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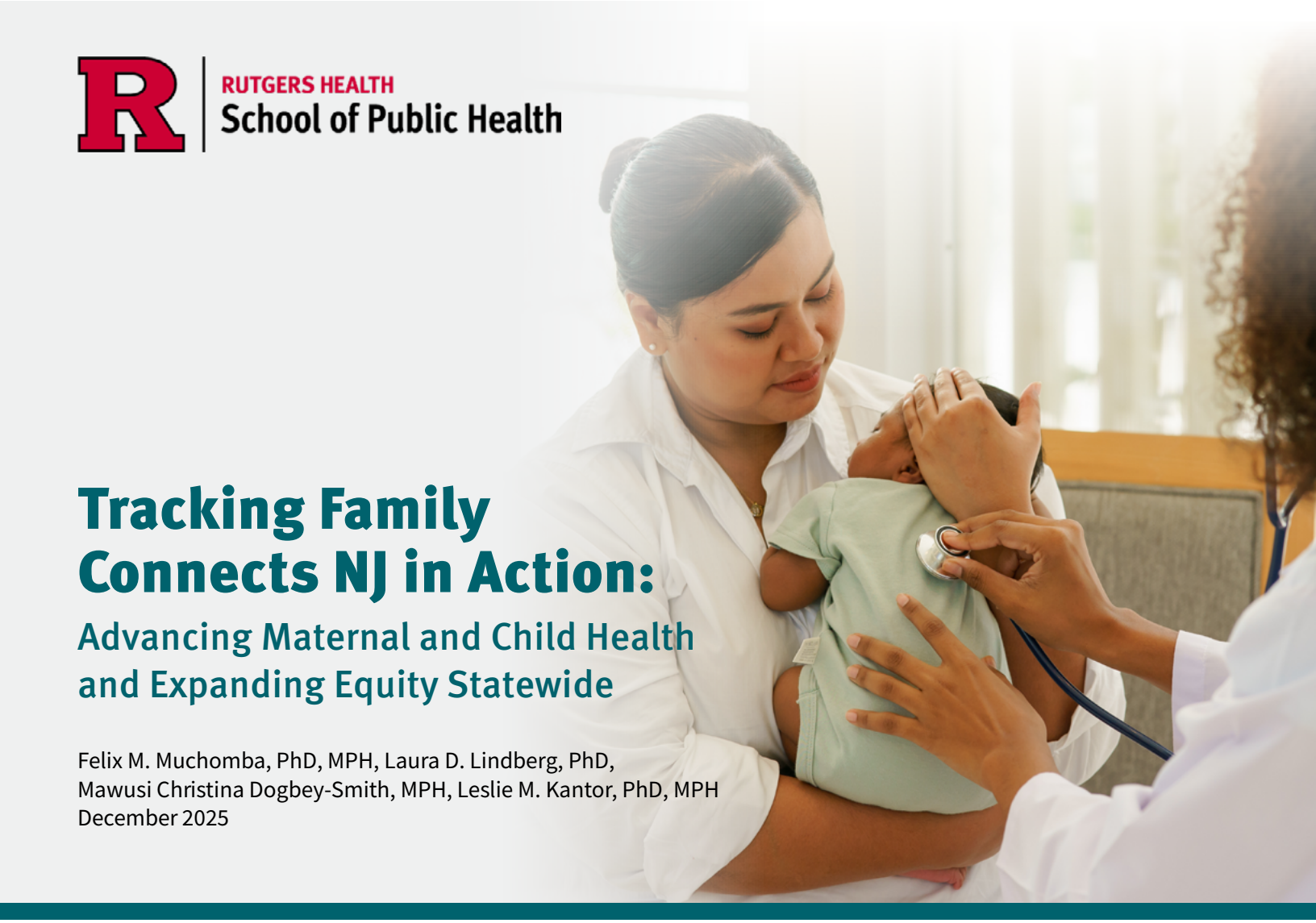

Tracking Family Connects NJ in Action:

Advancing Maternal and Child Health and Expanding Equity Statewide

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Summary

Family Connects NJ is an evidence-based nurse home visitation program that provides no-cost clinical and social support to families within the first weeks of a child's birth, regardless of the family's income, insurance, or immigration status.

