Amplifying Our IMPACT
## CONTENTS

1. Director’s Letter
2. What is Global Health?
3. The Broader Context
4. Why Rutgers?
5. Defining Our Purpose
6. Developing Focus Areas
7. Goals
8. Roadmap to Impact
9. Planning Process
10. Planning Participants
DEAR FRIENDS AND COLLEAGUES:

I am thrilled to share with you the strategic plan for Rutgers Global Health Institute at Rutgers, The State University of New Jersey. This five-year plan is the result of broad input from faculty and students across many of the university’s schools, disciplines, and locations, as well as from external advisors and peer institutions. What we have seen is that Rutgers has remarkable depth and breadth of expertise to bring to solving global health problems. In addition, the commitment of faculty and students to this work extends to many fields of study and practice.

Through education, we can inject a value for health equity into multiple fields. Through research, we can bring together diverse perspectives and add new dimensions to problem solving. Through service, we can apply these insights and solutions to improve the health of vulnerable communities and, in turn, learn from those communities. By combining these three aspects of our work, and by creating a culture that fosters exchanges among them, we can make an impact that is meaningful and lasting. Regardless of the role each of us plays, impact must be our common goal.

In my 30 years as a global health practitioner and researcher, I have learned that there are two basic trajectories for this work. Number one is treating the patient in front of you, today, using the best care and resources available. Number two is building a better future for vulnerable individuals and populations by urgently moving toward optimal approaches to care and health. We can and must do both simultaneously.

After extensive consultation both across and outside of Rutgers, we identified three overarching goals for the next five years.

If I could summarize our path forward in one word, it would be “impact.”
GOAL ONE: Build on Rutgers’ strengths to improve the health of vulnerable communities

Rutgers is distinguished in its many efforts to advance health, and across the university’s 29 schools and three regional locations, there are hundreds of faculty who place global health at the center of their work. There are many more faculty who, while they may not be engaged in global health at present, are deeply interested in becoming involved and would bring needed expertise to the table.

At Rutgers Global Health Institute, we are putting these extensive capabilities to work in areas where we are well positioned to contribute today. We are addressing pressing global health challenges in a way that is broadly interdisciplinary, bringing together biomedical and health sciences, natural sciences, engineering, business, law, public policy, and the humanities. We are also facilitating connections among faculty with common global health interests and increasing the university’s global health influence and advocacy.

GOAL TWO: Establish global health partnerships that focus on long-term impact

The best way to build a better future for vulnerable individuals and populations is by working directly with the communities in need. We will partner to create centers of activity at strategic locations, internationally and locally. In these partnerships, those who are closest to the problem should drive the agenda and educate us on their needs and priorities. Then, through an exchange of knowledge and skills, we will collaborate toward effective solutions.

Fostering alliances with global health leaders and experts is also essential. By building a network of external advisors for the institute and establishing a presence in key external organizations and associations, Rutgers can expand its expertise as well as its presence and impact.

GOAL THREE: Foster a growing community of global health leaders, scholars, and practitioners

We want to see not only that urgent health issues are addressed but also that we are moving toward equity in health overall. Global health problems evolve continually, and we need the capabilities to meet emerging problems. We can best do this by preparing tomorrow’s leaders, scholars, and practitioners to be agents for change in global health. This effort includes recruiting and supporting the involvement of additional faculty, uniting with fields and professions that are not yet involved, and developing undergraduate and graduate pathways.

Amplifying our impact in global health will require the continued help of university leaders to pave the way for more collaboration, the enlistment of faculty who will add new dimensions to our work, the involvement of students from many schools, and the investment of partners and supporters who share our priorities.

I hope you are excited and inspired by the pages that follow, and I invite you to join us in putting our plan into action.

Sincerely,

Richard Marlink, MD
Director, Rutgers Global Health Institute
Henry Rutgers Professor of Global Health
What is GLOBAL HEALTH?

Throughout our strategic planning process, we have used the following definition of global health:

Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”

In understanding the meaning of global health, it is helpful to take a closer look at several key components of this definition.

IMPROVING HEALTH

While health is often thought of in a physical or health care context, its meaning is much broader. Health refers not only to the absence of illness, but also, as defined in the 1946 Constitution of the World Health Organization, “a state of complete physical, mental, and social well-being.” Improving health requires attention to all three of these parts, as well as equal emphasis on prevention and care.

