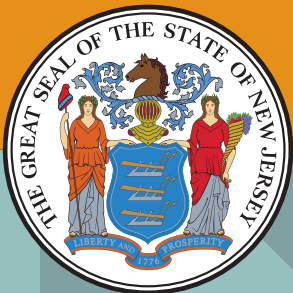


# NURTURE NEW JERSEY



## YEAR-ONE PLAYBOOK

*A supplemental  
document of  
the Nurture NJ  
Strategic Plan*





# Acknowledgments

**This publication was co-funded by the [Community Health Acceleration Partnership \(CHAP\)](#), which works to build stronger and more effective community health systems through catalytic investments and strategic engagement; and [The Nicholson Foundation](#), a private foundation based in Newark, New Jersey that funds strategies that inform policy and transform service delivery systems in health and early childhood. The Nicholson Foundation is dedicated to improving the health and well-being of vulnerable populations in the state.**

**This Strategic Plan was co-developed with** staff of the following Agencies and Departments and we thank them for their invaluable contributions: the Office of First Lady Tammy Murphy, Department of Health, Department of Children and Families, Department of Human Services, Department of Treasury, Department of Labor, Department of Community Affairs, New Jersey Housing Mortgage and Finance Agency, Board of Public Utilities, Department of Agriculture, Department of Banking and Insurance, Department of Corrections, Department of Education, Department of Environmental Protection, Department of Transportation, New Jersey Economic Development Authority, Motor Vehicle Commission, and the Office of the Secretary of Higher Education.

We would also like to thank the over 100 critical stakeholders – ranging from hospital systems, to providers, to experts, to advocates and philanthropies, to most importantly mothers – from across New Jersey for their contribution to this project.

Editorial and graphic design was provided by LINK Strategic Partners, a national communications and stakeholder engagement firm. By understanding and respecting communities, LINK helps to create and apply the right tools and strategies to translate challenges into opportunities for hyperlocal success.

## **This Strategic Plan was written by:**

Vijaya K. Hogan, MPH, DrPH  
Elizabeth S. Lee, MPA  
Lisa A. Asare, MPH  
Bahby Banks, PhD, MPH  
Luz E. Benitez Delgado  
Debra Bingham, DrPH, RN, FAAN  
Pauline E. Brooks, PhD  
Jennifer Culhane, MPH, PhD  
Monica Lallo, EdD, MPA, MPM  
Esther Nieves, MA, MS  
Diane L. Rowley, MD, MPH  
Patricia H. Karimi-Taleghani, BA, MA, C.Phil  
Shanta Whitaker, PhD, MPH  
Tiffani D. Williams, BA, BSN, RN, CBG  
Jatesha “Jaye” Madden-Wilson, LPN

# Navigating the Nurture NJ Strategic Plan

Nurture NJ is the First Lady of New Jersey's initiative, which aims to reduce infant and maternal mortality and morbidity and ensure equity in care and in outcomes for mothers and infants of all ethnic groups. The Nurture NJ Strategic Plan consists of three interrelated documents meant to advance Nurture NJ and achieve its strategic goals.

**1. The Nurture NJ Strategic Plan.** This document contains all the Nurture NJ Strategic Plan recommendations. The Recommendations are preceded by summary background information on the challenges facing New Jersey with respect to maternal and infant health, racial inequities, and the key approaches to achieving the Nurture NJ goals. The Recommendations are targeted to all public and private agencies and organizations, community-based organizations, business leaders and employers, funders, members of communities most affected by disparities in maternal and infant outcomes, and to all residents of New Jersey. With such a broad audience, there may be terms used in this and other documents that are unfamiliar. Readers should refer to the *Glossary* contained in the [Nurture NJ Companion Document: A Deeper Dive](#) for definitions.

**2. Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts** (*The Companion Document*). This Companion Document contains background papers that lay a foundation for understanding the context, impetus, and history of the need for the transformative recommendations of Nurture NJ. This document provides a thorough background on the data, key concepts, science, language, and references through which the recommendations can be understood in context. The Companion Document will be useful when applying for grants to support implementing the components of the strategic plan in communities. The Companion Document also contains a comprehensive plan for evaluating an initiative like the Nurture NJ Strategic Plan.

The state has the fourth highest maternal mortality rate out of 50 states and Black women in New Jersey experience seven times the rate of death from pregnancy-associated causes compared to their white counterparts.

**3. The Nurture NJ Year-One Playbook and Toolkit.** The Year-One Playbook and Toolkit include suggested foundational activities that should take place in the first year of implementation for each stakeholder group. To support these activities, it includes curated, newly developed or adapted implementation tools, resources, and guides to facilitate navigation of the pathways to actualize the Year-One activities. Stakeholders can make use of these tools to assist in translation of the Strategic Plan into action.

## A Note on Language

The Nurture NJ Strategic Plan uses language conventions that are intended to be universal and inclusive. In this plan, we refer to "maternal and infant health" to refer to the health of pregnant individuals, which can include cis gender females, non-binary individuals, and transgender men, and their biological infants. We do not assume that all individuals that give birth to a child will care for that child, so we make reference to caregivers, partners and spouses, and the plan intends to address their wellbeing as well.



## Introduction to the Year One Playbook and Toolkit

The Nurture NJ Strategic Plan aims to change the status quo in maternal and infant health in New Jersey, accelerate progress toward racial equity, and influence the broader field of maternal and infant health in the United States. The Nurture NJ Strategic Plan reflects both the urgency women expressed through focus groups and what is known about the science of how to address the complexity of the challenge. As a result, the Plan may appear highly aspirational. This is because the Nurture NJ Strategic Plan aims to build—not a program—but an Ecosystem in New Jersey that supports the goals of Nurture NJ. The Ecosystem consists of nine action areas that improve conditions over three time periods in the life course of women

and children, and it crosses several health, social, and other sectors responsible for the social conditions in communities.

The Nurture NJ Strategic Plan proposes over seventy specific strategies, tactics or actions needed to improve these life conditions for women and children. Many of the recommendations push the boundaries of the status quo in ways that will be necessary to address the massively complex and intertwined social, historical, policy, and behavioral issues that affect the outcomes. As such, it is a plan that requires participation of all stakeholders in the state to succeed.

We recommend that one of the first steps to enacting the strategic plan is for all stakeholders in the State to embrace its vision, mission, and core values.

**Vision:** New Jersey will be the safest and most equitable place in the nation to give birth and raise a baby.

**Mission:** All women of color, particularly Black women, should achieve maternal and infant health and survival rates on par with other ethnic groups, and New Jersey will achieve a significant and sustained improvement in the overall maternal and infant morbidity and mortality rates.

**Values:** Achieving equity for all women requires dismantling structures that support inequitable processes and building or shoring up processes that support respectful care. This plan focuses on:

- the dismantling of structural racism,
- community power-building and engagement to support all aspects of planning and implementation,
- multisector collaboration to address upstream root causes that lie outside the realm of influence of public health and medicine, and
- a commitment to systematically build the Ecosystem that makes all recommended components accessible to all women, particularly in low resource/high need communities.

The Nurture NJ Strategic Plan is designed as a living document that requires a careful transition from subject matter experts leading with the support of stakeholders, to stakeholders leading with the support of subject matter experts. It emphasizes foundational, ideological, and structural changes that must precede and then frame all other actions.

**The driving question when faced with such a long-term and complex, transformative challenge is “Where do we start?”**



## Before You Begin

The purpose of this **Year-One Playbook and Toolkit** is to articulate for the state as a whole and for each stakeholder, where to begin building the transformative ecosystem that will support the achievement of larger Nurture NJ Strategic Plan goals. The Year-One Plan makes recommendations for a specific subset of activities from the larger Strategic Plan that should be implemented in the first 365 days to assure a firm foundation for implementing the remainder of the Nurture NJ Strategic Plan.

It is important to note here that there is no set recipe for how to implement the recommendations in the Strategic Plan. Each agency and organization have their own strengths and limitations, and these need to be factored into the development of their agency-specific initiatives to accomplish this work.

