



# The Impact of Family Advocates and Addressing the Social Determinants of Health for Families in South Jersey



RUTGERS-CAMDEN

Senator Walter Rand

Institute for Public Affairs

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## ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS

The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers-Camden has been a long-standing and trusted regional community partner for over 20 years. WRI honors former Senator Rand's dedication to Southern New Jersey and exists to produce and highlight community-focused research and evaluation leading to sound public policy and practice. With that as a foundation, WRI convenes and engages stakeholders in making the connections across research, policy, and practice in support of Camden City and Southern New Jersey residents. Using social science research methods, WRI specializes in transforming data into actionable information across a variety of areas, including workforce development, education, transportation, and public/population health. WRI reinforces and amplifies Rutgers' research, teaching, and service goals by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in Southern New Jersey. WRI specializes in qualitative research and believes that community voice is at the heart of facilitating policy, systems, and environmental change. For additional information see <https://rand.camden.rutgers.edu/>

## ABOUT SOUTH JERSEY INSTITUTE FOR POPULATION HEALTH

The South Jersey Institute for Population Health (SJIPH) is focused on advancing collaborative research projects to improve health and wellbeing in southern New Jersey. In 2018, it was established through a state grant received by the Rowan University/Rutgers-Camden Board of Governors (Joint Board) to integrate the region's medical, educational and research assets, to improve health for Southern New Jersey. The Joint Board will include Rowan University and Rutgers University-Camden as partners in these efforts. SJIPH will focus on population health in South Jersey by addressing health disparities among underserved populations in both urban and rural communities.

SJIPH will develop and deepen the network of relationships among the many entities, from schools and nonprofits, to government agencies and hospital networks, that work to improve health in the region. By supporting collaborations between this network of community stakeholders and the research expertise at Rowan University and Rutgers University-Camden, SJIPH will lay the groundwork for a robust research and data resource that can inform population health programs, research and policy needs in the future.

SJIPH not only seeks to advance the Joint Board's mission by engaging and partnering with the region's premier public and private research institutions, but also to promote a civic engagement perspective that engages the community in addressing local and regional "health related" issues. SJIPH's work will positively impact the region through programs and projects that will effectuate a vibrant and sustainable community and health sciences corridor anchored by southern New Jersey's nationally accredited research institutes. For more information go to <https://sjiph.org/>

# TABLE OF CONTENTS

<b>Executive Summary</b> .....	<b>7</b>
<b>Introduction</b> .....	<b>8</b>
Background Information on the Family Strengthening Network (FSN) .....	8
Background Information on Initial Study and the Research Questions for this Study.....	8
<b>Background Information on Social Determinants of Health (SDOH)</b> .....	<b>9</b>
Education .....	9
Access to Food .....	9
Transportation Access.....	9
Financial Assistance and Support.....	10
Domestic Violence (DV) .....	10
<b>Social Determinants of Health (SDOH) and This Research Study</b> .....	<b>11</b>
<b>Descriptions of the Three Counties: Cumberland, Gloucester, and Salem</b> .....	<b>11</b>
Cumberland County .....	11
Gloucester County .....	11
Salem County .....	12
<b>Research Methods: Data Collection and Analysis Approach</b> .....	<b>13</b>
Recruitment and Data Collection.....	13
Interviews with Family Participants – Sample, Recruitment, and Outreach .....	13
Focus Groups with FSN Family Advocates – Sample, Recruitment, and Outreach.....	13
Interviews with FSN Family Advocates – Sample, Recruitment, and Outreach .....	13
<b>Data Analysis - Interviews and Focus Groups</b> .....	<b>14</b>
Description of Data Analysis Processes.....	14
Data Analysis - Interviews and Focus Groups .....	14
<b>Findings: What We Learned</b> .....	<b>15</b>
Barriers and Challenges in Accessing in Services in the Counties .....	15
Transportation .....	15

Housing.....	15
Access to Care.....	15
Education .....	16
Organizational Barriers When Accessing Services.....	16
<b>Family Strengthening Network Model - Family Advocate Process for Service Delivery .....</b>	<b>17</b>
FSN Family Advocate Model Service Delivery Pillars: Advocacy, Flexibility, Respect .....	17
Social Support: Connectors and Coaches .....	17
Communication and Trust Building with Families .....	18
Personalized Individual Attention and Support .....	18
<b>FSN’s Impact on the Social Determinants of Health (SDOH) .....</b>	<b>20</b>
Education.....	20
Transportation .....	22
Domestic Violence.....	23
Housing .....	24
Financial Assistance/Training .....	26
<b>Success Stories: Accomplishments and Impact from the Family’s Perspective .....</b>	<b>28</b>
<b>Recommendations.....</b>	<b>30</b>
<b>Conclusion .....</b>	<b>30</b>
<b>References.....</b>	<b>31</b>
<b>Appendices .....</b>	<b>33</b>
Appendix A: Focus Group Consent Form .....	33
Appendix B: Focus Group Guide .....	35
Appendix C: Interview Consent Form .....	37
Appendix D: Interview Guide .....	39



# EXECUTIVE SUMMARY

Social determinants of health (SDOH) are the circumstances that impact individuals across multiple areas (e.g., social, economic, health indicators). All of these factors or social determinants of health (SDOH) must be considered as services are delivered. Families do not live in a vacuum; they live in the real world and are confronting many challenges simultaneously. The Family Strengthening Network (FSN) is an initiative (project) of the United Advocacy Group (UAG), a non-profit organization and community partners working in Cumberland, Gloucester, and Salem Counties to empower families in achieving their goals by pairing each with a Family Advocate (FA) free of charge. The FA collaborates to develop family-led goal plans and implement creative solutions for meeting the needs outlined in the plans (many of which focus on social determinants of health (SDOH) - e.g. housing, employment, and transportation), and supports them in navigating the complicated and often frustrating systems needed to access resources.

Through a previous research collaboration from this team funded by a foundation, a quantitative analysis of FSN's Family Assessment Tool found improvements in SDOH-relevant areas post-enrollment in the FSN program. This quantitative data is important, given that FSN serves families in some of NJ's most rural counties where service delivery is a challenge and health status continues to rank among the poorest in the State.

The goals of this research project were to conduct qualitative research to better understand the value and impacts of the FSN family advocates who are an informal, family-based support system. We also aimed to highlight existing strengths, barriers, and recommendations around how to address SDOH for hard to reach populations in areas of tremendous need.

Through the data collection process, family participants and FSN Family Advocates shared their experiences and perspectives which offer valuable insight on the impacts of informal family advocates and their impacts on the social determinants of health. Key themes from the research center on the wide ranging impacts that the FAs had on the SDOH for families through personalized service delivery. Findings from this research study's data highlights how the family advocates provided informal and key supports that impacted families. Findings demonstrate how the work processes; communications, solutions-oriented approach and the foundations of respect and meeting families where they are worked to empower the families to attain their goals. Relationship building and management as well as consistent and effective communications were pivotal to understanding how family advocates helped families achieve goals and work toward outcomes around the Social Determinants of Health (SDOH).

Interviews with the families and focus groups with family advocates revealed how families perceived the impacts of their family advocate; existing strengths; barriers faced in addressing SDOH, and their recommendations for improved service delivery. The family advocates shared how they view their role and impact, how stakeholders both inside and outside of FSN collaborate to meet needs, and challenges, barriers and recommendations for addressing SDOH for families in rural Southern New Jersey. Our research helps to understand the nuances around social service delivery from the perspectives of individuals. We have collected important information that can assist in data driven decision making around designing and implementing social service delivery for our rural communities. This information provides the foundation for understanding the multiple social determinants of health needs that many families in South Jersey are facing. Having this understanding will drive resources and personnel that can be mobilized to advocate for and work toward supporting these families and their multifaceted needs. Providing personalized and individualized services around the SDOH can assist these most vulnerable and isolated families to achieve a higher quality of life. Families and family advocates shared recommendations for the ways in which services provided by FSN could be enhanced and expanded, including increasing communication and collaboration by social service organizations, and highlighted the need for flexible funding to provide multi-faceted services.

# INTRODUCTION

## BACKGROUND INFORMATION ON THE FAMILY STRENGTHENING NETWORK

The Family Strengthening Network (FSN) is an initiative (project) of the United Advocacy Group (UAG), a non-profit organization. FSN focuses on fostering the self-sufficiency of families by offering holistic support to help them develop strengths, achieve goals, and navigate the most important facets of family life. Its approach is to work at the local community level to engage families where they feel most comfortable and therefore have a sense of trust in the institution. Through free, personal and confidential sessions with a trained Family Advocate, families develop a clear plan to accomplish their goals and receive all the tools, resources and opportunities necessary to complete their plan. FSN's Family Advocates (FAs) are community members themselves and coordinate with each other to identify local opportunities to help families meet established goals and empower families in the following targeted areas: financial, employment, health & wellness (including social determinants of health - SDOH), academic excellence, service-learning, and healthy relationships.

## BACKGROUND INFORMATION ON INITIAL STUDY AND THE RESEARCH QUESTIONS FOR THIS STUDY

WRI has had a longstanding relationship with FSN and has completed prior research on their service model which laid the groundwork for the current study. For 10 years, WRI conducted a comprehensive evaluation of the Pascale Sykes Foundation's Strengthening Families Initiative across 18 nonprofit organization collaboratives in Southern New Jersey (Senator Walter Rand Institute for Public Affairs, 2022a). In the later years of this evaluation, WRI conducted several focused evaluations to examine specific areas of interest in which there were strong preliminary findings or a need for further research. One of these focused evaluations aimed to understand the efficacy of the family advocacy model employed by the Family Strengthening Network and to unravel the contributing factors to that efficacy. WRI used a mixed-methods approach to understand the holistic perspective on the work that family advocates do with the families they serve.

