NEW JERSEY
RURAL HEALTH TRANSFORMATION

Invest Rural NJ Information Session

Presented by The Center for Health Equity and Wellbeing, New Jersey's Public Health Institute (CHEW-NJPHI)

NJHealth
New Jersey Department of Health

The Center for Health Equity & Wellbeing
NJ's Public Health Institute

Funding Acknowledgement

This program is funded by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $147.25 million, with 100 percent funding by CMS/HHS.

The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Session Agenda

Welcome from New Jersey Department of Health (NJ DOH)

Official welcome and opening remarks.

CHEW-NJ PHI Introduction

An overview of the CHEW-NJ PHI initiative.

Rural Health Transformation (RHT) Program 2026

Details about the RHT program.

Introduction to Invest Rural NJ

Learn about the Invest Rural NJ program.

Question and Answer

Opportunity for audience questions.

Executive Assistant to the Executive Director
Executive Assistant to the Executive Director

Welcome from the New Jersey Department of Health (NJDOH)

Nashon Hornsby, JD, LLM

Assistant Commissioner, Population Health Branch

Damon Koslow, MA

Executive Director, Office of Primary Care and Rural Health, Population Health Branch

Brianna Foulks, MSHCM

Executive Assistant to the Executive Director, Office of Primary Care and Rural Health, Population Health Branch

SECTION

CHEW-NJ PHI

Center for Health Equity and Wellbeing, New Jersey's Public Health Institute Overview

The CHEW Team

Denise Anderson, Ph.D., MPH

Inaugural Executive Director

Darah Bagby-Prosser, MHS

Program Coordinator - Workforce

Consolata Mogeni, MPH

Program Manager - Research and Development

Adaobi Ndupu, MPH

Program Manager - Health Opportunity Zones

Center for Health Equity and Wellbeing, New Jersey's Public Health Institute (CHEW-NJPHI) Structure

- Origins & Vision

  Founded on decades-long vision to enhance New Jersey's public health system and address health disparities, amplified by the urgency revealed by COVID-19's racial inequities.

- Development & Incubation

  Developed through partnerships with The Nicholson Foundation, The Robert Wood Johnson Foundation, NJDOH, and the National Network of Public Health Institutes; incubated as an independent non-profit by Acenda Integrated Health.

- Formal Designation & Mission

  Legally designated by Governor Phil Murphy and the NJDOH in 2025, CHEW-NJPHI now operates statewide across sectors to advance health equity and strengthen public health infrastructure.

CHEW-NJPHI works across communities, health systems, government, and partners statewide to advance health equity, strengthen public health infrastructure, and foster a healthier, more equitable future.

Mission and Vision

CHEW-NJPHI Mission and Vision

Our Mission:

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

Our Vision:

A New Jersey where every person and every community has a fair and just opportunity to experience health and quality of life to their full potential.

Guiding Principles for Our Work

Foundational Pillars

Equity

Ensuring the conditions in which everyone can be healthy; public health is what we do as a society.

Vitality (Population Health)

The public health system is essential in advancing individual, community, and population health.

Activation

Prioritizing elimination of disparities and community engagement, elevating advocates as leaders.

Integrity

Pursuing progress with independence and transparency through innovation, collaboration, and shared leadership.

Accountability

Data-driven work guided by communities, serving those most in need, and addressing social determinants.

Trustworthiness

A nonpartisan, inclusive, diverse, and committed team that fosters collaborative relationships.

Our Four Strategic Pillars

Health Equity (Health Opportunity Zones)

Advancing targeted, place-based strategies to reduce disparities.

Democracy & Health (Civic Engagement & Public Policy)

Strengthening non-partisan civic participation and health policy advocacy.

Public Health Infrastructure and Workforce Development

Building, training, and sustaining the next generation of public health leaders.

