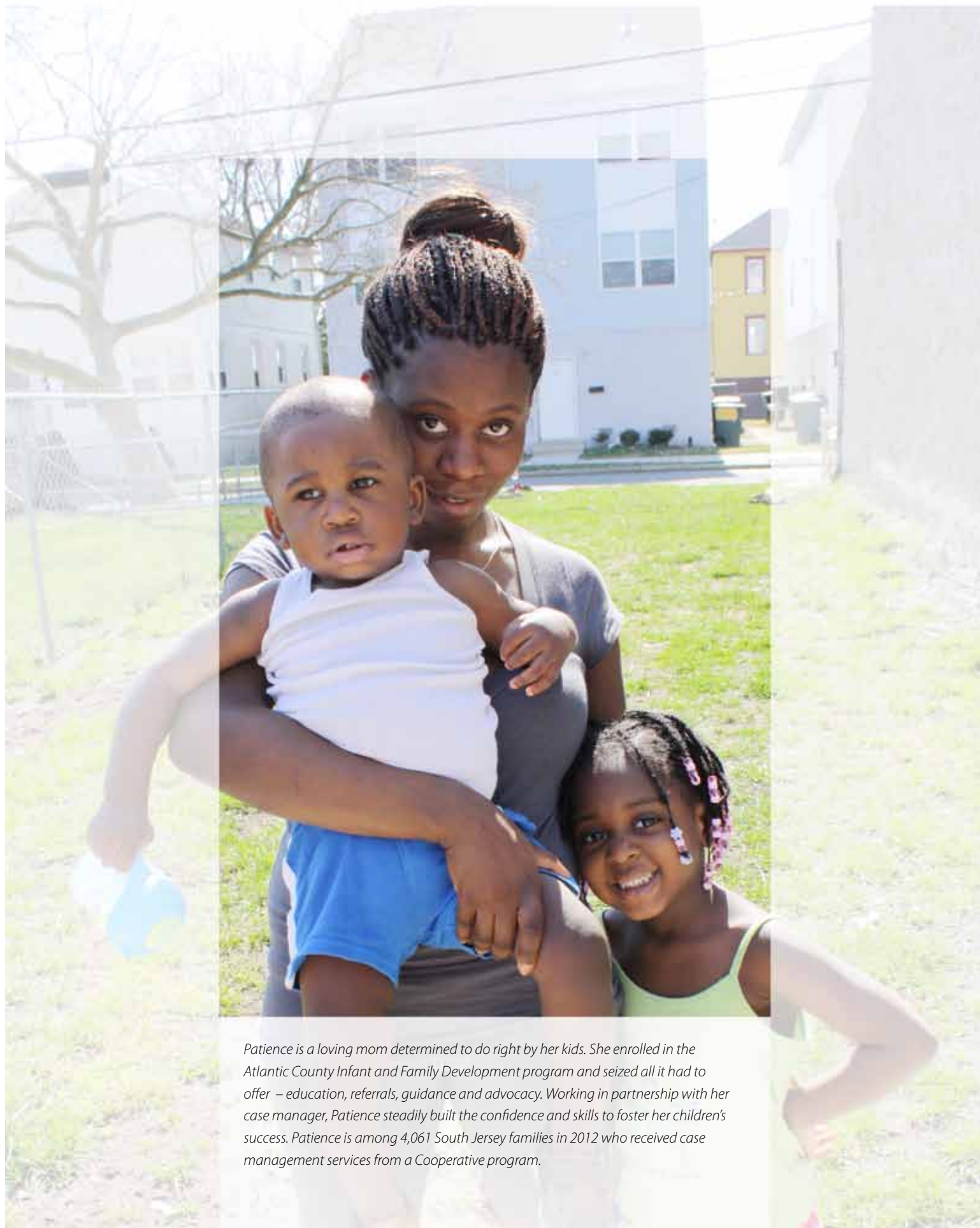




Southern New Jersey Perinatal Cooperative
ANNUAL REPORT 2012



In the Right Hands



Patience is a loving mom determined to do right by her kids. She enrolled in the Atlantic County Infant and Family Development program and seized all it had to offer – education, referrals, guidance and advocacy. Working in partnership with her case manager, Patience steadily built the confidence and skills to foster her children's success. Patience is among 4,061 South Jersey families in 2012 who received case management services from a Cooperative program.



From the President

In the right hands, a fragile sapling will reach unimaginable heights. The same is true with ideas. Given the right environment and carefully tended, a well-grounded idea will soar far beyond original expectations.

In 2012 the Cooperative glimpsed the full potential of a good idea whose seed was planted long ago. A new multi-county system for home visitation programs uses an operational framework based on a risk assessment tool the agency introduced 15 years ago.

Such longevity, of course, depends largely upon seed viability. The Cooperative takes pride in a germination process that includes a meticulous assessment of need, intellectual rigor in program design, deft implementation and wise resource allocation.

Our 2012 Annual Report contains many examples of how the Cooperative leverages past work to enrich new endeavors. You will also read about new initiatives we expect will take root and flourish.

Margaret Fernandes, MD
President

A handwritten signature in dark ink that reads "M. Fernandes" followed by a stylized monogram or flourish.

at risk families

Providing vulnerable families the knowledge and support to thrive in difficult circumstances.

Camden Healthy Start

Camden Healthy Start (CHS) remains a vital part of the safety net for families trying to raise a family in a troubled city. In its 13th year, CHS enrolled 158 pregnant women in case management where knowledgeable staff made sure moms and their children received needed health and social services. Case managers also educated, counseled and encouraged healthier behaviors.