ACHIEVING EQUITY

Everyone should have the opportunity to live a life that supports good health. However, vast differences in people’s environments, resources, and social statuses affect the choices available to them. Achieving equity in health means addressing social and environmental determinants and eliminating disparities in health systems and health care access. These efforts should be focused not only in far-away places, but also among vulnerable populations in Rutgers’ surrounding communities.
REACHING BEYOND BORDERS

Global health deals with health issues and determinants that are transnational, meaning they affect multiple countries. Examples of health issues that transcend borders include infectious diseases that travel between countries, as well as noncommunicable diseases and conditions that affect many populations around the world. Climate change and pollution are health determinants that affect everyone, especially the poor and vulnerable.

UNITING DISCIPLINES

Global health issues involve a complex interplay of factors, many of which exist beyond the confines of a clinic. They must be approached from multiple angles: cultural, economic, environmental, infrastructural, political, social, and technological. The involvement of many disciplines, both within and beyond the health sciences, brings the perspectives needed to achieve comprehensive solutions.

BUILDING PARTNERSHIPS

No one sector or organization can achieve global health solutions on its own. The complexity of the problems involved requires alliances that bring together different perspectives, organizations, and skills. By building partnerships that exchange knowledge and capabilities among countries and stakeholders, including those most affected by these problems, we are more likely to reach practical and long-term solutions.

The Broader Context

An Increasingly Interconnected World

While expanded connections among countries, economies, and cultures have led to many positive societal impacts, they also have resulted in new global health challenges. Just as the world is increasingly interconnected and interdependent, so are the issues impacting health.

Noncommunicable diseases, such as cardiovascular disease and cancer, the burden of which once rested predominantly in affluent western cultures, are now significantly affecting low- and middle-income countries all over the world.

The Earth is warming at an alarming rate, and with our changing environment come multiple threats to human health, from increases in severe heat waves and weather-related disasters to the spread of disease-carrying mosquitoes.

Infectious diseases such as AIDS, tuberculosis, and malaria continue to plague our world, and new infectious disease epidemics are capable of traveling farther and faster than ever before.

A Persistent Divide

Even as opposite ends of the globe become more connected, vast inequities in health exist not only between countries, cities, and communities, but also within them.

Today, nearly three-quarters of deaths from noncommunicable diseases occur in low- and middle-income countries, which have been focused on fighting HIV/AIDS, tuberculosis, and other infectious diseases. These countries are now faced with both scaling-up their responses to these infectious diseases and expanding health systems to address the emerging threat of noncommunicable diseases.

Low- and middle-income countries also see 92 percent of pollution-related deaths and are much slower to recover from weather-related disasters. Within countries, the poorest and most marginalized communities suffer the most.

All over the world and right here in New Jersey, there are tremendous disparities in access to care and in the conditions that make good health possible. These are complex problems, requiring multifaceted approaches.

Because major research universities are in the distinct position of housing vast areas of expertise within a single organization, they are uniquely capable of addressing today’s global health challenges.
Why
RUTGERS?

RUTGERS IS VAST
Rutgers has 29 schools and colleges, nearly 300 research centers and institutes, one of the nation’s largest academic health care systems, locations in all 21 New Jersey counties, and academic and research enterprises around the world. The university’s expertise also represents every major area of global health: environmental impacts on health, health systems and policies, infectious diseases, noncommunicable diseases, and social determinants of health.

RUTGERS IS DIVERSE
Rutgers’ 69,000 students come from all 50 U.S. states and more than 125 countries. New Jersey itself is a microcosm of the world, with the nation’s third-highest percentage of foreign-born residents and many thriving immigrant communities.

RUTGERS IS SERIOUS ABOUT SERVICE
Rutgers is deeply committed to solving problems and serving communities. The university’s extensive service network includes a diverse range of programs that serve the needs of the people of New Jersey and the communities in which they live.
RUTGERS IS PROGRESSIVE

While Rutgers is one of the nation’s oldest universities—established a decade before the American Revolution—it is forward thinking and future focused. At Rutgers, we are continually adapting to change and to the problems society faces, and we are preparing the next generation of leaders to do the same.

RUTGERS IS COMMITTED TO GLOBAL HEALTH

Rutgers is distinguished in its numerous efforts to advance health and wellness. Across the university and for many years, faculty have been addressing local and worldwide health challenges, as well as issues of equity and access. Interest in global health is growing here, and schools across the university are actively exploring ways to expose their students to these issues.

New Jersey Medical School, Robert Wood Johnson Medical School, the School of Nursing, and the School of Public Health have global health centers and offices that coordinate faculty activities and opportunities for students. Also supporting and advocating for global health at Rutgers is a network of school-based international affairs offices. In addition, Rutgers Global, the universitywide international affairs unit, serves as a resource for global health.