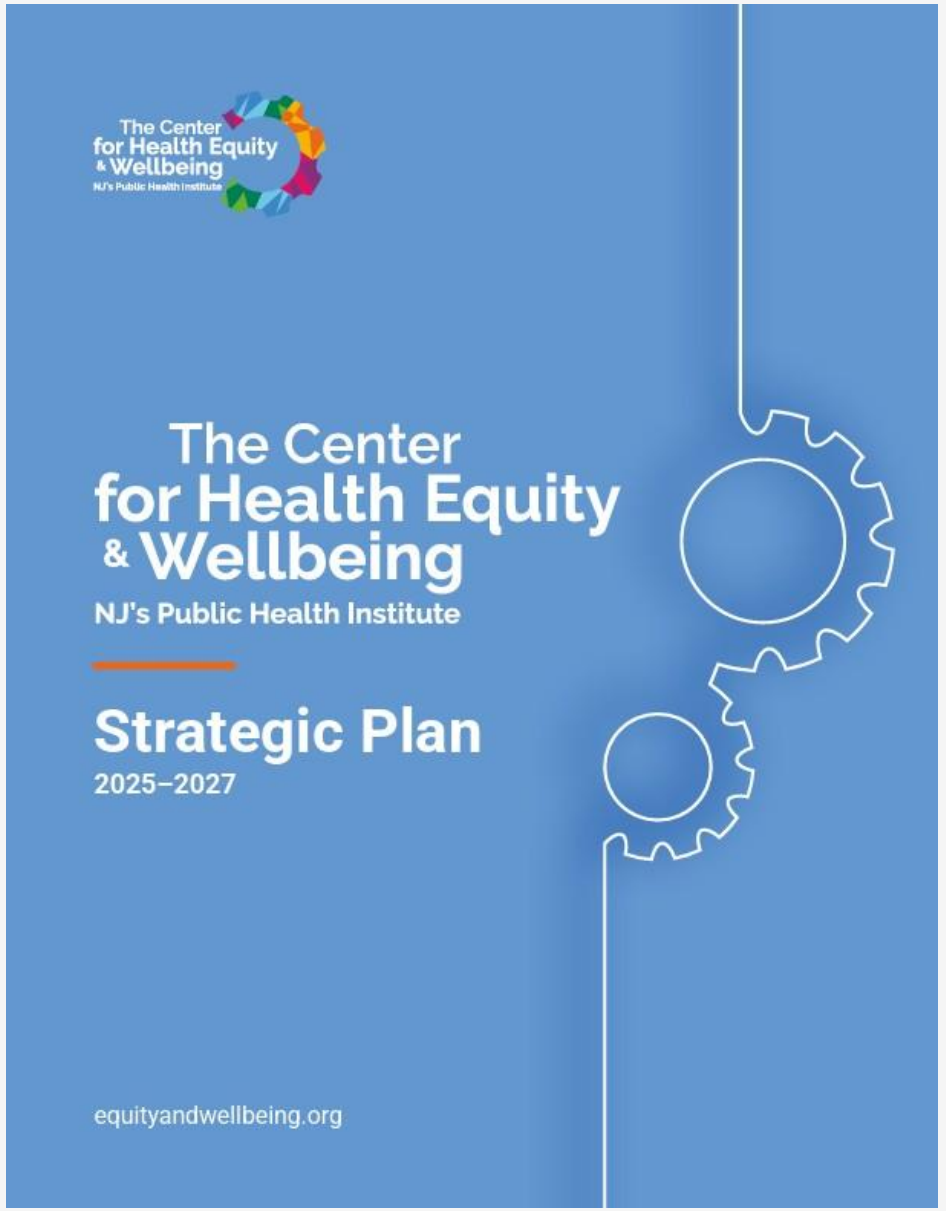
Trust in Science (Evidence-Based Action & Clinical Trials Diversification)

Advancing public trust through transparent, inclusive engagement with science.

Explore our comprehensive strategies and goals for 2025-2027.

Review the CHEW-NJPHI Strategic Plan

Explore our comprehensive strategies and goals for 2025-2027.



Visit: equityandwellbeing.org

Rural Health Transformation (RHT) Program 2026

A commitment to supporting the workforce for rural communities.

Rural Health Transformation (RHT) Program 2026

Program Authorization

Authorized by the One Big Beautiful Bill Act (OBBBA). Awards are subject to federal appropriations and program approval.

Funding Allocation

$50 billion provided over five years (2026-2030) for state-led rural health transformation.

Funding Purpose

Supports long-term, sustainable improvements rather than short-term service expansion.

Award Contingency

Awards are subject to federal appropriations and program approval.

Strategic Goals of the Rural Health Transformation (RHT) Program 2026

- **Workforce Development**
  Recruiting, training, and retention of a highly-skilled health care workforce.
- **Infrastructure Development**
  Build stability and capacity across the rural healthcare ecosystem.
- **Tech Innovation**
  Strategies to enhance care delivery beyond traditional brick- and-mortar settings.
- **Preventive Measures**
  Evidence-based prevention efforts that maximize resources and drive long-term health improvement.
- **Chronic Disease Monitoring and Control**
  Integrated data and dashboards, competitive community grants, and chronic disease and wellness programs.

Scope of Work

RFA - Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey

- Activity A: Rural Preventive Health Initiatives

  Prevention programs, screenings, and health education to promote early detection and reduce disease progression.

- Activity B: Technology Solutions, Telehealth, & Remote Patient Monitoring (RPM)

  Telehealth and RPM expansion to improve access to care. Digital tools to streamline care delivery and patient navigation.

- Activity C: Training & Capacity Building

  Workforce training in health literacy, technology use, and program implementation. Cultural competency and stigma-sensitive care.

- **Activity D: Clinical Workforce Recruitment & Retention Initiative**

  Recruitment, retention, and professional development of rural clinicians.

