



# SICI

## Social Impact and Community Investment 2019-2020 STRATEGIC PLAN SUMMARY

**RWJBarnabas**  
HEALTH

JANUARY | 2019

## VISION

All New Jerseyans live in—and contribute to—socially-connected and economically-thriving resilient communities.

## MISSION

The mission of the social impact and community investment practice is to improve health for all New Jerseyans by strategically working to foster health promoting environments and conditions across the key social determinants of health. Our work contributes to healthy people, healthy homes, and healthy communities.

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## CHARTER

The corporate social impact and community investment practice is responsible for leading the system's charge to help create healthier communities. The practice plans and drives implementation for system-wide social impact and community investment intervention initiatives, supports local sites with their work in the field (strategy development, resources, training), and directs the system's policy development and government affairs efforts as well as its global health work.

Led by an experienced team of practitioners, the practice's operational charter focuses on how our team collaborates to accomplish its mission.

- > We are all servant leaders toward the higher goal of health and economic equity
- > We ground our work in data-driven, evidence-based theory, practice and policy
- > We need each other; we collaborate with our internal and external stakeholders
- > We respect each other and embrace our differences
- > We act as a catalyst for the shifting of paradigms
- > We are gutsy, well-prepared and believe in the just cause
- > We create and model a culture of trust to foster co-design
- > We champion open and frequent communication
- > We emphasize the "why"
- > We work without ego
- > We share and celebrate the victories, large and small
- > We work transparently and vulnerably
- > We don't take the resistance personally
- > We are relentless—the work is complex and takes time
- > We understand that innovation requires risk; we are not afraid to fail
- > We apply our collective skills and courage to achieve success





Dear Partners and Friends:

At RWJBarnabas Health, our primary mission is to help our neighbors by building healthier communities. The Social Impact and Community Investment (SICI) 2019-2020 Strategic Plan Summary is intended to share a high-level overview of our plans to reach beyond the walls of our facilities, use our assets and resources to more equitably improve our communities' long term well-being and quality of life, and, finally, solicit your assistance as we move forward to create a healthier New Jersey for all residents.

This document is a companion to a more extensive Strategic Workplan that details how, when and where we will initiate the efforts described herein. Both this summary document and the more detailed Strategic Workplan are dynamic, meant to act as a guide, but expected to evolve as the practice and the communities we serve learn, grow and change.

Creating sustainable change is challenging. It takes strong partnerships, resources and perseverance to make it work. We implore you to join us to help our neighbors in New Jersey and around the globe!

Warmest Regards,

A handwritten signature in black ink, appearing to read "Barry H. Ostrowsky".

Barry H. Ostrowsky  
President and Chief Executive Officer, RWJBarnabas Health

# THE NEED

## NEW JERSEY IS THE THIRD WEALTHIEST

state in the nation and is home to 8.9 million residents, yet 1 in 10 of its residents is hungry and more than 8,500 are homeless. The federal poverty level (FPL) is the benchmark that has been used by policymakers and the public, to discuss poverty. For example, the 2018 FPL for a family of four is \$25,100 annually or \$2,091 monthly. Considering the average monthly rent in New Jersey

But what is coming into greater focus is the realization that many individuals in New Jersey and nationally live above the poverty line but struggle every day to afford food and housing. Historically known as the “working poor,” the discussion has shifted to emphasize the everyday struggles of ALICE (Asset Limited, Income Constrained, Employed).

“...many individuals and families in New Jersey and nationally live above the poverty line but struggle every day to afford food and housing.”

for a two bedroom apartment ranges from \$1,200–\$1,750, it is understood why individuals who are at the FPL or even 200% FPL, even with the aid of government programs continue to face tough decisions, choosing between basic necessities, such as food, heat or medicine.

1 IN 10  
NJ RESIDENTS ARE  
HUNGRY


<sup>1</sup><https://aspe.hhs.gov/poverty-guidelines>

<sup>2</sup><https://smartasset.com/mortgage/the-cost-of-living-in-new-jersey>

<sup>3</sup>[http://www.socialserve.com/tenant/index.tml?ch=NJ&type=rental&state\\_id=4041](http://www.socialserve.com/tenant/index.tml?ch=NJ&type=rental&state_id=4041)



# Who is ALICE?



**Nearly 39% of New Jerseyans cannot meet their basic needs.**

When people cannot afford food, heat or housing it significantly affects their health. In fact, research demonstrates that social and economic factors comprise 80% of all health outcomes.



**At least 47% of our neighbors do not have savings set aside to cover expenses for 3 months.**



## ABOUT ALICE

ALICE, a United Way acronym which stands for Asset Limited, Income Constrained, Employed, represents the increasing number of individuals and families who work, but are unable to meet their basic needs, including food, child care, housing, health care and transportation. RWJBarnabas Health is pleased to partner with the United Way on this effort.

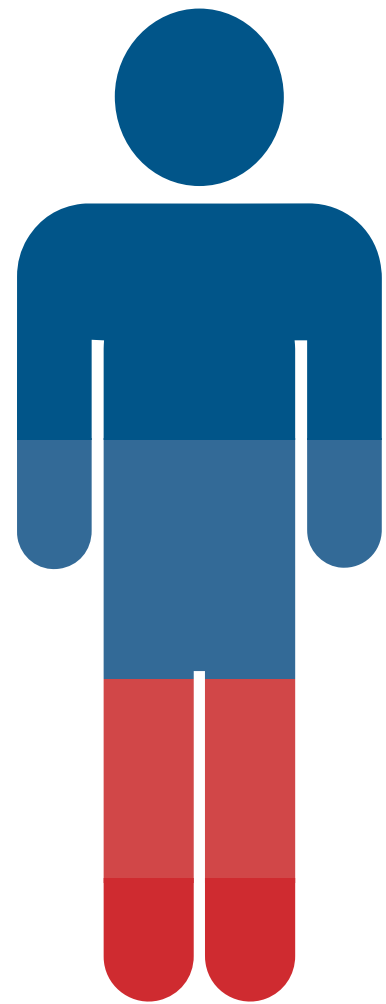
- > A total of 1,230,061 households in New Jersey (n=38.5%) cannot afford their basic needs, including food, heat, child care, transportation, healthcare and technology in 2016. Approximately 895,000 (n=28%) of these individuals work; they are ALICE.
- > The cost of basic household expenses in New Jersey increased to \$74,748 for a family of four (two adults with one infant and a preschooler); 10.5% of the state's households earn below the FPL and another 28% are ALICE households.
- > 51% of all jobs in New Jersey continue to pay less than \$20 per hour and 5.6% of the population, aged 16 and older, are unemployed and seeking employment.

<sup>4</sup>ALICE: A Study of Financial Hardship in New Jersey; United Way ALICE 2018 Report - New Jersey

<sup>5</sup>ALICE: A Study of Financial Hardship in New Jersey; United Way ALICE 2018 Report - New Jersey

## SOCIO-ECONOMIC FACTORS

- > 16.9% of children live in poverty
- > 5.6% of the population, aged 16 and older, are unemployed and seeking employment
- > Property crimes and violent crimes in NJ are on the decline, however in 2016 there were over 160,000 total incidents, including 1,453 rapes, 395 homicides, and 688 suicides
- > Among persons 15 to 29 years of age, homicide is the second leading cause of death in New Jersey and the US. In NJ, homicides disproportionately occur to young black males, conversely white males in the State commit suicide more than twice as often as other individuals
- > 10.3% or nearly one million New Jerseyans are food insecure
  - > 740,600 New Jerseyans are on SNAP (Supplemental Nutrition Assistance Program), formerly known as food stamps and receive an average of \$142 per month to feed their families
  - > 1/3 of these individuals make too much money to qualify for SNAP
  - > 1 in 15 New Jersey workers benefit from SNAP
  - > 298,000 children in the Garden State go to bed hungry
  - > 200,000 older adults do not have enough to eat
  - > 1 in 5 Community College students are hungry
- > While 90.5% of New Jersey residents graduate from high school, this rate drops for vulnerable neighborhoods such as Newark and New Brunswick, which have graduation rates of 71% and 70% respectively. Additionally, when analyzing graduation rates by race 82% of Black students graduate, 83% of Hispanic students graduate, and 75% of students with limited English proficiency graduate



When people cannot afford food, heat or housing it significantly affects their health. In fact, research demonstrates that social and economic factors comprise 80% of all health outcomes. For years it has been understood that a person's zip code is a better predictor of their health outcomes than their genetic code, and New Jersey is no exception. While New Jersey ranks on par with the nation in many of its health outcomes, many of its cities fall woefully behind; vulnerable populations suffer from poor health, social, and economic outcomes.

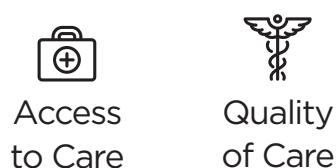
## 40% SOCIO- ECONOMIC FACTORS



## 30% HEALTH BEHAVIORS



## 20% HEALTH CARE



## 10% PHYSICAL ENVIRONMENT



## HEALTH BEHAVIORS

- > 26% of adults are obese
- > 18% drink alcohol excessively and 24% of driving deaths include alcohol involvement

## HEALTHCARE

- > 13% of the population under age 65 lacks medical insurance

## PHYSICAL ENVIRONMENT

- > 23% of households in the state, struggle with overcrowding, high housing costs, or lack of kitchen or plumbing facilities

<sup>6</sup>[http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017\\_NJ.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_NJ.pdf)

<sup>7</sup>[http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017\\_NJ.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_NJ.pdf)

<sup>8</sup><https://www.cityrating.com/crime-statistics/new-jersey/>

<sup>9</sup><https://www.nj.gov/health/chs/njshad/>

<sup>10</sup>[https://www-doh.state.nj.us/doh-shad/indicator/complete\\_profile/Homicide.html](https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/Homicide.html)

<sup>11</sup><https://www-doh.state.nj.us/doh-shad/indicator/view/Suicide.RaceEth.html>

<sup>12</sup><https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/NJ>

<sup>13</sup><http://map.feedingamerica.org/county/2016/overall/new-jersey>

# THE COMMITMENT

## **RWJBARNABAS HEALTH (RWJBH) IS THE STATE'S**

largest integrated academic medical center. The system extends from northern New Jersey to the state's ocean shores and serves diverse populations, cities and towns, urban and suburban areas. Beyond addressing health care through the provision of clinical patient care within the walls of its facilities, RWJBH is driven to make a unique impact in local communities throughout the state. The ultimate aim is to make communities healthier and well.

