How a public health institute would advance health equity in New Jersey
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ACKNOWLEDGEMENTS

The Nicholson Foundation and the Robert Wood Johnson Foundation engaged in a 10-month process to develop a plan to advance establishment of a public health institute in New Jersey. The planning process to launch a public health institute in New Jersey began with hiring two consultants, Erin Marziale, MPH, Director of Network Engagement at the National Network of Public Health Institutes, with 15 years of experience developing institutes across the country, and Sylvia Bookbinder, MPH, with over 40 years of experience in state and local public health in New Jersey. The Nicholson Foundation and Robert Wood Foundation each had a staff person dedicated to the project: Maureen Devey, Senior Program Officer at Nicholson, and Sallie A. George, MPH, Program Officer at RWJF. This group designed the planning process based on successful institute launch experiences in other states and we were joined by New Jersey Department of Health strategy partners, Jennifer Fearon, MPH, Policy Advisor, Office of Policy and Legislative Services, and Natassia Rozario, JD, MPH, former Director, Opioid Policy and Response.

We are indebted to the public health leaders and other stakeholders listed below who gave their time to share insights and experience that were crucial to the planning process, and would like to give a special thanks to Ann Bagchi, PhD, DNP, FNP-C, APN for serving as the liaison between the Design Team and the project organizers.

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WHY A PUBLIC HEALTH INSTITUTE

For New Jersey to be the safest, healthiest, most equitable state possible, it will take more than the actions of individuals alone — whether they are health care professionals, government officials, business or nonprofit leaders, or ordinary people.

New Jersey will only achieve optimal safety and health equity when all of its communities are safe, healthy, and equitable. And that’s a job for the field known as public health, in collaboration with state and local governments, residents, businesses, and everyone else.

While a doctor treats people who are sick, those of us working in public health try to prevent people from getting sick or injured in the first place. We also promote wellness by encouraging healthy behaviors.

From conducting scientific research to educating about health, people in the field of public health work to assure the conditions in which people can be healthy. That can mean vaccinating children and adults to prevent the spread of disease. Or educating people about the risks of alcohol and tobacco. Public health sets safety standards to protect workers and develops school nutrition programs to ensure kids have access to healthy food.

Public health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others. The many facets of public health include speaking out for laws that promote smoke-free indoor air and seatbelts, spreading the word about ways to stay healthy and giving science-based solutions to problems.

Public health saves money, improves our quality of life, helps children thrive and reduces human suffering.

— Dr. Georges Benjamin, MD, Executive Director American Public Health Association
New Jersey’s public health infrastructure and system have been strained for several decades due to lack of funding, insufficient coordination across health and related sectors, and the impact of social and economic determinants of health on New Jersey’s residents.

A recent report, produced by the Edward J. Bloustein School of Planning & Public Policy at Rutgers University, compared New Jersey’s public health infrastructure with eight others with regard to public health capacity. Among the sobering findings:

- New Jersey has the lowest median per capita state appropriation for public health among the states in the comparison.
- New Jersey has among the smallest public health workforce per capita among states in the comparison, at only half that of regional neighbors Connecticut, Maryland, and Massachusetts.

And though millions of dedicated New Jerseyans performed heroically in response to COVID-19, the pandemic exposed — and worsened — health inequity along racial, ethnic, income, and other fault lines.

But this public health crisis, unprecedented in our lifetime, can also be an opportunity to strengthen the state’s public health capacities. One key element in this effort would be to establish a public health institute — something that New Jersey health leaders have explored in previous years without it coming to fruition.

Such an entity in New Jersey would join 45 others in 33 states across the nation, and Puerto Rico and Washington, DC, whose collaborative community-driven partnerships
support efforts to create a more stable, robust, public health infrastructure that addresses health and social needs in the context of community, with a focus on equity. They complement public health systems by strengthening the public health infrastructure, attracting and distributing resources that help fund, educate, and support efforts to expand health opportunities. And they contribute to addressing the inequity that is a barrier to good health.

A public health institute’s sole mission is to advance public health — serving as strategic conveners and providing timely administrative and operational support in collaboration with government agencies and other strategic partners.