Efforts to promote breastfeeding proved effective. Nearly half (48%) of case managed clients breastfed their babies at 6 months. A series of monthly workshops on family health issues drew 115 regular attendees.

The Fathers on Track initiative continues to engage Camden fathers and address their unique needs. Community events and town forums reached more than 400 Camden fathers in 2012 with information about pregnancy, parenting, child development and local resources.

Nurse Family Partnership

Enrollment in the Nurse Family Partnership (NFP) program grew 30% in 2012, reaching a total caseload of 134 first-time moms, the program's primary audience. The increase was fueled by full staffing and additional funding, that also allowed the opening of a new NFP program in Burlington County.

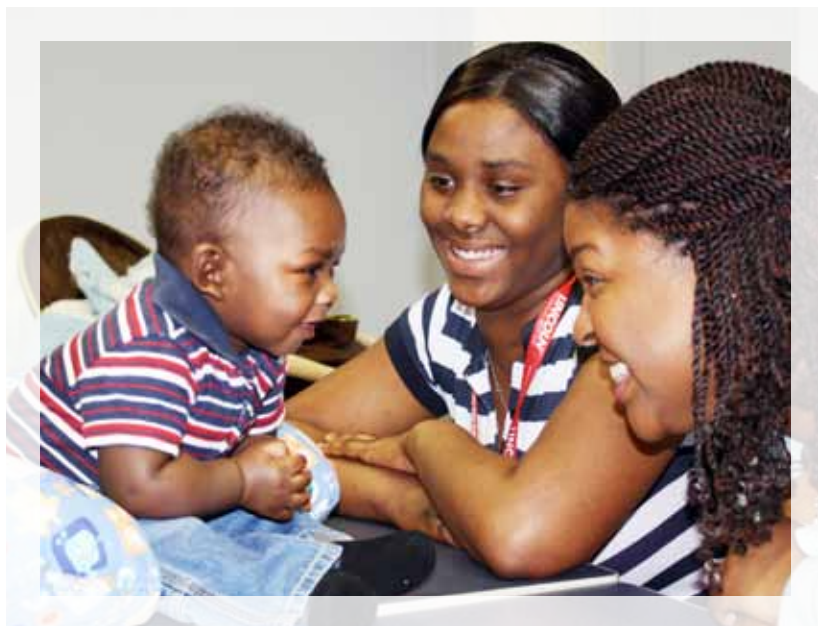
NFP is an evidenced-based, home visitation model that pairs vulnerable first-time moms with caring maternal and child health nurses. NFP nurses deliver the support moms need for a healthy pregnancy, to become knowledgeable and responsible parents and to provide their babies with the best possible start in life.

Atlantic County HF-TIP 2012 Performance Measures	percent enrolled clients	
	Target	Actual
Children enrolled in health insurance	80%	100%
Participants who increase their inter-pregnancy interval (birth to conception) to 18 months	80%	100%
Infants/children with a medical home	100%	100%
Infants/children receiving developmental screening and appropriate referrals	90%	84%
Eligible children enrolled in WIC	80%	96%
Enrolled infants breastfed for at least 4 weeks	60%	58%
Enrolled mothers successfully attended 6-8 week post-partum medical visit	80%	84%

Healthy Family/TIP of Atlantic County

The Healthy Families/TIP program exceeded five of seven performance measures in 2012, reporting higher than expected marks for client families in areas of health insurance coverage, interpregnancy planning, medical home and postpartum medical visits.

A total of 133 families enrolled in the program in 2012, 67 of which were new clients, a 15% increase over the past year. Especially noteworthy was the successful graduation of 17 adolescent clients from Project Teach, and alternative high school.



The relationship between nurse and mother is central to the success of the Nurse Family Partnership program. The enthusiasm of NFP Nurse Jillian Scott is infectious as she demonstrates positive parent child communication for 17 year old client Katina and son Jah'sie Prince.



Amanda

When Amanda became pregnant with her first child, the 19 year-old knew she needed support, but was skeptical about what a program like Camden Healthy Start (CHS) could do. So she stayed away until her seventh month when worries about the impending birth overcame uncertainty.

Any doubts Amanda had about the program ended the day she met her CHS case manager. "My case worker and I connected right away, which lifted my anxiety."

CHS provided Amanda with the education and skills to provide for newborn Faith. Weekly home visits assured her daughter met important developmental milestones and educational activities fortified the mother-daughter bond. "CHS taught me about child development and activities I could do with my child. It made it fun for both of us, I was learning with my daughter."

When Amanda became pregnant with her second child, Samantha, she confidently returned to her CHS schooling. "I used all the things I got from CHS and read everything again. It really helped with preparing for Samantha."

Now Amanda speaks confidently and proudly about being a mother. "I know what to look out for to make sure my daughters are healthy and growing at the right time... any kids I have in the future, I'll have the skills to make sure they are healthy too."

Once overwhelmed and anxious about motherhood, Amanda now takes the lead, enjoying a stroll with her two daughters. She credits her newfound self-assurance and success to the skills and support provided by the Camden Healthy Start program.



the system

Improving how care is delivered to enhance outcomes and reduce costs.

Screening and Home Visitation

The Perinatal Risk Assessment-Single Point of Entry Client Tracker (PRA-SPECT) is a significant improvement for system efficiency, paperwork reduction, provider collaboration and, above all, optimal care of high-risk prenatal patients.

PRA-SPECT addresses two important care components –risk identification and referrals. Initially, PRA stood alone. Piloted in 2006 in Camden City, the PRA form was used to better identify and improve clinical management of high-risk prenatal patients. The recent addition of SPECT expands the tool's utility to address patients need for home visitation and other social services. To provide referrals, a provider simply checks the form's HV box. The need to complete a separate referral for each program is eliminated.