With anchor institutions throughout the system's catchment area, RWJBarnabas Health is committed to meaningfully serve its community and develop mechanisms that proactively address the social determinants of health. In 2017, RWJBH established its Social Impact and Community Investment (SICI) practice, a system-wide professional department aimed at advancing the organization's vision to improve the health, quality of life, and vitality of New Jersey communities and targeted communities around the world.

**“...RWJBarnabas Health is committed to meaningfully serve its community and develop mechanisms that proactively address the social determinants of health.”**

<sup>14</sup>Kids Count NJ: <https://datacenter.kidscount.org/data/tables/2147-households-paying-more-than-30-of-income-on-rent?loc=32&loct=5#detailed/5/4699->

<sup>15</sup>[https://www.opendatanetwork.com/entity/1600000US3451000/Newark\\_NJ/education.graduation\\_rates.\\_high\\_school\\_graduate\\_or\\_higher?year=2016](https://www.opendatanetwork.com/entity/1600000US3451000/Newark_NJ/education.graduation_rates._high_school_graduate_or_higher?year=2016)

<sup>16</sup><https://www.njspotlight.com/stories/17/01/12/interactive-map-new-jersey-graduation-rate-inches-up-for-class-of-2016/>

<sup>17</sup>[http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017\\_NJ.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_NJ.pdf)

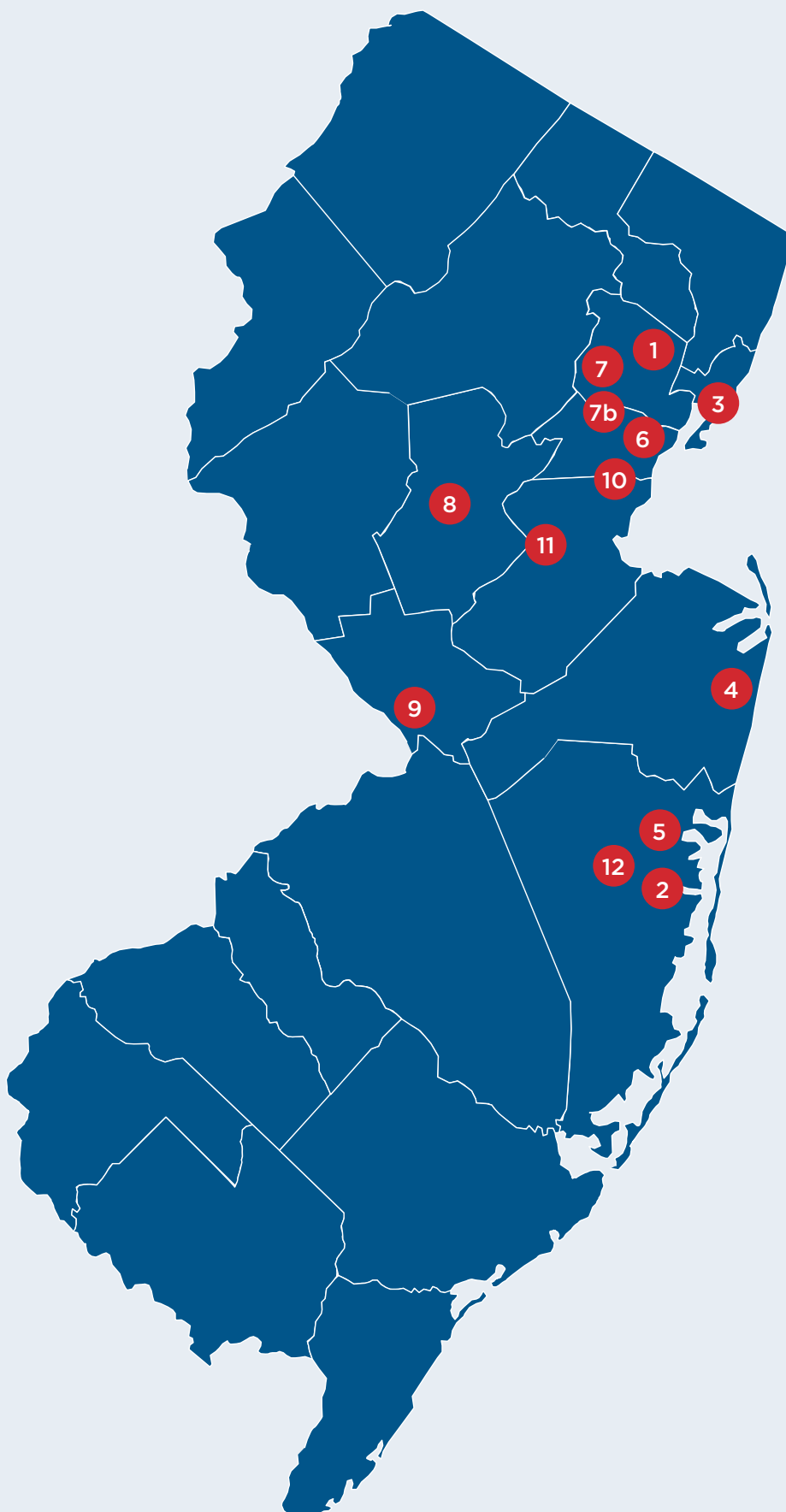
<sup>18</sup>[http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017\\_NJ.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_NJ.pdf)

<sup>19</sup>[http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017\\_NJ.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_NJ.pdf)

<sup>20</sup>[http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017\\_NJ.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2017_NJ.pdf)



- 1** Clara Maass Medical Center,  
Belleville
- 2** Community Medical Center,  
Toms River
- 3** Jersey City Medical Center,  
Jersey City
- 4** Monmouth Medical Center,  
Long Branch  
  
The Unterberg Children's Hospital  
at Monmouth Medical Center
- 5** Monmouth Medical Center,  
Southern Campus, Lakewood
- 6** Newark Beth Israel Medical Center  
  
Children's Hospital of New Jersey  
at Newark Beth Israel Medical  
Center
- 7** Saint Barnabas Medical Center,  
Livingston  
  
Barnabas Health Ambulatory  
Care Center
- 8** Robert Wood Johnson University  
Hospital Somerset, Somerville
- 9** Robert Wood Johnson University  
Hospital Hamilton, Hamilton
- 10** Robert Wood Johnson University  
Hospital Rahway, Rahway
- 11** Robert Wood Johnson University  
Hospital, New Brunswick  
  
The Bristol-Myers Squibb  
Children's Hospital at Robert  
Wood Johnson University Hospital  
  
PSE&G Children's Specialized  
Hospital
- 12** Barnabas Health Behavioral Health  
Center, Toms River



# THE STRATEGY

## THE RWJBARNABAS HEALTH SOCIAL IMPACT

and Community Investment (SICI) practice leverages the system's broad range of assets to advance a culture of health and improve the quality of life for communities in New Jersey and throughout the globe. With an emphasis on ensuring health equity, the practice of SICI is rooted in strategic policy change, combined with evidence-based and innovative programs that address the social, economic, and environmental conditions that have a significant impact on health outcomes.

Working collaboratively with stakeholders across the system and within communities, the SICI practice serves as a driver of the system's anchor mission—hire local, buy local, invest local. To meet this charge, the SICI practice will:

