

# New Jersey HIV Planning Group State Recommendation Tool

## SMARTIE Recommendations for NJ Action Plan

**Time-Bound:** the recommendation should be started by **6/1/2024** & finished by **10/1/2024**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve Activity & Strategy # **System 1.1**);  
Strategy **Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches.**)

State Update:

- 1) My Voice Our Stories (MVOS)- ask Gab for more info.
- 2)NJDOH does have social media, but we essentially have no say or input on how its utilized

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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<i>Black, Hispanic, White MSM (25-44)</i>	<i>Males who Inject Drugs</i>	<i>Black &amp; Hispanic Heterosexual Females (25-44)</i>	<i>Transgender Women</i>	<i>Youths</i>	<i>Others; sex workers, immigrants, older adults, disabled, &amp; justice involved individuals</i>

*How can you change or add to this recommendation to increase the equity & inclusion of this activity?*

*The Days of Learning established within the Action Steps address all priority Populations.*

**Realistic** plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. Action Step DOH hosts regional advocacy training of Day of Learning for local members of the community including local agencies to inform people of their options. Taking the framework from ELEVATE curricula to address needs in workforce recruitment, development, and advancement for priority populations through NMAC DOH could educate local members of the community, CBOs, providers, social workers, etc. )
  - a. *Stakeholders Involved/Needed*  
DOH, Colleges & Universities, Department of Education, Local/Regional Agencies, Department of Aging, Community Members, Local Businesses,
  - b. Is this task **measurable**?  Yes  No  
*Deliverables;*
    - *Contact agencies to inform them of advocacy training events*

- *Contact EMAs/Consumer Committees to advertise advocacy training events*
  - *Communicate with NEMA to obtain information on hosting Day of Learning*
  - *Communicate with colleges/universities within each region who may have existing information/materials*
  - *Involve other stakeholders such as small businesses/local vendors/educators*
  - *Engage the community in the planning process*
  - *Develop an agenda or curriculum and theme for the events annually*
  - *Identify presenters/speakers for the events*
- c. *Due by;10/1/2024*

2. **Action Step** DOH partners with colleges & universities to provide education to their students on places/locations their students could work at, while showcasing the organizations as a place to be tested, treated, or receive preventative treatment options.)

a. *Stakeholders Involved/Needed*

DOH, Colleges & Universities, Department of Education, Local/Regional Agencies, Department of Aging

b. Is this task **measurable**?  Yes  No

*Deliverables;*

- *Promote the advocacy Day of Learning to students Focused in HIV Services*
- *Host a career fair Focused in HIV Services*
- *Host an orientation event for all students to learn about services such as testing, treatment options, and prevention*
- *Mandate that colleges/universities have resources for their students such as testing, treatment options, prevention, and support*
- *Develop a curriculum for prevention and care for colleges/universities*

c. *Due by;10/1/2024*

3. **Action Step** Have local agencies alternate partnering with Storytelling Events in person & on social media. Using guests & participants, collect their stories through a surveys/interviews. Use guests & participants as possible new recruits.)

a. *Stakeholders Involved/Needed*

DOH, Local/Regional Agencies, Community

b. Is this task **measurable**?  Yes  No

*Deliverables;*

- *Host storytelling events at the Day of Learning Focused in HIV Services and College Events Focused in HIV Services*

c. *Due by;10/1/2024*



**New Jersey HIV Planning Group**  
**State Recommendation Tool**

**Weekday, Month #Day, 20xx**

**Electronic Meeting via ZOOM Video Conference**

**SMARTIE Recommendations for NJ Action Plan**

**Time-Bound:** the recommendation should be started by **8/1/2024** & finished by **7/1/2025**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **Program 2.2; Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men. (NHAS 3.4.6).**

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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*How can you change or add to this recommendation to increase the equity & inclusion of this activity?*

*The Committee believes this recommendation is inclusive of each of the priority populations.*