Clinical Workforce Recruitment and Retention

Supporting Rural Healthcare

- **Program Purpose**
  Provide multi-year incentives to eligible clinical providers committing to at least 5 years of rural service, prioritizing uninsured and underinsured populations (no telehealth).
- **Application Framework**
  Develop a standardized, tiered application framework for eligible providers and facilities.
- **Review Process**
  Establish a transparent review process, including scoring, ranking, and payment structures.
- **Facility Standards**
  Ensure facilities meet program standards, particularly in serving uninsured/underinsured patients.
- **Program Outreach**
  Conduct outreach to promote the program to eligible professionals and facilities.
- **Financial Incentives**
  Provide financial incentives to providers committing to 5-year service.
- **Compliance Verification**
  Verify provider eligibility, service location, and compliance through contracts.
- **Enforcement Processes**
  Develop and administer enforcement, including termination and recoupment for breach of contract.
- **Monitoring and Reporting**
  Monitor and report workforce, service delivery, and compliance data for oversight and evaluation.

Activity D: Clinical Workforce Recruitment and Retention

CHEW-NJPHI's allowable use of grant funds

1

Direct Financial Incentive Payments

Payments to eligible providers over the 5-year service period.

2

Data Tracking, Reporting, and Compliance Monitoring

Essential for program oversight and adherence.

3

Technology or Platforms

To manage payments, service commitments, and overall program administration.

Important Note: Incentives CANNOT be applied to student or educational loan repayment.

Grant Funding - Prohibited Uses

- **Supplanting existing funds**
  Using these funds to replace money already allocated or available from other sources.
- **Replacing billable/reimbursable services**
  Funds cannot be used to substitute services that can be charged to clients or reimbursed by other payers.
- **Food, catering, or light refreshments**
  Expenses for meals, snacks, or drinks are not permitted.
- **Fundraising activities or costs**
  This includes events or expenses related to soliciting donations.
- **Personal use goods or services**
  Funds are prohibited for items or services intended for individual, non-programmatic use.

- **Lobbying or legislative activities**
  Cannot be used for influencing legislation or regulatory decisions.
- **Repayment of debt/interest**
  Funds cannot be used to pay off loans or accumulated interest.
- **Promotional items, gifts, memorabilia, or souvenirs**
  Prohibits expenditures on branded merchandise or tokens of appreciation.
- **Broadband/connectivity projects**
  Cannot be used for initiatives related to internet access or network infrastructure.

- **Enhanced payment rates or incentives without outcome linkage**
  Increased payments or bonuses are disallowed unless directly tied to measurable results.
- **Uncompensated care not tied to approved program initiatives**
  Cannot cover costs for services provided without charge, unless part of an approved program.
- **Student/educational loan repayment**
  Funds are not permitted for paying back student or educational loans.
- **Training towards a new certification or license**
  Subject to 5-year commitment

NEW JERSEY
RURAL HEALTH TRANSFORMATION

SECTION

Invest Rural NJ

Invest Rural NJ

Incentives for Rural Clinicians

Workforce Incentive

Minimum annual incentive for new and existing rural clinicians.

Licensure

Must hold an active professional license.

Service Commitment

Mandatory 5-year commitment to providing services in a rural area.

Location Requirements

Services must be delivered in federally or New Jersey-recognized rural locations.

Impact Demonstration

Must show the need for services and the positive impact of service expansion.

Commitment to Rural Service

Requires evidence of dedication to serving rural communities.

Target Populations

Services must focus on high-need groups like Medicaid, Medicare, uninsured, or offer a sliding fee scale.

Site-Based Incentives

Available for shared or hybrid staffing models.

Invest Rural NJ: Clinician Eligibility

Tier 1

Physicians (MD/DO) and Dentists (specialties included)

Tier 2

Nurse Practitioners (NPs), Physician Assistants (PAs), Psychiatric NPs, Certified Nurse Midwives

Tier 3

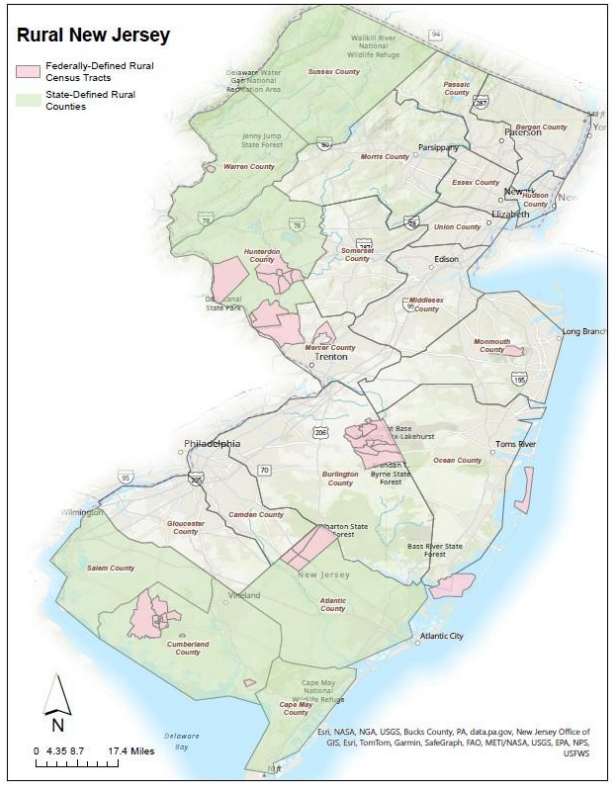
Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)

Tier 4

Licensed Clinical Social Workers (LCSWs), Licensed Social Workers (LSWs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Associate Counselors (LACs), Psychologists

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from the Centers for Medicare & Medicaid Services (CMS) and at the discretion of the New Jersey Department of Health (NJDOH).

