University HOSPITAL
Newark, NJ

Testimony of
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How to Save a Life: Successful Models for Protecting Communities from COVID-19

House Education & Labor Joint Subcommittee Hearing
Civil Rights and Human Services Subcommittee
&
Health, Employment, Labor, and Pensions Subcommittee

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Thank you, Chairwoman Bonamici and Chairman DeSaulnier, Ranking Members Fulcher and Allen, and Members of the Subcommittee on Civil Rights and Human Services and the Subcommittee of Health, Employment, Labor and Pensions for the opportunity to speak with you today and offer insights into my institution's approach to health equity and our experiences during the COVID-19 public health crisis.

My name is Dr. Chris T. Pernell, Chief Strategic Integration and Health Equity Officer at University Hospital in Newark, New Jersey.

I am also the daughter of my beloved father, Timothy L. Pernell Sr., who lost his life to COVID-19 on April 13, 2020. On the day United States Army reservists arrived at my hospital to help shore up our efforts to save lives and keep our institution upright and afloat, my father was dying in another community hospital nearly four miles away. A man who taught me so much and personified perseverance and excellence, who overcame mountains of struggle—including the Jim Crow South—and who led a distinguished career at the famous Bells Labs, couldn't survive this pandemic. I am also the sister to a woman, Kim Maria, who is a breast cancer survivor and a worker on the frontlines of our economy who has endured coronavirus infection, herself a long COVID survivor. Moreover, I invoke the lives of my two cousins and 13 staff members who served in various roles at our hospital who have passed from this virus.

University Hospital is New Jersey's only public academic health center and the level 1 trauma center for the densely populated northern New Jersey region. We are the principal teaching hospital for Rutgers Biomedical and Health Sciences (RBHS) – a training ground for the next generation of the region's healthcare heroes.

Last year, we had more than 83,000 emergency room visits, admitted some 15,600 patients, and treated nearly 200,000 people as outpatients. As one of New Jersey's safety net hospitals, we serve as a critical healthcare provider for a large population of low-income and Black and Brown residents.

On January 20, 2020, the United States (US) had its first laboratory-confirmed diagnosis of coronavirus disease 2019, commonly known as COVID-19.[1] In particular, University Hospital was the first hospital and medical campus in New Jersey to handle COVID-19 and was the first hospital in the state to administer the

[1]Holshue, Michelle L., et al. "First Case of 2019 Novel Coronavirus in the United States: NEJM." *New England Journal of Medicine*, 7 May 2020, www.nejm.org/doi/full/10.1056/NEJMoa2001191.

COVID-19 vaccine. Nearly two years later, this novel infectious agent has traveled the globe leaving an unprecedented wake of death, morbidity, social disruption, and economic upheaval.

In New Jersey, as of mid-September, there have been more than 990,000 lab-confirmed cases (PCR) of COVID-19 and nearly 150,000 probable cases, leading to more than 27,000 deaths in the Garden State. These numbers, while growing at a lower rate than the height of the pandemic, are still rising. Deaths by ethnicity are 4.82% Asian, 16.41% Black, 18.68% Hispanic, and 55.35% White.[2] Hospitalizations are down almost 75% percent from their peak last winter of approximately 4,000 and from their highest of more than 6,000 during the height of the pandemic's first wave. As of late September, active hospitalizations number just over 1,000, with just over 100 on ventilators and approximately 250 hospitalized in the Intensive Care Unit (ICU) at acute care hospitals across the state.[2]

Newark, the largest municipality in New Jersey, has likewise seen COVID's devastating impact with 40,9991 total cases and 1,052 total deaths. Of those who have died, 54.9% have been identified as Black or African American, 31.4% have been identified as Hispanic or Latino, 8.6% have been identified as White, and 1% have been identified as Asian.[3]

Scholars have examined the salient factors driving documented inequities across the nation. It has been argued that "Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers."[4] Rather, it is more precise to argue that racism – "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which we call "race") that:

- **Unfairly disadvantages some individuals and communities**
- **Unfairly advantages other individuals and communities**

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[2] New Jersey State Department of Health. New Jersey COVID-19 Dashboard. Retrieved from https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml on September 22, 2021.

[3] City of Newark. Real-time Data Dashboard of COVID-19 Impact by Gender, Race, and Ward. Retrieved from Newark COVID-19 Help (newarkcovid19.com) on September 23, 2021.

[4] Centers for Disease Control and Prevention. Risks for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html on September 22, 2021.