**Realistic** plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Fund agencies to develop or expand existing programs that address intersecting factors especially among cis- and transgender women and gay and bisexual men. (ex: HOPP, PIL, BHIP, Project TEA, CISTers TRANSformation to Wellness, etc) Collect information from agencies to develop or expand existing programs that address intersecting factors. (ex: HOPP, PIL, BHIP- Behavioral Health Integration Project, Project TEA, CISTers, TRANSformation to Wellness, etc)
  - a. *Stakeholders Involved/Needed*  
DOH, Agencies who offer these programs, Community, Service Providers
  - b. Is this task **measurable**?  Yes  No  
*Deliverables;*
    - Assess data and expand funding for existing programs within the 2025 FY/RFA
    - Conduct a needs assessment to identify gaps in services for priority populations and expand funding to fill those gaps.

- Develop a list of current programs and their funding sources
- Adjust RFAs to recommend agencies to market/campaign. Assess data of current programs including outcomes, cost, additional needs, and barriers expand funding for existing programs within the 2025 FY

c. Due by; 07/01/2025

2. **Action Step** (Include HIV/STI self-testing kits in all funded harm reduction vending machines.)

a. *Stakeholders Involved/Needed*

DOH, CBOs, Consumers

b. Is this task **measurable**?  Yes  No

*Deliverables;*

- Create a list of current harm reduction vending machines and house this list on the DOH website under the harm reduction tab.
- Conduct an assessment on the data collected by the vending machines and make this information publically available.
- Use data to identify opportunities for expansion.

c. Due by; 07/01/2025

3. **Action Step** (Create an up-to-date statewide tool that informs patients on HIV specific health and supportive services available to them.)

a. *Stakeholders Involved/Needed*

DOH, Community Partners, Agencies, CBOs,

b. Is this task **measurable**?  Yes  No

*Deliverables;*

- Update the list of current resources/services and modernize the dissemination of resources. (ex: use of QR codes,
- Ensure that this tool is easily accessible and user-friendly. (ex: broken down by type of service, county, etc)
- Increase the dissemination modalities.

c. Due by; 12/31/24

# New Jersey HIV Planning Group State Recommendation Tool

## Recommendations for NJ Action Plan

**Time-Bound:** the recommendation should be started by **08/01/2024** & finished by **03/31/2025**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve Activity & Strategy # **Program 2.1**);

Strategy **Develop and implement effective, evidence-based, and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV including lack of continuous health care coverage, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate housing and transportation, food insecurity, unemployment, low health literacy, and involvement with the justice system. (NHAS 3.4.4)**)

Thinking about **Equity and Inclusion**: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Black, Hispanic, White MSM (25-44)</i>	<i>Males who Inject Drugs</i>	<i>Black &amp; Hispanic Heterosexual Females (25-44)</i>	<i>Transgender Women</i>	<i>Youths</i>	<i>Others; sex workers, immigrants, older adults, disabled, &amp; justice involved individuals</i>

*How can you change or add to this recommendation to increase the equity & inclusion of this activity?*

*This Committee believes that the recommended programs will address each of the priority populations.*

**Realistic** plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. Action Step Develop and standardize a new Case-Management-supportive service/same field collaborations and training programs as well as expand upon on any existing trainings;—including medical and non-medical, to identify and address social determinants of health, informal supports, and how to create ecomaps for individuals who experience risk for HIV.)
  - a. *Stakeholders Involved/Needed*
    - DOH, Local Agencies, Local Soup Kitchens, Vocational Rehabilitation Services, Banks/Financial Institutions, Board of Social Services, Community Health Centers, Pharmaceutical Representatives, Shelters, EMAs, TGAs, EBI's
  - b. Is this task **measurable**?  Yes  No  
*Deliverables;*
    - Identify, expand, and standardize existing case-management programs to include training on case conferencing with people within their communities/patients' to ensure

all social determinants of health are covered by services, informal support, and how to create ecomaps, how to connect agencies with other agencies and EBIs to utilize EBIs to their fullest capacity. (ex: Columbia University Case Management Program, New York State Case Management Programs).