Those involved in the current planning process suggest the values at the core of a New Jersey public health institute would reflect the need to:

• Position the public health system to play an essential role in advancing individual, community, and population health.

• Prioritize eliminating disparities and supporting communities to be engaged and empowered advocates and leaders in advancing equity and quality of life.

• Be independent, transparent, innovative, sustainable, collaborative, supportive, and embrace equity by providing leadership.

• Do work, data-driven, guided by engaged communities, serves those most in need, follows and creates best practices, and addresses social and structural determinants of health.

• Be nonpartisan, inclusive, diverse, committed, and trustworthy.

• Ensure the work is accountable to the community and the public health sector.
This report is the result of a 10-month process undertaken by the Nicholson Foundation and the Robert Wood Johnson Foundation to develop a plan to advance establishment of a public health institute. To “seize the moment,” this report lays out a strategic framework, identifies key criteria for an “incubator” organization that would launch the public health institute, and offers recommendations for next steps.

Leaders from government and public health-related sectors played major roles in the planning process, including the New Jersey Department of Health (NJDOH) and the National Network of Public Health Institutes (NNPHI), an organization with members in 33 states, Washington DC, and Puerto Rico.

Engaging with a wide range of key stakeholders from public health, healthcare, and social services was key in developing the strategic framework for a public health institute and identifying capacity gaps — areas where an institute could help address public health needs. There was a high degree of consensus around the potential value of such an institute and how it could complement other efforts in New Jersey, particularly the work of health departments across the state.

Four potential roles for a public health institute in New Jersey were identified through the planning process:

- Collaborate within communities to advance health equity through creating authentic relationships and supporting capacity building, using a social justice framework.
- Function as an assertive, responsive, and nimble fiscal and administrative entity to support public health initiatives and health equity.
- Serve as a community-driven, trusted, and independent convener.
- Support and use an accessible, easy-to-use, modern data infrastructure.

“A public health institute could formulate and address broad policy questions with wide-ranging implications for our state’s residents and our state’s public health. It would help accelerate collaboration across sectors, advance equity, and provide greater focus on addressing the social determinants of health.”

— Judith Persichilli, New Jersey Health Commissioner
In considering how to establish a New Jersey public health institute, stakeholders agreed that no existing organization in the state is appropriately positioned to fill this role. A new, independent nonprofit will need to be established. There was agreement that, in order to do so, there is a need to define criteria for an incubator — a host organization that would be funded to bring the public health institute into existence. The urgency to shore up the state’s public health infrastructure and the Robert Wood Johnson Foundation’s commitment to fund the incubator as a vehicle to launch the institute are two factors that set the current effort apart from others in past years.

The project team agreed there are critical capacity gaps in New Jersey’s public health infrastructure and that a statewide public health institute could help address those gaps.

The project team recommends the following steps:

- Move expeditiously to select and fund an incubator organization as the vehicle to establish a New Jersey public health institute.

- Provide sufficient resources, including consultation by the National Network of Public Health Institutes, to enable the incubator to accomplish the work needed to establish the public health institute — including, but not limited to, hiring, formalizing the governance process, convening statewide stakeholder groups, developing communication plans, exploring potential funding sources, and developing an initial public institute project.

- Maintain a close collaborative partnership with New Jersey Department of Health to help formalize the relationship between state government and the institute.
Public health is the science of protecting and improving the health of people and their communities. Governments lead public health efforts through funding, laws, policies, and partnerships with other organizations. An effective public health system requires considerable resources, sufficient dedicated staff, and coordination among various levels of government and partnerships with multi-sector stakeholders.

Many states have established public health institutes — nonprofit organizations dedicated to advancing public health practice and making systematic improvements in population health. They provide nimble administrative and operational support in collaboration with government agencies. The NNPHI helps bring public health institutes together to share lessons learned and best practices, in addition to providing education and technical assistance on a variety of topics.

The following examples showcase the work of state public health institutes and the value they provide:

- In May 2020, the Fairfax County Health Department in Virginia turned to the Institute for Public Health Innovation to assist with swiftly building up human capacity to respond to the pandemic. In less than a month, the Institute recruited, hired, and trained 80 new staff on behalf of the county. By the end of January 2021, it had hired over 640 people, including case interviewers, contact tracers, community health workers, epidemiologists, environmental health specialists, call center staff, wellness specialists, and response team managers. As the pandemic response shifted to vaccine access, some team members began assisting that effort. More than half of the Institute’s deployed staff are people of color, and staff report speaking over 60 different languages.