Invest Rural NJ: Eligible Areas & Entities



- **Eligible Rural NJ Areas**

  Includes Federally-Defined Rural Census Tracts and State- Defined Rural Counties.

- **Eligible Entities**

  Hospitals, Ambulatory Care Centers, FQHCs, CCBHCs, and Individual/Group Private Practices.

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from CMS and at the discretion of the NJDOH.

An Alternative View of Rural Eligibility

New Jersey Rural Health Transformation (RHT) Program

Eligible Rural Areas – 2026

The RHT program in 2026 includes both federally-defined and state-defined rural areas in New Jersey. State-defined rural areas are based at the county-level, whereas federally-defined rurality is based at the census tract (CT) level. The table below presents all counties that have either full or partial rurality and the CTs that meet the federally-defined rurality criteria.

County	State Rural Definition*	Federal Rural Definition**	Federal Rural CTs	Non-Exclusive List of Townships within Federal Rural CTs
Atlantic	Full County	Partial (4 CTs)	108, 109, 110, 111	Hammonton
Burlington		Partial (9 CTs)	7021.01, 7022.06, 7022.07, 7022.08, 7022.09, 7022.1, 7048.01, 9821.11, 9822	Browns Mills, Fort Dix, Hockamik, New Hanover, Pointville, Upton
Cape May	Full County	-	-	-
Cumberland	Full County	Partial (12 CTs)	101.03, 104.02, 106, 107.02, 201, 202, 203.01, 203.02, 204, 205.02, 205.03, 206	Bowentown, Bridgeton, Dutch Neck, Harmony, Hopewell, Lakeside-Beebe Run, Laurel Heights, Shiloh, Silver Lake, West Park *[Also includes Bayside State Prison and Fairton Federal Correctional Institution]*
Hunterdon	Full County	Partial (9 CTs)	113.01, 113.03, 113.04, 113.05, 113.06, 114, 115, 118, 119	Barbertown, Flemington, Kingwood, Lambertville, Milltown, Point Breeze
Mercer		Partial (2 CTs)	33.04, 38	Ackers Corner, Bear Tavern, Coopers Corner, Harbourton, Harts Corner, Princessvile, Rosedale
Monmouth		Partial (1 CT)	8099.03	Naval Weapons Station Earle - Mainside
Ocean		Partial (2 CTs)	9800, 9801	Great Bay Boulevard, Island Beach State Park
Salem	Full County	-	-	-
Sussex	Full County	-	-	-
Warren	Full County	Partial (1 CT)	317	Belvidere

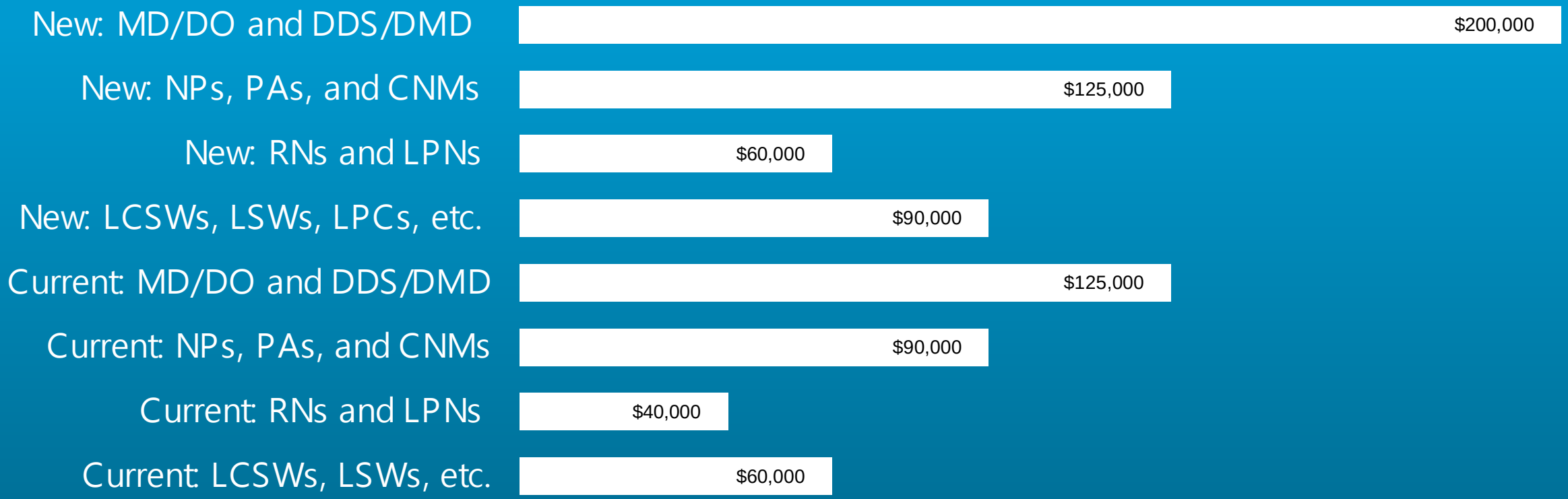
**State-Defined rural areas meet the criteria of a population density of less than 500 persons per square mile.*