The dedication of these offices and efforts underscores significant shared interest in global health. Following a universitywide strategic plan, Rutgers Global Health Institute was initiated by Rutgers Biomedical and Health Sciences to increase the presence and impact of this work.
Defining Our PURPOSE

**OUR MISSION**
At Rutgers Global Health Institute, we improve the health of the most vulnerable populations and develop solutions to critical health problems worldwide. By bridging Rutgers’ diverse strengths, we advance collaborative research, build community-driven partnerships, and expand global health education across fields and professions.

**OUR VISION**
A world in which every community is healthy and thriving
OUR VALUES

Transformative Impact
We focus not only on combating disease but also on transforming lives through improved health and well-being.

Comprehensive Approaches
We bring together many perspectives, including those not traditionally involved in global health, to engage systems, communities, and people as a whole.

Partner Engagement
Our community partners educate us on their greatest needs, and we work collectively to solve problems.

Mutual Learning
Our international and domestic communities are intrinsically linked, and we promote the sharing of knowledge and capabilities.

Purposeful Solutions
Whether through innovation or practical application, our solutions are community centered and focused on the long term.
Developing
FOCUS AREAS

These seven initial focus areas will guide the creation of projects and programs for the institute. They were chosen based on urgent global health needs, Rutgers’ strengths, and extensive input gathered during our faculty retreat. (For more on this process, see page 24.)

Within these focus areas, crosscutting themes provide a framework for comprehensively meeting the needs and goals of vulnerable communities. These themes are Mental Health and Social Well-being; Technology and Innovation; and Women, Children, and Aging.

As our capabilities build and as we adapt to global health needs, our focus areas will evolve.

ACUTE CARE SURGERY

Surgery has the power to save lives and prevent disability, but five billion people around the world experience barriers to safe, timely, and affordable surgery. The disparity is starkest in low- and middle-income countries, where nine out of 10 people lack access to even the most basic surgical services, and where very few health care professionals are trained to provide effective surgical care for emergency conditions. In many parts of the world, building surgical capacity—a multifaceted endeavor that requires context-sensitive approaches—is essential to improving health.

CANCER CARE AND PREVENTION IN LOW- AND MIDDLE-INCOME COUNTRIES

About 70 percent of deaths from cancer occur in low- and middle-income countries, where people with cancer often go untreated and lack access to palliative care. The health systems of these countries, which have historically focused on infectious diseases, lack the personnel, training, and resources to provide chronic health care, much less the comprehensive care and treatment most cancer patients need. The fight against cancer urgently needs equitable and global approaches.

DISASTERS, COMMUNITY HEALTH, AND RESILIENCY

The last 20 years have seen a dramatic rise of 151 percent, globally, in direct economic losses from climate-related disasters, such as earthquakes, hurricanes, droughts, and floods. These disasters have created the need for emergency medical, social, and infrastructural responses to save lives, mitigate suffering, and restore strength to impacted communities. For poor communities, recovery is slow and incomplete. Efforts to aid in recovery and increase resiliency require a holistic approach to the future well-being of these communities in need.
EPIDEMICS—OLD AND NEW

While decades of dedicated efforts have saved millions of lives from HIV/AIDS, tuberculosis, and malaria, these diseases continue to pose significant threats. More than 36 million people are living with HIV, with 1.8 million new infections annually. Tuberculosis is the leading cause of death in individuals with HIV and one of the top 10 causes of death worldwide, with 95 percent of these deaths occurring in low- and middle-income countries. Malaria continues to plague many countries, causing 445,000 deaths per year. New epidemics, such as the spread of the Zika virus, and recurring epidemics, such as Ebola and influenza, need to be prepared for and prevented. For epidemics arising in developing countries, the best solution is to strengthen the health care systems of those countries to respond to such threats early. A comprehensive and collaborative treatment and prevention approach is needed for all epidemics.

FOOD, NUTRITION, AND HEALTH

Worldwide, 821 million people are hungry, and the majority of them live in developing countries. At the other end of the spectrum, obesity is a serious global health concern, and its prevalence in low- and middle-income countries is approaching levels found in higher-income countries. Social determinants such as poverty, education level, and physical environment play a role in food access, diet, and health. In addition, a wide variety of environmental challenges are impacting agricultural production and food supply, security, and quality worldwide. Establishing healthier and more sustainable diets across cultures will take a broad, multidisciplinary effort.

HEALTH OF NEW JERSEY’S VULNERABLE POPULATIONS

New Jersey is one of the most diverse states in the country. With nine million residents, nearly 23 percent are foreign born. While significant diversity enriches our state, there are apparent disparities in health and health care access that depend on such factors as age, gender, race, and socioeconomic status. To improve the health of vulnerable populations and achieve health equity worldwide, the problems faced by Rutgers’ surrounding communities must be addressed. The university is already deeply engaged in this work; our 2017 survey of all faculty universitywide found that more than half of Rutgers’ global health-related activities involve New Jersey populations. In addition, the immigrant communities that reside here provide a window into health issues experienced by populations around the world, and there are opportunities to exchange knowledge and solutions.

