2010 SNJPC Programs & Services

The Cooperative offers a range of services and programs in South Jersey, all with the goal of improving the health of mothers, children, and families in the region.

Atlantic County Infant and Family Development Program
Camden City Healthy Mothers, Healthy Babies /Healthy Start
Children's Health Insurance PRA
Early Intervention Service Coordination: Camden, Cumberland, Gloucester & Salem Counties
Fetal and Infant Mortality Review Teams
Healthcare Partnership to Insure NJ Kids - Outreach Initiative
Healthy Families/TIP Atlantic County
Healthy Mothers, Healthy Babies Coalitions of South Jersey - County Based
Lead Education and Outreach Program
Mom’s Quit Connection
Nurse Family Partnership–Camden City
Pediatric Emergency Project
Perinatal Addictions Prevention Project
Prenatal Wellness Initiative for South Jersey
Professional Education Series
Southern New Jersey Collaborative Health Access Project
Southern Regional Childhood Lead Poisoning Prevention Coalition
Support Center for the NJ Immunization Information System
WIC-Breastfeeding Services

* Programs and contracts administered by Family Health Initiatives
The mission of the Southern New Jersey Perinatal Cooperative is to ensure that the maternal-child health needs of pregnant women and families throughout the seven southernmost counties of New Jersey are met. Our activities help pregnant women have safe, supported, full-term pregnancies and provide access to resources that assist vulnerable families in becoming healthy and self-sufficient.

The Cooperative membership brings a regional perspective to addressing the quality of healthcare and the healthcare delivery system. Members represent healthcare professionals, agencies, businesses and community members, all of whom are invested in improving maternal and child healthcare throughout the region.

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**Members who served between January 1, 2010 & December 31, 2010**

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**SNJPC Staff 2010**

**Atlantic City Office**

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Jere Moncayo
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**Cathy Golightly**

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Robert Jackson
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Kathleen Kukral
Sarah Malone-Ditzel
Mary Kay Manni
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Aileen McCallough
Kelly McLaughlin
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Lynn Montgomery
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Colleen Pope
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Rebecca Segerson

**Lila Velez**

**Pluilla Perkins, MD, MPH, FACOG**

**Ilena Pits**

**Marge Pollock, MSN, NPC**

**Gail Robinson**

**Joan Rosen Bloch**

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**Liliana Sobczak, RHU**

**Gary Stahl, MD**

**Robin Taylor, RNC, BSN**

**John Tedeschi, MD**

**Michelle Topcis, MD**

**Peace Warden**

**Rev. Calvin Woods**

**Dianne Johnson-Young**

**Breastfeeding Services**

Robbi Albert-Jones
Maureen Ashfield
Sarah Chatkin
Brook Cook
Tasia Martinez
Louise Geveder
Anjali Hafezza
Autumn Harrison
Paula Knott
Karen Kurza
Elizabeth Purnell
Hafezah Rahim
Josmery Suarez
Margaret Stedman
Sharon Trombetta

**Phyllis Pollock, MSN, BSN**

**Lisa Segret**

**Matthew Skoufalos**

**Kristy Skyes-Stell**

**Jennifer Still**

**Lori Tosaurus**

**Leah Valley**

**Jeffery Weir**

**Merle Weitz**

**Beth Wilkinson**

**WIC**

**Robbi Albert-Jones**

**Maureen Ashfield**

**Sarah Chatkin**

**Brook Cook**

**Tasia Martinez**

**Louise Geveder**

**Anjali Hafezza**

**Autumn Harrison**

**Paula Knott**

**Karen Kurza**

**Elizabeth Purnell**

**Hafezah Rahim**

**Josmery Suarez**

**Margaret Stedman**

**Sharon Trombetta**

**Noemi Velez**
## The Bottom Line

**Operating Expenses** $8,273,572

- Management 6%
- Educational/Information 12%
- Grant services 85%

**Operating Revenue** $8,329,651

- Membership dues 13%
- Program/other 0.6%
- Grants 85%

### 2010 Funders

We recognize and thank those whose contributions have enabled the Southern New Jersey Perinatal Cooperative to realize its mission for South Jersey Families.

**Grants and Foundations**
- Health Research and Educational Trust of NJ
- Robert Wood Johnson Foundation
- US Department of Health and Human Services-Bureau of Maternal/Child Health-Healthy Start Initiative
- City of Cleveland* (HS data)
- NJ Division of Medical and Health Services*

*Grants awarded to Family Health Initiatives — SNJPC’s subsidiary agency

**SNJPC Member Hospitals**
- AtlanticCare Regional Medical Center – City Division
- AtlanticCare Regional Medical Center – Mainland Division
- Cape Regional Medical Center
- Cooper University Hospital
- Kennedy Health System
- Washington Township Campus
- Lourdes Medical Center
- Burlington County
- Our Lady of Lourdes Medical Center
- Shore Memorial Hospital
- South Jersey Healthcare-Regional Medical Center
- South Jersey Healthcare-Elmer Hospital
- The Memorial Hospital of Salem County
- Virtua Memorial
- Virtua Voorhees

**Specific Event Supporters**
- Access Training Services
- Environmental Hazards Inc
- Family Intervention Program/ARC
- Gloucester County Department of Health
- Gloucester County WIC (Women, Infants & Children) Program
- Harrell Parasitos-Perfil Latino, Inc.
- NJ Coalition for Prevention of Developmental Disabilities / The ABC of NJ
- The Southwest Council, Inc- Vineland Office
- Miriam Stens, MSW, LCSW
- Meridian Counseling
- Wisman Children’s Rehabilitation Hospital
- Vineland City Department of Health – Department of Health Education

**Special Contributions**
- Health Financial Advisors
- Susan Hendrickson, Esq., Dechert, LLP
- Kornicki and Associates
- Obermay, Rebmann, Maxwell & Hippel, LLP
- Jacqueline Z. Shulman
- Susquehanna Group Advisors, LLC
- Zelenkofske Axelrod, LLC

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### Grants received in 2010

- $1,520,000 US Department of Health and Human Services/MCH Bureau. Supports Camden Healthy Start Initiative.
- $611,466 NJ Department of Community Affairs. Supports lead poisoning prevention activities.
- $49,959 Health Research and Educational Trust of New Jersey Supports Children’s Health Insurance Program education and outreach project.
- SNJPC Budget (revenue) one 14% in 2010 compared to 2009 – the increase is attributable to larger grants for WIC-Breastfeeding, Early Intervention, Home Quit Connection, Immunization Registry and NSMIA.

Includes awards to Southern NJ Perinatal Cooperative and its subsidiary agency, Family Health Initiatives.

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### A Message from the President

The 2010 Annual Report is organized a bit differently than past reports. The standard format has been adjusted along thematic lines. We did this to help emphasize how our programs are interconnected and better illustrate the overarching objectives of the agency. Even those readers well familiar with our programs may discover a new, unconsidered connection.

Every SNJPC program has as its chief goal the improvement in health status of pregnant women, mothers, newborns and children in South Jersey. But the ways in which these initiatives are interconnected reflects the various approaches the Cooperative takes to meeting the challenges of improved birth outcomes and healthier families.

Whether through effective data analysis, a premiere delivery system, innovative outreach programs, or best-practices-driven case management, the Cooperative is prepared to facilitate the breadth of MCH needs in South Jersey. Whether operating at a system level or one-on-one, the agency at its core is driven by a spirit of collaboration.

As we proceed into a future marked by economic uncertainty and diminishing resources, a greater emphasis is placed on the cooperative approach that underpins everything we do. No matter what that future might hold, our clients, partners, and supporters will know that this organization is poised to respond forcefully with a comprehensive platform of services to help South Jersey meet the healthcare challenges of tomorrow.

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President, Southern New Jersey Perinatal Cooperative

Gwen Heaney-Cutts (center) celebrates with Celeste Andriot Wood, (right) Assistant Commissioner, New Jersey Department of Health and Senior Services and Sunday Gustin, Home Visitiation Program Manager, New Jersey Department of Children and Families, Division of Prevention & Community Partnerships on March 9th, 2010 at the opening of SNJPC’s new Atlantic City office. The new office, a superior location with larger and more professional accommodations, had an immediate impact. Client visits increased and workshop participation rose.
System Improvements
Improving the system of care is central to advancing the health status of mothers and children. In 2010 efforts by the Cooperative on this front focused on pediatric emergency care, perinatal risk assessment, and the Immunization Registry.