In real time, SPECT's automated system uses a patient's personal health data to identify and triage a referral to the most appropriate home visiting or social service based on criteria developed collaboratively by the programs themselves. Better quality referrals result and duplication reduced. Information sharing is another advantage. Secure access to referral histories is available to any provider interacting with that patient or client.

Origins of today's PRA-SPECT system date back 13 years to the agency's introduction of the 4 Ps Plus screening tool, later integrated into PRA prenatal intake form, that itself has transitioned into PRA-SPECT. At every stage, the Cooperative and its subsidiary agency Family Health Initiatives have played a critical role in the conceptual framework, design and effective engagement of key stakeholders.

Perinatal Addictions

For those concerned with birth outcomes, the medical treatment of incarcerated pregnant addicts matters. The Perinatal Addictions Prevention Program (PAPP) has spent years raising awareness about the great harm to mom and developing baby when methadone treatment is abruptly halted.

PAPP staff forges partnerships between jail administrators and treatment providers to ensure methadone treatment continues during incarceration. In addition, PAPP conducts seminars for inmates (male and female) in Camden, Atlantic and Cape May counties with topics ranging from prenatal care to child development to the effects of substance abuse on pregnancy.

Another PAPP priority is universal adoption of a single, prenatal risk assessment tool to identify high-risk factors.

In 2012 the program advanced a new screening tool, the PRA, chosen for its potential to encourage widespread use.

Of the 9,102 PRA screens conducted in 2012, 2,261 identified a risk for tobacco, 1,748 for alcohol and 707 for marijuana.

PAPP sponsored educational activities included seven sold-out conferences and grand rounds at four Cooperative member hospitals that reached 915 providers. School presentations (175), community events and health fairs reached a combined 6,516 consumers, including 4008 middle and high school students.

Pediatric Emergencies

The Cooperative helps member hospitals adopt new models for pediatric in-patient and emergency care, providing expert guidance on design, staffing, equipment, policies and training.

In 2012, staff assisted South Jersey Healthcare on plans to construct a separate ER unit for children at its Vineland facility. Isolating children from the adult ER environment helps reduce anxiety and improve outcomes through specialization. In a pediatric ER, all components of care can be designed and delivered to meet the unique needs of children in crisis.

In Vineland, the Cooperative's pediatric nurse consultant was involved through every stage of development, from initial planning through launch. Once operational, she remained on site to offer clinical consultation, assessment and training.

Childhood Immunizations

The New Jersey Immunization and Information System (NJIIS) is an important tool to ensure the appropriate immunization of all NJ children. System features include a centralized database for more accurate and easily accessed records and mechanisms to prevent duplicate vaccinations, identify high-risk groups and improve inventory management. The Cooperative supports the system by encouraging its use, training users and providing ongoing technical support.

Program activities in 2012 were driven by a new state mandate requiring any NJ health care provider who administers vaccines to children 6 years and younger to participate in NJIIS. Staff enrolled 143 new provider sites (157% increase from previous year) and trained 484 users. This was in addition to ongoing technical support for 490 existing NJIIS users. The number of trained sites that remain active NJIIS users is notable, with a regional average of 92% for VFC providers.

14,272
number of perinatal
screens administered to
identify high-risk factors
that, left untreated, have
potential for great harm
to mom and baby.

priorities

Confronting core issues for South Jersey moms and babies.

Access

The percent of pregnant women who begin prenatal care in the first trimester is an important health indicator and one by which the ACCESS program measures success. The NJ statewide average for early prenatal care is 72% while the average for communities served by ACCESS is just 58%.

An ongoing program strategy is to leverage the opportunity of pregnancy testing. In 2012, free pregnancy tests were provided by partner agencies to 1262 women. Those with positive results (434) were referred to ACCESS's Patient Navigation service. Women with negative results were referred for reproductive health services.

Patient Navigation provides individualized assistance and support to ensure at-risk women receive early and adequate prenatal care. 'Go Before U Show' was the theme of a new marketing campaign and website intended to increase enrollment. This was accompanied by an exuberant outreach operation of workshops, health fairs, waiting room seminars and home visits that together reached 5932 women.

Early Intervention

Hundreds more South Jersey parents seeking help for a developmentally delayed child gained access to the superior support of the Cooperative's Early Intervention (EI) Service Coordination Unit when Cumberland County became the 5th South Jersey county served by the Unit.

The Unit's staff assisted 3659 developmentally delayed children and their parents – coordinating care, providing referrals and helping families navigate the complex maze of state regulations and services.

Program challenges included new eligibility standards that produced major procedural changes as well as an ever shrinking pool of treatment providers.

The Cooperative was chosen to pilot test Virtual Intervention, a new EI delivery method that provides online access to treatment providers. It debuted in October for families in Atlantic and Camden counties.

Breastfeeding

The major event for the WIC Breastfeeding (BF) program in 2012 was downsizing. Counties served by the Cooperative declined from five to three (Burlington, Gloucester and Atlantic City remain).

Staff met the challenge of having to do more with less, finding efficiencies in new staffing models and processes. In fact, coverage expanded. Staffing was maintained at all WIC Administrative offices and it increased at non-administrative WIC offices, an especially important development for rural areas where WIC clients often lack transportation.