Quantitative data was collected from January 2021 to June 2021 through a survey distributed to families working with FSN family advocates. Overall, families who worked with family advocates had stable social support outside the family and indicated improvements in areas relevant to social determinants of health, such as income stability, employment, housing, and mental health post-enrollment in the FSN program. Qualitative data was collected from May 2021 through June 2021 through small group semi-structured interviews with family advocates. This data offered an understanding of what the advocates provided to families and the effective ways that advocates support and impact families.

The prior findings are important, given that FSN serves families in some of NJ's most rural counties where service delivery is a challenge and health status continues to rank among the poorest in the state. Therefore, we developed the following research questions for this study:

- 1) What is the impact of the Family Advocates on the families served as it relates to social determinants of health?
- 2) How might this model be used to better understand and address social determinants of health in South Jersey?
- 3) How might this model be improved upon to better address the needs of the families served?



# BACKGROUND INFORMATION ON SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health (SDOH) are the conditions in which people are born, grow, live, work, and age. They encompass a wide range of social, economic, and environmental factors that shape individuals' health outcomes and overall well-being. The WHO Commission on Social Determinants of Health (CSDH) has stated that progress on SDOH is the most successful means of enhancing all people's well-being and raising disparities (Chelak & Chakole, 2023). Understanding SDOH is crucial for developing effective public health policies and interventions aimed at reducing health inequities and improving population health. SDOH includes factors such as socioeconomic status, education, employment status, social support networks, access to healthcare services, neighborhood conditions, and environmental factors. SDOH is a multifaceted public health problem, which provides an opportunity for collaboration with many sectors (e.g., transportation, education, housing, healthcare) and types of organizations (e.g., public agencies, private industry, community-based organizations) (Centers for Disease Control and Prevention [CDC], n.d.). These factors interact and influence each other dynamically, creating complex pathways that impact individuals' health throughout their lives. FSN works to impact the social determinants of health of families in some of our most rural and vulnerable communities.



## EDUCATION

Education is a fundamental social determinant that significantly influences health outcomes. Education is strongly associated with life expectancy, morbidity, health behaviors, and educational attainment plays an important role in health by shaping opportunities, employment, and income (The Lancet Public Health, 2020). Higher levels of education are associated with better health outcomes and behaviors. Education equips individuals with knowledge and skills to make healthier choices, access healthcare services, and navigate complex health information. Conversely, lower levels of education are linked to increased risk of chronic diseases, higher mortality rates, and limited health literacy (Tulane University School of Public Health and Tropical Medicine, 2021).



## ACCESS TO FOOD

Access to nutritious food is essential for maintaining good health. Food security, defined as consistent access to adequate food for an active and healthy life, is a critical SDOH. Food insecurity, on the other hand, leads to poorer health outcomes, including malnutrition, obesity, and chronic diseases such as diabetes and hypertension (National Alliance on Mental Illness [NAMI], n.d.). Socioeconomic factors such as income, employment opportunities, and neighborhood characteristics play a significant role in determining food security status.



## **TRANSPORTATION ACCESS**

Transportation profoundly impacts health and well-being. Access to reliable transportation influences individuals' ability to access healthcare services, employment opportunities, and nutritious food options (Center for Population Health, 2022). Inadequate transportation infrastructure, including limited public transit and unsafe pedestrian environments, disproportionately affects marginalized communities, leading to barriers in accessing essential resources and healthcare. Improving transportation equity is essential for addressing health disparities and promoting health equity.



## **FINANCIAL ASSISTANCE AND SUPPORT**

Financial stability is a key determinant of health, as socioeconomic status influences access to resources necessary for maintaining health and well-being (Weida et al., 2020). Economic factors such as income level, employment status, and wealth distribution shape individuals' ability to afford healthcare, housing, education, and healthy food options. Financial strain and poverty increase the risk of chronic stress, mental health disorders, and adverse health outcomes. Addressing financial insecurity through policies that promote economic opportunity, income support, and wealth redistribution is crucial for improving population health and reducing health inequities.



## **DOMESTIC VIOLENCE**

Domestic violence (DV) is widely underreported due to feelings of shame, fear of retaliation, economic dependence, and privacy concerns, as many as one in four women and one in nine men are survivors of domestic violence (Finerty, 2021). Survivors of domestic violence experience physical and psychological harm, resulting in higher rates of injuries, mental health disorders, and chronic conditions. Moreover, DV can disrupt access to healthcare and support services, exacerbating health disparities. Addressing DV requires comprehensive strategies that consider social, economic, and cultural factors contributing to violence within intimate relationships.

# SOCIAL DETERMINANTS OF HEALTH (SDOH) AND THIS RESEARCH STUDY

As highlighted above, the anchors for this study are the social determinants of health and recognizing that they encompass a wide range of factors across various domains such as education, food security, domestic violence, transportation, and finances. Recognizing and addressing these determinants through creative and innovative and personalized ways are steps that move us closer to improving the well-being of populations in underserved communities. The informal supports like the FSN family advocates are key to impacting the SDOH. The geographic areas that FSN services have unique challenges that impact health and overall well-being. Some of these SDOH are due to the rural nature of these counties (albeit to varying degrees) and present important considerations for these communities. Rural areas present several challenges for residents including lengthy commutes, lack of access to food, and fewer available services are some of the barriers residents face in rural communities. Below are descriptions of the three counties and their rural nature. We also highlight some of the SDOHs.

## DESCRIPTIONS OF THE THREE COUNTIES: CUMBERLAND, GLOUCESTER, AND SALEM

### CUMBERLAND COUNTY

Located in the south-central part of New Jersey, Cumberland County is approximately 45 minutes from Philadelphia and Atlantic City, and two hours from New York City and Baltimore. With a land area of 483.7 square miles, Cumberland County is the 5th largest county in the state and ranked 16th in population (New Jersey Counties by Population, 2020). Cumberland County is one of the most rural counties in the State of New Jersey. The population per square mile is 324.4 while the state rate is 1,195.5 per square mile (U.S. Census, 2010). Nearly 25% of its population (representing roughly 23,000 residents) live in a rural area and nearly 90% of its land area is considered rural (U.S. Census, 2017). Cumberland County has approximately 70,000 acres of farmland, accounting for about 20% of the agricultural land in the State of New Jersey. Nineteen of its thirty-five census tracts (54%) qualify as rural according to federal standards and approximately 20% of all housing units available in the county are in rural areas (U.S. Census, 2010). From 2010 to 2020, the county's population decreased 1.75%, from 156,898 to 154,152 (U.S. Census, 2020c). A range of various metrics indicate Cumberland County has the highest percentage/rate of residents who are currently experiencing poverty out of the state's 21 counties. According to the official website of Cumberland County, the economy historically in Cumberland County was built around industries of glass-making, food processing, textiles, and maritime trade (Cumberland County, New Jersey, 2024). Today, the county's economy consists of a large agricultural base and is also developing four key industry sectors: Health Care, Construction, Hospitality/Tourism, and Advanced Manufacturing.

### GLOUCESTER COUNTY

Gloucester County is located in the Philadelphia metropolitan area, yet it has a strongly developed agricultural sector. Gloucester County is one of the primary food producing areas in the State of New Jersey. The industrial sector in Gloucester County is also strong. The county is home to a number of industrial parks, including Pureland Industrial Park, one of the nation's largest distribution centers. Just over 50% of Gloucester County's

land area is considered rural and 8.4% of Gloucester County’s population lives in a rural area. From 2010 to 2020, the population of the state of New Jersey increased by 5.65% (2010 population is 8,791,894; 2020 population is 9,288,994), while the population of Gloucester County increased by 4.85% (2010 population is 288,288; 2020 population is 302,294) (U.S. Census, 2020d).

## SALEM COUNTY

Salem County is located in the southwestern part of New Jersey. It is bordered to the west by the Delaware River, and its geography is almost entirely flat coastal plain. Salem County is the least populated of the 21 counties in the State of New Jersey but the 10th largest county in square miles (New Jersey Counties by Population, 2020). Salem County is the most rural county in the State of New Jersey. The population per square mile is 189.8 while NJ’s is about 1300 per square mile. Over 90% (93.4%; 310 square miles) of Salem County is considered rural and 45.3% of the population lives in a rural area. The county has been successful in maintaining the cultural history of agriculture and open space that has long defined much of South Jersey. The top employment sectors in Salem County are education and health care, which represent 22.1% of the jobs in the county. The largest employer is the utility company PSE&G, with about 1,500 employees. Employment numbers for Salem County are projected to remain virtually unchanged—showing a small growth of 0.1% per year. This is partially due to losses in manufacturing, utilities, and retail trade that are expected to offset the growth experienced in construction, healthcare and social services in this area. While the county’s overall unemployment rate has continued to decrease, it continues to be higher than the state’s rate (U.S Department of Labor, 2021).

In 2019, Salem City had a poverty rate (42.2%) that was close to four times that of New Jersey’s rate and close to three times the county’s rate. Below we highlight some of the SDOHs that residents in the three counties face. As you can see, the counties are mostly below the state metrics.