Before each individual stakeholder finds their spot to dive in, it may be helpful to keep in mind ten high level stages for translation of this plan into action, no matter the specific recommendation:

1. Study and understand the vision, mission, and core values outlined in the strategic plan and then lead and participate in a mindset shift throughout the state. Research shows that committed and enthusiastic leaders are the most effective.
2. Gain clarity on the multiple dimensions underlying the unacceptable and alarming state of maternal and infant health inequities, high rates of maternal and infant mortality and morbidity, and how it intersects with each sector’s realm of action. Gaining this clarity will engage the hearts and minds of all stakeholders in the State.
3. Identify a point person to lead this work in your stakeholder group or department
4. Engage with multiple partners, including those individuals most affected, to begin to think through why changes in structures and processes must be made and how to implement the recommended solutions.
5. Identify the specific actions that are within your realms of interest and influence and set

audacious goals and metrics. Do not be content with the unacceptable current state of affairs.

6. Identify the partners in the community and other departments, agencies or organizations that you need to work with to fully accomplish the recommended solutions.
7. Collaborate with these partners to co-develop an initiative to accomplish the desired improvements in structures and processes.
8. Develop a specific action or work plan and timeline for each stakeholder and each recommendation. These workplans need to be integrated into the day-to-day work of the department, agency or organization and have accountability structures attached.
9. Integrate this action plan into existing day-to-day workplans.
10. In some cases, you may need to facilitate some organizational and structural changes to accommodate recommended actions and to ensure they are sustained over the long run. (See the Appendix for resources on facilitating structural change)

The recommendations for Year-One are suggestions for what should be accomplished first. The success of all the other recommendations depends on effective implementation of these foundational activities.

### **Stakeholder-specific Year-One Plans**

Readers should first identify the stakeholder grouping to which they belong by scanning the list of Nurture NJ Stakeholder Groups, bearing in mind that stakeholders may fit in more than one group. Once the most closely aligned group(s) is (are) identified (located on pg 7), readers should then navigate to the Year-One Plan specifically designed for that group. The stakeholder-specific plans are organized in alphabetical order to facilitate locating the relevant plan.

Each *stakeholder-specific plan* lists recommendations related to the foundational activities from the Nurture NJ Strategic Plan, and then outlines stakeholder-specific actions steps to achieve them. The *stakeholder-specific* plans list activities to be accomplished in each

of the approximately 90-day intervals up to the end of the first year of implementation. Suggested tools and resources are referenced to guide the reader to models, examples and other key references to aid in implementation.

The *stakeholder-specific plans* allow the reader to focus on the relevant initial activities that form the foundation for all other Strategic Plan recommendations. Since the first year's work is largely foundational, many of the Year-One activities are common across all stakeholder groups, providing many opportunities for collaborative planning, resource sharing, co-learning, and for building efficiencies in implementation.

*Learning* is a predominant Year-One activity. While all of the knowledge that can be gained on these topics cannot be contained in these three documents, they do provide a starting point for understanding context, data, key ideas, and concepts. The initial learning process can be shared across agencies and across sectors by, for example, the convening of intersectoral discussion sessions for key personnel to read and discuss aspects of the background knowledge and Strategic Plan recommendations.

Another common activity is the development of capacity to promote racial equity in all policies and procedures. This will likely require a systematic and on-going structure for training and dialogue, and such a structure could be co-designed and collaboratively funded and implemented across departments and agencies and across sectors.

### **Navigating the Year-One Plan Toolkit**

Each stakeholder plan refers to tools that may be used to assist with implementation. These tools are either publicly available, in which case a weblink is provided, or located in the Year- One Toolkit. The toolkit is organized numerically into four sections: I. Nurture NJ Resources; II. Racial Equity Assessment and Learning Tools; III. Community Engagement Tools; IV. Policy, Procedural, and Structural Change Tools. Each tool has a numeric code in order to locate it within the Toolkit, which is available on the Nurture NJ website. A list of toolkit materials available on the Nurture NJ website is included on the back cover of this document.

## ***Finding Your Stakeholder Group***

Readers should identify the group(s) they most associate with and find the name(s) of the overarching stakeholder group(s). Once you have identified the **Stakeholder Group** name, navigate alphabetically to the Year-One Plan suggested for that group.

### **Nurture NJ Stakeholder Groups**

#### **Academia**

- Colleges and universities
- Health professional training programs (e.g., medical schools)
- Community colleges
- Research and data entities
- Professional organizations

#### **Business**

- Business community
- Chambers of Commerce
- Business Associations

#### **Community**

- Community members/citizens
- Community-serving organizations
- Faith community
- Community health workers
- Peer counselors
- Doulas
- Grassroots leaders
- Housing and homeless advocates
- Task forces

#### **Funders**

- Philanthropy
- Business and private donors
- Government

#### **Health Sector**

- Doctors, nurses, midwives
- Community health workers
- Peer counselors (including breastfeeding peer counselors)
- Doulas
- Hospitals
- Federally Qualified Health Centers and Clinics
- Behavioral health providers
- Specialists
- Lactation consultants
- Medicaid managed care organizations
- Nutritionists
- Private health insurers

#### **Service Providers**

- Employers
- Food systems
- Social service providers
- Task forces
- Transportation
- Regional health hubs

#### **State Departments and Agencies**

- Government departments and agencies
- Contractors

#### **Government Leadership**

- Office of the Governor
- Office of the First Lady
- Nurture NJ Coordinator
- Legislators
- City, county, and municipal leadership

# Stakeholder Group: **ACADEMIA**

## **Suggested Actions (Day 1-90)**

- Recommendation 3.3: Establish a center in the state capital that focuses on innovation in maternal and infant health through partnerships with the state’s departments and agencies, academic, funder, business, and faith communities.

- **ACTIVITIES**

- New Jersey’s academic community should convene with Nurture NJ leadership to prioritize and plan for partnerships to advance maternal and infant health, including:
  - Mapping of “maternal hot spots,” based on data from the Department of Health, to measure access to social services, affordable housing, transportation, and healthy food. From a baseline mapping exercise, stakeholders can explore key issues in more depth, such as housing quality and safety, in partnership with the Department of Environmental Protection’s Lead Exposure Mapping Project, expected to be available in 2021 (This is recommended as a first action of the partnership; please see further detail in Recommendation 8.1).
  - Partnerships between institutions of higher learning, such as medical schools, nursing schools, and doula/midwife training programs, and middle schools and high schools in lower resourced communities to develop academic and training pathways, concurrent with science investments in the same communities.
  - Evaluation of the effectiveness of state-level programs for parents and babies, including an analysis of the relationship between access to and utilization of state-funded social services and maternal/infant health outcomes.

- An economic burden study of maternal and infant mortality and morbidity tied to state workforce projections.

- **TOOLS, RESOURCES AND MODELS**

- Altarum Institute. [The Business Case for Racial Equity](#). *This document is an analysis quantifying the benefits of reducing inequities in terms of greater earnings, consumer spending, and tax revenues, less spending on health care and incarceration, and greater economic growth. It can serve as a model for conducting a New Jersey-specific analysis.*

- Recommendation 7.4: Strengthen and expand practice of the midwifery model of care in New Jersey by building a more robust workforce pipeline.

- **ACTIVITIES**

- One or more of the New Jersey state colleges should develop a midwifery program, not housed in a School of Nursing, modeled after the Jefferson College of Health Professions Midwifery Program, for individuals prepared at the bachelor’s level who are not nurses and want to become midwives.
- Diversify midwifery faculty through improved recruitment and removal of the requirement for a Master’s in Nursing to become faculty in midwife training programs.

- **TOOLS, RESOURCES AND MODELS**

- [Thomas Jefferson Health Professions Midwifery Program](#) *This resource describes a midwifery certification program for non-nurse trainees.*

## Suggested Actions (Day 90-180)

- Recommendation 3.3 and 8.1: Regional health hubs should work collaboratively with state departments and agencies, private funders, community and grassroots groups and academic leaders on a landscape analysis in the state's Black maternal and infant health hotspots.

