

PEBBLES IN A

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Robert Wood Johnson Foundation

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HEN WE PITCH A PEBBLE INTO A POND, do we know how far the ripples will travel? When we go down to the sea, do we know how many fish we will catch? No, of course not.

But we do know that something is sure to happen once we toss that stone or cast our line into the surf.

What will be the outcome, we ask? When will we know? Anticipating the answers is what drives many social transformers.

Enter David Olds, a man on a mission. When Olds first appeared on our doorstep a generation ago, hat and hypothesis in hand, he was an assistant college professor, still in his 20s, a fidgeter, with intense blue eyes and eyebrows that jumped in unison to punctuate a point.

He'd just driven seven hours from Western New York to tell us he'd found a way to reach into the lives of poor teenage mothers and help them salvage a better future for their babies and themselves.

His answer: Introduce a special kind of nurse into the home even before the baby is born and build that girl-mother into a good parent.

Help her quit tobacco, alcohol and drugs. Teach her to eat fruits and vegetables. Show her how to feed and burp her baby. Introduce her to *Goodnight Moon*. Explain why singing to is better than hitting a crying baby. Push her to finish high school and get a job and delay having a second baby.

Olds, more social scientist than social reformer, also knew something else was key: Stick with mother and baby up to age 2. Then let enough time pass—years, if needed—before checking back to see if you've tilted the scale in favor of the kids and a healthy future.

On one level he was after a pre-emptive way to prevent child abuse and neglect in its every dimension. On a deeper level he sought to alter the future trajectory of the child's life. The implications were profound.

Would it work? No one knew. This was a radical notion back in the 1970s; no one had tried anything like this before. The conventional social and political wisdom of the time said that a child unfortunate enough to be born a part of the underclass was a lost cause from the beginning.

Olds didn't buy it. He wanted us to help prove the conventional wisdom wrong.

The timing was perfect. His initial support from the U.S. Public Health Service was winding down. We were putting down our national philanthropic roots. Olds was emerging as a fresh thinker about how human beings become human. Looking back, it seems we were made to throw the stone into the pond together.

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From the outset we liked the experiment's twinned underpinnings of reality and theory. Olds grew up in a working-class household and knew firsthand the powerful downward pressures of class and caste in America. His instinct was to push back.

As an undergrad at Johns Hopkins, he worked in a Baltimore inner-city day-care center. They called this "the other Baltimore," code for slums, despair, drugs and crime. Nothing came easy for the people here.

The stream of struggling young mothers and their children coming off the street seemed as endless as their poverty and health problems: low-birthweight babies; domestic abuse; child abuse; heroin, PCP and alcohol addiction; juvenile crime; parents in jail.

The emotional and physical trauma passing from mother to child was stunning. Many new mothers were barely 16, still children themselves. Some of their babies were severely damaged in the womb or by the time they learned to talk. What few services the center offered were too little, too late.

There had to be a better way. Olds found it at Cornell, where he studied under Urie Bronfenbrenner, a brilliant Russian émigré and child-development pioneer who co-founded Head Start and literally invented a new way to study and understand the "ecology" of how children and families develop.

Before Bronfenbrenner, the experts in human development looked out upon the rest of us from inside their hardened silos of child psychology, sociology, anthropology, economics, public policy and political science. None could see the full picture of who we were and how we got that way.

Bronfenbrenner changed all that. His concept of the ecology of human development broke down the old silos and opened new vistas. The professor built bridges among the disciplines, and David Olds was one of the first to cross them.

By the time we met him, Olds had designed a bridge of his own to connect the theoretical to the practical. But he needed our help to keep the model program running past the first two years of support and to study its effects. Together, we nurtured his prototype in Elmira, N.Y.

This may be where Mark Twain wrote *Tom Sawyer* and worked on *Huckleberry Finn*, but the Elmira we found was no longer an idyllic corner of picturesque country life.

This is the heart of upstate New York's chronically bleak semirural southern tier, where the statistical deck has long been stacked against young, mostly white, poorly educated and impoverished single-parent families.

Nearly one-third of the population lives below the poverty level. The state's highest rates of child abuse and neglect aren't in Brooklyn or the South Bronx, they are right here. Low birthweights, poor immunization rates for preschoolers, high rates of teen pregnancy, and not enough family doctors have long been common facts of life.

For a public-interest philanthropy like ours and a social pioneer like Olds, this is exactly where you want to go if you really want to make a difference in people's lives.

The Olds model was risky, controversial and opposed early by the old guard. Nurses rather than child-protection investigators? Home visits before birth? Wait years to see if it really works? Literally grow gray before you take it national? It was hard to be patient.

Within 30 months the visiting nurses saw striking changes. Pregnant women improved their diets and cut down on smoking. Newborns were bigger and healthier. More teen mothers used more local services, finished high school and went to work. Child abuse and neglect dropped an astonishing 80 percent.

But wait, Olds warned. It was too soon to draw lasting conclusions. We agreed.

Olds and his colleagues held off the formal evaluation for *15 years*. By then the program's original infants were adolescents, fully living the lives that we had hoped to improve when they were babies.

The wait was worth it. Olds's findings exceeded our most optimistic expectations. These teenagers weren't running away from home as often as their peers. They had fewer arrests, convictions and parole violations. They smoked and drank less and had fewer sex partners. Theirs really was a better future.

Success followed success. With our continuing support, Olds expanded the program to Memphis, then to Denver, all the while holding true to his model. Still, he waited 20 years before accepting federal money to go national. The reputation among academics was, "Whoa, here's a social science initiative that actually looks for evidence to see if it really works!"

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Today, fully established on its own as the *Nurse-Family Partnership* (NFP), the program remains true to the Elmira model as it improves the lives of thousands of families at hundreds of sites in communities in 25 states, including nearby Trenton, Newark and Camden, N.J., and Philadelphia. And we remain true in supporting this innovative model. In 2008, along with the Edna McConnell Clark Foundation and four of the nation's leading private foundations, we announced an unprecedented co-investment in NFP's expansion to serve 100,000 mothers and children per day by 2017.

Public policy planners love NFP because it delivers a demonstrable return on investment. The RAND Corporation reports that for every dollar spent on NFP, taxpayers save \$4 as mothers find jobs and localities spend less on public assistance and crime. In 2007, the *American Journal of Nursing* reported the savings as \$17,180 per family served.

The biggest outcome, though, is one we didn't envision: To see what was genuinely a "big bet" now regarded as one of the most socially transformative forces in child development to come out of the later 20th century.

The secret to success? Before Katrina hit, the *New Yorker* sent Pulitzer Prize-winning investigative reporter Katherine Boo into the back bayous of Terrebonne Parish, La., to find out.

There she met Maggie, a very poor, chronically ill 16-year-old mother of a baby girl named Maia. Maggie figured her life already was broken beyond repair, along with any chance of something better for the baby.

That was before partnership-trained nurse Luwana Marts showed up on Maggie's broken front porch and taught her to take charge of her own life and put the well-being of Maia first—no matter what.

Later, reporter Boo asked Maggie why she liked her partnership with Luwana. Maggie thought it over, then answered, "I just want my baby to have a better life than what I got myself...and that they not let anything get in their way of learning and becoming something like I don't."

After three decades of inspired nurses like Luwana helping vulnerable mothers like Maggie, the evidence says that baby Maia does indeed have a better chance to have a better life. Perhaps along the way she will discover that in Greek mythology her name, Maia, means "great," "mother," and "nurse"—and that the gentle swell that lifted her up was simply one ripple in a very large pond.

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