Pediatric Emergency Project
Launched in 2009, the Pediatric Emergency Project provides SNJPC member hospitals with education and training in caring for pediatric patients in an emergency setting. Typically, inpatient pediatric nurses do not receive training in pediatric emergency treatment, nor do ER nurses receive pediatric-specific training. The program helps both groups become proficient in the skills needed to triage children effectively and anticipate their needs while being seen in the ER.

The changing nature of pediatric care in hospitals, such as decreased admissions, shorter lengths of stay and observation in ER without hospitalization, has caused hospitals to look at redesigning the system of care. One solution is a pediatric hybrid unit - the co-location within the ER of the pediatric inpatient unit and separate observation area for children being treated in the ER. Given the seasonal nature of childhood illness, this design supports the efficient use of resources and optimizes patient care, ensuring that children are treated by those with appropriate pediatric training.

SNJPC staff is helping hospitals evaluate this model of care and providing educational and other support to implement the change as indicated.

Available to all SNJPC member hospitals, the Pediatric Project offers education/pediatric nursing consultation, on-site triage training, and pediatric professional conferences. In addition to clinical training, project staff assesses hospital needs in cooperation with onsite staff, provides relevant sample policies and procedures and assists in their development and implementation. Ongoing evaluation and consultation is available throughout the process.

The exact level of service depends upon the unique needs of each member institution. To date, the Cooperative has provided training to all SNJPC member institutions.

Collaborative Health Access Project
In January, 2010 SNJPC convened a regional practice collaborative to improve access to preconception, interconception and prenatal care. Named the Southern NJ Collaborative Health Access Project, this effort focuses on seven high-risk municipalities in the region: Camden City, Pennsauken Township and Lindenwold Borough in Camden County; Millville, Vineland and Bridgeton in Cumberland County; and Glassboro in Gloucester County.

Project partners include Federally Qualified Health Centers and reproductive health care providers. As lead agency, the Cooperative has coordinated:
- creation of a WIKI Site where program partners and key community agencies can more easily share strategies and resources;
- development of a reproductive health risk assessment tool;
- development of culturally appropriate community education tools and messages to reach target populations;
- casefinding and tracking activities of project partners who followed 482 pregnant women;
- survey efforts to quantify regional barriers to care.

In the coming year, project partners will expand upon these activities with an emphasis on removing barriers to prenatal care.

Access to Services Subcommittee-HMHB Atlantic County
The Access Subcommittee continued its work begun in 2009 to identify and eliminate barriers to prenatal care services by interviewing pregnant women about their experiences. Nearly 150 women participated in interviews conducted at Medicaid and prenatal care offices.

The information gleaned in these conversations informed a public outreach campaign to educate women about available services and how to access these regardless of their insurance status. A lack of money and knowledge about what help was available were the two main barriers women cited for entering prenatal care beyond the 14th week of pregnancy.

Prenatal Survey Results
(148 women surveyed; 65% on Medicaid, 26% identified as self-insured)
- 62% reported their pregnancy was unplanned (vs. 50% national average)
- 38% waited two weeks or less for a prenatal care appointment
- 57% waited two to four weeks for a prenatal care appointment
- 45% were four to six months pregnant at time of survey
- 46% were more than five months pregnant at time of survey

The survey report and resultant public campaign was presented at the 2010 National Perinatal Association conference.

Thank You, Elaine Jones
In 2010, the region lost a wise and dedicated advocate for mothers and babies. Elaine Jones inspired us with a deeply personal commitment to the families of Atlantic City. She honored us with a steadfast support for our Atlantic City programs, and she made those programs better with her astute counsel.

Lisa Sulzman, Nursing Manager at Shore. Sulzman anticipates a positive response to the new unit.

Over the past nine months, Manni has worked closely with Shore’s ER and pediatric staff, providing on-site training, consultation, assessment and even equipment advice.

With 30 years’ experience in pediatric critical care pediatric emergency room care, Manni capably advises both the ER staff unfamiliar with pediatric issues and the in-patient pediatric nurses unfamiliar with the ER. "Mary Kay brings a level of expertise we don’t currently have,” says Lisa Sulzman, Nursing Manager at Shore. Sulzman anticipates a positive response to the new unit.

"When you can bring your kid to an ER and know they have trained pediatric emergency nurses on call, that’s important to parents,” she says.

Pediatric Clinical Supervisor Jody Brady says she has gained a deeper professional knowledge base and the confidence to take ER shifts as a result of Manni’s training.

"Mary Kay taught me pediatric differential diagnosis, and how to deduce what’s going on with pediatric patients based on signs and symptoms,” Brady says.

"That gave me the confidence to fly solo.”

Mary Kay Manni, RN, (left) Coordinator of SNJPC’s Pediatric Emergency Project, works closely with staff of member hospitals, providing on-site consultation, training and evaluation.

or educational conferences to hospitals in the Kennedy Health System, Shore Memorial Hospital, South Jersey Healthcare–Regional Medical Center, Underwood-Memorial Hospital, Memorial Hospital of Salem County, Virtua Memorial Hospital of Burlington County and Virtua-Voorhees.
The complexity of the social service and health care system can stymie those in need of support. Discouraged, they may simply opt out of care rather than try to navigate the system alone. The Cooperative is working with other agencies statewide and within its service region to facilitate an emergent model that endeavors to address this circumstance: the “No Wrong Door” approach. “No Wrong Door” emphasizes a philosophical shift to an integrated, client-centric, multi-agency service network that ensures consumers receive the help they need regardless of which agency they initially approach. Such a system goes far beyond handing out referrals. It requires a commitment among all participating agencies to share responsibility for connecting consumers with the services most appropriate to their needs at intake, independent of which provider offers them. Although the concept is simple, implementation is not. Challenges include billing, funding, and insurance streams for both providers and consumers, adopting cross-agency best practices, improving interagency communication and coordination, and managing client records across a single information system.

The Cooperative is helping to bring a “No Wrong Door” concept to the region in the areas of substance abuse and mental health. As a member of the Co-occurring Mental Health and Addictions Disorders Workgroup of the Camden County MAPP Coalition, the Cooperative is already engaged in a planning process for such a system. The Cooperative has a decades-long history of understanding its service region to facilitate an emergent model that endeavors to address this circumstance: the “No Wrong Door” approach. The Cooperative is helping to bring a “No Wrong Door” concept to the region in the areas of substance abuse and mental health. As a member of the Co-occurring Mental Health and Addictions Disorders Workgroup of the Camden County MAPP Coalition, the Cooperative is already engaged in a planning process for such a system.

The foremost goal of the program in 2010 was to assure that 80% of pediatric providers in each of the seven South Jersey counties that participate in the federal Vaccines For Children program are trained in NJIIS and become active system users. Staff surpassed this active-user target and met or exceeded the target for provider training in all but two counties.

Support Center for the New Jersey Immunization Information System (NJIIS)

The NJIIS is an invaluable resource for the proper immunization of NJ children. It is the job of the Cooperative to educate pediatric offices about NJIIS and provide the training and technical assistance to support provider participation.

In 2010, Cooperative staff enrolled 34 new provider sites in NJIIS and trained 255 health professionals to use the system.

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The NJ Department of Health and Senior Services, a champion of the 4P’s Plus Tool, concurred that the 4P’s Plus questions need only be asked once, so the PRA form became the source of 4P’s Plus data.

The use of one form to collect information for multiple programs has undoubtedly improved the quality of data about women who enter the prenatal care system in South Jersey.

The PRA form also gathers patient information on current and chronic medical conditions, as well as pregnancy history and behavioral and psychosocial risk factors, all factors that are considered when referral to a home visiting program is made. Thus, plans were made to eliminate another form in 2011. The Camden Healthy Start Screening and Referral Form, created in 2002, retired in 2010, and in its place the PRA form is used for the electronic submission of home visiting referrals in Camden. Integrating screening and referral with existing systems is critical to meeting providers’ need for services when and where their patients need them. In 2011, FHI will partner with SNJPC providers to incorporate the PRA into electronic medical record systems, once again simplifying the process for providers by keeping up with technology.

A Universal Perinatal Risk Assessment Tool

The Cooperative routinely evaluates its data collection tools to improve data quality and encourage consistent and universal use in provider settings. When possible, multiple tools are combined to promote efficient screening and effective referral to needed services.