Other bright spots include an increase in the region's overall WIC BF rate, although it remains just below the state WIC average of 40%. Burlington County's BF rate and its rate of improvement exceeded the statewide average. The program's services to WIC Moms included:

- 1780 breastfeeding education contacts
- 2307 breastfeeding support contacts
- 1451 telephone support calls



Above is the homepage for 'Go Before U Show' a website the ACCESS program launched in 2012 to boost enrollment in the program's Patient Navigation services. The site also includes detailed information on financial assistance, an oft cited barrier to early prenatal care.

Maternal Smoking

Developed by the Cooperative more than a decade ago, Mom's Quit Connection (MQC) is a smoking cessation program designed specifically for pregnant and parenting women. In 2012, the program enrolled 101 pregnant smokers in case management, 69% of whom either quit or substantially reduced their cigarette consumption. The program provided self-help materials to another 120 pregnant smokers who preferred to try to quit on their own.

The program's streamlined referral process makes it easy for physicians and others to connect patients with the service. MQC received 413 such referrals in 2012 from various sources: hospitals, public health centers and community agencies.

Recognizing the great influence physicians have on a patient's cessation efforts, MQC continues to offer free in-office provider trainings on CDC's best practice 'Ask, Advise, Refer: Brief Intervention'. Staff conducted 21 such trainings for 376 participants.

MQC sponsored community education reached 1,893 consumers with targeted messages on the dangers of smoking and second/third hand smoke.

Premature Birth

Taking Care of Moms, was a new project directed at women who recently delivered a premature baby. New moms were paired with a perinatal nurse who provided risk assessment, counseling and customized education in an effort to prevent any future premature births by identifying specific risks and encouraging behavior changes. Four partner agencies used the Cooperative designed intervention.

Perinatal Mood Disorders

The Regional Perinatal Mood Disorder Program marked its 5th anniversary by reaching more at risk women and expanding provider services.

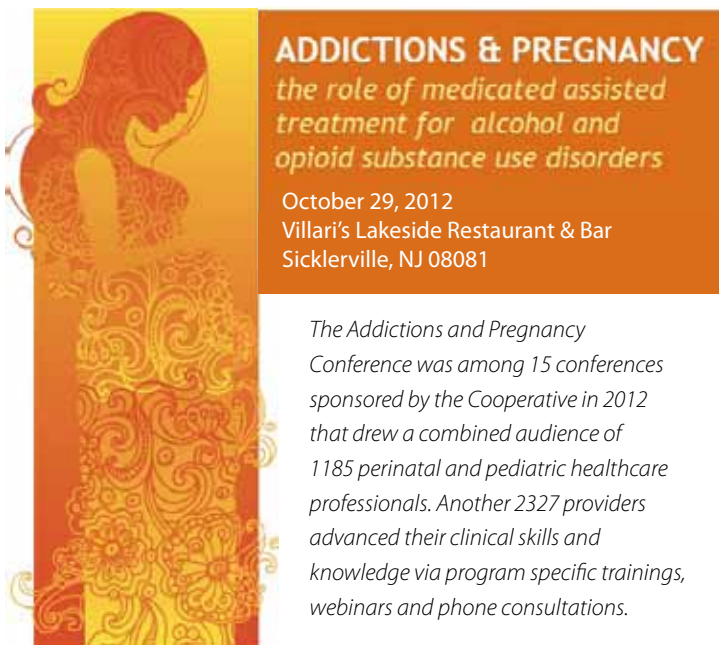
To bolster skills among behavioral health clinicians, the program sponsored four regional conferences including: "Bereavement and Postpartum Depression" and "Unexpected Birth Outcomes: Maternal Triggers for Post Traumatic Stress Disorder".

The program's Perinatal Wellness Initiative (PWI) continued its focus on increasing postpartum depression screening to ensure early identification and appropriate referral of women at risk. 2012 saw an impressive 18.6% increase in the number of PPD screens administered by 41 PWI partner offices. Of the 3908 screens conducted, 447 revealed a risk for PPD and 138 indicated an immediate danger of self harm.

New Jersey law requires screening for PPD prior to hospital discharge and at the first few postpartum visits. PWI helps providers meet the postpartum requirement with a free service that includes the screening tools, a web-based reporting system, triage by a behavioral health clinician, referrals, and customized reports. Such support has proven effective (see interview), but with no state mechanism to monitor compliance, the program's true impact remains muted.

The number of PWI support groups in the region reached 11 with the addition of four groups to serve adolescent mothers in Camden City, military spouses at Fort Dix and new mothers in Atlantic City. More than 1000 South Jersey moms attended a PWI support group in 2012.

Professional Education



ADDICTIONS & PREGNANCY
*the role of medicated assisted
treatment for alcohol and
opioid substance use disorders*

October 29, 2012
Villari's Lakeside Restaurant & Bar
Sicklerville, NJ 08081

*The Addictions and Pregnancy
Conference was among 15 conferences
sponsored by the Cooperative in 2012
that drew a combined audience of
1185 perinatal and pediatric healthcare
professionals. Another 2327 providers
advanced their clinical skills and
knowledge via program specific trainings,
webinars and phone consultations.*



Barbara Johannes, Manager of Clinical Services, and Dr. Robert Siefring say the nursing assessment skills of PWI's clinicians are vital to the care offered to patients. Shannan Friel, (right), Office Manager at the practice's Marlton office, relies on the constant collaboration between office staff and PWI to ensure patients receive optimal follow up care.

A PWI Partnership

A goal at Cooper OB-GYN is to screen every patient for postpartum depression and provide care to any needing follow up services. A goal, it says, that could not be met without Postpartum Wellness Initiative (PWI).