HUMAN HEALTH AND OUR CHANGING ENVIRONMENT

The health of humanity and the health of our planet are inseparably linked. There is increasing evidence that the Earth’s capacity to sustain the growing human population is declining and that air and land degradation, biodiversity loss, industrialization, invasive species, urbanization, toxic chemicals, and water shortages are having significant impacts on health. These impacts include reduction of food security and quality, loss of freshwater resources, higher exposure to communicable diseases and increase of noncommunicable diseases, and greater-than-before loss of life and well-being via extreme weather events. These are problems with transnational impacts; climate change and pollution know no borders. All over the world, communities need to be mobilized to value their environment and address these issues.
GOAL ONE:
Build on Rutgers’ strengths to improve the health of vulnerable communities

The complex problems linked to inequity and the health of the world’s most vulnerable populations require new and comprehensive approaches. At Rutgers Global Health Institute, we are putting our extensive capabilities to work on these problems, uniting faculty across the university and focusing efforts where we are best positioned to have impact. Our approach is to promote a culture of collaboration across disciplines, incorporating research, education, and service into work with specific communities in need.
OBJECTIVE: Create interdisciplinary collaborations that address pressing global health challenges

Strategies:
> To bring a broad perspective to challenges in global health that build on Rutgers’ strengths, we will develop focus areas to advance collaborative research, education, and service activities.
> To guide work in these areas, we will identify faculty to provide leadership and form working groups comprising faculty from multiple schools who want to have an impact.
> To ensure broad participation in each working group, we will recruit faculty to bring new perspectives and needed expertise and skills.
> To attract external funding, we will provide start-up funding and administrative and research support for global health projects.
> To develop research opportunities within the focus areas, we will facilitate connections among working groups and collaborators, and provide support in the compilation and submission of grants.
> To accelerate impact, we will develop global health applications for successful education and capacity-building efforts of faculty and other institutes and centers at Rutgers, and adapt such efforts to local community needs.

OBJECTIVE: Expand the involvement of faculty currently engaged in global health

Strategies:
> To increase knowledge and foster connections, we will make information about faculty activities broadly available and bring faculty together to explore the intersections of their work.
> To integrate global health with other university and school priorities, we will facilitate exposure to emerging issues and needs in global health and build knowledge around the focus areas.
> To foster robust faculty involvement, we will cultivate strong champions among university leadership and actively involve deans and other institute and center directors.
> To encourage innovation, we will provide grant opportunities that seed the expansion of projects and strengthen possibilities for external funding.
> To facilitate connections among faculty with common interests, we will create a central resource listing of global health projects, locations, and internal/external grant and partnering opportunities.

OBJECTIVE: Raise awareness of global health issues and Rutgers’ efforts to address them

Strategies:
> To augment Rutgers’ global health platform, we will develop an informed and connected global health community of faculty, students, alumni, and external partners, including government agencies and ministries, foundations, nongovernmental organizations, industries, and other universities.
> To increase Rutgers’ global health influence and advocacy, we will mobilize the university community and external audiences around pressing issues and disseminate accomplishments widely.
> To increase visibility and fully convey Rutgers’ role in advancing global health, we will develop activities and communications that reach the university community and larger global health community.
GOAL TWO:

Establish global health partnerships that focus on long-term impact

Collaborative efforts are necessary to improve health and effectively transform lives. Global health problems cannot be solved in a vacuum or by centering on one discipline. The road to practical and long-term solutions involves multiple disciplines, a variety of stakeholders, and partnerships with those close to the problem. By building a strong network of partners around the world, we will create impactful programs and initiatives that are mutually beneficial and foster an ongoing exchange of knowledge and skills.
OBJECTIVE: Create centers of activity at strategic locations, internationally and locally

Strategies:
- To aid in the selection of strategic locations in which to focus our work, we will evaluate Rutgers’ existing institutional global health partnerships and activities, along with the emerging health issues of communities.
- To understand specific community needs at locations under consideration, we will develop a consultative process for assessment.
- To enable the exchange of knowledge and skills at strategic locations, we will foster collaboration with academic institutions and nongovernmental organizations and develop ties with government agencies.
- To create research, education, and service initiatives at strategic locations, we will designate faculty to provide leadership and engage with partners who share our vision to collaboratively design projects that are mutually beneficial.
- To support the development of projects at strategic locations, we will facilitate on-site research fellows and faculty, as well as student exchanges. We also will develop local capacity and infrastructure as needed and as possible.
- To develop complementary activities in locations, we will facilitate connections among faculty and partners working in the same countries or regions.