**TABLE 1 - SELECTED SDOH BY COUNTY**

NAME	EDUCATION % of Population with a HS Diploma or Higher	EDUCATION % of Population with a Bache- lor’s Degree or higher	ACCESS TO FOOD Food Insecurity Rate <sup>1</sup>	ACCESS TO FOOD Food Environment Index <sup>2</sup>	HOUSING Severe Cost Burden <sup>3</sup>	FINANCIAL Median Household Income <sup>4</sup>	FINANCIAL Families with children under 18 living in poverty <sup>5</sup>	LACK OF TRANSPORTA- TION Barrier to Accessing to Services <sup>6</sup>
Cumberland County	81%	16%	12.1%	7.4	20%	\$58,389	15%	59%
Gloucester County	93%	33%	8.2%	8.8	13%	\$94,412	10%	31%
Salem County	89%	21%	11.7%	7.9	16%	\$69,886	17%	55%
New Jersey	91%	39%	7.4%	9.0	17%	\$89,296	11.5%	Not available <sup>7</sup>

<sup>1</sup> New Jersey State Health Assessment Data. New Jersey’s Public Health Data Accessed from Resource [https://www-doh.state.nj.us/doh-shad/indicator/complete\\_profile/FoodInsecurity.html](https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/FoodInsecurity.html)

<sup>2</sup> The Food Environment Index accounts for both proximity to healthy foods and income from 0 (worst) to 10 (best). Accessed from <https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2024>

<sup>3</sup> Severe Housing Cost Burden is the percentage of households that spend 50% or more of their household income on housing. Source: County Health Ranking & Roadmaps, A Robert Wood Johnson Foundation Program, 2023, sourced from the American Community Survey 2017-2021 data.

<sup>4</sup> Median household income (\$) by county. 1-year American Community Survey estimates, 2021, inflation adjusted dollars. This figure includes the income of the householder and all other individuals 15 years old and over in a household, whether they are related or not. The median is the middle of all incomes, meaning that exactly half of all people earn more and half earn less. Median income tends to be a more accurate measurement than average income, as average income can be skewed by a few incredibly high earners.

<sup>5</sup> NJ families (%) with children under the age of 18 living in poverty. 1-year American Community Survey estimates, 2021.

<sup>6</sup> Senator Walter Rand Institute for Public Affairs. (2022b). Inspira Health Community Health Needs Assessment 2022-2024. Accessed from [https://www.inspirahealthnetwork.org/sites/default/files/WRI\\_Inspira\\_Health\\_CHNA\\_2022-2024\\_FINAL.pdf](https://www.inspirahealthnetwork.org/sites/default/files/WRI_Inspira_Health_CHNA_2022-2024_FINAL.pdf)

<sup>7</sup> There is no statewide data for this measure as it was gathered as part of WRI’s community survey for Inspira Health’s Community Health Needs Assessment for 2022-2024.

# RESEARCH METHODS: DATA COLLECTION AND ANALYSIS APPROACH

The research team worked to collect the data by working with the Family Strengthening Network to obtain the contact information of family participants who were eligible to participate in the study (e.g., individuals working with FSN who are 18 years old or older). FSN also arranged three focus groups with its Family Advocates (all of whom were 18 years old or older). The study’s purpose and procedures were explained to each potential participant, and informed consent was obtained from each individual participating in the study. Participation in the interviews and focus groups was voluntary and each participant answered questions with follow-up questions from the researchers as appropriate. Interview and focus group participants were all eligible to receive a \$50 Visa gift card.<sup>8</sup>

## RECRUITMENT AND DATA COLLECTION

### INTERVIEWS WITH FAMILY PARTICIPANTS – SAMPLE, RECRUITMENT, AND OUTREACH

Interview recruitment with the family participants who worked with the family advocates of FSN occurred from July 2023 to November 2023. WRI researchers reached out to the families via text message, email, and/or phone calls. WRI completed 29 interviews with 29 individuals. WRI researchers conducted each interview using Zoom or the telephone. The recording of the interview was transcribed. The average interview time was 24 minutes and 30 seconds.

### FOCUS GROUPS WITH FSN FAMILY ADVOCATES – SAMPLE, RECRUITMENT, AND OUTREACH

Focus group recruitment with the family advocates occurred in April 2023. The focus groups occurred in May 2023. WRI researchers conducted three focus groups with the advocates in-person. The average focus group time was 46 minutes and 18 seconds. There were a total of three focus groups that occurred with 15 family advocates.

### INTERVIEWS WITH FSN FAMILY ADVOCATES – SAMPLE, RECRUITMENT, AND OUTREACH

Two additional interviews were completed with family advocates and leadership who were not able to participate in the focus groups. These interviews occurred in November 2023. WRI researchers conducted each of these two interviews over Zoom. The average interview time was about 16 minutes.

**TABLE 2 - PARTICIPANTS BY TYPE**

NUMBER OF FAMILY PARTICIPANTS FROM GLOUCESTER COUNTY	NUMBER OF FAMILY PARTICIPANTS FROM SALEM COUNTY	NUMBER OF FAMILY PARTICIPANTS FROM CUMBERLAND COUNTY	TOTAL NUMBER OF FAMILY PARTICIPANTS	TOTAL NUMBER OF FAMILY ADVOCATES/ FSN STAFF
16	3	10	29	17

**Total Number of Participants = 46**

<sup>8</sup> This research project was approved by the Rutgers University Institutional Review Board on April 11, 2023 (Pro2023000550).



# DATA ANALYSIS - INTERVIEWS AND FOCUS GROUPS

## DESCRIPTION OF DATA ANALYSIS PROCESSES

### DATA ANALYSIS - INTERVIEWS AND FOCUS GROUPS

WRI analyzed the data using NVivo 14, a qualitative data management and analysis software. Researchers have stated that NVivo is helpful with analysis when using the grounded theory approach to qualitative research. Grounded theory helps researchers to interpret the interactions, and experiences of the participants. To illustrate, the coding process allows the researcher(s) to track what is occurring in the data and to determine when the point of saturation is reached (e.g., no new themes or information are emerging). In NVivo, once the themes were identified, a code was created and the data stored at that code. The data stored at the codes allowed researchers to pull quotes from participants and case studies to further explain the themes in this report. In the findings section, results are discussed in the aggregate<sup>9</sup> to protect the identities of the participants. Thematic and analytic coding strategies were employed. The data from the interview and focus group notes were grouped into themes (e.g., strengths of the FSN model, successes/accomplishments, social support, recommendations, social determinants of health, impact from the family's perspective, process and service delivery, challenges/barriers, family relationship with the family advocate, community need, and children). Line-by-line and open coding was done by WRI research team members to identify additional sub-themes within the aforementioned areas. The process of iterative review and revision of codes via thematic analysis was completed through repeated readings of the data and resulted in the creation of a consensus codebook of 11 key themes. The codebook was created so that researchers could code the focus group and interview data through NVivo14. Each data transcript was reviewed by at least two researchers in the initial open coding stage and was coded by two researchers in the second round of thematic analysis to increase reliability. Multiple collaborative sessions throughout data collection and data analysis enabled the research team to participate in peer debriefing around themes, areas of discrepancy, and additional considerations for analysis and content.

The confidentiality of the data from participants is paramount as without their candor and viewpoints, we would not have data that can be informative and valuable to FSN and other stakeholders and policymakers. The participants who spoke to the WRI researchers were candid in their responses as they wanted WRI's research team to understand their perspectives and share it.

<sup>9</sup>All identifying information from the transcripts were removed and each participant was given an ID number.

# FINDINGS: WHAT WE LEARNED

## BARRIERS AND CHALLENGES IN ACCESSING SERVICES IN THE COUNTIES

Findings from this study's data highlights the barriers and challenges families and family advocates face in obtaining services.



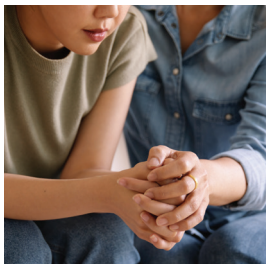
### TRANSPORTATION

Generally, participants reported that there is a lack of public transportation options across the three counties. Inaccessible transportation creates hurdles in accessing services and resources, especially when the resources are in other counties. Participants noted the lack of resources to fill this gap in available transportation, including transportation options for youth. This is an upstream social determinant of health that impacts participants' ability to access health care, education, food, and employment.



### HOUSING

Both families and family advocates reported significant challenges around housing. Participants described the shortage of housing, including long waitlists for apartments. Additionally, participants expressed that rent prices have increased exponentially and are pricing people out of being able to afford housing. Nationally, rents continue to increase with average rent prices rising by 2.5% on a yearly basis (Gardner, 2024). Participants also described the challenges of qualifying for rentals, including landlords requiring individuals to have multiple months (e.g., 3 or more) of rent in their bank accounts before signing the lease. It is key to note that many of these individuals do not have those funds in their bank accounts. Participants also described the lack of resources and gaps in services around housing. Many of the resources that were available to families either no longer exist, or are not enough to meet the need.



### ACCESS TO CARE

Participants reported barriers and challenges around health access, including access to mental health service and other health care services. Individuals described a significant lack of resources, services, programs, especially for youth. For the resources, services and programs that people were able to find, they must go to another county, sometimes in another part of the state.