### ○ ACTIVITIES

- Academia and community and grassroots organizations should develop a plan to conduct a landscape analysis of state and local level organizations.
- Recommendation 6.1: Publish a biannual journal/magazine for maternal and infant health in New Jersey through the proposed center for maternal and infant health (recommendation 3.3) and an academic partner.

### ○ ACTIVITIES

- The New Jersey [Integrated Population Health Data Project](#) based at Rutgers University should meet with interested stakeholders to begin planning for the development of a journal, including the Department of Health.
- Data or papers from the Nurture NJ Strategic Plan or Companion Document can be reviewed for inclusion in the initial publication.

## Suggested Actions (Day 180-270)

- Recommendation 3.3 and 8.1: State departments agencies, private funders, and academic leaders should collaborate on a landscape analysis in the state's Black maternal and infant health hotspots.

### ○ ACTIVITIES

- Academia and community and grassroots organizations should launch the landscape analysis of state and local level organizations in partnership with state departments and agencies.

## Suggested Actions (Day 270-365)

- Recommendation 3.3: Establish a center in the state capital that focuses on innovation in maternal and infant health through partnerships with the state's departments and agencies, academic, funder, business and faith communities.

### ○ ACTIVITIES

- Based on planning and conversations held in the first quarter, academic leaders should be prepared to launch a first project in support of Nurture NJ's goals.



# Stakeholder Group: **BUSINESS**

## Suggested Actions (Day 1-90)

- Recommendation 4.5: Actively shift public and private sector mindsets on benefits of shared decision-making with community.
  - **ACTIVITIES**
    - All statewide and regional business associations should commit to an equity assessment and learning process.
  - **TOOLS**
    - II.2, Assessing Organizational Racial Justice. *This is a tool to assess the degree of organizational engagement with racial equity actions. It identifies gaps and opportunities to strengthen racial equity action within an organization.*
- Recommendation 1.5: The state should convene the private sector to incentivize and engage them in action on racial equity. *See Recommendations 2.4 and 3.2 for associated activities.*
  - **ACTIVITIES**
    - State business leaders should work with the New Jersey Economic Development Authority and the Department of Labor to identify best practices in racial justice and community engagement work, and then lift up these practices to others in the statewide business community to help further engagement of people facing maternal and infant health challenges.
  - **TOOLS**
    - Kramer, Mark. "[The 10 Commitments Companies Must Make to Advance Racial Justice.](#)" *Harvard Business Review*, June 2020.
    - Kramer, Mark and Porter, Michael. "[The Competitive Advantage of Philanthropy.](#)" *Harvard Business Review*, February 2012.
- Recommendation 3.3: Establish a center in the state capital that focuses on innovation in maternal and infant health through partnerships

with the state's departments and agencies, academic, funder, business, and faith communities.

### ◦ **ACTIVITIES**

- Business leaders should partner with the New Jersey Economic Development Authority to establish a [Nurture NJ Business Roundtable](#), and prioritize potential partnerships to benefit Nurture NJ, including:
  - investing in community organizations that promote and provide wrap-around services for pregnant individuals and babies;
  - driving innovation in maternal and infant health by sponsoring challenges similar to Johnson & Johnson's "QuickFire Challenge";
  - conducting research around workforce readiness and support for parents and pregnant individuals in the workforce;
  - contributing to the development of racial equity training infrastructure for private and public sectors;
  - expanding programs like Internet Essentials that provide low-cost computers and internet access, facilitating telehealth and health education;



- supporting capacity building for creating and implementing quality improvement initiatives and utilizing quality improvement data methods and tools.

and disseminate a business case for racial equity analysis specific to New Jersey.

- **ACTIVITIES**

- The business community should participate in a statewide assessment of the economic impact of maternal and infant health disparities.
- Businesses should collaborate on regional town halls and meetings to engage and ensure community and multisector participation in the process.

- **TOOLS**

- Altarum Institute. [The Business Case for Racial Equity](#) *This is an analysis quantifying the benefits of reducing inequities in terms of greater earnings, consumer spending, and tax revenues, less spending on health care and incarceration, and greater economic growth. It can serve as a model for conducting a New Jersey-specific analysis.*

### Suggested Actions (Day 90-180)

- Recommendation 1.7: Explore the process and impacts of existing Truth, Racial Healing, and Transformation processes to determine potential impact in New Jersey.
  - **ACTIVITIES**
    - Commit to learning about Nurture NJ.
    - Public sector, private sector, and local community leaders should form healing circles in communities across New Jersey, which are overseen by a team of community experts, public sector leaders, and business executives.
  - **TOOLS, RESOURCES AND MODELS**
    - I.1, the Nurture NJ Strategic Plan Overview. *This is a PowerPoint side deck that can be used to learn or present to partners on key facts about Nurture NJ.*
    - The Nurture NJ Strategic Plan
    - Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts; Section II.4, Best Practices in Racial Equity and Racial Healing Initiatives.
- Recommendation 3.3: Establish a center in the state capital that focuses on innovation in maternal and infant health through partnerships with the state's departments and agencies, academic, funder, business, and faith communities.
  - **ACTIVITIES**
    - Continue to formalize the Nurture NJ Business Roundtable and select a first project on which to collaborate.

### Suggested Actions (Day 270-365)

- Recommendation 3.3: Establish a center in the state capital that focuses on innovation in maternal and infant health through partnerships with the state's departments and agencies, academic, funder, business and faith communities.
  - **ACTIVITIES**
    - Continue to plan and move forward with the first initiative of the Nurture NJ Business Roundtable.

### Suggested Actions (Day 180-270)

- Recommendation 4.7: Private sector businesses and/or their associations should fund, conduct



# Stakeholder Group: **COMMUNITY**

## **Suggested Actions (Day 1-90)**

- Recommendation 2.1: State departments and agencies, in partnership with the private sector, non-profits, community leaders and funders, should develop infrastructure for community-level power- and knowledge-building in communities with high Black maternal and infant mortality.

### ○ **ACTIVITIES**

- In preparation for further funded work, community members should familiarize themselves with the goals and tactics of the Strategic Plan, and begin organizing to establish priorities based on individual circumstances.
- Community members should seek out women's stories; document and record them (with consent) for shared learning.

### ○ **TOOLS, RESOURCES AND MODELS**

- The Nurture NJ Strategic Plan
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts.

## **Suggested Actions (Day 90-180)**

- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.

### ○ **ACTIVITIES**

- Community members should seek learning on:
  - the problem of maternal and infant morbidity and mortality
  - root causes and contributors
  - non-status quo approaches
  - women's experiences

### ○ **TOOLS, RESOURCES AND MODELS**

- The Nurture NJ Strategic Plan
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts.

## **Suggested Actions (Day 180-270)**

- Recommendation 2.1.4: Support community groups in designing creative strategies to improve maternal and infant health, identifying where state-level advocacy and additional funding is needed.

### ○ **ACTIVITIES**

- Community members should begin formal organizing tactics to ensure power building begins in earnest.
- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.