- **Saps the strength of the whole society through the waste of human resources**"[5]

– in its pervasive and oppressive nature across every sector of American life – drives the catastrophic outcomes seen in communities of color and not race or ethnicity. Albeit *racism operates as a pre-existing American condition*. As Barber and Jones and decades of literature affirm, these "interlocking systems of racism,"[6] rooted in white supremacist power and ideology, have shaped health care, racial residential segregation, and wealth and income inequalities,[6] among other structural determinants of health, and effect the distribution of resources, the distribution of populations in relation to those resources, and the distribution of risks, i.e., how these factors converge to impact life exposures and experiences which are sourced in where a person is born, lives, works, and plays.[7]

Golestenah et al. in their August 2020 publication, "The association of race and COVID-19 mortality" suggest multiple potential drivers of the disproportionate COVID mortality in the Black population, including three categories: **(1) increased COVID exposure** due to poverty, residential crowding, frontline occupation, and public transportation; **(2) higher burden of recognized comorbidity not effectively treated** because of system failure and patient distrust; and **(3) higher burden of unrecognized comorbidity** stemming from lack of access to healthcare and lack of patient expectation that engagement would be meaningful.[8]

Case-in-point, University Hospital is in Newark, New Jersey, the city center of Essex County. Per the NJ State Department of Health COVID-19 Dashboard, Essex County had the largest number of COVID-19 deaths (2,802 as of September 9, 2021) in New Jersey.[9] Having the largest population share in the county, Newark drives these rates. Newark has a slightly younger population with 24.6% under 18 years of age and only 10.5% aged 65 and older. Approximately 50% of residents are Black, 36% are Hispanic or Latino, and 29% are White. Additionally, almost

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[5] Jones, Camara. American Public Health Association. What is Racism? Retrieved from https://www.apha.org/topics-and-issues/health-equity/racism-and-health on September 22, 2021.

[6] Barber, Sharrelle. "Death by racism: The Lancet." *The Lancet Infectious Diseases,* Volume 20, Issue 9, 2020, Page 903, https://doi.org/10.1016/S1473-3099(20)30567-3.

[7] Jones, Camara. Confronting Institutionalized Racism. *Phylon.* 2003; 50(1-2):7-22.

[8] Golestaneh L, Neugarten J, Fisher M, Billett HH, Gil MR, Johns T, Yunes M, Mokrzycki MH, Coco M, Norris KC, Perez HR, Scott S, Kim RS, Bellin E. The association of race and COVID-19 mortality. EClinicalMedicine. 2020 Aug;25:100455. doi: 10.1016/j.eclinm.2020.100455. Epub 2020 Jul 15. PMID: 32838233; PMCID: PMC7361093.

[9] New Jersey State Department of Health. New Jersey COVID-19 Dashboard. Retrieved from https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml on September 22, 2021.

one third of the population is foreign-born.[10] Such diversity contributes to Newark's cultural vibrancy and makes it a sociocultural gem.

Whereas the county's median household income is $61,510, Newark's median income is 42.7% less at $35,199. Furthermore, the poverty rate of 27.4% is practically twice that of the county's rate of 13.8%. In addition to having socioeconomic challenges, Newark is also densely populated at a rate of 11,458 persons per square mile. Essex County is almost 50% less densely populated at 6,211 people per square mile.[10] Residents living in densely populated urban centers like Newark, especially those in low-income jobs where they don't have the option to work remotely and encounter the public daily, therefore, live and work in conditions that put them at heightened risk for exposure to COVID. Factors such these combined with poorer health outcomes equate to Essex County being ranked among the least healthy in the state.[11]

To solve disparities along the coronavirus continuum, there must be the moral and political will to enact an antiracism agenda in health care and society more broadly (i.e., a systems approach), and to design and execute multi-pronged racial and health equity solutions based on need to achieve health and racial justice. With much study available, there must be several priorities:

The first priority is to provide robust access to care in order **to solve disparities caused by "differential access."** [7,12]

- Strengthen primary care networks by investing in community-integrated care models including community health centers, community health worker programs, and fully funded safety-net institutions.
- Expand insurance coverage, especially among marginalized groups.

To this end, University Hospital, as a safety net hospital has undertaken several new initiatives to help close the equity gap.

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[10] US Census Facts. https://www.census.gov/quickfacts/fact/table/newarkcitynewjersey,US/PST045219. Retrieved August 18, 2021.