Thanks to the success and expansion of the Perinatal Risk Assessment project (an initiative of Family Health Initiatives), prenatal providers serving Medicaid patients in the region had one less SNJPC form to manage in 2010.

The Perinatal Risk Assessment (PRA) form includes questions from the 4P’s Plus Screening Tool - a set of questions used to determine risk for substance abuse during pregnancy.

The Cooperative is working with other agencies statewide and within its service region to facilitate an emergent model that endeavors to address this circumstance: the “No Wrong Door” approach. The Cooperative has a decades-long history of understanding its service region to facilitate an emergent model that endeavors to address this circumstance: the “No Wrong Door” approach.
Atlantic County Healthy Families/TIP (HF-TIP)

HF-TIP uses a home visitation model to educate new and expectant parents about positive parenting, child nutrition and child development. This voluntary program served 139 Atlantic County families (46 newly enrolled) between July 2009 and June 2010. Highly successful, HF-TIP exceeded all performance measures used to assess its effectiveness (see chart below).

In 2010, HF-TIP expanded its reach and increased referrals to the program by building relationships with other Atlantic County service agencies, especially those that serve pregnant and parenting teens and mothers in recovery. Program enrollment was also bolstered by a new initiative to provide onsite assessments at area prenatal clinics.

Atlantic County Infant and Family Development Program (IAFD)

Similar to HF-TIP, IAFD provides in-home parenting education, developmental screening, and medical follow-up for new parents in Atlantic County. Clients are referred to the program by prenatal sites or hospital staff at the time of delivery.

In 2010, IAFD caseworkers provided 500 hours of direct service to client families, and this intervention continues to have a significant impact. Among participating families, there were no incidents of child abuse or neglect, no unplanned second pregnancies, and all children were appropriately immunized.

The reputation of the program for excellence in home visitation services led to a new subcontract in 2010 with the Southern Jersey Family Medical Centers to provide case management for 54 high-risk pregnant women enrolled in the PACT program in Atlantic City and Pleasantville.

HF/TIP Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up-to-Date Developmental Screens</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Up-to-Date Lead Screens</td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>WIC-Eligible Pregnant Women Enrolled</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>WIC-Eligible Children Enrolled</td>
<td>80%</td>
<td>97%</td>
</tr>
<tr>
<td>Clients Keeping Their 6-8-Week Postpartum Appointment</td>
<td>80%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Strengthening Families

Providing at-risk parents with the tools and resources they need to create safe and nurturing homes sustains families in times of crisis and supports lasting improvement. This approach is personal, intensive and compassionate. Vulnerable caregivers become self-sufficient, children thrive and the family is transformed.

Creativity Counts

Finding the best way to reach the ‘hard-to-reach’ populations occupies many staff hours. Below are some novel approaches used in 2010 to educate families about protecting children from lead poisoning.

English as a Second Language (ESL)

As part of its outreach to Spanish-speaking families, SNJPC staffer Sarah Malone-Ditzel attended ESL classes and provided students with a primer on lead safety. Her course covered the risks, lead-safe practices at home and work and the importance of testing.

Lead Bingo

Many South Jersey parents learned how to protect against lead dangers with Lead Bingo, introduced in 2010 as part of a special outreach to child care centers. This ongoing effort provides curriculum ideas for center staff, handouts for students and parents and free, on-site workshops conducted by SNJPC staff.

Healthy Homes Bag

Packed with non-toxic cleaning supplies and sound advice, the Healthy Homes bags were distributed to hundreds of South Jersey families. The free bags are a popular tool used by members of the Southern Region Childhood Lead Poisoning Prevention Coalition to educate the community on a safer way to clean.

Community Role Models

Mother of the Year Nadia Martinez (L) and Father of the Year Luke Kusek (R) are joined by HMHB-HS Chair Rev. Calvin Woods (2nd from L) and Camden Mayor Dana Redd at the annual meeting of the program. Mayor Redd issued special proclamations for Martinez and Kusek, commemorating their receipt of the HMHB-HS Mother and Father of the Year awards. Both were praised for their commitment to their respective families and the positive examples they set for their fellow Camden City residents.
A Healthier Home

Lead poisoning remains a significant challenge for families throughout New Jersey, which has some of the oldest housing stock in the nation. Older homes generally contain lead-based paint, which decays into toxic, airborne, invisible lead dust—the main source of childhood lead poisoning.

Southern Regional Childhood Lead Poisoning Prevention Coalition

To combat the threat of lead poisoning, the Coalition undertook a number of activities to improve childhood blood-lead screening rates and to help parents create lead-safe homes. In 2009 recruiting drive yielded a strong base of grassroots stakeholders that included providers and realtors; in 2010, the Coalition mobilized those members to effect regional change.

A key Coalition initiative in 2010 was outreach to Spanish-speaking residents in high-risk areas where large numbers of children remain unscreened. Staff accompanied SNJPC case managers on home visits to provide onsite lead education and test homes for lead. Of 31 households visited, 14 were tested. This engagement often led directly to scheduling children for a blood-lead level test to document their lead exposure.

To reach a broader, Spanish-speaking audience, the Coalition partnered with public access community television station DH Perfil Latino in creating a series of telenovelas—Spanish soap-opera-style vignettes. Entitled "At Home with Juan and Maria," these shorts identify key lead hazards in the home and their potential impact on children. They also suggest effective, simple solutions to counteract these risks.

The Coalition partnered with 45 childcare and preschool centers for its Parents Against Lead project, a concerted effort to engage these partners for its Parents Against Lead project, a concerted effort to engage

Non-toxic cleaning methods.

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The Coalition partnered with 45 childcare and preschool centers for its Parents Against Lead project, a concerted effort to engage parents of very young children in lead education. These partners distributed Coalition-provided educational materials, integrated lead safety messages into their curricula, and hosted parent workshops on lead-safe nutrition, lead-safe home renovation and non-toxic cleaning methods.

The Coalition continues to distribute free Wipe Out Lead-home test kits, and provided 1554 kits to South Jersey residents in 2010; 209 homes tested positive and received follow-up. The Coalition also sponsored 18 lead-safe building maintenance practices trainings and 13 Renovate Right lead-safe education sessions for do-it-yourself homeowners.

Camden Healthy Mothers, Healthy Babies—Healthy Start (CHS)

CHS promotes comprehensive care for pregnant women and children with the overall goal of lowering the infant mortality rate in Camden City. Since 2005, the program has shown consistent progress towards this goal, and in four of the past five years, the infant mortality rate for CHS clients has been—far below its target objective of 11.5.

The program also continues to make steady progress towards its target goal of finding medical homes for all client children, encouraging pregnant women to enter prenatal care early, reducing low birthweight babies born to clients and maximizing client use of referrals.

These improvements are due in part to the development of a sophisticated client record-keeping system that better monitors client information and benchmarks. The web-based CHS data system provides reliable, timely and accessible information that assures program interventions are truly data-driven.

Providers and clients both benefit from the recently implemented “single point of entry” intake protocols used jointly by CHS and Nurse Family Partnership. No matter at what point a client is assessed, the system ensures that eligible clients are referred for services most appropriate to their needs.

Camden Healthy Mothers, Healthy Babies—Healthy Start by the Numbers

249 women enrolled in case management
315 children of case-managed clients served by program (birth to age 18)
100 adolescents reached through school-based programs
310 fathers participated in Fathers on Track (male support services)
55 new mothers enrolled in breastfeeding support services
73 parents attended CHS parenting education classes
601 residents reached through community outreach activities

A proud graduate of the Camden Nurse Family Partnership program at the 2010 graduation ceremony. The program supports first-time, expectant mothers in Camden City. NFP nurses provide education, support, and counseling for low-income families. Program goals include improving pregnancy outcomes, child health and development, and parental economic self-sufficiency. In 2010, the program served 101 families with 1164 home visits.

Nurse Family Partnership (NFP)

NFP is a voluntary, evidence-based home visiting program for first-time, expectant mothers in Camden City. NFP nurses provide education, support, and counseling for low-income families. Program goals include improving pregnancy outcomes, child health and development, and parental economic self-sufficiency. In 2010, the program served 101 families with 1164 home visits.