## EDUCATION

Many individuals described the challenges they face when navigating the IEP (Individualized Education Plan) process for their children. The IEP process is incredibly complex and can be overwhelming and stressful. Participants described the difficulty they encountered in trying to obtain service and supports at their child's school, and the lack of resources available to help their children. One participant shared how her son was kicked out of school as they thought he had a behavioral problem but it turns out it was a medical issue,

“...and he had gotten kicked out of kindergarten at 5 years old – in a public school district. They chalked it up to – he was just a bad child... I call that school – the cookie cutter school. Like I swear they have to be like every child is like a carbon copy of each other...but they sent us to a child psychologist through them [referring to the school]. And they [the psychologist] like literally...said, ‘oh, yep, he’s just bad. I don’t know what to tell you.’ And I went, what do I do at this point?...she’s [the FA] like, as a parent, you have rights...We actually went to a child neurologist on our own actually and found out that he has a seizure disorder. It was nothing behavioral at all...then he was actually transported to another school and then we lost our programming at that school and she [the FA] helped us get him into other programming.” – Family Participant



## ORGANIZATIONAL BARRIERS WHEN ACCESSING SERVICES

Families described the challenges they faced in accessing resources with other agencies in these counties prior to their work with the FSN family advocate. Families described how they felt the staff at other organizations lack compassion, empathy, and a willingness to do their jobs which is to help individuals who are seeking support. Families also explained that when interacting with other organizations, communication can be poor or non-existent after being referred. Families described feeling as though the staff at these other organizations did not follow-up or follow-through with their case.

Family Advocates noted issues with silos amongst organizations and noted the need for more collaboration. Family Advocates described their wish to foster more collaboration, which would help increase people's access to services. In stark contrast to their experiences with other organizations, families spoke very highly of their experiences with FSN and family advocates noting their support, knowledge, guidance, and assistance.



# FAMILY STRENGTHENING NETWORK MODEL - FAMILY ADVOCATE PROCESS FOR SERVICE DELIVERY

“Well, what we’ve learned in our training is that the most important thing is the four walls that make sure they [families served] have food, shelter, you know, health coverage, finances. So it’s important when we, when I first meet with a family, I make sure that those are in place, that they’re safe, you know, they need food, or they need clothing for their children things so, so if we can fill that void in their life first, you know, that we can start to open up with the real story is and why we’re, we’re there with them for their confidence with feedback.” – Family Advocate

## **FSN FAMILY ADVOCATE MODEL SERVICE DELIVERY PILLARS: ADVOCACY, FLEXIBILITY, RESPECT**

Our research revealed that families initially reach out to the Family Advocates for one Social Determinant of Health, but as the FA worked with the family to set goals, other SDOH would be added and also addressed. The FAs worked to provide a holistic approach for these families’ goal plans. The FAs support the family in navigating the complicated and challenging systems to access resources. Detailed below are the important contributions that FAs and this informal, family-driven support system contributes in three of Southern New Jersey’s most rural counties. The Family Advocates’ impact extends not only to the person they are serving, but also to the family of that person. The FAs worked to impact the SDOH (Social Determinants of Health) such as housing instability; domestic violence; food insecurity; basic needs insecurity; education; location of health and mental health services. The family advocates knowledge and resource sharing with the family leads to problem solving and a solutions-oriented approach to addressing their goals. The FAs have strong connections that can be leveraged and an extensive general knowledge on multiple topics and the available resources in the area such as: housing; immigration; education; emergency food boxes; clothing, baby needs; feminine care items; health care; and mental health care.

## **SOCIAL SUPPORT: CONNECTORS AND COACHES**

The FAs view themselves as “connectors” – not navigators. The families saw the FAs as important conduits for connecting them to services and organizations. The FAs saw themselves as informal supports to the families, but a key part was to connect families to resources. The FAs understand the community that they serve and how to work within fragmented systems because in many cases they reside in these communities and have deep roots and relationships to community members and other service providers in the areas. For instance, one family advocate is a neighbor to one of the families they serve and is also a secretary at the local school.

The pivotal hallmarks of the FA and their service delivery are that they are a coach/cheerleader/connector - they build trust, they support the individual, and the family in working to achieve their goals. The FAs work to guide the family and let them know that they’re not alone and that everybody struggles. One of the family advocates summarized their work in this way:

“Sometimes it takes them [the family] a little longer to trust you. Or some people just automatically just like you telling them things....It’s great when you can start building that connection with them... I just love dealing with the families and their issues and concerns and being able to connect is very important and how you get them to connect and you know, just by being down to earth and just listening to them and try to understand them and not be judged by. And so, you have to not be judgmental of the other issue. Without the trust and the rapport you don’t get anywhere...” – Family Advocate

## COMMUNICATION AND TRUST BUILDING WITH FAMILIES

Strong communication practices (e.g., responsiveness, calls, texts, emails, meetings, etc) as well as deep connections in the three county region (e.g., network and contact list of individuals and organizations) and respect and compassion were key markers to successful engagement with families. Trust between the family and FA is important as it permits the family to share candidly about their challenges and what they want to work to address. Additionally, the FAs worked with the family to motivate and empower them to meet their goals around the SDOH. The FAs are embedded in the community and have strong connections that were leveraged in addition to an extensive general knowledge on multiple topics and specific services such as domestic violence, education, and housing. One participant shared how her FA communicated with her via text about an upcoming job fair and reached out about other resources too.

The research team asked one of the family participants how the family advocate supported the participant when it appeared the family advocate might have been stumped by a particular problem. The family participant shared that “...they’ll help find someone who can help to figure it out. Yeah.” Nearly all of the families shared how they viewed their family advocate as a key cog in their support system. The family advocate met the families where they were (e.g., the family’s home or another convenient location or over the phone or zoom). The FAs met with the family at a regular cadence such as weekly or every other week or monthly, but were also accessible to the family in between those meetings if needed. These meetings and the support provided by the family advocates helped the families to become more autonomous.

Families talked of how they feel like they matter to someone or that they feel as though someone genuinely cares about them. The FAs serve as a support system when individuals don’t have a lot of support and the FAs work to set clear boundaries about their capacities and their role with the family.

The family advocates utilize confidentiality and clear boundary setting when working with families as one participant shared, they are, “Like your friend, but not your friend.”

The family advocates noted that it is important to build connections but also to set boundaries,

“Like, you have to find that for me, it’s more about like, I’m the person in the corner cheering you on, but I have the professional boundaries. And I made that clear...” – Family Advocate

## PERSONALIZED INDIVIDUAL ATTENTION AND SUPPORT

One family participant shared how the family advocates that she worked with helped her after her son had died and her husband had left her. This mother and daughter were not treated well at social services and lost their home. This family talked about how “they’ve [the family advocates] been an asset in mine and in my daughter’s life.”

“And she [first family advocate] came, you know, into mine and into my daughter’s life, at a time where I could, I couldn’t even, I mean, I couldn’t even write my own name... She helped us in so many ways. I can’t even begin to tell you like she was just amazing... I was like, out of my mind. My husband had left. My son had died. Yeah, just so many things like you know, I found out that I had cancer and you know, and I said there were so many things. Yeah. I was like, you know, we lost our home, you know, so.... You know, I think that, you know, it’s just it’s a wonderful program and it’s only been a gift to me and my daughter.” – **Family Participant**

Several family advocates shared the importance of how their constant support was important to motivating the families they work with and increasing the families’ self-sufficiency and working to solve the challenges they face and achieve their goals (e.g., obtaining transportation, housing, etc).

“Coaching, like me, being the cheerleader, the coach, the person that is there to be like, yes, your situation is the way it is, but it doesn’t have to stay that way. I totally agree, especially being the motivator to get them to do certain things. Like for the family that I serve, getting your driver’s license has become like, for the past two years, been the biggest blessing for a lot of people. But a lot of people still have trouble like doing it. So, getting them across that line, motivating them to do it, because it’s a big benefit, then you get pulled over, there’s no longer a \$600 ticket or a \$200 ticket for not having the license. Yeah, I would say that supporting the whole family approach, supporting individual and their goals, leading them, guiding them, letting them know that they’re not alone, that everybody struggles, you know, that everybody has different unique ways of going about doing things. And just because they might have failed in the past, that they continue, they can continue to strive and that, you know, we’re here to back them up. But we’re just, you know, a resource to help them and push them along the way. So being supportive, and encouraging them is one of our biggest roles. And that also goes with making the connection with the families.” – **Family Advocate**

Another participant highlighted how the personalized care and respect that the FA provided was different and more helpful than going to traditional social services.

“I think it’s more personal, you know, it’s more, it feels like almost like a friend who you calls and checks on you because right now I’m kind of kind of by myself. ...You know, ‘cause like a lot of shame comes along with failing. So. It’s been different. I think because she’s actually helping me, you know. It seems like she cares and, you know as opposed to going to welfare where you stand in line and you’re basically like a number, you know, I’m actually a name now with her...it’s someone I can trust and talk to...” – **Family Participant**

The FAs service delivery model of coaching and trust building were core to earning the trust of the families. As the FAs worked with the families to solve their initial challenge, the family would continue to work with the FA to solve other SDOH issues.