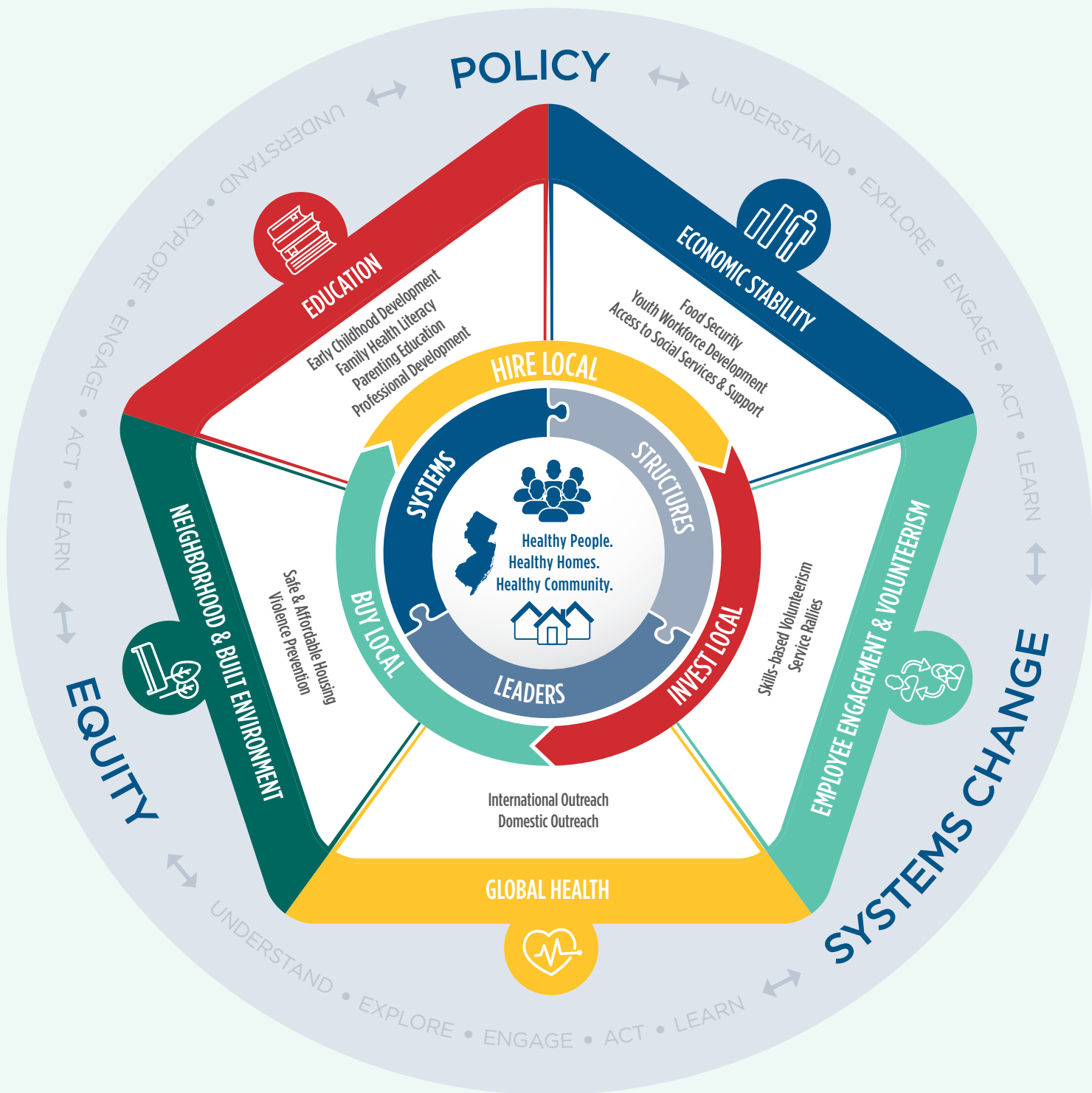
- > Collaborate with internal and external stakeholders to co-design and drive comprehensive social impact, community investment, and external affairs strategies.
- > Work across internal and external boundaries to help improve community conditions.
- > Support local sites to build capacity and implement strategy.
- > Utilize system resources efficiently by looking across the system to achieve shared goals through standardized practices.
- > Measure and evaluate impact to prove concept and use funding for initiative improvement and replication.
- > Support communication of efforts to diverse internal and external stakeholders.

## ANCHOR MISSION

To achieve health equity and improve the well-being of our communities, RWJBarnabas Health contributes to the economic development of our communities. By building stronger community partnerships, providing employment and procurement opportunities, and investing in community wealth building, RWJBH creates inclusive local economies that provide talent and resiliency for our supply chain's demands.

## PRIORITY INTERVENTIONS

RWJBarnabas Health recognizes that, in order to effectively address the factors that lead to poor health outcomes, a multi-level approach is required. Complimenting robust policy and systems change efforts, is strategic investment in communities to implement evidence-based and innovative initiatives. Through inclusive and ongoing dialogue with diverse internal and external stakeholders, the SICI practice co-designs interventions that intentionally address the issues that result in health disparities and achieve improved health, social, and economic outcomes for individuals throughout New Jersey and in targeted global communities.



# POLICY & SYSTEMS CHANGE

## STRONG PUBLIC POLICIES HAVE

the ability to create health equity, sustain evidence-based programs, and build stronger communities. The system's Social Impact and Community Investment practice is distinct nationally because of its comprehensive integration of policy. RWJBH believes that to have long-term, sustainable impact on community health and well-being, it is necessary to make long-term changes to systems and structures. For these reasons, the RWJBH policy development and government affairs department has

**“The major tenets of RWJBH’s social impact work is an emphasis on external systems and structures that require municipal, state, and federal statutory and regulatory advocacy in order to pursue the goals of improving community health through non-traditional healthcare avenues.”**

expanded its focus. In order to effectuate long-term, sustainable change in systems and structures that have, for decades, contributed to inequitable health outcomes, the practice pursues thought leadership in innovative policy and emphasizes the need for equity for all in each aspect of its work.

The major tenets of RWJBH's social impact work is an emphasis on external systems and structures that require municipal, state, and federal statutory and regulatory advocacy in order to pursue the goals of improving community health through non-traditional healthcare avenues. In order to effectively pursue social impact policy initiatives, the policy development and government affairs team builds and maintains stakeholder relationships outside of those typically maintained in the healthcare arena.

Ultimately, as policy leads this practice, the policy development and government affairs department influences the system's social impact mission by pursuing supportive federal, state and local policies to improve health outcomes, eliminate disparities and achieve equity in New Jersey and nationwide. The SICI practice relies on evidence-based, data-driven research and analysis to inform its initiatives; so too does its policy initiatives.

The size and scope of the RWJBarnabas Health system is not only geographically widespread, it is also politically diverse and issue expansive. The practice manages a coverage area of a total of 12 legislative districts and the 107 municipalities within them and seven congressional districts and the 265 municipalities within them. This size and scope provides the policy development and government affairs department with an opportunity to build relationships with government and elected officials that cover approximately 5 million of the State's population.



# 2019–2020 GOALS & KEY OBJECTIVES

## GOAL 1

**Educate key internal and external stakeholders about the interplay of health outcomes and the social determinants, as evidenced by increased understanding of social impact.**

Implementation of policy solutions to improve health outcomes, eliminate disparity and achieve equity requires an understanding of how social determinants of health play a larger role in individual and communities' health outcomes than clinical care. This education campaign extends to both RWJBH internal stakeholders and external audiences, including policymakers, government officials, community-based stakeholders and the media.

- 1.1** Expand the partnership with Think Tank, Inc., to institute a COPE-certified training program in the RWJBH system, in order to expand the SICI practice's ability to equip employees, affiliates, providers and eventually, external decision makers, to deepen their understanding of the holistic experience of poverty and the inadequate manner that current structures and systems impact the vulnerable by certifying 30 RWJBH SICI leaders to facilitate COPE simulations.
- 1.2** Support United Way ALICE convenings to highlight true cost of living in New Jersey and nationwide, dispel myths surrounding the working poor, and encourage government officials and business leaders and RWJBH to pursue policies to support ALICE initiatives.

## GOAL 2

**Serve as a key stakeholder in state and national coalition building efforts aligned with SICI practice priorities, as evidenced by increased partnerships with key organizations.**

Entrance into the social impact and community investment arena brings with it new national advocacy network involvement. Among these are the Healthcare Anchor Network, convened by the Democracy

Collaborative; The Root Cause Coalition; and the United Way's National ALICE Policy Forum, RWJBH's SICI has a seat on the national advisory councils of each. Additionally, this requires expanded coalition building at the state level, including the Health Care Quality Institute of New Jersey; the Housing and Community Development Network of New Jersey; and Advocates for Children of New Jersey, among others. Finally, this practice utilizes its existing membership in trade associations at the state and federal level—including America's Essential Hospitals, the American Hospital Association, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Business and Industry Association, among others—to influence policy initiatives and positions.

- 2.1** Expand partnerships with national and state stakeholder coalitions.
- 2.2** Pursue roles on various state and federal non-profit boards that align with the goals and objectives of the SICI.

## GOAL 3

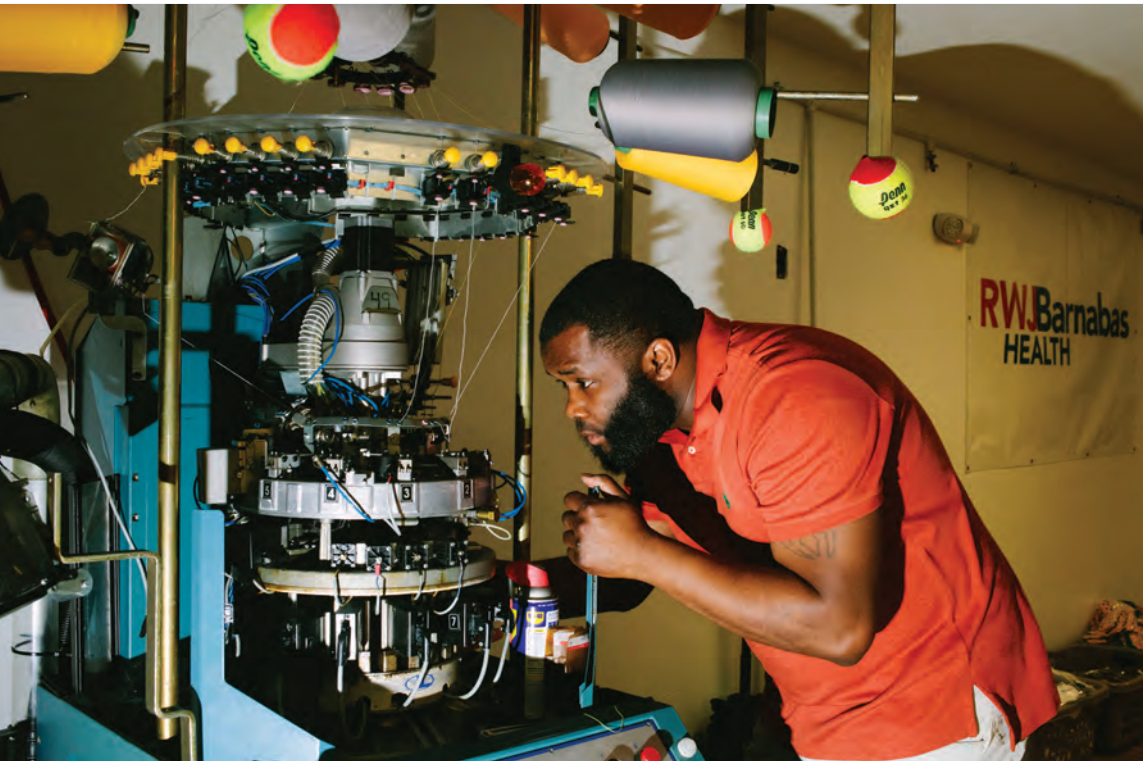
**Advocate for supportive policies, at the federal, state, and local level, that enable the SICI practice to meet its mission and create long-term systemic and sustainable change, as evidenced by adoption of supported policies.**

At its core, this practice serves as an advocate for supportive policies, at the federal, state and local level, that enables the practice to move its short-term initiatives to create long-term systematic and sustainable change.