"The assistance PWI provides Cooper OB-GYN is invaluable to the care we can offer patients," says Dr. Robert Siefring, whose practice has used the service since 2009. He credits PWI's thorough communication with office staff, targeted services to Spanish-speaking patients and clinical expertise with making sure that vulnerable women are reached and provided optimal care.

In 2012, 538 of Dr. Siefring's patients were screened using PWI services; 76 screened at high risk and 20

answered "yes" to the question concerning self harm, triggering an immediate intervention.

"PWI clinicians are care expanders," Siefring says. "I receive a complete, concise report for every patient and I trust it. I can't begin to tell you the value of that."

Shannan Friel, Office Manager in Dr. Siefring's Marlton office agrees, saying that PWI offers staff a comfort knowing that their patients are in good hands. "PWI isn't an emergency service, but the follow up response is so immediate. When a patient who has screened at a high level leaves our office, we no longer have to worry that it will be two months before we see her again. With PWI following up, the patient gets care right away."

With a very busy practice, Dr. Siefring appreciates the confidence that PWI offers him. "PWI is a win-win. It's a win for the physician and a win for the patient, which is always what is most important."

community power

Harnessing the force of 'we' to build a healthier South Jersey.

Childhood Lead Poisoning

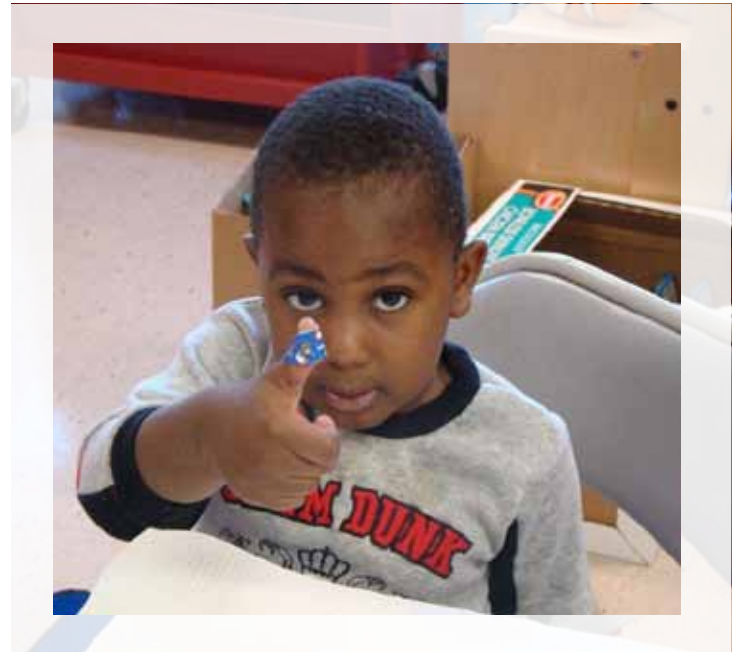
Protecting South Jersey children from lead poisoning remained a priority in 2012. The Back to Basics grant supported a major community education effort on protecting against lead dangers. Led by the Southern Regional Childhood Lead Poisoning Prevention Coalition (the Coalition) the effort included 300 events, attended by more than 4,000 families, property owners and renters. During National Childhood Lead Poisoning Prevention Week, the Coalition coordinated another 15 events that drew in 300 adults and 700 children, double the previous year's numbers.

To identify and eliminate lead hazards before exposure, 876 free lead-testing kits were distributed to South Jersey homeowners and renters. Of the 493 test samples returned for analysis, 197 showed some lead contamination with 104 at hazardous levels. These families received personalized follow-up and education.

In a special outreach to the Hispanic Community, the Coalition partnered with promotores, bilingual community health workers from the Vineland Health Department. Featured appearances on local Spanish television, Perfil Latino TV, amplified prevention messages to a population at increased risk.

The Coalition broadened its focus beyond lead in response to community requests for simple and cost-effective education on all home safety issues. The Healthy Homes campaign was launched and quickly produced easily-adaptable teaching tools for public health educators, renovators and other professionals working with families in high-risk areas.

'Action Sheets' (shown at right) were created on the four Healthy Home components: pests, contaminants, mold and mildew, and home safety. Intended for home visiting assessment and training, the consumer friendly sheets include a checklist and step-by-step instructions on monitoring and eliminating dangerous conditions.



Thumbs up for quick and easy blood lead tests. Working with public health departments, the Coalition used the portable LeadCare II machine to boost lead screenings in South Jersey, focusing efforts on high risk communities.

CONTAMINANTS

Children can be poisoned if contaminants such as chlorine bleach, air fresheners and other household cleaners are used. These products can be harmful to children. Carboxylic acids can be harmful to children. Lead can be found in old paint and lead pipes.

PESTS AND PESTICIDES

Many families are bugged by pests. Cockroaches, flies, moths, rats and mice carry disease.