# FAMILY STRENGTHENING NETWORK'S IMPACT ON THE SOCIAL DETERMINANTS OF HEALTH

The Family Strengthening Network (FSN) is a community support, dedicated to strengthening familial bonds and addressing the social determinants of health that impact the lives of the families they support. FSN understands that health outcomes are connected to factors beyond clinical care, recognizing the important impact of social, economic, and environmental circumstances on individual and familial well-being. With a holistic approach, FSN empowers families by providing a support system that extends beyond traditional service delivery. By addressing the social determinants of health such as housing, education, employment, transportation, and more, FSN plays a pivotal role in fostering resilience, enhancing overall health, and promoting a thriving community in Southern New Jersey's three rural counties.

## EDUCATION

During the COVID-19 pandemic, there was a difficult transition to virtual learning as many students struggled with adapting to online learning platforms. Additionally, the digital divide exacerbated existing inequalities, as students without access to reliable internet or necessary devices such as tablets and/or laptops faced difficulties in keeping up with their education. The abrupt shift in learning due to the pandemic underscored the need for innovative solutions to ensure equitable access to quality education for all students, especially those students in rural counties. Due to these aforementioned challenges, the Family Advocates (FAs) provided essential support to families as they recognized the digital divide in these counties and how their families needed access to technology. To that end, the FAs assisted families with obtaining laptops and other resources to ensure that students had the tools needed to sustain their child's education remotely. This was helpful for families as some could not afford multiple laptops for their children, which resulted in many of them being unable to attend their classes remotely. By offering laptops the FAs helped students maintain consistent access to educational materials, virtual classrooms, and online resources. This is clearly illustrated by the family participant below, but echoed by other participants,

**“Our son was being marked absent because our daughter was using the only laptop that we had for the morning and then we were allowing him to use the laptop in the afternoon. And then he was being marked absent from class because he didn't have a way to log on. So it was definitely a stress...It's not like he had a laptop and he just chose not to do it. We needed to space it out because the mornings for our younger daughter like there were only certain times today whereas the older kids had different classes at different times...” – Family Participant**

The FA for this family was able to obtain a second laptop so that this family's son could go to school all day and not be marked absent. The purchase of the laptop for this family by the FA allowed both children to continue their schooling uninterrupted. To this day, the family is still using the laptop and this technology has had a long-term impact on this family's education.

Another example of the FAs supporting families in obtaining the critical technology needed for their children to succeed,

“...I had reached out to her [FA] during COVID ‘cause [sic] I fell on hard times. Like financially she had assisted me with getting you know all my kids were home during that time and I didn’t have enough devices for everyone when it came to school so she assisted me with getting my son a laptop...”

– Family Participant

Another critical area of support that the FAs provided when working with families in education, especially obtaining Individual Education Plan [IEPs] for children. The FAs discussed how they “coach the caregivers/parents through the process.” FAs help students by aiding caregivers in navigating the complex process of the Individualized Education Plan (IEP). The family advocates serve as allies, helping caregivers understand the intricacies of the IEP process and ensuring that the unique needs of the students are effectively addressed by helping them get into contact with the proper individuals who can support the IEP. FAs assist caregivers by facilitating communication with the school officials, arranging and attending IEP meetings. They work to ensure that caregivers have a clear understanding of their rights, the services available, and the goals outlined in the IEP. By acting as liaisons, advocates help create a collaborative atmosphere during IEP meetings, fostering effective communication between caregivers and school personnel. One caregiver noted how,

“She’s [the FA] [is] helping me develop an IEP [Individual Education Plan] for my son because he was on a 504 plan, but the school is not following it and it’s really not appropriate for him. He needs like a behavioral IEP and no one at the school is helping. So she’s helping me by, getting, like the baseline letters that I can pretty much go off of, fill in, things like that...It’s I tried to get transportation and it’s in the 504 plan but they told me. No, I don’t think so. He’s capable of walking. And we don’t have enough buses. If it’s in a 504 plan, they have to provide it, but they’re refusing it to me. So. I need her help with advocating in the IEP and trying to get him transportation back and forth to school...”

– Family Participant

Caregivers also spoke of how they gained confidence in attending those meetings and then were empowered to continue to support their child as they progressed in their schooling. One participant shared,

“...there are two or three factors in terms of special needs she [the FA] helped me like advocate with the school’s CST [child study team] that she would review the IEP [individual education plan] meetings with me and attend the IEP meetings. So, for items –the things that she thinks my kids should be eligible for and the school is not providing, she will help me advocate for that. So she will attend the meetings with the school teachers and the CST IEP meetings with me...So having a second person attending these meetings with me, someone that knows the rules and what’s available – it’s really helpful.”

– Family Participant

Similarly, we heard that the FAs would attend the IEP meeting, but also,

“...meet before the meetings in case I have questions that I want her to ask before like she’ll call me the night before or the day before. And we’ll meet just to make sure that, you know, we’re on the same page before the meeting and everything so that we know what’s going on. She knows what’s going on. She’s up to speed on everything...”

– Family Participant

Lastly, there were caregivers that wanted to return to school to complete their degree. However, this process was difficult for them to start, let alone finish, because of their duties and responsibilities to their family. FAs played the role of helping caregivers set goals for themselves which allowed them to go back to school and finish their education while balancing their home and work lives with their educational aspirations. One participant shared,

“I got myself an application so they can work with me on how I can improve myself, my economic and also like how to budget myself and what they actually did. They really helped me go back to school. And I went back to school because of my family advocate and she told me that like that was one of my goals. They put my goals out there and I was like, yeah, I got to go back. So I signed up that same week back to school. And now I’m in college again. Yes. So they have worked very, they have worked, they have done a lot for me and helped me better myself.” – **Family Participant**

The FAs impact on the SDOH of education was far-reaching and impacted the families and their children in numerous ways. The FAs provided laptops and access to internet services (e.g., paying those bills) so that children could attend virtual schooling and not be left behind. The FAs also worked with families to guide them through the complex IEP process to ensure their children could receive the services and supports that they need to succeed in school. This work will impact the children and their families for years to come.

## TRANSPORTATION

Transportation across all three counties emerged as a significant challenge. Many participants mentioned how the lack of transportation options created barriers to accessing fundamental resources and services, resulting in challenges related to food accessibility, healthcare services, and employment opportunities. Below details how the lack of a personal vehicle impacted one participant and how the participant had been working with her FA to pay off her fines while also trying to find a job that pays more.

“Well, our area...it’s a pretty low income area...But there really isn’t any transportation...There are no taxis. It’s very hard to get Lyft and Uber...I had just paid over a \$4,000 surcharge. So, but because my license lapsed and it was expired for more than three years, I have both of the tests over so that something that I’m trying to focus on now. And then just even budgeting for a car because like when I move...I’m still trying to budget and save for that at the same time. So, it’s like prioritizing those things are they’re kind of in the same bracket because if I had my own transportation, if I had my license to my own car, I could go get a better job. And I could have a job where I know what I’m going to make every week, which would be easier for me budgeting. And, you know, I could be making more which I could be saving more. It’s, it’s like a, it’s just a vicious cycle” – **Family Participant**

Another participant had their own vehicle to get to doctor’s appointment and to take their children to sporting activities, but noted that

“If I didn’t have a vehicle --transportation would be a problem. The consistency of the bus route type of thing...Okay, if I did not have a vehicle it probably would be quite difficult to get back and forth to where you need to go, even though they have like programs where I know like doctor’s appointments and stuff they are through the insurance. But I know timeframe wise if you have a doctor’s appointment

and you use the service -- I have used it before and you'll use like one of the transportation services that they have due to the medical, it would be an all-day like thing between getting there and getting back home...Even with the medical help that, like the public transportation in this area is extremely limited. Like every hour and a half depending on the location of it.” – **Family Participant**

The other limitation faced by some families is that they either do not own vehicles or, in some cases, have vehicles but lack the necessary driver's license. This barrier constraint can compound difficulties in meeting basic needs, accessing essential services, and participating in various aspects of community life. One family shared,

“...Our family has a vehicle, but I don't have a license. My husband works until 4:30 PM Monday through Friday.” – **Family Participant**

Transportation can be an obstacle for families in these areas due to their rural nature and the lack of public transportation infrastructure to ensure accessible to the grocery stores, medical appointments, or other key services.

## **DOMESTIC VIOLENCE**

Specialized FAs work to support survivors and families affected by domestic violence (DV). FAs work diligently to provide assistance and resources to those experiencing DV in various ways, whether it be legally, emotionally, or housing. They are individuals with whom the survivors trust their story, help them cope through the problems they are faced with, and overcome both the physical and emotional challenges that are associated with the domestic violence they experienced. The FAs described their work working with survivors of domestic violence as follows:

“Our role is different, because we're not just Family Advocates we are also Domestic Violence advocates, so ours is more of like, you know, nobody's out there for you. And that's what you think, in your mind is, you've been told that. And that's why it's really important for us to let them know, like, we are here for you, even though you've been told that you are nothing and you're nobody, you have one of us, or you have our whole team, and we will always be here for you. Yeah, so to secure that, and to let them to know – to have that sense of security, not just as a family advocate, but as your person as a domestic violence advocate, as you know, like your friend, but not your friend, but not your friend.”

– **Family Advocate**

One survivor of DV talked about reaching out to FA to support her through the DV, but then the FA started to support the participant by assisting her in navigating and obtaining services for her children. The participant shared that she had children with special needs and the FA helped to locate educational services.