### ○ **ACTIVITIES**

- Individuals should conduct a Self-Assessment and one on their organization's Racial Equity Capacity using provided assessment tools
- Determine training needs to increase equity capacity
- Determine joint training needs of team/network
- Report training needs to leadership

### ○ **TOOLS, RESOURCES AND MODELS**

- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Articles:
  - I.1. New Jersey Women Speak: New Jersey Isn't the Greatest Place to Give Birth Now

- I.2. Maternal Morbidity and Mortality in New Jersey
- I.3. Infant Mortality in New Jersey
- II.3. Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in All Policies and Processes of Nurture NJ
- II.1. Colorado Health Equity Assessment Tool
- II.2. Assessing Organizational Racial Justice
- I.4. Resource Guide, Section II- Equity Assessment tools
- IV.1. Webinar Slides for Structural Change adapted to Nurture NJ

- I.5. Issue in Focus: Adverse Childhood Events, Substance Use and Infant and Maternal Morbidity and Mortality
- I.6. Racism in the United States
- I.7. The Science: Pathways of Racism’s Impact on Health

### **Suggested Actions (Day 270-365)**

- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.
  - **ACTIVITIES**
    - Seek training according to equity assessment
    - Formally modify work processes to incorporate learning tools
  - **TOOLS, RESOURCES AND MODELS**
    - The Nurture NJ Strategic Plan
    - Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Articles:
      - I.1. New Jersey Women Speak: New Jersey Isn’t the Greatest Place to Give Birth Now
      - I.2. Maternal Morbidity and Mortality in New Jersey
      - I.3. Infant Mortality in New Jersey
      - I.4. Data Snapshot: Women’s Access to Healthcare, Social Services, and Supportive Policy.



# Stakeholder Group: *FUNDERS*

## Suggested Actions (Day 1-90)

- Recommendation 2.1: State departments and agencies, in partnership with the private sector, non-profits, community leaders and funders, should develop infrastructure for community-level power- and knowledge-building in communities with high Black infant and maternal mortality.

### ○ ACTIVITIES

- Funders should collaborate closely with a funders collaborative focused on eliminating racial disparities in the health of NJ's women and infants to seek learning about the issues of racial equity and best practices for dismantling racism in all sectors.
- Funders should conduct equity capacity assessments and seek training accordingly.

### ○ TOOLS

- Nurture NJ Companion Document: A Deeper Dive into Data and Key Concepts., Article II.5, "Community Engagement, Power-Building and Power-Sharing: A How to Guide"

- Recommendation 3.2: A funders collaborative in support of focused on eliminating racial disparities in the health of NJ's women and infants should support a Nurture NJ Coordinator to support implementation of the Nurture NJ Strategic Plan.

### ○ ACTIVITIES

- In order to ensure that sectors collaborate to implement the strategic plan, a funders collaborative should support a Nurture NJ Coordinator to oversee implementation of the Strategic Plan, and promote multisector collaboration and accountability.

## Suggested Actions (Day 90-180)

- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.

### ○ ACTIVITIES

- Collaborate with contracted communications firms to develop state-of-the-art marketing methods across multiple platforms to influence and move societal attitudes from not only valuing women's health during preconception, pregnancy and postpartum care, but to fully realize whole-life approaches to health.

- Recommendation 2.1.4: Fund development of infrastructure for community-level power- and knowledge-building in communities with high Black maternal and infant mortality.

### ○ ACTIVITIES

- Conduct a series of meetings with community groups to develop a funding opportunity to organize advocacy and grassroots campaign around Nurture NJ. Funding should allow community groups to design funding and policy recommendations, develop messages and organizing tools, and create accountability metrics.
- Based on the results, partner with the private sector to fund ongoing community forums to enhance readiness and effectiveness to critically analyze community needs and engage in decision-making processes.

### ○ TOOLS, RESOURCES AND MODELS

- [GNOfund.org](https://www.gnofund.org). *The Greater New Orleans Fund is an example of a funders collaborative where all of the funders work synergistically to address community needs in a specific geographic location.*



## Suggested Actions (Day 180-270)

- Recommendation 8.1: Regional health hubs should work collaboratively with state departments and agencies, private funders, community/grassroots groups and academic leaders on a landscape analysis in the state's Black maternal and infant health hotspots. *This work will inform the development of the place-based pilots described in Recommendation 3.1.*

### ○ ACTIVITIES

- Partner with state agencies (Department of Health, Department of Human Services) and community groups to identify geographies with high Black maternal and infant mortality and morbidity and begin to conduct community meetings to develop the framework for a landscape analysis.

## Suggested Actions (Day 270-365)

- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.

### ○ ACTIVITIES

- Assess the impact of the campaign with contracted communications firms to develop state-of-the-art marketing methods across multiple platforms to influence and move societal attitudes from not only valuing women's health during preconception, pregnancy and postpartum care, but to fully realize whole-life approaches to health.

### ○ TOOLS

- **"Moving the Race Conversation Forward"** is a report by Race Forward: The Center for Racial Justice Innovation that features case studies and profiles of recent interventions and initiatives advanced by the racial justice field to challenge mainstream discussions of race and racism.



# Stakeholder Group: *HEALTH SECTOR*

## *Suggested Actions (Day 1-90)*

- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.
  - **ACTIVITIES**
    - Members of the health sector should seek learning around the key themes and topics of the Nurture NJ Strategic Plan, including the effect of racism on health, the need for transformative change to achieve racial equity.
    - Members of the health sector should seek to hear women's stories directly as a primary source of information.
  - **TOOLS, RESOURCES AND MODELS**
    - Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Articles:
      - I.1. New Jersey Women Speak: New Jersey Isn't the Greatest Place to Give Birth Now
      - I.2. Maternal Morbidity and Mortality in New Jersey
      - I.3. Infant Mortality in New Jersey
      - I.4. Data Snapshot: Women's Access to Healthcare, Social Services, and Supportive Policy.
      - I.5. Issue in Focus: Adverse Childhood Events, Substance Use and Infant and Maternal Morbidity and Mortality
      - I.6. Racism in the United States
      - I.7. The Science: Pathways of Racism's Impact on Health
      - II.3. Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in All Policies and Processes of Nurture NJ
- I.4. Nurture NJ Resource Guide, Section II, Equity Assessment tools
- IV.1. Webinar on Structural Change adapted to Nurture NJ
- Recommendation 7.12: The Department of Health should work with New Jersey health care providers to increase accountability on racial equity initiatives.
  - **ACTIVITIES**
    - Health systems should institute requirements that quality improvement activities in health care provider settings include a racial equity lens. Site-specific planning, surveillance, and ongoing reporting activities for maternal mortality and morbidity must consider the demographic diversity of New Jersey's mothers.
  - **TOOLS**
- [Resources from the California Birth Equity Collaborative](#), which is a quality improvement initiative to improve birth care, experiences and outcomes for Black mothers and birthing people in California.
- Recommendation 7.5: All 49 birthing hospitals and the birthing facilities in New Jersey should meet or attain rates lower than the national target for NTSV surgical/cesarean births.
  - **ACTIVITIES**
    - All 49 birthing hospitals should institute comprehensive informed consent processes for all maternity patients before (1) any primary or repeat surgical/cesarean birth and (2) any induction of labor. The former should clearly outline the short- and long-term risks of surgical births and the benefits of spontaneous labor for both parents and newborns. Likewise, before an induction of labor, the patient should be advised of and sign to the patient's cervical Bishop score and the medical and non-medical indications for this intervention.

## Suggested Actions (Day 90-180)

- Recommendation 9.1: Ensure quality and respectful preconception care, interconception care and women’s wellness care is available, accessible, and affordable for all women, and that it conforms to CDC Guidelines.
  - ACTIVITIES
    - Providers of wellness and preventive care for women should engage in learning around racial equity in health to improve the care they provide and expand the population they serve.
  - TOOLS, RESOURCES AND MODELS
    - [New Jersey ACES Report](#). *The report details challenges health providers and stakeholders face to address ACEs in New Jersey and lays out opportunities and actions for a statewide response.*
- Recommendation 9.5: Increase the number of Baby-Friendly designated hospitals in New Jersey to at least one hospital in all infant mortality hotspot areas.
  - ACTIVITIES
    - Hospitals can seek technical support for designation through contractors such as the CHAMPS project/Center for Health Equity, Education and Research at Boston University.
    - Hospitals should work with state departments and agencies to seek funding, as appropriate, for the technical and administrative burdens of seeking Baby-Friendly designation.
  - RESOURCES
    - <https://pediatrics.aappublications.org/content/143/2/e20181897.full> *This article reports the research on impacts of Baby Friendly designation on breastfeeding disparities in Southern hospitals.*
    - <https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/> *This website lists the Baby-Friendly guidelines and a listing of designated hospitals by state.*

## Suggested Actions (Day 180-270)

- Recommendation 9.6: Normalize active engagement of fathers and other partners during prenatal care, labor, and delivery and postpartum care.
  - ACTIVITIES
    - Hospitals should update best practices for babies born premature to include proactive father/partner engagement, including skin-to-skin contact.