- 3.1** Expand partnership with nationally recognized policy partner, Change Lab Solutions, to support existing work with neighborhoods, cities, and the State to transform communities with laws and policies aligned with those targeted facilities' social impact initiatives.
- 3.2** Develop and pursue policy initiatives based on the SICI practice's goals and objectives, described throughout the strategic plan.

# ANCHOR MISSION

BUY LOCAL. HIRE LOCAL. INVEST LOCAL.



## AS AN ANCHOR INSTITUTION,

RWJBarnabas Health leverages its long-term, place-based economic power, human capital, and intellectual resources in the communities in which it resides. By building stronger community partnerships, providing employment and procurement opportunities, and investing in community wealth building, the organization creates inclusive local economies that provide talent, business savings, and resiliency for our supply chain and professional service demands. Working collaboratively with departments across the system, the practice serves as a driver of the system's anchor mission.

“The corporate practice works with local sites and community-based organizations to enhance existing, and help establish new, workforce development and job training programs throughout the region.”

# 2019–2020 GOALS & KEY OBJECTIVES

## GOAL 1

**Formalize and integrate the anchor mission strategy—with a specific emphasis on local procurement and hiring throughout the system, as evidenced by enhanced systems and increased contracting with a minimum of 25 targeted vendors.**

A chief aim of the SICI practice is to build the collaborative leadership necessary to drive and fulfill the system's anchor mission. To advance inclusive local sourcing, hiring, and investment, the practice encourages asset leaders to appoint departmental liaisons to work with the SICI practice and lead anchor opportunities in each department. Adequate staffing assigned to focus on the area across departments enables efficient collaboration and facilitates tracking for internal and external purposes.

- 1.1** Increase the efficiency of data collection, to the level necessary, to formalize the anchor mission strategy, as evidenced by increased standardization and streamlined data collection, analytics and reporting across the system.
- 1.2** Increase the procurement opportunities provided to a minimum of 25 local and locally owned Minority-Owned (MBE), Women-Owned (WBE) and Veteran Owned Business (VOBE) businesses across the RWJBH system, as evidenced by increased contracting to such entities.
  - > Develop methodology to calculate total spend baselines across the enterprise for targeted facilities for WBE/MBE/VOBE and local businesses.
  - > Establish and track system-wide hiring and procurement indicators for anchor initiatives that are tracked at the facility level.
- 1.3** Establish vehicles of accountability and responsibility that govern the system's anchor mission initiatives, as evidenced by the establishment of standard operating procedures, principles, policies for the system's anchor work, development of clear workflows, and a dashboard to feature the system's progress, which will be reported on a quarterly basis.

- 1.4** Establish common anchor institution language across the system to ensure for clarity, transparency and efficiency, as evidenced by increased knowledge of anchor institution concepts, constructs, definitions and vocabulary and improved awareness of SICI practice efforts as it relates to the anchor mission.
  - > Define and clarify terminology related to the system's anchor work (i.e. how we define local businesses, local hires, and local investments).
  - > Ensure transparency of guidelines and protocols for how to engage, identify, and track local businesses, hires, and investments to enable quality and standardization of processes and procedures.
  - > Educate the system at all levels about the critical role of an anchor institution and the strategic rationale for addressing the social determinants of health.
  - > Finalize methodology regarding local and vulnerable zip codes.
  - > Develop and disseminate a system-wide "Did You Know..." toolkit/guide on local and vulnerable geographic analysis.
  - > Educate the RWJBH system on baseline data for local procurement and hiring.
  - > Ensure language and protocols are easily accessible to all RWJBH asset leaders and employees.
  - > Determine the criteria for SICI community partnerships and local organization engagement and communicate the criteria to internal and external stakeholders.

## GOAL 2

**Increase the capacity of Local Minority Owned businesses (MBEs), Women Owned businesses (WBEs), and Veteran Owned businesses (VOBEs) to work with the RWJBH system, as well as other industry leaders, as evidenced by the number of contracts awarded to the same and amount of dollars awarded across the system.**

The SICI practice works with internal and external partners to comprehensively strengthen the capacity of MBEs, WBEs, and VOBes to work with the system and provide quality products and services on a sustainability basis for mutual benefit. The overall aim is community wealth building across the system's statewide footprint.

- 2.1** Establish partnerships with local business development entities, as evidenced by an increase in the number and quality of partnerships developed and the number of vendors receiving technical assistance and capacity building training.
- > Partner with Newark Community Economic Development Corporation (NCEDC) to provide access to capital and to support the mini MBA program (identify program participants that meet eligibility criteria).
  - > Partner with small business development department heads at financial institutions.
  - > Partner with the regional office of the Small Business Administration to support the "emerging leaders" program.
  - > Partner with African American Chamber of Commerce of New Jersey to source prospective MBES and identify bonded or bondable minority subcontractors.
  - > Partner with Hispanic Chamber of Commerce of New Jersey to support small business development programs and to source prospective MBEs.
  - > Establish one community partnership for each focus area: hire local, buy local, invest local (i.e. Institute For Entrepreneurship Leadership, Newark Venture Partners).
  - > Establish a mentorship and apprenticeship program to cultivate long-term relationships.

- > Develop and pilot an institutional initiative to enhance the skills and capabilities of locally owned MBEs and VOBes to support their growth.
- > Collaborate with Greater Newark LISC to ensure that they are connecting with NCEDC, and other business development entities to select MWBE and VOBes businesses and/or ensure local businesses are connected with the appropriate certification resources or are aware of opportunity to self-certify online with RWJBH.

**2.2** Increase community-based organizations' capacity to work with RWJBH, as evidenced by the number of the number of CBOs receiving training, number RWJBH partners with hiring/procurement initiatives, and number of RWJBH employees that volunteer in local organizations. Co-designed interventions require SICI to collaborate with various community-based organizations to leverage our communities' existing assets. Some community based organizations may not have the appropriate resources (i.e. tracking software, marketing staff, technology) and RWJBH will co-create partnership opportunities to provide assistance when those gaps arise.

- 2.3** Bolster local economic development in Newark through urban entrepreneurship and investment as evidenced by the amount of funding secured through partnerships for the apprenticeships and number of local hires through the Competitive Edge program.
- > Collaborate with Newark economic development leaders to establish economic development targets.
  - > Support the RWJBH Innovation and IT team to ensure \$5M investment in urban entrepreneurship.
  - > Establish necessary partnership agreements for start-up investments, incubators and collaborations.

## GOAL 3

**Enhance the capacity of Newark community-based organizations, to support workforce development and employment training, as evidenced by an increase in the number of CBOs able to execute job-training programs.**

RWJBarnabas Health serves on the steering committee of the City of Newark, the practice's prototype city, of Mayor Ras J. Baraka's Newark 2020, an initiative to connect



2,020 unemployed Newark residents to living-wage jobs by 2020. The system has committed to hiring 350 Newark residents into livable wage jobs by 2020. As part of the Newark 2020 strategy, community hubs have been selected to conduct outreach and work readiness training for program applicants. The SICI practice, in collaboration with various RWJBH asset leaders, will provide technical assistance to ensure the success and effectiveness of these Hubs.

**3.1** Contribute to the capacity building initiatives of Newark 2020 Community Hubs, as evidenced by the number of grants, in-kind support, skills-based volunteers, and technical assistance provided by RWJBH to community organizations, the institutionalization of processes and procedures that facilitate local hiring and procurement initiatives and the amount of annual grant dollars provided annually.

- > Leverage workforce development entities to help improve sustainability of local hire efforts such as, Hire Newark program to be more sustainable and appropriate for RWJBH facilities' needs. Support the work of Diversity and Inclusion Department.
- > Contribute to capacity building of Newark 2020 Community Hubs model by collaborating with Newark Workforce on Wheels (WOW).
- > Identify RWJBH Newark community partners to supplement workforce development efforts (i.e. universities, community colleges, vocational schools, faith based organizations, community development centers).
- > Determine capacity building rubric and indicators to track.

**3.2** Establish career ladders and workforce development programs at Newark Beth Israel Medical Center for Newark 2020 and Hire Newark hires, as evidenced by policy and procedural changes to support chronically unemployed and underemployed.

- > Leverage internal data, business needs and relationships of RWJBH with various stakeholders to develop career ladders and workforce development apprenticeship and internship programs for the most vulnerable populations.