- Between June 2024 to May 2025, the program reached over 3,600 families, demonstrating strong early uptake.
- Family Connects NJ reached a broad and diverse population reflective of the communities served, including those from historically marginalized and economically disadvantaged backgrounds.
- 80 percent of visits were completed within three weeks of birth, reflecting the program's goal of fostering early engagement during the critical postpartum period.
- 50 percent of visited families were referred to needed programs or services such as food or diaper resources, demonstrating Family Connects NJ's capacity to identify and respond to social service needs. Sixteen percent of families received referrals for maternal health, infant health, or caregiver well-being, such as elevated blood pressure, signs of postpartum infection, and caregiver mental health.

Introduction

Family Connects NJ is an innovative program that connects parents with a specially trained nurse for a personalized home visit within the first few weeks of their child's birth, and can provide up to three visits if needed. As a universal program, it is available to all families at no cost, regardless of their income or health insurance status (Family Connects NJ, n.d.-a). Family Connects NJ is the nation's first universal nurse home visitation program that is available to birth, adoptive, and kinship caregivers with a newborn, as well as parents who have experienced a stillbirth or the loss of a newborn (Family Connects NJ, n.d.-a). The program is currently available in 11 counties and is scheduled to rollout statewide by January 2027 (Family Connects NJ, n.d.-b). Family Connects NJ is managed by the New Jersey Department of Children and Families and is operated through contracted community providers. (Family Connects NJ, n.d.-c).

Enrollment in Family Connects NJ is voluntary. Many partnering hospitals are implementing bedside recruitment in which a Family Connects NJ program support specialist will connect with a family after delivery to share information about the program and facilitate enrollment (A. Jackson, personal communication, October 31, 2025a). Bedside recruitment is an effective way to enroll families and is the primary recruitment method utilized in the Family Connects International model (Dodge et al., 2022a).

Additionally, families can enroll directly on the program's website, or by calling or emailing the provider for their county (Family Connects NJ, n.d.-a). Prenatal health care providers can refer families directly through the Perinatal Risk Assessment Form, a screening required for Medicaid and Medicaid-eligible patients at their initial and subsequent prenatal visits (Family Connects NJ, n.d.-a; Family Health Initiatives, 2025). Referrals may be also made by staff from Connecting NJ, the state's maternal and child health referral system (Scotto-Rosato & Scott, 2025).

A registered or advanced practice nurse typically conducts a 90-150 minute in-home visit within a few weeks of birth. Follow-up visits or calls are available if needed. During the initial visit, the nurse completes a comprehensive assessment of the newborn and parent(s), provides education on topics such as feeding, safe sleep, and postpartum recovery, and connects families with medical and community resources (Family Connects International, 2025; Family Connects NJ, n.d.-a; National Home Visiting Resource Center, 2023).

In July 2021, Governor Phil Murphy signed P.L. 2021, c. 187, making New Jersey the second state in the U.S. to legislate a universal nurse home visitation program (New Jersey Department of Children and Families, 2024; Felegi, 2021; National Home Visiting Resource Center, 2023). Universal programs like Family Connects NJ have several important advantages over programs that are limited to families who meet specific income criteria:

Equity and Inclusivity: Every family has the opportunity to receive support, which helps to address disparities and promote fairness.

Consistency and Community Health Impact: Serving all families within a community can contribute to positive population-level health outcomes.

Reduced Stigma: Universal programs are often more widely accepted and politically supported than those limited to specific income levels.

Administrative Simplicity: Universal programs are typically easier to administer than income-based programs, which often require complex and costly systems to verify eligibility (Dodge et al., 2022b; Gugushvili & Laenen, 2021).