## Suggested Actions (Day 270-365)

- Recommendation 5.10: The Department of Health should implement a system of community-designed, real-time maternal feedback on quality of care.
  - ACTIVITIES
    - The Department of Health should pilot the use of The Mothers on Respect index (MOR) scale post-delivery, with data captured in electronic medical records to facilitate analysis; after the pilot results, the Department should iterate on the model to develop and implement a system of community-designed, real-time maternal feedback on quality of care (in keeping with the statutory requirements of P.L. 2019, c. 75, which created the New Jersey Maternal Care Quality Collaborative).
  - TOOLS, RESOURCES AND MODELS
    - A selection of evaluation tools, including the MOR, is available [here](#). *The Mothers on Respect index (MOR) is a scale developed to assess the nature of respectful patient-provider interactions and their impact on a person’s sense of comfort, behavior, and perceptions of racism or discrimination. The MOR index is a reliable, patient-informed quality and safety indicator that can be applied across jurisdictions to assess the nature of provider-patient relationships, and access to person-centered care.*

# Stakeholder Group: Service PROVIDERS

## Suggested Actions (Day 1-90)

- Recommendation 4.2: Through a statewide communications campaign, promote a fundamental shift in ideology around the role of life course experiences, and environmental and social exposures on the health of women and infants.
  - **ACTIVITIES**
    - Service providers should read and discuss the key themes and topics of the Nurture NJ Strategic Plan, including the effect of racism on health, the need for transformative change to achieve racial equity.
  - **TOOLS, RESOURCES AND MODELS**
    - II.1. Colorado Health Equity Assessment Tool
    - II.2. Assessing Organizational Racial Justice
    - **New Jersey ACES Report** *The report details challenges health providers and stakeholders face to address ACEs in New Jersey and lays out opportunities and actions for a statewide response.*

## Suggested Actions (Day 90-180)

- Recommendation 2.1: State departments and agencies, in partnership with the private sector, non-profits, community leaders, and funders, should develop infrastructure for community-level power- and knowledge-building in communities with high Black maternal and infant mortality. These activities can be done in coordination with the place-based pilots in Recommendation 3.1.
  - **ACTIVITIES**
    - Participate in community organizing to listen to Black women's experiences, develop policy recommendations, and key public messages.
  - **TOOLS, RESOURCES AND MODELS**
    - Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts.

## Suggested Actions (Day 180-270)

- Recommendation 8.1: Regional health hubs should work collaboratively with state departments and agencies, private funders, community/grassroots groups and academic leaders on a landscape analysis in the state's Black maternal and infant health hotspots. This work will inform the development of the place-based pilots described in Recommendation 3.1.
  - **ACTIVITIES**
    - Service providers should participate in the partnership, and familiarize themselves with the other available services—or lack thereof—in their immediate region to serve women and infants, including preventive health care, transportation, healthy food choices, and secure economic opportunities. Getting to know the regional layout and identifying gaps will help to ensure long-term multisector collaboration for place-based initiatives.
- Recommendation 7.2: The Department of Human Services and Department of Health should ensure access to affordable, equitable integrated behavioral health care at all times over the life course.
  - **ACTIVITIES**
    - Service providers should take the pledge to decrease the stigma around substance abuse treatment and focus on facilitating and normalizing recovery to promote health.



- TOOLS, RESOURCES AND MODELS

- III.4. IHI-Recover Hope/Change the Narrative Pledge

### **Suggested Actions (Day 270-365)**

- Recommendation 8.4: Develop multisector efforts to address the specific issue of transportation access for women.

- ACTIVITIES

- Service providers should work with state and federal government departments and agencies on fair, transparent solutions to federal and state rules (known as “anti- kickback” regulations) that prevent providers from advertising free or reduced transportation or offering such services to new patients.
- Recommendation 4.6: Ensure understanding of the importance of human-centered and trauma-informed care practices and expand use among all program planners and providers (health and non-health).

- ACTIVITIES

- Providers of essential services, who are critically important interface for pregnant women and women with young children, should commit to learning the principles of trauma-informed practices, which promote a culture of safety and empowerment, and help to build resilience in women and children even later in life.

- TOOLS, RESOURCES AND MODELS

- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [CDC: 6 Guiding Principles to a Trauma-Informed Approach](#)
- [New Jersey ACES Report](#) *The report details challenges health providers and stakeholders face to address ACEs in New Jersey and lays out opportunities and actions for a statewide response.*



# Stakeholder Group: STATE DEPARTMENTS AND AGENCIES

## Suggested Actions (Day 1-90)

- Recommendation 2.2: All state departments and agencies should be required to issue written statements of their commitment to community engagement.

### ○ ACTIVITIES

- Where appropriate, state departments and agencies should conduct an assessment of the populations and communities their policies and programs impact most directly, identify gaps and existing ways in which departments and agencies currently engage those communities.
- Where gaps are found, state departments and agencies should update policies and procedures to incorporate high-level community engagement.

### ○ TOOLS AND RESOURCES

- I.4. Nurture NJ Resource Guide, Section II
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Article:
  - II.5. Community Engagement, Power-Building and Power-Sharing
- III.2. Community Power-Building and Ownership Diagram
- IV.3. PRISM E Equity Implementation Model
- III.3. IAP2 Community Engagement Typologies

### ○ MODELS

- <https://www.bangthetable.com/category/case-studies/> *This website describes numerous case studies on the conduct of community engagement using digital engagement media. Digital engagement may be necessary in the midst of a pandemic.*
- Recommendation 2.3: Develop permanent structures to integrate community partnership into state, county and local decision-making processes.

### ○ ACTIVITIES

- Ensure state employees understand the impacts of racism on health, the need for health equity in all policies, and the importance of community engagement in policy and program development.

### ○ TOOLS AND RESOURCES

- II.1. Colorado Health Equity Assessment Tool
- II.2. Assessing Organizational Racial Justice
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Article:
  - II.5. Community Engagement, Power-Building and Power-Sharing
- III.2. Community Power-Building and Ownership Diagram
- IV.3. PRISM- E Equity Implementation Model
- III.1. Community Engagement Typologies

### ○ MODELS

- <https://www.bangthetable.com/category/case-studies/> *This website describes numerous case studies on the conduct of community engagement using digital engagement media. Digital engagement may be necessary in the midst of a pandemic.*

- Recommendation 4.8: Reframe the statewide targets in Healthy New Jersey 2030.

### ○ ACTIVITIES

- The Department of Health should align their 2030 targets to promote equity by ensuring equal targets for white and Black infant mortality rates.
- Recommendation 5.5: The Department of Health should increase the utilization of the Women, Infants and Children (WIC) Program through policy changes and program modernization.

- **ACTIVITIES**

- The Department should accelerate plans to provide a benefits card, streamline application approvals, and additional improvements developed in consultation with recipients and community stakeholders.
  - The Department of Health should closely examine adjustments made during COVID-19 (e.g., application/approvals via phone, substitution of additional food items) for permanent integration as federal and state law allow.
  - Integrate WIC outreach into the Central Intake process, including those contacts initiated by phone and text message.
- Recommendation 5.2: Expand successful programs that improve access to high-quality education.

- **ACTIVITIES**

- The Secretary of Higher Education should expand existing partnerships with community colleges, four-year institutions, and technical and vocational schools to tailor programming to accommodate women of childbearing age seeking to complete their degrees, gain a trade, or pursue a vocation.
- The Office of the Secretary of Higher Education should continue to expand successful outreach and awareness programs for women to increase participation in existing programs, including New Jersey's tuition-free Community College Opportunity Grant (CCOG) program, the federal GEAR UP (Gaining Early Awareness and Readiness for Undergraduate Programs) grant administered by the state, and New Jersey's Educational Opportunity Fund (EOF), including a marketing toolkit with a focus on women of childbearing age and women of color.
- The Office of the Secretary of Higher Education should publish a material hardships guide for institutions of higher education, with a particular focus on resources for student parents.

