NJ Statewide Network for Cultural Competence
2016 Annual Conference

Achieving Equity in Maternal, Child, & Family Health: A Call to Action

Brookdale Community College
765 Newman Springs Road Lincroft, NJ 07738

Thurs Dec 8 2016

Co-Provided by:

NJSNCC

NJ Health New Jersey Department of Health

Department of Children and Families

SPAN Statewide Parent Advocacy Network

CJFHC Central Jersey Family Health Consortium

Rutgers Robert Wood Johnson Medical School

The Boggs Center on Developmental Disabilities

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2016
NJ Statewide Network for Cultural Competence
Annual Conference

A WELCOME NOTE FROM OUR CHAIR

NJSNCC

"It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped."

~Hubert H. Humphrey

Welcome to the fifth Annual Conference of the New Jersey Statewide Network for Cultural Competence - ***Achieving Equity in Maternal, Child & Family Health: A Call to Action.***

Our Network is very pleased to host this exciting conference which will bring together a variety of individuals and organizations interested in eliminating disparities and fostering equity in maternal, child, and family health in New Jersey, the northeast region, and nationally.

Our keynote presenter, Dr. Michael C. Lu, Associate Administrator, Maternal and Child Health Bureau, HRSA, will discuss the first ever *MCH Equity Blueprint,* as well as share best and promising practices for improving maternal and child outcomes in diverse populations. This session will be followed by a series of morning and afternoon workshops that will address selected topics in 1) Maternal/ Family Health; 2) Infant/Child and Adolescent Health; and 3) Families with Special Needs. An interactive poster session has also been added this year that will permit attendees to further network with and learn from colleagues.

Our conference is designed to support the work and goals of the HHS National Partnership for Action to End Health Disparities: (http://minorityhealth.hhs.gov/npa/)

On behalf of the NJSNCC Leadership Team, I would like to thank our wonderful presenters and moderators, dedicated members of the conference planning and logistics committees, supportive conference partners, and generous sponsors and exhibitors who have made this important conference a reality.

Learn a lot, connect with colleagues, and have an enjoyable and stimulating day!

Sincerely,

Robert C. Like, MD, MS
Chair, NJSNCC

On behalf of the
New Jersey Statewide Network for Cultural Competence

Thank You

TO OUR 2016 CONFERENCE CO-PROVIDERS & SPONSORS

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On behalf of the
New Jersey Statewide Network for Cultural Competence

Thank You

TO OUR 2016 CONFERENCE EXHIBITORS

CENTRAL JERSEY FAMILY HEALTH CONSORTIUM

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NEW JERSEY STATEWIDE NETWORK FOR CULTURAL COMPETENCE

STATEWIDE PARENT ADVOCACY NETWORK (SPAN)

WELLCARE HEALTH PLANS

ACHIEVING EQUITY IN MATERNAL, CHILD, & FAMILY HEALTH: A CALL TO ACTION

Conference Details

Target Audience: Educators | Early Intervention Personnel | Nurses | Physicians | Social Workers Language Interpreters | Mental Health Counselors | Therapists

Overall Conference Goals:

To increase participants' knowledge about:

- national, state and local initiatives designed to help eliminate disparities and foster equity in maternal, child, and family health
- the importance of "upstream approaches" in addressing the biopsychosocial and environmental determinants of maternal, child, and family health
- best and promising practices for improving maternal, child, and family health outcomes in diverse populations

Overall Conference Objective:

- Explain how collaboration between Federal and state partners can improve health outcomes in maternal and child health in the state and across the nation.
- Identify internal and external factors that contribute to health inequity/disparity within the MCH population.

At the end of the Conference, participants will be able to:

1. List practical suggestions for effective communication when working with interpreters.
2. Discuss the causations of fatherlessness in America.
3. Describe the components in conducting screening for autism in families from culturally & linguistically different backgrounds.
4. List three basic components of a genogram.
5. Use a genogram as a tool to explore complex family patterns that influence behavior.
6. Describe the model for training women of child-bearing age to be peer leaders.
7. List specific services and supports for women aimed at improving pre-conception, pre-natal and inter-conception care.
8. Identify ways that providers, educators and family members can create safe space for LGBTQ youth survivors of sexual violence.
9. Discuss cultural beliefs and their impact on the use of Early Intervention services in Asian Indians living in the U.S.
10. Identify interaction skills that are culturally appropriate when providing care to Asian Indians.
11. Explain strategies used to support diverse military-connected children with special health care needs and their families.
12. Describe initiatives occurring in New Jersey that improve health outcomes for children and their families.

NJSNCC is thankful for the support of our conference sponsors & exhibitors.
Please be sure to visit the Poster Session and exhibit tables located in Navesink I.

Presenter's handouts will be uploaded to the NJSNCC'S website: www.nj.gov/njsncc following the conference. PDF files of presenters' handouts will be available for download.

Please be sure to submit your conference evaluation at the registration desk at the end of the day to receive your certificate of attendance. We value your feedback!

Nursing:
This activity has been submitted to New Jersey State Nurses Association for approval to award contact hours. New Jersey State Nurses Association is accredited as an approver of continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

To obtain a nursing contact certificate participants must sign in, attend the entire day, and complete an evaluation form.

Disclosures:
The planners and the workshop speakers and poster presenters do not have anything to disclose, except:
Elaine Gabovitch discloses that she has received funding from the Association for Maternal & Child Health (AMCHP), the Deborah Munroe Noonan Memorial Research Fund with in-kind support from the Centers for Disease Control & Prevention (CDC) for the development of public domain resources that are free of charge.

The conference is currently sponsored by: **WellCare | Amerigroup | Horizon NJ Health**
Visit www.njsncc2016.eventbrite.com to become a conference sponsor. Additional sponsors will be listed on the website.

Questions:
For questions about the conference, please contact: njsncc@doh.nj.gov
For questions about registration, please contact Carolyn Hayer: (973) 642-8100, ext 102 or chayer@spannj.org
For questions about nursing contact hours, please contact Ellen Shuzman: (732) 937-5437, ext 155 or eshuzman@cjfhc.org

Share your experience!

Tweet your pics, comments & reflections…..