- The Ohio Department of Health contracted with the Health Policy Institute of Ohio (HPIO) to complete the 2020-2022 State Health Improvement Plan (SHIP), a tool to strengthen state and local efforts to improve health, well-being, and economic vitality in Ohio. The SHIP is Ohio’s roadmap to address the many challenges identified in a 2019 State Health Assessment, for which HPIO created a Summary Report. With the long-term goal of helping all Ohioans achieve their full health potential, the SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape health, including housing, poverty, education, and trauma.

- In 2017, Public Health Institute of Metropolitan Chicago conducted a landscape analysis of home-visiting services in the city of Chicago in partnership with the Chicago Department of Public Health (CDPH). The purpose was to inform CDPH of the assets and gaps within the system, and how to pursue a coordinated system of home-visitation to improve services for pregnant women and children and reduce system inefficiencies. This helped CDPH guide a strategy for developing a vision and strategy to coordinate maternal child health and early childhood home-visiting services in Chicago.

In these three instances — and many more across the nation — public health institutes helped accomplish important tasks well beyond the capacity of other health entities. As the Virginia example above shows, public health institutes were especially critical in battling the COVID pandemic. They provided data collection and management support; coordination among public health, healthcare, and community agencies; and communications capacity.
For many years, state public health leaders have explored the possibility of establishing a public health institute in New Jersey. In 2013, and again in 2019, studies and convening processes were conducted that strongly supported creation of a public health institute in the state.

Key conclusions emerged that are still valid today:

- A public health institute could help the state overcome longstanding challenges, such as health inequities and underfunding of public health infrastructure and initiatives.

- An institute should have a close, clearly-defined relationship with the NJDOH.

- An institute should be established through an incubator organization that would facilitate it becoming an independent Section 501(c)(3) organization. The feeling was that a newly-created, independent entity stood a better chance of winning the trust of public health leaders throughout the state.

Although these earlier efforts did not lead to concrete steps to build a public health institute, the interest in and the recognition of the potential value of such a body never waned.

In early 2020, the Nicholson Foundation and the Robert Wood Johnson Foundation (RWJF) initiated discussions with NJDOH to assess interest in a collaboration to work toward making a New Jersey public health institute a reality. Within months, the COVID-19 pandemic would challenge New Jersey’s public health leaders at all levels and raise the stakes for development of an institute. The impact of the pandemic underscored the extent of the racial and ethnic inequities in health outcomes in New Jersey. This public health crisis might turn out to be the tipping point that created an opportunity to move forward in earnest to establish an institute.

Two striking situations underscore the need for a public health institute in New Jersey: the state’s racial and ethnic inequities in health outcomes and underinvestment in the state’s public health infrastructure.

Both issues were exacerbated because of the impact of the pandemic and need to be incorporated into the public health institute’s development. New Jersey’s would be the first US public health institute initially established with advancing health equity as a key value and priority.
Health Inequities

New Jersey is a diverse state and health inequities have existed among racial and other groupings for a long time. The COVID-19 pandemic called attention to — and worsened — the impact of racism and inequity in our state. Public systems were poorly prepared and people who entered the pandemic already in greatest need suffered most.

Though non-Hispanic Black people make up 13 percent of New Jersey’s population, they accounted for 18 percent of COVID-19 hospitalizations and 17 percent of COVID-19 deaths, as of December 8, 2021. As of that date, only 8.4 percent of non-Hispanic Blacks had completed the primary COVID-19 vaccination series. Hispanic New Jerseyans are 21 percent of the state population and account for 17 percent of those who completed the primary COVID-19 vaccination series, 23 percent of COVID-19 cases, 24 percent of the COVID-19 hospitalizations, and 18 percent of COVID-19 deaths.

In contrast, non-Hispanic White New Jerseyans are 55 percent of the population and accounted for 45 percent of those who completed a primary vaccination series, 44 percent of COVID-19 cases, 46 percent of hospitalizations, and 55 percent of deaths.