“...So, she reached out to her friends – one is a friend of a lady at the church who works with my family advocate. So, my family advocate, reached out to me to see if what kind of help she could provide. So back then I still had the DV going on in my family. I was afraid to speak up, but she reached out to me and she met me at my workplace and to help help me in my situation in which include advocating for both special needs services as well as for my DV situation.” – **Family Participant**

This story illustrates the impacts across more than one Social Determinant of Health (e.g., education and domestic violence). This was a common theme across multiple participants - the FAs supported more than one SDOH.

Legal support and counseling are crucial components in helping victims of DV navigate and overcome the challenges they face. Recognizing the unique needs of each victim, FAs often collaborate with legal professionals and counseling services to provide comprehensive assistance. The FAs shared,

“Definitely counseling, a lot of them want counseling. A lot of them want housing, which is a really hard resource right now because there’s a huge shortage in housing. The biggest one with domestic violence, where we start when we meet with them, we give them the victims of crime compensation [VOCA], like office, from the Attorney General’s [AG] Office, where though it seems like it’s not much, it financially helps them in many different ways, which takes that little bit of the burden off of them, that they’re feeling so much, you know, they already have to deal with all this other stuff, if we can help them with just getting some free money for being a victim of crime. That’s like one of our big resources...” – Family Advocate

Survivors of domestic violence spoke to how the FAs supported them and their families through that challenging time. FAs were a trusted resource for survivors and helped survivors locate housing, find supports such as legal or counseling services for them and their children.

## HOUSING

Housing is a challenge for many individuals, especially in the post-pandemic world. Multiple participants shared that there is not enough affordable housing as participants shared that they are unable to pay the rent as it is above their budget range. Additionally, after COVID-19, it has been difficult for individuals financially to support their families while having a roof over their heads because of the increased prices in rent but the same salary. For example, the quote from the family advocates below highlights what many families shared with us and with them,

“...They have one working person; the other person stays from home and works over the table. And then they have a kid that they are raising and their income is like \$2,000 a month, and they need a two bedroom, whatever it is, and the cost of that is double plus the phone is \$100 a month and it’s like more than half of your income. It’s just not sustainable. Yeah. And the cost of housing even and then my costs for Section 8 housing – the vouchers, there’s like 40,000 people that apply for these things every year and 8000 of them get it. Yeah, it’s an insane like, discrepancies. Yeah, the ratio? Yes. And so, it’s people with low-income housing is just on the waiting list or a year plus, yes. And the apartment complexes are asking for first and last month’s rent. Renting is so expensive. To get like renting an apartment. I live by myself, I’m a single person and my rent went up 10%. I don’t even know if that’s legal. I don’t know if that’s legal, they have to let you know six months in advance. So, I gotta raise your rent. Well, I’ve lived there for four years, and my lease is up. And my rent went up 10%. So that’s \$105. So, I can imagine my client, you know, like my families like how they’re feeling. And there are so many people that are looking for housing, it’s unreal, and then to call the housing authority and get their listings....” – Family Advocate



In the current economic landscape, individuals are struggling to secure affordable housing. The entire financial support received goes to rental costs, leaving little room for other essential expenses. Housing voucher programs in New Jersey have closed and it is difficult to maintain a steady housing situation, as fluctuating earnings make it challenging to budget effectively. Additionally, the burden of poor/bad credit is present as one of the obstacles in finding suitable rental accommodations, creating many for those already facing financial hardship.

“Every time, I’ve been trying to apply for housing for three years...I’m legally blind. I have a daughter. I have a severe disability. But the State of New Jersey, if you go to their website. It says the State in New Jersey that housing vouchers is closed. It’s been saying that for three years. So, and, she’s been trying to help me. And find resources where I can get into an apartment that’s maybe rent-controlled or I can get a Section 8...I think the most pressing need is the housing. I think there should be, if there was more housing vouchers programs available for especially like single disabled mothers...It’s the housing that is the number one. Like my rent is \$1,122...I guess social security disability and my check is only \$1,216 a month. So, my whole check goes to my rent. So that’s the main issue that the Family Advocate is trying to help me with. So, I think if there was more housing vouchers or Section 8 or some type of a rent subsidy available for people...” – **Family Participant**

“...And I’m a waitress – the single mom. So, you know, with they claim with COVID, that they, jacked a lot of the rent prices up and they’re expecting these high credit scores and they want your income to be two to four times what the rent is. And I was just getting turned down for a lot of places. The availability is still very hard. I recently was blessed to through another program to get a Section 8 voucher. But it’s still There’s still not very much available and as soon as good that most of them go on the market they’re being rented out immediately so it’s been very challenging.” – **Family Participant**

While facing the financial strains of housing affordability, the FAs guide individuals towards housing opportunities that align with their budget constraints, helping them explore viable options within their means. Additionally, FAs help with applying or locating rental assistance programs, offering much-needed relief.

“... And then I do know later maybe 6 or 8 months later. [family advocate name redacted] had reached out to me – it was during the school year because she had asked for our electric bill. And I wasn’t sure what it was for, but I was like, I mean, like, yeah, go ahead. You gonna pay my electric bill? You can have it. And I, my head was completely as a joke. And she did something. I don’t know what she did. And then sent back to me that, the FSN had made a payment on my electric bill...Yeah, and that was 2 months, 2 months they had did that..” – **Family Participant**

Housing is an important SDOH that FAs worked with the families to address. Housing is a core need that families need to be successful. As seen above, housing was both a challenge for many families, but the FAs worked to try and assist with housing or housing-related bills to help alleviate some of the burden facing these families.

## FINANCIAL ASSISTANCE/TRAINING

Throughout the interviews another key social determinant of health that emerged that connected the others were the financial barriers that the individuals struggled with, making daily life difficult for them. Participants shared that they are not making enough money to support themselves and their families, especially noting the struggles with obtaining medical and car insurance and housing as discussed in the previous section. These financial barriers were difficult for individuals to cope with without the guidance and support from their FAs, who were present emotionally and physically to assist in any way possible. FAs provided assistance with emergency food boxes, donations, clothing and diapers. They also provided therapists and assistance when jobs were lost for families to cope and get back on their feet. In fact, the FA discussed how they provide,

“a lot of assistance with emergency food boxes, donations, and clothing as well. diapers, feminine care items. had clients who have lost their job, because of the situation having to go to court and dealing with these things. If they’ve kind of caught compensated for that also counseling where you can actually get a remote like an actual counselor for that. Therapist, childcare attorneys, they pay for attorneys or like physical surgery.” – **Family Advocate**

Additionally, FAs help families with personal hygiene and food needs that families experience. There are certain things that the families are unable to purchase that are necessary for survival due to the [Supplemental Nutritional Assistance Program] SNAP rules and regulations, and so FAs help mitigate those challenges. They also support food pantry access for families so that they can have options a couple times a month. FAs have organized frequent food pantries, established connections with organizations to pair up with farms for food sources, and given gift cards to grocery stores to assist with these challenges. The family advocates talked about sharing a list of the pantries with families,

“Here’s a list of things. Here’s pantries... But there’s so many that happens at different times. So, they can probably go to five pantries a month, or even every two weeks or something.” – **Family Advocate**

“Oh yeah, she also helped me because now I’m a single mom to budget better. So, she would say, you know, she would tell me about like the food pantry, their services had given me like Aldi’s gift cards. She’s also has brought me and my daughter say like box of like, you know, feminine supplies for me and my daughter. Clothes. And, once, she actually came to my home. And dropped stuff off so she’s very, very helpful for me.” – **Family Participant**

Finally, FAs have provided financial support by helping families bounce back after difficult times. Before and after the pandemic, families have struggled financially. Some families have difficulty getting back on their feet after such detrimental losses such as loss of employment or housing, etc. The FAs play a supportive role in helping individuals set goals for themselves, apply for unemployment, and help keep track of finances to budget better. Other times they provided clothes for the children in the family.

“Absolutely. So, at first, we discussed like, the things, the challenges that I was having, with keeping the budget and, coming up with the budget and things like that. And we had played around with a couple spreadsheets. And then she’s like okay, what’s the book. She introduced me to and unfortunately, because there’s an app that goes with it and I was only able to go to the fourth step but the Financial Peace University...So, she had me go through. Yes, I actually even though I couldn’t get all the way through it the first four are like the main ones and it did help a bit. I’m still struggling with the budgeting and saving money – I mean because being a waitress, my income is just, it fluctuates constantly, which is another reason that the housing people don’t see that as a dependable income. But I was able to use the debts snowball. I had all three of my utility bills were, had passed through balances. The, the gas and the electric were both over \$500. Or the gas and the water were both over \$500 the electric was over \$1,500. I have gotten the water bill current and up to date paid off. I have the gas bill current and up to date paid off and the electric down from \$1,500 to just over \$500...” – **Family Participant**

The FAs worked to support the families in identifying resources that could provide financial assistance and this took many forms.

It is important to highlight the Social Determinants of Health that were discussed by the families and the family advocates are intertwined and interconnected. Additionally, these families in many cases are struggling financially and are also isolated from resources due to the rural area in which they reside. As discussed in this section, families are facing many co-occurring challenges such as unemployment or underemployment; lack of transportation access and food insecurity. The FAs worked to help support and empower the families to seek help and assistance so that they could ensure their basic needs were met.