Conference Planning Committee

Shellyann Dacres, The Boggs Center on Developmental Disabilities

Carolyn Hayer, Statewide Parent Advocacy Network

Robert Like, Rutgers Robert Wood Johnson Medical School

Shakira Linzey, CJFHC/ Mid-Jersey CARES REIC

Nicholas Montalto, Diversity Dynamics, LLC

Celia Grace Murnock, Icahn School of Medicine

Andrea O'Neal, New Jersey Department of Children and Families

Nancy Scotto Rosato, New Jersey Department of Health

Ellen Shuzman, Central Jersey Family Health Consortium

Zenaida Steinhauer, New Jersey Department of Health

NJ Statewide Network for Cultural Competence
presents

Achieving Equity in Maternal, Child, & Family Health: A Call to Action

Brookdale Community College
765 Newman Springs Road Lincroft, NJ 07738

Thurs Dec 8 2016

Conference Schedule:

8:00 -- 9:00 am	Continental Breakfast and On-site Registration	*Navesink II, III (SLC 217-218)*
9:00 -- 9:15 am	General Session: Opening Remarks Dr. Robert C. Like, MD, MS, Chair, NJSNCC	*Navesink II, III (SLC 217-218)*
9:15 – 10:15 am	Keynote Address: Dr. Michael C. Lu, M.D., M.S., M.P.H. Associate Administrator, Maternal and Child Health Health Resources & Services Administration U.S. Department of Health & Human Services	*Navesink II, III (SLC 217-218)*
10:15 -- 10:30 am	Break	
10:30 – 12:00 noon	Workshops A1, B1, B2, C1	
12:00 – 12:45 pm	Lunch – Visit our exhibit tables!	*Navesink I, II, III (SLC 216-218)*
12:45 – 1:30 pm	Poster Session	*Navesink I (SLC 216)*
1:30 -- 3:00 pm	Workshops A2, B3, C2, C3	
3:00 -- 3:30 pm	Concluding Session & Evaluation	*Navesink II, III (SLC 217-218)*

Conference Tracks:

Workshops A – Maternal/Family Health Track

Workshops B – Infant/Child and Adolescent Health Track

Workshops C – Families with Special Needs Track

Maternal | Infant | Child | Adolescent | Family

H E A L T H

Meet our Keynote Speaker

Dr. Michael C. Lu, M.D., M.S., M.P.H.

9:15 – 10:15 AM

Achieving health equity, eliminating health disparities, and improving the health of all Americans are overarching goals to improve and protect the nation's health. The future health of the nation will be determined, to a large extent, by how effectively federal, state, and local agencies and private organizations work with communities and individuals to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death (CDC, 2013). As summarized by the U.S. Department of Health and Human Services (HHS), this vision encompasses "a nation free of disparities in health and health care."

With this vision in mind, Dr. Michael Lu, Associate Administrator of the HHS, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), charged a group of MCHB staff with developing a strategic plan for addressing health equity and health disparities within the maternal and child (MCH) population. Such a plan is needed to carry out the MCHB mission of providing leadership, in partnership with key stakeholders, to improve the physical and mental health, safety, and well-being of the maternal and child health (MCH) population which includes the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs. Thus, in collaboration with federal and national health equity leaders, the group created the first-ever *MCH Equity Blueprint (*the *Blueprint).* Specific objectives of this work included:

Collaborating with internal and external partners to devise a national strategy;
Building in-house expertise in health disparities and health equity; and
Increasing awareness of internal and external factors that contribute to health inequity/disparity within the MCH population.

The *Blueprint* complements existing health equity work the HHS, HRSA, and MCHB have undertaken. The *Blueprint* goals are designed to (1) address internal MCHB operations and (2) nationally address health disparities within three MCH domains: early childhood development, environment/place-based factors, and policy. The strategies are a compilation of perspectives and best practices from national health equity thought leaders who represent diverse, racial/ethnic groups; federal, public, and private organizations across the country; and MCH topics. This session highlights key elements of the *Blueprint* to include major goals and objectives and a call to action for change agents and partners in New Jersey.

New Jersey Statewide Network for Cultural Competence

"We believe culturally and linguistically competent practices increase access and improve quality of services"

Mission Statement

To facilitate access to equitable and quality services for individuals, families, and communities through culturally and linguistically appropriate service delivery.

Purpose

- Promote knowledge and skill development, distribution, exchange and application of culturally and linguistically competent practices.
- Demonstrate that culturally and linguistically competent practices increase access, improve quality of care, services, and outcomes, and reduce disparities and foster health equity.
- Expand the existing knowledge base in culturally and linguistically competent service delivery through suggested policy and practice guidelines.
- Collect and compile resource information on programs and services that are culturally and linguistically competent, and share the information in a central location.
- Provide a statewide resource tool/guide for accessing culturally and linguistically competent services to individuals and families with diverse needs.
- Identify key stakeholders and constituencies and opportunities for affiliations and future collaborative activities.

The New Jersey Statewide Network for Cultural Competence began in 2002 as an initiative of The New Jersey Department of Health to improve culturally competent policies, procedures and practices through participation in a technical assistance project developed by the National Center for Cultural Competence at Georgetown University. Upon completion of the project, participants decided to work together to develop a broad-based network to advance culturally competent practices in New Jersey. Early milestones included the development of a listserv and resource directory in 2003, the launch of a website in 2005, and four statewide conferences in 2010, 2012, 2014 and 2015.

The agencies and organizations involved in the Network include more than 130 public/non-profit State, community and private sector agencies engaged in or promoting culturally & linguistically competent service delivery, education, policies, and practices.

The New Jersey Statewide Network for Cultural Competence invites individuals and agencies that have roots and experience with diverse populations to actively participate and share their knowledge, skills, and expertise. An inclusive definition of diversity is employed which focuses on the intersection of race, ethnicity, cultural background, age, gender, sexual orientation, disability, national origin, language, literacy, religion, socioeconomic status, geography, military service, and other factors, and is consistent with the DHHS Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

To learn more, stop by our information table near registration!
Visit our website: www.nj.gov/njsncc
Like us on Facebook: www.facebook.com/NJStatewideNetwork
Follow us on Twitter: #NJSNCC
Join us on LinkedIn: www.linkedin.com/groups/7462391/profile
Sign up for our newsletter! Go to www.tinyurl.com/NJSNCCnews

NJ Statewide Network for Cultural Competence
presents

Achieving Equity in Maternal, Child, & Family Health: A Call to Action

Morning Workshops: 10:30 am – 12:00 noon

AM Workshop **A1** (Twin Lights I – SLC 106)	"Effective Communication in Cross-Cultural Encounters: A Toolkit for Providers, Bilingual Staff and Community Interpreters who work with Hispanics in High Risk OB" *Presenter: Hank Dallmann, MA, CMI*
AM Workshop **B1** (Ft. Hancock – SLC 208)	"The Father Factor" – Fatherlessness in America *Presenter: Keva White, LCADC, LSW*
AM Workshop **B2** (Monmouth – SLC 103)	"Considering Culture in Autism Screening" *Presenter: Elaine Gabovitch, MPA*
AM Workshop **C1** (Twin Lights II – SLC 107)	"Genogram: A Tool to Identify Strengths, Resources & Challenges in Culturally Diverse Families of Children with Special Needs" *Presenters: Cynthia Newman, MSW, LCSW and Jennifer Blanchette McConnell, PhD*