**“As an anchor institution, RWJBarnabas Health leverages its long-term, place-based economic power, human capital, and intellectual resources in the communities in which it resides.”**

- > Collaborate with various community stakeholders to ensure participants have access to the necessary wrap around services, education and job and competency training to foster success.
- > Modify the Hire Newark program to ensure the program's participants are well prepared, trained, and/or certified in areas that provide them with opportunities for a career trajectory.
- > Work with Human Resources, the Workforce Development team and system departments to create career ladders that incorporate Newark 2020 and Hire Newark hires.
- > Identify Human Resource policy and procedure changes that will facilitate local hiring.

## GOAL 4

**Replicate the success of the workforce and employment efforts in Newark in a minimum of three additional cities or towns in the RWJBarnabas region, as evidenced by an increase in the number of CBOs able to execute job-training programs.**

The corporate practice works with local sites and community-based organizations to enhance existing, and help establish new, workforce development and job training programs throughout the region, it is the goal of the practice to take lessons learned from the work in Newark and replicate it in other areas in the region. Municipalities will be selected based on need, readiness, and willingness of the RWJBH facility and community partners.

# EVIDENCE-BASED & INNOVATIVE PRIORITY INTERVENTIONS

## RWJBARNABAS HEALTH RECOGNIZES

that, in order to effectively address the factors that lead to poor health outcomes, a multi-level approach is required. Complimenting robust policy and systems change efforts, is strategic investment in communities to implement evidence-based and innovative programs. Through inclusive and on-going dialogue with its facilities, internal departments and diverse external stakeholders, the SICI practice co-designs interventions that intentionally address

“Complimenting robust policy and systems change efforts, is strategic investment in communities to implement evidence-based and innovative programs.”

equity and improve the health, social, and economic outcomes of individuals throughout New Jersey and in targeted global communities.

Priorities for SICI practice interventions were determined through the review of recommendations and findings from the World Health Organization (WHO), the Centers for Disease Control and Prevention's (CDC) Healthy People 2020 initiative, the New Jersey Department of Health's Healthy

New Jersey 2020 initiative, RWJBarnabas Health Community Health Needs Assessment data, scholarly research on social determinants of health interventions and issues and insights gleaned from dialogues and working group sessions with system community engagement practitioners as well as community leaders and members.

The range of interventions are comprehensive, intersecting and contribute to the long range impact of producing healthy people, healthy homes, and healthy communities, locally and globally.

## ECONOMIC STABILITY

Food Security; Youth Workforce Development; Access to Social Services & Supports (i.e. transportation); Access to Affordable & Healthy Foods

## EDUCATION

Early Childhood Development; Family Health Literacy; Parenting Education; Professional Development

## EMPLOYEE ENGAGEMENT & VOLUNTEERISM

Skills-based Volunteerism; Service Rallies

## GLOBAL HEALTH

International Outreach; Domestic Outreach

## NEIGHBORHOOD & BUILT ENVIRONMENT

Safe & Affordable Housing; Violence Prevention



## Economic Stability

### IN ORDER TO IMPROVE THE HEALTH, SOCIAL AND ECONOMIC OUTCOMES OF NEW JERSEY

residents, it is imperative to ensure that they are able to access their basic needs. The SICI team has developed targeted interventions that address:

- Food Security
- Youth Workforce Development
- Access to Services & Supports

## FOOD SECURITY

Healthy communities are food secure. People have opportunities to make healthier food choices if communities produce, rather than import, their own food and have more local food distribution centers (farm and retail). In healthy communities, families and individuals do not have to rely on emergency sources for food; there are ample food hubs with culturally appropriate products within reasonable proximity to where people live.

A food desert is an area, especially with low-income residents, that have limited access to affordable and nutritious foods. Processed, sugar and fat-laden foods are known contributors to the U.S.' obesity epidemic and although not always connected, many people may be overweight or obese and still suffer from hunger and malnutrition due to the food choices available and affordable. Four out of ten adults living in the U.S. are facing obesity. Fifty disorders are linked to obesity including but not limited to type 2 diabetes, cardiovascular disease, high blood pressure, and some cancers. Additionally, one out of three children becomes overweight or obese before their 5th birthday. Further, nearly \$1.5 trillion is spent annually for direct and indirect costs associated with obesity.

**4 OUT  
OF 10  
ADULTS LIVING  
IN THE U.S. ARE  
FACING  
OBESITY**

## GOAL 1

**Strengthen the local food supply chain to adequately address all aspects from production and distribution to management, as evidenced by increased food distribution, production and access and increased utilization of community food markets.**

Community members have access to affordable, nutritious food when there is a “diversified food system in place that addresses food production, distribution, and preparation as well as waste reduction and use.” The focus of SICI over the next two years is to further cultivate healthy local food supply chains and strong partnerships with traditional farmers with a focus on Newark through a distribution model.

- 1.1** Establish Newark Riverfront Food Marketplace, a collaborative initiative with Rutgers Business School and Food Innovation Center and the City of Newark. In collaboration with Rutgers Business School and Rutgers Food Innovation Center, SICI supports the design and development of the largest food supply chain network in the region; an effort that will result in one of the largest riverfront food market destinations on the East Coast. The Newark Riverfront Food Market will be accessible and available to Newark residents and visitors.
  - > Secure expert to perform a feasibility study, in partnership with Rutgers Business School.
  - > Co-design a business plan with Rutgers and the targeted community leaders with the aim of creating food hubs in each of the wards in Newark.
  - > Conduct community asset mapping, in concert with NBIMC and GCNAB, inclusive of community convenings.
  - > Continue conversations that lead to solutions with both traditional and urban farmers to discuss common goals and barriers around food distribution to areas/populations in most need.

<sup>21</sup>D. Biehler et al., 1999. Getting Food on the Table: An Action Guide to Local Food Policy

<sup>22</sup>Ibid



# 2019–2020 GOALS & KEY OBJECTIVES

**1.2** Design and deploy Wellness on Wheels, a mobile greenhouse demonstration and nutrition education center designed to increase access to healthy foods, provide nutrition education and urban farm distribution, provide volunteer opportunities to clinical students and RWJBarnabas Health employees, offer health screenings, and increase the number of families who are knowledgeable about good nutrition.

> Establish a Veggie RX program developed in conjunction with WOW.

> Develop Community Tool Kit and business plan modeling for external publication.

**1.3** Expand hydroponic greenhouse effort into a minimum of one (1) additional key site throughout the RWJBH system. The Beth Greenhouse at Newark Beth Israel Medical Center serves as a pilot of education modalities. This model, in addition to planned expansion sites, serves as a point of distribution for both urban and traditional farmers as well as a platform for job training for all populations, including those with disabilities and behavioral health issues, and supports the practice's policy goals by accepting government benefits programs.

## GOAL 2

**Facilitate more efficient food distribution models by strengthening relationships between urban farmers and traditional farmers, as evidenced by increased levels of cooperation and collaboration among urban and traditional farmers and increase produce in urban areas.**

A collaborative partnership needs to be fostered between the local farmers in urban areas and the traditional farmers of New Jersey. This will help to create an efficient, more inclusive distribution model that brings food grown in the Garden State to those areas that are in the most need of healthier food options. Both groups of farmers can work together to establish a working model beneficial to all parties.

**2.1** Enhance the existing distribution model to vulnerable communities through the coordination of a statewide

urban and traditional farmer collaborative, as evidenced by increased knowledge and leadership capacities of urban and traditional farmers, and supply chain partners.

> Identify urban and traditional farming collaboratives across the state with special emphasis on diverse and inclusive participants.

> Co-convene initial meetings to determine issues/needs.

> Support pilot initiatives that foster partnerships between both farming groups.

## GOAL 3

**Advocate for sound federal, state, and local policies that advance favorable conditions for community farming; new food and farming markets and enterprises; streamline access to federal food support programs; as well as expand access to healthy, affordable food in our communities.**

Advocacy efforts that support community-based agriculture and the traditional farmer as well as address other issues related to family food security are critical for impact and sustainability. Based on feedback from the GNCAB as well as learnings from the Food for Thought documentary and subsequent community convenings, the SICI practice has begun its advocacy efforts with a specific emphasis on urban agriculture, food assistance programs and procurement.

> Continue work with ChangeLab and GNCAB to develop and prioritize advocacy strategy based on Food for Thought documentary convenings.

> Engage with federal and state government to eliminate 5-acre rule as condition of becoming a WIC vendor and, once change adopted, support the State in its rollout and local community farmers in accepting these benefits.

> Work with State to adopt regulations or policy change to effectuate recently-signed legislation streamlining WIC and SNAP vendor applications.







# 2019–2020 GOALS & KEY OBJECTIVES

## ACCESS TO SERVICES AND SUPPORTS

**FROM TRANSPORTATION TO FEDERAL BENEFITS,** individuals throughout New Jersey have difficulty accessing the services that are available to them. Anchor institutions must leverage their capacity, to use their collective resources to help individuals connect to the services that are available to them. For example, in New Jersey, while approximately 74% of eligible individuals participate in the Supplemental Nutrition Assistance Program (SNAP), thousands more who are eligible remain unenrolled. Lack of access to necessary services and supports can lead to worsening health outcomes.

### GOAL 1

**Screen and appropriately address the social needs of patients who present in RWJBH system facilities in targeted geographies, as development and implementation of a standardized screening tool; development of standard and streamlined protocols for addressing SDOH once identified; increased number of patients screened; and increased number of individuals appropriately connected to social services in targeted sites.**

Maximizing the use of anchor institutions as access points is critical. As individuals walk through the doors of RWJBarnabas Health and their healthcare

needs are assessed, so should their social needs. However, recognizing that clinicians and support staff are overburdened, it is essential to best use data and technology to most efficiently and effectively assess and refer patients to the services that can meet their immediate and sustained social needs.