MOLD AND MILDEW

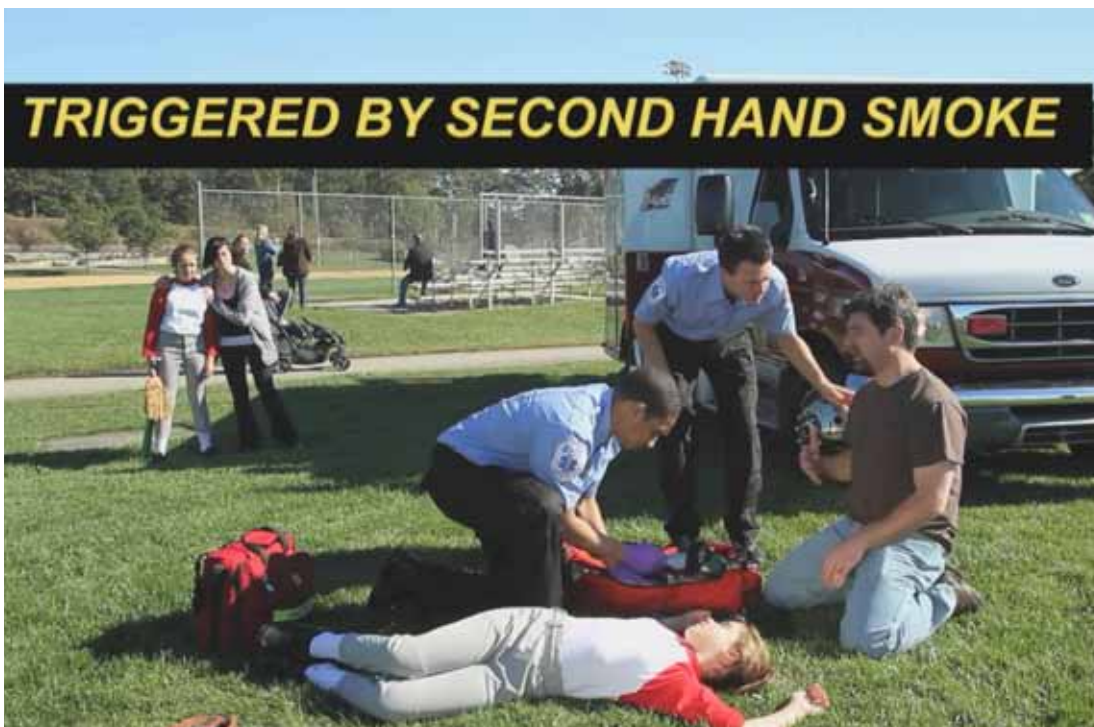
Mold is ALIVE! It grows on wet or damp surfaces. It is often gray or black but also can be white, orange, or green. Mold often smells musty. Mildew is a common name for mold. Mold produces spores, tiny specks you cannot see that float through the air. When you breathe in mold spores, they get into your lungs. This can cause health problems. Children who are sensitive to mold will have allergic reactions when near the mold. Some children will have asthma attacks. Mold is usually found in bathrooms, basements, kitchens and attics. Surfaces and items in the home that have been wet for longer than 24 hours will grow mold.

LOW COST FIXES TO PREVENT MOLD AND MILDEW

- ☐ Keep surfaces clean and dry—wipe up spills and overflows right away.
- ☐ Store clothes and towels clean and dry. NEVER let clothes stay wet in the laundry basket or washing machine.
- ☐ Wipe down shower walls with a squeegee or towel after bathing or showering.
- ☐ Cut down on steam in the bathroom while bathing or showering. Run a fan that is vented to the outside or open a window.
- ☐ If you have a clothes dryer, make sure it is vented to the outside.
- ☐ Throw away wet carpeting, cardboard boxes, insulation and other things that have been wet for more than 2 days.
- ☐ Don't leave water in refrigerator drip pans, basements or air conditioners.
- ☐ Use a dehumidifier* or air conditioner to dry out wet or damp areas.
- ☐ Empty your dehumidifier frequently and clean every few days with a mix of 1/4 cup of chlorine bleach with 4 cups of water.
- ☐ Run a vented fan to the outside when cooking.
- ☐ Clean out clogged gutters.
- ☐ Make sure your gutters are working to direct rainwater away from your house.
- ☐ Slope dirt away from your house's foundation.
- ☐ Repair leaking roofs, walls, doors and windows.

*dehumidifier can be rented or purchased.

4,061
number of at-risk
families provided
intensive case-managed
care to build a safer,
healthier future.



A young ball player suffers an asthma attack and is rushed to the hospital. Thus begins a Cooperative produced TV commercial on the dangers of second hand smoke. The message aligns with anti-tobacco efforts that focus on passing ordinances to curtail smoking in outdoor, public spaces.

Tobacco Free Outdoor Air

A push is underway in South Jersey to provide the same protections against second hand smoke in outdoor public spaces as exist for indoor areas.

The Cooperative is actively engaged in the effort, co-facilitating the Integrated Municipal Advisory Councils (IMACs). IMACs were created by the statewide partnership 'Tobacco Free for a Healthy NJ' to seek policy and social changes to eliminate the dangers of outdoor tobacco exposure.

Staff from the Cooperative's Moms Quit Connection, play a leadership role in the Tobacco Free partnership, contributing valuable organizational support to the IMACs and education for key stakeholder groups including elected officials.

IMACs help municipalities and counties pass laws prohibiting smoking in outdoor public spaces. Municipalities without an IMAC receive technical support and education from MQC staff. To date, smoke-free outdoor ordinances had been adopted by 31 municipalities and one county in state.

The Cooperative was also asked to develop a marketing campaign that would raise awareness and increase use of cessation resources in NJ. The two-part campaign includes a dramatic video on the dangers of exposure to second hand smoke, and a website with a planned debut in the summer of 2013. The website will provide smoking cessation resources for smokers and professionals and information about smoke-free outdoor air.

Healthy Mothers, Healthy Babies Coalitions

An increasing number of South Jersey residents are volunteering for moms and babies. Membership in the Healthy Mothers, Healthy Babies Coalitions of South Jersey jumped 24% in 2012 to 433, the largest combined membership to date.

The county-based HMHB Coalitions bring together healthcare professionals, community activists and volunteers to identify local issues and organize local solutions. Teen pregnancy continued to be a major concern among several coalitions. Burlington and Atlantic County HMHB both hosted conferences on the topic. Burlington's program, 'Medical Risks in Teen Pregnancy', was so successful it was presented a second time and drew more than 200 attendees. Gloucester HMHB focused on maternal health and wellbeing with a health fair for pregnant women and new mothers.