Afternoon Workshops: 1:30 pm – 3:00 pm

PM Workshop **A2** (Twin Lights II – SLC 107)	"Peer to Peer Leadership" *Presenters: Nicole Pratt, BS, MA and Rachel E.H. Ruel, MSW, CLC, LCCE*
PM Workshop **B3** (Monmouth – SLC 103)	"The Perfect Storm": How Stigma and the Lack of Education and Resources Open the Door to Sexual Violence among LGBTQ Youth" *Presenter: Kristine Raye, BA*
PM Workshop **C2** (Twin Lights I – SLC 106)	"Reducing Health Disparities in Asian Indians with Special Needs Children" *Presenters: Naveen Mehrotra, MD, MPH and Robyn D'Oria, MA, RNC, APN*
PM Workshop **C3** (Ft. Hancock – SLC 208)	"Supporting Military Families of Children with Special Healthcare Needs: Best & Promising Practices" *Presenter: Margaret Kinsell, AA*

POSTER SESSION | 12:45 pm – 1:30 pm | Navesink I (SLC 216)

"Addressing Black Infant Mortality in N.J.: A Comparison of Minority Infant Mortality Programs Across the United States"
Presenter: Maria Palakudiyil, BS

"A Healthy Baby Begins with You, the Preconception Peer Educator Program"
Presenter: Betsy Coffin, MPA

"Eliminating Disparities and Improving Pregnancy Outcome across the Life Span"
Presenters: Margaret H. Gray, RN, MSN and Ericka Dickerson, LSW

"Latinas Living with Domestic Violence: A Cultural Storytelling and Spirituality Perspective"
Presenters: Maria del Carmen Rodriguez, PhD, LPC, NCC, NJ-DRCC and Maria L. Egoavil, M.A.L.A.C.

"The New Jersey Autism Registry"
Presenters: Dr. Sandra Howell, Ph.D. and Dr. Nancy Scotto-Rosato, Ph.D.

"Raising Awareness about Postpartum Depression (PPD) in the Maternal and Child Health Population"
Presenter: Nava Bastola, MPH

OVERVIEW OF MORNING WORKSHOPS
10:30 AM – 12:00 Noon

Workshop A1 – Twin Lights I – SLC 106
"***Effective Communication in Cross-Cultural Encounters: A Toolkit for Providers: Bilingual Staff and Community Interpreters who work with Hispanics in High Risk OB"***
Presenter: **Hank Dallmann, MA, CMI**
Moderator: **Nicholas Montalto, PhD** – Diversity Dynamics, LLC

Learning Objectives:
1. List practical suggestions for effective communication when working with interpreters.
2. Describe the elements of a high risk obstetric encounter that are affected by language and cultural barriers.

Abstract: This workshop will focus on presenting a toolkit for effective communication in high risk obstetric encounters where language and cultural barriers are present. The toolkit will be presented from the point of view of an interpreter, a bridge between two distinct communities and cultures: the healthcare provider and the biomedical culture and the Hispanic patient and the Hispanic culture. By understanding basic interpreting skills and their relevance to effective communication, healthcare providers will be better able to work with trained interpreters and untrained bilingual staff to bring about effective communication; for interpreters or staff who are asked to interpret, understanding the elements of a high risk medical encounter, the concepts and terminology, and the general protocols, will enable them to better partner with healthcare providers through effective communication. Finally, a list of practical suggestions for healthcare providers, bilingual staff and interpreters regarding professional and skills development will be given. Participants will be presented with a bilingual (Spanish) glossary of high frequency terms encountered in this area.

Workshop B1 – Fort Hancock – SLC 208
"***The Father Factor – Fatherlessness In America"***
Presenter: **Keva White, LCADC, LSW**
Moderator**: Nicole Pratt, BS, MA –** Statewide Parent Advocacy Network (SPAN)

Learning Objectives:
1. Discuss the causations of fatherlessness in America.
2. Describe the association between father presence and child development.

Abstract: This 90-minute workshop will be grounded in research associated with father presence as it relates to child development, more specifically, how father presence is considered to be a major "factor" in producing positive cognitive, behavioral and home environment outcomes for children. How a child thinks, acts and interprets his/her household surroundings are key determinants as to whether a father is present in the child's life, and most importantly, residing within the same home. Key roles assigned to fathers will be discussed and used as a framework for the discussion. Social theory and social welfare policy will be used to highlight how shifts in the traditional family structure continues to marginalize fathers, especially within African American communities. The speaker will incorporate film review, lecture and research-based content to encourage fathers to remain active participants in the lives of their children, for their presence makes a significant difference in terms of shaping the destiny of their sons and daughters.

OVERVIEW OF MORNING WORKSHOPS
10:30 AM – 12:00 Noon

Workshop B2 – Monmouth Battleground – SLC 103
"***Considering Culture in Autism Screening***"
Presenter: **Elaine Gabovitch, MPA**
Moderator: **Nancy Scotto-Rosato, PhD** – NJ Department of Health (DOH)

Learning Objectives:
1. Describe the components in conducting screening for autism in families from culturally and linguistically different backgrounds.
2. Explain how to discuss autism screening results with families that have unique issues related to language, culture and disability.

Abstract: Children with autism spectrum disorder (ASD) and developmental disorders (DD) from diverse cultural and linguistic backgrounds are less likely than children from English-speaking families to be identified for evaluation and services and are also diagnosed at later ages, which are essential to ensure that they receive early intervention services that positively impact developmental progress and long-term outcomes. Considering Culture in Autism Screening is an interactive workshop about culturally competent screening, evaluation, and referral to intervention services for children with ASD/DD. The workshop will focus primarily on the needs of families of young children from immigrant backgrounds. Through sharing a case study, videotaped interviews with parents from several cultures, didactic information and supplementary handouts, the workshop will explore a number of relevant themes using discussion prompts to engage participants and to introduce novel information as needed.

Workshop C1 – Twin Lights II – SLC 107
"***Genogram: A Tool to Identify Strengths, Resources & Challenges in Culturally Diverse Families of Children with Special Needs***"
Presenters: **Cynthia Newman, MSW, LCSW** and **Jennifer Blanchette McConnell, PhD**
Moderator: **Maria Zenaida Steinhauer, RN, BSN, MPA** – NJ DOH

Learning Objectives:
1. List three basic components of a genogram.
2. Use genogram as a tool to explore complex family patterns that influence behavior.