- ~~Utilize existing training programs (AETC, TACD, etc) to train case managers.~~ Utilize and expand existing successful training programs (AETC, TACD, RESPECT, etc.) to train case managers and other service providers. Include monitor and evaluation measures to determine success/impact of programs.

c. Due by;1/1/2025

2. **Action Step** Increase the number of access to food pantries or mobile pop-ups/produce food trucks in areas where people are at risk.)

a. *Stakeholders Involved/Needed*

- DOH, Local Agencies, Local Soup Kitchens, Vocational Rehabilitation Services, Banks/Financial Institutions, County Food Bank, City Government, supermarkets, bakeries, or any facilities that donate food products.

b. Is this task **measurable**?  Yes  No

*Deliverables;*

- Adjust funding for local agencies to collaborate with food pantries/food trucks.
- Review and adjust requirements to access food trucks/food pantries (ex: *ID requirements*)

c. Due by;1/1/2025

3. **Action Step** ~~Develop~~Expand on programs that educates individuals on life skills such as financial literacy (how to manage money, how to buy groceries, couponing), health literacy (insurance, payment options, local resources), nutritional education (what are healthy foods, how to prepare meals).)

a. *Stakeholders Involved/Needed*

DOH, Local Agencies, Local Soup Kitchens, Vocational Rehabilitation Services, Banks/Financial Institutions, Faith-Based Organizations, Local Churches, Nutritionists, Culinary Programs, Colleges/Universities, Hospitals/Health Insurance Companies, Office of Food Security

b. Is this task **measurable**?  Yes  No

*Deliverables;*

- ~~Adjust funding streams~~ Use available funding to advertise and market for local agencies/facilities that provide these educational programs.
- Utilize word of mouth/ other marketing to connect agencies to community and community to resources like Basecamp.
- Identify volunteers to assist in the educational programs (*local chefs, nutritionists, financial advisors, student volunteers, hospitals, health insurance companies, etc.*)
- Identify and collaborate with community-based organizations/faith-based organizations who are offering similar programs.

c. Due by; (first touch-point date: 10/31/2024) 03/31/2025



**New Jersey HIV Planning Group**  
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**April 3, 2024**

**Reminder**

These are recommendations for NJ Department of Health. The activities were created and laid out in the Integrated Plan based off of current HIV statistics. The activities have been assigned amongst each of the six committees along with a 5 year timeline for them to be completed.

**SMARTIE Recommendations for NJ Action Plan**

**Time-Bound:** the recommendation should be started by **7/1/2024** & finished by **7/31/2025**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **Activity & Strategy # Program 1.1**;  
**Strategy** **Create and promote public leadership opportunities for people with or who experience risk for HIV.**  
**(NHAS 3.3.1)**

**Brainstorm:**

- Collect barriers from agencies/organizations in recruiting/hiring individuals with lived experience
- Train agencies on lived experience recruitment
- Expand programs that educate/train community leaders (*reducing stagnant career development*)
- Identify funding sources/ways of compensation that's realistic
- How to replicate functional community leadership opportunities
- Create a supervision model that supports the ideology of having people with lived experience in leadership positions.

**Action Steps- how do we incorporate people with lived experience in public leadership opportunities? What changes can we recommend?**

State Update;

1. MVOS- My Voice Our Story
2. Hyacinth Leadership Advocacy & Leadership Program
3. Next Steps; Have Community Define & Elaborate on what a Public Leadership Opportunity is

Thinking about **Equity and Inclusion**: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

☒	☒	☒	☒	☒	☒
Black, Hispanic, White MSM (25-44)	Males who Inject Drugs	Black & Hispanic Heterosexual Females (25-44)	Transgender Women	Youths	Others; sex workers, immigrants, older adults, disabled, & justice involved individuals

How can you change or add to this recommendation to increase the equity & inclusion of this activity?

The committee feels confident that this activity will promote a higher standard of equity & inclusion.