- 1.1** Identify what SDOH screening efforts are already underway throughout the system.
- 1.2** Convene a multidisciplinary, cross-system team of individuals to oversee and implement the objectives included within this goal.
- 1.3** Collaborate with internal and external stakeholders to identify and secure a tool to track patients' connection to social services that can be shared between RWJBH and partnering community-based organizations.
- 1.4** Develop or identify shared consent agreements that can be used to share patient data with partnering agencies.
- 1.5** Coordinate with implementation of a SDOH screening tool in a minimum of 4 targeted facilities/geographies/service lines.
- 1.6** Support community-based organizations to screen individuals for the SDOH and connect them to necessary services, with a special emphasis on high utilizers.
- 1.7** In collaboration with Rutgers University, actively develop research models that assess health and social outcomes that occur when individuals are provided a full complement of services, and determine which services produce the best health outcomes and most savings.

**“A food desert is an area, especially with low-income residents, that have limited access to affordable and nutrition foods. Processed, sugar and fat-laden foods are known contributors to the U.S. obesity epidemic.”**

# Education

## IN THE STATE OF NEW JERSEY,

12% of the total population, more than one million adults, have no high school diploma or the equivalent. Only 36.8% of the population has a bachelor's degree or higher. The rate of educational attainment among the RWJBH county footprint varies widely, from Hudson County's low 78% high school graduation rate to Monmouth County's high 93%. According to the RWJBarnabas Health 2016 CHNA, "people with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors." This finding in the CHNA is represented in scores of research studies looking at the correlation between educational attainment and health outcomes.

A report from the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality found that, "of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education."

**"Education leads to higher earnings and increased access to healthier food and safer homes. Better-educated individuals also are more likely to have a job — one with healthier working conditions, better health insurance, and higher wages."**

—U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES'  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Because education is such a key factor in health, social and economic outcomes, the SICI practice ensures that it is a key component in its programming. Conversely, the practice understands that by addressing other social determinants such as food insecurity and housing, educational outcomes improve. The Social Impact and Community Investment team takes a comprehensive and integrated approach, ensuring that educational components are woven into corporate and facility strategies, as well as seeks to partner with inclusive and diverse community-based organizations that address the education priority areas, which include:

- > Early Childhood Development
- > Family Engagement
- > Family Health Literacy
- > Professional Development

## HEALTHY NUTRITION EDUCATION/ KIDSFIT EXPANSION

The U.S. Department of Health and Human Services states that, "Health literacy includes the ability to understand basic health information and health care services to make good health choices." KidsFit is a health and wellness program developed by RWJBH that provides nutrition and wellness education and fosters healthy lifestyle and behavior for children, families and teachers in a classroom setting. It has proven outcomes indicating positive changes in lifestyle as they relate to food and activity behavior for both child and family members.



# 2019–2020 GOALS & KEY OBJECTIVES

## GOAL 1

**Increase the knowledge of a minimum of 10 schools and 2,500 children and families about healthy eating behaviors, food choices and the connection to health outcomes through a 10-week curriculum developed by RWJBH registered dietitians and wellness experts, as evidenced by the number of classrooms to adopt the program and improvement in healthy behaviors as a result of the program.**

KidsFit focuses on behavioral and healthy choices and involves parents, teachers and methods to help foster a culture of health and wellness in our schools. It will be taught to the teachers in collaboration with Rutgers Center for Childhood Nutrition and Research and brought to the classroom for children in grades 3 through 5.

- > Update KidsFit Curriculum and refine metrics in collaboration with Rutgers University to target grades three through five.
- > Collaborate with the New Jersey Education Association to promote KidsFit among educators throughout the state.
- > Create E-commerce platform so that teachers can obtain the KidsFit curriculum.
- > Conduct train-the-trainer seminars for New Jersey teachers with Rutgers University.
- > Complement KidsFit curriculum with the Wellness on Wheels mobile unit to ensure all facets of healthy eating are addressed and provided.
- > Enhance cultural competency of KidsFit Curriculum by ensuring that recipes reflect healthier versions of traditional dishes.
- > Pilot KidsFit Pre-K curriculum at the Center for Childhood Education and Research at the Rutgers University institute for Food, Nutrition and Health.



## GOAL 2

**Advocate for sound federal, state, and local policies that advance favorable conditions for sustainable school health and nutrition in the classroom.**

Sustainable school health and nutrition in the classroom was a significant area of discussion and concern throughout the Food for Thought documentary process; therefore, continued education and advocacy is critical to this practice's work. Food served, sold and advertised on public school grounds is regulated by federal law; however, state laws as well as local ordinances and policy priorities still play a large role in this area. As a result, collaboration with education entities to understand the education and nutrition policy agenda will be critical.

- > Assess current policies with schools.
- > Determine policy needs to address school health and nutrition issues.
- > Establish advocacy partnerships, including with teachers, parents and students, to pursue sound federal, state and local policy changes.

<sup>23</sup><https://fns-prod.azureedge.net/sites/default/files/ops/Reaching2015.pdf>

<sup>24</sup>U.S. Department of Education, <https://www2.ed.gov/about/offices/list/ovae/pi/AdultEd/state-profiles/new-jersey.pdf>

<sup>25</sup>U.S. Census Bureau, 2011-2015. <http://www.census.gov/quickfacts/table/PST045216/34>

<sup>26</sup>CHNA, 2016

<sup>27</sup>Agency for Healthcare Research and Quality, <http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>

<sup>28</sup>Ibid





# 2019–2020 GOALS & KEY OBJECTIVES

## PROFESSIONAL DEVELOPMENT

The Social Impact and Community Investment corporate team works with site leaders and throughout the system to advance the field’s knowledge and skills. The aim is to change the system and create a corps of intellectually curious and innovative thinkers who are able to lead the SICI within RWJBH facilities and to work effectively with the surrounding communities.

**36.8%**  
OF NJ’S POPULATION HAS A  
**BACHELOR’S  
DEGREE**  
(OR HIGHER)

## GOAL 1

**Create a team of a minimum of 20 RWJBH social change leaders that help create socially-connected and economically-thriving resilient communities, as evidenced by demonstrated understanding of how to manage practice operations and possession of a solid grasp of industry context for SICI content and how it impacts specific objectives.**

Social Impact and Community Investment is an expansion of the RWJBarnabas mission, therefore, it is mission critical to ensure that the goals, objectives, tactics, and vernacular are thoroughly understood and embraced throughout the system. To do this it is critical to build expertise at each facility and beyond. The hope is that this will begin with experts in each facility, but will extend to each employee.

- 1.1** Establish a learning platform (SICI University) that enables the system’s social impact and community investment practice leaders to enhance their knowledge and skills as social change agents by providing professional development through a range of modalities that are on site, in person and on-line. This will facilitate ease of access to learning and engagement. SICI University will include two tracks.
- 1.2** Establish partnerships with institutions and organizations that can provide additional learning opportunities.

# Employee Engagement & Volunteerism

## **RWJBARNABAS HEALTH HAS 34,000**

employees that serve as a tremendous asset and resource for the state. Leveraging that resource in service of community health and well-being is the aim of RWJBH employee volunteerism efforts. The RWJBarnabas Health Employee Engagement and Volunteerism Program galvanizes the system's workforce to address key social determinants of health issues. The program provides RWJBH employees with opportunities to use their skills and interests to improve community health, well-being, and quality of life in our local communities. Future facets of the program envision integration of mission into RWJBH affiliated physician practices and joint ventures.

Ultimately, the SICI practice seeks to engage and develop a group of volunteers that deploy professional expertise and passion to community organizations that aligns strategically with our Social Impact practice pillars.

**“The program provides RWJBH employees with opportunities to use their skills and interests to improve community health, well-being, and quality of life in our local communities.”**



# 2019–2020 GOALS & KEY OBJECTIVES

## GOAL 1

**Engage and develop a group of 500 – 1,500 volunteers that deploy professional expertise and passion to community organizations that aligns strategically with our SICI practice pillars, as evidenced by increased RWJBH employees who volunteer at community-based organizations.**

In an effort to create systemic change and engage the entire RWJBarnabas family in the SICI priority areas, the practice has worked closely with other departments and community-based organizations to create volunteer efforts that promote the goals of the system and create a healthier New Jersey.

- 1.1** Establish a comprehensive skills-based volunteer program in 2019, as evidenced by the development of a Volunteer Time Off (VTO) Policy for exempt (salaried) employees.
- 1.2** Gauge utilization and engagement rates with the goal of expanding to non-exempt (hourly) employees.
- 1.3** Create education campaign for internal stakeholders on the importance of volunteerism.
- 1.4** Create a culture of giving back that best aligns with our mission and helps us utilize volunteerism as a tool for personal health and wellness.

## GOAL 2

**Develop a global health volunteer program that enhances RWJBH global health goals and equips a minimum of 20 volunteers with the expectations, scope of the work, cultural orientation and technical knowledge of current projects, as evidenced by number of clinical and non-clinical volunteers registered with global health; change in attitudes/knowledge/behaviors regarding service/motivation for volunteers; increased employee awareness about critical CHNA-identified health and social determinants issues; and improved relations with domestic and international partners to create healthy communities.**



To ensure that the clinical volunteer opportunities help to enhance our larger global health goals, volunteers will be equipped with expectations, the scope of their work, cultural orientation and technical knowledge of our current projects. Once a volunteer is matched, Global Health staff will work closely and side-by-side to orient the volunteer and answer any questions. We will follow up regularly through the project to ensure our volunteers are engaging in a safe, rewarding, productive and exciting opportunity that aligns with our SICI mission and vision.