Abstract: Our family is the most primary, powerful and important system to which we will ever belong. This workshop is designed to educate participants about the use of a genogram as a tool to understand individuals in context of their culture and family system. A genogram is a graphic representation of family tree or kinship network as the family has evolved over time and enables practitioners to identify and understand how complex family patterns are influenced by culture, religious/spiritual beliefs, physical health, social and emotional patterns and educational expectations. Genograms are widely used in medicine, counseling, psychology, social work, family therapy, and other health fields. We will present a case study utilizing a genogram of a Hispanic family raising a son with Down syndrome. Participants will have an opportunity to complete and analyze a genogram to identify family strengths, resources and challenges. Participants will also learn how to use information obtained from the genogram to support the family in developing an action plan. The presenters will share resource information for participants interested in further exploration of the use of genograms in our work with families.

OVERVIEW OF AFTERNOON WORKSHOPS
1:30 PM – 3:00 PM

Workshop A2 – Twin Lights II – SLC 107
"***Peer to Peer Leadership"***
Presenters: **Nicole Pratt, BS, MA,** and **Rachel Ruel, MSW, CLC, LCCE**
Moderator: **Andrea O'Neal, BA, IMH-E®** -NJ Department of Children & Families

Learning Objectives:
1. Describe the model for training women of child-bearing age to be peer leaders.
2. List specific services and supports for women aimed at improving pre-conception, pre-natal and interconception care.

Abstract: The Statewide Parent Advocacy's (SPAN) vision is that all New Jersey families will have the resources and support they need to ensure that children become fully participating and contributing members of their communities and our society. Our foremost commitment is to children and families with the greatest need due to disability or special health/mental health needs; poverty; discrimination based on race, sex, age, language, immigrant or homeless status; involvement in the foster care, child welfare or juvenile justice systems; geographic location; or other special circumstances. SPAN's 2 projects, Essex County Improving Pregnancy Outcomes and FASD Prevention, focus on underserved women of childbearing age. The services and supports for women are aimed at improving preconception, prenatal and interconception with the goal of reducing pre-term birth, low birth weight, and infant mortality rates in addition to the long-term goal of positively impacting the behavior of such women in ways that reduce the risk of having a child born with fetal alcohol syndrome disorder (FASD). Both the Essex County Improving Pregnancy Outcomes and FASD Prevention projects provide peer leadership training to women of childbearing age. The training goal is to empower, educate and create community leaders. This workshop will provide an overview of recruitment, leadership development and support for underserved women.

Workshop B3 – Monmouth Battleground – SLC 103
"The Perfect Storm: How Stigma and the Lack of Education and Resources Open the Door to Sexual Violence among LGBTQ Youth"
Presenter: **Kristine Raye, BA**
Moderator: **Celia Grace Murnock, MS** – Icahn School of Medicine

Learning Objectives:
1. Identify ways that providers, educators and family members can create safe space for LGBTQ youth survivors of sexual violence.
2. Explain how stigma affects LGBTQ and creates a barrier to seeking help.

Abstract: The lack of education, role models and the general acceptance of certain social behaviors often leads to LGBTQ youth being sexually assaulted at alarming rates. The use of the internet, social media and sexting often becomes the source of information for many LGBTQ youth as the framework for coming to terms with their sexual orientation and/or gender, as well as LGBTQ social skills looks like. Often times, young people do not have access to LGBTQ culturally competent information on how sexual violence can look within the LGBTQ community. Therefore, many LGBTQ youth do not have the resources, support, or education regarding sexual violence, creating a "perfect storm" type of environment for sexual assault to occur. It is vital that providers, educators and family members become culturally competent in the area of LGBTQ sexual violence.

OVERVIEW OF AFTERNOON WORKSHOPS

1:30 PM – 3:00 PM

Workshop C2 – Twin Lights I – SLC 106

"***Reducing Health Disparities in Asian Indians with Special Needs Children***"

Presenters: **Naveen Mehrotra, MD, MPH** and **Robyn D'Oria, MA, RNC, APN**

Moderator: **Jagdish Vasudev, CPA –** United Way of Central Jersey

Learning Objectives:

1. Discuss cultural beliefs and its impact on the use of Early Intervention services in Asian Indians living in the U.S.
2. Identify interaction skills that are culturally appropriate when providing care to Asian Indians.

Abstract: Children with special health care needs of diverse minority backgrounds often experience barriers to receiving optimal care. This population may include new immigrants, non-English speakers, and racial and ethnic minorities. Disparities in access to care, service utilization, quality, and health outcomes have been documented among South Asian children (Health of South Asians in the United States- A Brown Paper, South Asian Public Health Association, 2002). Additionally, studies have found that parents of children with special health care needs who are Latino, African-American, or have a primary language at home other than English are less likely to report receiving family centered care. Raising awareness about these issues and providing practical strategies can help lead to improved health outcomes for these children and reduce health care disparities. Additionally, as immigrant children and children of racial and ethnic minority backgrounds continue to comprise a larger segment of the child population, the need for information about this and other child health disparities issues has increased. Learning to identify these health care disparities among children with special health care needs, and dissemination of best practices and strategies for providing family centered care to diverse populations such as the Asian Indians will help in their management. Learning from the available data, practice experience, and community work with South Asian populations, culturally based concepts of child development, disability and stigma, will lead to better understanding of the unique strengths and resilience factors of these children & families.

Workshop C3 – Fort Hancock – SLC 208

"***Supporting Military Families of Children with Special Healthcare Needs: Best & Promising Practices***"

Presenter: **Margaret Kinsell, AA**

Moderator: **JoAnn Baxter, RN** – NJ Department of Human Services

Learning Objectives:

1. Explain strategies used to support diverse military-connected children with special health care needs and their families.
2. Discuss the intersection of diverse military-connected children with special health care needs and the Maternal & Child health Bureau's six core outcomes.

[2]

Abstract: Nearly 2 million children and youth are military-connected, with the largest group under 5 years of age. At least 20-23% of military-connected children have special healthcare needs and/or disabilities. Military families with special health care needs face complex issues and rely heavily on both military-specific and community-based programs. Where a service member is assigned and where the family have determined what schools the children attend, what medical services and therapies are available, what childcare options are available, which state-specific services can be accessed, and whether the family is eligible for Medicaid or Supplemental Security Income (SSI). Military-connected children and their families are involved in multiple care systems. Between 13-18% of these children have health care expenditures that are three times greater than those of a typical child. According to a national survey of military families, 23% of TRICARE Prime children under 18 were CSHCN. These 23% accounted for 44.4% of outpatient visits, 46.8% of non-primary care visits, 38.3% of primary care visits, 52.7% of specialist visits, 32.1% of emergency room visits, 64.8% of patient admissions, and 76.2% of inpatient days. Even with these increased expenditures, CSHCN have more unmet health care needs than other children. Military parents of children with special healthcare needs often experience depression, anxiety, and conflict. Families need respite care, they need workshops, and they need skills. The challenges disproportionately affect underserved CSHCN and families. This workshop will provide participants with information regarding effective strategies to improve services to and health and other outcomes for diverse military-connected children with special needs across the six Maternal and Child Health core outcomes, by providing training, information, technical assistance, intensive support, and leadership development for military families who have children with special needs.