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

~~1. **Action Step** Collect information of what positions individuals with lived experience may be interested in. *Lived Experience can include those who are affected by HIV, people living with or at risk of HIV, individuals related to or are caretakers of people with HIV, people who have experience using RW, people who utilize prevention and treatment services, harm reduction, and/or certified peer recovery advisors.*~~

~~a. **Stakeholders Involved/Needed**~~

~~D&R Committee?, People who are providing programs for people with lived experience, people who have previously completed lived experience trainings/education, people with lived experience already working in the field, long term survivors/people getting treatment/testing,~~

~~b. Is this task **measurable**?  Yes  No~~

~~**Deliverables;**~~

~~i. **Data and Research Committee** &R will provide a set of questions to identify where individuals would want to work within this field. *(First Report Out August 2024)*~~

~~ii. Utilize events and outreach to collect information/interests from individuals *(February 2025)*~~

~~iii. Record the data and develop a process to distribute the information back to NJHPG & the community. *(May 2025)*~~

~~iv. DOH will take steps towards evolving RFPs to include public leadership pathways for people with lived experience. *(July 2025)*~~

~~c. **Due by;** 7/31/2025~~

2.1. **Action Step** Create a model that supports the ideology of having people with lived experience in leadership positions within and outside employment opportunities. *Lived Experience can include- those who are affected by HIV, people living with or at risk of HIV, individuals related to or are caretakers of people with HIV, people who have experience using RW, people who utilize prevention and treatment services, harm reduction, and/or certified peer recovery advisors, everyone.*

a. **Stakeholders Involved/Needed**

Garden State D&R Initiative Committee, People who are providing programs for people with lived experience, people who have previously completed lived experience trainings/education, people with lived experience already working in the field, long term survivors/people getting treatment/testing, counselors, NASTAD, EMA's, TGA's, County CEAS/CAS, COC's (continuum of care,

b. Is this task **measurable**?  Yes  No

**Deliverables;**

1. NASTAD- National Association for State and Territorial AIDS Directors *(if unavailable shift focus to Garden State Equality)* Obtain models/best practices/information/consult organizations who already operationalize programs for people with lived experience. ~~*(Data & Research Committee)*~~ Utilize outreach to collect information/interests from agencies and organizations, and counties (county funding streams may be used to ensure salaries/stipends for people with lived experience) (February 2025)

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~~1.2.~~ NASTAD- National Association for State and Territorial AIDS Directors *(if unavailable shift focus to Garden State Equality)*

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~~2.3.~~ Develop a Guidance Tool/Policy Procedure Tool to use as a statewide training device.

3. Train agencies on how to recruit individuals with lived experience. This training will also provide resources and protocols for the site to properly prepare their organization/agency

4. Incorporate Mentorship Programs & training/education for career development

c. Due by;7/31/2025

# New Jersey HIV Planning Group State Recommendation Tool

## SMARTIE Recommendations for NJ Action Plan

**Time-Bound:** the recommendation should be started by **7/1/2024** & finished by **10/31/2024**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve Activity & Strategy # **Stigma Activity 1.1**; Strategy **Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors. (NHAS.3.2)**

### State's Update

- Taking HIV Out of its Silo by implementing it into alternative spaces such as STD testing sights, substance use facilities by using Bundled Services.
- Next step is to have organizations adopt routinize, normalized, & destigmatized procedures.

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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*How can you change or add to this recommendation to increase the equity & inclusion of this activity?*

*Incorporated all members of the community to humanize & destigmatize HIV in NJ/societies eyes.*

**Realistic** plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. Support agencies/groups with stigma funding to partner Storytellers with Marketing Teams to create forms of media with community members for community members that they can listen to, read, or watch about humanizing HIV. Expand destigmatizing forms of media which can include advertisements, billboards/transit ads, google/e-ads, posters, pamphlets, podcasts, social media, [search engines, content marketing \(videos, interactive forms of media like games/surveys/blogs\), and advertise on apps.](#)

a. *Stakeholders Involved/Needed*

- RAI, ARFC, DOH, Planning Councils across NJ, Data & Research Committee, Bergen Passaic TGA, NEMA, Community Leaders/Organizations (PFLAGs, Boys & Girls Clubs, YMCA), Board of Education, NJ Office of State's Office of Faith Based Initiatives, Dr. Bagchi, Local HIV Service Providers (Escalate Participants), [college internships](#)