An SNJPC sponsored food drive for MLK Day of Service delivered 705 lbs of food to the South Jersey Food Bank, enough food to feed a family of four for five months. Staff organizer Michelle Nussbaum stands beside collection bins in the lobby of the agency's Pennsauken office.

the next generation *Serving the special health needs of adolescents.*

Teaching Responsibility

The Personal Responsibility Education Program is a CDC endorsed model proven effective in changing behaviors that increase the risk of teen pregnancy and STDs. In 2012, the Cooperative embarked on a five year plan to make PREP available to South Jersey municipalities of greatest need.

While most of the pilot year was devoted to training, evaluation systems and marketing, an enthusiastic staff still managed to enroll 105 high school students and 18 pregnant and parenting mothers in the 6-week course. Participants rate the experience as authentic, crediting the staff's straightforward, non-judgmental approach to educate and address concerns with respect and understanding.

The program has two discrete curricula: Be Proud, Be Responsible for non-parenting co-ed groups and Be Proud, Be Responsible, Be Protective for pregnant and parenting mothers – taking advantage of budding maternal instincts to encourage healthier behaviors.

Personal Responsibility Education Program Marketing



This outreach flyer for a new teen program illustrates the caliber of materials produced by the agency's Communication's Department, which in 2012 produced 16 brochures, 47 flyers, 6 posters, 10 video presentations, 3 manuals, 25 collateral items and 3 websites.

School Nursing

The Cooperative provides direct nursing services for Camden County's non-public schools. In 2012, Cooperative school nurses cared for 5438 students, representing 29 different schools and 13 districts.

Two issues received particular attention in 2012: childhood obesity and immunizations. Nurses were trained in and provided access to the NJ Immunization Information System, enabling them to track student immunizations that was found to be immensely helpful.

A new state regulation mandating all NJ schools have an AED (automated external defibrillator) by September 2013 also occupied staff who helped identify schools in need of the units as well as training needs for school personnel.

Parents As Teachers

The belief that parents are a child's first and best teacher forms the basis for the new program called Parents As Teachers. This national, evidenced-based program encourages success in the crucial early years of childhood, guiding parents in how they can prepare their children for a strong start in school and life. PAT educators visit families at home to monitor child development, offer referrals for needed services, and address any parenting struggles. In its inaugural year, the program enrolled 41 Camden City families.

10,316
number of South
Jersey adolescents
participating in an
SNJPC health initiative.



Jehohn & Joseph

It can be hard to keep a room full of teenagers engaged. It's almost impossible if you're trying to talk to them about safe sex and abstinence. But that's just what the Personal Responsibility Education Program (PREP) did this year.

With teen friendly materials, creative activities and straightforward facilitators, the program realistically talks to teens about pregnancy prevention, safe sex practices and STD prevention.

And the need for straight talk is real. Just ask Jehohn, a 17-year old graduate of the program. "You always hear stuff about sex out in the street, on TV, and from your friends," he says. "I thought I knew a lot about sex, how to be safe, but then we took this myth vs. fact quiz on the first day, I got seven questions wrong!"

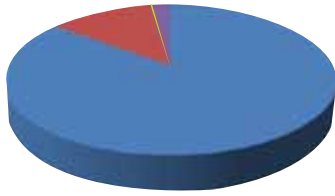
The small group size helps teens feel comfortable sharing their thoughts on sex and activities like myth vs. fact keep them engaged, while learning important lessons about the serious impacts of unwise choices. Role-play and videos describe realistic scenarios to help students think about potential situations they could face in and how to make responsible decisions.

"The program helped me to think twice about my actions," says Joseph another graduate of the program, who thinks teens should be more aware of the importance of safe sex.

Jehohn agrees, "I'm not ready to have kids now and I never want to get an STD. I am going to be responsible."

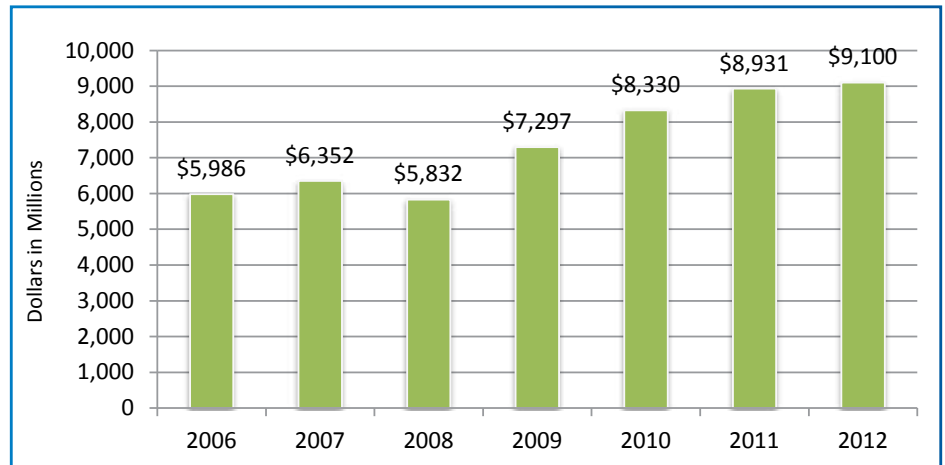
the bottom line 2012

Revenue: \$9,100,237

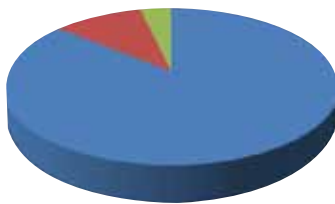


Grants 84.91%
Dues 12.04%
Investments 1.43%
Program/other 1.62%

Cooperative Revenue 2006-2012



Expenses: \$8,594,331



Grant Services 88.3%
Educational/Info 8.67%
Management/General 3.02%

Moving in the Right Direction

Over the past 7 years, the Cooperative's budget has grown 52%, topping \$9 million in 2012. Ongoing efforts to reduce the portion of the budget derived from member hospitals' dues were again successful, reaching a new all-time low of 12.04%. Another impressive figure is management and general expenses that declined to 3.02% of expenses in 2012 – the lowest ever for the agency.