OBJECTIVE: Build alliances with global health leaders and experts

Strategies:
- To strengthen partnerships and platforms for faculty expertise, we will establish a presence in key external organizations and associations and position faculty to participate on boards and advisory groups.
- To lend ideas and insights, and to promote and support our work, we will establish an international advisory council consisting of leading individuals in industries, foundations, and nongovernmental organizations.
- To garner additional technical expertise, we will develop a network of senior scientific and global health advisors.
- To promote inspiring opportunities for learning and exchange with faculty and students, we will create avenues for global health experts to share their knowledge and ideas at Rutgers.
- To establish new relationships, we will engage major corporations, nongovernmental organizations, funders, and donors who share our priorities.
GOAL THREE:
Foster a growing community of global health leaders, scholars, and practitioners

As global health problems evolve, so must our capabilities in addressing them. At Rutgers, we support the integration of new learning environments and training paths that equip individuals with the knowledge, skills, and tools they need to meet emerging challenges. We will strengthen existing offerings and develop new and creative programs that prepare tomorrow’s leaders, scholars, and practitioners to be agents for change in global health.
OBJECTIVE: Recruit new faculty and engage faculty from additional fields and professions

Strategies:

- To apply more fields and professions to global health, we will partner with schools to recruit and retain faculty with global health portfolios and interests.
- To attract faculty with needed expertise and skills into global health, we will support, cultivate, and reward innovative approaches to teaching, research, and scholarship.
- To attract new champions to the global health community at Rutgers, we will raise awareness about the scope of global health, connect faculty and students with experts and colleagues in the field, and convene scholarship opportunities to address pressing global health issues.

OBJECTIVE: Support faculty and staff involvement in global health

Strategies:

- To strengthen professional development and leadership in global health, we will integrate, coordinate, and collaborate on faculty and staff development initiatives such as conferences, workshops, symposia, interprofessional grand rounds, journal clubs, and mentorship programs.
- To facilitate widespread participation and increase connections among locations, we will implement virtual communication technologies (e.g., video conference tools and live streaming).
- To foster collaboration, we will help connect faculty and staff with common interests and opportunities through research and other activities.
- To support the involvement of junior faculty, we will provide seed funding for projects that further develop research and scholarly activities related to global health.
- To ensure the success of junior faculty in global health, we will match them with senior faculty members who have related interests.

OBJECTIVE: Develop undergraduate and graduate global health pathways for students

Strategies:

- To make information on global health easily accessible to students, we will maintain a website and online clearinghouse of information and resources related to global health education, research, and service opportunities throughout the university.
- To introduce students across the university to global health pathways, we will create early exposure to current issues in the field, career opportunities, and team-based learning that develops problem-solving skills and incorporates ethical and cultural considerations.
- To advance global health education, we will work with schools and faculty to develop and expand programs, coursework, and other offerings, in and related to global health.
- To equip students to apply their skills in practical settings, we will facilitate opportunities for engagement and experiential learning such as internships, cooperative learning, and involvement in research projects.
- To cultivate global health professionals, we will create fellowship opportunities to support residents, postdoctoral trainees, and early-career professionals to immerse themselves in the field locally and internationally.
Roadmap to IMPACT

The challenge we have before us is to transform the university’s commitment into collaborative action. The goals in this strategic plan provide direction and focus for the next five years. To ensure the plan’s effective execution, deans, faculty, staff, and students across Rutgers are helping to turn our strategies into actionable steps.

Achieving our three goals will require broad participation, a shared governance structure, and an ongoing university commitment to interdisciplinary work. Incentives for faculty participation, support for projects that respond to the growing needs of vulnerable populations, and inspiration for student involvement will be crucial.

Through implementation, we will address:

- Governance and membership of faculty
- Recruitment of interdisciplinary faculty
- Student engagement and global health career development
- Partnership with the broader global health community
- Expansion of a development and business plan
- Specific projects and metrics in our focus areas
- Goals and metrics specific to our four functional support areas: education and training, marketing and communications, partnerships and strategic initiatives, and research and implementation management
- Staff to provide program and administrative support

This plan is intended to be dynamic. As we implement strategies, we will be evaluating, learning, and adjusting as necessary to meet our goals.

We are committed to making an impact that is measurable in terms of lives saved, diseases prevented, and communities made healthier. With participation from across Rutgers, and together with our partners, we will improve the health of vulnerable populations, both in New Jersey and around the world.
Our goal in strategic planning was to be comprehensive and inclusive, ensuring input from across Rutgers and the broader global health community. The following is an overview of our planning process.