POSTER SESSION

12:45 PM – 1:30 PM

Navesink I (SLC 216)

"Addressing Black Infant Mortality in NJ: A Comparison of Minority Infant Mortality Programs Across the United States"

Presenter: **Maria Palakudiyil, BS**

Objective: Describe initiatives occurring in New Jersey that improve health outcomes for children and their families related to **black infant mortality.**

Abstract: Infant mortality rates are a valuable indicator of health status in any country. It is typically defined as the death of a baby before the first year and the rate is an estimate of the number of infant deaths per every 1,000 live births. The United States lags behind six other industrialized countries, by more than double the rates with 6.1 infant mortality per 1,000 live births. One of the primary reasons for this inconsistency stems from reporting differences among countries and improvements in prenatal care which have led to more premature babies who are at a higher risk of death and disabilities, as well as the aggressive efforts to save these babies. The lack of prenatal, preconception, and access to care contribute to the disparate outcomes in the US. The data for New Jersey's infant mortality rates by race show a decline between 2008-2010, however the breakdown for African Americans remained high (11.2), while Whites (3.9) and Asians (3.1) remained relatively low. (National Center for Health Statistics, 2015). Similarly, Sudden Infant Death Syndrome (SIDS) rates in African Americans is twice that of whites with > 1 per thousand (New Jersey State Health Assessment Data, 2014). Disparities in access to prenatal care for African American women (26.3%) and Hispanic women (20.4%) is more than twice that of White and Asian women (National Center for Health Statistics, 2015). Despite various initiatives, the health outcomes for minorities remains despairingly poor. The project objective is to develop a compilation of existing State Health Department Maternal Child Health evidence based programs, by July 30, 2016, that have achieved no less than 1%- 3% decrease in their infant mortality rates and 1%-5% improvement for Black infant mortality during a 1-2-year time frame as a bench mark for New Jersey. Existing NJ infant mortality programs will also be included in the review for impact and as gap fillers. NJ could implement similar programs and possibly realize similar outcome improvements.

"A Healthy Baby Begins with You, The Preconception Peer Educator Program"

Presenter: **Betsy Coffin, MPA**

Objective: Describe initiatives occurring in New Jersey that improve health outcomes for children and their families as it relates **to preconception peer education.**

Abstract: In May 2007, the US Office of Minority and Multicultural Health, Office of Minority Health launched "A Healthy Baby Begins with You" campaign which is a national campaign to raise awareness about infant mortality particularly in the African American community. Through this program college and high school students are trained as Preconception Peer Educators and return to their communities as health ambassadors, raising awareness among peers about the issues of birth disparities and the importance of preconception health as a way to eliminate these disparities. In New Jersey, African Americans are three times more likely to experience infant mortality than whites, and there are also birth outcome disparities in the Hispanic and South Asian communities. This project focuses on improving birth outcomes and raising awareness of birth inequities through educating students and making connections in the community.

POSTER SESSION

12:45 PM – 1:30 PM

Navesink I (SLC 216)

"Eliminating Disparities and Improving Pregnancy Outcomes across the Life Span"
Presenters: **Margaret H. Gray, RN, MSN** and **Ericka Dickerson, LSW**

Objective: Describe initiatives occurring in New Jersey that improve health outcomes for children and their families through **eliminating disparities in pregnancy outcomes.**

Abstract: The NJ Department of Health's Improving Pregnancy Outcome and the NJ Department of Children and Families Early Childhood Comprehensive System initiative work collaboratively to improve maternal and infant/ child health outcomes, including access to preconception care, prenatal care, inter-conception care, primary care, preterm birth, low birth weight and infant mortality through implementation of a county based Central Intake (CI) system and Community Health Workers. Community Health Workers (CHW) are trusted members of the community and work within communities who have the poorest birth outcomes and they serve and link women and families to Central Intake Hubs for linkages to an array of maternal child health services.
The Improving Pregnancy Outcomes CHW and CI utilize the life course model that looks at health as an integrated continuum and suggests a complex interplay of multiple determinants, considering the impact of social, environmental, biological, behavioral and psychological factors on individuals throughout their lives.

" Latinas Living with Domestic Violence: A Cultural Storytelling and Spirituality Perspective"
Presenters: **Maria del Carmen Rodriguez, PhD, LPC, NCC, NJ-DRCC** and **Maria L. Egoavil, M.A.L.A.C**.

Objective: Describe initiatives occurring in New Jersey that improve health outcomes for children and their families by using **cultural storytelling and spirituality in understanding Latinas living with domestic violence.**

Abstract: This presentation will discuss how prevalent counseling modalities miss the cultural perspectives and gender-based values of Latino families, and present statistics on domestic violence (state/nation). Intrapersonal and systemic barriers affecting Latinas who live with domestic violence will be highlighted. Latino cultural assumptions and worldview will be illustrated via key cultural myths and stories. Our intent is not only to increase participants' awareness on how to consider the cultural needs of Latina women/families impacted by domestic violence (DV) but also give them a chance to practice culturally relevant interventions based on storytelling and spiritual affirmations. We will discuss how to connect clients' cultural symbols with a narrative of family liberation and spiritual sustenance. The goal is to show how cultural narrative may allow Latina clients to creatively examine DV, gender coping styles and relational patterns based on respect, dignity, ethno-cultural pride and spiritual affirmation for the client and directly involved family members.

POSTER SESSION

12:45 PM – 1:30 PM

Navesink I (SLC 216)

"The New Jersey Autism Registry"

Presenters: **Dr. Sandra Howell, PhD** and **Dr. Nancy Scotto-Rosato, PhD**

Objective: Describe initiatives occurring in New Jersey that improve health outcomes for children and their families by **maintaining a registry of children diagnosed with autism**.

Abstract: Public health surveillance is used for a number of reasons including but not limited to: 1) measure the burden of a disease and monitor its trends; 2) guide the planning, implementation, and evaluation of programs to prevent or control a disease; 3) evaluate public policy and prioritize the allocation of health resources; and 4) provide a basis for epidemiologic research (MMWR, 2001). One way of conducting public health surveillance is to maintain a Registry of a particular disease. Most registries are voluntary but some are mandated legislatively through an established law. The New Jersey (NJ) Autism Registry is one example of a mandated, statewide Registry. This poster presentation will outline the process of establishing and maintaining a statewide Registry for the purpose of providing surveillance for autism, a neurodevelopmental disability that is on the rise across the country and particularly New Jersey.