***Federally-Defined rural areas meet the criteria set by HRSA. HRSA's rural health grants eligibility analyzer provides an interactive platform to search and view all federally-defined rural areas.* https://data.hrsa.gov/topics/rural-health/rural-health-eligibility?tab=StateCounty

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from CMS and at the discretion of the NJDOH.

Invest Rural NJ: Clinician Incentives

Minimum Incentive Amount by Tier Over the 5-Year Commitment Period



Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from CMS and at the discretion of the NJDOH.

How to Apply

1. **Eligibility**
   New clinician to Rural NJ with a signed offer letter and a start date, or a current rural clinician at an eligible site.
2. **Complete Application**
   Submit the clinician application form via JotForm (HIPAA compliant).
3. **Application Response**
   Receive one of the following: Ineligible, Conditionally Accepted, Waitlisted, or Not Selected.
4. **Employer Validation**
   If conditionally accepted, send employer companion application link to your employer.
5. **Approval Notification**
   Receive official approval for participation in Invest Rural NJ after successful validation.
6. **Agreement Execution**
   Review and sign clinician and employer agreements.
7. **Onboarding & Payments**
   Set up for annual incentive payments.
8. **Program Updates**
   Added to the listserv for ongoing program information.

Program staff may request clarifying or additional information during the application review and verification process.

Items Needed Before Initiating Clinician Application

Prepare these documents for a smooth application process.

1

Identification

A copy of your driver's license or passport.

2

Work Schedule

A copy of your current or proposed work schedule.

3

Professional License

A copy of your professional license or proof of license application submission.

4

Offer Letter

For new applicants, a signed offer letter if you are new to rural NJ.

5

Most Recent Paystub

For current applicants, your most recent paystub if you are currently working in rural NJ.

6

Proof of Address Change

If requesting relocation support, provide a lease agreement, mortgage statement, or utility bill.

7

Sliding Fee Scale/ Charity Care Policy/Managed Care Organization (MCO) agreement

A copy of your facility's sliding fee scale.

8

Proof of Hybrid/Shared Staffing Model

If applicable, provide an executed MOU, contract, or affiliate agreement between health systems and FQHCs/Free clinics, a shared staffing agreement outlining clinician deployment, and a joint employment or subcontracting agreement.

IRNJ Clinician Application Components

1. Screening
   Initial review of applications.
2. Unique Participant Identifier (UPI)
   Creation of a distinct identifier for each applicant.
3. Applicant Information
   General personal details.
4. Professional Information
   Clinician type, primary specialty, license details.
5. Rural Practice Site Information / Rural Workforce History
   Experience and details related to rural practice.
6. Relocation
   Information pertaining to relocation if applicable.
7. Commitment and Retention Narrative
   Interest in rural practice, ties to rural areas, and factors supporting long-
   term commitment (250 words).
8. Site Need & Access Impact
   Addressing vacancies, improving appointment availability, expanding
   services, and serving high-need populations (250 words).
9. Priority Populations / Equitable Access Description
   Focus on underserved groups and equitable access (150 words).
10. Geographic Priority
    Information on preferred or targeted rural locations.
11. Practice Readiness
    Credentialing and preparation for practice.
12. FQHC & Free Clinics Hybrid Staffing Models / Participation
    Details on involvement with these models.
13. Attestations and Acknowledgments
    Applicant's formal confirmation.
14. Files Uploading
    Submission of required documents.