- b. Is this task **measurable**?  Yes  No

*Deliverables;*

- 1) [Create Will plan](#) a synthesis plan to collect stories & build relationships with community leaders in a safe way

- 2) Creation of a community review board/coalition/[focus group](#) to co-design materials that are based on their stories as subject matter [and review feedback](#).
- c. *Due by*;10/1/2024

2. **Action Step** Support/Promote Partnerships with agencies that have fundraisers/galas for each priority population to bring education, stories, & AWARENESS.))

a. *Stakeholders Involved/Needed*

- RAI, ARFC, DOH, Planning Councils across NJ, Data & Research Committee, Bergen Passaic TGA, NEMA, Community Leaders/Organizations (PFLAGs, Boys & Girls Clubs, YMCA), Board of Education, NJ Office of State's Office of Faith Based Initiatives, Dr. Bagchi, Local HIV Service Providers (Escalate Participants) , [DOH funded service providers \(non-profits\)](#)

b. Is this task **measurable**?  Yes  No

*Deliverables;*

Inventory of outside groups & organizations serving the community that are doing events to include & share space for HIV education, stories, & awareness. [Determine how to braid costs or use unique funding streams to cover the desired events.](#)

c. *Due by*;10/1/2024

3. **Action Step** Net additional grant funding to expand Community PROMISE across agencies & organizations in NJ.)) [Community PROMISE](#)

a. *Stakeholders Involved/Needed*

- RAI, ARFC, DOH, Planning Councils across NJ, Data & Research Committee, Bergen Passaic TGA, NEMA, Community Leaders/Organizations (PFLAGs, Boys & Girls Clubs, YMCA), Board of Education, NJ Office of State's Office of Faith Based Initiatives, Dr. Bagchi, Local HIV Service Providers (Escalate Participants) [community engagement contracted or staff to be used as a grant writer.](#)

b. Is this task **measurable**?  Yes  No

*Deliverables;*

Better representation of funding with RFA's for Community PROMISE.

c. *Due by*;8/1/2025

**New Jersey HIV Planning Group**  
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**Electronic Meeting via ZOOM Video Conference**

**End Goal Format**

Our goal is to [activity type & #] by [timeframe or deadline]. NJ Department of Health [& employees, key players or teams] will accomplish this goal by [action steps]. Accomplishing this goal will [measurable results].

**Reminder**

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**SMARTIE Recommendations for NJ Action Plan**

**Time-Bound:** the recommendation should be started by Click or tap to enter a date. & finished by Click or tap to enter a date.

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve Activity & Strategy # **Program Activity 1.3** Strategy Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities. (NHAS 3.6.4)

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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<i>Black, Hispanic, White MSM (25-44)</i>	<i>Males who Inject Drugs</i>	<i>Black &amp; Hispanic Heterosexual Females (25-44)</i>	<i>Transgender Women</i>	<i>Youths</i>	<i>Others; sex workers, immigrants, older adults, disabled, &amp; justice involved individuals</i>

*How can you change or add to this recommendation to increase the equity & inclusion of this activity?*

**Realistic** plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Continue the development and integration of Find Help as a universal database.)
  - a. *Stakeholders Involved/Needed*  
DOH, FindHelp, My Resource Pal,
  - b. Is this task **measurable**?  Yes  No  
*Deliverables;*
    - I. Adjustment to RFA to include funding for a single, unified online database.
    - II. Add the database on any site willing. (ex: NJHPG, EHEs, Agencies, Organizations, Groups)
    - III. Develop a marketing and dissemination tactic to inform agencies and community.
  - c. *Due by; 10/31/2024*
  