Family Connects NJ is New Jersey's implementation of the Family Connects model, an evidence-based program that demonstrates improved outcomes for parents and infants. These outcomes include increased attendance at six-week postpartum visits, reduced parental anxiety and depression, and 50 percent fewer infant emergency department visits during the first year. The model has also shown measurable reductions in racial disparities across several indicators (Dodge et al., 2013, 2019; Handler et al., 2019).

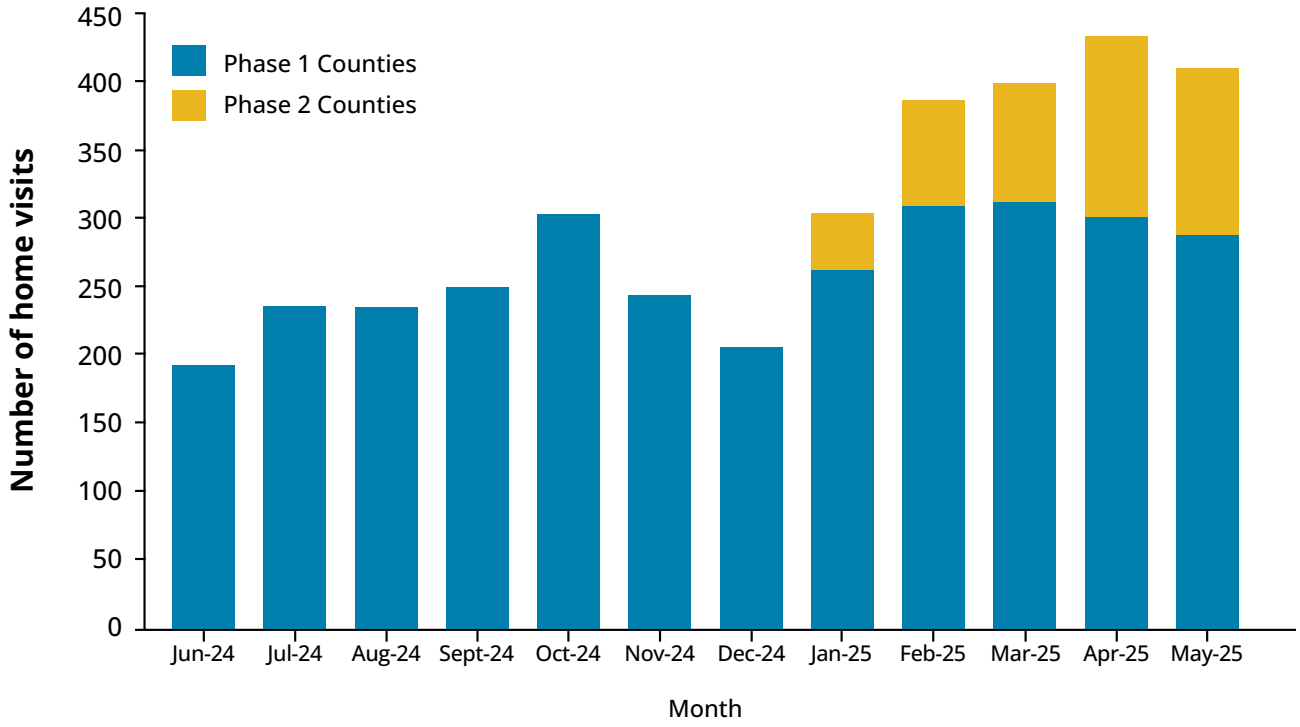
In 2023, New Jersey launched Family Connects NJ by incorporating the model's community alignment functions into its existing network of Connecting NJ hubs. Community Alignment Specialists have been in place in all 21 counties since 2023, and are working to build community relationships, build curated resource directories for nurses conducting home visits, and implement events and education sessions for families who are expecting or have recently had a baby. These efforts are for the benefit of the broader community not just the families that participate in a Family Connects NJ visit.