Create your unique participant identifier (UPI)

Please create a unique identifier for your application. We are asking for you to create a UPI to connect clinician and employer companion applications together. Your UPI should contain the following:

- IRN in the beginning
- First character and third character of first name
- First character and third character of last name
- Date of birth (MMDDYY)

Example:
First name: John
Last name: Smith
Date of birth: 04/03/2020
UPI: IRNJhSi040320

Clinician UPI *

SECTION 1. Applicant Information

At the end, upload copy of ID, Passport or Green Card for verification

Full Legal Name *

Date of Birth (MM/DD/YYYY) *

Contact information *

Phone Number

Current Home Address (City/State/Zip Code)

Primary Email *

example@example.com

Employment Status:

Applicant Type *

- New recruitment applicant to rural NJ
- Currently work in rural NJ (retention applicant)

New Applicant-Anticipated start date at rural site *

MM-DD-YYYY

Date

At the end, upload signed offer letter

Retention Applicant- Commencement date current at rural site *

MM-DD-YYYY

Date

At the end, upload proof of current employment (most recent paystub)

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HIPAA COMPLIANCE

SECTION 2. Professional Information

Clinician Type (select one): *

Please Select

Primary Specialty (if applicable):

License Information (At the end, upload copy of license for verification) *

License Type:

License Number:

State(s) Licensed:

Original Issue Date:

License Expiration Date:

What is the current status of your license? *

Please Select

SECTION 3. Rural Practice Site Information

Rural Site listing *

Rural Site Name	Site Address	Organization Type
		Please Select

Add New

Please provide additional information about your rural practice site if it does not neatly fit within the organization type categories listed above.

*All organization types **must** meet Federal or State definitions of rurality. All organizational entities **must** serve Medicaid, Medicare, uninsured populations, underinsured populations, have a sliding fee scale, Charity Care policy and/or Managed Care Organization (MCO) participation agreement.*

Supervisor/Site Contact Name *

Supervisor/Site Contact Email *

example@example.com

SECTION 4. Rural Workforce Status

Which best describes you? (Select one)

New applicants to rural NJ health care: *

- ○ Never worked in rural health care previously
- ○ Returning to rural practice after ≥24-month gap

For applicants currently practicing in rural health care in NJ *

- ○ Practicing at a rural site ≤ 6 months (December 2025- May 2026)
- ○ Practicing at a rural site > 6 months

If practicing at a rural site for more than 6 months, please indicate length of time: *

Please Select

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HIPAA COMPLIANCE

SECTION 5. Recruitment and Relocation

Are you relocating for this position? *

- ○ Yes, I am relocating from Out-of-State
- ○ Yes, I am relocating In-State
- ○ No, I am not relocating

If you have already identified or secured a new address, please share it below. If you are still exploring relocation, please tell us which counties and/or municipalities you are considering.

New Address locating to:

Desired Relocation Counties/ Municipalities

☐ Atlantic County	☐ Bergen County	☐ Burlington County
☐ Camden County	☐ Cape May County	☐ Cumberland County
☐ Essex County	☐ Gloucester County	☐ Hudson County
☐ Hunterdon County	☐ Mercer County	☐ Middlesex County
☐ Monmouth County	☐ Morris County	☐ Ocean County
☐ Passaic County	☐ Salem County	☐ Somerset County
☐ Sussex County	☐ Union County	☐ Warren County

Estimated distance (miles from old to new in-state address/desired counties/ municipalities) *

In-state relocations only

SECTION 6. Commitment & Retention Narrative

In 250 words or fewer, please describe:

- Why you are interested in rural practice
- Any personal, professional, or community ties to rural and underserved areas
- Factors that support your ability to commit to long-term rural service

*

0/250

SECTION 7. Site Need & Access Impact

In 250 words or fewer, describe how your role addresses access gaps at the rural site, such as:

- Reducing high vacancy/ hard-to-fill role; long wait times; limited speciality access
- Expanding services (primary care, dental, behavioral health, OB, etc.)
- Serving high-need populations (Medicaid, Medicare, uninsured and underinsured populations)

*

0/250

SECTION 8. Equity & Priority Populations

Will your clinical practice primarily serve any of the following? (Check all that apply) *

- [ ] Medicaid-insured patients
- [ ] Medicare-insured patients
- [ ] Uninsured/underinsured/Charity Care/ Sliding fee scale
- [ ] Maternal & child health populations
- [ ] Behavioral health/substance use populations
- [ ] Racially or ethnically underserved populations
- [ ] LGBTQ+ populations
- [ ] Migrant or agricultural workers
- [ ] Veterans
- [ ] People with disabilities

At the end, upload copy sliding fee scale, Charity Care policy, and/or Managed Care Organization (MCO) participation agreement.

Briefly describe how your role advances equitable access (150 words max): *

0/150

SECTION 9. Geographic Priority

Is the proposed site location(s) in any of the following? (Check all that apply) *

- [ ] State Defined Rural County
- [ ] Federally Rural Census Tract (RCT)

What additional geographic priority designations apply? (Check all that apply)

- [ ] High Social Vulnerability Index (SVI) area
- [ ] Hard-to-fill rural region
- [ ] Persistent health professional shortage area
- [ ] Federal Rural Census Tract (RCT)
- [ ] Medically underserved areas/ populations (MUA/P)

Links listed below to help identify site location:

- Social Vulnerability Map
- Federal Rural Health Eligibility (RCT)
- Health Professional Shortage Area
- HRSA MUA/P Find

Specify RCT: *

SECTION 10. Practice Readiness

If new to rural health care in NJ, please answer below.

