THE HENRY & MARILYN
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NEW JERSEY BIRTH EQUITY FUNDING ALLIANCE
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State funder collaboration and new kinds of advocacy example: Nurture NJ

In 2019 New Jersey's first lady, Tammy Murphy founded **Nurture New Jersey,** a public-private partnership with a vision that *New Jersey will be the safest and most equitable place in the nation to deliver and raise a baby*.

By 2026 NNJ had achieved the following:

- **Maternal Mortality Rank:** Rose from **47th to 25th** nationally.
- **Infant Mortality Rank:** Rose from **5th to 3rd** nationally.
- **Neonatal Mortality Rank:** Improved to **1st** nationally.
- Rolled out **Family Connects NJ** universal nurse home-visiting programs.
- Supported **workforce**; expanded Medicaid reimbursement for community doulas and provided midwifery scholarships.
- Governor Murphy signed **78 bills** in support of maternal infant health.
- NJ's 26/27 state budget includes $37.5 million for Maternal, Child and Chronic Health: $14.1 million Home Visiting and $22 million for the Reproductive Health Access Fund.

Funders of different kinds are active in New Jersey's birth equity movement in many ways, five came together in 2021 to launch the **New Jersey Birth Equity Funding Alliance**.

- Launched as a joint giving program focused on community birth workers and directed by a Community Advisory Council using trust-based philanthropy.
- The organization evolved to provide much-needed birth equity infrastructure:
  - Community grant making
  - Capacity building and technical assistance for CBOs
  - Birth equity policy advocacy

In 2026, the **Maternal Infant Health Innovation Authority** **(MIHIA)** was formed as a public-private partnership with a blueprint to carry NNJ's mission forward.

- MIHIA received $5.2 million in funds in FY 2026
- Additional funds towards the $87m cost to build a Trenton based Center for care and hub for birth services education and coordination.
- Murphy spearheaded $10-$15m in fundraising for the MIHIA Foundation
- MIHIA works on community granting, NJ's Doula workforce and problem solving from our byzantine Medicaid reimbursement strategy to rides for birthing folks to get to appointments.

As a New Jersey funder, a few things became apparent to me post Nurture NJ.

- MIHIA needed time, resources, and strategic planning support to get their house in order.

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- Because of the unusual nature of a First Lady led campaign the traditional advocacy system was under-resourced but very, very willing. Examples:
  - Advocates for Children of New Jersey – our long-term advocacy partner new to birth equity
  - Perinatal Health Equity Fund – focused on making medical care more equitable vs. adding guardrails for moms as they navigate the system
  - Thrive NJ – consortium of stakeholders, choice advocacy background, willing to dream big with a vision for what birth equity looks like.
- The end of NNJ was traumatic, over without being done, some people felt abandoned.