Online donations are now possible via the Cooperative's new website. The first step in the Cooperative's new social media plan took place in 2012 with a major overhaul of snjpc.org. In addition to facilitating contributions, other improvements with the new site include enhanced functionality, password protected sections for confidential communication and streamlined editing process. Phase II, scheduled for 2013, includes presence on Facebook and Twitter.

IT Powerhouse

The Cooperative's prominence in data management rests with a highly skilled and very busy IT Department whose activities in 2012 kept pace with the demands of technology and SNJPC program expansion. The IT department processed over 33,000 screens, maintained and enhanced client record systems that supported over 100,000 client contacts, and supported 12 program specific databases.



Thank You

Board of Directors

President

Margaret Fernandes, MD

President-elect

Gary Stahl, MD

Treasurer

Sharon Buttress, MD, FAAP

Secretary

Stephen Montgomery

Executive Director

Judy Donlen, JD, DNSc, RN

Hospital Representatives

Robyn Boniewicz

Barbara Hansen, RN

Paul Kouyoumdji, MD

Robyn Harvey, RN, MBA

Gwen Heaney-Cutts, RNC

Helene Lynch, RN

Anne McGinley, PhD, RN, APN, C

Janine Merendino, RNC, BSN

Lisa Nichols, MSN, RNC

Kellyann Nierstedt, AD

Marge Pollock, MSN, NPC

Tracey Reighard, RN

Robin Taylor, RNC, BSN

Fran Cusick, RN, MSN

Non-Hospital Provider

Ronald Ayres, DO

Sharon Buttress, MD

Ann Diese, CNM, MSN

Margaret Fernandes, MD

Ruth Gubernick, MPH

Jacqueline Kaari, DO

Ronald Librizzi, DO

Anthony Mishik, MD, FAAP

Joan Rosen-Bloch

Karen Shields, CNM

Gary Stahl, MD

John Tedeschi, MD

Michelle Torchia, MD

Nancy Gerrity, RN, MSN

Consumer

Suzanne Conrad

Carol Gaffney

Dan Lombardo

Sarah Matthews

Stephen Montgomery

Phyllis Perkins

Gail Robinson

Liliana Sobczak

Peace Warden

Calvin Woods

Dianne Young Johnson

Funders

SNJPC Member Hospitals

AtlantiCare Regional Medical Center-City Division

AtlantiCare Regional Medical Center-Mainland Division

Cape Regional Medical Center

Cooper University Hospital

Kennedy Health System-

Washington Township Campus

Our Lady of Lourdes Medical Center

Shore Medical Center

South Jersey Healthcare-

Regional Medical Center

South Jersey Healthcare-

Elmer Hospital

The Memorial Hospital of Salem County

Underwood-Memorial Hospital

Virtua Memorial

Virtua Voorhees

Grants and Foundations

US Department of Health and Human Services/MCH Bureau

NJ Department of Children and Families

NJ Department of Health

March of Dimes New Jersey Chapter

South Jersey Health System*

* grant to SNJPC subsidiary agency, Family Health Initiatives

Event Support & Special Contributions

AtlantiCare Women's Health Services
Arc of NJ

Boys and Girls Club of Atlantic City
Chelsea Unit

Catholic Charities

Crystal Brown, REHS

Jacqueline Z. Shulman, Esq.

Merchantville Women's Club

Governor's Council on the Prevention
of Developmental Disabilities

NJ Coalition of the Prevention
of Developmental Disabilities



Everyday Heros Members of the Women's Leadership Initiative of United Way Atlantic County receive the 2012 Joseph A. Pacera Award, presented annually by SNJPC to recognize extraordinary contributions to maternal and child health. Pictured (left to right) Diane Lennon, Maria Mento and Carol Gaffney.

Programs and Services

Atlantic County Infant and Family Development
Back To Basics
Camden City Healthy Mothers, Healthy Babies-Healthy Start
Early Intervention Service Coordination
Fetal and Infant Mortality Review Teams
Healthy Families-TIP Atlantic County
Healthy Mothers, Healthy Babies Coalitions of South Jersey
Lead Education and Outreach
Mom's Quit Connection
Nurse Family Partnership - Camden City & Burlington County
Parents As Teachers
Pediatric Emergency Project
Perinatal Addictions Prevention Project
Personal Responsibility Education Program
Regional Perinatal Mood Disorder Program
Professional Education
Southern New Jersey Collaborative Health Access Project
Southern Regional Childhood
Lead Poisoning Prevention Coalition
Support Center-NJ Immunization Information System
WIC Breastfeeding Program



Southern New Jersey Perinatal Cooperative
2500 McClellan Avenue, Suite 250
Pennsauken, NJ 08109
856-665-6000 / 856-665-7711 fax

snjpc.org

Printed April 24, 2013

59,039

number of
South Jersey individuals
SNJPC helped in 2012.