- Recommendation 5.3: The Department of Treasury should increase uptake of the Earned Income Tax Credit.

- **ACTIVITIES**

- Working with community partners, the Treasury outreach and communications teams should continue comprehensive outreach and trust-building program for taxpayers and employers to ensure that all individuals eligible for the Earned Income Tax Credit are accessing the benefit.

- Recommendation 5.4: The Department of Labor should continue their efforts with employees and employers to expand utilization of the paid family leave benefits.

- **ACTIVITIES**

- Conduct outreach to large and small employers, as well as to employees directly, ensuring awareness of the benefit and encouraging uptake.
- Develop consumer-friendly materials that explain the health and economic benefits of the leave.

- Recommendation 5.1: The state should continue to invest in opportunities for safe, decent, toxin-free affordable housing.

- **ACTIVITIES**

- The Department of Health, Department of Human Services, Housing Mortgage and Finance Agency (HMFA) should identify point people for a collaborative process, and begin to map the necessary steps to identify parents with dependent children as a "special needs" category for HMFA projects, including the federal Low-Income Housing Tax Credit projects and other multifamily rental buildings financed by tax-exempt/taxable bonding.

## Suggested Actions (Day 90-180)

- Recommendation 2.2: All state departments and agencies should be required to issue written statements of their commitment to community engagement.
  - **ACTIVITIES**
    - State departments and agencies should work to draft statements of commitment to community engagement with specific examples of initiatives at each agency based on existing programs and impacted communities.
  - **TOOLS**
    - Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Article:
      - II.3. Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in all Policies and Processes of Nurture NJ
    - II.1. Colorado Health Equity Assessment Tool
    - II.2. Assessing Organizational Racial Justice
    - IV.3. PRISM E Equity Implementation Model
    - III.1. Community Engagement Typologies
  - **MODELS:**
    - <https://www.bangthetable.com/category/case-studies/> *This website describes numerous case studies on the conduct of community engagement using digital engagement media. Digital engagement may be necessary in the midst of a pandemic.*
- Recommendation 5.8: The Department of Human Services should strengthen efforts to make the health system accountable to women of color through reliable coverage and evidence-based care.
  - **ACTIVITIES**
    - The Department of Human Services should consider updates to contracts with Medicaid
  - **TOOLS, RESOURCES AND MODELS**
    - MCOs to improve maternal and infant health, including:
      - new standards to ensure evidence-based care for women, including measures for participating providers related to NTSV.
      - requirements that plans ensure financial accountability along the continuum of care among hospitals, birthing centers, pediatricians, and community services to ensure a meaningful continuum (not just “warm hand-off”) for first year of a baby’s life; MCO plans should have contractual requirements to secure documented assurance that families are linked to the tools and resources needed to carry out recommended care plans.
- Recommendation 5.10: The Department of Health should implement a system of community-designed, real-time maternal feedback on quality of care.
  - The Department of Health should pilot the use of The Mothers on Respect index (MOR) scale post-delivery, with data captured in electronic medical records to facilitate analysis; after the pilot results, the Department should iterate on the model to develop and implement a system of community-designed, real-time maternal feedback on quality of care (in keeping with the statutory requirements of P.L. 2019, c. 75, which created the New Jersey Maternal Care Quality Collaborative).
- **TOOLS, RESOURCES AND MODELS**
  - A selection of evaluation tools, including the MOR, is available [here](#). *The Mothers on Respect index (MOR) is a scale developed to assess the nature of respectful patient-provider interactions and their impact on a person’s sense of comfort, behavior, and perceptions of racism or discrimination. The MOR index is a reliable, patient-informed quality and safety indicator that can be applied across jurisdictions to assess the*

*nature of provider-patient relationships, and access to person-centered care.*

- Recommendation 5.13: The Department of Health and Department of Human Services should support a representative, effective community workforce serving pregnant individuals and babies.
  - The Department of Human Services should continue to improve Medicaid reimbursement for all obstetric providers to reach 100 percent of the physician rate, and require MCOs to reimburse for, and include, all members of a perinatal care team (including doulas and community health workers) in their networks.
  - The Department of Human Services should carefully review the results of the Center for Medicare and Medicaid Services Strong Start [Evaluation](#) for potential activities to expand access for Medicaid beneficiaries to the midwifery model of care.
  - The Department of Human Services should clarify that certified midwives are eligible to enroll as providers in the state Medicaid program.
  - The Department of Health and Department of Human Services should continue to support the capacity and workforce development of doulas to serve pregnant individuals during the prenatal and post-partum period.
- **TOOLS, RESOURCES AND MODELS**
  - Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts, Articles:
    - 1.1. New Jersey Women Speak: New Jersey Isn't the Greatest Place to Give Birth Now
    - 1.2. Maternal Morbidity and Mortality in New Jersey
    - 1.3. Infant Mortality in New Jersey
    - 1.4. Data Snapshot: Women's Access to Healthcare, Social Services, and Supportive Policy
    - 1.5. Issue in Focus: Adverse Childhood Events, Substance Use and Infant and Maternal Morbidity and Mortality
    - 1.6. Racism in the United States
    - 1.7. The Science: Pathways of Racism's Impact on Health
    - II.3. Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in All Policies and Processes of Nurture NJ
      - II.1. Colorado Health Equity Assessment Tool
      - II.2. Assessing Organizational Racial Justice
      - IV.1. Structural Change Process for Nurture NJ
      - IV.2. R4P Equity Bundle
- Recommendation 6.2: Improve the process for quality and usage of state maternal mortality data through significant reinvestment in the Maternal Mortality Review Committee (MMRC).
  - **ACTIVITIES**
    - The Department of Health should leverage federal funding from the Centers for Disease Control and Prevention and from the Health Resources and Services Administration to call more frequent meetings of the MMRC, expand staff, and conduct more thorough investigations.
    - The Department of Health should train MMRC members on health equity, implicit bias, anti-racism and other emerging priorities.
- Recommendation 8.3: Develop multisector efforts to address the specific issue of transportation access for women.
  - **ACTIVITIES**
    - The New Jersey Economic Development Authority should convene businesses and private funders to develop a plan to expand Lyft and Uber initiatives to provide transportation to doctors appointments, grocery stores, and other services for pregnant mothers and their infants.

- The Department of Transportation should identify Complete Streets policies that can be accelerated and implemented more quickly, with a focus on underserved communities with high rates of maternal and infant mortality.
- Recommendation 8.6: Develop multisector efforts to address the specific issue of women impacted by the criminal justice system.
  - ACTIVITIES
    - The Department of Corrections and their contractors should assess costs for a program to provide pregnancy and childbirth education for all incarcerated parents and seek public-private partnerships as necessary.

### **Suggested Actions (Day 180-270)**

- Recommendation 7.17: Continue to improve and transform Central Intake.
  - ACTIVITIES
    - The Department for Children and Families and the Department of Health should work together to streamline and upgrade Central Intake to improve access to services, including expanded hours to accommodate family schedules, and changing the program’s name to increase approachability.
    - Building from the “Calling all Sectors” project, agencies should continue to make Central Intake multisectoral in each community. Central Intake grantees should expand training for staff on the available programs and facilitate stronger partnerships with local community programs providing services to families, ensuring that each grantee facilitates access to other vital services, operating as a “Nurture NJ Navigator.”
    - The Department of Health, Department for Children and Families, and the Department of Human Services should create formal linkages between Central Intake programs

- and Medicaid Managed Care Organizations, who are required to, and are paid for, creating linkages to services for their members in communities.
- Recommendation 6.3: The Department of Human Services and Department of Health should work together to improve accountability to women of color through data transparency.