Estimated time to begin patient care at rural site *

- ( ) Immediately/already credentialed
- ( ) Within 90 days
- ( ) 3-6 months
- ( ) More than 6 months

SECTION 11. FQHC Participation

If not already, are you willing to work part time at an FQHC within an RCT? *

- ( ) Yes, I already work at an FQHC
- ( ) Yes, I am willing to work part time at an FQHC
- ( ) No, I am not willing to work part time at an FQHC

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HIPAA COMPLIANCE

Optional: Additional information for reviewers consideration (150 words max)

0/150

SECTION 12. Attestations & Acknowledgements

By signing below, I attest that: *

- [ ] All information provided is accurate and complete
- [ ] I understand incentives are **taxable income**
- [ ] Incentives are **not salary, wages, or loan repayment**
- [ ] Participation is contingent upon continued program funding and compliance
- [ ] I consent to verification of employment, licensure, and other components of my application
- [ ] I acknowledge that participation in Invest Rural NJ requires execution of a five-year rural service agreement and commitment to fulfilling the associated service obligation

File Upload

To complete your application, please upload the following materials available.

- Copy of identification (driver's license, passport, Green Card etc.)
- Copy of work schedule or proposed work schedule
- Copy of license or license application submission
- Signed offer letter **(new to rural NJ applicant only)**
- Most recent paystub **(current rural NJ applicants only)**
- Proof of address change **(for relocation support request only)**
  - Acceptable forms of proof:
    - Lease agreement or mortgage statement
    - Utility bill

- Copy of sliding fee scale, Charity Care policy, and/or Manage Care Organization (MCO) participation agreement
  Support services are offered at reduced costs based on a patient's income and ability to pay.
- Proof of hybrid/shared staffing model between health systems and FQHCs, if applicable
  - Acceptable forms of proof:
    - Executed MOU or agreement
    - Contract or affiliate agreement between entities
    - Shared staffing agreement outlining clinician deployment
    - Joint employment or subcontracting agreement

File Upload

Browse Files

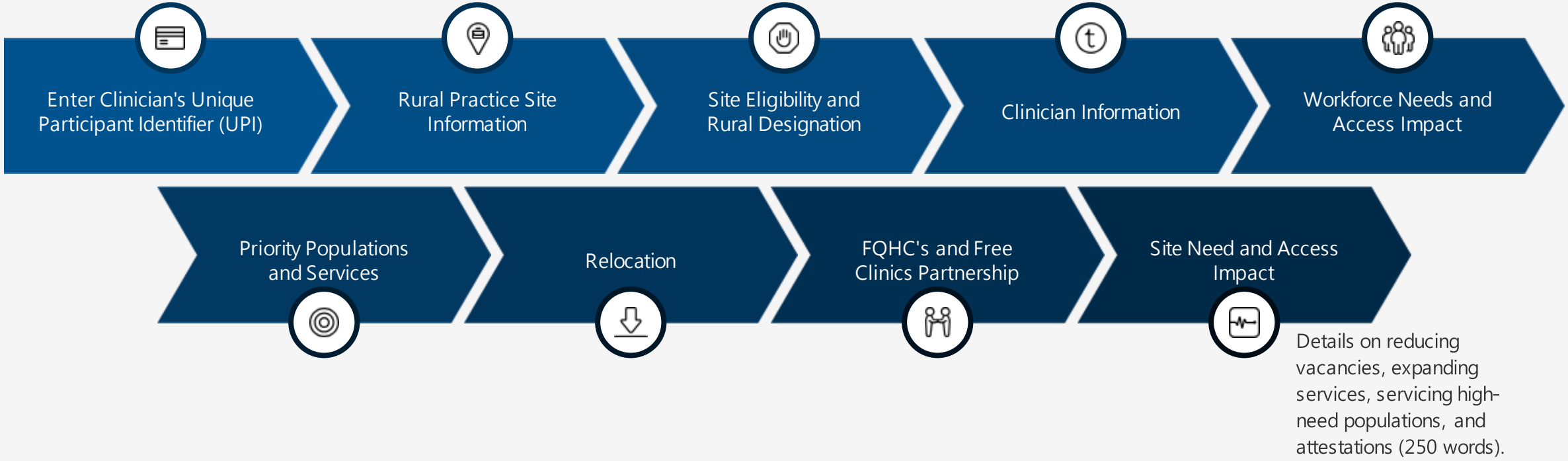
Drag and drop files here

Back | Save | Submit Application

Powered by Jotform

HIPAA COMPLIANCE

IRNJ Employer Companion Application



Program staff reserves the right to request clarifying and/or additional information during the application review and verification process.