**INFORMING A UNIVERSITYWIDE APPROACH**

Rutgers’ universitywide strategic plan, released in 2014, identified improving the health and wellness of individuals and populations as an integrating theme, and global health as an area for emphasis. Rutgers Biomedical and Health Sciences then identified global health as a key component within its strategic plan.

Rutgers Global Health Institute was initially formed with the charge to strategically elevate global health efforts within Rutgers Biomedical and Health Sciences. Early on, we gathered perspectives from across the university community. A prominent theme quickly emerged: Rutgers’ involvement in global health holds even greater promise as a universitywide endeavor.

Thus, we began developing an approach to support, coordinate, and grow global health research, education, and service across the entire university, and to identify and cultivate specific areas of strength that will advance Rutgers’ global health impact.

**BUILDING A FOUNDATION**

In September 2016, we formed an advisory committee. It included faculty already dedicated to advancing global health within Rutgers Biomedical and Health Sciences and representatives from other university schools and units that are essential to broadening our universitywide focus. We added new members as our knowledge of the university community and its interests grew. Colleagues at the Rutgers Center for Organizational Leadership provided advice and facilitation for our efforts.

Our planning process addressed the following areas:

- Establish mission, vision, and values
- Identify and understand the perspectives, needs, and expectations of stakeholders
- Analyze the environment (internal and external to Rutgers)
- Set high-level, overarching goals
- Develop priorities, strategies, and action plans
- Create a planning document that informs and guides the institute’s efforts
- Track outcomes and achievements
CONSIDERING KEY QUESTIONS

Through the process, we sought to answer the following key questions:

- What are Rutgers’ existing strengths in global health, and how can they be enhanced?
- What are the challenges in global health that we should address over the next five years?
- How can we promote collaboration across Rutgers’ schools and campuses?
- How can we foster communications within the university community to advance global health at Rutgers?
- What organizational structure will best support global health research, education, and service initiatives?
- How can we expand multidisciplinary efforts to incorporate nontraditional fields?
- What types of partnerships do we need to invest in to more effectively address global health challenges?
- How can we best prepare students and young professionals to become global health leaders and to bring global health to a broader array of careers?
- How do we measure our collective impact?

GATHERING DATA

To lay the groundwork for our planning, we analyzed our strengths, weaknesses, opportunities, and threats, and reviewed the global health efforts of comparable universities.

We developed a Rutgers-wide study to gather data about global health activities and interests across Rutgers schools, units, and campuses and to secure broad involvement and feedback. To allow the institute and faculty to contribute to the literature on the development of the field of global health, we obtained Rutgers Institutional Review Board approval for the study. The study included 12 focus groups, two online surveys, and multiple personal interviews. Its purpose was to:

- Obtain faculty feedback on the direction of Rutgers Global Health Institute
- Develop data about the topic areas, scope, and size of global health activities at Rutgers
- Identify the global health interests of faculty and their commitment to collaborate
- Understand the resource needs and challenges that faculty and students encounter in pursuing global health
- Understand student interests and experiences in global health and solicit ideas for future programs and activities
IDENTIFYING FOCUS AREAS

To identify the areas in which we are well positioned to make an impact, we considered pressing and emerging needs in global health, Rutgers' current global health activities, and additional expertise that can quickly be mobilized to bring a new and broadened perspective. We also surveyed the work of peer institutions and other actors in global health to carve out a complementary agenda.

We developed a list of topics that fit these criteria, and, with input from faculty, university leaders, and global health experts, narrowed the list of possible focus areas to eight. In October 2017, we brought together nearly 100 faculty from across the university for the Retreat to Advance Global Health at Rutgers. During the retreat, faculty evaluated the possible focus areas through working group sessions.

These seven focus areas emerged:

- Acute Care Surgery
- Cancer Care and Prevention in Low- and Middle-Income Countries
- Disasters, Community Health, and Resiliency
- Epidemics—Old and New
- Food, Nutrition, and Health
- Health of New Jersey’s Vulnerable Populations
- Human Health and Our Changing Environment

Since the retreat, faculty and institute staff have continued to explore these topics, evaluating approaches and possible projects and bringing additional expertise and partners into their discussions. In addition, we have identified crosscutting themes. These themes, which are also derived from a combination of Rutgers’ strengths and global health needs, provide a framework for comprehensively addressing the needs and goals of vulnerable communities.