# SUCCESS STORIES: ACCOMPLISHMENTS AND IMPACT FROM THE FAMILY'S PERSPECTIVE

“She’s definitely a blessing in disguise.” – Family Participant

“She helped me overcome, I guess, my insecurity of being alone like as a single mother that she encourages me that I can do it on my own. And that I wouldn’t have to, you know, go backwards depending on my husband. So, she supports - she supports me.” – Family Participant

The family advocates provided holistic and innovative supports to the families they served. The FAs worked to develop trust, rapport, and treat the families with compassion and respect. The FAs treated the family like people and not numbers by developing individual goal plans for each family around the SDOH. Several families shared that the FAs helped them “alot” or “drastically.” Families feel that working with a family advocate has had a positive impact on their family. Many mentioned how the FAs supported and empowered them by teaching and guiding them through different barriers. Families attribute the progress they have made to the goals related to the SDOH to their FA has helped them accomplish or work toward. Family advocates go above and beyond to make sure the family’s needs are met without judgment. One participant talked about the FAs professionalism and shared,

“If she doesn’t know something, she doesn’t just blow smoke and tell you what you wanna hear. She goes and finds out from other places to go to, like constantly sending me literature, you know, different advocacy agencies...with a child’s education; my son was in special education and had ADHD [Attention-deficit/hyperactivity disorder]. There’s was just so much I can’t even. I wouldn’t even know where to begin? But professional she is, you know. That’s the name of her game.” – Family Participant

Families have started to “pay it forward” and help others out when they can. Families shared multiple ways that they have been impacted by their work with the FAs which ranged from meeting financial goals; attending workshops; resume development; receiving gift cards or a holiday meal or gifts. But there is more than just tangible impacts around the SDOH - there are self-advocacy; gains in confidence. Families discussed their growth process in learning how to navigate complicated systems and resolve problems on their own.

The family advocates also talked of how they taught the youth they work with to self-advocate and also to learn how to ensure they can sustain themselves on their own. One family advocate shared,

“..that one of the things that I do with my youth is self-advocacy. So, I, I don’t, I don’t just give them resources, I take them to the resource. And before we go in, if it’s a building, I explain to them how they’re to approach the people in charge, that are not going to talk that they’re going to talk. They’re going to express their need. And they’re going to ask questions, I even feed them some questions to ask... And so self-advocacy is one of the things that I teach my youth...”  
– Family Advocate

“I trust her more. It’s not like, you know, just some person like I get a little more honest about how I’m feeling or you know what I’m worried about like before it was just you know like yeah you know it kinda

you gotta ease into it you know you can't just trust anybody but she's very nice. I feel like she cares... It helped, it's helped because, I don't feel as alone dealing with it, you know, at least I have someone. Trying, you know, and she'll send me stuff like this. You know, opportunities to make a little extra money and you know talk and make it meaningful that I'm struggling so much.” – **Family Participant**

Another participant shared that the FA was,

“...able to guide me in the right place for safe housing...They [meaning FSN Family Advocate] [name redacted] were able to guide me in this in the right direction for therapy. They, and yeah, she even gave me this big old gift bag gift basket the first day we met with like appliances for the home and stuff like that...Every other week my advocate is checking in on me making sure everything's going okay with the court and she even went out her way to help me find a new housing if needed.” – **Family Participant**

Another participant talked about the guidance within the context of housing,

“She helped me get resources to get onto a list for section 8. So that I can get my own apartment. She's invited me to different like benefits and stuff. We did a Christmas thing. My kid got a bike. Just different resources, you know, and plus she calls me almost once a month, I guess, every three weeks or so. Just a touch base, see how I'm doing. Try to help me work on a plan. Different things...Well, she helps me find housing opportunities...The plan is to get me into an apartment of my own. That's our plan. But, you know, she, helps me. To try to like figure it out rather than just flailing. You know, it's someone that's actually knowledgeable in what to do. So that's our plan is to get me an apartment.”

– **Family Participant**

FAs also used their knowledge and expertise to help families navigate different situations that had positive impacts. One participant shared how her FA effectively supported her in navigating the educational system to obtain the supports needed for her child. The participant noted the guidance the FA gave her on who to contact and how to manage those contacts and even showed her how to use email.

“Ah, so you know to just to navigate, you know, do I call the principal? Who do I e-mail on the study [child study team/CST] team and how do I direct this to the right person? There's so many rules and regulations and things to just maneuver within the school, right as far as going beyond the school...Just getting the paperwork together, just the emails alone, just organizing everything, keeping that paper trail and keeping it very organized... and I missed out on the whole technology thing. I actually didn't start emailing until this came about...” – **Family Participant**

Overall, the family advocates work with the families on more than one social determinant of health. The family advocates work to support the families from an asset-based and solutions-oriented approach. As noted above, the impact of the FA on the family extends beyond just the one individual they might be working with initially - the entire family is impacted in positive ways as the FAs help to support access to housing, education, and transportation which in many cases are interconnected.

# RECOMMENDATIONS

Families and family advocates shared recommendations for the ways in which services provided by FSN could be enhanced and expanded. Several people highlighted the need for FSN and other resources in South Jersey to advertise or market themselves. In order to increase accessibility to services, people must first know what services are available to them, and providers must know what services and resources are available for the people they serve.

Family advocates and staff highlighted the importance of collaboration among organizations, and the positive impact collaboration has on the people served. Family advocates explained that not only does effective collaboration benefit families in tangible ways, it also increases the trust families have with their service providers.

*“...it just makes everything easier and getting them appointments, getting them the help they need...I think it expedites things, if you’ve got more than one support person...it also builds more trust, and we’ve given them somebody that’s helping them. They’re like, oh, well, you sent me this person. That means that you’re obviously trying to really try to help me not just pass me along. Yeah, it helps them accomplish their goals faster. Yeah, and so, and, you know, have a good ending for them to see that they could like they say, trust that they could trust on you that you did the work, like you know, you helped you actually did help them out. And that builds and adds to that connection with them, you know, the relationship?”* – **Family Advocate**

Lastly, more funding is needed for organizations to be able to provide the type of holistic support that FSN provides to families. Social service providers often struggle to meet the complex needs of the people they serve, whose needs are often ever-changing and span across multiple areas. The funding that organizations often receive to address these needs often comes with significant restrictions in its usage, specifically in what issues may be addressed and what individuals may be helped or receive services. Funding that is narrow in scope, limits the type of services organizations are able to provide under that funding, which therein limits the resources and services available to families. There are emerging conversations in the field about the benefits of flexible funding, or the positive impact that funding without these types of restrictions can have (Camden Coalition, 2023). The multi-faceted and holistic approach employed by FSN is contingent on funders increasing the availability of flexible funding.

# CONCLUSION

This report highlights the perspectives and views of the families and family advocates in rural counties in Southern New Jersey. This report provides objective qualitative information from the interviews and focus groups that the participants shared across a variety of key topics including the impact of the family advocates on families in Southern New Jersey as it relates to social determinants of health, and how this model may be used and expanded upon to better understand and address the needs of families in Southern New Jersey. This compilation of data from the end-users (e.g., families) and the service providers (e.g., family advocates) provides a strong foundation to help inform the expansion of the FSN model into other counties to address social determinants of health. The data highlighted how the family advocates worked with families to address the complex needs of the families they serve. Participants discussed the strong communications and respect as well as the deep knowledge of the family advocates. The successes that were noted were due to the tenacity of the advocates. Families were impacted in tangible and intangible ways across multiple SDOH.

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# APPENDICES

## APPENDIX A: FOCUS GROUP CONSENT FORM

### CONSENT TO TAKE PART IN A RESEARCH STUDY

#### **Title of Study: The Impact of Family Advocates and Addressing the Social Determinants of Health in South Jersey**

*Principal Investigator: Kristin Curtis, M.A.*

This consent form is part of an informed consent process for a research study, and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. After all of your questions have been answered and you wish to take part in the research study, you will be asked if you consent to participate. Please keep a copy of this document for your records. Your alternative to taking part in the research is not to take part in it.

#### **Who is conducting the study and what is it about?**

You are invited to take part in a research study that is being conducted by Kristin Curtis, MA, who is currently the Associate Director of Research at the Senator Walter Rand Institute for Public Affairs at Rutgers University. The purpose of this research is to understand the impact of the family advocacy model more and more broadly highlight considerations for addressing the comprehensive social determinants of health for families in South Jersey.

#### **What will I be asked to do if I take part?**

Your participation will involve taking part in a focus group conducted by a member of the designated research team, assisted by notetakers from the research team. The focus group will take no more than 90 minutes. Questions will focus on the work that family advocates do with the families they serve.

#### **What are the risks of harm or discomforts I might experience if I take part in the study?**

If you participate in the focus group, there are minimal risks in that participating in the focus group raises the risk that someone else in the group might reveal something you say in the discussion that you did not want them to tell anyone. Also, someone participating in the focus group may reveal that you took part in the discussion even though you did not want to tell anyone. To minimize this risk, at the beginning of the focus group we will emphasize the importance of keeping the participants and discussion confidential. You may also use a pseudonym (fake name) during the discussion. It is possible, but unlikely, that some of the topics discussed might upset you or someone else in the group. If that happens, you can leave if you prefer not to stay. However, your contribution will help produce valuable information about the impact of family advocacy services and how they can be improved.

#### **Are there any benefits to me if I choose to take part in this study?**

The benefits of taking part in this study may be that your responses will guide actions that may benefit your county and your contribution will help produce valuable information about how to improve family advocacy services for the families they serve.

### **Will I be paid to take part in this study?**

You will receive a \$50 Visa Gift Card to take part in this study upon completion of the focus group. The gift card will be mailed to you at the conclusion of the focus group and may take up to four weeks to receive.