NFP Clients at a Glance

• 94% unmarried
• 90% with annual income less than $40,000
• 75% unemployed
• 50% not in school

Average client age: 18

By the Numbers

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Engaging the Community

Healthy Mothers, Healthy Babies Coalitions

The county-based HMHB Coalitions lead South Jersey in ongoing, grassroots efforts to promote healthy pregnancies and remove barriers to maternal-child care. Although the specific agenda of each coalition is driven by its local membership, all share a common purpose: to improve the health of mothers and children.

The Atlantic County Coalition organized meetings among area stakeholders in response to the 2010 KIDS COUNT data, which ranked the county last among all NJ counties. KIDS COUNT is an annual assessment of children’s educational, social, economic, and physical well-being.

Working groups were established to evaluate key issues for Atlantic County as profiled in the KIDS COUNT report: teen pregnancy, infant mortality, and early entry into prenatal care. When the groups identified a lack of family planning services in the western section of the county, HMHB-AC helped facilitate the weekly provision of such services at a Hammonton-based clinic.

The Burlington County Coalition collaborated with its local WIC office to offer weekly workshops of pregnancy-related topics for a five-month period. Issues included: perinatal substance use, smoking cessation, childhood lead poisoning, breastfeeding support services, and services for pregnant teens.

The Cape May County Coalition began work on a comprehensive resource directory for pregnant women and new mothers. The coalition also supported the Cape May County “We Check for 21” kick-off event, providing 51 framed warning signs and stickers designed to help bartenders avoid serving alcohol to underage pregnant women.

The Gloucester County Coalition worked with local government and NJ Transit to establish an additional bus stop closer to the county Social Services building for the safety of clients traveling with children. Prior to their efforts, passengers had to disembark buses far from the building where no pedestrian walkway exists.

The Salem County and Cumberland County coalitions sponsored a pair of Pregnant Pause events that reached 150 pregnant women with education on the dangers of alcohol consumption during pregnancy.

Car Seat Safety Check

One of the simplest, yet highly beneficial, services the Cooperative provides, is its Car Seat Safety Check program. Both the Atlantic City and Camden offices have certified child safety-seat technicians on staff, and in 2010 they inspected and replaced 20 child safety seats.

During inspections, staff determine whether a child’s safety seat is properly installed, if it is appropriately rated for the child’s height and weight, and check it against a list of known recalled or defective model numbers. The Atlantic County Office of Highway Safety provides free replacement seats for those determined to be unsafe.

Motor vehicle crashes remain among the top killers of children younger than 14. A properly installed safety seat can reduce the chance of fatal injury by 71% for infants and by 54% for toddlers aged one to four. It is believed that as many as four of five child safety seats are installed incorrectly.

When Desirae Champion’s second daughter, Claudia “Chloe” McDowell, was born, breastfeeding was a struggle. At the advice of her mother, Desirae enrolled in the WIC Breastfeeding Services program (WIC-BF).

WIC-BF Program Coordinator Sarah Chaikin taught Desirae a technique that enabled the newborn to use her innate reflexes and skin-to-skin contact to latch. Lactation consultant Robbi Albert-Jones provided Desirae invaluable ongoing encouragement and problem-solving assistance.

“The program helped me keep trying,” Desirae says. “When the program helped me keep trying, I was able to get hope that I could do it.”

After a few weeks, mom and baby became so successful that Desirae could breastfeed Chloe exclusively. That made them eligible for an expanded WIC benefit package for exclusively breastfeeding moms, which provides a greater supply of food, and runs through the first year of the child’s life.

Desirae says she wishes she’d had the support of the WIC-BF program when she struggled to nurse her first daughter.

“If I had known that I could have kept trying, I would have pursued it,” she says. “WIC-BF gave me the encouragement I needed.

Chloe now latches easily, and Desirae nurses with confidence. She’s so pleased with her results that she tells all her friends about the program.

“I enjoy the closeness,” Desirae says. “To know that I’m the one providing for her, that it’s all me, is special.”
WIC Breastfeeding Services (WIC-BF)

In 2010, WIC-BF changed its approach to client education, replacing its lecture format with a client-led, facilitated discussion design. This new model revealed more about perceived barriers to breastfeeding and enabled staff to intervene more directly into issues related to their clients’ needs. Participant-centered counseling has also provided valuable feedback that can inform policy about breastfeeding issues particular to lower-income women.

The program received a 40% increase in federal funding, which translated directly into a 35% increase in additional staff hours (rising from 252 hours per week in 2009 to 390 in 2010). This expansion provided for additional prenatal breastfeeding classes at program sites in Burlington, Camden, Tri-County, and Gloucester; these same four locations also demonstrated improved breastfeeding rates.

The number of exclusively breastfed newborns improved most in the 2010 program year, and some local agencies even exceeded the state average. Enhancements in the food packages for women who breastfeed exclusively persuaded more mothers to consider this option. Exclusive breastfeeding moms received benefits for twice as long as non-breastfeeding WIC clients and their babies received additional food benefits.

Making Contact

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<tr>
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</tr>
</tbody>
</table>

Monthly Average of Exclusive Breast Feeding

Regional Breastfeeding Trends in the 2010 Program Year

Breastfeeding rates in the SNJPC service region continue to improve. In some communities, seasonal employment cycles tend to depress rates partly because mothers in tourism-related jobs often suspend exclusive breastfeeding to accommodate the needs of their employment.

Claudia “Chloe” McDowell is happy, healthy, and well-fed, thanks to mom Desirae Champion and her committed efforts to breastfeed.

Initiatives for Fathers

Engaged fathers are important to the health of a family—and healthy families are key to strong communities.

The Fatherhood Committee of Camden Healthy Mothers, Healthy Babies/Healthy Start helps Camden fathers meet the challenges of parenting. The Committee addresses issues relevant to fathers, such as legal rights and life skills. Members help identify the barriers that Camden dads face and how best to resolve them.

The Committee also conducts community outreach for fathers at events like the annual Fatherhood Fun Day, which celebrates the special role fathers play in family life at an outdoor barbecue and fun run/walk.

In partnership with other activities is Fathers on Track, which helps dads in a weekly group support model providing curriculum-based education on parenting issues and discussions specific to the needs of fathers in the group.
High-Risk Populations

Among the most challenging high-risk populations to serve are pregnant women who use narcotics, alcohol and other substances. Often these women present with other health and mental issues that complicate their treatment.

Perinatal Addictions Prevention Project (PAPP)

PAPP plays an important role in helping substance-using, pregnant women with its advocacy of a universal screening tool to identify high-risk factors. In 2010, the program adopted a new screening utility, replacing the standard 4P’s Plus form with the Perinatal Risk Assessment (PRA) screen. The change caused a slight drop in the number of screens completed (9850 in 2010 versus 10,112 in 2009). Nonetheless, these numbers still exceed the baseline PAPP goal of screening 25% of all pregnant women in the region (approximately 7200 screens, based on 2010 live birth data for regional hospitals).

In addition to supporting the screening process, PAPP conducts ongoing professional education for area providers and maintains an active community outreach calendar. In all, the program served 2500 individuals with 97 total education programs in 2010.

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Perinatal Risk Screening

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• 2261 screens positive for tobacco use
• 1796 screens positive for alcohol use
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The “25 Reasons” PAPP brochure is an SNJPC-produced consumer outreach document that provides education on the perinatal substance use. Distributed free of charge throughout the region, it became a valuable teaching tool at the nearly 100 PAPP sponsored educational programs in 2010.

Mom’s Quit Connection (MQC)

In 2010 the Cooperative received funding to increase calls from South Jersey to the NJ Quitline—the free tobacco-user telephone counseling service that is the only remaining state-supported smoking cessation treatment service.

MQC staff developed a multi-tiered campaign to raise visibility of the Quitline among consumers and increase physician referrals. An aggressive physician outreach and training program provided immediate results. Likely Quitline users were targeted through cable television ads, print materials, and a revamped Quitline website.

Just six months into the campaign, the percentage of calls from South Jersey to the NJ Quitline had risen from 16% to 61% of total calls. Internet traffic increased from 456 hits at the beginning of the campaign to 18,212 by March 2011.

The marketing campaign will continue in 2011 with Spanish-language radio spots, billboard advertising, and a direct fax and e-mail campaign to pediatric and primary care providers.

MQC also continued its core service of helping pregnant women and new moms stop smoking through individual counseling, group meetings, and personalized quit plans. The number of case-managed MQC clients in 2010 rose to 114 (67 new clients). The program provided 292 total counseling sessions.

In the latter half of the year, 40% of clients had cut down their tobacco use; 34% quit for good.