The crosscutting themes are:

- Mental Health and Social Well-being
- Technology and Innovation
- Women, Children, and Aging

Our developing focus areas do not represent all of our capabilities, but rather, a place for us to start and build from together. As priorities in the world change, and as additional Rutgers disciplines become engaged in our work, our focus areas will evolve.
Rutgers is committed to advancing global health at the highest levels, and leaders from across the university provided guidance and support for this strategic planning effort. They include:

- Robert Barchi, president, Rutgers, The State University of New Jersey
- Nancy Cantor, chancellor, Rutgers University–Newark
- Jeffrey Carson, provost, Rutgers Biomedical and Health Sciences in New Brunswick
- Patricia Fitzgerald-Bocarsly, provost, Rutgers Biomedical and Health Sciences in Newark
- Phoebe Haddon, chancellor, Rutgers University–Camden
- Barbara Lee, senior vice president for academic affairs, Rutgers, The State University of New Jersey
- Christopher Molloy, interim chancellor, Rutgers University–New Brunswick
- Michael Palis, provost and executive vice chancellor, Rutgers University–Camden
- Brian Strom, chancellor, Rutgers Biomedical and Health Sciences; and executive vice president for health affairs, Rutgers, The State University of New Jersey
- Robert Wieder, former provost, Rutgers Biomedical and Health Sciences in Newark

Across the university’s schools, units, and campuses, there is strong interest and engagement in global health. Our approach to strategic planning, guided by the Rutgers Center for Organizational Leadership, has been broad and inclusive. The following faculty, staff, and students, organized alphabetically under the appropriate Rutgers division, school, or unit, participated in the process:

- Brain Health Institute
  Gary Aston-Jones

- Camden College of Arts and Sciences
  Yara Abu Hussein
  Kristin August
  Gloria Bonilla-Santiago
  Maureen Donaghy
  Jeannie Garmon
  Janet Golden
  Debasish Kushary
  Parth Lalakia
  Benedetto Piccoli

- Center for Advanced Biotechnology and Medicine
  Ann Stock

- Center for Women’s Global Leadership
  Radhika Balakrishnan
  Krishanti Dharmaraj
  Melissa Uperti

- Douglass Residential College
  Elizabeth Gunn
  Nicole Wodzinski

- Edward J. Bloustein School of Planning and Public Policy
  Clinton Andrews
  Francis Barchi
  Jeanne Herb
  Dona Schneider
  Jacob Wasserman
  Samantha Winter

- Environmental and Occupational Health Sciences Institute
  Brian Buckley
  Nancy Fiedler
  Gediminas Mainelis
  Helmut Zarbl

- Eric B. Chandler Health Center
  Steven Levin
  Minoo Norwood

- Ernest Mario School of Pharmacy
  Joseph Barone
  Humberto Jimenez
  Navaneeth Narayanan
  Kenneth Reuhl
  Michael Toscani

- Global Tuberculosis Institute
  Rajita Bhavaraju
  Alfred Lardizabal
  Lee Reichman

- Graduate School of Applied and Professional Psychology
  Angelica Diaz-Martinez
  Julia Harbell
  William Maier
  Erin McDonough

- Honors College, Rutgers University–New Brunswick
  Sunita Kramer
  Matt Matsuda

- Institute for Health, Health Care Policy, and Aging Research
  Carol Boyer
  Joel Cantor
  Stephen Crystal
  XinQi Dong

- Institute for Research on Women
  Arlene Stein
  Sarah Tobias

- Institute for Women’s Leadership
  Lisa Hetfield

- Institute of Earth, Ocean, and Atmospheric Sciences
  Robert Kopp

- New Jersey Medical School
  David Alland
  Tessa Bergsbaken
  John Bogden
  Nancy Connell
  Mark Einstein
  Glenn Fennelly
  Adam Fox
  William Gause
  Maria Laura Gennaro
  Carol Gibson-Gill
  William Halperin
  Deborah Handler
  Robert Johnson
  Barry Kreiswirth
  Chen Liu
  David Marks
Continued from previous page

Jada Houston
Lara De Meo Hoyt
Richard Marlink
Prachi Nair
Lori Riley
Angela Senger-Mersich
Gloria Wowolo

Rutgers Institute for Translational Medicine and Science
Reynold Panettieri Jr.