### **How will information about me be kept private or confidential?**

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

We will not collect any information that can identify you or other subjects. Focus Group notes will be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data in six years.

No information that can identify you will appear in any professional presentation or publication or dataset.

### **What will happen to information I provide in the research after the study is over?**

After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

### **What will happen if I do not wish to take part in the study or I later decide not to stay in the study?**

It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. In addition, you can choose to skip questions that you are not comfortable answering. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once the focus group is over and we part ways you may no longer withdraw your information as we will not know which ones yours are.

### **Who can I call if I have questions?**

If you have questions about taking part in this study, you can contact the Principal Investigator: Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs at 856-225-6236 or [krcurtis@camden.rutgers.edu](mailto:krcurtis@camden.rutgers.edu).

If you have questions, concerns, problems, information or input about the research or would like to know your rights as a research subject, you can contact the Rutgers IRB or the Rutgers Human Subjects Protection Program via phone at (973) 972-3608 or (732) 235-2866 or (732) 235-9806 OR via email [irboffice@research.rutgers.edu](mailto:irboffice@research.rutgers.edu), or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

Please keep this consent form if you would like a copy of it for your files.

By beginning the focus group, you acknowledge that you are 18 years of age or older, have read the information and agree to take part in the research, with the knowledge that you are free to withdraw your participation without penalty.

## APPENDIX B: FOCUS GROUP GUIDE

### PRELIMINARIES FOR GROUP (INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS (VIRTUAL OR REMOTE PROTOCOL))

1. Prior to the start of the focus group, we will ensure that each participant signed the consent form via Qualtrics.

If yes, move onto next step.

If no, please pause and secure their email address and ask them to read it and “sign” it or hand them a copy of the consent form. Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you in our notes.

Focus Group Consent Form (Shared via Qualtrics Link)

2. The focus group will begin with some preliminary remarks, thanking the participants for their participation. The purpose of this research is to conduct qualitative research to uncover the value of an informal, family-based support system and highlight barriers and solutions with important implications for research, policy, and practice around addressing social determinants of health (SDOH) for hard to reach populations in areas of tremendous need. This research aims to conduct Interviews and focus groups with families served by Family Strengthening Network (FSN) who live in Cumberland, Gloucester, and Salem counties and those families’ Family Advocates to: (1) better understand the family advocate (FA) impact and (2) more broadly highlight considerations for addressing the comprehensive SDOH for low-income families in those counties. The purpose of the interviews are to reveal low income families’ perceptions of the impact of FAs, barriers faced in addressing SDOH, and their recommendations for improved service delivery. This research gets beyond the numbers by outlining the specific impact of this type of individualized service on the SDOH and providing specific, nuanced, and community-focused information around addressing service gaps. We will also remind the participants that this is to be an informal discussion that we will be guiding by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up as a result of the questions we ask.
3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other’s privacy and not reveal things that others said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group.
4. Basic Ground Rules: Thanks and now we are ready to begin. First, I want to take a second and just go over some basic ground rules. We want to hear from all of you, so please do not be afraid to share your opinions and thoughts. But at the same time, please respect the other participants in the group. Please do not cut others off or talk over them. Most importantly, the topics discussed in this focus group should not be discussed outside of this virtual call. Please respect each other’s point of view.

(Note to focus group facilitator: If you have not done this yet, before you ask the first question, please ask each of the participants to introduce themselves by the name they wish to be referred to)

## **Focus Group Questions**

- 1) What do you think are the most important aspects of your role as a family advocate working with families?
- 2) How do you build trust with families you work with and how does that impact outcomes?
- 3) What resources do you typically offer to families to support them in achieving their goals?
- 4) How do you measure success in the work you do with families?
- 5) What challenges do you encounter when working with families and how do you overcome them?
- 6) What are some of the biggest challenges that family advocates face when collaborating with those inside and outside the organization to meet a family's needs?
- 7) Can you describe a recent successful collaboration between a family advocate and someone outside your organization to address a particularly challenging case?
- 8) How can community organizations such as FSN, government agencies, and healthcare providers work together more effectively to address the needs of the families in your community?
- 9) What are some of the most common barriers to effective collaboration between family advocates and other organizations?
- 10) In your opinion, what are the most urgent needs for the families you work with? What recommendations do you have for addressing these?

## **APPENDIX C: INTERVIEW CONSENT FORM**

### **CONSENT TO TAKE PART IN A RESEARCH STUDY**

#### **Title of Study: The Impact of Family Advocates and Addressing the Social Determinants of Health in South Jersey**

*Principal Investigator: Kristin Curtis, M.A.*

This consent form is part of an informed consent process for a research study, and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. After all of your questions have been answered and you wish to take part in the research study, you will be asked if you consent to participate. Please keep a copy of this document for your records. Your alternative to taking part in the research is not to take part in it.

#### **Who is conducting this research study and what is it about?**

You are invited to take part in a research study that is being conducted by Kristin Curtis, MA, who is currently the Assistant Director of Research of the Senator Walter Rand Institute for Public Affairs at Rutgers University. The purpose of this research is to understand the impact of the family advocacy model more and more broadly highlight considerations for addressing the comprehensive social determinants of health for families in South Jersey.

#### **What will I be asked to do if I take part?**

The interview will take about 90 minutes to complete. We anticipate 50 subjects will take part in the study. Interviews will be recorded for the purposes of reviewing the recordings for any missed information by our transcriptionists.

#### **What are the risks of harm or discomforts I might experience if I take part in the study?**

There are no foreseeable risks to participation in the interview.

#### **Are there any benefits to me if I choose to take part in this study?**

The benefits of taking part in this study may be that your responses will guide actions that may benefit your county and your contribution will help produce valuable information about how to improve family advocacy services for the families they serve.

#### **Will I be paid to take part in this study?**

You will receive a \$50 Visa Gift Card to take part in this study upon completion of the interview. The gift card will be mailed to you at the conclusion of the interview and may take up to four weeks to receive.

### **How will information about me be kept private or confidential?**

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

- We will not collect any information that can identify you or other subjects. Interview notes will be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. We plan to delete the data in six years.

No information that can identify you will appear in any professional presentation or publication or dataset.

### **What will happen to information I provide in the research after the study is over?**

After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

### **What will happen if I do not want to take part or decide later not to stay in the study?**

It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. In addition, you can choose to skip questions that you are not comfortable answering. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once the interview is over and we part ways you may no longer withdraw your information as we will not know which ones yours are.

### **Who can I call if I have questions?**

If you have questions about taking part in this study, you can contact the Principal Investigator: Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs at 856-225-6236 or [krcurtis@camden.rutgers.edu](mailto:krcurtis@camden.rutgers.edu). If you have questions, concerns, problems, information or input about the research or would like to know your rights as a research subject, you can contact the Rutgers IRB or the Rutgers Human Subjects Protection Program via phone at (973) 972-3608 or (732) 235-2866 or (732) 235-9806 OR via email [irboffice@research.rutgers.edu](mailto:irboffice@research.rutgers.edu), or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

Please keep this consent form if you would like a copy of it for your files. By beginning the interview, you acknowledge that you are 18 years of age or older, have read the information and agree to take part in the research, with the knowledge that you are free to withdraw your participation without penalty.

## APPENDIX D: INTERVIEW GUIDE

### INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS FOR INTERVIEWS THAT ARE VIRTUAL OR IN-PERSON

Hello. Thank you for making the time to speak with us today. My name is **INTERVIEWER INSERT YOUR NAME HERE** and I am with the Senator Walter Rand Institute (WRI) at Rutgers-Camden. *[Introduce the note-taker too.]* The purpose of this research is to conduct qualitative research to uncover the value of an informal, family-based support system and highlight barriers and solutions with important implications for research, policy, and practice around addressing social determinants of health (SDOH) for hard to reach populations in areas of tremendous need. This research aims to conduct Interviews and focus groups with families served by Family Strengthening Network (FSN) who live in Cumberland, Gloucester, and Salem counties and those families' Family Advocates to: (1) better understand the family advocate (FA) impact and (2) more broadly highlight considerations for addressing the comprehensive SDOH for low-income families in those counties. The purpose of the interviews are to reveal low income families' perceptions of the impact of FAs, barriers faced in addressing SDOH, and their recommendations for improved service delivery. This research gets beyond the numbers by outlining the specific impact of this type of individualized service on the SDOH and providing specific, nuanced, and community-focused information around addressing service gaps.

First, I need to make sure that you reviewed the Interview Consent Form for Needs Assessment via Qualtrics.

If yes, move onto next step.

If no, please pause and secure their email address and ask them to read it or hand them a copy of the consent form if in-person.

Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you personally in our notes.

This interview should last no more than 90 minutes. Thank you for agreeing and taking time to participate in this interview today.

### Interview Questions

1. What led you to reach out to a family advocate?
  - Before working with a family advocate, what were some of the challenges you faced in addressing your family's needs?
    - a. How has your family advocate helped you address them?
2. How has your family advocate impacted your life? Your family's life?
  - a. Can you share a specific example of how your family advocate has helped your family?
  - b. What have been the most significant challenges that your family advocate has helped your family overcome?
3. How has your family advocate's involvement/relationship with your family changed over time?
4. In what ways has your family advocate supported your family's goals?
5. What suggestions do you have for your family advocate to better support your family's needs?



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