In 2024, Family Connects NJ launched its first phase of nurse visits in Cumberland, Essex, Gloucester, Mercer, and Middlesex counties. These counties were purposefully selected to include a mix of urban, suburban, and rural communities across northern, central, and southern New Jersey, representing a wide range of socioeconomic conditions and health outcomes—consistent with the program's universal approach (Jackson & Starr, 2025). The program has since expanded nurse visits into Somerset, Sussex, Passaic, Hudson, Bergen, and Ocean counties as part of its second phase of work, with plans for statewide rollout by January 2027 (New Jersey Department of Children and Families, 2024).

Program Reach and Early Implementation

This new analysis by the Rutgers School of Public Health is based on Family Connects NJ 12-month report from June 2024–May 2025 (Lilly et al., 2025). **In the 12 months ending in May 2025, Family Connects NJ made home visits to 3,634 families across both Phase 1 and Phase 2 counties.** As shown in Figure 1, Phase 2 counties are a new and growing part of the program.

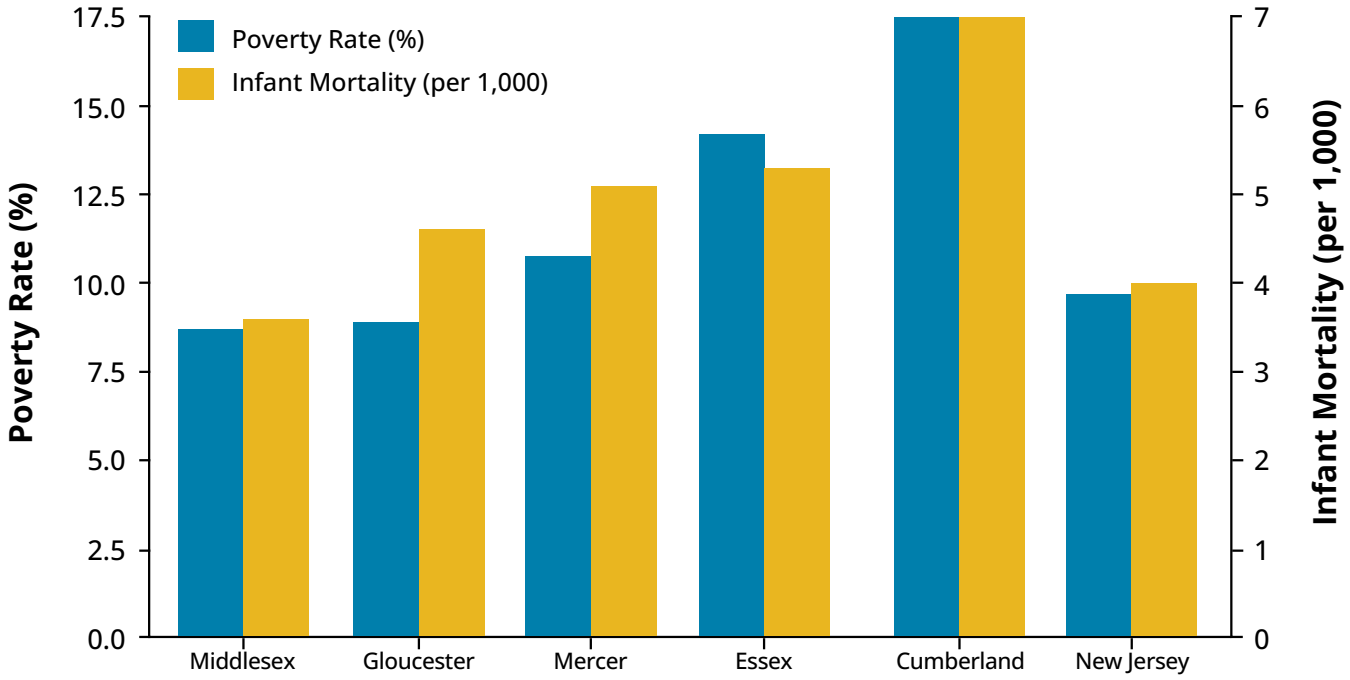
Figure 1. Number of families visited by month through Family Connects NJ



