



Healthy Families Program Relies on Home Visitation to Help New Parents

Intensive home visiting services for new parents

SUMMARY

This project was the New Jersey implementation of a multi-state effort to replicate the Healthy Families model program, developed in 1985 in Hawaii.

Using intensive home visitation by trained caseworkers, Healthy Families provides supportive services to families at risk for abusive or neglectful behaviors toward children.

Starting in October 1995, The New Jersey initiative sought to build the infrastructure for a statewide system. Leading it was a consortium of public and private providers, administrators and advocates.

The project was part of the Robert Wood Johnson Foundation (RWJF) *New Jersey Health Initiatives* national program (for more information see [Program Results](#)).

Key Results

- The initiative grew from two pilot program sites to 16 providers at 22 community locations, serving 673 families as of July 1999.
- Evaluation data suggested that the initiative was having a positive effect on participants.
- Project staff have been unable to secure long-term funding for a statewide system of intensive home visitation programs.

Funding

RWJF supported this project with a grant of \$248,086 between October 1995 and March 2000.

THE PROBLEM

In New Jersey, one in three pregnant women was receiving insufficient prenatal care at the time of the grant. One in 13 babies was born with low birthweight; with the rate for African-American babies twice as high. These problems were compounded by a lack of adequate health insurance coverage: approximately 15 percent of all New Jersey residents were uninsured, and 20 percent of the uninsured were children.

Extensive review of the health literature and research by government and private organizations has identified early intervention, especially home visitation, as the most promising strategy for helping at-risk families become healthier and more self-sufficient.

THE PROJECT

The Healthy Families New Jersey (HFNJ) initiative sought to build the infrastructure for a statewide system of intensive home visitation services for high-risk families. HFNJ was led by a consortium of public and private providers, administrators, and advocates. The RWJF funding was intended to support the activities of a staff person for the consortium and the formation and study of a comparison group for the project's evaluation.

HFNJ's goals were to: identify all at-risk families with infants in New Jersey; promote positive family functioning and healthy child development; prevent child abuse and neglect; facilitate the use of existing community resources; link each child to a primary health care provider; and encourage use of preventive and primary health care measures.

Specific project objectives were to:

- Build a network to advance the Healthy Families model in New Jersey.
- Document the needs of New Jersey's newborns.
- Test the model's efficacy using a study group of at-risk families receiving home visits and a comparison group of at-risk families not receiving home visits.
- Educate the medical community and general public about the effectiveness of home visitation.
- Secure long-term funding for a statewide home visitation system.

All new, first-time parents were screened using review of family medical records to look for warning signs of high-risk behavior. Families receiving positive screens for high-risk behavior were offered the visitation service on a voluntary basis. Intensive home visits began prenatally or upon the birth of a baby and could last up to five years. At the beginning of a family's participation, the visits occurred weekly and as time went on and progress was made, they tapered to biweekly, monthly, bimonthly, and finally quarterly.

Project staff underwent four-week training sessions focused on working with these families, followed by a one-week intensive training session on skill development with a Healthy Families America trainer.

During the course of the project, staff changed the evaluation component to remove the comparison group and focus solely on families receiving the home visitation services.

The Healthy Families Consortium, composed of more than 85 members representing a variety of organizations and individuals throughout New Jersey, was established to support this effort to create a statewide system of intensive home visitation services. Over the course of the project, the consortium's role changed from promotion of new site development to assurance that existing sites were implementing the Healthy Families program in accordance with standards required for program accreditation under the National Council on Accreditation of Services to Children and Families.

RESULTS

- **The initiative grew from two pilot program sites to 16 providers at 22 community locations, serving 673 families as of July 1999.** Funds became available through the federal Family Preservation and Support Services program, which allowed for a rapid expansion of sites. After the expansion, all New Jersey counties except four were served by the initiative. As of the fall of 1999, HFNJ was serving 2 percent of the estimated eligible population.
- **Project staff have been unable to secure long-term funding for a statewide system of intensive home visitation programs.** Much of HFNJ's funding came from temporary sources, such as federal Promoting Safe and Stable Families (PSSF) dollars, United Way, Children's Trust Fund, local private foundations, and county-administered funds. Within the child welfare system nationwide, there is no precedent for long-term funding of such efforts; rather, most child welfare programs are funded on a short-term basis. This matter is under examination at the New Jersey State government level, because of a 1997 Governor's Blue Ribbon Panel report on the Division of Youth and Family Services stating that New Jersey's prevention efforts in child welfare lack structural support within the state and are inadequately funded.

Evaluation Findings

The evaluation was conducted from September 1996 to June 1999 on those mothers and infants who, during the evaluation period, remained in the program from enrollment through the 12-month, and 18-month periods. Data were obtained for a total of 408 mothers at both the initial and 12-month periods. At the time of enrollment, the mean age for mothers was 19.48 and for fathers 22.49. For 83 percent of the mothers this was a first pregnancy. Of the mothers enrolled, 45 percent were African American, 40 percent were

Latino, 11 percent were white, and 3 percent were other. All evaluation findings represent changes that occurred for these families during the evaluation period.

- Evaluation data suggested that the initiative was having a positive effect on participants. Highlights of the findings were as follows:
 - Changes in parenting attitudes and beliefs were measured by the Adult Adolescent Parenting Inventory (AAPI). Among program mothers, there were statistically significant increases in overall AAPI scores between the initial and 12-month period.
 - Parent-child interaction and quality of home environment was measured using the Healthy Families New Jersey Home Scale. Among program mothers, there were statistically significant improvements for the total score and each sub-scale between the initial and 12-month period.
 - Although most of the mothers were not married, 76 percent of the fathers remained involved in parenting.
 - Some 2 percent of the families were referred to the New Jersey Division of Youth and Family Services regarding suspected abuse or neglect and half of those referred were substantiated.
 - For 408 mothers, the employment rate increased from 10 percent to 35 percent during the first 12 months of the evaluation.
 - For families that received Health Families services prenatally and gave birth to a premature child, the premature child had a significantly higher birth weight of 6.3 pounds versus 5.3 pounds for the postnatal enrollees, was fewer weeks premature, less likely to be placed in intensive care nurses, and had fewer short-term illnesses at birth.
 - Some 91 percent of enrolled children were up-to-date on immunizations.
 - Some 88 percent of mothers were linked to family planning services.

Communications

In 1999, New Jersey state legislators were mailed a packet of information about the initiative. Project staff prepared a report on the status of the initiative to disseminate widely for education purposes and to promote the project to potential funders. The "Status Report" was completed in July 2000 and mailed to some 300 individuals.

In addition, project staff prepared an evaluation report to be mailed to the same group of people. Finally, staff held a meeting with a select group of funders of this initiative in May 2000 to present preliminary data and gather their responses to findings and suggestions on how to attract further project support. (See the [Bibliography](#) for complete details.)

AFTERWARD

The Healthy Families New Jersey Initiative continued after RWJF funding ended, through federal PSSF funds. The project's most significant challenge has been attracting long-term support for this project, such as commitments from key policymakers. As of the project's final report, staff were looking for ways to disseminate program information and seeking additional funding for a public education campaign.

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Books and Reports

Dellano D and Dundon W. DRAFT: *Evaluation Summary, Healthy Families New Jersey, September 1996–June 1999*. New Brunswick, NJ: Prevent Child Abuse—New Jersey, 1999.

Fox NR. *Prevent Child Abuse—New Jersey's Status Report on the Healthy Families New Jersey Initiative*. New Brunswick, NJ: Prevent Child Abuse—New Jersey, 2000.