- 2.1** Investigate the establishment of partnerships with international community-based organizations and NGOs for skills-based volunteer opportunities for clinicians.
- 2.2** Develop policies and procedures expand liability coverage for volunteers providing medical care through volunteer services in New Jersey and internationally.
- 2.3** Develop volunteer pre-deployment training with a focus on cultural and context competencies and long term recovery.
- 2.4** Train global health volunteers for disaster relief deployment aligned with Global Health policy related to sanctioned missions.

# Global Health

## GLOBAL HEALTH BEGINS WITHIN

our borders. As our world becomes more connected, no institution or community is an island unto itself. Our local communities are made up of multi-ethnic and multi-cultural citizens and their families and peers which connect us with communities abroad. Achieving health equity for all is a guiding priority and core value we share with our community partners near and far. RWJBarnabas Health seeks to advance its mission to create health equity in a “glocal” manner - both globally and locally in a coordinated measure.

“Our local communities are made up of multi-ethnic and multi-cultural citizens and their families and peers which connect us with communities abroad.”

RWJBarnabas Health and Rutgers University work together to enhance research and medical and health professional education, address inequities in healthcare, and eliminate health disparities in New Jersey and targeted global communities. We advocate for holistic, multi-agency approaches to global health issues leveraging our diverse professional backgrounds to enhance education and training, support and implement research, build strategic partnerships and initiatives, and raise the visibility and impact of global health work across RWJBarnabas Health.

The RWJBarnabas Health Global Health vision is a world where health and well-being for all is ensured through equitable, inclusive and sustainable services, policies, and investments. RWJBH global health strives to improve the health of the most vulnerable communities locally and globally. Through an academic partnership with the Rutgers Global Health Institute, we advance collaborative research with domestic and international partners, build community-driven partnerships, and expand global health education to eliminate health disparities and promote health equity for all. We use the power of our collective voice to improve global health and well-being through informed services, policies, and investments. The global health practice:

- > Oversees the system’s global health outreach efforts, which include international and domestic disaster response.
- > Spearheads professional development for system physicians and clinicians interested in participating in global health initiatives.
- > Collaborates with domestic and international global health programs at universities, NGOs, government agencies, private foundations.
- > Facilitates operational research by RWJBH and RBHS on health programs in vulnerable communities in the U.S. and targeted global regions.

- > Creates opportunities for mutual knowledge exchange between clinicians and allied staff in the regions targeted for research.
- > Spearheads the identification of new academic issues that contribute to academic knowledge on global health topics.
- > Serves as a convener and catalyst between clinicians, non-clinicians, trainees, and administrators for interdisciplinary dialogues on emerging global health issues.
- > Provide employees with opportunities to use their skills and interests to improve health, well-being and quality of life of the communities they serve.



## GOAL 1

### **Develop an integrated, system-wide global health operational infrastructure.**

The system needs to have the operational infrastructure to support its global health work. Therefore, the practice is establishing the necessary structure, philanthropic funding, and operational supports to ensure capacity to carry the global health mission forward.

- 1.1** Manage RBHS/RWJBH global health working group focused on disasters, community health and resiliency, as evidenced by system-wide capabilities to address global health priorities and effective global health operations.
  - 1.2** Create active interdisciplinary Global Health Clinical Councils at each RWJBH facility to determine global health priorities and help implement framework for each facility, as evidenced by the number of active councils.
  - 1.3** Design and implement a global health development (fundraising) plan to support the long-term research mission of the practice, as evidenced by dedicated funding for global health initiatives.
- > Cultivate funders interested in global health and develop proposals seeking external foundation support.
  - > Create social impact scholarship awards at each facility for residents to participate in global health activities.

## GOAL 2

### **Foster community resilience and disaster preparedness in targeted global communities. Community resilience is a public health approach to public health emergency preparedness and response grounded in equity and social justice considerations.**

As global health continues its efforts related to disaster relief and recovery, it is also turning its attention to resilience and preparedness, in an effort to build healthy, equitable and sustainable communities both in New Jersey and throughout the world. Mental health and

substance use is a particular concern and the promotion, protection and restoration of mental health can be regarded as a vital foundation for psychosocial resilience of individuals, communities and societies throughout the world.

- 2.1** Provide outreach to one community in Puerto Rico that focuses on training programs that address Mental Health and Psychological First Aid and Trauma-Informed Care by leveraging different methods of dissemination including in-person or through tele-psychology and smartphone-based emergency apps supported by solar powering units in the target communities, in collaboration with key partners including Rutgers University Behavioral Health Care, Rutgers University School of Social Work, Rutgers University Graduate School of Applied Sciences, Rutgers University School of Public Affairs and Administration, and local mental health care providers.
- > Provide technical assistance to the expansion of the volunteer community-run feeding program in Las Carolinas modeled after the Meals on Wheels program at Saint Barnabas Medical Center.
- 2.2** Using the Dominican Republic as a proof of concept community, understand how collaborative care models can be implemented in low resource settings to inform RWJBH care delivery to similarly situated, resource deprived New Jersey communities.
- > Implement a two-week pilot, in the community of Moca, to co-design initiatives that aim to better integrate care for local resourced strapped residents with chronic physical and behavioral health needs, in partnership with clinicians, students and faculty from Pontificia Universidad Catolica Madre y Maestra (PUCMM), volunteer RWJBH clinicians, students and faculty from RWJ Medical School, Rutgers Graduate School of Professional Psychology Doctoral students, and faculty from Rutgers University.
- 2.3** Participate in a Rutgers University-funded research study entitled “Building Capacity for Integrated Mental Care in the Dominican Republic.”



## 2019–2020 GOALS & KEY OBJECTIVES



### GOAL 3

**Develop a skilled global health practice able to respond to domestic and international disasters by establishing criteria for RWJBH global disaster and recovery designation and response as evidenced by the number of supplies and medical equipment donated to medical missions; amount of pharmaceuticals donated to medical missions; improved relationships with domestic and international partners.**

The creation of protocols for system designation of “sanctioned missions” will assist the system in expeditiously responding to various global health mission requests, both locally and globally. Global Health will also develop resources for RWJBH employees and affiliates seeking to engage global health initiatives outside of the SICI practice.

**3.1** Create RWJBH policy for “sanctioned” missions.

**3.2** Develop policies and procedures for procurement of supplies/medical equipment for medical mission outreach through partnerships with Medshare.

**3.3** Develop policies and procedures for procurement of pharmaceuticals for medical mission outreach through partnerships with MAP International and Dispensary of Hope.

**3.4** Advocate for sound federal and state policies to eliminate barriers to international donations.

**GLOBAL HEALTH  
IS MORE ABOUT EQUITY THAN  
GEOGRAPHY. ACCESS TO CARE  
AND SOCIAL ISSUES INCREASE  
HEALTH DISPARITIES IN NEW  
JERSEY, ACROSS THE COUNTRY,  
AND AROUND THE WORLD.**

# Neighborhood & Built Environment

## IN ORDER TO IMPROVE THE SAFETY

of neighborhoods and ensure that New Jerseyans are able to afford safe and affordable housing, the SICI team has developed targeted interventions that address:

- > Safe & Affordable Housing
- > Violence Prevention

**“Families that expend greater than 50 percent of their household income on housing are less likely to afford the cost of food and healthcare, leading to food insecurity and poor health outcomes.”**

- > Reduced stress
- > Reduced incidence of food insecurity
- > Improved educational attainment

Families that expend greater than 50% of their household income on housing are less likely to afford the cost of food and healthcare, leading to food insecurity and poor health outcomes. When affordable and safe housing becomes overwhelming for individuals and families, it often results in homelessness. Homelessness contributes to higher emergency room utilization and hospital admission rates, with longer lengths of stay. In 2017, more than 8,500 individuals in New Jersey were homeless, with 20% residing on the streets. Homeless individuals have higher rates of cardiovascular disease, diabetes, pulmonary disease, pneumonia, HIV and tuberculosis.

## SAFE & AFFORDABLE HOUSING

Research demonstrates a strong correlation between housing and improved health, social and economic outcomes. Individuals who have safe, affordable, and stable housing have:

- > Improved clinical and mental health outcomes

Finally, ensuring that communities have access to the right resources are paramount to good health outcomes. Neighborhoods that include access to local amenities, safe walkable streets, and accessible infrastructure are critical to addressing the social determinants of health. RWJBarnabas Health is committed to build and improve the communities in which it operates.

<sup>29</sup><https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

<sup>30</sup><https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

<sup>31</sup><https://www.urban.org/urban-wire/can-housing-assistance-help-protect-children-hunger>

<sup>32</sup><https://www.urban.org/sites/default/files/publication/25331/412554-Housing-as-a-Platform-for-Improving-Education-Outcomes-among-Low-Income-Children.PDF>

<sup>33</sup><https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>

<sup>34</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5391885/>

<sup>35</sup><https://monarchhousing.org/wp-content/uploads/njcounts17/2017PITReportStatewide.pdf>

<sup>36</sup><https://www.trusteemag.com/articles/1346-hospitals-and-housing>

# 2019–2020 GOALS & KEY OBJECTIVES

## GOAL 1

**Partner with community-based organizations to create a minimum of 300 safe and affordable housing units in RWJBH region, as evidenced by the rehabilitation of existing affordable units, development of new units, assessment and remediation of unsafe housing.**

Housing is a critical element to achieve healthy outcomes. RWJBarnabas Health will collaborate with community partners and state government agencies to increase safe and affordable housing units in vulnerable communities.