- ACTIVITIES

- The Department of Health and Department of Human Services should formalize a plan for centralizing data on maternal and infant health and service access irrespective of payer.

- TOOLS, RESOURCES AND MODELS

- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts. Articles:
  - Section III. Equity Evaluation Framework for the Nurture NJ Strategic Plan
  - I.2. Maternal Morbidity and Mortality in New Jersey
  - I.3. Infant Mortality in New Jersey
  - I.4. Data Snapshot: Women’s Access to Health Care, Social Services, and Supportive Policy.
- Recommendation 5.17: Craft and disseminate an “advised procedure” for how county prosecutors work with pregnant women, including the possibility of delaying sentencing for the period of pregnancy and three months postpartum.

- ACTIVITIES

- State leaders, including the Office of the Attorney General, Department of Corrections, and Department of Health should collaborate on the development of the new procedures and practices.
- Recommendation 7.17: Continue to expand and strengthen Fatherhood Engagement Initiatives.

### ○ ACTIVITIES

- The Department of Children and Families and the Department of Health should conduct community-led assessment of existing fatherhood engagement programs to glean best practices.
  - The Department of Children and Families and the Department of Health should institute new requirements of grantees of fatherhood programs to include fathers in the leadership of the initiatives.
- Recommendation 5.22: The New Jersey Economic Development Authority should provide targeted support to childcare providers as a critical industry in the state.

### ○ ACTIVITIES

- Work with state leaders to create a program through the Small Business Fund that supports community-based child care.
  - Begin plans to support shared services for existing child care providers.
- Recommendation 5.13: The Department of Health and Department of Human Services should support a representative, effective, community workforce serving pregnant individuals and babies.

### ○ ACTIVITIES

- The Department of Human Services should carefully review the results of CMS' Strong Start Evaluation, with a focus on Birth Centers and targeted Group Prenatal Care, for potential adoption in New Jersey.

### ○ TOOLS, RESOURCES AND MODELS

- <https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007531/EssentialFactsAboutMidwives-UPDATED.pdf>. *This document describes some key facts about midwifery practice in the US.*

- Published Article: Jolles, D. R., Allman, J. & Stapleton, S. R. Strong Start for Mothers and Newborns: Moving Birth Centers to Scale in the US. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/birt.12430>
- Strong Start Findings At-A-Glance. <https://innovation.cms.gov/Files/reports/strongstart-prenatal-fg-finalevalrpt.pdf> *An infographic that summarizes some key findings from the Strong Start study.*
- Strong Start evaluation Vol. 1: <https://downloads.cms.gov/files/cmml/strongstart-prenatal-finalevalrpt-v1.pdf> (see the Executive Summary at pp 11-18)
- Strong Start Evaluation, Vol. 2: <https://downloads.cms.gov/files/cmml/strongstart-prenatal-finalevalrpt-v2.pdf>
- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60789-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60789-3/fulltext). Renfrew, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care.

- Recommendation 9.7: The Department of Banking and Insurance should continue outreach to pregnant women.

### ○ ACTIVITIES

- The Department of Banking and Insurance should ensure proactive outreach to relevant communities to notify them that as of February 1, 2021, pregnancy is a qualifying event to enroll in coverage through the state-based marketplace outside of annual enrollment periods.

## ***Suggested Actions (Day 270-365)***

- Recommendation 5.20: The Department of Education should continue to prioritize access to high quality, affordable childcare through programs such as Early Head Start.

- **ACTIVITIES**

- Evaluate programs and policies for accessing high quality, affordable childcare in infant mortality hotspots.
- Support community outreach efforts to ensure full usage.

- Recommendation 5.11: Continue to develop and implement the perinatal episode of care as a model design opportunity.

- **ACTIVITIES**

- Nine months into the implementation of the Strategic Plan, the Department of Human Services should assess the status of its development implementation of a perinatal episode of care model in Medicaid and identify any administrative or legislative remedies necessary.



# Stakeholder Group: **GOVERNMENT LEADERSHIP**

## **Suggested Actions (Day 1-90)**

- Recommendation 1.1: All state departments and agencies should be required to implement, monitor and evaluate a plan for increasing equity capacity and for maintaining capacity to promote racial equity in all policies, budgets, institutional practices, systems, and structures.

### ○ ACTIVITIES

- Review and discuss Nurture NJ Strategic Plan
- Begin developing equity or implicit bias training for all senior level staff in state, county, and local government.

### ○ TOOLS, RESOURCES AND MODELS

- *Examples of public sector racial equity initiatives:* [Los Angeles](#), [Kansas](#), [Michigan](#)
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts, Articles:
  - I.6. Racism in the United States
  - I.7. The Science: Pathways of Racism's Impact on Health
  - II.3. Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in All Policies and Processes of Nurture NJ
- II.1. Colorado Health Equity Assessment Tool
- II.2. Assessing Organizational Racial Justice
- IV.1. Structural Change Process for Nurture NJ

- Recommendation 1.6: Build upon the Nurture NJ Interdepartmental Working Group to initiate a permanent internal structure that meets quarterly to discuss planned programs and policies that impact maternal and infant health and racial disparities in birth outcomes, budget implications, break down internal silos, share possibilities for collaboration, and develop a process for assessing health impacts of pending policies.

### ○ ACTIVITIES

- Continue quarterly Nurture NJ Interdepartmental Working Group meetings.
- Begin to develop a process to formalize the group into a more permanent structure and schedule.
- Start work to develop processes for assessment and racial justice learning.

### ○ TOOLS, RESOURCES AND MODELS

- Appendix: Nurture NJ Resource Guide, Section III: Health Impact Assessment and Health Equity Impact Assessment. *This document lists several references and links to sample HIA and to the process of conducting HIA and HEIA.*
- Human Impact Partners-website: <https://humanimpact.org/products-resources/issue-area/?filter=iss1-145> *Publications, case studies and resources on health impact assessment.*
- Article: Powell, S. A. & Haigh, F. A. *Health Equity Impact Assessment* <http://heapro.oxfordjournals.org/content/early/2013/02/28/heapro.dat012.full>
- *Example of a Health Equity Impact Assessment (HEIA) Workbook—Ontario:* <http://www.health.gov.on.ca/en/pro/programs/hea/docs/workbook.pdf>

- Recommendation 2.2: All state departments and agencies should issue written statements of their commitment to community engagement.

### ○ ACTIVITIES

- Identify a point person at each state department and agency to lead community engagement efforts with communities most impacted by programs and policies, ensuring representation of impacted underserved communities.

- **TOOLS, RESOURCES AND MODELS**

- I.4. Nurture NJ Resource Guide, Section 3
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts
- I.1. New Jersey Women Speak: New Jersey Isn't the Greatest Place to Give Birth Now
- II.3. Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in all Policies and Processes of Nurture NJ
- IV.3. PRISM E Equity Implementation Model
- III.1. Community Engagement Typologies

- **MODELS**

- <https://www.bangthetable.com/category/case-studies/>
- Article: WSU recognized for commitment to community engagement. <https://news.wsu.edu/2015/01/07/wsu-recognized-for-commitment-to-community-engagement/> *An example of an award-winning community engagement process embedded within an organizational structure.*

- Recommendation 3.3: Establish a center in the state capital that focuses on innovation and research in maternal and infant health through partnerships with the state's departments and agencies, academic institutions, funder, business, and faith communities.

- **ACTIVITIES**

- The Department of Health, Department of Human Services, Office of the Secretary of Higher Education, and Economic Development Authority, under the leadership of the Governor's Office and First Lady's Office, should continue the development of a plan to establish and launch a center dedicated to maternal and infant health innovation, anchored in Trenton, New Jersey, integrating the solutions to maternal and infant health challenges with innovative economic development.

- Recommendation 1.2: Declare racism a public health crisis.

- **ACTIVITIES**

- State legislators should work with the Governor's Office to draft and introduce a resolution in the state legislature that declares racism a public health crisis.