Rutgers School of Dental Medicine
Shahid Aziz
Rafael Benoliel
Cecile Feldman

Rutgers University Foundation
Denise Gavala
William Green
Eileen Murphy

School of Arts and Sciences
Eddy Arnold
Aditya Brahmbatt
Abena Busia
AliAsghar Diwan
Andrew Hanna
Miguel Jiménez-Crespo
Kunal Kapadia
Mansi Shah
Labros Sidossis
Gabrielle Tran
Aylin Uncu
Elena Wei

School of Arts and Sciences–Newark
Kashish Bhatt

School of Communication and Information
Mark Aakhir
Jacquelyn Manyaga
Matthew Matsaganis
Itzhak Yanovitzky

School of Engineering
Pankhuri Arora
Dunbar Birnie
Yingying Chen
Laura Fabris
Thomas Farris
Joseph Freeman
Jie Gong
Kristen Labazzo
Narayan Mandayam
Keana Mirmajlesi
Prabhas Moghe
Neel Nirgudkar

Biju Parekkadan
Eshil Patel
Henrik Pedersen
Mark Pierce
Charles Rabolli
Sarah Salter
David Shreiber
Jay Sy
Sudeep Vedula

School of Environmental and Biological Sciences
Emmet Brennan
Siobain Duffy
Dina Fonseca
Megan Francis
Robert Goodman
Peter Guarnaccia
William Hallman
Gal Hochman
Daniel Hoffman
Olaf Jensen
Yanhong Jin
Henry John-Alder
Mukund Karwe
Larry Katz
Jill Lipoti
Julie Lockwood
Joshua Miller
Kathleen Parrish
Carl Pray
Loredana Quadro
Mark Robson
Brian Schilling
James Simon
John Worobey
Lily Young

School of Graduate Studies
Deabrata Banerjee
Kathleen Scotto

School of Health Professions
Barbara Gladson
Gwendolyn Mahon
Shristi Rawal
Lois Rockson
Pamela Rothpletz-Puglia
Joachim Sackey
Riva Touger-Decker

School of Nursing
Nicole Bahran
Susan Caplan
Karen D’Alonzo
Phoebe Del Boccio
Uchechi Esochaghi
William Holzemer
Emilia Ivu

Sol Angelica Muniz
John Nelson
Connie Sobon Sensor
Susan VonNessen-Scanlin
Suzanne Willard

School of Nursing–Camden
Jeanann Sousou Coppola
Susan Norris
Marie O’Toole
Nancy Pontes
Tyschaneka Lamina Saffold
Brooke Trigiani

School of Public Affairs and Administration
Jeffrey Backstrand

School of Public Health
Cristine Delnevo
Kitaw Demissie
Shauna Downs
Michael Gusmano
Perry Halkitis
Laura Jones
Thomas Mackie
Qingyu Meng
Pamela Ohman-Strickland
Marian Passannante
Henry Raymond
Michelle Ruidiaz Santiago
Stephan Schwander
Derek Shendell
Chongyi Wei

School of Social Work
Laura Cuesta
Rebecca Davis
Patricia Findley
Felix Muchomba
Judy Postmus
Cathryn Potter
Ramesh Raghavan
Jordan Steiner

Senator Walter Rand Institute for Public Affairs
Sarah Allred
Paul Smith
Darren Spielman

University Behavioral Health Care
Rozena Ashraf
Mary-Catherine Bohan
Arthur Brewer
Frank Ginassi
Michele Miller
Deborah Riviere
Karen Somers
Margaret Swarbrick
Johnny Wu
We are building an interprofessional network to broaden our perspective and capabilities. The following leaders in global health, health care, higher education, and industry also lent their insights in this process:

Gary Cohen, Becton, Dickinson and Company
Brenda Colatrella, Merck & Co., Inc.
John Damonti, Bristol-Myers Squibb
Patricia Mae Doykos, Bristol-Myers Squibb
Max Essex, Harvard University
Flora Fabian, University of Dodoma
Tendani Gaolathe, University of Botswana
Helene Gayle, The Chicago Community Trust
Michael Glickman, Memorial Sloan Kettering Cancer Center
Eric Goosby, University of California, San Francisco
Margie Heller, RWJBarnabas Health
Phyllis Kanki, Harvard University
Petros Karakousis, Johns Hopkins University
Deepak Kaushal, Tulane University
Stephen Kibusi, University of Dodoma
Emily Lauer, University of Massachusetts Medical School
Joseph Makhema, Botswana Harvard AIDS Institute Partnership
Mompati Mmalane, Botswana Harvard AIDS Institute Partnership
Mosepele Mosepele, University of Botswana
Mariam Munyogwa, University of Dodoma
Oathokwa Nkomazana, University of Botswana
Julius Ntwenya, University of Dodoma
Elizabeth O’Hare, Lewis-Burke Associates LLC
Peter Piot, London School of Hygiene and Tropical Medicine
Jesse Poon, Lewis-Burke Associates LLC
Doreen Ramogola-Masire, University of Botswana
Ernani Sadural, RWJBarnabas Health
Steve Saunders, New Jersey Department of Health
David Scheer, Scheer & Company, Inc.
Lawrence Shulman, University of Pennsylvania
Jeffrey Sturchio, Rabin Martin