To contextualize the program data, this analysis examined indicators of health and social conditions in the five Phase 1 counties. Figure 2 shows the percentage of individuals living below the federal poverty level (blue bars, left axis) and the infant mortality rate (yellow bars, right axis) in each program county, and in the state of NJ overall. These data reveal wide variation in infant health and economic conditions across counties. Middlesex County performed slightly better than the state average on both measures. In contrast, all other Phase 1 counties have higher infant mortality rates than the state overall. With the exception of Gloucester County, which has a slightly lower poverty rate than the state, the remaining counties show poverty rates above the state average. Cumberland County stands out as an outlier, with the highest rates on both indicators.

Other indicators we examined—preterm birth rates and median household income (not shown)—showed a generally similar pattern. Taken together, these data are consistent with the intentional selection of counties to reflect a range of socioeconomic and health conditions. The program's rollout across these settings indicates its potential to respond to communities with varying backgrounds and needs.

Figure 2. Poverty and infant mortality rates in program counties and New Jersey



Note: The Federal poverty level was $24,526 for a family of three [2 adults + 1 child] in 2023. Infant mortality rates are for 2018–2022. Source: U.S. Census Bureau and New Jersey State Health Assessment Data

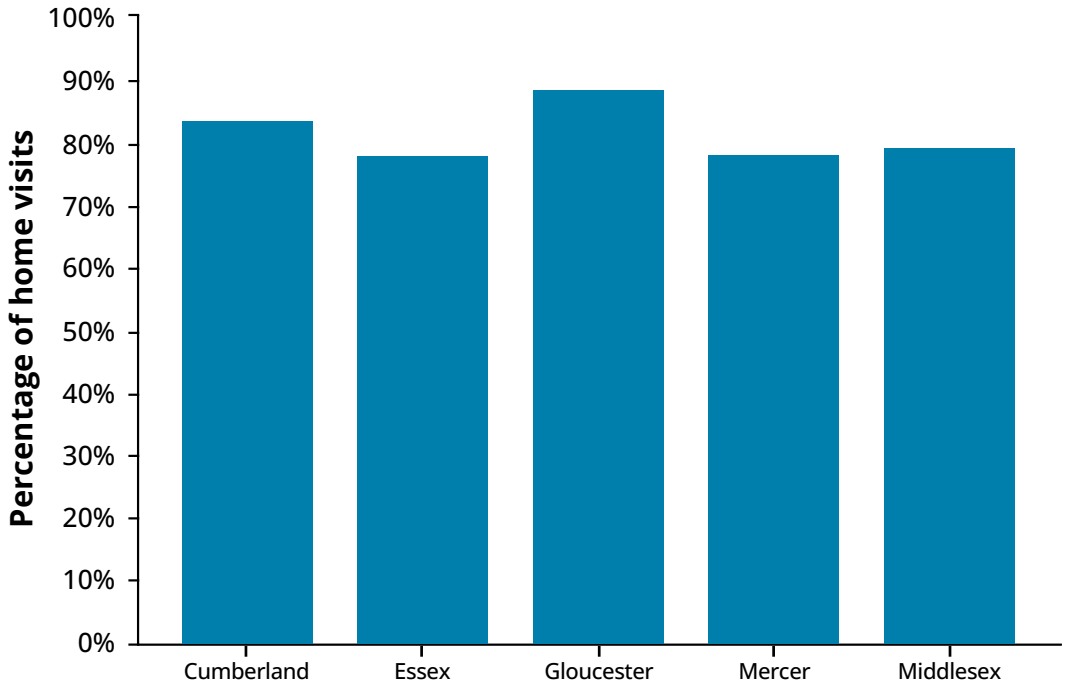
Characteristics of Program Participants

Mercer County had the largest number of Family Connects NJ home visits, both in absolute terms and relative to the number of births that occurred in the county (Table 1). This is likely because Mercer was a program pilot county (prior to Phase 1 implementation), meaning referral pathways were more established than in other counties. The differences in timing and readiness across counties should be considered when interpreting early program data, as data may not reflect long-term potential or community need.