**1.1** Support the creation of a minimum of 100 affordable and/or supportive housing units.

- > Support organizations that are committed to safe and affordable housing through grants, loans, in-kind support, and skills-based volunteers.
- > Leverage RWJBH funding, at a minimum rate of 3:1, by actively securing funding from government, corporations, and foundations to develop affordable and supportive housing opportunities in targeted RWJBH geographies.
- > Collaborate with the RWJBH Foundation to actively track all foundation, corporate, and government grants that support housing initiatives across the System.
- > Determine current baseline funding provided for housing across the system.

**1.2** Advocate for sound federal, state, and local policies to reduce homelessness and improve access to affordable housing within the State of New Jersey and the nation on an on-going basis.

- > Develop effective and consistent communication strategies that highlight the need for safe and affordable housing that resonates with key stakeholders, including policy makers, across all levels of government.
- > Collaborate with housing entities within the state to understand the housing policy agenda and determine which items are beneficial to RWJBH and its stakeholders.



**1.3** Assess, and remediate as appropriate, a minimum of 200 homes to ensure a safe and healthy environment for residents.

- > Collaborate with RWJ University Hospital New Brunswick to implement New Brunswick Healthy Housing Collaborative (NBHHC), on an on-going basis.
- > Evaluate NBHHC to determine project effectiveness and refine as appropriate.
- > Replicate the NBHHC model in a minimum of one additional RWJBH community.

## GOAL 2

**Improve commercial corridors and address public safety concerns in targeted neighborhoods in the RWJBH region in collaboration with local, state, and national partners, as evidenced by new business development, reduced crime, and walkable neighborhoods.**

Safe and walkable neighborhoods are critical to building stronger communities. RWJBarnabas will work with organizations such as LISC and Special Improvement Districts to improve neighborhood aesthetics, but more importantly ensure that communities are equipped with the resources needed by those that live and work therein.



## VIOLENCE PREVENTION

Every sixty minutes, seven people in America die from violence-related injuries. In 2016, nearly 19,000 individuals died as a result of homicide and more than 45,000 from suicide. Combined, suicide and homicide cost the United States economy \$87 billion in healthcare costs and lost work; costs to the criminal justice system, correctional facilities, and the emotional toll on families and communities exponentially increase these figures.

Mirroring the nation, violence is a public health concern in New Jersey. In the Garden State in 2016, there were 395 homicides, making it the second leading cause of death for individuals ages 15 to 24. Eighty percent of all homicide victims were young black males. Among female homicide victims, 40% were killed by former or current intimate partners. Conversely, 688 individuals committed suicide in New Jersey; the large majority of which were white males.

Community violence has risen to epidemic proportions. While the immediate concern is morbidity and mortality as a result of violence, RWJBH's SICI practice is focused on the indirect effects and the root causes of violence in the communities that it serves. Violence has been associated with:

- > Chronic disease (heart disease, asthma, stroke, cancer, and more)
- > Mental health problems (PTSD, stress, anxiety, depression, and more)
- > Lower quality of life
- > Increased risk of perpetrating violence





# 2019–2020 GOALS & KEY OBJECTIVES

## GOAL 1

**In coordination with diverse stakeholders, develop a strategic framework to address community factors to reduce community violence in the RWJBarnabas Health region, as evidenced by development of a strategic framework that includes but is not limited to objectives and tactics derived from primary and secondary research and stakeholder community input.**

Community violence is a public health concern for individuals, families and communities. Targeted, integrated, data-driven strategies that involve diverse community stakeholders will guide the Social Impact and Community Impact practice to partner in addressing this pervasive issue.

- 1.1** Complete a literature and programmatic review to identify evidence-based programs that have successfully reduced violence.
  - > Engage with local, state and national leaders identified through the literature review to further understand outcomes, opportunities, and challenges.
  - > Identify best practices through collaborative efforts which evidence an ability to reduce violence and address disparities.
- 1.2** Conduct focus interviews with key organizations and community leaders to understand violence, its unique effect on communities in New Jersey, and suggested strategies for addressing the root causes of violence.
  - > Enhance the system's efforts with community collaboratives, such as the Safer Newark Council, the Jersey City Anti-Violence Coalition Movement, the New Brunswick Schools Teen Dating Violence Awareness Initiative and others.

- > Engage and leverage existing engagement with populations especially exposed to violence (veterans, law enforcement, youth, etc.,) within RWJBH and the external community to support violence prevention initiatives.
  - > Identify which community factors RWJBH is best suited to address including, but not limited to, residential mobility, high levels of unemployment, and/or behavioral health assisted conflict resolution.
- 1.3** Host a minimum of one forum that discusses violence in the community and includes a diverse set of stakeholders.

## GOAL 2

**Convene a diverse, multi-disciplinary group of individuals to identify/develop and implement a curriculum designed to teach resiliency, while simultaneously addressing symptom identification of at-risk youth, with a focus on violence prevention, as evidenced by reduced incidence of violence in targeted communities and improved knowledge among youth in targeted geographies.**

The SICI practice will work with a diverse group of stakeholders to jointly identify proven strategies and implement them throughout the system's service areas.

- 2.1** Complete a literature review to identify evidence-based curricula that have successfully reduced violence in communities.
  - > Converse with state and national leaders identified through the literature review to further understand outcomes, opportunities, and challenges.
- 2.1** Conduct focus interviews with key organizations, state and local government entities, law enforcement, local and national leaders to understand the behavioral health effects of violence in communities, what is currently being done to achieve a wellness state, and how RWJBH can assist in addressing from a public health lens.

<sup>i</sup><https://www.cdc.gov/violenceprevention/pdf/NVDRS-factsheet.pdf>

<sup>ii</sup><https://www.cdc.gov/violenceprevention/pdf/NVDRS-factsheet.pdf>

<sup>iii</sup><https://www.state.nj.us/health/chs/hnj2020/environment/violence/index.shtml>

<sup>iv</sup><https://www.state.nj.us/health/chs/hnj2020/environment/violence/index.shtml>

<sup>v</sup><https://www.state.nj.us/health/chs/hnj2020/environment/violence/index.shtml>

<sup>vi</sup><http://cureviolence.org/the-model/>

<sup>vii</sup><http://cureviolence.org/the-model/>

# THE TEAM



**Barry H. Ostrowsky**  
President and Chief Executive  
Officer, RWJBarnabas Health



**Michellene Davis, Esq.**  
Executive Vice President and  
Chief Corporate Affairs Officer



**Diana Candelejo, MPA**  
Manager, Social Impact  
and Community Investment



**Barbara Mintz, MS, RD**  
Senior Vice President,  
Healthy Living and  
Community Engagement



**Margie Heller**  
System Administrator,  
Global Health



**DeAnna Minus-Vincent, MPA**  
Assistant Vice President,  
Social Impact and  
Community Investment



**Sarah Lechner, Esq.**  
Senior Vice President, Policy  
Development and Government  
Affairs (serves as Chief of Staff  
to the department)



**Ernani Sadural, MD**  
Director, Global Health



**Chris Lee**  
Government Affairs and  
Policy Development Manager



**Elizabeth Trainor, MPH**  
Administrative Director,  
Social Impact and  
Community Investment

# SICI DESIGNATED FACILITY LEADERS

## **BARNABAS HEALTH BEHAVIORAL HEALTH CENTER**

**Christine Belluardo**  
Vice President, Clinical Support Services

**Shari Beirne**  
Vice President, Patient Experience,  
Marketing and Community Relations

## **PSE&G CHILDREN'S SPECIALIZED HOSPITAL**

**Michael Dribbon**  
Vice President of Business Development and  
Chief Innovation and Research Officer

## **CLARA MAASS MEDICAL CENTER**

**Sarah Bonilla**  
Program Manager, Center of Excellence  
for Latino Health

## **COMMUNITY MEDICAL CENTER**

**Dr. Teri Kubiel**  
Vice President of Patient Experience  
and Community Affairs

**Keri Britske**  
Director of Community Outreach

## **INSTITUTE FOR PREVENTION & RECOVERY**

**Lynda Lloyd**  
Community Prevention Manager

**Michelle Garcia**  
Community Prevention Specialist

## **JERSEY CITY MEDICAL CENTER**

**Sharnia Williams**  
Program Coordinator for the Patient  
Navigation Program

**Whitney Bracco**  
Director, Operations, Greenville

## **MONMOUTH MEDICAL CENTER**

**Anna Burian**  
Vice President, Ambulatory Services

**Jean McKinney**  
Regional Director of Community Health Education

## **MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS**

**Judy Colorado**  
Chief Nursing Officer

## **NEWARK BETH ISRAEL MEDICAL CENTER**

**Kim Cook**  
Director, Social Impact and Community Investment

## **ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON**

**Diane Grillo**  
Vice President of Health Promotion

**Lauren Stabinsky**  
Director of Community and Corporate Wellness

## **ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK**

**Camilla Comer-Carruthers**  
Manager, Community Health Education

**Mariam Merced**  
Director, Community Health Promotion Programs

## **ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY**

**Donna Mancuso**  
Director, Marketing and Community Education

## **ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET**

**Serena Collado**  
Director, Community Health

## **SAINT BARNABAS MEDICAL CENTER**

**Margie Heller**  
Administrative Director, Community Health  
and Outreach



95 Old Short Hills Road  
West Orange, NJ 07052

[rwjbh.org](http://rwjbh.org)