MQC also productively maximized its use of new educational venues for its services. Staff conducted formal tobacco prevention educational programs reaching 524 pregnant and parenting teens, adults, their families, and child caregivers in agencies, schools, and treatment facilities. Informal sessions at health fair events and provider waiting rooms reached hundreds more.

Professional education services improved as well. The program assisted a total of 701 perinatal professionals in 2010, 198 more than it had in 2009. Staff conducted 23 on-site Ask, Advise, Refer (AABR) trainings for 431 clinicians, and provided an additional 270 professionals and clinicians with support for their education and cessation services.

The program also assisted hospital clinical staff in developing and implementing campus-wide smoke-free policies and collaborated with other NJ maternal-child health consortia to provide onsite perinatal cessation counseling to pregnant clients.
Changing Behaviors
Every SNJPC program centers itself with changing behaviors in some way to improve health outcomes. Some of these efforts focus on system changes involving providers, policy makers and institutions; other changes touch individuals and families.

Working with clients to foster a positive understanding of the health benefits of change, program staff provide practical, proven strategies to adopt a new, healthier lifestyle. In doing so, staff enable clients to adjust their outlook towards a goal they previously thought unattainable.

“Changing Behaviors,” Danielle Prebor

Danielle Prebor had been ready to quit smoking for a few months. But kicking a 10-year tobacco habit is difficult. She tried limiting herself to just a few cigarettes a day. It wasn’t enough.

Then Danielle’s infant daughter, Makayla, was diagnosed with bronchiolitis, and things shifted quickly into focus.

“The doctor said it could only have come from a few sources, and the only one that applied for us was smoking in the house,” Danielle says.

A referral from Project Self-Sufficiency introduced Danielle to Moms Quit Connection and Perinatal Tobacco Specialist Barbara Heinz.

“I liked phone counseling because I could get all the help I needed without having to leave my lighters,” she says.

Although Danielle’s challenges are magnified because she lives with her family, she credits Barbara’s practical, non-judgmental support with helping her to reach her quit goals.

“I was ready but I needed an extra push,” she says. “Barbara didn’t tell me what to do. She just gave me suggestions to help reduce my cravings.”

Although Danielle’s challenges are magnified because she lives with her family, she credits Barbara’s practical, non-judgmental support with helping her to reach her quit goals.

“Instead of having my first cigarette in the morning, I distracted myself until Makayla woke up,” she says. “When I went out, I left the cigarettes at home. I cleaned out my car and threw away all my lighter.”

“I don’t want my daughter to grow up thinking it’s okay to smoke,” she says.

Danielle Prebor’s daughter gave her the motivation, but it was Moms Quit Connection that finally taught her the skills to end a decade of smoking.

Professional Education
Professional education is part of the Cooperative’s mission. A core service is to expand the professional capabilities of perinatal and pediatric healthcare professionals in the region with current medical information and best practices. Webinars and online learning have been added to SNJPC’s educational options, and e-marketing has become the preferred advertising route - as evidenced by the e-flyer for the Electronic Fetal Monitoring course (right). The EFM course was among 28 professional education offerings sponsored by the Cooperative in 2010. Still an exceptional value, the average cost per nursing contact hour at an SNJPC-sponsored offering in 2010 was $5.13.

Fetal Infant Mortality Review Teams (FIMR)
Despite technical advances in perinatal and neonatal medicine, too many babies die before their first birthday. To complement data analysis at the regional level, SNJPC coordinates three multidisciplinary case review teams in the region to take a closer look at the system of care in the community. A sample of cases are chosen, de-identified and reviewed for risk factors or obstacles in the health and social service system that may have contributed to the child’s death. Were there early and regular prenatal visits? Were appropriate steps taken to minimize behavioral risks? Were there issues in the mother’s lifestyle or culture that could have been addressed through education and counseling? When possible, an interview is conducted with family members to gain their perspective of community issues that must be addressed.

In 2010, FIMR case review teams reviewed 58 cases, making recommendations to improve maternal and child health services to Healthy Mothers, Healthy Babies Coalitions and SNJPC stakeholders. Grand Rounds were also conducted at Shore Memorial and AtlanticCare in cooperation with the Gateway Maternal and Child Health Consortium and with support from the March of Dimes.

Fetal Infant Mortality Review Teams (FIMR)

4.5 Contact Hours

Basic Electronic Fetal Monitoring

Friday, April 30, 2010

Friday, Sept 11, 2010

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Pregnant Pause

Sharesa Fletcher (left) celebrates winning the Bo in the kNOw educational game with PAPP Coordinator Suzanne Kinkle at the July 2010 Pregnant Pause hosted by Osborn Family Health Center. The game is a popular feature at Pregnant Pause events which are designed to help prevent the incidence of fetal alcohol syndrome through community activities that are both entertaining and informative. Remy Watkins, Project Director (above right) presents Fletcher with the top prize—a Fisher-Price baby swing.
Smart Use of Technology

The intelligent and effective management of data is a core asset of the Cooperative. To meet an escalating demand for increasingly sophisticated systems, in 2010 the agency invested in a substantial upgrade of its network infrastructure, tripled storage capacity and implemented expanded security measures, including e-mail encryption. Such improvements benefited all SNJPC programs, but were instrumental to supporting a new telework (work from home) model for Early Intervention staff. With dozens of programs and hundreds of performance measures, data management requires vast resources at SNJPC. Most programs have their own HIPAA-compliant client data systems that combined contain more than 10,000 current and archived records as well as information on program activities such as training, screening results and materials distribution. In addition, the agency processes annually more than 25,000 risk assessment and postpartum depression screens. The SNJPC Management Information Systems staff constantly assesses and evaluates agency and program needs to ensure the most appropriate technology for the task.

Postpartum Wellness initiative for South Jersey (PWI-SJ)

Ease of data management is vital to PWI-SJ's task of helping providers comply with state-mandated screening for perinatal mood disorders. A smooth-functioning system supports the accurate identification and appropriate intervention of women at risk. In 2010 the program replaced the hand-held PDAs with user-friendly netbooks to enable physicians offices to better comply with required screening. The switch resolved administrative challenges that were undermining participation. Equipment improvements, along with the addition of a secure, web-based system for online form submission have had positive impact. The web-based system also creates a convenient, easy-to-follow patient narrative that assures providers of client follow-up and consistency of care.

When the Early Intervention Service Coordination program launched its new, web-based client management database last year, some therapy providers were apprehensive at having to learn a new system. As one provider discovered, however, several features of the new system have become instrumental in helping therapists manage client data and enhance service delivery.

Ann Breakey, Program Director for EI provider Step By Step at Archway in Atco, NJ, says that the new web-based EI client management system took some getting used to, but has been a game-changer for her staff.

Early Intervention Service Coordination (EI)

In June 2010, the Early Intervention Service Coordination program was awarded a grant expanding its in-home services to three additional counties in the region. SNJPC now provides EI Service Coordination for the counties of Atlantic, Gloucester, Salem and Camden. This expansion increased the existing EI caseload by 883 children, a 135% increase from that of the previous year.

To facilitate the added responsibility of coordinating care across this larger geographic area, 14 new employees were hired and a new telework model was instituted. Most EI staffers now telecommute, enabling them to more effectively deliver client services. The Cooperative provided each service coordinator with home office equipment as well as with remote desktop access to the SNJPC network.

In this distributed coverage model, service coordinators are linked with the SNJPC Pennsauken office, direct-care therapy provider agencies, and each other via a web-based client record system, created by SNJPC data staff. The system is designed to incorporate NJ rules and requirements for service coordination in the statewide Early Intervention program. It also improves inter-agency communication and the timely connection of eligible children to appropriate services.

A change in the electronic mechanisms by which the postpartum depression screening tool was delivered at the Kennedy Hospital—Washington Township OB-GYN practice made it easier for staff like the Margaret McNally, LPN and Rita Hughes, LPN to report patient screening needs to ensure the most appropriate technology for the task.
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Keep Your Baby Safe

25 reasons to stop using drugs and alcohol during pregnancy

Perinatal Addictions Prevention Project

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Engaging the Community

Healthy Mothers, Healthy Babies Coalitions

The county-based HMHB Coalitions lead South Jersey in ongoing, grassroots efforts to promote healthy pregnancies and remove barriers to maternal-child care. Although the specific agenda of each coalition is driven by its local membership, all share a common purpose: to improve the health of mothers and children.

