 1.0 by 6/30/2030
  - **Data Source:** Infant death-birth match database
  - **Lead:** NJ DOH



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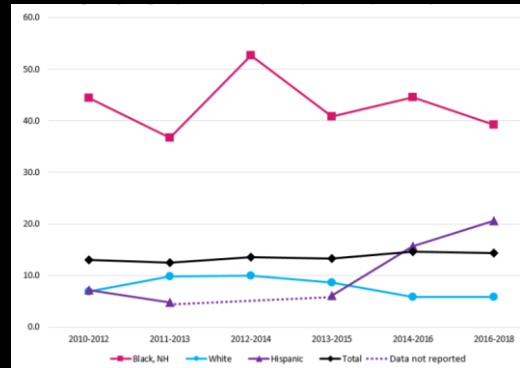
## HNJ2030 HEALTHY LIVING MATERNAL, INFANT & FAMILY HEALTH

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 1. Reduce infant and maternal mortality rates and eliminate disparities in birth-related outcomes.

### Key Performance Indicators

- **1B. Eliminate racial/ethnic disparity in the pregnancy related mortality rate**
  - **Indicator:** ratio pregnancy related mortality rate per 100,000 live births; Black:White
  - **Baseline:** (6.6; 2018)
  - **Target:** 1.0 by 6/30/2030
  - **Data Source:** Maternal Mortality Review
  - **Data not available after 2018**
  - **Lead:** NJ DOH



New Jersey Maternal Mortality Report 2016-2018

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## HNJ2030 HEALTHY LIVING MATERNAL, INFANT & FAMILY HEALTH

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 1. Reduce infant and maternal mortality rates and eliminate disparities in birth-related outcomes.

### Key Performance Indicators

- **1C. Increase the proportion of infants who are breastfed at 12 months**
  - **Indicator:** % of infants breastfed at 12 months
  - **Baseline:** (33.8%; 2019)    **Target:** Increase to XX by 6/30/2030
  - **Data Source:** CDC Breastfeeding Report --- **Reliable data source for annual tracking not available**
  - **Lead:** CJFHC

	Initiation of breastfeeding	Exclusive at 3 months	Any at 6 months	Any at 12 months
CDC NJ, Births 2019 <sup>1</sup>	82.5%	41.2%	55.4%	33.8%
CDC NJ, Births 2022 <sup>1</sup>	88.5%	47.1%	68.3%	48.0%

Recent New Jersey Breastfeeding Statistics - New Jersey Breastfeeding Coalition

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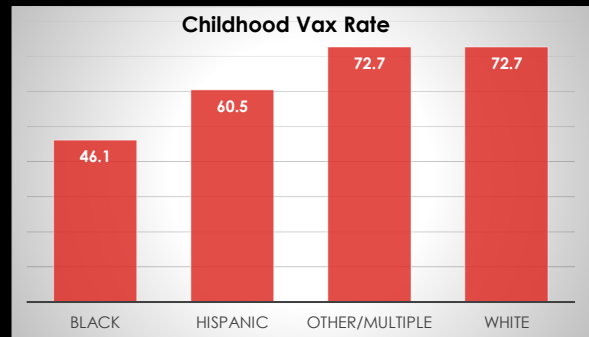
## HNJ2030 HEALTHY LIVING CLINICAL PREVENTIVE SERVICES

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 2. Increase preventive care and reduce disparities among children, adolescents, and adults.

### Key Performance Indicators

- 2A. Eliminate the racial/ethnic disparity in the proportion of children who receive the Combined 7 Series by age 24 months
  - **Indicator:** % of children who receive the Combined 7 Series by age 24 months
  - **Baseline:** (1.6; 2016-19)
  - **Target:** 1.0 by 6/30/2030
  - **Data Source:** Child Vax View
  - **Lead:** NJ DOH - VPDP



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## HNJ2030 HEALTHY LIVING CLINICAL PREVENTIVE SERVICES

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 2. Increase preventive care and reduce disparities among children, adolescents, and adults.