Disparities such as these are found in every measure of health and wellbeing in New Jersey — from infant and child mortality to heart disease to asthma.

![COVID-19 hospitalization rates show racial and ethnicity disparities](Source: New Jersey Department of Health)
Public Health Funding

Federal, state, and local money contributes to public health funding with a patchwork of funding levels across the country. In 2020, support to states from the annual budget of the Centers for Disease Control & Prevention (CDC) ranged from $68.64 per person in Alaska to $18.11 per person in New Jersey (these figures do not include funding tied directly to the COVID-19 pandemic response).

And New Jersey ranks 31st in the nation in state funding for public health, according to the Trust for America’s Health.

This low level of funding has inevitable consequences for New Jersey’s public health infrastructure, including inadequate staffing at the state and local levels. In addition, the “home rule” culture of New Jersey municipalities and the resulting overreliance on local property taxes as the primary source of funding, leads to a local public health system that is largely determined by, and responsive to, the needs of local communities and the priorities of local government officials. Although generally responsive to the local community, the system faces obstacles in dealing with routine and emergency regional and statewide events. Local public health directors say they find it difficult to simultaneously achieve the core things they need to do and accomplish responsive tasks, such as managing COVID response. They lack the capacity to do both and funding does not flow from the state level for them to increase that capacity.

The demands on the public health system caused by the pandemic have only made the situation more challenging. Even with large pandemic-related funding increases from the federal government, state and local public health agencies — without a strong infrastructure, and without proper staffing levels — have had difficulty in quickly responding to the pandemic.

Providing nimble and efficient operational support to New Jersey’s public health agencies is one difference-making role a state public health institute could play — as described in the Virginia example on page 10.
Public Health Capacity in New Jersey

To inform public health infrastructure strategy in New Jersey public health institute, RWJF funded the wide-ranging assessment of public health capacity in the state mentioned above led by Jeanne Herb, Executive Director of the Environmental Analysis and Communications Group in the Bloustein School of Planning and Public Policy at Rutgers University. The team found that in the face of a pandemic that disproportionately harmed people who experience the greatest health inequities, New Jersey finds itself, again, with a public health infrastructure capacity that is severely stressed and constrained in its ability to address such existing and emerging threats as infectious diseases, climate change, and an increasingly inequitable distribution of risk due to structural racism, underinvestment of certain communities, and underrepresentation of marginalized populations in civic decision making.
PLANNING PROCESS

Funders and Consultants

The public health institute planning process, funded by the Nicholson Foundation, in collaboration with the Robert Wood Johnson Foundation and the NJDOH, was designed to meet two major objectives: developing the strategic framework for the public health institute and arriving at key criteria for the incubator organization, which could be incorporated into the selection process for that organization. Nicholson and RWJF engaged the National Network of Public Health Institutes to consult on the planning process.

NNPHI has facilitated numerous institute-launch processes across the country since 2007 and developed the Guide for Developing and Thriving as a Public Health Institute as a resource for institute development.

Four major considerations in the planning process are:

- Forming an advisory group or design team knowledgeable about the state’s health and/or public health landscape tasked to help create the public health institute’s foundational structure
- Exploring data reflecting the gaps in the state public health system
- Connecting to other states’ institutes to learn from their experiences and examine various models of structure and operations
- Focusing on the capacity gaps and needs of the state and prioritizing gaps and needs to be addressed by the institute

Design Team

A diverse Design Team of 12 members brought to the planning process people from public health, the healthcare system, academia, community-based organizations, and the faith community. These leaders and innovators in their fields were drawn from all regions of New Jersey. Each brought an important perspective to the work and contributed their expertise to refining the priority issues related to public health.

The Design Team worked collaboratively over several months and developed consensus on the objectives they were asked to address. Their work informs much of the findings discussed in this report.

Consistent with the project’s main objectives, the Design Team was asked to focus on the following:

- A strategic framework for the public health institute; vision, mission, and values; and key roles and functions for the institute
- Eligibility and selection criteria for the “incubator” organization
Key Informants

To add perspective to the historical research and inform the Design Committee’s work, additional stakeholders were engaged in the planning process. They included several former New Jersey state health commissioners and leaders of public health agencies and community-based organizations.