The Atlantic County Coalition organized meetings among area stakeholders in response to the 2010 KIDS COUNT data, which ranked the county last among all NJ counties. KIDS COUNT is an annual assessment of children’s educational, social, economic, and physical well-being. Working groups were established to evaluate key issues for Atlantic County as profiled in the KIDS COUNT report: teen pregnancy, infant mortality, and early entry into prenatal care. When the groups identified a lack of family planning services in the western section of the county, HMHB-AC helped facilitate the weekly provision of such services at a Hammonton-based clinic.

The Burlington County Coalition collaborated with its local WIC office to offer weekly workshops on pregnancy-related topics for a five-month period. Issues included: perinatal substance use, smoking cessation, childhood lead poisoning, breastfeeding support services, and services for pregnant teens.

The Cape May County Coalition began work on a comprehensive resource directory for pregnant women and new mothers. The coalition also supported the Cape May County “We Check for 21” kick-off event, providing 51 framed warning signs and stickers designed to help bartenders avoid serving alcohol to underage pregnant women.

The Gloucester County Coalition worked with local government and NJ Transit to establish an additional bus stop closer to the county Social Services building for the safety of clients traveling with children. Prior to their efforts, passengers had to disembark buses far from the building where no pedestrian walkway exists.

The Salem County and Cumberland County coalitions sponsored a pair of Pregnant Pause events that reached 150 pregnant women with education on the dangers of alcohol consumption during pregnancy.

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A Healthier Home

Lead poisoning remains a significant challenge for families throughout New Jersey, which has some of the oldest housing stock in the nation. Older homes generally contain lead-based paint, which decays into toxic, airborne, invisible lead dust—the main source of childhood lead poisoning.

Southern Regional Childhood Lead Poisoning Prevention Coalition

To combat the threat of lead poisoning, the Coalition undertook a number of activities to improve childhood blood-lead screening rates and to help parents create lead-safe homes. In 2009 recruiting drive yielded a strong base of grassroots stakeholders that included providers and realtors; in 2010, the Coalition mobilized those members to effect regional change.

A key Coalition initiative in 2010 was outreach to Spanish-speaking residents in high-risk areas where large numbers of children remain unscreened. Staff accompanied SNJPC case managers on home visits to provide onsite lead education and test homes for lead. Of 31 households visited, 14 were tested. This engagement often led directly to scheduling children for a blood-lead level test to document their lead exposure.

To reach a broader, Spanish-speaking audience, the Coalition partnered with public access community television station DH Perfil Latino in creating a series of telenovelas—Spanish soap-opera-style vignettes. Entitled “At Home with Juan and Maria,” these shorts identify key lead hazards in the home and their potential impact on children. They also suggest effective, simple solutions to counteract these risks.

The Coalition partnered with 45 childcare and preschool centers for its Parents Against Lead project, a concerted effort to engage parents of very young children in lead education. These partners distributed Coalition-provided educational materials, integrated lead safety messages into their curricula, and hosted parent workshops on lead-safe nutrition, lead-safe home renovation and non-toxic cleaning methods.

The Coalition continues to distribute free Wipe Out Lead-home test kits, and provided 1554 kits to South Jersey residents in 2010. 209 homes tested positive and received follow-up.

The Coalition also sponsored 18 lead-safe building maintenance practices trainings and 13 Renovate Right lead-safe education sessions for do-it-yourself homeowners.

Camden Healthy Mothers, Healthy Babies—Healthy Start (CHS)

CHS promotes comprehensive care for pregnant women and children with the overall goal of lowering the infant mortality rate in Camden City. Since 2005, the program has shown consistent progress towards this goal, and in four of the past five years, the infant mortality rate for CHS clients has been 0—far below its target objective of 11.5.

The program also continues to make steady progress towards its target goal of finding medical homes for all client children, encouraging pregnant women to enter prenatal care early, reducing low birth weight babies born to clients and maximizing client use of referrals.

These improvements are due in part to the development of a sophisticated client record-keeping system that better monitors client information and benchmarks. The web-based CHS data system provides reliable, timely and accessible information that assures program interventions are truly data-driven.

Providers and clients both benefit from the recently implemented “single point of entry” intake protocols used jointly by CHS and Nurse Family Partnership. No matter at what point a client is assessed, the system ensures that eligible clients are referred for services most appropriate to their needs.

Nurse Family Partnership (NFP)

NFP is a voluntary, evidence-based home visiting program for first-time, expectant mothers in Camden City. NFP nurses provide education, support, and counseling for low-income families. Program goals include improving pregnancy outcomes, child health and development, and parental economic self-sufficiency. In 2010, the program served 101 families with 1164 home visits.

NFP Clients at a Glance

- 94% unmarried
- 90% with annual income less than $40,000
- 75% unemployed
- 50% not in school

Average client age: 18

Camden Healthy Mothers, Healthy Babies—Healthy Start by the Numbers

- 249 women enrolled in case management
- 315 children of case-managed clients served by program (birth to age 18)
- 100 adolescents reached through school-based programs
- 310 fathers participated in Fathers on Track (male support services)
- 55 new mothers enrolled in breastfeeding support services
- 73 parents attended CHS parenting education classes
- 601 residents reached through community outreach activities

A proud graduate of the Camden Nurse Family Partnership program at the 2010 graduation ceremony. The program supports first-time, low-income mothers from pregnancy through the child’s second birthday focusing on improving parenting skills and building self-sufficiency.

By the Numbers
Atlantic County Healthy Families/TIP (HF-TIP)

HF-TIP uses a home visitation model to educate new and expectant parents about positive parenting, child nutrition and child development. This voluntary program served 139 Atlantic County families (46 newly enrolled) between July 2009 and June 2010. Highly successful, HF-TIP exceeded all performance measures used to assess its effectiveness (see chart below).

In 2010, HF-TIP expanded its reach and increased referrals to the program by building relationships with other Atlantic County service agencies, especially those that serve pregnant and parenting teens and mothers in recovery. Program enrollment was also bolstered by a new initiative to provide onsite assessments at area prenatal clinics.

Atlantic County Infant and Family Development Program (IAFD)

Similar to HF-TIP, IAFD provides in-home parenting education, developmental screening, and medical follow-up for new parents in Atlantic County. Clients are referred to the program by prenatal sites or hospital staff at the time of delivery.

In 2010, IAFD caseworkers provided 500 hours of direct service to client families, and this intervention continues to have a significant impact. Among participating families, there were no incidents of child abuse or neglect, no unplanned second pregnancies, and all children were appropriately immunized.

The reputation of the program for excellence in home visitation services led to a new subcontract in 2010 with the Southern Jersey Family Medical Centers to provide case management for 54 high-risk pregnant women enrolled in the PACT program in Atlantic City and Pleasantville.

Strengthening Families

Providing at-risk parents with the tools and resources they need to create safe and nurturing homes sustains families in times of crisis and supports lasting improvement. This approach is personal, intensive and compassionate. Vulnerable caregivers become self-sufficient, children thrive and the family is transformed.

Creativity Counts

Finding the best way to reach the ‘hard-to-reach’ populations occupies many staff hours. Below are some novel approaches used in 2010 to educate families about protecting children from lead poisoning.

English as a Second Language (ESL)

As part of its outreach to Spanish-speaking families, SNJPC staffer Sarah Malone-Ditzel attended ESL classes and provided students with a primer on lead safety. Her course covered the risks, lead-safe practices at home and work and the importance of testing.

Lead Bingo

Many South Jersey parents learned how to protect against lead dangers with Lead Bingo, introduced in 2010 as part of a special outreach to child care centers. This ongoing effort provides curriculum ideas for center staff, handouts for students and parents and free, on-site workshops conducted by SNJPC staff.

Healthy Homes Bag

Packed with non-toxic cleaning supplies and sound advice, the Healthy Homes bags were distributed to hundreds of South Jersey families. The free bags are a popular tool used by members of the Southern Region Childhood Lead Poisoning Prevention Coalition to educate the community on a safer way to clean.