The law that established the NJ Autism Registry was signed in September of 2007 and the rules and regulations describing the implementation of this law were adopted in 2009. It is the largest mandated autism registry in the country with 22,589 children registered as of June 2016. We are the only Registry that includes children up to the age of 22 and have a specific goal of referring all registered children to county-based case management services. In fact, the purpose of the Registry is threefold: 1) link children with county-based case management services, 2) provide information for policy and planning, and 3) perform epidemiological analysis to better understand the prevalence of autism across NJ.

All licensed health care providers trained to diagnose autism are mandated to register any child they diagnose or follow in their practice. This ensures that both newly diagnosed and previously diagnosed children are registered. Information such as the child's birth and demographic factors and the child's autism diagnosis, including any relevant comorbid conditions, is collected on every child. Although the Autism Registry law also includes the ability for legal guardians/parents to be part of the registry without identifiers, this is highly discouraged because families cannot be linked to case management services. Fortunately, most children are registered with identifiers; less than 13% are registered anonymously.

" Raising Awareness about Postpartum Depression (PPD) in the Maternal and Child Health Population"

Presenter: **Nava Bastola, MPH**

Objective: Describe initiatives occurring in New Jersey that improve health outcomes for children and their families by **raising awareness of postpartum depression among new mothers.**

Abstract: According to the CDC, 11-20% of women who give birth each year experience POST-PARTUM DEPRESSION (PPD). If 15% of 4 million live births occurred in US annually, 600,000 women would experience PPD each year. Maternal depression can lead to serious health risks for both the mother and infant, increasing the risk for costly complications during birth and also causing long-lasting or permanent effects on child development. Although, health risks and costly complications associated with maternal depression are well known, pregnant women and new mothers do not seek care due to fear of discussing any mental health concerns with their providers or due to lack of education about the subject. Furthermore, in 2006 a law was passed in New Jersey that require healthcare professionals to educate and screen new mothers for Postpartum Depression. However, Postpartum depression (PPD) screening in New Jersey identified 8.4% women with possible PPD and almost 8,000 mothers per year experience postpartum depression. Therefore, the goal is to ensure that all women are screened for perinatal depression during prenatal and postpartum care through education.

ACHIEVING EQUITY IN MATERNAL, CHILD, & FAMILY HEALTH: A CALL TO ACTION

Workshop Presenter Bios

Robyn D'Oria, MA, RNC, APN, currently oversees a not-for- profit 501©3, Department of Health licensed service facility that is comprised of agencies involved in the delivery of perinatal and pediatric services within six New Jersey counties. Over the past 30 years, Ms. D'Oria has held a variety of roles in the field of maternal and child nursing including but not limited to staff nurse in labor and delivery, postpartum, and newborn nursery; Head Nurse of maternity/labor & delivery/newborn nursery; faculty of Pediatric and MCH nursing on the baccalaureate and associate degree level; childbirth educator; Perinatal Clinical Nurse Specialist; Director of Women's and Children's Services.

Ms. D'Oria has provided education to both health care professionals, physicians and nursing staff, along with community members such as parents, children, grandparents and the community-at-large on a variety of MCH related topics. She has extensive experience planning, implementing, and evaluating MCH conferences for nurses and other health care professionals, and has overseen and served on the NJ State Maternal Mortality Committee. Ms. D'Oria is currently the NJ AWHONN Section Chair, and has served as Treasurer/Secretary and represents NJ AWHONN in collaborative endeavors with NJOGS, and NJ Section ACOG. She is faculty for AWHONN Postpartum Hemorrhage Initiative and has been involved with this initiative as the project leader for NJ. As the Executive Director of the Central Jersey Family Health Consortium, Ms. D'Oria oversees a regional early intervention program and a project seeking to improve the health status of Asian Indian families in her region. She has presented at conferences on Asian Indians living in the United States and has co-presented with Naveen Mehrotra, MD.

Margaret Kinsell, AA, is the Policy Director for the Statewide Parent Advocacy Network. She also directs SPAN's National RAISE Transition Technical Assistance Center, and the Military Family Support 360 Project located on the Joint Base. Kinsell, herself a veteran, oversees direct training and support to military families who have children with special healthcare needs and disabilities, as well as leadership development to military families aimed at supporting their engagement in advocacy to improve services to and outcomes for military children with special needs. Kinsell and the Military Family Support 360 Project are being recognized by the Community Health Law Project with a 7016 Ann Klein Advocacy Award.

Jennifer Blanchet McConnell, PhD, is employed by the Mid-Jersey CARES Regional Early Intervention Collaborative 9REIC), a program of Central Jersey Family Health Consortium. Ms. McConnell received her degree in Social & Developmental Psychology (Rutgers) with a focus on infant & child development/infant mental health. Her background is in infant/child development, developmental evaluation and assessment, infant mental health, and professional development/ training.

Naveen Mehrotra, MD, is a pediatrician in private practice. Dr. Mehrotra completed his medical training from the State University of New York at Stony Brook and his Pediatric training at the University of Chicago. Practicing in Central New Jersey with one of the highest concentrations of South Asians, Dr. Mehrotra is dedicated to improving the health of South Asians. With a lack of awareness in areas such as disease prevention within the community, Dr. Mehrotra helped found the Shri Krishna Nidhi (SKN) Foundation, a community based non-profit organization to address SA needs at a grassroots level. Its mission is to promote well-being through community-based education. The Foundation also propagates scholarship programs based on merit and need. Dr. Mehrotra has also been a key person in the founding of the South Asian Total Health Initiative (SATHI), a research and education-based initiative at the University of Medicine and Dentistry of New Jersey- Robert Wood Johnson Medical School where he is also a volunteer faculty.

ACHIEVING EQUITY IN MATERNAL, CHILD, & FAMILY HEALTH: A CALL TO ACTION

Workshop Presenter Bios

Cynthia Newman, MSW, LCSW, is the Regional Director of Early Intervention at Mid-Jersey CARES Regional Early Intervention Collaborative (REIC), a program of Central Jersey Family Health Consortium. The REIC is funded by the NJ Department of Health, Early Intervention Services, with funds from Part C of IDEA. Ms. Newman serves on the Board of the NJ Association for Infant Mental Health. She is a family therapist with post graduate training from the Multicultural Family Institute, NJ & the Ackerman Institute, NYC. Ms. Newman has an MSW (Rutgers)- GSSW and a Developmental Disabilities certification from the Boggs Center/Rutgers GGSW. She has served as an adjunct instructor at Rutgers GSSW. Ms. Newman is a child/family advocate, and was instrumental in the passage of the NJ Catastrophic Illness in Children Relief Fund. Ms. Newman also maintains a private practice at the NJ Therapy Associates.