Table 1. Number of families visited by county and corresponding number of births

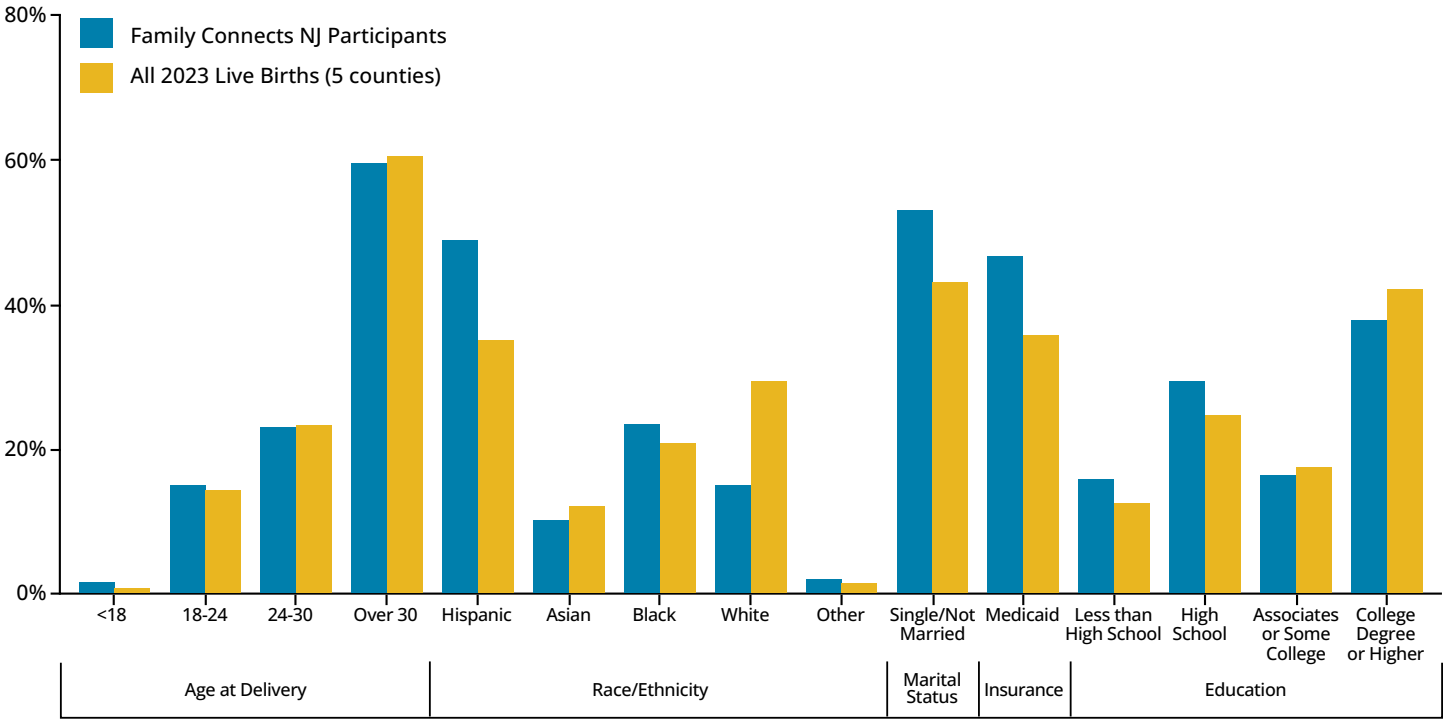
County	Visits Jun 2024-May 2025	All births Jan 2024-Dec 2024
Cumberland	179	1,784
Essex	982	9,475
Gloucester	270	2,642
Mercer	1,029	4,013
Middlesex	707	8,018

Figure 3. Percentage of completed home visits occurring within 21 days postpartum



The Family Connects International model sets a benchmark of completing at least 70 percent of home visits within 21 days of birth (Family Connects International, 2025). **Overall, across the 5 program counties in NJ, 80 percent of visits were completed within three weeks of birth, exceeding that threshold. All five counties are also individually exceeding this benchmark (Figure 3).** New Jersey has set an even more ambitious goal of completing home visits within two weeks postpartum (New Jersey State Legislature, 2021). Data from the initial phase of the program are promising as they strongly reflect the program's goal of early engagement. Data on the reasons for visits to infants older than 3 weeks were not available, nor were data on demographic characteristics or family type (e.g., adoption, kinship care) by infant age, limiting analysis of timing patterns across different family contexts.