HF/TIP Performance Measures

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up-to-Date Developmental Screens</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Up-to-Date Lead Screens</td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>WIC-Eligible Pregnant Women Enrolled</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>WIC-Eligible Children Enrolled</td>
<td>80%</td>
<td>97%</td>
</tr>
<tr>
<td>Clients Keeping Their 6-8-Week Postpartum Appointment</td>
<td>80%</td>
<td>97%</td>
</tr>
</tbody>
</table>
The complexity of the social service and health care system can stymie those in need of support. Discouraged, they may simply opt out of care rather than try to navigate the system alone. The Cooperative is working with other agencies statewide and within its service region to facilitate an emergent model that endeavors to address this circumstance: the “No Wrong Door” approach. “No Wrong Door” emphasizes a philosophical shift to an integrated, client-centric, multi-agency service network that ensures consumers receive the help they need regardless of which agency they initially approach. Such a system goes far beyond handing out referrals. It requires a commitment among all participating agencies to share responsibility for connecting consumers with the services most appropriate to their needs at intake, independent of which provider offers them. Although the concept is simple, implementation is not. Challenges include billing, funding, and insurance streams for both providers and consumers, adopting cross-agency best practices, improving interagency communication and coordination, and managing client records across a single information system.

The Cooperative is helping to bring a “No Wrong Door” concept to the region in the areas of substance abuse and mental health. As a member of the Co-occurring Mental Health and Addictions Disorders Workgroup of the Camden County MAPP Coalition, the Cooperative is already engaged in a planning process for such a system. The Cooperative has a decades-long history of understanding the needs of pregnant women and families as well as collaborative expertise in facilitating conversations among members of disparate—or competing—groups. In bringing this proficiency to the meeting table, the Cooperative can help to bring about effective system improvements for the benefit of South Jersey’s most vulnerable populations under a “No Wrong Door” approach.

The NJIIS is an invaluable resource for the proper immunization of NJ children. It is the job of the Cooperative to educate pediatric offices about NJIIS and provide the training and technical assistance to support provider participation.

In 2010, Cooperative staff enrolled 34 new provider sites in NJIIS and trained 255 health professionals to use the system. The foremost goal of the program in 2010 was to assure that 80% of pediatric providers in each of the seven South Jersey counties that participate in the federal Vaccines For Children program are trained in NJIIS and become active system users. Staff surpassed this active-user target and met or exceeded the target for provider training in all but two counties.

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The Perinatal Risk Assessment (PRA) form includes questions from the 4P’s Plus Screening Tool - a set of questions used to determine risk for substance abuse during pregnancy.

The NJ Department of Health and Senior Services, a champion of the 4P’s Plus Tool, concurred that the 4P’s Plus questions need only be asked once, so the PRA form became the source of 4P’s Plus data. The use of one form to collect information for multiple programs has undoubtedly improved the quality of data about women who enter the prenatal care system in South Jersey:

- The PRA form also gathers patient information on current and chronic medical conditions, as well as pregnancy history and behavioral and psychosocial risk factors, all factors that are considered when referral to a home visiting program is made.
- Thus, plans were made to eliminate another form in 2011. The Camden Healthy Start Screening and Referral Form, created in 2002, retired in 2010, and in its place the PRA form is used for the electronic submission of home visiting referrals in Camden.

Integrating screening and referral with existing systems is critical to meeting providers’ need for services when and where their patients need them. In 2011, FHI will partner with SNJPC providers to incorporate the PRA into electronic medical record systems, once again simplifying the process for providers by keeping up with technology.

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System Improvements

Improving the system of care is central to achieving the health status of mothers and children. In 2010 efforts by the Cooperative on this front focused on pediatric emergency care, perinatal risk assessment, and the Immunization Registry.

Pediatric Emergency Project

Launched in 2009, the Pediatric Emergency Project provides SNJPC member hospitals with education and training in caring for pediatric patients in an emergency setting. Typically, inpatient pediatric nurses do not receive training in pediatric emergency treatment, nor do ER nurses receive pediatric-specific training. The program helps both groups become proficient in the skills needed to triage children effectively and anticipate their needs while being seen in the ER.

The changing nature of pediatric care in hospitals, such as decreased admissions, shorter lengths of stay and observation in ER without admission, has caused hospitals to look at redesigning the system of care. One solution is a pediatric hybrid unit - the co-location within the ER of the pediatric inpatient unit and separate observation area for children being treated in the ER. Given the seasonal nature of childhood illness, this design supports the efficient use of resources and optimizes patient care, ensuring that children are treated by those with appropriate pediatric training.

Available to all SNJPC member hospitals, the Pediatric Project offers emergency/pediatric nursing consultation, on site triage training, and pediatric professional conferences. In addition to clinical training, project staff assists hospitals evaluate this model of care and providing educational and other support to implement the change as indicated.

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The exact level of service depends upon the unique needs of each member institution. To date, the Cooperative has provided training or educational conferences to hospitals in the Kennedy Health System, Shore Memorial Hospital, South Jersey Healthcare – Regional Medical Center, Underwood-Memorial Hospital, Memorial Hospital of Salem County, Virtua Memorial Hospital of Burlington County and Virtua-Voelkers.

W hen Shore Memorial Hospital opens its pediatric hybrid unit in June 2011, it will be due in no small part to the Cooperative’s new Pediatric Emergency Project and its Coordinator, Mary Kay Manni, RN.

Over the past nine months, Manni has worked closely with Shore’s ER and pediatric staff, providing on-site training, consultation, assessment and even equipment advice.

With 30 years’ experience in pediatric critical care and pediatric emergency room care, Manni capably advises both the ER staff unfamiliar with pediatric issues and the in-patient pediatric nurses unfamiliar with the ER.

“Many Kay brings a level of expertise we don’t currently have,” says Lisa Sulzman, Nursing Manager at Shore. Sulzman anticipates a positive response to the new unit.

“When you can bring your kid to an ER and know they have trained pediatric emergency nurses on call, that’s important to parents,” she says.

Pediatric Clinical Supervisor Jody Brady says she has gained a deeper professional knowledge base and the confidence to take ER shifts as a result of Manni’s training.

“Mary Kay taught me pediatric differential diagnosis, and how to deduce what’s going on with pediatric patients based on signs and symptoms,” Brady says.

“That gave me the confidence to fly solo.”

Collaborative Health Access Project

In January, 2010 SNJPC convened a regional practice collaborative to improve access to preconception, contraception and preconception care. Named the Southern NJ Collaborative Health Access Project, this effort focuses on seven high-risk municipalities in the region: Camden City, Pennsauken Township and Lindenwold Borough in Camden County; Millville, Vineland and Bridgeton in Cumberland County; and Glassboro in Gloucester County.

Project partners include Federally Qualified Health Centers and reproductive health care providers. As lead agency, the Cooperative has coordinated:

• creation of a WIKI Site where program partners and key community agencies can more easily share strategies and resources;
• development of a reproductive health risk assessment tool;
• development of culturally appropriate community education tools and messages to reach target populations;
• casefinding and tracking activities of project partners who followed 482 pregnant women;
• survey efforts to quantify regional barriers to care.

In the coming year, project partners will expand upon these activities with an emphasis on removing barriers to prenatal care.

Access to Services Subcommittee-HMHB Atlantic County

The Access Subcommittee continued its work begun in 2009 to identify and eliminate barriers to prenatal care services by interviewing pregnant women about their experiences. Nearly 150 women participated in interviews conducted at Medicaid and prenatal care offices.

The information gleaned in these conversations informed a public outreach campaign to educate women about available services and how to access these regardless of their insurance status. A lack of money and knowledge about what help was available were the two main barriers women cited for entering prenatal care beyond the 16th week of pregnancy.

Prenatal Survey Results

(148 women surveyed; 65% on Medicaid, 26% identified as self-insured)

62% reported their pregnancy was unplanned (vs. 50% national average)

38% waited two weeks or less for a prenatal care appointment

57% waited two to four weeks for a prenatal care appointment

45% were four to five months pregnant at time of survey

46% were more than five months pregnant at time of survey

The survey report and resultant public campaign was presented at the 2010 National Perinatal Association conference.

Thank You, Elaine Jones

In 2010, the region lost a wise and dedicated advocate for mothers and babies. Elaine Jones inspired us with a deeply personal commitment to the families of Atlantic City. She honored us with steadfast support for our Atlantic City programs, and she made those programs better with her astute counsel.
The Bottom Line

Operating Expenses $8,273,572

Operating Revenue $8,329,651

Grants received in 2010

$1,520,000 US Department of Health and Human Services/MCH Bureau. Supports Camden Healthy Start Initiative.