Nicole Pratt, MAT, BS, is a single working mom of two children: a daughter, 21, and son, 16 - both of whom have special health care needs. Nicole is a strong advocate for her children and other families who struggle to obtain appropriate educational supports along with healthcare services for their children. Nicole sits on several NJ State and national advisory boards that support/empower families and children. Nicole works for The Statewide Parent Advocacy Network, (SPAN) as a Senior Parent Professional Staff Trainer, OPDD Coordinator & Diverse Parent Engagement & TA Facilitator.

Kristine Raye, BA, has made advocacy work a passion of hers since she was a student at Kean University. Currently, Kristine is the LGBTQ Outreach and Advocacy Coordinator for the Sexual Violence Prevention Program of 180 Turning Lives Around, Inc. Traveling throughout Monmouth county, Kristine regularly conducts advocacy and outreach activities and presentations on sexual violence awareness and education in the LGBTQ community as well as community organizations. She is trained as a member of the Sexual Assault Response ream in Monmouth county. Through her volunteer work with several area LBGTQ organizations, she has had many opportunities to share stories with victims of sexual violence. Previously she worked in the HIV field as well as the sex education field conducting workshops, collaborating on training materials and running group programs. She strongly believes in giving a voice to people who do not feel they have a voice - one conversation at a time.

Keva White, LCADC, LSW, is a dually license professional with over 20 years' experience working in the substance abuse and mental health fields both on programmatic and systems levels within urban settings. He has served as trainer and consultant for New Jersey Alliance of Family Support Organizations, American Institute for Research and the Georgetown University Training Institutes on Cultural and Linguistic competence. He is trained through the National Multicultural Institute and is a certified cultural competence trainer that is called upon nationally. Mr. White also teaches at Rutgers University School of Social Work. He currently serves as board co-chairman for New Jersey Social Workers Scholarship, Education & Research (NJSWERS) Corporation. He is most recognized for his high- energy, creatively balanced, experiential and valued based presentation style.

ACHIEVING EQUITY IN MATERNAL, CHILD, & FAMILY HEALTH: A CALL TO ACTION

Poster Presenter Bios

Nava Bastola, MPH, is a graduate in Health Education and Behavioral Sciences from the Rutgers School of Public Health. She is also a certified Public health professional with specialized experience in human subject protection research, working at the Rutgers University, Institutional Review Board. Ms. Bastola holds a keen interest in working towards prevention and promotion of health disparities particularly in the areas of HIV/ AIDS, Maternal and Child Health and Global Health. She is currently looking forward to advancing her career path in the field of Health Education focusing her work/research experiences in reducing health disparities in the women's health population locally and globally.

Betsy Coffin, **MPA,** is a Program Manager for the Central Jersey Family Health Consortium. The Central Jersey Family Health Consortium is a private non-profit established to provide and support a regional network of maternal and child health services. The Consortium's service region includes Hunterdon, Middlesex, Mercer, Monmouth, Ocean and Somerset Counties. Betsy Coffin has worked for the Consortium for over 10 years. She has a Masters Degree in Public Administration from Seton Hall University and a bachelor's degree in Sociology from the University of Delaware. She currently coordinates 3 programs at the Consortium, Family Connections Central Intake which links families to resources and services in five counties, the Parents As Teachers program that provides home visiting for families in Somerset County, and A Healthy Baby Begins with You, which addresses health disparities and infant mortality primarily in the African American community.

Ericka Dickerson, LSW, is a Licensed Professional Social Worker. She has worked in the arena of prevention services for over fifth teen years. Ericka started her professional career in an evidence based home visiting program; Healthy Families Model as a Home Visitor, Family Assessment Worker and Home Visiting Supervisor. Ericka expanded her work experience to community based services through coordination and management of a local Family Success Center in NJ. She also worked for a federally funded Early Head Start (EHS) program, as the Family and Community Partnership Supervisor, building local community relationships to support the needs of EHS children and families. Ericka's direct practice experience has been essential to the work she now oversees as the ***Early Childhood Comprehensive Systems/Help Me Grow Coordinator for NJ Department of Children and Families Division of Family and Community Partnerships***. Ericka's ability to develop, build and expand relationships is an essential skill in the development and support of a comprehensive early childhood system of care for NJ; supporting early linkages to services and support for NJ's most vulnerable population of pregnant women and children birth to age 8.

Maria L. Egoavil, M.A.L.A.C., has a Masters in Counseling and has worked with seniors, victims of domestic violence and clients who live with mental illness. In addition to her counseling training, she has also had arts & drama training.

Margaret Gray, RN, MSN, has worked with the New Jersey Department of Health for 28 years in Maternal Child Health. Maggie started her career as an RN working in Pediatrics. She started her career at the State with Special Child Health Services before expanding her career to work within Maternal Child Health. Currently she is the Coordinator, Primary and Preventive Health Services within Reproductive and Perinatal Health Services. Ms. Gray oversees the Improving Pregnancy Outcomes Initiative for Community Health Workers and Central Intake and works collaboratively with other departments to improve the health of mothers, infants and children with an emphasis on eliminating disparities. Maggie also oversees the Maternal Mortality and Fetal Infant Mortality Review, SIDS and collaborates with the 3 Maternal Child Health Consortia, the March of Dimes and other partners who have an interest in improving the health of NJ's most vulnerable populations. Maggie has served on several task forces over the years including the Prenatal Care Task Force and the March of Dimes' Healthy Babies are Worth the Wait.

Sandra Howell, PhD, is a Research Scientist and Coordinator of the New Jersey Autism Registry in the Division of Family Health Services of the NJ Department of Health. Dr. Howell educates providers and families about the Registry, conducts quality assurance audits, performs public health surveillance on autism as well as birth defects in NJ, and conducts epidemiological research. She also provides epidemiological expertise for the NJ site of the CDC's ADDM study which studies autism across the country. Her publications include a book and articles on women's childbirth choices, mental illness, and autism prevalence. Dr. Howell has a Ph.D. from Rutgers University, graduated from the University of Florida, and completed a two-year NIMH post-doctoral program. Prior to joining the Department of Health, Dr. Howell led health policy research at the Rutgers Center for State Health Policy.

Maria Palakudiyil, BS, is currently working as a Fellow with the New Jersey Department of Health's Office of Minority and Multicultural Health, and has written a comprehensive report on black infant mortality. She has produced a geospatial map portraying infant mortality rates among 22 New Jersey counties and among the 50 U.S. states. Ms. Palakudiyil is completing an MPH in Health Education and Behavioral Science at Rutgers University, and is expected to graduate in May of 2017. She has worked with the Bergen County Department of Health and served as an assistant to the manager in administrative work and fiscal analysis. She has also served as a recreational assistant with Care One Assisted and Senior Living, NJ, developing and implementing activity programs for residents.