Rolling Applications

September 30th, 2026

June 2026 - August 2026

Cohort 1

Review End: June 30, 2026 | Decision By: August 2026

July 2026 - September 2026

Cohort 2

Review End: July 31, 2026 | Decision By: September 2026

August 2026 - October 2026

Cohort 3

Review End: August 31, 2026 | Decision By: October 2026

September 2026 - November 2026

Cohort 4

Review End: September 30, 2026 | Decision By: November 2026

SECTION

Partnership with New Jersey Health Care Quality Institute (NJHCQI)

New Jersey Health Care Quality Institute

Our Mission

Improving the safety, quality, and affordability of health care for everyone.

Our Vision

A world where all people receive safe, equitable, and affordable health care and live their healthiest lives.

Our Members

Our members come from every sector of health care. Together we work on quality improvement, policy, and community health initiatives.

Our Work

The Quality Institute convenes a diverse membership of healthcare stakeholders and community leaders.

- **Core Program Areas**

  Our work is organized across three core program areas: Policy, Quality Improvement, and Community Health.

- **Educational Programs Focus**

  Our educational programs focus on workforce development, payment reforms, quality improvement, using data.

Invest Rural NJ

Workforce Integration and Rural Care Transformation

1

Virtual Learning Collaboratives

Engagement in virtual learning sessions and collaborative problem-solving.

2

Shape Learning Topics

Opportunities to influence the direction of learning content through needs assessments.

3

Evidence-Based Tools and Resources

Access to practical tools and resources specifically designed for rural healthcare settings.

4

Data Translation Support

Assistance in converting data into effective quality improvement strategies.

Invest Rural NJ - What to Expect

- Workforce Retention and Clinician Satisfaction

  Focus on strategies to keep healthcare professionals in rural areas and ensure their job satisfaction.

- Burnout Prevention and Staff Wellbeing

  Implement programs to prevent burnout and promote the overall well-being of healthcare staff.

- Team-Based and Integrated Care Models

  Develop collaborative approaches to care delivery involving diverse healthcare teams.

- Improving Patient Access and Experience

  Enhance patients' ability to access healthcare services and improve their overall experience.

- Continuous Quality Improvement and Performance Outcomes

  Focus on ongoing enhancements to service quality and measurable performance results.

Please scan the QR Code to answer two questions

Clinician Interest Survey

Invest Rural NJ Program

- **Scan the QR code**
  Scan the QR code on this slide to access the survey.
- **Use the link**
  Use the link provided in the chat to access the survey.

Your response will help us better understand interest and inform ongoing program design and planning efforts.

Resources

Invest Rural NJ Resources

CHEW-NJ PHI NJ DOH Partnership Page (includes Invest Rural NJ): https://equityandwellbeing.net/njdoh-partnership-portfolio/

Social Vulnerability Interactive (SVI) Map: https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html

Rural Health Grants Eligibility Analyzer: https://data.hrsa.gov/topics/rural-health/rural-health-eligibility

Health Professional Shortage Area (HPSA) Finder: https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find

Find Medically Underserved Area and Medically Underserved Population (MUA/P) designations: https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find

Join the Invest Rural NJ Listserv: https://mailchi.mp/1d332fdfeeaa/irnj-subscription-page

Contact Us: investruralnj@equityandwellbeing.org

Frequently Asked Questions (FAQs): Coming soon!

How to Apply to Invest Rural NJ

Are you an eligible clinician with a signed offer letter for an eligible rural location, or an eligible clinician currently working in an eligible rural area and location?

If you meet these criteria and are interested in applying to the Invest Rural NJ program, please use the QR code on the screen or the link in the chat to begin your application.

Invest Rural NJ

Growing and stabilizing New Jersey's rural clinical workforce:
Invest Rural NJ is a rural workforce incentive initiative designed to recruit and retain clinicians in rural communities across New Jersey. The program supports a stronger, more stable healthcare workforce by providing incentives that help rural sites attract new talent and retain existing providers serving communities with limited access to care.

Invest Rural NJ is focused on improving access to primary care, dental care, and behavioral health services in rural areas by reducing workforce shortages, vacancy duration, and turnover. The initiative is designed to support rural providers and sites in building sustainable staffing models that improve continuity of care for residents.

By investing in the people who deliver care, Invest Rural NJ helps address one of the most significant barriers to better health outcomes in rural communities: reliable access to a qualified and committed clinical workforce.

Invest Rural NJ Information Session

Invest Rural NJ Clinician Application

(Click here to view a PDF preview of the Invest Rural NJ application before beginning the online application.)

Additional Invest Rural NJ Resources:

Social Vulnerability Interactive (SVI) Map - SVI Interactive Map | Place and Health - Geospatial Research, Analysis, and Services Program (GRASP) | ATSDR

Rural Health Grants Eligibility Analyzer - Rural Health Grants Eligibility Analyzer

Health Professional Shortage Area (HPSA) Finder - HPSA Find

Find Medically Underserved Area and Medically Underserved Population (MUA/P) designations - Find MUA/P

Get More Information

Email questions about Invest Rural NJ to investruralnj@equityandwellbeing.org.

Stay up to date on Invest Rural NJ updates by joining the listserv at Invest Rural NJ Listserv

Questions & Answers