$858,558 NJ Department of Children & Families. Supports multiple programs including: Perinatal Addictions, Fetal & Infant Mortality Prevention.

$61,146 NJ Department of Community Affairs. Supports multiple programs including: Perinatal Addictions, Fetal & Infant Mortality Prevention.

$49,959 Health Research and Educational Trust of New Jersey. Supports Children’s Health Insurance Program education and outreach project.

SNJPC Budget (revenue) rose 14% in 2010. The increase is attributable to large grants for WIC Breastfeeding, Early Intervention, Home Visit Quit Connection, Immunization Registry and NSMMI.

2010 Funders

We recognize and thank those whose contributions have enabled the Southern New Jersey Perinatal Cooperative to realize its mission for South Jersey Families.

Grants and Foundations

Health Research and Educational Trust of NJ
NJ Department of Health and Senior Services
NJ Department of Children and Families
NJ Department of Community Affairs
Robert Wood Johnson Foundation*
US Department of Health and Human Services-Bureau of Maternal/Child
Health-Healthy Start Initiative
City of Cleveland* (HS data)
NJ Division of Medical and Health Services** (PRA)
*Grants awarded to Family Health Initiatives – SNJPC’s subsidiary agency

SNJPC Member Hospitals

AtlantiCare Regional Medical Center – City Division
AtlantiCare Regional Medical Center – Mainland Division
Cape Regional Medical Center
Cooper University Hospital
Kennedy Health Systems
Washington Township Campus
Launders Medical Center
Burlington County
Our Lady of Launders Medical Center
Shore Memorial Hospital
South Jersey Healthcare Regional Medical Center
South Jersey Healthcare Emler Hospital
The Memorial Hospital of Salem County
Underwood-Memorial Hospital
Virtus Memorial
Virtus Voorhees

Special Contributions

Health Financial Advisors
Susan Hendrickson, Esq., Dechert, LLP
Kornicki and Associates
Oheean, Rehmann, Maxwell & Hippel, LLP
Jacqueline Z. Shulman
Susquehanna Group Advisors, LLC
Zielnik, Richter, Axelrod, LLC

Specific Event Supporters

Access Training Services
Environmental Hazards Inc
Family Intervention Program ARC
Gloster County
Department of Health
Gloster County WIC (Women, Infants & Children) Program
Harrel Paraison - Perfil Latino, Inc.
NJ Coalition for Prevention of Developmental Disabilities / The Arc of NJ
The Southwest Council, Inc.
Vedmals Office
Miriam Stern, MSW, LCSW
Meridian Counseling
Winston Children’s Rehabilitation Hospital
Vineland City Department of Health – Department of Health Education

A Message from the President

The 2010 Annual Report is organized a bit differently than past reports. The standard format has been adjusted along thematic lines. We did this to help emphasize how our programs are interconnected and better illustrate the overarching objectives of the agency. Even those readers well familiar with our programs may discover a new, unconsidered connection. Every SNJPC program has as its chief goal the improvement in health status of pregnant women, mothers, newborns and children in South Jersey. But the ways in which these initiatives are interconnected reflects the various approaches the Cooperative takes to meeting the challenges of improved birth outcomes and healthier families.

Whether through effective data analysis, a premiere delivery system, innovative outreach programs, or best-practices-driven case management, the Cooperative is prepared to facilitate the breadth of MCH needs in South Jersey. Whether operating at a system level or one-on-one, the agency at its core is driven by a spirit of collaboration.

As we proceed into a future marked by economic uncertainty and diminishing resources, a greater emphasis is placed on the cooperative approach that underpins everything we do. No matter what that future might hold, our clients, partners, and supporters will know that this organization is poised to respond forcefully with a comprehensive platform of services to help South Jersey meet the healthcare challenges of tomorrow.

Gwen Heaney-Cuttles (center) celebrates with Celeste Andriot Wood, (right) Assistant Commissioner, New Jersey Department of Health and Senior Services and Sunday Gustin, Home Visit Quit Connection Program Manager, New Jersey Department of Children and Families, Division of Prevention & Community Partnerships on March 9th, 2010 at the opening of SNJPC’s new Atlantic City office. The new office, a superior location with larger and more professional accommodations, had an immediate impact. Client visits increased and workshop participation rose.
The mission of the Southern New Jersey Perinatal Cooperative is to ensure that the maternal-child health needs of pregnant women and families throughout the seven southernmost counties of New Jersey are met. Our activities help pregnant women have safe, supported, full-term pregnancies and provide access to resources that assist vulnerable families in becoming healthy and self-sufficient.

The Cooperative membership brings a regional perspective to addressing the quality of healthcare and the healthcare delivery system. Members represent healthcare professionals, agencies, businesses and community members, all of whom are invested in improving maternal and child healthcare throughout the region.

**SNJPC Staff 2010**

**Atlantic City Office**
- Kashea Braithwaite
- Ana Dib
- Veronica Ford
- Jose Moncayo
- Gloria Rodriguez
- Nirmay Santiago
- Nyvia Santiago
- Ana Spencer
- Judith Stark
- Marcia Virgil

** Camden City Office**
- Karima Alderman
- Barbara Briggs
- Marion Delp
- Rosa Garcia-Torres
- Donna Gillian
- Sylavia Jenkins-Burnett
- Natalie Millstein
- Elaine Monteiro
- Elizabeth Munoz
- Roberta Phillips

**Pennsauken Office**
- Barbara Allen
- Debi Aselta
- Kathy Barry
- Karen Biss
- Deborah Bink-Sharpe
- Donna Bordner
- Leslie Breslaw
- Allie Burger
- Catherine Butler
- Shakera Clay
- Cara Castillo
- Julie Cobian
- Robin Craig
- Patricia Deoiler
- Bobbi Donados
- Judy Donlen
- Susan Ellis Murphy
- Shelly Fairman
- Tasha Gainey
- Melanie Gazaway

**South Jersey**

**WIC Breastfeeding Services**
- Robbi Albert-Jones
- Maureen Ashfield
- Sarah Chaikin
- Brook Cook
- Tasia Martinez
- Louise Gever
- Anjul Haferza
- Autumn Harrison
- Paula Knott
- Karen Kiss
- Elizabeth Parnell
- Haferza Rahim
- Josmery Suarez
- Margaret Stedman
- Sharon Trombetta
- Noemi Velez

**Board of Directors** Members who served between January 1, 2010 & December 31, 2010

**Officers**
- Gwendolyn Heaney-Cutts, RNC
- Ronald Ayres, DO
- Joseph Bonavita, DO
- Suzanne Conrad, RN, MA
- Ann Diez, CNM, MSN
- Margaret Fernandes, MD
- Carol Gaffney, ADN, RN
- Ruth Galenock, MPH
- Barbara Hanson, RN
- Barbara Hollifler, RN, MSN
- Jacqueline Kaur, DO
- Paul Kouyoumdjian, MD

**Treasurer**
- Layla Lorn, JD

**Secretary**
- Stephen Montgomery

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- Robyn Bonavita, DO
- Suzanne Conrad, RN, MA
- Ann Diez, CNM, MSN
- Margaret Fernandes, MD
- Carol Gaffney, ADN, RN
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- Karen Kiss
- Elizabeth Parnell
- Haferza Rahim
- Josmery Suarez
- Margaret Stedman
- Sharon Trombetta
- Noemi Velez

**T**
The Cooperative offers a range of services and programs in South Jersey, all with the goal of improving the health of mothers, children, and families in the region.

Atlantic County Infant and Family Development Program
Camden City Healthy Mothers, Healthy Babies / Healthy Start
Children’s Health Insurance FRA
Early Intervention Service Coordination: Camden, Cumberland, Gloucester & Salem Counties
Fetal and Infant Mortality Review Teams
Healthcare Partnership to Insure NJ Kids - Outreach Initiative
Healthy Families/TIP Atlantic County
Healthy Mothers, Healthy Babies Coalitions of South Jersey - County Based
Lead Education and Outreach Program
Mom’s Quit Connection
Nurse Family Partnership - Camden City
Pediatric Emergency Project
Perinatal Addictions Prevention Project
Postpartum Wellness Initiative for South Jersey
Professional Education Series
Southern New Jersey Collaborative Health Access Project
Southern Regional Childhood Lead Poisoning Prevention Coalition
Support Center for the NJ Immunization Information System
WIC-Breastfeeding Services

* Programs and contracts administered by Family Health Initiatives