2. **Action Step** Utilize Memorandums of Agreements to create impactful and measurable goals that connect community and stakeholders through outreach and engagement.)
  - a. *Stakeholders Involved/Needed*  
DOH, Community, Agencies, Small Businesses, Faith Based Organizations, anyone who receives grant funding from DHSTS, Local Advisory Boards, Planning Groups (NEMA, TGAs)
  - b. Is this task **measurable**?  Yes  No  
*Deliverables;*
    - I. Adjustment to RFA to include a recommendation of collaboration for a unified campaign.
    - II. In upcoming campaigns, encourage collaboration and sharing of messaging/language
  - c. *Due by; 10/31/2024*

**New Jersey HIV Planning Group**  
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**SMARTIE Recommendations for NJ Action Plan**

**Time-Bound:** the recommendation should be started by 9/1/2024 & finished by 10/1/2025

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve Activity & Strategy # **Program Activity 1.2** Strategy **Expand community engagement in health communication initiatives and research (NHAS 3.6.3)**

State's Update

➤ MVOS

Thinking about **Equity and Inclusion**: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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*How can you change or add to this recommendation to increase the equity & inclusion of this activity?*

*The committee believes the recommendation includes the priority populations listed above and other individuals in NJ creating equity across action steps.*

**Realistic** plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. Adjust RFAs to increase opportunities for expansion of educational programs for parents and youth in both traditional and non-traditional ways.
  - a. *Stakeholders Involved/Needed*
    - DOH, Board of Education, PTA, Local Businesses/Organizations, Commissioner of Education, Policy Makers, CBOs, Faith Based Organizations, Community Members, community colleges, liberal arts schools, vocational trade schools
  - b. Is this task **measurable**?  Yes  No

*Deliverables;*

- 1) ~~Use funding to tweak and improve past successful educational interventions (ex: SiHLE, NIA, S.I.S.T.A, Clear, d UP, Seeking Safety, etc). State DOH to determine which EBI's strategically funded through coordinated efforts and with a status-neutral lens in jurisdictional areas~~
- 2) ~~Use funding to create new educational interventions.~~
- 3) ~~Create an evaluation framework DOH to develop projected outcomes and monitoring standard to evaluate program success~~
- 4) 2) DHSTS is responsible for providing contacts for agency level DOH will organize and coordinate EBI system of care and assign key point persons with agency-level stakeholders.

c. Due by;10/01/2024

2. **Action Step** Collaborate with Family Success Centers Widen the implementation of EBI programming in nontraditional agencies to provide education and expand community engagement opportunities in health communication. **D**

a. Stakeholders Involved/Needed

- DOH, Board of Education, PTA, Local Businesses/Organizations, Commissioner of Education, Policy Makers, CBOs, Faith Based Organizations, Community Members, community colleges, liberal arts schools, vocational trade schools

b. Is this task measurable?  Yes  No

Deliverables;

- 1) Create a way to incentivize community members for actively participating in health communication and research opportunities within the Family Success Centers. Build incentive programming to increase participation i EBI programming at host sites
- 2) Utilize existing educational programs (TACD, AETC, etc).
- 3) Develop an evaluation plan to create/strengthen partnerships, clear outcomes and corresponding evaluation plan to increase partner engagement.
- 4) Establish MOU's between family success centers and community stakeholders.

c. Due by;10/01/2024

3. **Action Step** Adjust RFAs to increase opportunities for non-traditional agencies to develop educational programs and reestablish relationships with school districts. **D**

a. Stakeholders Involved/Needed

- DOH, Board of Education, PTA, Local Businesses/Organizations, Commissioner of Education, Policy Makers, CBOs, Faith Based Organizations, Community Members, Social Services, community colleges, liberal arts schools, vocational trade schools

b. Is this task measurable?  Yes  No

Deliverables;

- 1) Create a process to ensure that agencies who are receiving funding are held accountable.
- 2) Develop educational programs that target individuals before they become parents.
- 3) Develop a sexual health educational curriculum starting with pre-k.
- 4) Establish community partnerships with organizations such as Healthy Mothers Healthy Babies and Doula Programs.

c. Due by;10/01/2024

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