New Jersey Department of Health

The NJDOH anticipates being a partner and collaborator with a state public health institute. In addition to benefitting from Commissioner Persichilli’s engagement and support, the planning effort was aided by participation of other key Department personnel. Two staff members were on the Design Team and a number of senior departmental leaders were involved in strategic discussions about aligning with NJDOH goals. They also spent time learning from their public health colleagues in other states who have worked with public health institutes.

Specific roles the New Jersey Department of Health group identified for a public health institute were:

- Rapid procurement and staffing
- Funding development, including grant applications and management
- Consistent staffing for programmatic continuity
- Partnership with community based/grassroots organizations to build their capacity
- Data collection and measurement of health outcomes for priority populations over time
- Establishment of long-term, multi-sector relationships
- Dissemination of promising practices for quality improvement
Throughout the numerous attempts to establish an institute (including this one), stakeholders consistently advised that no existing organization in New Jersey was positioned to serve as the institute. The view expressed in interviews with NJDOH, the Design Team, and public health leaders was that no entity in New Jersey fits the full criteria for a public health institute. RWJF will fund the “incubator” organization selected to help establish the public health institute in New Jersey. This will be an existing New Jersey-based, Section 501(c)(3) public charity that will provide a temporary administrative home for the institute. The incubator will help build the institute’s infrastructure, establish a funding base, develop programs, and lead the process for the institute to obtain nonprofit status.

The core capabilities for the incubator organization fall into four categories: administration, financial management, human resource management, and technology/information systems.

It is important for the incubator to have:

- A mission compatible with that of the public health institute
- A reputation for being an equitable, diverse, inclusive, trusted, successful convener
- Commitment to mentor people involved in the infrastructure development of the institute at the program, operations, and finance levels
- A multi-year contractual relationship that enables the institute to exit the incubator organization at an appropriate phase of its development (likely 3-5 years)
GUIDING FRAMEWORK FOR NEW JERSEY’S PUBLIC HEALTH INSTITUTE

The vision, mission, values, and key roles listed here are work products of the Design Team. They are intended to provide guidance for RWJF’s selection of an incubator and, in the longer term, the public health institute’s leadership.

**Vision**

A New Jersey where people, communities, and populations have a fair and just opportunity to experience health and quality of life to their full potential.

**Mission**

To actively promote collaborative and community-driven partnerships to effect policies and practices to improve health, strengthen public health infrastructure, leverage resources to foster collective impact and social justice, and systemically advance equity and quality of life for all.

**Values**

- Our organization believes that public health is what we do as a society to ensure the conditions in which everyone can be healthy.
- Our organization believes that the public health system plays an essential role in advancing individual, community, and population health.
- Our organization prioritizes eliminating disparities and supports communities to be engaged and empowered and to be advocates and leaders in advancing equity and quality of life.
- Our organization is independent, transparent, innovative, sustainable, collaborative, supportive, and embraces equity and provides leadership.
- Our work is accountable, data driven, guided by engaged communities, serves those most in need, follows and creates best practices, and addresses social and structural determinants of health.
- Our staff is nonpartisan, inclusive, diverse, committed, and trustworthy. We continue to learn, evolve, and develop collaborative relationships to advance equity and quality of life.
# KEY ROLES FOR NEW JERSEY’S PUBLIC HEALTH INSTITUTE