Maria del Carmen Rodriguez, PhD, LPC, NCC, NJ-DRCC, is a counselor educator and consultant. She uses the arts in her training of new counselors who are empowered to facilitate clients' holistic healing. She has conducted research and trained counselors for 25 years. Her areas of research include bereavement after a neonate loss, folk-healers' role in progressive mental health care, and spirituality oriented counseling in work with families living with domestic violence. She serves on a not-for-profit board.

Nancy Scotto-Rosato, PhD, is a Research Scientist in the Early Identification and Monitoring (EIM) program, which is within the Special Child Health and Early Intervention Services, Division of Family Health services of the Department of Health. In addition to maintaining the Autism Registry, she conducts public health surveillance on autism as well as birth defects in New Jersey. She contributes to the Centers for Disease Control and Prevention annual report on birth defects and has written a number of data briefs using Autism Registry data. Dr. Scotto Rosato has a Ph.D. from Rutgers, the State University of New Jersey and a Master's degree in Psychology from New York University. Prior to arriving to the Department of Health, Dr. Scotto-Rosato conducted mental health services research at the Rutgers Institute for Health, Health Care Policy, and Aging Research (IHHCPAR).

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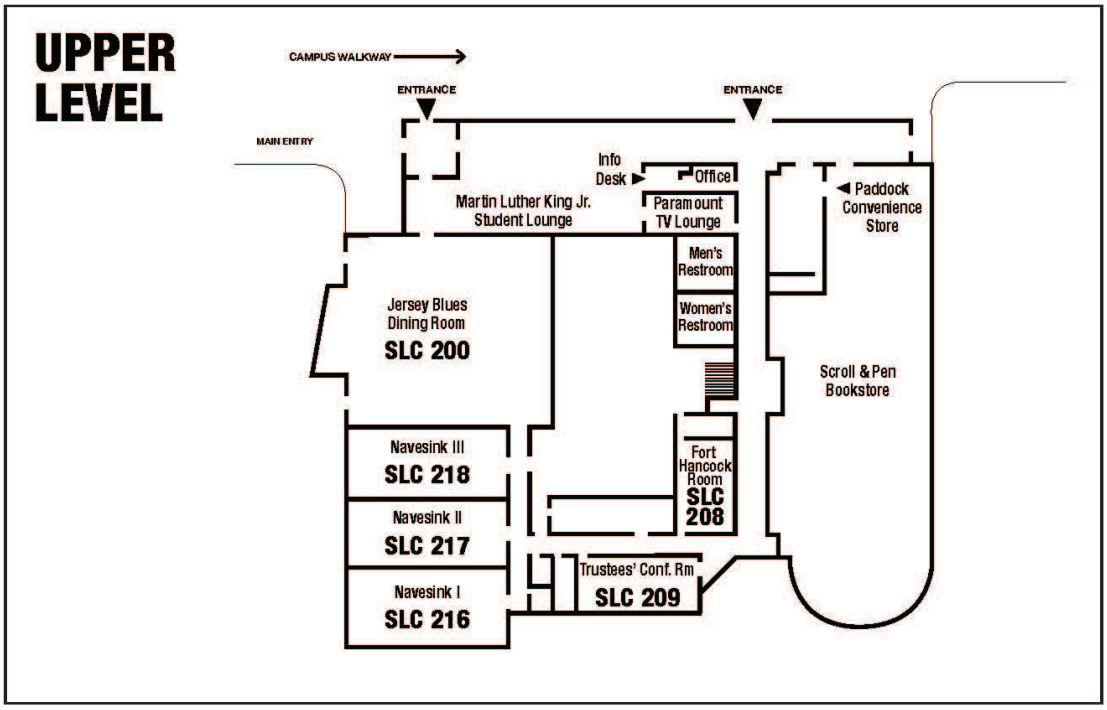

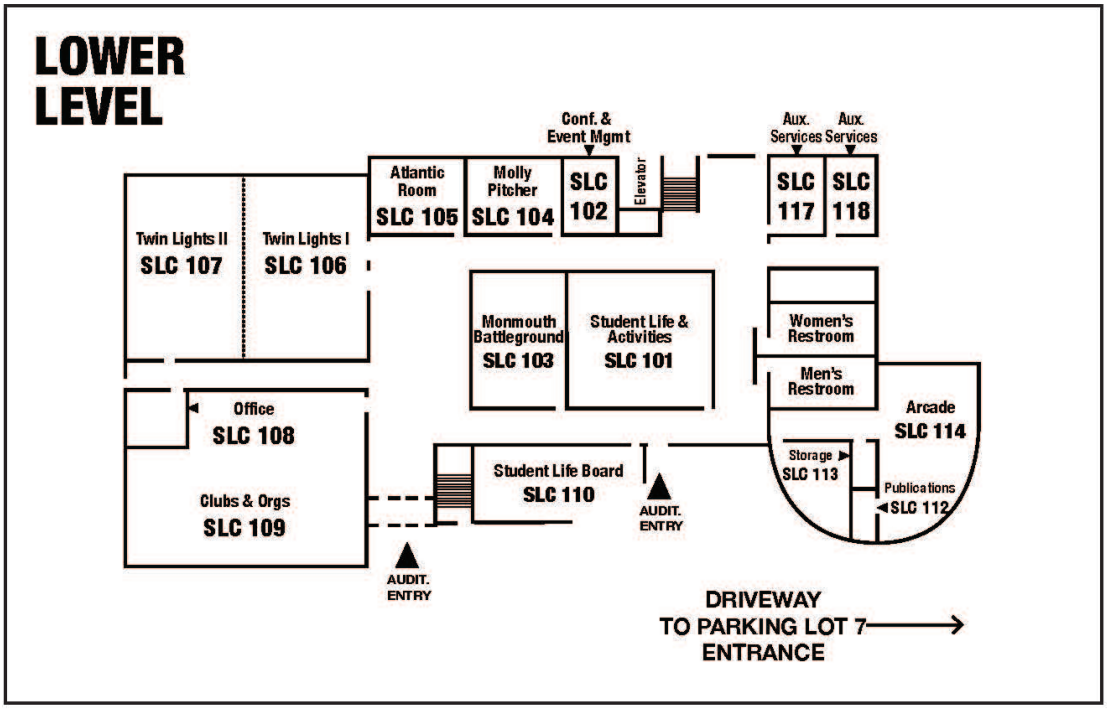

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