[11] Robert Wood Johnson Foundation. "County Health Rankings & Roadmaps: Building a Culture of Health, County by County. New Jersey. 2020 County Health Rankings Report." Retrieved from https://www.countyhealthrankings.org/reports/2020-county-health-rankings-key-findings-report on September 22, 2021

[12] Lopez L, Hart LH, Katz MH. Racial and Ethnic Health Disparities Related to COVID-19. JAMA. 2021;325(8):719–720. doi:10.1001/jama.2020.26443

- University Hospital has painstakingly audited the medical records of over 200,000 patients to identify those who were lost to care or who had missed important clinical preventive screenings during the first and second waves of the pandemic. The Hospital launched a dedicated Care Recovery Team to perform extensive outreach to re-engage these patients and close any gaps in care, with specific attention to patients with diabetes, COPD and CHF, patients who had experienced symptomatic COVID, and patients who had been recommended for various cancer screenings among other clinical screening protocols. 2,701 patients were identified and about 500 have been reached so far as part of this effort.

- University Hospital (UH) formally launched a Persons Under Investigation (PUI) for COVID Clinic in June 2020. Over 12,000 outpatient tests were performed to evaluate for coronavirus diagnosis. As part of outreach activities, clinic staff contacted 800 confirmed positive patients to connect them to primary care services. Fifty-five percent of those persons indicated a willingness to establish a relationship with a primary care physician at UH and 46% have completed visits.

- Prior to March 2020, the Hospital did not offer E-health visits in its ambulatory practices. However, given the coronavirus crisis, our outpatient care teams launched an aggressive telehealth enterprise by the end of March and conducted 434 electronic visits in that month. In the month of May 2020, we reached a high of 8,749 E-health visits across all outpatient practices. Since the launch, we have provided a total of 49,030 telehealth visits with a current baseline of over 1,000 E-health visits a month.

- **Through an on-site vaccination clinic at the hospital**, as well as the support of community and corporate vaccination sites across the City of Newark and greater environs, University Hospital has administered over 47,000 vaccine doses resulting in the full vaccination of more than 24,000 of our regional neighbors. These vaccinations have occurred in the convenience of their own homes or at central locations in their neighborhoods. In addition, our EMS team staffed and serviced a total of 596 events in the City of Newark where the municipality and FEMA had stationed vaccination sites.

In New Jersey, of the more than 5.8 million people who are fully vaccinated, 47% are White, 16% are Hispanic/Latinx, 8% are Black, 10% are Asian, and 10% and 8% are categorized as Other or Unknown.[13] In Newark, as of September 14, 2021, 60% of Newark residents ages 12 and higher are fully vaccinated and 72% have received at least one dose. Sixty-two percent of Newark residents 18 years-old and higher are fully vaccinated and 73% have received at least one shot. Two percent of the Newark vaccination population are Asian; 31% are African American or Black; 40% are Hispanic/Latino; 8% are categorized as Other and 10% are Unknown or race/ethnicity demographic data is missing.[14]

- **University Hospital partnered with the New Jersey Department of Health to coordinate vaccinations through the State of New Jersey's vaccination van fleet.** With three regional vans, vaccinations are brought directly into the community, especially in areas that have shown low rates of vaccination statewide – Atlantic City, Bridgeton, Camden, East Orange, Irvington, Millville, New Brunswick, Newark, Orange, and Trenton. In total, the vans have provided 2,635 shots in 10 communities across 71 days. The vaccination van efforts have been focused in vulnerable communities across the state with low vaccination rates. Of those vaccinated, 50% are Hispanic and 33% Black; 38% between the ages of 30-49, 27% between 50-69, 16% between 12-19; and 51% have received the Pfizer vaccination and 31% Moderna.

- **The Hospital is looking to increase the involvement of community health workers (CHWs)** in connecting patients and community members to care and resources in community around their complex social, medical, behavior and life needs. CHWs provide critical screening, referral, and care navigation services. UH currently uses CHWs within the Hospital-Based Violence Intervention Programs (HVIP) and community healthcare chaplains through our Familiar Faces and Horizon Neighbors in Health programs to address the Social Determinants of Health (SDOH) and the resulting population health programming.

  CHWs are people who have a strong understanding of the community they serve and share similar life experiences as the patients with whom they

[13] New Jersey State Department of Health. New Jersey COVID-19 Dashboard. Retrieved from https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml .

[14] From the New Jersey Department of Health reported by the Newark Department of Health and Community Wellness.

work. They have overcome various life challenges and they have been trained to connect people to needed resources. CHWs develop trusting relationships with patients and become a bridge to better outcomes. Their services have been vital during the height of the pandemic and throughout, as they work closely with some of the most vulnerable patients who are navigating job loss, homelessness, loss of transportation, sickness and other mental and socioeconomic barriers exacerbated by the pandemic.

- **University Hospital is in the process of building a "prevention army"** through funding from PSEG Corporations, the parent company of New Jersey's largest gas and electric utility. Currently, the Hospital offers pop-up programs and wellness events in the community to monitor health and connect residents to primary care. Efforts are underway to expand funding sources to grow these pop-ups into a "prevention army" for Newark and surrounding communities. The Prevention Army will work in the community to provide health screenings, monitoring, health education, and address social determinants of health (food, housing, income, and transportation insecurity).

  UH envisions a Prevention Army comprised of several prevention pods embedded within community, partnering with community-based organizations, houses of worship, community centers, and housing developments to provide this critical program to residents. One pod comprises a Registered Nurse (RN), an Ambulatory Care Tech (ACT), and a Community Health Worker (CHW). Each pod will recruit and enroll 100 patients annually into a community wellness program. Collectively, the team will bolster access, connectivity, and continuity of care to stem the tide of those not seeking care because of fear, anxiety, or the inability to access or afford healthcare.

The second priority is to ensure socially and culturally fluent and competent care systems that will solve "differential care within the health care system." [7,12]

- Encourage high-quality care interactions and positive health-seeking behaviors by increasing the pipeline for racially/ethnically diverse and inclusive provider communities.
- Mandate and design bias-free and antiracist health care environments through provider training on implicit bias and micro/macroaggressions and how to practice from a place of cultural humility.

- Ensure culturally competent, multi-lingual and universally accessible health communication strategies across multiple platforms and modalities.
- Elevate and amplify trusted community messengers as partners in care and leverage community assets to help solve gaps in health outcomes and social conditions (i.e., community oversight and community participatory models).

University Hospital is making great strides in its efforts to make our own healthcare environment more socially and culturally fluent, and to resolve any potential care disparities within our operations. Among these initiatives are:

- ***Connecting With the Community,*** which launched in March 2020, as a weekly hour-long show on Facebook Live. Moderated by Dr. Shereef Elnahal, President and CEO of University Hospital, *Connecting with the Community* provided information and resources about COVID-19 and other health issues from trusted stakeholders and medical professionals to the general community. With an average of 4,000 viewers, we hosted 47 shows in 52 weeks. We also collaborated with community-based organizations to serve as content panelists on 20 plus zoom calls in several languages.

- University Hospital's emergency room and EMS services noticed a concerning reduction in the number of visits for chest pain, stroke symptoms, and severe abdominal pain during the height of the pandemic. These symptoms could indicate significant problems that need emergent medical attention, so the Hospital launched a multi-lingual multi-media format community campaign called **Care Around the Clock.** This program rolled out in Spring 2020 and included email communications to over 9,000 patients, sending mailers to targeted senior residents, connecting with high-risk patients by phone, and creating novel video content. The campaign embodied the hospital's continued commitment to support its patients and the Greater Newark community during COVID-19 and beyond. Care Around the Clock was designed to remind individuals and families that University Hospital is open 24/7, providing quality care and services, and to stress the importance of continued access to healthcare for non-COVID-19 concerns.

- As a key pillar, University Hospital is developing a comprehensive health equity strategy, which focuses on five strategic priorities, and is based on a 10-point plan which outlines specific objectives and goals/measures to

ensure we are providing equitable, safe, high-quality care to our community, spurring the local and diverse economy, and designing an inclusive workplace environment.

- The U.S. Census Bureau projects that by 2050, non-Hispanic Whites will be in the numerical minority. This rapid diversification requires healthcare organizations to pay closer attention to cross-cultural issues if they are to meet the healthcare needs of the nation and continue to maintain a high standard of care. **University Hospital recently completed its first 360° Cultural Competency Organizational Assessment or the COA360, an instrument designed to appraise a healthcare organization's cultural competence.** ***942 staff, 681 patients and 137 community partners and vendors completed the assessment*****.** The Office of Minority Health and the Joint Commission have each developed standards for measuring the cultural competency of organizations. The COA360 assesses adherence to both sets of standards. The COA360 is a valuable tool not only for assessing a healthcare organization's cultural readiness, but also for benchmarking its progress in addressing cultural and diversity issues.