Figure 4. Sociodemographic characteristics of program participants and the 2023 birthing population in program counties



To understand the reach of the program, we compared the sociodemographic characteristics of Family Connects NJ participants (i.e., the primary caregiver, from June 2024 to May 2025) with those of the birthing population in the corresponding program counties, using 2023 birth records—the most recent available (Figure 4). The figure highlights that the program is reaching a broad and diverse population across every demographic category, which is consistent with its design as a universal program.

Age: There was little difference in age distribution between program participants and the 2023 birthing population.

Race/Ethnicity: Program participants were more likely to identify as Hispanic, slightly more likely to identify as Black, and less likely to identify as white compared to the birthing population (p-value < 0.001).

Marital Status: A higher proportion of participants were single or not married compared to the birthing population (p-value < 0.001).

Public Insurance Coverage: More participants were covered by Medicaid/Public Insurance than in the birthing population (p-value < 0.001).

Educational Attainment: Participants were more likely to have less than a high school education or only a high school diploma, and less likely to have attended some college or attained higher education (p-value < 0.001).

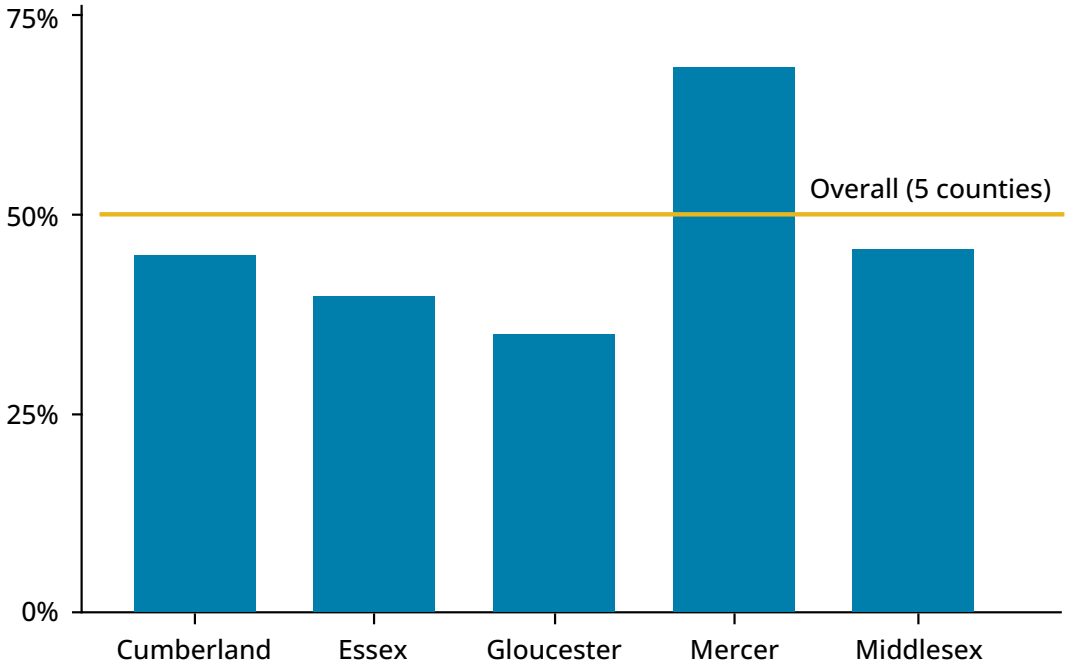
Language data further reflect the cultural and linguistic diversity of families participating in Family Connects NJ. About half (51 percent) of families reported speaking English at home, while 37 percent spoke Spanish. The remaining families spoke over 20 different languages.