- **TOOLS, RESOURCES AND MODELS**

- IV.4. Nurture NJ Resource Guide, Section V
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts, Articles:
  - I.1. New Jersey Women Speak: New Jersey Isn't the Greatest Place to Give Birth Now
  - I.6. Racism in the United States
  - I.7. The Science: Pathways of Racism's Impact on Health
- *The American Public Health Association publishes several sample declarations of racism as a public health crisis from around the US. [Sample Declarations](#)*

### **Suggested Actions (Day 90-180)**

- Recommendation 1.1: All state departments and agencies should be required to implement, monitor and evaluate a plan for increasing equity capacity and for maintaining capacity to promote racial equity in all policies, budgets, institutional practices, policies, systems, and structures.

- **ACTIVITIES**

- Department of Children and Families should continue the work of their Race Equity Committee to develop and pilot a model for statewide replication of an equity capacity training process.
- The model should be accessed and developed for training all senior level staff across state departments and agencies.

- TOOLS, RESOURCES AND MODELS

- IV.4. Implementation Strategies and Tactics
- I.4. Nurture NJ Resource Guide, Section III, Health Impact Assessment and Health Equity Impact Assessment
- Human Impact Partners-website: <https://humanimpact.org/products-resources/issue-area/?filter=iss1-145> *Publications, case studies and resources on health impact assessment.*
- Article: Powell, S. A. & Haigh, F. A. Health Equity Impact Assessment <http://heapro.oxfordjournals.org/content/early/2013/02/28/heapro.dat012.full>
- *Example of a Health Equity Impact Assessment (HEIA) Workbook—Ontario:* <http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf>

- Recommendation 1.3: Establish an Office for State Diversity, Equity and Inclusion to reflect increased priority, enable a greater level of collaboration, and address the state’s equity needs.

- ACTIVITIES

- Work with the Office of the Attorney General and other relevant departments to determine the scope of this role to take on meaningful authority.
- Establish a point person at each state department or agency who is responsible for interfacing on diversity, equity, and inclusion.

- TOOLS, RESOURCES AND MODELS

- II.2. Organizational Racial Justice Assessment Tool
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts, Article: II.3, Building Infrastructure to Support, Promote and Maintain Racial Equity and Community Power-Sharing in All Policies and Processes of Nurture NJ

- Recommendation 1.6: Build upon the Nurture NJ Interdepartmental Working Group to initiate a

permanent internal structure that meets quarterly to discuss planned programs and policies that impact maternal and infant health and racial disparities in birth outcomes, budget implications, break down internal silos, share possibilities for collaboration and develop a process for assessing health impacts of pending policies.

- ACTIVITIES

- Develop a pilot for an equity and/or community engagement assessment process for a select group of policies.

- TOOLS, RESOURCES AND MODELS

- IV.2. R4P Equity Bundle Implementation
- Nurture NJ Strategic Plan Companion Document: A Deeper Dive into Data and Key Concepts, Articles: I.7, Racism/Health Impact Pathways
- IV.4. Implementation Strategies and Tactics
- I.13. Nurture NJ Resource Guide, Section III: Health Impact Assessment and Health Equity Impact Assessment
- Human Impact Partners-website: <https://humanimpact.org/products-resources/issue-area/?filter=iss1-145> *Publications, case studies and resources on health impact assessment.*
- Article: Powell, S. A. & Haigh, F. A. Health Equity Impact Assessment <http://heapro.oxfordjournals.org/content/early/2013/02/28/heapro.dat012.full>
- *Example of a Health Equity Impact Assessment (HEIA) Workbook—Ontario:* <http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf>

- Recommendation 2.2: All state departments and agencies should issue written statements of their commitment to community engagement.

- ACTIVITIES

- Draft and issue statements through a coordinated effort.

- Cultivate media interest in the statements, and release them proactively to community groups.

- TOOLS, RESOURCES AND MODELS

- III.2. Community Power-Building and Ownership Diagram

- Recommendation 3.3: Establish a center in the state capital that focuses on innovation and research in maternal and infant health through partnerships with the state’s academic, funder, business, and faith communities.

- ACTIVITIES

- The Economic Development Authority should formally convene the Nurture NJ Business Roundtable. This Roundtable can move into the Maternal and Infant Health Innovation Center as it is established/ formalized.

- Recommendation 1.2: Declare racism a public health crisis.

- ACTIVITIES

- State legislature should ensure passage of the resolution.

- TOOLS, RESOURCES AND MODELS

- **Sample Declarations.** *The American Public Health Association publishes several sample declarations of racism as a public health crisis from around the US.*

- Recommendation 9.2: Secure a Commitment to Action signed by the CEOs of all health care systems and leadership of health professional societies in New Jersey, which should include specific, measurable action steps to reduce maternal mortality and morbidity through the provision of equitable, evidence-based pre- and post-natal care in New Jersey.

- ACTIVITIES

- Convene a meeting of health care CEOs to brief them on the Nurture NJ Strategic Plan.

- TOOLS, RESOURCES AND MODELS

- I.4. Nurture NJ Resource Guide, Section II: Racial Equity Assessment and Learning Tools

### Suggested Actions (Day 180-270)

- Recommendation 1.3: Establish an Office for State Diversity, Equity, and Inclusion to reflect increased priority, enable a greater level of collaboration, and address the state’s equity needs.

- ACTIVITIES

Begin development of an Office for State Diversity, Equity, and Inclusion.

- Recommendation 2.4: Develop incentives for all public and private entities that increase multisector and cross-state collaboration and community engagement. Some examples include public recognition by state officials or a publicly recognized, statewide designation.

- ACTIVITIES

- Develop incentives or a statewide designation with criteria that should appeal to both public and private sector organizations to enthusiastically adopt community engagement strategies.

- TOOLS, RESOURCES AND MODELS

- IV.4. Implementation Strategies and Tactics

- Recommendation 9.2: Secure a Commitment to Action signed by the CEOs of all health care systems and leadership of health professional societies in New Jersey, which will include specific, measurable action steps to reduce maternal mortality and morbidity through the provision of equitable, evidence-based pre- and post-natal care in New Jersey.

- ACTIVITIES

- Develop the Commitment to Action and begin securing signatories to be publicly released.

- TOOLS, RESOURCES AND MODELS

- III.3. SPEAK UP Against Racism Pledge

## Suggested Actions (Day 270-365)

- Recommendation 1.3: Establish an Office for State Diversity, Equity, and Inclusion to reflect increased priority, enable a greater level of collaboration, and address the state's equity needs.

- **ACTIVITIES**

- Ensure appropriate staffing of the State Diversity, Equity, and Inclusion Office to address the state's equity capacity building and structural change needs. This should include an Equity Auditor, to carry out the duties of the Office and to monitor compliance with Recommendation 1.1.



**Please refer to the Nurture NJ website for the resources listed below.**

## **I. Nurture NJ Resources**

- I.1** Nurture NJ Strategic Plan Overview Slide Deck
- I.2** Nurture NJ FAQ
- 1.3** Nurture NJ Strategic Plan Glossary
- 1.4** Nurture NJ Resource Guide

## **II. Racial Equity Assessment Learning and Tools**

- II.1** Colorado Health Equity Assessment Tool
- II.2** Assessing Organization's Racial Justice
- II.3** Racism and Health Impact Pathways

## **III. Community Engagement Tools**

- III.1** Community Engagement Typologies
- III.2** Community Powerbuilding and Ownership Diagram
- III.3** SPEAK UP Against Racism Pledge
- III.4** IHI Recover Hope Change the Narrative Pledge

## **IV. Policy, Procedural, and Structural Change Tools**

- IV.1** Webinar Slides for Structural Change (adapted to Nurture NJ)
- IV.2** R4P Equity Bundle Implementation Nurture NJ
- IV.3** PRISM E Equity Implementation Model
- IV.4** ABCs of Implementation Strategies and Tactics