- University Hospital is near completion of its **first Workforce Data Assessment** to understand employee lifecycle data (i.e., hiring, retention, promotion, and development data). With a clear understanding of various facets and elements of our workforce, the Hospital can ensure that it is meeting its diversity and equity goals, while ensuring the delivery of quality care to all patients who seek our services. An understanding of the human experience is vested in the awareness that patients and their families, communities, and workers are intimately interconnected, interdependent, and interrelated.

- **University Hospital will be launching mandatory structural racism and implicit bias training** for all managerial staff in this fiscal year with plans to spread this work throughout the organization in subsequent years.

- In collaboration with the Hospital, the Community Oversight Board **has launched a Community Advisory Council (CAC),** which consists of a diverse cross-section of residents and community leaders in our service area. The CAC provides a lens on community-based health issues and needs and partners in solutioning to address needs through a community asset-based

approach. It represents bidirectional communication and power sharing with community.

- In 2021, University Hospital (UH) collaborated with the City of Newark Department of Health and Community Wellness and other community stakeholders to complete **a more robust Community Health Needs Assessment (CHNA)**. The CHNA demonstrates UH's commitment as a community anchor to measure the pulse of the Greater Newark area and ensure that UH provides programming reflective of those needs. Still in production, the written report will include analysis of primary and secondary data, with primary data consisting of community conversations. These conversations took place over several months during the pandemic and include focus groups and key informant interviews. **20 focus groups with well over 300 participants have been held at community centers, residential buildings, community-based organizations, and houses of worship. Ten key informant interviews were held with professionals who work with those with disabilities and substance abuse issues, parents, the undocumented, members of the LGBTQIA community, and the unhoused.** The community conversations centered on economic stability, educational access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Additionally, a participant demographic survey details the diversity of those who attended a community conversation. UH took diligent steps to ensure the inclusivity of otherwise marginalized voices (women, people of color, and LGBTQIA). Next steps are to share those findings and draft a community implementation plan. The goal of the CHNA is not just to hear the voice of the community, but to make sure UH is working toward meeting healthcare needs and partnering to address socioeconomic challenges.

The third and final priority must be to launch a social determinants of health (SDOH) strategy that **will tackle "differences in exposures and life opportunities by race."** [7,12]

  - Provide SDOH screens for all patients to connect/refer persons to appropriate community resources (e.g., linkages to services for homelessness and housing instability, food scarcity/insecurity, job/workforce development, and legal assistance for justice-involved populations).
  - Operate through a health-in-all policies approach across multiple sectors and develop an intentional antiracism strategy to

dismantle/disrupt how racism may be operating within a specific sector or system.
    - Practice restorative justice.

University Hospital is actively working on SDOH initiatives, as we do our part to create health equity within the City of Newark and surrounding communities. Our current initiatives include:

- **The expansion of our use of SDOH screenings has allowed us to create a community asset map** to inform referrals to community-based organizations that can meet defined/known social needs among the most vulnerable members of our patient populations.

- **University Hospital actively participates in the Newark Alliance and its Newark Anchor Collaborative program**. The Newark Alliance is a community- based, city-driven organization aimed at improving the business and economy of the City of Newark. The Newark Anchor Collaborative (NAC), an anchor initiative of the Newark Alliance, serves as a community of practice among Newark-based institutions dedicated to the city's economic revitalization. It operates as an action-oriented think tank comprised of private and public institutional leaders from multiple fields and industries. Together, NAC anchors are spearheading initiatives that promote a vibrant and inclusive Newark economy.

- **The institution is carefully reviewing product and service suppliers to the Hospital, at all levels to drive economic empowerment among minority and women-owned businesses and at the local level** from a diverse team of organizations that are representative of the cultural diversity of the people who call our community home. Our goal is to support the economic vitality of our community in the most equitable way possible.

- **Our Hospital-Based Violence Intervention Programs (HVIP) program has distinguished itself across the state and has now expanded to exploring medical-legal aid for the justice involved population.** HVIP works in collaboration with community stakeholders—Newark Community Street Team (NCST), Newark Community Solutions (NCS), The City of Newark's Office of Violence Prevention and Trauma Recovery, and other community-based organizations—to serve victims of crime who reside in the Greater Newark Area. Program participants include men and women between 18 and 60 who have suffered from gunshot wounds, stabbings, or

physical assaults. Community Health Workers (CHWs) walk with these patients in their healing journey and connect them to services and resources to redirect their lives in hopes of better decisions and outcomes.