Overall, these data indicate that the program is successfully reaching a broad cross-section of the population, with higher participation among groups that have been historically marginalized or economically disadvantaged.

Referrals to Other Programs and Services

Overall, 50 percent of the families served were referred to one or more other programs or services in the community (Figure 5). These referrals represent connections to resources that potentially may not have occurred without the involvement of Family Connects NJ, highlighting the program's role in identifying family needs early. Mercer County had a substantially higher referral rate, which may reflect elevated levels of economic disadvantage among program participants—levels that were higher than corresponding indicators among the county's overall birthing population. Mercer's example highlights the program's potential to provide timely referrals and points to what may be possible in responding to the needs of families. Its performance suggests that other counties—especially those facing greater health and economic challenges—could achieve similar outcomes as the program continues to grow.

Figure 5. Percentage of families referred to other programs or services



The most common referral reasons were for household safety and material supports and health care plans, followed by childcare plans (Table 2). This pattern suggests that families are being connected to a wide range of services, with a strong emphasis on addressing essential needs and planning for ongoing care.

In addition to referrals for household safety, material supports, and childcare planning, a significant portion of families were referred for health-related concerns. Sixteen percent of families received referrals for maternal health, infant health, or caregiver well-being. Of these, approximately two-thirds were referred specifically for maternal or infant health issues, which included urgent concerns such as elevated blood pressure, signs of postpartum infection, and concerns about infant weight gain. The remaining one-third were referred for caregiver well-being, including mental health concerns.

Table 2. Percent of families with a referral, by reason

Type of concern	Percent of families
Household Safety & Material Supports (e.g., bassinettes, cribs, car seats, strollers, food, diapers, formula, breast pumps)	32%
Health Care Plans (e.g., arranging primary care or pediatric care, health insurance enrollment, establishing a medical home)	17%
Child Care Plans	8%
Maternal Health (e.g., hypertension, postpartum infection concerns)	7%
Caregiver Well Being (e.g., mental health concerns)	5%
Infant Health (e.g., infant weight gain concerns)	4%
Caregiver Emotional Support	4%
Other Concerns	2%
Family and Community Safety	1%

Note: Overall, 50% percent of the families served were referred to other programs or services in the community. The table total adds up to more than 50% because some families received referrals for multiple types of concerns.

Recommendations for Policy and Practice

The early implementation of Family Connects NJ shows promising results in reaching a broad and diverse population, providing timely referrals, and addressing essential needs during a critical period after birth. To build on this foundation, the following recommendations are proposed:

Support Continued Rollout:
Advance the full statewide implementation of Family Connects NJ to ensure that all of NJ's families have an opportunity to benefit from the program.

Scale Up Visits in Less-Established Counties:
Increase the number of home visits in counties where Family Connects NJ is newer or less established.

Understand Long-Term Impact:
When Family Connects NJ attains fidelity, conduct longitudinal evaluation to assess the program's effects on maternal and child health outcomes, disparities, and service utilization over time. This will help guide future program investments and improvements and demonstrate the value of sustained investment.

Sustain the Family Connects NJ Workforce:
As New Jersey works to scale up Family Connects NJ, the state will need to continue implementing strategies to support a sustainable, high-quality workforce. The use of registered nurses to deliver Family Connects NJ is mandated by law; however, New Jersey is experiencing a shortage of registered nurses that is projected to continue over the coming years (Health Resources and Services Administration, 2025; New Jersey Department of Children and Families & EY Parthenon, 2023). The state has already taken important steps to address this challenge and build a workforce that reflects the diversity of New Jersey's families, including recruiting a multilingual workforce (A. Jackson, personal communication, October 31, 2025b). Continued investment in these efforts will be critical to ensuring Family Connects NJ's sustainability as it grows.

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