### Key Performance Indicators

- 2B. Increase the proportion of **children** who had one or more preventive care visits during the past 12 months
  - **Indicator:** % of children who had one or more preventive care visits during the past 12 months
  - **Baseline:** (78.1; 2020)
  - **Target:** Increase to **XX** by 6/30/2030
  - **Data Source:** ChildHealthData.org
  - **Lead:** DOH
- 2C. Increase the proportion of **adults** who visited a doctor for a routine checkup in the past year.
  - **Indicator:** % of adults who visited a doctor for a routine checkup in the past year, age adjusted.
  - **Baseline:** (75.6; 2020)
  - **Target:** Increase to **XX** by 6/30/2030
  - **Data Source:** BRFSS
  - **Lead:** NJDOH

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## HNJ2030 HEALTHY LIVING SEXUALLY TRANSMITTED INFECTIONS

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 3. Reduce the rate of Sexually Transmitted Infections (STIs) and their complications

### Key Performance Indicators

- 3A. Reduce the STI incidence rate (chlamydia, gonorrhea, and primary, secondary, and early latent syphilis) by 25%
  - **Indicator:** STI rate per 100,000 population
  - **Baseline:** (462.8; 2020)    **Target:** Decrease to 347.1 by 6/30/2030
- 3B. Reduce the congenital syphilis incidence rate by 25%
  - **Indicator:** rate per 100,000 live births
  - **Baseline:** (25.7; 2020)    **Target:** Decrease to 19.2 by 6/30/2030
  - **Data Source:** NJSHAD - CDRSS
  - **Lead:** NJDOH - STIs

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## HNJ2030 HEALTHY LIVING BEHAVIORAL HEALTH

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 4. Improve mental health, and reduce alcohol, nicotine, and substance use.

### Key Performance Indicators

- 4A. Reduce the unintentional drug overdose death rate
  - **Indicator:** overdose death rate per 100,000 population
  - **Baseline:** (31.0; 2020)
  - **Target:** Decrease to XX by 6/30/2030
  - **Data Source:** SUDORS
  - **Lead:** DHS & DOH

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## HNJ2030 HEALTHY LIVING BEHAVIORAL HEALTH

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 4. Improve mental health, and reduce alcohol, nicotine, and substance use.

### Key Performance Indicators

- **4B. Reduce the proportion of high school students who currently use tobacco and nicotine products**
  - **Indicator:** % of high school students who currently use tobacco / nicotine products
  - **Baseline:** XX; XX
  - **Target:** Decrease to XX by 6/30/2030
  - **Data Source:** Youth Tobacco Survey
  - **Lead:** NJDOH
- **4C. Reduce the proportion of adults who are current cigarette smokers.**
  - **Indicator:** % of adults who are current cigarette smokers.
  - **Baseline:** (11.3; 2020)
  - **Target:** Decrease to XX by 6/30/2030
  - **Data Source:** BRFSS
  - **Lead:** NJDOH

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## HNJ2030 HEALTHY LIVING BEHAVIORAL HEALTH

**Goal:** Healthy living and well-being throughout the lifespan.

**Strategic Objective:** 4. Improve mental health, and reduce alcohol, nicotine, and substance use.

### Key Performance Indicators

- **4D. Increase the % of need met in Mental Health - Health Professional Shortage Areas**
  - **Indicator:** % Met Need
  - **Baseline:** (52.8; 2023)
  - **Target:** Increase to 100% by 6/30/2030
  - **Data Source:** KFF
  - **Lead:** NJ DOH

Location	Total Mental Health Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
New Jersey	39	404,126	52.8%	28

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## 2025 Calendar

OCTOBER							NOVEMBER							DECEMBER						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4							1		1	2	3	4	5	6
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
							30													

Holidays
HNJAC Monthly meetings
ACT Kick-Off Meeting
AQC - ACT Team meeting
HC - ACT Team meeting
HL - ACT Team meeting

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## 2026 Calendar

JANUARY							FEBRUARY							MARCH						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28
25	26	27	28	29	30	31								29	30	31				
APRIL							MAY							JUNE						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4							1		1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30				
							31													
JULY							AUGUST							SEPTEMBER						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4							1		1	2	3	4	5	6
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30			
							30	31												
OCTOBER							NOVEMBER							DECEMBER						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3	1	2	3	4	5	6	7		1	2	3	4	5	6
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30						27	28	29	30	31		

### Access to Quality Care

<https://forms.office.com/g/pFRDzItQSy>

### Healthy Communities

<https://forms.office.com/g/8CJqYtSIIdD>

### Healthy Living

<https://forms.office.com/g/6FCUJvXuIC>

### Holidays

HNJAC Quarterly meetings
AQC - ACT Team Quarterly meeting
HC - ACT Team Quarterly meeting
HL - ACT Team Quarterly meeting

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## NEXT STEPS FOR OCTOBER



2026 Action Team Meeting poll



Action Team Selection



Healthy NJ Membership Manual



Action Plans Review

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# Thank You!

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HNJ2030 website: [healthy.nj.gov](https://healthy.nj.gov)

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