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<th>Collaborate to eliminate health inequity through creating authentic relationships and supporting capacity building, using a social justice framework</th>
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<td>a.</td>
<td>Support organizations to embrace equity; this support may include:</td>
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<td>i.</td>
<td>Increase understanding of social and structural factors as root causes of health disparities</td>
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<td>ii.</td>
<td>Provide disaggregated data specific to New Jersey to highlight inequities</td>
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<td>iii.</td>
<td>Lead evaluations and analyses to help organizations advocate for targeted local efforts</td>
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<td>iv.</td>
<td>Assist organizations to align their mission statements with health equity goals</td>
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<td>b.</td>
<td>Prioritize relationships and resource sharing with the most marginalized and underserved communities in New Jersey</td>
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<tr>
<td>i.</td>
<td>Ensure representation on the board of trustees of the institute and advisory groups</td>
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<td>ii.</td>
<td>Seek opportunities for new projects, grants, and partnerships with organizations that serve those communities</td>
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<td>iii.</td>
<td>Provide support for grant writing, federal grants administration, other capacity needs</td>
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<td>iv.</td>
<td>Create spaces for collaboration with partners across the state</td>
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<td>c.</td>
<td>Monitor proposed and review existing legislation/policies at the state and local levels for unintended effects on health equity</td>
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<td>d.</td>
<td>Educate stakeholders and decision makers about potential health impacts of legislation and/or policies</td>
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<td>e.</td>
<td>Partner with stakeholders to issue joint position statements</td>
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<td>f.</td>
<td>Build and support systems of accountability that promote health equity</td>
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<td>g.</td>
<td>Increase funding for infrastructure for public health and social services</td>
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<th>2</th>
<th>Function as an assertive, responsive, and nimble fiscal and administrative entity to support public health initiatives and health equity</th>
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<tbody>
<tr>
<td>a.</td>
<td>Assertively identify and pursue funding opportunities from diverse sources</td>
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<td>b.</td>
<td>Manage grants with efficiency, transparency, and fiscal accountability</td>
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<td>c.</td>
<td>Support resource development and sustainability of organizations led by marginalized groups working on initiatives that intersect the social determinants of health</td>
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<td>d.</td>
<td>Build capacity and expedite procurement functions</td>
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<tr>
<td>e.</td>
<td>Serve as an incubator and fiscal sponsor of small and emerging community-based organizations</td>
</tr>
<tr>
<td>f.</td>
<td>Support implementation of the Centers for Disease Control’s <a href="https://www.cdc.gov/phpr/essential.php">10 Essential Public Health Services</a> throughout New Jersey’s public health system</td>
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<tr>
<td>g.</td>
<td>Strengthen governmental public health agencies’ capacity to provide the Public Health National Center for Innovations’ <a href="https://www.phnci.org/our-work/essential-public-health-services">Foundational Public Health Services</a></td>
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![Image of a person and a child wearing safety vests.](image)
KEY ROLES FOR NEW JERSEY’S PUBLIC HEALTH INSTITUTE

3. Serve as a community-driven, trusted, and independent convener
   - a. Lead and participate in shared problem solving
   - b. Build multi-sector partnerships with public and private entities, including those that may not traditionally consider themselves to be part of the broad public health system
   - c. Facilitate leadership roles for local stakeholders in efforts to improve the public’s health and address health inequities
   - d. Leverage existing resources to complement and build on the work of others
   - e. Identify and disseminate effective practices for equitable collective impact
   - f. Assist in the coordination of programs to avoid duplication of efforts and services

4. Support and utilize an accessible, easy-to-use, modern data infrastructure
   - a. Build on existing data resources and investments in New Jersey
   - b. Improve the collection and sharing of municipal and neighborhood data
   - c. Champion data gathering and sharing among the broad, multi-sector public health system
   - d. Analyze and disaggregate data by race, ethnicity, gender identity, sexual orientation, socioeconomic class, disability status, and other characteristics as well as the intersection of these identities, to assess health disparities to inform the development of programs that promote health equity
   - e. Collaborate to make data more user-friendly for stakeholders
   - f. Communicate data in formats appropriate to the needs of diverse audiences (including through social media)
   - g. Use data to develop evidence-based, science driven strategies and policies
   - h. Provide state-of-the-art research and evaluation services to measure changes in health outcomes
As this report lays out, there is broad consensus on the areas of need a public health institute in New Jersey should address as well as the key functions it should perform.

As we learned, the achievements of public health institutes in other states in addressing the public health needs of their states provide support for advancing our effort in New Jersey.

Establishing a public health institute would be a key part of a reimagined public health system for New Jersey. In the wake of a deadly pandemic for which the state was unprepared, and amid intolerable barriers to good health along racial, ethnic, and other lines, we urge all who envision a state with better health and greater equity for all residents to help seize this moment and make the longtime goal of a state public health institute a reality.