- **Victims of Crime may also require therapy or group sessions at pivotal points in their lives. The Trauma Recovery Center (TRC)** was initiated to serve survivors of crime with therapeutic case management, trauma-informed individual and group therapy, peer mentorship, advocacy support, employment support, job training, legal/ housing advocacy, socialization via community-based activities, linkage to resources in the community as well as medication management by a licensed psychiatrist. Without this added step of intervention, individuals may not receive the assistance needed to navigate available resources.

In addition to our work at University Hospital, since this pandemic began, our partners at the State of New Jersey have worked tirelessly to ensure every policy decision that Governor Phil Murphy and Health Commissioner Judith Persichilli have made has been through a health equity lens, all with the intent of reducing barriers and increasing access to vaccination.

Throughout the implementation of the largest vaccination program in the history of our state and nation, the Murphy Administration focused every day on bringing vaccine to underserved communities. They recognized that the same long-standing inequities that have contributed to health disparities affecting racial and ethnic groups also put them at increased risk of getting COVID-19 and dying from it.

Early in the pandemic, the Department of Health mandated race/ethnicity data collection, conducted a geo-spatial analysis to ensure that areas with a high Social Vulnerability Index were prioritized for vaccine access. The State engaged Federally Qualified Health Centers (FQHCs), which serve as medical homes in many underserved communities of color. *They stood up more than 1,500 vaccination sites statewide and launched a COVID Community Corp that conducted outreach in communities with lower vaccination rates.*

Among these initiatives, *the State's Vulnerable Populations Plan directly addressed access by partnering with religious and community leaders, schools, and FEMA, which operated a large vaccination site in Newark. They collaborated with churches, mayors, and community groups to bring vaccine closer to where people are*—especially to communities of color—through mobile units and pop-up

clinics in places of worship, senior centers, community leaders and local health agencies.

The State also hosted and participated in virtual towns halls and stakeholder calls to address the concerns of the vaccine hesitant, especially those with mistrust of government due to long standing, historical and contemporary inequities in care and past government medical abuses. This concern and lack of confidence stem from disturbing cases of medical mistreatment such as the US Public Health Service (USPHS) Syphilis Study at Tuskegee between 1932 and 1972 and other documented atrocities involving surgical experimentation on enslaved Black women and the Henrietta Lacks legacy.

As part of the state's efforts to continue vaccinating as many people as possible, *Commissioner Persichilli, this summer, dispatched key staff as COVID-19 vaccination ambassadors to work with 11 high-risk counties to improve their vaccination rates.* In particular, the State continues to work closely with the Newark Health Department, FQHCs, nonprofit organizations, faith leaders and pharmacies and have supported nearly 100 vaccination events in the area since mid-summer of 2021. Since the County Ambassadors began their work in mid-June, adult vaccination rates in the targeted counties have increased by an average of approximately 14%. They are 91.3% of the way to the goal of vaccinating 70% of adults, over the age of 18, in these counties.

The Department's COVID-19 Community Corp has also been active in Newark on a weekly basis, providing outreach and education. Spanish speaking vaccination providers, for example, were available at the city's Puerto Rican Day festival and other recent events.

With the increase of COVID-19 variants and efforts to reach vaccine-eligible students before they go back to school, the role of the ambassadors was to build upon existing state, county and local infrastructure and partnerships. The State conducted a special campaign throughout the summer to increase vaccination among young people between the ages of 12-17. In the state capital in Trenton, the Department of Health hosted vaccine clinics in our employee parking lot, partnered with churches, and worked with the city's mayor, school and health officials to sponsor a series of free COVID-19 testing and vaccination in 15 city schools. The result has been a steady increase – to 66 percent so far – in the percentage of students between the ages of 12 and 17 years old who are vaccinated — now exceeding the state average of 60 percent.

All these efforts have resulted in nearly 5.8 million individuals who are fully vaccinated, including a gradual but steadily increasing number of vaccinated members of African American and Latino community.

In closing, as an acute care medical institution located at the epicenter of an unprecedented public health crisis, our frontline heroes have been deeply impacted by COVID-19. To demonstrate the resiliency in our institution and to make progress on our healing journey, we have launched several emotional first aid initiatives including a peer supporter network and regular virtual and in-person opportunities to share and process our collective grief, loss, and trauma we have experienced. We continue to battle the virus and to help our patients and community battle through this pandemic as we move *forward* in our mission and vision *to improve health for generations to come*.